

Item 10

<b>Date</b>	Tuesday, 08 November 2016
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<b>Title of paper</b>	<b>Tri-Borough Tissue Viability Business Case</b>
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<b>Confidential</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

**The Committee is asked to:**

- **Approve** the proposal to commission a Tri-Borough Tissue Viability Service including Hammersmith & Fulham CCG (annual cost of £775,736 across the Tri-Borough).
- **Approve** the recurrent Hammersmith & Fulham CCG funding for the Tissue Viability of £154K per annum.

**Summary of purpose and scope of report**

The purpose of the business case is to evidence the case for change for Tissue Viability services currently commissioned by West and Central London CCGs, and outline the requirement for Hammersmith and Fulham CCG to provide a comprehensive tissue viability service within the borough.

**Current Provision**

Unlike West and Central London CCGs, H&F CCG does not have a tissue viability service. A small leg ulcer clinic is delivered by CLCH district nursing which has long waiting times and does not deliver an urgent service. This is a historical service and there is no service specification or contract in place with CLCH. CLCH have indicated they want to reduce or cease providing these clinics. Simple wounds are treated in local GP practices by practice nurses, or district nurses for house-bound and nursing home patients.

	Practice Nurses	CLCH Leg Ulcer Clinic	Tissue Viability Service provided by CLCH
Hammersmith and Fulham CCG	Manage simple wound care	Provided by District Nursing	No commissioned service but non recurrent funding for a B7 specialist Tissue Viability agency nurse to CLCH to reduce patient

			incidents.
West and Central London CCGs	Manage simple wound care	No provision	Manage simple and complex wounds

### Proposed Service Change

	Practice Nurses	Tissue Viability Service provided by CLCH
Hammersmith and Fulham CCG	Manage simple wound care*	Manage complex wounds only
West and Central London CCGs	Manage simple wound care*	Manage complex wounds only

- Simple Wound care through the primary care OOH contract for Wound Management by practice nurses in GP locations across the three boroughs,
- Complex wound care delivered by Tissue Viability Clinical Nurse Specialists located in St Charles Hospital.
- Primary care clinicians will be trained and supported by the Tissue Viability Clinical Nurse specialists and domiciliary visits provided by all clinicians, including nursing home provision.
- Hammersmith and Fulham CCG will formalise its current, temporary provision to align with the existing block contract and re-align indicative activity levels for the service across the Tri-borough.
- West and Central London CCGs, will streamline and integrate their clinical pathways so that only patients with complex wounds are treated by the CLCH service and up-skill their practice nurses to manage simple wounds in primary care in accordance with the Out of Hospital Wound Management specification.
- Additional clinical staff will be recruited across the tri-borough to strengthen the service and allow provision for flexibility and cross-cover.

### CQUIN

Significant work has already been completed in the development of a tri-borough service; particularly, the identification of a single standardised clinical patient pathway, and the up-skilling of primary care nurses through CQUIN funds worth £ 84,637. In July 2016 a continuation of the CLCH Tissue Viability CQUIN was agreed and signed, the value of which will allow service provision and development until 31<sup>st</sup> March 2017. To continue the return on this investment, this business case requests F&P consider implementing a substantive tri-borough tissue viability service.

No recurrent funding has been agreed for this service in 16/17 or beyond. **Recurrent funds to support this service need to be identified by the CCG.**

## Options

The potential options for the tissue viability service are:

- **Option 1:** Do Nothing
- **Option 2:** Procure a Tri-Borough CCG Tissue Viability Community Service
- **Option 3:** Procure a Tissue Viability Service for Hammersmith and Fulham CCG only
- **Option 4:** Commission a Hammersmith and Fulham Tissue Viability Service only for 12months, using non-recurrent funds, and cease the service after 31<sup>st</sup> March 2017

**Preferred Option: Option 2** – to continue to run the interim H&F tissue viability service until 31<sup>st</sup> March utilising non-recurrent CQUIN funding then provide a substantive, recurrently funded tri-borough tissue viability service from 1<sup>st</sup> April 2017.

