

# Reviewing Locally Commissioned Services (LCS)



Welcome to the guidance document for New to Practice Managers. This resource is designed to support you when reviewing any NHS Locally Commissioned Services (LCS) in your area.

As a new manager, understanding and evaluating a new service is crucial for ensuring that your practice supports its patients whilst also considering the budgetary constraints associated with delivering a service. This document will provide you with the essential information and practical tips to help your practice make informed decisions.

## FIRSTLY

- Ensure you have the LCS to hand; read every aspect of the new specifications regardless of any previous provision and look out for any new aspects such as coding changes or demonstrable requirements of the LCS. i.e., Look for any obvious differences or changes.
- If you do not feel your practice can meet the standards of the specification, consider other means of provision i.e. collaborative working.
- The practice has the right to decline any individual LCS, any resulting commissioning gaps for any service, are the sole responsibility of the ICB. If you do not wish to deliver a particular service at practice level, then consider collaboration (e.g. *buddying with another practice/ PCN/ neighbourhood/ federation/ wider etc*), if your ICB allows for this.

## Key Elements of an LCS

Often there are certain aspects of each LCS which maybe identical? They usually cover the same requirements; these are likely to be:

- **Quality – National standards:** this includes premises, equipment, training, serious incidents, infection control, privacy and dignity guidance, Health & Safety, Information Governance Standards, Safeguarding Adults, Children and Looked After Children Guidance, and Mental Capacity Act.
- **Collaborative / subcontracting arrangements:** All contracts allow practices to explore alternative means of provision if they do not wish to undertake the service themselves (see *above*) but may vary from ICB to ICB or from service to service.
- **Training:** Ensure you read the specific training requirements for each speciality and record/keep evidence of all training that practice personnel undertake. Evidence that the training took place is essential.
- **Compliance:** It is the practice's responsibility to ensure that all personnel involved in delivery of any LCS are familiar with contractual requirements and any relevant guidance. It would be a good idea to have a mechanism to record that this has been carried out with personnel in advance of delivery, and therefore constitutes evidence it has taken place.
- **Patient Cohorts:** Will always be specified, ensure you know what those cohorts are. This is especially true when identifying what is included or excluded from the service. (see *below*)
- **Acceptance/exclusion criteria:** Will always be listed; ensure that this has been recognised and applied.
- **Home Visting:** May or may not be included for certain services – it will always be **stated**. this may vary from ICB to ICB as well as between different services.
- **Chaperoning, privacy, and dignity:** usually the same criteria apply across all specifications.

- **Data entry and Templates:** Ardens templates are often advised, but specific protocols or alternative templates to assist are generally detailed in any supporting articles.
- **Coding:** SNOMED codes may differ from previous specifications, and within the specification for different treatments.
  - Check your system processes are set up to record the new codes.
  - Ensure the correct codes (*often SNOMED*) are applied - these are important for subsequent information and data gathering
  - Make sure your staff are aware of the differing codes and their application.
- **Reporting:** Reporting timelines will always be stated, usually either monthly or quarterly; ensure you know what the specific reporting requirements are for each service, they could differ.
- **Audit and post payment verification:** this is applicable to all contracts; therefore, it is important to ensure you maintain appropriate service records.
- **Late or inaccurate claims:** this approach applies across all specifications; the commissioner will detail its own process.

#### Termination clauses for an LCS

**Terms are generally the same across all the specifications of any provider, but it is good practice to check what these are. Often the following conditions can apply but always check the small print!**

- Either party can terminate the service outlined in a specification by providing - a set period of time – often three months, notice in writing.
- However, a different notice period could be set if *both parties* agree to it. This may be necessary for any number of reasons so talk to your commissioner before taking any action.
- Termination of a single or multiple LCS service(s) does not affect all services listed within the contract unless specified. Individual service termination is required for each commissioned service and will need to be clearly specified.

- Upon termination of a service the provider will remain responsible for managing the closure of clinics and advertising the service change to their registered population and stakeholders. This will include cancelling any booked clinics and assisting in the redirection to alternative providers.
- At the end of the termination period the provider must make all activity claims as per the process laid out in the contract. Any payment applications for claims made after a service has expired will be reviewed by the lead commissioner on an individual basis and payment will be discretionary.

Things to ask yourself when reviewing an LCS

Below is a guide to some of the considerations a practice may wish to make, it is not an exhaustive list but is designed to start you thinking critically about LCS delivery.

- Do you have the necessary personnel in the practice to deliver the service?
- Are they suitably trained and meet the criteria required within the specification or will a training programme need to be instigated?
- If it is the latter will you need to consider backfill whilst the training takes place?
- Do you have the appropriate rooms/premises in which to deliver the service?
- Do they meet the necessary infection control standards?
- Do you have the necessary equipment available, and if not, will you need to re-test or purchase the equipment and at what cost?
- Plan who will do what in the practice; have you allocated the right person with the **necessary** skills, to the most appropriate part of the specification, to deliver the service (*i.e., using overqualified personnel to do work that can be done by others, can be costly*).
- Work out how long you think the work will take, cost up whether the payment attributed to the specification covers the cost of your proposed means of delivery and working.

- Do not expect a substantial mark up from the cost of the delivery to the funding available, but if it is less, then the practice must decide whether it is worthwhile to provide the service.
- How would it affect the income to the practice if it is not carried out?
- What effect will it have on the patients?
- Could an alternative collaborative means of delivery be more economical?
- Is the specification one you have not undertaken before, and could it generate some new income for the practice; is this important when making the other considerations?
- Could staff that are currently employed to help provide support in the delivery of LCS services, be re-deployed to do work which is more beneficial to the overall delivery of services in the practice?
- Remember to look across your clinical system to see how data is recorded and whether this will need any adjustment.
- Seek the input of practice colleagues.

## Pricing:

### Payment Information:

- Each specification will have its own payment rates and mechanisms for each service delivery. Please check that the practice is aware of these vagaries.
- Always read the actual specification before commenting on the pricing; this applies to brand new specifications as well as revised ones. It is often difficult to compare 'like for like' in these situations and may be better being considered as a stand-alone service.
- Check whether claims are monthly or quarterly and make a note of it.
- Please note if there is any reference to any annual uplifts that may be applied to the pricing in the future.