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MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 26th January 2017

Agenda No: 8.2

Attachment: 10

<p>Title of Document: The Wilson Health Centre list dispersal – Support payment</p>	<p>Purpose of Report: For Approval</p>
<p>Report Author: Rebecca Blackburn</p>	<p>Lead Director: Liam Williams</p>
<p>Executive Summary: <i>This paper went to EMT on 08.12.16, significant input was given by members and subsequent changes incorporated. The developed paper was reviewed again by the EMT on 20.12.16 and was agreed in principle. The paper has since evolved; Merton CCG Finance Director has now received notification that the potential funding to support practices as part of the NHS England Resilience Fund has been secured. The total amount secured for Merton is £115k. This paper has since been approved by Finance Committee on 11th January 2017. The purpose of this paper is to request approval by Merton CCG Governing Body.</i></p> <p>The decision to disperse The Wilson Health Centre practice was agreed in principle at EMT on 14th September 2016, and approved, subject to an appropriate resource package provided to practices receiving the dispersed patients, at the Primary Care Commissioning Committee on 29th September 2016. The Wilson Health Centre practice will close on the 31st March 2017.</p> <p>Governing Body are being requested to approve practices receiving a payment of £20 per patient one month in arrears (following monthly submission) for practices registering 51 or more new patients over a period of six months. The proposal also confirms payment for practices receiving any of the identified vulnerable patients, regardless of the total number received.</p> <p>Governing Body is requested to approve delegate authority to the Accountable Officer to implement a contract between Merton CCG and the practices receiving patients as a result of the practice closure. Further work is required to agree this contract with NHS England and the Merton LMC as it will be used to set out scope and eligibility for those applying to the scheme over the coming weeks.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: See recommendations and attached appendices.</p>	
<p>Recommendation(s):</p> <ol style="list-style-type: none"> 1. To approve practices receiving an additional payment of £20 per newly registered patient as pre the criteria set. 2. To approve the procurement of South East CSU to provide patient record transfer support. 3. To delegate authority to the Accountable Officer to approve the contract required to enable additional support to practices. 	

Committees which have previously discussed/agreed the report:

- The list dispersal option was agreed by Primary Care Commissioning Committee on 29th September 2016 on the principle that an appropriate resource package (this paper) was provided to neighbouring practices.
- This paper was agreed in principle by EMT on 8th December 2016.
- This paper was agreed by Finance Committee on 11th January 2017.

Financial Implications:

There is no financial implication to the CCG since the costs are covered by the approved bid monies now received.

Implications for CCG Governing Body:

The CCG is at risk of conflict with member practices and the LMC since the agreement for dispersal was based on the principle that a form of financial support would be provided. However this risk is mitigated by the oversight of NHS England in proposing the framework for financial support based on their experience of List Dispersals in other areas.

How has the Patient voice been considered in development of this paper:

Experience in other areas of list dispersals has demonstrated the additional pressures placed on practices in registering large numbers of patients. The proposal is to provide security to practices in registering patients from Wilson Health Centre practice and ensure they are able to offer a positive patients experience.

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing).

This proposal ensures the most vulnerable patients are supported individually and the wider practice population is supported based on numbers registering per practice.

Equality Assessment:

This proposal ensures the most vulnerable patients are supported individually and the wider practice population is supported based on numbers registering per practice.

Information Privacy Issues:

Patient data transfer will follow standard NHS England protocol for list dispersals.

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution).

See engagement in background and context.



Report to the Merton Clinical Commissioning Group Governing Body

Background and Context

The decision to disperse the Wilson Health Centre practice was agreed in principle at EMT on 14th September 2016, and approved, subject to an appropriate resource package provided to practices receiving the dispersed patients, at the Primary Care Commissioning Committee on 29th September 2016. The Wilson Health Centre practice will close on the 31st March 2017.

