



North Central London

Any Qualified Provider

Briefing Document

August 2011

Background

Since 2010, the Government has been committed to increased choice and personalisation in NHS-funded services. Choice for patients can be about the way care is provided, or the ability to control budgets and self-manage conditions. The government has specifically committed to extending patient choice of Any Qualified Provider (AQP) for appropriate services.

By choice of Any Qualified Provider (AQP) we mean that when patients are referred (usually by their GP) for a particular service, they should be able to choose from a list of *qualified* providers who meet NHS service quality requirements, prices and normal contractual obligations. This approach is already in place for routine elective procedures.

Extending patient choice of provider is intended to empower patients and carers, improve their outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice.

The Department of Health has engaged with clinicians, providers, commissioners, patient groups and voluntary organisations on how best to extend patient choice of provider. We have engaged these groups on what services should be subject to choice, what qualification criteria for providers should be employed, and how the mechanism for patient choice of Any Qualified Provider should operate.

The NHS Future Forum supported the concept of patient choice of Any Qualified Provider. In its response to the listening exercise, the Government stated that it would maintain its commitment to extending patients' choice of Any Qualified Provider, with phased implementation from April 2012, and focusing on the services where patients say they want more choice.

This briefing document sets out how patient choice of Any Qualified Provider will be extended over the period from now to April 2013, and the principles governing patient choice of Any Qualified Provider in the new system architecture.

Key Principles of Any Qualified Provider

The following principles govern an AQP approach to contracting for services:

- *Providers qualify and register* to provide services via an assurance process that tests providers' fitness to offer NHS-funded services.
- *Commissioners set local pathways and referral protocols* which providers must accept
- *Referring clinicians offer patients a choice of qualified providers* for the service being referred to
- *Competition is based on quality, not price.* Providers are paid a fixed price determined by a national or local tariff.

Implementation of patient choice of Any Qualified Provider to April 2013

The Department of Health is undertaking a phased implementation of patient choice of Any Qualified Provider, treating 2012/13 as a transitional year, starting with a limited set of community and mental health services. Based on discussions with national patient groups and an assessment of deliverability, the Department of Health has identified a list of potential services for priority implementation as follows:

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community

- Continence services (adults and children)
- Diagnostic tests closer to home such as some types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms
- Wheelchair services (children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary Care Psychological Therapies (adults).

By offering people choice in health and care services in the years ahead we expect to see more services being offered by a much wider range of NHS, private and voluntary providers. The following case studies illustrate how this might work in practice:

Musculo-skeletal services for back and neck pain

NHS North East Essex wanted to provide greater choice, easier access and shorter waiting times for patients suffering back and neck pain and at the same time address the unsustainably high demand on local spinal services.

In 2008, all existing providers were contacted and invited to bid to offer patients these services. Patients can now choose from 20 different providers of chiropractic, osteopathy and physiotherapy based throughout the Colchester and Tendring area.

There are four chiropractic, five osteopathy and 11 physiotherapy providers to choose from and they all meet NHS standards and agreed prices. Patients are given an appointment within two weeks and receive up to four treatments.

During 2009/10, 2,810 patients used these services and 97% of patients were seen within two weeks of referral.

Providers are working to locally agreed common referral and clinical protocols and whilst there is competition, there is also cooperation between individual providers and disciplines to ensure service integration for patients.

Evaluation after the first 12 months of offering patients a choice of any qualified provider has identified improved patient access and choice meaning early treatment and improved outcomes; and reduced primary care consultations, imaging, medication costs and inappropriate referrals to secondary care. Referrals to spinal surgeons have reduced by more than 25%.

In 2009, this approach to offering chiropractic, osteopathy and physiotherapy services to treat back and neck conditions was awarded the NHS Alliance 'Acorn Award' for alternative therapy.

Adult hearing services in the community

Action for Deafness provides a full range of hearing services in their Resource Centres in West Sussex to provide an integrated service closer to home.

Commissioned by both West Sussex PCT and West Sussex Council, it provides a one-stop shop to people with hearing loss in three locations. The service provides audiology to people aged over 50 while anyone can access the other services such as advice and advocacy. Hearing aid maintenance clinics are also provided in twelve further locations across West Sussex.

This arrangement enables Action for Deafness to take an integrated approach, meeting all hearing-related needs in one location. The service equips patients with

the information and understanding to manage their hearing loss effectively. At the time of hearing aid assessment and fitting the audiologist talks to people about the other equipment and services.

Similarly, patients can benefit from equipment demonstrations, enabling them to make an informed choice as to the equipment that they need. These services are provided on the high street; with the aim that increased visibility raises awareness of hearing loss and their convenient location encourages people to take action to address their hearing loss earlier.

Ultimately this service represents very good value for money for the NHS as equipment enables patients to obtain the maximum benefit from their hearing aids. Moreover, as a charity, any profit made by Action for Deafness is re-invested in its service, enabling them to expand the range of services that they offer..

Children's and adults' continence services

PromoCon, a third sector provider, has worked with Liverpool Community Health NHS Trust to improve continence services for children in Liverpool.

