

<b>REPORT TO:</b>	<b>PRIMARY CARE COMMITTEE</b>	
<b>MEETING DATE:</b>	<b>14<sup>th</sup> February 2018</b>	
<b>REPORT TITLE:</b>	<b>Accreditation of GP's with Special Interests</b>	
<b>SUMMARY OF REPORT:</b>	The report will explain the current position for GPwSI in East Lancashire and highlight a gap for re-accreditation, it will also provide a suggested way forward for approval.	
<b>REPORT RECOMMENDATIONS:</b>	To agree to funding a clinical expert for 1 session to join the verification panel.	
<b>FINANCIAL IMPLICATIONS:</b>	Yes, £350 immediately then £350 ad hoc.	
<b>PROCUREMENT IMPLICATIONS:</b>	None.	
<b>REPORT CATEGORY:</b>	Formally Receipt	<b>Tick</b>
	Action the recommendations outlined in the report.	x
	Debate the content of the report	
	Receive the report for information	
<b>AUTHOR:</b>	Catherine Wright Primary Care Quality Lead	
	<b>Report supported &amp; approved by your Senior Lead</b>	<b>Y</b>
<b>PRESENTED BY:</b>	Catherine Wright Primary Care Quality Lead	
<b>OTHER COMMITTEES/GROUPS CONSULTED:</b>	None	
<b>PRIVACY IMPACT ASSESSMENT (PIA)</b>	Has a PIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below N/A
<b>EQUALITY IMPACT ANALYSIS (EIA)</b>	Has an EIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below N/A
<b>RISKS:</b>	Have any risks been identified / assessed?	
<b>CONFLICT OF INTEREST:</b>	Is there a conflict of interest associated with this report?	
<b>CLINICAL ENGAGEMENT:</b>	Has any clinical engagement/involvement taken place as part of the proposal being presented.	
<b>PATIENT ENGAGEMENT:</b>	Has there been any patient engagement associated with this report?	
<b>PRIVACY STATUS OF THE REPORT:</b>	Can the document be shared?	
<b>Which Strategic Objective does the report relate to</b>		<b>Tick</b>
<b>1</b>	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	x
<b>2</b>	Optimise appropriate use of resources and remove inefficiencies.	x
<b>3</b>	Improve access, quality and choice of service provision within Primary Care	x
<b>4</b>	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	x

**NHS EL CCG Primary Care Committee  
14<sup>th</sup> February 2018**

**Accreditation of GP's with Special Interests (GPwSI)**

**1. Introduction**

- 1.1 There is a general consensus that delivering more acute based services in the community is cost effective, relieves pressure in secondary care and is more convenient for the patient. This shift from delivering scheduled care services in primary care is not something new and the Department of Health produced guidance in 2007 to clarify the roles and responsibilities for utilising General Practitioner (GPs) and Pharmacists with special interests.

[https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/improved\\_quality\\_of\\_care\\_p3\\_accreditation.pdf](https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/improved_quality_of_care_p3_accreditation.pdf)

- 1.2 A GP with a Special Interest (GPwSI) will deliver a clinical service or advanced intervention beyond the scope of their core professional role. In order to do this the GPwSI will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.
- 1.3 Within East Lancashire we have a small number of GPwSI who are delivering additional services through either an enhanced service contract or as part of an acute contract. The purpose of this paper is to outline the current position of these services and discuss the concerns regarding lapsed governance arrangements.

**2. Current Position**

- 2.1 East Lancashire CCG (ELCCG) currently has three types of GPwSI:

2.1.1 The first two are for Dermatology and Musculoskeletal services, these GP's are accredited and the service is monitored and managed by ELCCG Scheduled Care Team through the main acute contract with East Lancashire Hospital Trust (ELHT). The services have adequate governance arrangements for accreditation and re-accreditation and are understood to be safe and effective.

2.1.2 The third GPwSI is for Vasectomy. ELCCG have two GP's who deliver this under an Enhanced Service Specification which is monitored by Midlands and Lancashire Commissioning Support Unit on the CCG's behalf. The accreditation for the two GP's has now exceeded the three year timescale and the CCG has no process in place to reaccredit them.

- 2.2 Blackburn with Darwen CCG (BwDCCG) has three types of GPwSI, Cardiology, Dermatology and Diabetes. In 2016/17 BwDCCG developed a process for accreditation and established a panel which consisted of a commissioner, a quality lead and two GP's.

- 2.3 The function of accreditation is to ensure 'fitness for purpose' through accreditation of both the services themselves, and individual GPwSIs working within them. Commissioners have a responsibility to ensure that the clinicians delivering the service have the appropriate skills and competencies to deliver a high quality service. The

process of accrediting an individual should assure patients and commissioners that they operate within a coherent and quality-assured clinical pathway and that they maintain the highest possible standards of clinical governance. The ongoing competence of the individual practitioner will need to be regularly reassessed to ensure that the high standards they have demonstrated at initial accreditation are sustained, and to incorporate ongoing developments in their particular clinical field. As a minimum this should be every three years.

- 2.4 Prior to the establishment of ELCCG, East Lancashire Primary Care Trusts (PCT) Medical Director approved GPwSI and the PCT's Clinical Governance Directorate processed and managed all applications and re-validations. Since ELCCG was developed in 2013 there has been no established process for accreditation and the two GP's currently delivering the Vasectomy Enhanced Service have not been re-accredited. The DoH guidance states that reaccreditation must not exceed 3 years. Conversations with NHS England have identified that although they approve GP's applications to deliver the Minor Surgery Enhanced Service, they do not approve applications for locally delivered service specifications as these vary from CCG to CCG.

### **3. Proposal**

- 3.1 The 2007 DoH guidance above provides a step by step process to accreditation and templates which can be adapted. The guidance suggests a panel with the appropriate level of skills and experience which should include:

1. a senior commissioner;
2. a senior professional representative from the Local Medical Committee (LMC), or GP from the local faculty of the Royal College of General Practitioners (RCGP);
3. a lay person; and
4. a senior clinician, ideally the local lead clinician from within the relevant specialty

ELCCG has access to the first three roles but will need to source a clinician from the relevant speciality to complete the accreditation/re-accreditation panel.

- 3.2 It is proposed that ELCCG source a specialist clinician for 1 session to join the verification panel and to undertake a service visit where required. One session equates to 4 hours and this will cost £350.

### **4. Recommendations**

- 4.1 The primary concern outlined in this report is the lack of re-accreditation for the two GP's who are delivering the Vasectomy Enhanced Service as it has been over 3 years since their last accreditation. It is recommended that the Primary Care Committee agree to the funding of 1 session of a clinical expert from Urology at either East Lancashire Hospitals Trust or Airedale Trust to join the panel and re-accredit the two GP's.
- 4.2 It is recommended that the governance and assurance processes for the established Dermatology and MSK services remain as they are.
- 4.3 It is recommended that a review of the process for GPwSI is undertaken to establish a consistent provision. A commissioner from ELCCG will be assigned to this review.

**Catherine Wright**  
**Primary Care Quality Lead**