NHS
West Leicestershire
Clinical Commissioning Group

Paper C

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
Primary Care Commissioning Committee
10 July 2018

Title of the report:	List Dispersal Discretionary Payment Policy
Section:	Public
Report by:	Kay Bestall
Presented by:	Laura Norton

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties – please complete the boxes below:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Factors against disclosure	
Confidentiality including patient and staff confidentiality	
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Where discussion of a topic in public: Would create unnecessary public anxiety.	
Would curtail necessary debate by board members on an area which is still work in progress	
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Additional Paper details:	
Please state relevant Constitution provision	Section 6.6.3 (j) - Committees of the Governing Body Section 5.2.5: Assist and support […] in relation to the Board's duty to improve the quality of primary medical services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	n/a
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Discussed by	
Alignment with other strategies	
Environmental Implications	
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EXECUTIVE SUMMARY:

1. Following delegation of co-commissioning responsibilities the three Leicestershire CCGs met in early 2016 to review NHSE former policy on discretionary payments to practices following list dispersal;

2. The three CCGs were able to agree the key principles when discretionary payments might be made, however, in terms of the funding scale per patient this was left for the individual CCG to determine as the City had issues with recent dispersals having set a precedent for much higher payments than that set in the former NHSE policy.

3. The three CCGs submitted their policies to the individual PCCCs, however, whilst West and East CCG retained the agreed principles there was significant variance within the Leicester City CCG policy.

4. West CCG requested clarity from the City CCG with regard to this variance and the City undertook a review of their policy and resubmitted to their PCCC in early 2018; however, disprepancies in key principles and payments remain.

5. This report identifies the variance between the West and City policies, and makes recommendations for slight changes to our policy.

RECOMMENDATION:

The Primary Care Commissioning Committee is requested to note the contents of this report.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

Primary Care Commissioning Committee
Tuesday 10 July 2018

Discretionary Payments

1 INTRODUCTION

1.1 Following delegation of co-commissioning responsibilities the three Leicestershire CCGs met in early 2016 to review NHSE former policy on discretionary payments to practices following list dispersal;

1.2 The three CCGs discussed and agreed the key principles when discretionary payments might be made, however, in terms of the funding scale per patient this was left for the individual CCG to determine as the City had issues with recent dispersals having set a precedent for much higher payments than that set in the former NHSE policy. West and East CCG final policies retained the recommended payment level set out in the previous NHSE Policy.

1.3 The three CCGs submitted their policies to the individual PCCC's, however, whilst West and East CCG retained the agreed principles there was significant variance within the Leicester City CCG policy.

1.4 West CCG requested clarity from the City CCG with regard to this variance and the City undertook a review of their policy and resubmitted to their PCCC in early 2018; however, disprepancies in key principles and payments remain.

1.5 This report identifies the variance between the West and City policies, and makes recommendations for slight changes to our policy.

2 Key differences and impact

2.1 The two policies retain the key principles when discretionary payments may be made to practices following a list dispersal ie:

2.2 The key differences between the two policies are:

- The City policy sets out and clarifies the non-financial support which can also be offered to practices accepting patients during a dispersal;

- Paragraph 5 of WLCCG policy states that the CCG responsible for instructing the dispersal should make payments to any cross border practices who have registered patients, the City does not include these payments.

- Appendix A: The WLCCG policy recommends discussion between each CCG finance team to effect global sum reconciliation following completion

of the dispersal process. This is in line with LLR Financial DOF agreement in October 2015.+

3. Impact and recommendations:

3.1 We note the inclusion of non-financial support included within the City Policy and recommend that these are considered and reflected in our policy if relevant.

3.2 WLCCG might incur financial risk by retaining paragraph 5 and we feel this should now be removed, especially as this agreement is not reciprocated by our neighborouging CCG. We have a number of practices which border on to the City CCG boundary which if dispersed could result in significant patient movement to City practices; Most recently we saw a number of City patients moving to Thurmaston following a dispersal. The practice was not eligible for support under the City Policy.

3.3 Whilst the City policy does not include reference to the agreement between the three CCG finance teams, these discussions would still be held. We see no reason to remove this from the WLCCG policy.

RECOMMENDATIONS

The Primary Care Commissioning Committee is requested to note the contents of this report and its recommendations.