PromoCon, works as part of Disabled Living Manchester to improve the quality of life for people with bladder or bowel problems. It employs a multidisciplinary team of people who work with other services and organisations to develop improvements for people who have continence difficulties.

PromoCon worked with Liverpool Community Health NHS Trust between 2005 and 2010 to provide a comprehensive paediatric continence service.

Working together, the two organisations established a model for the service based on available guidelines and best practice to improve care for children and young people with continence problems. The service focused on ensuring appropriate continence assessment for children and young people, which was supported by a training programme for all staff.

The service also worked closely with families of service users to encourage self-management of continence problems, which has encouraged higher levels of compliance with treatment and a reduction in DNA rates.

As a result of training, health visitors and school nurses are better able to assess and begin first line treatment for children and young people with continence problems, referring the child or young person to the paediatric continence service when necessary.

Between 2005 and 2010 the number of children and young people receiving free nappies dropped from 700 to less than 300 per year. This has helped to reduce the budget for products by over half as well as ensuring all children reach their potential for toilet training.

Referrals of children and young people with idiopathic constipation to secondary care services have been almost eliminated – a saving of over £250,000 per year.

Satisfaction with the service has improved, and service users are now generally treated and discharged within six months.

The service has won a number of awards, including the Nursing Times' Contenance award in 2007 and June Rogers, Director of PromoCon, won a Nursing Standard Child Health award in 2011 for her involvement in this work.

Direct access diagnostic tests

The InHealth London NHS Diagnostics Service was established in 2007 to provide additional capacity in diagnostics and to enable London GPs to make direct referrals for their patients. The service included provision of community based ultrasound, echocardiography, cardiac physiology, MRI, X-ray, endoscopy and phlebotomy.

These services were initially provided on 31 community based sites across London. After two years of providing this service it was decided to expand the modalities on offer to include audiology and hearing aid fitting and DXA scanning.

In 2009 there were 1,800 referrals each week from GPs and other specialist clinicians such as extended scope physiotherapists and GPs with a special interest. The service was operating from 64 sites at the end of 2009.

Electronic reports were available to GPs within 48 hours of the patient being seen in the clinic.

From the beginning of the scheme, in order to ensure that GP referrals were appropriate, a clinical triage function was established at the point of receipt of referral. This ensured that every test requested was appropriate, that the patient was scanned safely and that the appointment for the test was planned for an appropriate setting.

Three initiatives: referral guides, structured referral forms and feedback were used to improve the appropriateness of referrals for diagnostic tests from primary care.

Feedback from patients was consistently positive with 98% reporting that their experience of the service was very good or excellent.

A study, using a questionnaire survey, was carried out to review the clinical management outcome for 800 patients referred directly by their GP for a diagnostic test, MRI or ultrasound scan or echocardiogram. Direct access to a diagnostic test, following clear guidance provided to GPs, resulted in 71% of patients being managed in primary care following the report being received by the GP.

The service has resulted in more convenient and personalised healthcare for the patient and prevents patients who do not need to be managed in secondary care from being referred to a specialist, increasing the capacity in secondary care for patients who do need specialist management.

Wheelchair services

Whizz-Kidz is a charity that was set up in 1990 to provide disabled children with essential wheelchairs and other mobility equipment to help them lead fun and active lives. Disabled children in Tower Hamlets were facing waiting times of over two years for powered wheelchairs.

Whizz-Kidz started working with NHS Tower Hamlets in 2007 to help them deliver a more child focused wheelchair service for the disabled children in the borough. Since that time, the partnership has grown and the charity continues to deliver the wheelchair service for children and young people up to 25 years old.

Co-located with the PCT's adult service, Whizz-Kidz therapists – experts in paediatric mobility – assess all children and young people referred to the service and prescribe mobility equipment that take account of their educational, social and clinical needs, enabling them to lead independent, full and active lives.

Working together Whizz-Kidz and NHS Tower Hamlets have cleared the waiting list and increased the number of children who benefit. Whizz-Kidz have been able to provide high specification and more appropriate equipment than could be purchased by the PCT alone.

User satisfaction has improved and children receive wheelchairs, on average, within six weeks of referral.

Expanding Any Willing Provider to wheelchair services would enable organisations like Whizz-Kidz to provide similar services to disabled people in other areas helping them to lead a better quality of life

Podiatry services

The Society of Chiropodists and Podiatrists has highlighted that where access to NHS podiatry is restricted to higher risk patients, patients may inappropriately attend A&E, fail to seek treatment early enough to prevent complications such as infections or ulcers or pay for emergency treatment.

At the end of the emergency, patients must transfer to local NHS services and patients are required to see multiple practitioners for the same condition. Under the AQP model, where NHS funding follows the patient, the patient would be fully provided for by their preferred choice of podiatrist.

Currently some private podiatry practices are being used by the NHS to improve and enhance services for people with foot problems, and many others report that they have the capacity to do so.

