

ENHANCED SERVICE SPECIFICATION

RISK PROFILING AND CARE MANAGEMENT SCHEME

Introduction

1. This enhanced service has been designed by the NHS Commissioning Board (NHS CB) to reward GP practices¹ for the identification and case management of patients identified as seriously ill or at risk of emergency hospital admission.

Aims

2. The aims of this enhanced service in 2013/14 are to encourage GP practices to:
 - a) undertake risk profiling and stratification of their registered patients on at least a quarterly basis, following an holistic approach embracing physical and mental health problems
 - b) work within a local multidisciplinary approach to identify those who are seriously ill or at risk of emergency hospital admission
 - c) co-ordinate with other professionals the care management of those patients who would benefit from more active case management.
3. The intended benefits for patients are improved quality of care and life and fewer avoidable emergency admissions to hospital.
4. This enhanced service will be subject to review by the NHS CB for 2014/15.

Background

5. Under the changes to the GP contract for 2013/14, the Secretary of State for Health has directed the NHS CB to establish a risk profiling and care management scheme for those patients predicted to be most at risk of emergency hospital admission.
6. There are many examples of existing good practice and innovation in this area. Many clinical commissioning groups (CCGs) have agreed to carry forward or are currently developing similar schemes to support the efficient and effective management of people who are at risk of emergency hospital admission through a co-ordinated multi-disciplinary approach, for example

¹ Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract.

working with community matrons, specialist nurses and/or rehabilitation teams.

7. The NHS CB is therefore asking CCGs to lead responsibility for designing and managing this enhanced service so that such schemes remain locally and clinically driven. This specification sets out the minimum requirements that all local schemes will need to meet and the funding that will be available. The NHS CB will administer payments to GP practices that provide the enhanced service agreed with their CCG.

Process

8. CCGs will seek to invite and agree arrangements with GP practices under this enhanced service by 30 June 2013.
9. Where CCGs do not have an existing agreement in place with GP practices for 2013/14 they will offer, on behalf of the NHS CB, an enhanced service agreement that is consistent with the minimum requirements and funding detailed in this specification.
10. Where CCGs do have an existing local agreement in place with GP practices for 2013/14 they will offer on behalf of the NHS CB either:
 - a) an enhanced service agreement that supplements the existing local agreement with the aim of providing additional activity/benefits that are proportionate to the available funding; or,
 - b) (if GP practices agree) they can replace the existing local agreement with this enhanced service and use the local funding they would otherwise have invested in a manner that is agreed locally.
11. CCGs will need to notify the NHS CB of participating GP practices by 31 August 2013 so that the NHS CB can make payments under this enhanced service.

Specification

12. The minimum requirements for schemes entered into with GP practices are that:
 - a) the GP practice carries out on at least a quarterly basis risk profiling of its registered patients to identify those who are predicted of becoming or are at significant risk of emergency hospital admission; this list can be produced using (where available) a risk profiling tool procured by a CCG (or a commissioning support service acting on behalf of a CCG). Using such a tool will ensure risk profiling follows a holistic approach to embracing physical and mental health problems:

- b) the GP practice works within a local multi-disciplinary team approach to assess the list produced to identify those patients in significant need of active case management (as opposed to those patients for whom on-going practice support and management are appropriate):
- c) the criteria for active case management are agreed with the CCG: this could for instance be an agreed percentage of patients identified at most significant risk in the list or based on factors such as co-morbidities:
- d) the GP practice works with multi-disciplinary professionals, meeting at least quarterly, to achieve a shared and integrated approach to the case management of each patient to improve the quality of care and reduce their individual risk of emergency hospital admission:
- e) there is a nominated lead professional who is responsible for each patient identified for case management whose role includes undertaking a review and care planning discussion with the patient at a frequency agreed with the patient.

Monitoring

- 13. CCGs will be responsible for specifying the necessary audit information to be submitted by GP practices on at least a quarterly basis.
- 14. CCGs will be responsible for satisfying themselves that participating GP practices are meeting the requirements agreed on the basis of this information including assurance for payments.
- 15. The audit information will be expected to include the analysis of the patients identified through risk profiling and numbers of patients identified for case management and any exceptions.
- 16. CCGs will be asked to provide assurance within 28 days of the end of the financial year to the NHS CB that the minimum requirements of this enhanced service, together with any additional requirements agreed between the CCG and GP practices, have been satisfied before payments under this enhanced service will be made.

Payment

- 17. Payment available to participating GP practices under this enhanced service in the 2013/14 financial year will be £0.74 per registered patient, which represents a payment of £5,175 for an average-sized GP practice (registered population 6,911).

18. This will be payable by the NHS CB in the month following the month during which the CCG provides the information required under paragraph 16 above.
19. Administrative provisions relating to payments under this enhanced service are set out in the Annex

Annex

Administrative provisions relating to payments under the risk profiling and care management enhanced service.