NHS West Leicestershire CCG

Discretionary Financial Assistance for Practices Experiencing The Impact of Dispersed List Local Financial Support for General Practices

1. Introduction

The CCG has a statutory duty to follow national GP Contract Regulations which may result in a contract termination due to either of the following instances ie:

- Sole Practitioner Death or Retirement;
- Mutual agreement to terminate between the provider and the commissioner;
- CQC cancellation of registration;
- Breach Processes

In such events the CCG must following national guidance on consultation and make the decision to either re-procure primary medical services or to disperse the list. If the decision is to disperse the list, this policy outlines principles to be applied to support the process for practices receiving patients from a dispersed list.

2. Background

Recent Issues experienced by Practices following closure

Recent dispersals had given NHS England and CCGs an insight into the impact faced by the receiving practices. A lack of control or a planned approach will lead to negative impacts. No two situations are identical but the issues faced can generally be categorised as follows.

- Additional administrative time in registering a large number of patients over a short period of time
- The need to summarise records or check accurate summarising
- The need to run additional GP/Nurse sessions in the short term when immediate demand may be greater
- The longer appointment times needed to deal with complex patients The impact on QOF achievement
- Premises capacity issues, clinical and admin including notes storage.

This local policy outlines the additional financial support which could be made available to Leicester, Leicestershire and Rutland (LLR) General Practices by LLR CCGs where a decision has been made to disperse a patient list.

3. Principles to be Established in Supporting a Dispersed List

Whilst it is recognised the new registrations will bring additional funding in terms of capitation and some benefit from a shift in the weighted list in the first year, there is an impact from a dispersed list which will vary depending on the circumstances.

The impact will be greater where one or more of the factors is relevant.

- the dispersal is undertaken in a short period of time (one day - 3 months)
- the dispersal follows the termination of a contract due to poor performance
- the dispersed list can only be absorbed by a small number of practice(s) and therefore there is a concentration on one practice or a small number of practices
- the clinical system used by the closing practice is different to the one used by the receiving practice
- the approval for the closure of a branch surgery that could potentially impact on local practices
- practice relocations may impact on neighbouring practices, however, that impact should be considered prior to approval; patient movement following a relocation is normally attributed to patient choice. Practices may apply where patient movement following relocation is significant in the first three months, however, payment under this policy is not guaranteed and must be considered on a case by case basis.

4. Discretional Additional Financial Support

The recurrent global financial support will reflect the funding mechanisms for the APMS/PMS/GMS contract which states that new patients are added at global sum i.e. the prevailing rate or as specifically stated in the PMS/GMS/APMS contract.

The CCG may consider offering additional financial support, however, this should be in relation to the scale of the issue. ie: based on;

- the number of dispersed patients registered in relation to current list size
- the timeframe in which the list was dispersed
- any known issues of performance with the dispersed practice

Payments to the practice would be determined as follows;

Discretional Payments	Criteria
a. One off payment of £5	Where a practice experiences an increase in their raw list size for the immediate 3 months* after the dispersal, the practice will be paid a single non-recurrent fee per patient registered at **£5** per patient. This fee is made in recognition of the need for additional administration and clinical health checks which may be required within a relatively short period of time.
b. Additional discretional payment can be made up to £5	If the following issues have been identified to demonstrate additional resources may be required due to; • Where there is more than one list dispersal within the same area within a 3 month period* (e.g. Health Needs Neighbourhood or locality) • Where there are compatibility issues with the GP IT systems. • Registration of patients at the end of the QOF year, i.e., between January to March • Where there are known performance issues prior to the dispersal or with supporting evidence from the receiving practice. The practice will have already received £5 as one off payment for registration, the CCG may consider additional payment based on the above issues, up to a maximum overall payment of £10 per patient (including the original £5) The practice would be required to apply to the CCG providing evidence of the impact of the dispersed list. The Primary Care Commissioning Committee will decide on funding to be approved.

**This period could be extended depending on the circumstances applicable at the time.*

5. Dispersal affecting practices in Neighbouring CCGs

There may be an impact on LLR practices who are receiving patients from a list dispersal within a neighbouring LLR CCG. The impact may be significant or insignificant depending on the location of the closure and the factors identified in item 4 above.

The CCG is required to consult with the neighbouring CCG before making any decision to disperse a patient list. Possible impact to neighbouring practices should be identified at this point.

The responsibility for supporting LLR practices with any financial reimbursement under this policy, will remain the responsibility of the LLR CCG who approved the list dispersal at the point of dispersal in line with the terms of this policy.

Following the list dispersal the CCGs will agree transfer of global funding correction in line with the principles outlined in Appendix A.

6. Claim & Payment Process

The dispersing CCG will receive monthly reports of patient movement and registration and based on this registration report, will instruct finance to make payments under criteria ‘a’ to those practices that have registered patients from a dispersing practice. Payments should commence 1 month after dispersal commenced.