Recent dispersals have given NHS England, CCGs and the LMC an insight into the impact faced by the receiving practices. Failure to have a planned approach will lead to negative patient experience and detrimental impacts on the receiving practices. No two situations are identical but the anticipated uses of funding include but are not limited to¹:

- i) Securing additional administration resources to process patient registrations
- ii) Securing additional clinical resources to undertake new patient checks
- iii) Securing additional note summariser time
- iv) Funding additional clinical time to manage increase in patient demand during the time lag period before contractual funding increases.
- v) Funding the increased clinical costs of locums where these are engaged prior to the recruitment of new salaried clinical staff or new GP partners
- vi) Urgent priority clinical activities associated with new patients, e.g. patients with complex co-morbidities, safeguarding issues or long-term conditions.

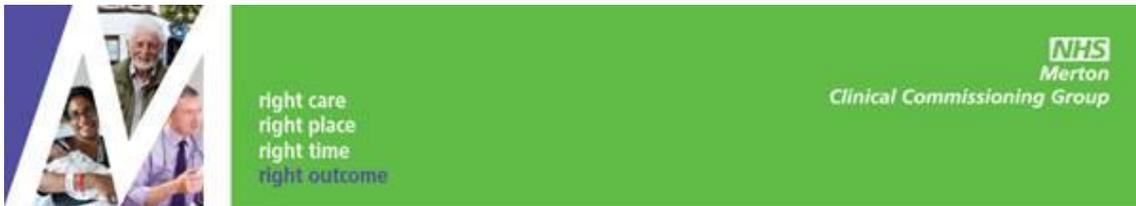
The total list size of the Wilson Health Centre practice as at 1st July 2016 was 5886. 800 of these patients are Sutton residents therefore the CCG has assumed 5086 patients would re-register with Merton practices.

Governing Body are requested to approve practices receiving a payment of £20 per patient, one month in arrears (following monthly submission) for practices registering 51 or more new patients over a period of six months. Practices within 1 mile of The Wilson Health Centre are listed in Appendix B together with their CQC rating and other details. The proposal also confirms payment for practices receiving any of the identified vulnerable patients (208), regardless of the total number received. Further detail on the safe management of this cohort is detailed in 1b on page 4 and funding has been secured from NHS England.

Engagement

Initial phone calls were made to practices by the CCG to establish capacity and understand any potential impacts in September 2016. This information led to the funding application and rationale behind this support scheme. The overall outcome of this exercise was to identify capacity across Merton to absorb patients which helped inform the original options paper. Practice capacity was further reviewed in December 2016 and the total additional capacity

¹ Full details on scope, eligibility and financial arrangements can be found in the Appendix A.



identified by responses from seven out of ten practices was 14,500 patients, a surplus of 8,614 (see Appendix C for breakdown).

Practices identified spare capacity in clinical rooms and clinical post availability with most practices identifying the need for additional resource to support the influx. The LMC were in attendance at the Primary Care Commissioning Committee on 29th September and were advocates of an appropriate resource package for practices.

Finance

NHS England submitted an application on behalf of Merton CCG as part of the South West London application for the Resilience Fund. The fund is designed to support practices with workforce and admin support when additional pressure is encountered and list closure / capping is being considered. Funding establishes a pool of emergency funding that will be allocated to practices based on meeting criteria, as and when increased registrations lead to a practice being destabilised. Merton's funding application full allocation of £100,620 to support the list dispersal is being made available to support practices.

Objective

The following two points outline how the CCG are supporting and facilitating a controlled approach to the list dispersal.

1. Resource package for practices registering new patients

- a) The dispersal option was agreed in principle pending financial support for practices due to the issues categorised in the background section of this paper. We have taken advice from NHS England and the LMC on previous dispersals, and propose a one-off payment of £20 per patient payable to the practices that register 51 or more patients over a limited six month period. Practices that register 50 or less new patients within this period will not get financial support (see financial breakdown) unless they receive a pre-identified vulnerable patient in which case they will receive the £20 additional fee. The rationale behind the £20 will support practices with the following;
 - 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;
 - Providing additional appointments for patients who may need prescriptions or monitoring of LTCs.