1. Payments under the risk profiling and care management enhanced service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which the CCG (or GP practice directly) provides the information specified at *paragraph 16 of the enhanced service specification* to the NHS CB.
3. Payment under the risk profiling and care management enhanced service, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - a) the GP practice must make available to the NHS CB (or CCG requesting on behalf of the NHS CB) any information which the NHS CB needs, and the GP practice either has or could be reasonably expected to obtain, in order to establish whether the GP practice has fulfilled its obligation under the enhanced service arrangements;
 - b) the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,
 - c) all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, the NHS CB may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this enhanced service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 March 2014 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a GP practice has entered into a risk profiling and care management enhanced service but its primary medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2014, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.

6. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide the CCG (acting on behalf of the NHS CB) with the information requested under *paragraph 13 of the enhanced service specification* before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.
7. The payment due to GP practices that terminate or withdraw from the enhanced service agreement prior to 31 March 2014 will be calculated as £0.74 divided by 365 days, multiplied by the number of days the GP practice provided the services during the financial year, multiplied by the number of registered patients.

Provisions relating to GP practices who merge or split.

8. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or varied agreement to provide the risk profiling and care management enhanced service.
9. The enhanced service agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph 5 of this annex.
10. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the new or varied agreement for a risk profiling and care management enhanced service, will be assessed and any new arrangements that may be agreed in writing with the NHS CB (or CCG acting on behalf of the NHS CB) will commence at the time the GP practice starts to provide such new arrangements.
11. Where that new or varied agreement is entered into and the new arrangements commence within 28 days of the new GP practice(s) being formed, and those arrangements were, in the opinion of the NHS CB (or CCG acting on behalf of the NHS CB), broadly comparable to the enhanced service (or additional requirements that might otherwise have been agreed by the CCG in its place), the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with the enhanced service specification – subject to the provisions of paragraph 12 of this annex.
12. The NHS CB is entitled to make an adjustment to the payment – or any part thereof, if payment has already been made or is payable to the

previous GP practice(s) for participating in the enhanced service. The adjustment may be calculated as £0.74 divided by 365 days, multiplied by the number of days the GP practice provides risk profiling and care management enhanced service under the new arrangements, multiplied by the number of registered patients.

Provisions relating to non-standard splits and mergers

13. Where the GP practice participating in the enhanced service is subject to a split or a merger and:

- a) the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the NHS CB, lead to an inequitable result; or,
- b) the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

the NHS CB may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the NHS CB's opinion are reasonable in all circumstances.

[ENDS]

ENHANCED SERVICE SPECIFICATION

FACILITATING TIMELY DIAGNOSIS AND SUPPORT FOR PEOPLE WITH DEMENTIA

Introduction

1. This enhanced service has been designed by the NHS Commissioning Board (NHS CB) to reward GP practices¹ for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia.

Aims

2. The aims of this enhanced service in 2013/14 are to encourage GP practices to:
 - a) identify patients at clinical risk of dementia;
 - b) offer an assessment to detect for possible signs of dementia in those at risk;
 - c) offer a referral for diagnosis where dementia is suspected; and,
 - d) support the health and wellbeing of carers for patients diagnosed with dementia.
3. For patients with dementia and their carers and families, the benefits of timely diagnosis and referral will be to enable them to plan their lives better, to provide timely treatment if appropriate, to enable timely access to other forms of support, and to enhance the quality of life.
4. This enhanced service will be reviewed for 2014/15 in light of possible changes to the Quality and Outcomes Framework (QOF) for 2014/15. In January 2013, the National Institute for Health and Clinical Excellence (NICE) consulted on potential new indicators for developing a register of carers of patients with dementia and providing them with an annual assessment, and for referring patients with suspected dementia to a memory clinic prior to diagnosis. NICE's independent QOF Advisory Committee will decide in Summer 2013 whether to recommend such indicators.

¹ Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract.

Background

5. Following changes to the GP contract for 2013/14, the Secretary of State for Health has directed the NHS CB to establish an enhanced service to provide timely diagnosis and support for patients known to be at risk of dementia.
6. Improving the diagnosis and care of patients with dementia has been prioritised by the Department of Health through its mandate to the NHS CB and by the NHS CB through its planning guidance for clinical commissioning groups (CCGs).
7. A system wide integrated approach is required to enable patients with dementia and their families to receive a timely diagnosis and to access appropriate treatment, care and support. National action to support local system wide improvements include:
 - a national dementia calculator, which has been made available to support GP practices to understand prevalence of dementia in their registered population;
 - the national Commissioning for Quality and Innovation (CQUIN) scheme, which provides incentives for providers of healthcare services commissioned through the NHS Standard Contract (including hospital, community and mental health services) to improve identification, prompt referral on to specialist services for diagnosis and support, and improved dementia care; and,
 - commissioning guidance for memory assessment services currently being produced by the Royal College of Physicians.
8. This enhanced service is designed to support GP practices in contributing to these system wide improvements by supporting timely diagnosis, supporting individuals and their carer's, and integrated working with health and social care partners.