For example, Paul Savage and Associates are an independent podiatry organisation in Sunderland who have been delivering NHS care since 1996. They have tailored their podiatry service for people with hearing problems by using mobile texting and voice recognition software during treatment sessions, enabling fast, clear communication and advice to be given. This rapid access and effective communication has prevented the necessity for hospital admittance.

Dulwich Podiatry Ltd, is an independent organisation in London that provides a home visiting podiatry service for housebound patients. Most of these patients are provided with long-term routine treatment. Patients who are housebound rarely get to see their GP and generally only see the nurse for specific problems.

Regular treatment by a podiatrist provides an opportunity to monitor the general health of a patient and pick up any deterioration at an early stage, enhancing the overall management of older patients, many of whom have multiple long-term conditions.

Venous leg ulcer and wound healing services

Wound Healing Clinic, Eastbourne - TVCS Ltd was established in 1999 by Sylvie Hampton, previously Tissue Viability Nurse at Eastbourne DGH, and Fiona Collins, previously Senior Lecturer in Occupational Therapy at University of Brighton. Sylvie

has an international reputation for healing wounds and Fiona for preventing pressure damage, particularly in the seated patient.

In January 2008 TVCS opened a Wound Healing Clinic in Eastbourne – the first nurse led complex wound health clinic in the UK specialising in the prevention and management of wounds. They aim to offer patients the right treatment, at the right time and in the right place for their wounds.

As the clinic meets the quality standards required by required by East Sussex Downs & Weald PCT and Hastings & Rother PCT and can demonstrate that they deliver the results the PCT wants for its patients, the PCT can offer patients the choice of being treated at the clinic as well as local NHS providers.

The Wound Healing Clinic has both a high success rate and is cost-effective, 82-3% of patients have their wounds healed over a six-week period – one of the highest in the UK.

To put this into context, wounds have had an average duration of 3.3 years when patients arrive at the centre.

Primary Care Psychological Therapies (adults).

Oxfordshire Mind and Hull and East Yorkshire Mind are already working with their local NHS to develop IAPT (Improving Access to Psychological Therapies programme) services.

Local Minds are independent charities that are affiliated to Mind, the mental health charity. The network of 168 Mind associations provide a diverse range of mental health services across England and Wales according to local needs.

Many operate successful and cost effective IAPT services in line with NICE guidelines to individuals experiencing mild to moderate symptoms of anxiety or depression.

Oxfordshire Mind, established in 1967, seized the opportunity in 2008 in partnership with Oxfordshire and Buckinghamshire Mental Health (OBMH) NHS Foundation Trust to develop and deliver the groundbreaking Talking Space IAPT service countywide.

Using the data from the initial pilot and building on the success of this service Oxfordshire Mind and OBMH successfully applied for a contract to provide an IAPT service across Oxfordshire.

The IAPT service is based on a 'stepped care' model with clients receiving either a Step 2 service (most often guided self help, computerised CBT, group CBT or signposting), or a Step 3 (most often individual CBT) service depending upon their individual needs. Referrals can be self-made or come from any of 87 countywide participating GPs and the six practice-based consortia.

The 2010 Annual Report from the Oxfordshire Director of Public Health commended the service as an excellent way forward having delivered a significant increase in the number of people helped by psychological therapy services.

This cost effective service has achieved higher Strategic Health Authority stated recovery rates for 2010 -2011, along with over 3 times the targets stated for individuals moving off sick benefits. 92% of clients were satisfied or very satisfied with the service they had received.

Next Steps

PCT clusters, supported by pathfinder clinical commissioning groups, should select three or more services for implementation in 2012/13 from the list set out above. Alternatively, **they may choose other services which are higher local priorities**, if there is a clear case to do so based on the views of service users and potential gains in quality and access.

To determine whether alternative community/mental health services are appropriate for patient choice of Any Qualified Provider, commissioners should consider the characteristics of the service and the local healthcare system.

Timetable

By 30 September 2011, all PCT clusters will have engaged patients, patient representatives, healthcare professionals and providers on local priorities for extending choice of provider.

By 31 October 2011, feedback from this engagement should have been used by clusters and clinical commissioning groups to identify three or more community or mental health services for implementation. SHAs should have been notified of cluster/commissioning group priorities for 2012/13.

By September 2012, clusters should have implemented patient choice of Any Qualified Provider for those services, taking account of the NHS Operating Framework and standard contract. We would expect some AQP services to be available before this date.

Qualification process

The qualification process will ensure that all providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas.

The governing principle of qualification is that a provider should be qualified if they:

- are registered with CQC and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements
- will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law
- accept NHS prices
- can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols; and
- reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols

Details of how potential providers will be qualified will be published in the autumn. Providers will be listed on a directory so that patients and GPs know who is providing what services where. Details of this will be published in the autumn.

PCT clusters must register qualified providers for payment purposes and will hold providers to account for monitoring quality via the NHS Standard Contract. They would have the option to make reasonable amendments to service specifications and additional contractual requirements on service quality and/or local referral protocols.

Further information can be found at <http://healthandcare.dh.gov.uk/any-qualified-provider>.