

## Special Cases Update

F

Primary Care Commissioning Committee meeting

4 January 2017

|  |   |
|--|---|
| <b>Author(s)</b>   | Rachel Dillon, West Locality Manager            |
| <b>Sponsor</b>   | Katrina Cleary, Programme Director Primary Care |
| <b>Is your report for Approval / Consideration / Noting</b>  |   |
| Approval   |   |
| <b>Are there any Resource Implications (including Financial, Staffing etc)?</b>  |   |
| It does not require any additional funding than that already committed within the existing Locally Commissioned Scheme.  |   |
| <b>Audit Requirement</b>   |   |
| <b><u>CCG Objectives</u></b><br><br><b><i>Which of the CCG's objectives does this paper support?</i></b><br>2. To improve the quality and equality of healthcare in Sheffield<br>4. To ensure there is a sustainable, affordable healthcare system in Sheffield  |   |
| <b><u>Equality impact assessment</u></b><br><br><b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b><br>An equality impact assessment was carried out as part of the original Governing Body decision making process. The result of the EIA helped determine the need for a special cases process. |   |
| <b><u>PPE Activity</u></b><br><br><b><i>How does your paper support involving patients, carers and the public?</i></b><br>Currently it is the GPs and managers within the practices identified who have kept patients informed of any new developments.  |   |

## Recommendations

The Primary Care Commissioning Committee is asked to:

- Approve that the £150k balance of the 2016/17 budget is allocated as per Table 1 on Appendix A.
- Approve that the £300k full year budget for 2017/18 is allocated as per Table 3 on Appendix A, noting that NHS England have announced that alongside the revision of the Carr-Hill Formula, it would also look at bespoke funding arrangements for practices serving atypical patient groups such as 'non-English' ready for 18/19 allocations. This will fall at the same time as the review of the LCS.
- Re-affirm the contractual requirement for the practices to work together to explore how neighbourhood working might support the provision of care for this group of patients.
- Agree to the recommendation that Park Health Centre is not recognised as being a special case and not awarded any additional funds.
- Award the LCS contract to Burngreave Surgery from October 2016 on the basis that they have proved that their patient population is akin to patient need in their surrounding practices.

## **Special Cases Updates**

### **Primary Care Commissioning Committee meeting**

**4 January 2017**

#### **1. Introduction**

At its meeting on 1 April 2016, the Primary Care Commissioning Committee (PCCC) approved a locally commissioned service (LCS) for a group of practices which acknowledged the services 'over and above' the existing national contract which addresses the needs of patients not covered by Carr-Hill where there is significant demand. This paper provides an update of the LCS using the funding approach agreed by PCCC at its April meeting.

At its meeting on 29 June 2016, the Programme Director Primary Care reported to PCCC of Park Health Centre's appeal against the decision not to award the practice any funding under the Special Cases process. At that meeting, PCCC approved the recommendation to explore the extent to which Park Health Centre might have a call on special cases funding. This paper provides PCCC with an update and recommendation.

#### **2. Significant Demand LCS**

PCCC agreed to an LCS in April for those practices deemed meeting the criteria of providing care for groups of patients with significant demand who were not currently funded via the revised Carr-Hill formula. The LCS started on 1 April 2016 and will run for two years, with the possibility to extend subject to review.

In the absence of any hard data, PCCC agreed to the funding approach below:

- For the first six months of 2016/17, for Sheffield Medical Centre, Page Hall, Devonshire Green, Firth Park, Pitsmoor and Upwell Street, the CCG allocate funding on their raw list.
- In the first six months, those practices collate data on numbers of patients needing interpretation, identified via a clinical consultation (GP or Nurse).
- At month 7, the remaining amount of funding for the year would be distributed based on the above figures without any comeback on the funding given in the first six months. At this point, the CCG will review the measure of significant demand suggested by PCCC as over 10% of their raw list size, noting that at this point some of the practices listed may not qualify for funding thereon.
- PCCC agreed that because of Burngreave's proximity to the North practices involved, it would be excluded unless the surgery could prove otherwise.