Process

9. The NHS CB will seek to invite and sign up GP practices to participate in this enhanced service by 30 June 2013.
10. The NHS CB will record GP practices' participation on the Calculating Quality Reporting Service (CQRS). CQRS is replacing manual systems for calculating and reporting quality and outcomes for many GP services, including some enhanced services, where achievement data can be obtained from GP clinical systems via the GP Extraction Service (GPES). CQRS is more efficient and cost effective as it automates the returns process, saving time for GP practices, CCGs and the NHS CB.

11. GP practices signing up to this enhanced service by 30 June 2013 will qualify for the component 1 payment set out in the Payments section.

Specification

12. The requirements for GP practices participating in this enhanced service are as follows:
- a) The GP practice undertakes to make an opportunistic offer of assessment for dementia to 'at-risk' patients and, where agreed with the patient, to provide that assessment.
 - b) For the purposes of this enhanced service, an opportunistic offer means an offer made during a routine consultation with a patient identified as at-risk and where the attending practitioner considers it appropriate to make such an offer. Once an offer has been made there is no requirement to make a further offer during any future attendance.
 - c) For the purposes of this enhanced service, 'at-risk' patients are:
 - patients aged 60 and over with cardiovascular disease (CVD), stroke, peripheral vascular disease or diabetes;
 - patients aged 40 and over with Down's syndrome;
 - other patients aged 50 and over with learning disabilities;
 - patients with long-term neurological conditions which have a known neurodegenerative element, for example, Parkinson's disease.
- These assessments will be in addition to other opportunistic investigations carried out by the GP practice (for example, anyone presenting raising a memory concern).
- d) The assessment for dementia offered to at-risk patients shall be undertaken only following establishing patient consent to an enquiry about their memory.
 - e) The assessment for dementia offered to consenting at-risk patients shall be undertaken following initial questioning (through appropriate means) to establish whether there are any concerns about the attending patient's memory (GP, family member, the person themselves).
 - f) The assessment for dementia offered to consenting at-risk patients for whom there is concern about memory (as prompted from initial questioning) shall comprise administering a more specific test (where

clinically appropriate²) to detect if the patient's cognitive and mental state is symptomatic of any signs of dementia, for example, GPCog (the General Practitioner assessment of Cognition) or other standardised instrument validated in primary care.

- g) The assessment of the results of the test to detect for signs of dementia is to be carried out by healthcare professionals with knowledge of the patient's current medical history and social circumstances.
- h) If as a consequence of the assessment the patient is suspected as having dementia the GP practice shall:
 - i. offer to refer where this is agreed with the patient (or carer) to specialist services such as a memory assessment service or memory clinic for a further assessment and diagnosis of dementia;
 - ii. respond to any other identified needs arising from the assessment that relate to the patient's symptoms;
 - iii. provide any treatment that relates to the patient's symptoms of memory loss.
- i) Patients diagnosed as having dementia will be offered a care planning discussion focusing on their physical, mental health and social needs and including referral/signposting to local support services.
- j) The GP practice will seek to identify any carer (but not including professional carers) of a person with dementia identified in this way (where that carer is registered with the practice) and offer a health check to those carers to address any physical and mental impacts, including signposting to any other relevant services to support their health and wellbeing.
- k) The GP practice will record in the patient record relevant entries including the Read codes notified in this specification to identify where an assessment for dementia has been undertaken, where a referral has been made, and for diagnosed patients, where a health check has been offered or provided to a carer.

² It is recognised that in some cases (eg for people with severe learning disabilities) such a test may not always be appropriate. Further guidance on the assessment of dementia in people with learning disabilities has been produced by the Royal College of Psychiatrists and the British Psychological Society ('Dementia and People with Learning Disabilities'), www.rcpsych.ac.uk/files/pdfversion/cr155.pdf

Monitoring

13. The NHS CB will monitor services and calculate payments under this enhanced service using CQRS, wherever possible. This will minimise the reporting requirements for GP practices. GPES can provide information, using the notified Read codes, on the number of patients identified at risk of dementia and receiving an assessment, those referred to a memory clinic for formal diagnosis where dementia is suspected, and the offer and provision of health checks for carers.
14. All participating GP practices will be required to provide this information either by opting in to the relevant GPES extracts or, where GPES is not currently supported by their clinical system supplier, to provide an end of year return based on a manual report of the required patient counts within 28 days following the end of the financial year.
15. CQRS will support calculation of the relevant payments due under this enhanced service from 1 October 2013. The following Read codes **must** be used to record activity under this enhanced service:

