

# Code of Conduct

<b>Service: Primary Care Mental Health Alliance (incorporating EPC Depot Contract)</b> <b>Programme Board: Mental Health Programme Board</b>	
Question	Comment/Evidence
<b>Part A - Developing the service specification</b>	
Please provide a brief description of the service:	<p>The Primary Care Mental Alliance aims to improve the early intervention and management of mental health problems for those who are not in secondary care through integrated working between alliance members. The members of the alliance are: City and Hackney GP Confederation, the Clinical Effectiveness Group, Family Action and City and Hackney CCG. East London NHS Foundation Trust are present at Board meetings as Strategic Advisors over the jointly run EPC service. The Alliance covers the following primary care based mental health services.</p> <ul style="list-style-type: none"><li>• The provision of a mental health dashboard by the Clinical Effectiveness Group</li><li>• Oversight of GP practice based mental health reviews and assessments by the City and Hackney GP Confederation</li><li>• The provision of the Well Family Plus service for Children and Young People by Family Action</li><li>• The oversight of the Enhanced Primary Care (EPC service) by the GP Confederation.</li></ul>

<p>Outline the benefits to patients if this service is commissioned:</p>	<ul style="list-style-type: none"> <li>• Common mental health problems will be more frequently reviewed with interventions monitored</li> <li>• LTC and mental health co-morbidity will be better identified and supported through referrals to evidenced based interventions</li> <li>• The dashboard will provide comprehensive practice level data which will help identify issues and improve performance</li> <li>• Anti-depressant and anti-psychotic medication will be more frequently reviewed</li> <li>• People with severe mental illness will receive more comprehensive physical health checks</li> <li>• Those above defined threshold levels will receive lifestyle interventions aimed at improving their physical health and wellbeing.</li> <li>• The patient experience will improve as more patients will be seen in a primary care setting rather than a secondary care setting. Primary care offers care close to home, in a familiar, normalised environment and where there is frequently a strong relationship continuity.</li> </ul>
<p>How will this service support the delivery of the Programme Board's commissioning</p>	<p>This service supports the delivery of the following Mental Health Programme Board commissioning intentions:</p> <ol style="list-style-type: none"> <li>1. Delivery of the 5 Year Forward View Targets: LTC referrals to IAPT, SMI physical health checks, dementia diagnostic rates</li> <li>2. Parity of Esteem for mental health – e.g. the dashboard provides parity with other long term condition management such as diabetes.</li> <li>3. Removing the boundaries between organisations through new commissioning models, which promote integrated care.</li> </ol>
<p>Describe how will this service will improve CCG outcomes and service quality:</p>	<p>This services supports the delivery of:</p> <ul style="list-style-type: none"> <li>• Improved physical health monitoring for SMI</li> <li>• Improved physical health for SMI through the increased use of lifestyle interventions</li> <li>• Improved diagnostic rates against prevalence across a full range of mental health problems</li> <li>• Improved LTC control and reduced admission rates</li> <li>• Improvements in prescribing with associated physical, psychological benefits and potential cost savings</li> </ul>
<p>How does the proposal support the priorities in the HWBBs' health and wellbeing strategies)?</p>	<p>By providing services through an Alliance contract, which brings different providers together the CCG contract supports the central HWBB priority of integrating services.</p>
<p>Outline how you have involved patients in the decision to commission this service and then in the development of the specification. Who has been involved?</p>	<p>Three presentations on the Alliance were given to the PPI in 2015 and 2016. Services users were supportive of the aim of delivering more integrated care through an Alliance Structure and the funding of additional practice based reviews for mental health. In addition EPC service was re-designed between 2014 and 2015 with extensive service user consultation. Service users participated in design team meetings and designed the Recovery Care Plan, which is still in use.</p>