The financial impact on QOF and DES funding achievement will only affect practices in Q3 since new patients registered in Q4 are automatically excluded. Similarly, DES access is taken on a quarterly basis hence the £20 support. Merton CCG are also taking steps to mitigate any further contractual impacts resulting from the dispersal of the list on local practices.



b) Rationale

The rationale for the cut-off point of 50 patients is based on understanding and establishing what the 'pressure point' is for practices based on the experience of NHS England in other areas. A practice of list 6,000 and a normal list turnover of 8% would ordinarily register 480 patients per annum, or 240 patients in a six month period. A threshold of 50 registrations resulting from dispersal would therefore represent c20% increase above the norm in the six month period i.e. 20% above 240. If a practice registers 50 or less patients from the dispersal we anticipate that they might need to register 20 of those patients over a two week period. Above this level we are suggesting practices may struggle to manage workload.

c) Vulnerable patients

To ensure continuity of care for those patients who are vulnerable, NHS England, the CCG and the current provider are finalising the process which will ensure all patients identified in this cohort are re-registered at an alternative practice. Patient choice is paramount through the standard protocol, however once the patient has identified their new practice, the two practices will conduct a robust handover, with clinical input where necessary. The proposed £20 payment will be issued to any practice receiving patients from this cohort, as reported by the Wilson Health Centre practice.

2. Support for GP2GP patient record transfer

Following recommendations from NHS England, the Commissioning Support Unit (CSU), the LMC and lessons learned from similar dispersals², the following model has been put together to support continuity of care, timely and safe record transfer, and to reduce the burden on the current practice staff at The Wilson Health Centre practice. The option to procure the CSU for this project would comply with information governance principles required for patient confidentiality. Moreover they have access to the clinical system before, during and after the list closure. The model (see point 2 in financial breakdown) proposes weekly support (hours reducing week on week) to ensure the safe transfer of patient records to new practices. Support would be provided for a period of six months (from mid-January 2017) to include sufficient time after the practice has closed to capture patients who did not re-register before the practice closure date. The CSU have provided a quote for £2,900 which has been accepted by the Executive and Finance Committees.

Risks of doing nothing

There is a risk to patients in reducing continuity of care if no support is given to practices and they are unable to cope with the additional demand. If no financial support is provided to the neighbouring practices there is a concern that they will not be able to secure the capacity necessary to support patients and staff leading to a risk of provider destabilisation.

² <http://nwsurreyccg.cloud2.co.uk/about-us/PCCC/PCCC2016/2016-10-21/Item%205ii%20Practice%20support%20programme.pdf>



Recommendations

1. To approve practices receiving an additional payment of £20 per newly registered patient as per the criteria set.
2. To approve the procurement of South East CSU to provide patient record transfer support.
3. To delegate authority to the Accountable Officer to approve the contract documentation required to enable additional support to practices.



Appendix A:

NHS England London Region & Merton CCG

Funding Scheme to support the Re-Registration of Patients following the dispersal of a local GP Practice List

1.0 Background

This funding scheme has been designed to support practices faced with a significant number (more than is usual) of patient registrations following the dispersal of a local GP list.

A decision to disperse a GP practice list maybe taken by the Commissioner of Primary Care Services when it decides not to seek a new provider of primary medical services following the termination of a GMS, PMS or APMS contract.

Reasons for such a decision include but are not limited to the following:

- (i) the GP list is too small to be economically or operationally viable
- (ii) the practice premises lease has expired, and the landlord is not willing to renew the lease or the cost of renewing the lease is prohibitive
- (iii) the ongoing presence of the practice does not fit the strategic need for the locality
- (iv) there is no market interest from providers in delivering services from the practice.

NB. Any one, or all of the above reasons may apply for a specific decision to disperse. The formula used to determine the level of funding for GP practices set out in GMS, PMS and APMS contracts (the Carr-Hill formula), includes a weighting factor for new patients however this is not considered sufficient to meet the costs of a significant number of new patients registering over a short period of time, and payment lags up to 3 months following the date of patient registration. This can create significant pressure on a practice where a significant number of patients register in a short period of time both in terms of managing the administrative and clinical requirements of the registration and the additional demands of the increased practice list.

This scheme provides rapid short-term financial support to local practices with the costs associated with patient registration and for a period of adjustment as practices increase their capacity to deliver services to an increased patient list.

This scheme should be viewed as a scheme which both mitigates the pressure of an abnormal number of additional patients requiring registration and supports local practices and that stops practices becoming vulnerable due to rapid increase in demand.