Any payment under criteria ‘b’ will be subject to negotiation with the CCG taking into consideration evidence provided by the receiving practice.

Appendix A - Agreed Set of Principles

1. Where there is a practice transfer, dispersal or merger resulting in a movement of patients between CCG's there should be an appropriate transfer of primary care funding to reflect the movement of costs both in year and the full year impact in the subsequent year. (The full year impact may be zero if the adjustment is incorporated into the national allocation process)

2. CCGs affected by a practice transfer, dispersal or merger are to be notified as soon as is practically possible and before approval.

3. The transfer of primary care funding should reflect the movement in costs/charges and should be calculated on the basis of cost neutrality i.e. no intended gain/loss to either CCG. To achieve this it is recognised that the process of disaggregating the funds will need to be reviewed on a case by case basis taking consideration of the fixed and variable costs movements at the time of the transfer. An initial estimate should be undertaken and agreed prior to approval.

4. Allocation adjustments may be required over a 2 to 5 year period to take into consideration national allocation timescales and processes.

5. Both CCGs need to agree the value of the allocation to be transferred. Should a dispute occur, that cannot be resolved through escalation within the respective CCGs, the issue will be referred to NHSE and/or an independent advisor (to be agreed by both parties).

Proposed Funding Transfer Calculations

6. The primary care funds to be transferred should be calculated on the basis of cost neutrality i.e. no gain/loss to either CCG.

7. It should also take into consideration the planned timing of the transfer. Funding transfers can fall within a financial year or planned for the start of a financial year, i.e. 1st April. It is assumed that the national allocation process will deal with the recurrent impact of any practice transfers, assuming information can be provided within stipulated national deadlines.

8. The following outlines areas to be considered in reaching agreement on the value to be transferred. The actual transfer value will need to be reviewed on a case by case basis reflecting the principles agreed.

Income Stream	List Size Related?	Notes	Funding Transfer Required?	Proposed Methodology
GMS – Global Sum	Yes	Costs for CCGs will change once patients have registered. This will be paid on a quarterly basis using the list size information held on NHAIS.	Yes	Monitor the number of patients on a quarterly basis and transfer the budget at Global Sum value. £75.77 per patient + £4.08 per patient (Out of Hours opt out) = £71.69 total per patient.
MPIG	No	Will remain the same irrespective of the number of patients. Will cease.	No	CCG retains this amount
PMS Contract Payments	Yes	Contract value may be adjusted if tolerances have been breached. Receiving practice contract payments will increase.	*Only 1 PMS contract remains in the City*	Increase in PMS contract value will be transferred to receiving CCG. Use GMS figures for calculating amount, i.e. £75.77 per patient + £4.08 per patient (Out of Hours opt out) = £71.69 total per patient.
FDR Adjustment	No	This will stay the same irrespective of the number of patients on the list.	No	CCG retains this amount.
Enhanced Services / Community Based Serv ices	Sometimes but not all	Claims submitted by the receiving practice may increase. ,	No	Taking into account different enhanced services commissioned by different CCGs and the difficulty in evidencing if the dispersed list is responsible for the activity transfer calculations would be difficult.
GP IT	No	Not patient level based. The national allocation will change as the total list size changes for each affected CCG. The allocation is reviewed annually and will	No	Unlikely to be significant enough to warrant a transfer of resource in year. Costs currently incurred at practice level which will not change with an increase/decrease in list size. Allocation will catch up the following year.

		take account any change in practice list sizes.		
Premises Costs	No	Costs not allocated based on list size,	No	Transfer of resource not required unless the list size growth is so significant that it warrants an extension/new build – when CCGs prioritisation process/decision making process will start.
QOF	Yes	Practice payments will change in year as the QOF rate per patient is based upon the size of the practice.	Yes (5 year allocation – therefore CCGs to agree in-year proportion of annual re-allocation until national calculation achieved).	The increase in the receiving CCG's QOF payments to be funded based on the number of patents transferring and the latest QOF achievement, calculated at the nationally agreed rates. NB: QOF is paid on achievement of indicators which have a set value attached to them and the indicators do not apply to all patients, therefore calculations could be skewed if using % increase in list size.
Fees – PCO Admin	No	For locum payments for maternity/sickness/suspension etc. Not patient level driven.	No	Funding for locums to cover the increase in patient numbers will be provided by the Global Sum adjustment.
Fees – Dispensing Services *(Not applicable to City)*	Yes	The number of dispensing patients is very low. A transfer of patients is unlikely to have a significant impact on the costs incurred, however if this is a full move of a dispensing practice then the funds should follow.	No	Prescribing professional fees or dispensing professional fees should transfer with the patient.