Summary of 'Do Nothing' against Preferred Option:

	Option Description	Implication of Options to H&F
Option 1	Do Nothing	<ul style="list-style-type: none"> <li>• Significant safeguarding and quality implications for H&amp;F CCG</li> <li>• Funding pressures, as H&amp;F would need to pay for acute admissions at <b>£14k per patient for a Grade 4 ulcer</b></li> <li>• Continued referrals of H&amp;F patients into acute care when they could be managed more appropriately in the community</li> <li>• Continued low level of provision and lack of training, education and clinical expertise and support for primary care Out of Hospital Wound management.</li> <li>• No clinical cross cover for West and Central London, and poorer access and wait times for all tri borough patients</li> </ul>
Option 2	Continue to work up a tri-borough service; with recurrent funding to be identified.	<ul style="list-style-type: none"> <li>• No recurrent funding guaranteed</li> <li>• H&amp;F CCG will require investment of £154K</li> <li>• CL CCG may require investment of £58k</li> <li>• Ensures patients access the appropriate level of treatment within a timely manner,</li> <li>• Prevents inappropriate admissions to hospital,</li> <li>• Prevents referral of complex patients to secondary care out patients,</li> <li>• Allows for earlier discharge from secondary care into the community service across the Tri-borough,</li> <li>• Ensures adequate clinical cross cover and low reliance on temporary/agency staff,</li> <li>• Provides economies of scale with respect to staffing, tariff and service model,</li> <li>• Provides an equitable provision of training, education and clinical expertise and support for primary care Out of Hospital Wound management service,</li> <li>• Prevention of safeguarding concerns due to appropriate and timely treatment access</li> </ul>

**Finance & Performance Committee**

On the 27<sup>th</sup> September, the H&F Finance and Performance committee approved the investment of £154k for a Tri-Borough Tissue Viability Service. It was agreed that this service was needed within Hammersmith and Fulham to ensure safe treatment of patients with escalating tissue viability concerns that are outside of the scope of the Out of Hospital Tissue Viability Specification. The committee flagged that the recurrent investment for this service would be at a cost pressure to the CCG, and should therefore be considered by the Governing Body for ratification.

**Quality & Safety/ Patient Engagement/ Impact on patient services:**

Historically, there have been significant unmet need and potential safeguarding issues; with 80 safeguarding alerts in Quarters 1-3 of 2014/15 relating to pressure sores for Hammersmith and Fulham patients.

In January 2015 the CCG approved and provided non-recurrent funding to CLCH for an agency nurse to deliver a H&F CCG Tissue Viability service to prevent further safeguarding issues. This non-recurrent funding was extended to June 2016. The CCG's continued support and requirement for this level of service was also reiterated in Dr Tim Spicer's coroner's letter dated 29<sup>th</sup> January 2016. Further non-recurrent funding was agreed by H&F CCG to extend the service provision until 31<sup>st</sup> March 2017. **CLCH agreed to continue the interim nurse service provision until March 2017 on the condition that H&F CCG recurrently fund a substantive service from 1<sup>st</sup> April 2017 or sooner.**

**Quality Implications**

There are additional quality implications of not funding an established tissue viability service;

- Lack of patient independence due to patient hospitalisation for multiple weeks
- Increased risk of MRSA due to hospitalisation (compared to Community treatment)
- Potential need for CCG to fund additional specialist equipment and patient supervision within nursing homes
- Increased risk in the number of patients requiring Continuing Healthcare funding due to reduced mobility of patients with significant sores.

**Impact on Out of Hospital Services**

The OOH specification stipulates that if after 6 weeks the wound has not healed sufficiently, then onward referral to a Tissue Viability Clinic is required and that the OOH Services have the ability to contact a tissue viability clinic/specialist for advice and support. Other than the agency nurse listed above, H&F has no formal provision to onward refer these patients to. **It is important to note that should no Tissue Viability service continue the CCG will not be adhering to the OOH service specification requirements.**

**Finance, resources and QIPP****Current Service Cost – Central and West London**

The current cost and planned activity of the Tissue Viability Service for Central and West

London CCG is listed below:

<b>Cost of the Existing Service</b>					
	<b>Cost 14/15 contract Value</b>	<b>14/15 Activity Plan</b>	<b>14/15 Actual Activity</b>	<b>15/16 Contract Value</b>	<b>15/16 Activity Plan</b>
<b>CL CCG</b>	£95,701	1504	1963	£95,543	1504
<b>WL CCG</b>	£565,873	4564	5202	£581,671	4564
<b>Total</b>	<b>£661,574</b>	<b>6068</b>	<b>7165</b>	<b>£677,214</b>	<b>6068</b>

### **Current Service Cost – Hammersmith and Fulham**

To prevent further safeguarding issues, the Operations Committee have approved a total value of £101,917 funding for 1wte, Band 7 clinical nurse specialist since February 2015 until March 2017. This funding is non-recurrent, with CLCH indicating that they will not support this measure after March 2017. Therefore a substantive solution is sought to ensure no further safeguarding issues occur.