<p>Describe the range of CCG clinicians involved in designing this proposed service and their input to the service specification:</p>	<p>The design process included CCG Mental Health Leads: Dr Rhiannon England, Helen Drew. In addition, the LTC Clinical Lead and CCG Clinical Lead Dr Claire Highton was consulted over the pathway for LTC-mental health co-morbidity.</p>
<p>When and how have you consulted member practices about commissioning this service:  What changes were made following consultation:</p>	<p>The specification was discussed at:</p> <ul style="list-style-type: none"> <li>• <b>CCF</b> 3<sup>rd</sup> November 2016 – concerns were raised about the need to improve referrals to psychological therapies. This has been incorporated into the specification.</li> <li>• <b>Primary Care Mental Health Design Group</b> on 18<sup>th</sup> October 2016 and 23<sup>rd</sup> November 2016 the group contains representation from GP practices. The Design Group proposed the inclusion of EPC within the Alliance umbrella.</li> <li>• <b>Primary Care Mental Health Alliance Board</b> on 23<sup>rd</sup> November 2016, which includes representatives from the GP Confederation and representation from GP practices. The Board agreed the specification.</li> </ul>
<p>How will this proposed contract align with other contracts commissioned by the CCG and promote integrated service delivery across providers</p>	<p>The contract is aligned with the other mental health alliance contracts: the psychological therapies alliance, the dementia alliance and the CAMHS alliance. All these contracts share a common form and are focused on integrated delivery. The alliance agreements are flexible and allow for alliances to be merged together or put under a wider structure. This flexibility will help ensure alignment with the integrated care structures developed within the Devolution Pilot.</p>
<p><b>Part B – Managing conflicts of interest</b></p>	
<p>Outline from who you have obtained an independent clinical perspective / external advice on</p>	<p>An independent GP advisor was requested to review and comment on the revised specifications.</p>

<p>Describe how all conflicts and potential conflicts of interests have been declared in the development and agreement of the</p>	<p>Conflict of interest were declared at the Primary Care Alliance Mental Health Programme Board. Helen Green is a practicing GP and also represents the CCG, Dr Rhiannon England is a practicing GP and also represents the CCG, but does not clinically treat any of the patients eligible for the service. On that basis her role has no conflicts of interest. Dr David Keene is a practicing GP represents the GP Confederation. The declarations were recorded in the Board 's minutes</p>
<p>Describe how you have mitigated the conflicts of interest declared?</p>	<p>Having declared an interest practicing GPs, who are also local providers were not asked to determine or query the financial value of any payments within the contract. The engagement of GPs who are local providers was purely clinical and no changes to the financial values in the contracts were made by practicing GP who are local providers at any stage in the design process.</p>
<p><b>Part C – Proposed contract</b></p>	
<p>What is the annual value of this contract?</p>	<p>The contract value per annum is capped at £805,414.</p>
<p>How have you determined that this represents value for money and developed the price for this service?</p>	<p>CSU leads have reviewed the pricing against the available information of similar services and have agreed that the costs per GP reviews and backfill for training is in line with similar services. In addition the model will generate savings in the following areas:</p> <ul style="list-style-type: none"> <li>• Reduced psychiatry and overhead costs for patients transferred from secondary care to EPC</li> <li>• Reduction in physical health costs from increased physical health checks</li> <li>• Reduction in admission rates from improved LTC self-management</li> <li>• Savings in anti-depressant and anti-psychotic prescription costs from increased medication reviews</li> </ul>

<p>What will be the basis of the contract – on what performance and / or outcomes will payments be made?</p>	<p>The contract form is a two year NHS Standard Contract signed by each alliance member and an overarching Alliance Agreement signed by all alliance members.</p> <p>Capped activity performance payments to GP Practices</p> <ul style="list-style-type: none"> <li>• Mental health based reviews (depression, frequent attenders, SMI) £120,000</li> <li>• EPC reviews: £64,224</li> <li>• Depot injections: £155, 580</li> <li>• Mandatory and optional mental health training: £90,610</li> </ul> <p>Quality performance payment to the Clinical Effectiveness Group for dashboard data quality: £10,0000</p>
<p>Describe how you will assess the achievement of these outcomes in recommending payments?</p>	<p>Activity based performance payments will be recorded on a quarterly basis and submitted to the Alliance Board and the CCG. The CEG quality based performance payment will be subject to an annual data test agreed by the Alliance Board (2016-17 tests have already been applied). In all cases the CCG will agree whether the KPI has been achieved and whether to recommend payment.</p>
<p>How will you monitor the quality of the service commissioned?</p>	<ul style="list-style-type: none"> <li>• The Alliance Board will meet bi-monthly and report on the quality of service and any issues arising</li> <li>• KPIs will be reviewed quarterly by the Board</li> <li>• The EPC service, the CEG and Well Family Plus service will have annual SPRs.</li> </ul>
<p>What systems will there be to monitor and publish data on referral patterns?</p>	<p>The Primary Care Dashboard will monitor referrals into psychological treatments, social prescribing and the use of lifestyle interventions on a quarterly basis.</p>