9. An ‘In Year’ approach will be taken, resulting in the transfer of funding only on a non-recurrent basis for that financial year. The full year methodology can then be taken into the next planning round if required.

10. It is assumed that the national allocation process deals with the recurrent impact of any practice transfers, assuming information is provided within stipulated national deadlines.

11. It is assumed that CCGs will be asked to advise on the value of resources to transfer ahead of setting the New Year allocations. Where this is not the case CCGs agree to undertake in year IATs of appropriate costs depending on the timing of the transfer.

LEICESTER CITY CLINICAL COMMISSIONING GROUP (LC CCG)

GP PRACTICE OR BRANCH SURGERY CLOSURE POLICY (Revised draft)

INTRODUCTION

1.1 Reasons for a practice list dispersal are varied and may arise from many factors and influences including; actions against a practice following Care Quality Commission (CQC) non-compliance, the end of a time limited contractual arrangement, termination of the contract by providers, termination of the contract by the commissioner following performance and or contract regulation breach.

1.2 Leicester City Clinical Commissioning Group (LC CCG) has experience of managing list dispersals and understands the impact this may have on practices. This policy will ensure a consistent and transparent process that outlines how LC CCG may provide additional support to general practices following a practice list dispersal which introduces demands over and above those that the list turnover element of global sum payment are intended to fund.

1.3 Any decision taken by LC CCG to disperse a practice list will be subject to the decision of the Primary Care Commissioning Committee, together with consultation and engagement with patients and key stakeholders.

1.4 The impacts observed on general practice as a result of a practice list dispersal are many and varied, this may include but not exclusive to the following;

- Sudden increased flow of patients seeking registration, resulting in practices having to increase administration resources to register patients in volumes
- Clinical input where the quality of care or clinical coding required
- Medication Reviews where appropriate
- Destabilise the local practices
- Note summary of a significant volume of patient records
- IT issues where electronic platforms have not provided a solution
- New patient health checks in volume
- Clinical time to resolve inherited issues around clinical care
- Clinical coding
- Administration time to resolve significant patient registrations as it impacts upon Quality Outcomes Framework (QOF)
- Administration time to resolve significant patient registrations as it impacts upon enhanced services
- Increase in locum requirements to accommodate a rapid increase in required appointments
- Administration of additional telephone lines to deal with patient queries.

2.0 PURPOSE

2.1 This policy is designed to deliver a consistent and transparent process in dealing with the support provided to general practices in Leicester City following list dispersal.

2.2 The principles to be established in supporting list dispersal should be in relation to the scale of the issue. This would be based on:

- the number of dispersed patients in relation to current list size
- the timeframe in which the list was dispersed
- any known issues of performance in the dispersed practice.

2.3 The recurrent financial support should reflect the funding mechanisms for the contract which states that new patients are added at global sum i.e. the prevailing rate or as specifically stated in the GMS/PMS/APMS contract.

3.0 SUPPORT MODEL and PROPOSED ASSISTANCE

3.1 If a practice experiences an increase in their raw list size (i.e. registration of patients previously registered with a practice or branch surgery that closed) for six months from the time the first patient letter is received notifying of closure, they will be paid a flat fee per patient registered of £10. This is to recognise that whilst the practice may not close immediately some patients take the opportunity to re- register straight away.

3.2 From the time the first patient letter is received, the Primary Care Team will obtain data reports from PCSE to establish where these patients have registered and will instruct Finance to make payment of the standard flat fee to the receiving practices.

3.3 The cut-off date for patient registration to be counted for this payment will be six months after first notification to patients that a closure is taking place. The cut-off date recognises that some patients may wait until after the closure to register elsewhere.

3.4 The Primary Care Commissioning Committee may consider offering £15 per patient in exceptional situations where the following apply:

- Where there is more than one closure at the same time, in the same area.
- Where there are compatibility issues with the GP IT systems.
- Where there are known performance issues.