### **Saving and Investing**

The proposed new service requires investment from two CCG's and involves a saving from one CCG. As per the outlined table below, the investment is a reflection on the indicative activity plan for each borough, and is therefore based on an apportionment of costs.

	<b>15/16 Contract Cost</b>	<b>16/17 Contract Cost</b>	<b>Investment</b>	<b>Saving</b>
<b>H&amp;F</b>		£153,834.48	£153,834.48	
<b>CL</b>	£95,543	£153,834.48	£58,291	
<b>WL</b>	£581,671	£468,067.04		£113,603.96
<b>TOTAL</b>	<b>£661,574</b>	<b>£775,736</b>	<b>£114,162</b>	

### **Cost of 'Do Nothing'**

If a substantial service is not commissioned, there is significant risk to the OOH element of the tissue viability patient pathway. The table below shows extrapolated data and costs over a 12 month period to highlight potential financial pressures to the CCG per annum, if the OOH Contract for Wound management were not delivered due to a lack of provision of a Tissue Viability service with patients requiring access to treatment via urgent care or walk in centres.

### **Out of Hospital Simple and Complex Tissue Viability Activity 15/16, and cost of these patients accessing Urgent Care / Walk in Centres**

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	15/16 activity	Extrapolated data over 12 months	Cost of accessing an Urgent Care/Walk in Centre	Cost to the CCG of patients accessing Urgent Care/Walk in Centres
<b>Complex patients</b>	<b>Aug-March 16</b>			
	1015	1740	£74.14	£129,003.60
<b>Simple patients</b>	<b>Jul-March 16</b>			
	5545	8317.5	£74.14	£616,659.45
<b>Total</b>	<b>6560</b>	<b>10,057</b>		<b>£745,663.05</b>

If a substantial tissue viability service was not commissioned, the CCG would be breaching the patient pathway as outlined in the Out of Hospital Specification, and potentially this would necessitate service provision in alternative settings. The resulting cost to the CCG would be £129k per annum for complex patients to attend an urgent care / walk in centre for treatment, and £617k for simple tissue viability patients; totalling £746k

Based on the current caseload of patients accessing H&F's Interim Tissue Viability provision, the Do Nothing option would cost the CCG roughly £349k per annum in Acute admissions – compared to a £154k investment in a Tri-Borough Service. There is an additional risk that if a Community Service is not procured, the CCG would not be supporting the TV pathway outlined within the OOH specification; in addition to the £349k, the CCG may experience additional financial implications of £746k.

The agency tissue viability nurse commissioned by H&F as an interim measure until March 2017, treated 7 patients in August 2016.

- 5 patients had a level 4 pressure ulcer
- 2 patients had a leg ulcers

These patients equate to approximately **£29,112** in August 2016 to treat these patients as inpatient admissions.

#### Equality / Human Rights / Privacy impact analysis

Equality impact assessment undertaken.

Risk	Mitigating actions
There are low risks associated with commissioning a Tri-Borough service as the	Commissioners have worked closely with CLCH to develop a potential Tri-Borough

<p>service is already established in West and Central London, however there is a requirement of the service to recruit additional staff in order to ensure cross-clinical cover, and the addition of H&amp;F activity.</p>	<p>Service. CLCH will provide commissioners with a timetable to full implementation once approval to progress with a Tri-Borough service has been granted.</p>
<p>The most significant risk is proceeding with the 'do nothing' option; this is due to the historical safeguarding issues in H&amp;F. Current service provision is only interim, with some goodwill treatment provided to H&amp;F patients by CLCH - this is not viable in the long term.</p>	<p>Procure a robust Tissue Viability Service that provides treatment for patients with simple and complex wounds within an appropriate setting.</p>

#### Supporting documents

The following documents have been considered by the Operational Group and the Finance and Performance Committee and are available on request:

- Tissue Viability Business Case
- Tissue Viability Service Specification
- Tissue Viability Briefing Paper – Operational Committee

#### Governance and reporting

Committee name	Date discussed	Outcome
H&F Ops	12/04/2016	Case for change. Recurrent Funding Source to be sought
H&F Ops	06/09/16	Progress to F&P for decision.
Finance & Performance Committee	27/09/16	Progress to Governing Body for ratification