Resources provided should enable practices to maintain normal access and performance during a period of change.

2.0 Agreement in relation to this Scheme

Merton CCG and the practice specified in paragraph 6.0 shall be deemed parties in an agreement for participation in this scheme. The agreement shall be that the respective parties comply with their respective obligations as set out in this document.



3.0 Commencement of the Scheme

This funding scheme shall commence an eligible practice in scope when the following conditions are met:

- i) The relevant primary care commissioner issues a formal written notification to the GP practice provider that a local GP practice within the locality will be dispersed.
- ii) An authorised representative of the practice has signed this document at paragraph 8 as confirmation that they wish to participate in the scheme and are eligible to do so

NB. The written notification by the Commissioner will specify the date of commencement of the scheme for an eligible practice and subsequent agreement between the parties subject to the return to the Primary Care Commissioner of this document with signed GP Provider Declaration at paragraph 8.

4.0 Termination of the Scheme

- i) This Scheme (and agreement between the parties) shall terminate 6 months from the date of Commencement, subject to paragraph 6.0 iii) which shall survive the date that the Scheme and agreement terminates by a further period of 6 months and subject to paragraph 4.0 ii) and 4.0 iii) below
- ii) This Scheme (and agreement between the parties) shall terminate immediately if the GP practice provider ceases to be eligible for the scheme in accordance with paragraph 6.0 below.
- iii) This Scheme (and agreement between the parties) may be terminated by Merton CCG immediately if the GP practice provider is not able to demonstrate that funds received under this scheme have been spent on securing additional resources, following a reasonable request by Merton CCG for such information.

NB. The Survival of terms specified in specified in 6.0 iii) shall not apply where the Practice GP Provider ceases to hold a valid GMS, PMS or APMS contract.

5.0 Scope of the Scheme

Practice GP providers receiving funding under this scheme may generally spend the funds as appropriate in order to secure additional resources to help manage the increased flow of registrations and patient demand for primary medical services. Anticipated uses of funding include but are not limited to:

- vii) Securing additional administration resources to process patient registrations
- viii) Securing additional clinical resources to undertake new patient checks
- ix) Securing additional note summariser time
- x) Funding additional clinical time to manage increase in patient demand during the time lag period before contractual funding increases.
- xi) Funding the increased clinical costs of locums where these are engaged prior to the recruitment of new salaried clinical staff or new GP partners



- xii) Urgent priority clinical activities associated with new patients, e.g. patients with complex co-morbidities, safeguarding issues or long-term conditions.

It should be noted that this is not a scheme designed to incentivise registration through increased personal income, or profits to GP practice owners and as such a practice claiming under this scheme maybe required to demonstrate how the funds have been deployed particularly if practice performance and access declines despite receipt of funding.

6.0 Scheme Eligibility

Practice GP Providers shall be able to make a claim under the scheme if they meet the following eligibility criteria.

- i) The Practice GP Provider must hold a current GMS, PMS or APMS contract.
- ii) The Practice has a surgery site, which is a member of Merton CCG.
- iii) Practice list is 'open' for patient registration for a period of a minimum of 12 months from the date they receive formal written notification of the dispersal from NHS England. 'Open' means that the practice agrees to register all patients seeking registration during the 12 month period.
- iv) The practice consent for their practice details to be provided to patients being dispersed.
- v) The practice must agree to offer all patients registering with the practice, a new patient check within 30 days of registration, where clinically appropriate.
- vi) The practice must agree to appropriately summarise clinical notes received in relation to patients that they register under the scheme.
- vii) The practice must agree to increase clinical capacity accordingly to meet the increased demands of newly registered patients, so that primary care access for existing patients is not compromised, or access performance, or patient satisfaction adversely impacted upon as a result of the registrations.
- viii) The practice must take all reasonable steps to ensure that the quality of services provided to existing and newly registered patients is not adversely impacted upon as a result of registering patients and increasing list size.
- ix) The practice is eligible to claim for a period of 6 months following the date of formal written notification of the dispersal from the Primary Care Commissioner.
- x) The practice must register a minimum of 50 patients in the six month period to receive any payment under the scheme
- xi) The practice must acknowledge that no further financial support is available to the practice other than is set out in this scheme, and that it will need to fund appropriate ongoing capacity through normal GMS, PMS or APMS contractual arrangements.
- xii) An authorised representative of the practice must sign this document at paragraph 8.0 as confirmation that they wish to participate in the scheme and are eligible to do so.

