NHS
Calderdale
Clinical Commissioning Group

Policy for Discretionary Financial Assistance to General Practices

Impacted as a Result of a List Dispersal

Policy Reference: 006

Version/Status:	3.0 / Final
Responsible Committee:	Commissioning Primary Medical Services Committee
Date Approved:	25 November 2021
Author:	Director of Improvement - Community and Primary Care
Responsible Lead:	Director of Improvement - Community and Primary Care
Review Date:	November 2024 or following any changes in guidance or legislation which requires review

Version History

Version no.	Date	Author	Document Status	Commentary: (document development / approval)	Circulation
1.0	16 Aug 18	Head of Primary Care Quality & Improvement	Final	Approved by Commissioning Primary Medical Services Committee (CPMSC)	Staff Practices LMC
2.0	4 Jul 19	Primary Care Quality & Improvement Project Manager	Final	Review date revised to 3 years by Head of Primary Care and CPMS Committee informed at its July 2019 meeting.	Staff Practices LMC
3.0	25 Nov 21	Director of Improvement - Community and Primary Care	Final	Approved by Commissioning Primary Medical Services Committee (CPMSC)	

Contents

1. Introduction

1.1 The CCG has a statutory duty to follow national GP Contract Regulations which may result in a contract termination due to one of the following instances i.e.

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

1.2 In such events the CCG must follow national guidance on engagement and consultation and make the decision to either re-procure primary medical services or to disperse the patient 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.

1.3 NHS Calderdale Clinical Commissioning Group (CCG) understands the impact this may have on practices. This policy will ensure a consistent and transparent process that outlines how NHS Calderdale 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.

1.4 The Commissioning Primary Medical Services Committee (CPMSC) will be the place where the CCG determines whether to disperse a practice list or seek another solution.

1.5 The impacts on a general practice as a result of practice list dispersal are many and varied and relate to large numbers of new patients registering simultaneously. They may include:

- Administration time to deal with registration of new patients
- 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 requires review – already covered below
- Medication Reviews
- Summarising patient records
- IT issues where electronic platforms have not provided a solution
- Clinical time to do new patient health checks
- Clinical time to resolve inherited issues around clinical care in particular long-term condition reviews
- Clinical and admin time to resolve clinical read code issues
- 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 clinical workforce capacity to accommodate a sudden increase in required appointments for all clinicians
- Administration of additional telephone lines and or capacity to deal with patient queries

2. Principles to be established in supporting a Dispersed List

2.1 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.

2.2 The impact will be greater where one or more of the following 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 in 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 could potentially impact on local practices

2.3 Practice relocations may impact on neighbouring practices, however, that impact should be considered prior to approval; patient movement following relocation is normally attributed to patient choice.

2.4 Payment under this policy is not guaranteed and must be considered on a case by case basis.

3. Discretional Additional Financial Support

3.1 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.

3.2 The CCG may consider offering additional financial support; however, this should be in relation to the scale of the issue. i.e. 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

3.3 Payments to the practice would be based on the following:

Description of potential types of costs incurred	**Funding Proposed**
Administration costs to cover registration. Note summarisation, coding, queries, and data quality issues (additional to administration costs above).	Additional Funding of £10 per patient. For first registration in the 3 months following the list dispersal. (e.g. 20 patients = £200 one off payment)
Clinical time/locum costs to address clinical quality issues provide additional review appointments, health checks, medication reviews. If the following issues have been identified: • There is more than one list dispersal within the same area within a 3-month period* (e.g. locality) • 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. The practice will have already received £10 per patient as one-off payment to support administrative and summarisation work but the CCG may consider additional payment based on clinical costs based on the issues identified above, up to a maximum overall payment of £20 per patient (including the original £10) The total additional funding would be £20 per patient. For first registration in the 3 months following the list dispersal. (e.g. 20 patients =a total £400 one off payment).	The practice would be required to apply to the CCG providing evidence of the impact of the dispersed list. The Senior Management Team will use clinical advice to determine and validate the level of funding requested and to be approved.

3.4 There is no minimum threshold to trigger payment. Payments are per patient transferred as a result of list dispersal, not per patient on the registered list. Payment is only made on the first registration of an individual patient following dispersal not subsequent registration where the patient has exercised further choice.

4. Conditions for Support

4.1 In order for a practice to receive support through this policy the practice must:

- Work with the CCG to ensure patients' care is the top priority and that patients are informed and engaged with appropriately.
- Practices may be required to demonstrate how they plan to provide and sustain services to patients, should the CCG require assurance as a result of concerns raised.
- Have substantiated evidence of an increase in list size due to the proposed contract termination. For the immediate 3 months after the dispersal date. A separate list of NHS numbers of new registrations from the dispersed list should be kept for audit purposes.

4.2 Practices will be required to develop a system that will identify the number of new registrations from the dispersed list either with a patient flag or read code; this list should be kept for audit purposes and shared with the CCG if requested. It is recognised that each practices' needs and circumstances will be different. In this respect the offer made to each individual practice may vary, and the level of support offered by this policy is subject to the consideration of all factors and the discretion of the CCG. If it is felt that exceptional circumstances mean that the level of support should be amended, then the decision on the final level of support will be for the CCG, through the Commissioning Primary Medical services Committee, to determine.

5. Exclusions

5.1 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 of an existing practice or patient transfer.

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

5.3 The policy does not apply to any increases as part of business as usual change and which is planned for between parties.

5.4 The policy does not apply in relation to changes which occur due to New Models of care in localities. Separate contractual arrangements for the transfer of care will need to be in place in such an eventuality.

6. Non-Financial Support

6.1 The Primary Care Team of Calderdale CCG will provide advice and guidance to ensure patient safety and quality of service for the continuation of care under a dispersed list situation. This is within the remit of the devolved responsibilities of the CCG under delegated commissioning arrangements.

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

6.2.1 Assistance from IT ensuring IT solutions is current and efficient, such as GP2 GP note transfer

6.2.2 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

6.2.3 Assistance from Communications and Engagement teams to ensure consistency of communication to practice staff, existing patients of receiving practices and transferring patients

6.3 NHS England will provide support following list dispersal. The extent of the support will be within the remit of the delegated commissioning arrangements, the memorandum of understanding for delegated commissioning and statutory requirements of NHS England as contract holder.

7. Governance

7.1 The final assessment of risk and decisions as to subsequent support levels will be final and will be shared with the CCG and Practice.

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

7.3 The Practice may be requested to provide evidence of need.

7.4 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.

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

7.6 The Quality Committee will have overall responsibility for ensuring patient safety and risk is managed appropriately throughout the process.

7.7 Any proposals for support will need to be reported to the CPMSC in line with this policy.

8. Dissemination and Implementation

8.1 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.

8.2 The policy will come into force following ratification at the Calderdale CCG Commissioning Primary Medical Services Committee (CPMSC).

9. Monitoring and compliance

9.1 The policy will operate upon ratification by the appropriate Commissioning Primary Medical Services Committee the policy will be reviewed annually.

9.2 The CCG will audit and monitor the impact; this may involve post payment verification and the practice will be required to submit relevant data to the CCG.

9.3 The CCG will ensure that all support that it provides is in accordance with this policy, but it is recognised that some support may be provided by other agencies beyond the remit of the CCG.