In parallel, PCCC agreed a special cases approach with Clover Group. This included that Clover Group practices would also collect data in the same way as the practices listed above and would be funded on the same basis as other practices from 1 October. It was expected that both Darnall and Highgate practices would have a significant non English speaking population requiring interpreting services. The proposal excludes the Mulberry Practice for which PCCC agreed different funding arrangements.

It was agreed in April that data on numbers of patients needing interpretation would serve as a proxy for the additional demand this group of patients presented, for example: the longer and more frequent consultations and longer and more frequent complicated registrations. Appendix A - Table 1 presents the data submitted by the practices and hence the proposed funding for period 1 October 2016 to 31 March 2017.

The data was collated for the period 1 April to 30 September. This is a slightly longer period than specified in the LCS, due to the agreement to allow as much time as possible to submit the most robust data. As a group, the practice sense checked the data in August to ensure all practices were coding and collating the correct information. A separate but consistent process was followed for Clover Group practices.

Once that data had been collated and allocations were provisionally calculated, the CCG received an appeal from one practice in relation to the data collection exercise. The Chair of PCCC agreed that an appeal should be heard by an independent panel in line with the CCG's processes, which took place on 6 December. As a result, the cohort of practices identified under the Significant Additional Patient Pressures (SAPP) / Special Cases scheme were asked to re-submit their data to ensure all had a further opportunity to review the data submitted and that the data submitted is capable of being verified by the way of a report from a clinical system. All practices submitted their data by the revised 15 December deadline.

Please note the following points from the data attached in Appendix A.

- All practices, bar Sheffield Medical Centre, in receipt of the LCS have met the 10% threshold.
- Burngreave practice has also met the 10% threshold and therefore will be included in the re-allocation. (PCCC at its meeting in April 2016 agreed that Burngreave would not be included going forward in this proposal unless during this first year they could prove otherwise.)
- Numbers for Clover Group (Darnall and Highgate) have also been included for the second six month period as these practices collectively meet the 10% threshold.

Given that contracts for 2017/18 should be agreed by 23 December 2016, the pragmatic approach would be to continue to use the data collected to inform second year of the LCS two year contract funding. It is likely that data for first six months of this year is a reasonable basis. The funding which would therefore flow to practices is summarised in Table 3 on Appendix A.

Included in the LCS is the requirement for North practices in particular, given their inclusion in the same neighbourhood, to work together much more proactively to utilise the funding. This message will be reinforced especially given the practices will know the 12-18 months allocations in advance.

### **3. Park Health Centre**

Park Health Centre submitted an appeal against the PCCC decision not to award the practice any funding under the special cases process. PCCC will be aware that as part of the special cases process set up at the Extraordinary Governing Body Meeting in September 2015, Park Health Centre submitted an application for special cases funding. Following the appeal, a panel was set up to review the process and recommended to PCCC at its meeting in private on 29 June 2016 that, whilst the special cases process had been appropriately followed, there had been an oversight of further information the

practice had submitted regarding a significant percentage of their patients using interpreters/English not being their first language. The Committee approved the recommendation to explore the extent to which Park Health Centre might have a call on special cases funding.

Following that decision, the practice has been visited by CCG colleagues, and the practice was asked to collate data of their patients needing an interpreter in the same way as the LCS practices. Information so far submitted is data on main language spoken. The practice has also been offered support via the 'Vulnerable Practice' programme, GP Improvement programme and the Productive General Practice programme.

The practice's public health profile was analysed to find any significant patient pressures and was also visited on a number of occasions. Key points of the visit and analysis are below.

- Their weighting is not as much as other practices in the surrounding area, which is interesting given their deprivation score. The probable reason for this is that they don't have many older people, however, their older people are affected a lot by income deprivation, they are third highest in the city.
- Practice has a substantial cohort of patients with mental health problems and still have patients in receipt of methadone on their list (a legacy from when the practice prescribed). High numbers of safeguarding (43 on the radar compared to 10 ongoing safeguarding alerts in a nearby practice).
- They employ a receptionist who does interpreting. Their interpreting costs are low at £2198 for year forecast last year.
- Prevalence of diabetes is slightly higher than surrounding practices.
- The practice provides primary care services to a nearby supported accommodation for 15-20 in the unit.
- As a business, they have reduced sessions. They are finding it difficult to recruit to clinical posts.