7.0 Financial Arrangements



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- i) Eligible GP Practice Providers may claim a sum of £20 per patient that was formerly registered with the Wilson Practice that registers with the practice.
- ii) Such claims may be made for a period of 6 months from the date of formal written notification of the dispersal from primary care commissioner. Thereafter this scheme will terminate.
- iii) The practice shall maintain a manual record of patients that it is claiming for under the scheme. This should include NHS Number, name, date of birth and postcode. This record should be available for inspection on request by the Primary Care Commissioner.
- iv) Practices shall make claims based on manual records described in paragraph above.
- v) Practices should ensure that any claim is submitted to NHS England by the 18th of the month to ensure payment is received by the 15th of the following month.
- vi) The practice must submit its final claim under this scheme within 30 days of termination of this scheme.

8.0 GP Practice Provider Declaration

The authorised representative of the GP practice, specified below, confirms that the GP Practice provider specified below wishes to participate in this scheme and that it meets the eligibility criteria listed in paragraph 6.0 above.

Signed

Date _____

Print name of signatory: _____

Authorised representative of

Print Name of Practice: _____

Practice Code -----



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Appendix B

GP practices within a one mile radius of The Wilson Health Centre:

CCG Borough	ODS Code/ Contract Type	Practice Name	Radius (Miles)	List Size	NHS Choices Rating	Practice Status	Would recommend the surgery	CQC Overall Rating
NHS Merton CCG	H85110	Ravensbury Park Medical Centre	0.6	4,762	2	Group	74.7% In the middle range	Not inspected
NHS Merton CCG	H85038	Cricket Green Medical Practice	0.7	10,170	4.5	Group	80.0% In the middle range	Good
NHS Merton CCG	H85033	Tamworth House Practice	0.8	9,369	3	Group	62.1% Among the worst	Not inspected
NHS Merton CCG	H85649	Colliers Wood Surgery (Branch)	0.8	9,959	1.5	Group	52.8% Among the worst	Not inspected
NHS Merton CCG	H85078	Mitcham Family Practice	0.9	3,217	1.5	Group	56.0% Among the worst	Requires Improvement
NHS Merton CCG	H85090	Figges Marsh Surgery	0.9	7,245	1.5	Group	54.0% Among the worst	Good
NHS Sutton CCG	H85023	Bishopsford Road Medical Centre	1	4,326	3	Group	90.0% Among the best	Not inspected
NHS Sutton CCG	H85025	Green Wrythe Surgery	1	14,155	2.5	Group	58.3% Among the worst	Requires Improvement
NHS Merton CCG	H85024	Mitcham Medical Centre	1.2	9,777	2.5	Group	53.2% Among the worst	Good
NHS Merton CCG	H85029	Wide Way Surgery	1.6	7,900	3	Group	82.0% In the middle range	Good



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Appendix C:

Latest current capacity identified and confirmed by practice December 2017

(NB: practices identified recruitment would further support this additional capacity)

CCG Borough	Practice Name	Capacity Identified
NHS Merton CCG	Ravensbury Park Medical Centre	2500 - 3000
NHS Merton CCG	Cricket Green Medical Practice	4000
NHS Merton CCG	Tamworth House Practice	0
NHS Merton CCG	Colliers Wood Surgery (Branch)	1500 – 2000
NHS Merton CCG	Mitcham Family Practice	2000
NHS Merton CCG	Figges Marsh Surgery	5000
NHS Merton CCG	Mitcham Medical Centre	None provided
NHS Merton CCG	Wide Way Surgery	Any number through re-configuring service delivery and operations provided we are given additional resources and funding to absorb a proportion of that list size
NHS Merton CCG	Rowans Surgery	500
	Total:	14,500
	Dispersal total (all patients):	5886
	Difference:	+8614