**PART D – List based service only**

<p>Outline why this is a list based service and the advice you have received to confirm this? (i.e. can only be provided by City and Hackney GP practices)</p> <p>Please attach the advice that this is a list based service</p>	<p>The service requires access to the practice lists to operate effectively and these are with the GP practices. The internal processes for a procurement decision was based on the procurement strategy. Outside of the CCG, practices and the GP confederation are the only other organisations that have a membership agreement with all of the practices and therefore have access to the practice list, with the ability to rotate GP's around practices as required to ensure business continuity. This lead representative arrangement also allows for the detailed audit requirements to be coordinated and variation in practice to be addressed with their peers. It also provides the CCG with assurances that there is equity of access for all City and Hackney registered patients.</p>
<p>What steps have you taken to demonstrate that there are no other providers that could deliver this service?</p>	<p>As this is a list based service local GP practices and their <b>GP Confederation</b> are the only providers capable of delivering this element of the Alliance. The Clinical Effectiveness Group and Family Action were subject to a market assessment. This demonstrated that:</p> <ul style="list-style-type: none"> <li>• <b>The Clinical Effectiveness Group</b> is the only know local provider of primary care based data. Other providers within a 20 mile geographical radius were also not found. Providers outside this distance would not be acceptable due to the difficulty in delivering a local based service. Furthermore the CCG has an existing wider contract with the CCGs. This delivers economies of scope that could not be replicated by another provider.</li> <li>• <b>The Well Family Plus Service</b> is the only local third sector provider of primary care based family interventions. A locally based provider was deemed essential for the alliance, which seeks to integrate local resources.</li> </ul>

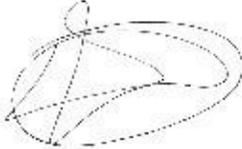
<p>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	<ul style="list-style-type: none"> <li>• GP practices will be paid by activity to undertake mental health reviews beyond QOF requirements. QOF pays for an initial review for depression but does not pay for subsequent reviews. This contract will cover stratified reviews for people with depression and the completion of a depression template.</li> <li>• MUS is not covered by QOF even though there is a high correlation with psychological problems. This contract covers frequent attenders and MUS</li> <li>• SMI physical checks under QOF are basic and are unlikely to be compliant with the new NHSE standards. This contract covers a fuller physical health check.</li> <li>• This contract covers the use of a Recovery Care Plan designed by service users. There is no standard recovery care plan in QOF or the GP contract.</li> </ul>
<p>What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</p>	<p>The Primary Care Alliance Board led by the City and Hackney GP Confederation must continue to provide evidence of sound quality and financial management of the alliance contract as evidenced by quarterly KPI and quality reports and financial reports.</p>

<p>Describe how you will evaluate the contract delivery proposals:</p> <p>Describe:</p> <ul style="list-style-type: none"> <li>• Who will be involved?</li> <li>• How you will obtain independent clinical advice?</li> <li>• How will you ensure there are no conflicts of</li> </ul>	<p>The contract's delivery will be evaluated through KPIs set by the CCG and agreed by the Alliance Board. These KPIs are embedded in the specification. Conflicts of interest are declared at the start of each Alliance Board. The CCG and not the Alliance Board as a whole is responsible for evaluating the KPIs at determining any performance payments. Furthermore, those evaluating the achievement of the KPIs within the CCG will not be providers with any alliance organisation including being locally practicing GPs. Independent clinical advice will be provided by Dr Rhiannon England, the CCG mental health clinical lead, who is not a locally practicing GP.</p>
<p>What additional external involvement will there be in scrutinising the proposals?</p>	<p>NHS England and the LMC</p>

<p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose if appropriate?</p>	<p>The City and Hackney GP Confederation is responsible for ensuring that GP practices ensure patients are aware of the full range of qualified from whom they can chose if appropriate.</p>
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**Part E – if you are proposing procurement and practices/GP Confederation are potential bidders**

<p>Please outline the procurement process and timescale – attach the advice about this procurement process</p>	<p>We are not proposing a procurement process for reasons outlined in Part D.</p>
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<p>Describe the process you will use for evaluating the bids: Describe:</p> <ul style="list-style-type: none"> <li>• Who will be involved?</li> <li>• How you will obtain independent clinical advice?</li> </ul> <p>How will you ensure there are no conflicts of interest?</p>	<p>N/A</p>
<p><b>Please attach the proposed service specification</b></p>	
<p>Signed by Programme Board Director: David Maher</p> <p>Date: 11<sup>th</sup> November 2016</p>	
<p>Signed by PB Chair: Rhiannon England</p> <p>Date: 25<sup>th</sup> November 2016</p>	