3.5 The table below sets out the financial framework containing the different elements following list dispersal and clarifies which will attract financial support and at what level:

Cost	Funding Policy Proposed
Administration costs to cover registration	Global sum provides 0.46 x prevailing global sum rate per patient x number of new registrations (GMS contract) Funding of £10 per patient registered
Note summarization, coding, queries and data quality issues (additional to administration costs above).	
Clinical time/locum costs to address clinical quality issues provide additional review appointments or health checks. These are considered exceptional cases and evidence from the practice demonstrating this impact would need to be provided.	Funded up to a ceiling of £15 per patient.
Quality Outcomes Framework	Where significant registrations impact upon QOF due to acknowledged quality issues, consideration to be given to QOF protection for 1 year where adverse impact supported by evidence. Considerations for when the dispersal is

Cost	Funding Policy Proposed
	enacted in line with QOF deadlines.
Medication reviews	Support to be sourced as appropriate in conjunction with Commissioner.
IT costs/telephone lines	
Other management support as applicable	

3.6 If during the process further risk to patient safety is identified then the receiving practice has the right to request a review of the level of financial and non-financial support originally agreed.

3.7 Where concessions to QOF are made, manual payment to be made by the CCG were agreed appropriate.

3.8 There is no minimal threshold to trigger payments. Payments are per patient transferred as a result of list dispersal, not per patient on the list.

Registration of patients subject to dispersal

3.9 As per the registration process, all patients would be required to confirm they live within the practice boundary and would complete the registration form. Most practices would invite patients for a health check to establish their health needs.

3.10 Dependent on the electronic transfer of medical records via GP2GP, ideally most clinical records should be summarised and up to date. In cases where the notes are not summarised, the practice would need to facilitate this in a timely manner.

3.11 When a practice closes, LHIS would need to inform TPP of the closure and facilitate an appropriate timeframe for all electronic transfer of medical records to take place. Ideally a timeframe of 3 to 6 months to be allowed to ensure all registration has been completed and thereafter TPP notified to remove access.

4.0 EXCLUSIONS

4.1 The policy does not apply where agreement has been arranged between Commissioner and Provider, or Provider to Provider to merge a list, or whereby the registered patients are part of the planned expansion or an existing practice or patient transfer.

4.2 This policy does not apply to a practice that is providing caretaking arrangements following list dispersal.

4.3 This policy does not apply in relation to changes which occur due to New Models of Care work streams. Separate contractual arrangements for the transfer of care will need to be in place in such eventuality.

5.0 NON-FINANCIAL SUPPORT

5.1 The Primary Care Team of Leicester City CCG will provide advice and guidance to ensure patient safety and quality of service for the continuation of care under a dispersal list situation. This is within the remit of the devolved responsibilities of the CCG under delegated commissioning arrangement.

5.2 Non-financial support may include but is not limited to:

- Assistance from the Medicines management team for medication reviews and identification of active review date.
- Assistance from IT ensuring IT solutions are current and efficient, such as GP2 GP note transfer
- Assistance from Data quality to ensure processes are established to track patients through the system, in particular those who are considered vulnerable, for patient safety and practice payment purposes
- Assistance from communication and engagement team to ensure consistency of communication to practice staff, existing patients of receiving practices and transferring patients
- Support with notes summarising and coding e.g. subdivided past medical history significant/active problems highlighted.

6.0 GOVERNANCE

6.1 The final assessment of risk and subsequent support level made by the independent reviewers will be final and will be shared with the CCG and Practice.

6.2 The Primary Care Team will engage with the practice to clarify any issues which may arise.

6.3 Where a further clinical need has been identified by the practice, an independent clinician will engage with the practice to assess the level of clinical risk.

6.4 The CCG will use data sources e.g. list size to assess the level of impact.

6.5 The Primary Care Committee will have overall responsibility for ensuring patient safety and risk is managed appropriately throughout the process. Any proposals for extra support will need to be approved by the PCCC.

7.0 DISSEMINATION AND IMPLEMENTATION

7.1 This policy will be made available to all general practices via the CCG website and will be shared with Local Medical Committee (LMC) for dissemination.

7.2 The policy will come into force following ratification from the LC CCG Primary Care Commissioning Committee.

8.0 MONITORING, COMPLIANCE AND APPEAL

8.1 The CCG can also commission an audit to monitor the impact, this may involve Post Payment Verification audit and the practice will be required to submit relevant data to establish if appropriate payment had been made.

8.2 The CCG will ensure that all support that it provides is in accordance with this policy.

8.3 Practices will be expected to provide a local patient identifier or an NHS number for each patient registered as a result of dispersal. This will allow any post payment verification to take place should the commissioner deem this appropriate.

8.4 In situations where a practice appeals the process undertaken through this policy or queries the payment made or not made, they have an option to apply for local dispute resolution in line with NHS England policies and procedures

9.0 CLOSURES IN NEIGHBOURING CCGS

9.1 This policy only relates to dispersal and patient re-registrations in LC CCG, patients who register with practices outside LC CCG boundaries will be subject to the dispersal policy adopted by their CCG.