**Any Qualified Provider (AQP) / Specialised Services
- The Current Situation**

*‘There is only one thing in life worse than being talked about and that’s not being talked about’*

Oscar Wilde

The last 12- 18 months have been most significant for those working in the posture and wheeled mobility community. These services have been talked about in different forums like never before. Any Qualified Provider (AQP) in particular has caused much anxiety although for once the variation in provision and quality across the country has been highlighted and there is a strong commitment to work towards getting it right first time.

According to the Department of Health (DoH), it hasbeen widely acknowledged over the past 20 years that there is significant variation in the quality and waiting times for clients in need of posture and wheeled mobility services in the NHS. It is vital to note that whilst this may be true for some poorly commissioned services across the country, there are also many services provide excellent, quality services with the right governance.

It is reported that the DoH is listening and building on previously commissioned work to improve wheelchair services. To allow time to move AQP in the right direction the DoH have taken the decision to defer the December deadline further for wheelchair services. So what does this mean for wheelchair services? The 46 named PCTs/Commissioners at cluster level will not have to select a different third service but they will be required to proactively contribute to the work stream. This means that Commissioners should be engaging with providers at this time, to work on service specifications and local tariffs that will be used to inform a national tariff.

To be clear this does not mean we should become complacent and think AQP has gone away. In fact the DoH has now taken the opportunity to align and join up areas of work to achieve the desired change in quality and value for money of wheelchair services across the NHS. Posture and Wheeled Mobility Managers will need to ensure that services have robust databases and the right informatics to support the appropriate commissioning of these services. Clinicians will also have to start being part of the information revolution and take the lead on designing and leading the way for the accurate and timely collection of outcomes.

The following excerpt has been taken from a letter circulated by Bob Ricketts (Director of Provider Policy, DoH, July 2012). The letter provided an update on AQP for wheelchair services:

*The DH will work with and support the NHS to accelerate momentum in three ways:*

1. *Fast-track wheelchair tariff development: building on the extensive work undertaken by the NHS to date and recognising that this is seen as both a major challenge/barrier to delivery.*

1. *Undertake a strategic procurement review: setting out proposals on how the NHS can achieve better value for money, product innovation and improve the quality of wheelchairs through effective collaborative procurement at scale.*
2. *Publish a comprehensive ‘Toolkit’ for NHS Commissioners early in the new year: incorporating the learning and good progress made with the AQP implementation packs to support rapid improvement across the whole NHS from 2013 onwards.*

Clinical management teams will have to inform commissioners what it realistically costs to provide services that meet holistic outcomes with the right governance. AQP is about driving up quality in areas not for Commissioners to cut services even further. It is also about Providers working towards meeting service users holistic, health, social and education needs.

There is no cap on activity with AQP, therefore services that have been through qualification and are providing an excellent service, should be able to income generate. In the current climate, NHS Providers must give Commissioners and their Commercial Directorates assurance the services are sustainable.

If they haven’t done so already, Providers need to work with their Commercial Directorates to develop robust unit costs that reflect assessment and equipment solution currencies that are linked to case complexities.

**Specialist Commissioning**

Clinical Reference Groups (CRGs) have been tasked with developing the 2013/14

service specifications for all specialist services that will be commissioned by the

NHS Specialist Commissioning Board (SCB). The development of service

specifications is one of seven workstreams that CRGs have been tasked with. The

draft, outline specification for service users with complex requirements recently went

forward for approval by DoH.

Work will be undertaken to develop an appropriate tariff structure to meet the new specification. This will involve agreeing what the tariff should cover, collating reference costs from across the country, then adjusting for market forces to meet the new national specification. The SCB will test the draft and agree a final national tariff.

The contract service specification describes how much a commissioner will pay a

provider to meet the needs of the local population, however the current trend

is for Commissioners and Providers to move towards an outcome based

commissioning approach. Outcomes have often been discussed in the posture

and wheeled mobility community for some time but with no consensus on an

appropriate tool. Moving forward, we will need to invest more time into an

appropriate tool for our service areas and share work already done.

Contract service specifications form a major part of the NHS Standard Contracts,

helping to ensure the delivery of services as specified by commissioners. It is

important that quality features high in the specifications and national standards and

key performance indicators are negotiated and clearly identified. They can be used

to hold provider/s to account for that service delivery.

According to the guidance notes issued for the development of the contract specification for specialised services (2012):

The overall process for developing service specifications cannot be undertaken in isolation from the development of the other key contract products; service specific commissioning policies, quality measures, dashboards, CQUIN schemes and QIPP schemes.

Service Specifications are a key requirement for the Contracting Round which will

commence in October 2012.

The table below also taken from the document referenced above, shows the milestones and delivery dates for this process (deadlines in **BOLD**):

|  |  |
| --- | --- |
| MILESTONE: | Date: |
|  |  |
| *Feedback provided to CRGs on ‘Scope’ documents submitted* | *8 June 2012* |
| **CRG Commissioning Leads to Agree number and titles of Service Specifications required for services to cover CRG scope with National Workstream Lead.**  | **15 June 2012** |
| CRG Commissioner Leads teleconference on a Programme of Care basis to ascertain progress on Service Specification development and address any queries or interdependency issues that cross between Specs/CRGs | w/c 25 June 2012 |
| **Submission of First Draft Service Specifications to National Workstream Lead.** | **13 July 2012** |
| *Comments Received on First Draft submissions*  | *20 July 2012* |
| CRG Commissioner Leads teleconference on a Programme of Care basis to address any queries or issues. | w/c 23 July 2012 |
| **Submission of Second Draft Service Specifications to National Workstream Lead.** | **24 August 2012** |
| *Service Specifications considered by Clinical Advisory Group*  | 4 September 2012 |
| *Feedback from Clinical Advisory Group meeting to CRGs* | *7 September 2012* |
| Final Revision of Service Specification to ensure all outputs for all contracting products are reflected (e.g. Quality Dashboard; CQUIN; Classification/Coding/Information)  | 10-21 September 2012 |
| **Submission of Final Draft Service Specifications to National Workstream Lead.** | **21 Sept 2012** |
| Final Deadline for all commissioning products to be completed and handed over for Contracting Round processes | 1 October 2012 |

As you can see there is a fair amount of work to be done in a short space of time.

There is PMG representation on the Clinical Reference Group and once

information has been cleared it will be shared appropriately. In new provider

landscape Posture and Wheeled Mobility Services may be provided very

differently via a multiplicity of providers.

There needs to be adequate clinical and user representative engagement at all

levels to be able to influence. There is opportunity at local, regional and national

level to do this. We also need to be mindful of Personal Health Budgets (PHB) and

the impact this could have on provision. By working with Commissioners to

identify the impact on service delivery, governance and costs, any unintended

consequences can be identified and reduced.

**Alex Kamadu**

**PMG Executive Committee**

**Wheelchair Service Manager Guys and St Thomas' NHS Foundation Trust**