From the information of the public profile and the data from the visit, there is no one or two major cohorts of patients which place a real significant demand/need on the practice such as non-English. They have small additional demands from a range of groups of patients, very like many practices in the most deprived areas in Sheffield.

Proving objectively that the practice is more deprived than other deprived practices in order to highlight it as a special case is very difficult as concrete public health evidence is not available.

**In conclusion:** In the absence of any one or two patients groups which place significant demand and pressure on the practice, it is recommended that the practice is not awarded any additional funding. However, the CCG will remain involved in the practice offering support and offer access to the range of sustainability programmes.

**Recommendations:**

The Primary Care Commissioning Committee is asked to:

- Approve that the £150k balance of the 2016/17 budget is allocated as per Table 1 on Appendix A.
- Approve that the £300k full year budget for 2017/18 is allocated as per Table 3 on Appendix A, noting that NHS England have announced that alongside the revision of the Carr-Hill Formula, it would also look at bespoke funding arrangements for practices serving atypical patient groups such as 'non-English' ready for 18/19 allocations. This will fall at the same time as the review of the LCS.
- Re-affirm the contractual requirement for the practices to work together to explore how neighbourhood working might support the provision of care for this group of patients.
- Agree to the recommendation that Park Health Centre is not recognised as being a special case and not awarded any additional funds.
- Award the LCS contract to Burngreave Surgery from October 2016 on the basis that they have proved that their patient population is akin to patient need in their surrounding practices.

Paper prepared by Rachel Dillon, West Locality Manager

On behalf of Katrina Cleary, Programme Director Primary Care

December 2016

# APPENDIX A

|                       | TABLE 1                                    |  |                                  |  | TABLE 2   |                     |                                      |                        | TABLE 3                            |
|-----------------------|--|--|----------------------------------|--|---|---------------------|--------------------------------------|------------------------|------------------------------------|
|                       | numbers of patients needing an interpreter |  |                                  |  | Q1 & Q2 2016/17 Calculation based on actual list size as a proportion of total actual list size |                     |                                      |                        | 2017/18                            |
|                       | Non English Speaking Patients              | Share of Non English Speaking Patients % | Payment Calculation for Q3 & 4 £ | Non English Speaking patients as a % of Actual List Size | 01/04/2016 Actual   | 01/04/2016 Weighted | Proportion of Total Actual List Size | Proportion of £150,000 | Proposed funding = per Table 1 * 2 |
|                       | M1-6                                       | M1-6                                     |                                  |  |   |                     |                                      |                        |                                    |
| Pitsmoor              | 1,715                                      | 19%                                      | £28,628                          | 19%  | 9,266   | 10,116              | 23%                                  | £ 35,114               | £57,256                            |
| Upwell Street Surgery | 719  | 8%                                       | £12,002                          | 15%  | 4,885   | 5,067               | 12%                                  | £ 18,512               | £24,004                            |
| Page Hall             | 1,464                                      | 16%                                      | £24,438                          | 20%  | 7,382   | 7,037               | 19%                                  | £ 27,974               | £48,876                            |
| Firth Park            | 1,153                                      | 13%                                      | £19,247                          | 12%  | 9,662   | 9,884               | 24%                                  | £ 36,614               | £38,493                            |
| Sheffield Med Centre  |  |  |                                  |  | 1,641   | 1,774               | 4%                                   | £ 6,219                | £0                                 |
| Devonshire Green      | 788  | 9%                                       | £13,154                          | 12%  | 6,747   | 6,160               | 17%                                  | £ 25,568               | £26,308                            |
| Burngreave            | 867  | 10%                                      | £14,473                          | 13%  | no funding  |                     |                                      |                        | £28,945                            |
| Clover Group          | 2,280                                      | 25%                                      | £38,059                          | 15%  | funded through separate arrangements  |                     |                                      |                        | £76,118                            |
|                       |  |  |                                  |  |   |                     |                                      |                        |                                    |
|                       | 8,986                                      | 100%                                     | £150,000                         |  | 39,583  | 40,038              |                                      | £ 150,000              | £300,000                           |