	Read v2	Read CTV3	Snowmed CT
To assist in identifying any patient in an at risk group:			
At risk of dementia	14Od.	XaQyJ	516651000000105
To record initial questioning for memory concern (or offer):			
Initial questioning for memory concern (new code request for October 2013)	tbc	tbc	tbc
Initial questioning for memory concern – declined (new code request for October 2013)	tbc	tbc	tbc
To record an assessment (or offer) for dementia in patients with a memory concern:			
Assessment for dementia	38C10	XaaBD	869561000000101
Assessment for dementia – declined (new code request for October 2013)	tbc	tbc	Tbc

Table continued over/.

	Read v2	Read CTV3	Snowmed CT
To record any referral (or offer) for a diagnosis of dementia			
Referral to memory clinic	8HTY.	XaJua	415276009
Referral to memory clinic declined	8IEn.	Xaa9t	868751000000100
To record, for diagnosed patients, any identified carer and offer of a health check			
Carer of person with dementia	918y.	XaZ4h	824401000000105
Carer annual health check	69DC.	XaX4N	754731000000108
Carer annual health check declined	8IEP.	XaZkp	837271000000107

Payments

16. Payment available to participating GP practices under this enhanced service in 2013/14 will comprise two components, with each allocated approximately half of the total funding available under this enhanced service:

- **Component 1** – This will be an upfront payment of £0.37 per registered patient, which represents a payment of £2,587 to an average-sized GP practice (registered population 6,911). This is paid in recognition of upfront costs in preparing for participation in this enhanced service and the GP practice's commitment to support assessment for dementia in at-risk patients. This will be payable by the NHS CB following the practice's agreement to participate.
- **Component 2** – The remaining funding will be distributed as an end of year payment based on the number of completed assessments carried out by the GP practice during the financial year as a proportion of the total number of assessments carried out nationally under this enhanced service in 2013/14. This is paid to recognise the relative workload involved in carrying out assessments.

The number of assessments carried out by GP practices individually and nationally will be based on returns to CQRS (automated via GPES or manual end of year entry) identifying assessments specified at paragraph 12(f) which are those Read coded as 'Assessment for dementia'.

For example, if GPES reports Practice A as completing 192 assessments for dementia during 2013/14 and nationally CQRS calculates that 1,197,408 assessments were carried out in 2013/14 (which represents approximately half of the estimated number of

people in the risk groups) then the end of year payment calculated by CQRS for Practice A will be:

$$\frac{192}{1,197,408} \times \text{£}21,000,000 = \text{£}3,367^*$$

17. Administrative provisions relating to payments under this enhanced service are set out in the Annex.

Annex

Administrative provisions relating to payments under the enhanced service for facilitating timely diagnosis and support for people with dementia.

1. Payments under the enhanced service for facilitating timely diagnosis and support for people with dementia are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The amount calculated as payment for the financial year as regards to:
 - a) **Component 1** - falls due on the last day of the month following the month during which the GP practice agrees to participate in this enhanced service.
 - b) **Component 2** - falls due on the last day of the month following the month during which the GP practices provides the information required following the end of the financial year.
3. Payments under this enhanced service, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - a) the GP practice must make available to the NHS CB any information which the NHS CB needs, and the GP practice either has or could be reasonably expected to obtain, in order to establish whether the GP practice has fulfilled its obligation under the enhanced service arrangements;
 - b) the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,
 - c) all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, the NHS CB may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this enhance service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 March 2014 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a GP practice has entered into the enhanced service facilitating timely diagnosis and support for people with dementia but its primary

medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2014, the GP practice is entitled to a payment in respect of its participation, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the NHS CB has all the information its needs to calculate such a payment.

6. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide the NHS CB with the information under *paragraph 13 of the enhanced service specification* before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.
7. The payment due to GP practices who terminate or who withdraw from the enhanced service agreement prior to 31 March 2014 will be calculated as:
 - a) **Component 1** - £0.36 divided by 365 days, multiplied by the number of days the GP practice provided the services during the financial year, multiplied by the number of registered patients;
 - b) **Component 2** – as specified in *paragraph 16 of the enhanced service specification*.

Provisions relating to GP practices who merge or split.

8. Where two or more GP practices merge or are formed following a contractual split of single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or a varied agreement to provide the enhanced service for timely diagnosis and support for people with dementia.
9. The enhanced service agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of the GP practice(s) to any payment(s) will be assessed on the basis of the provisions of paragraph 5 of this annex.
10. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the new or varied agreement for the enhanced service, will be assessed and any new arrangements that may be agreed in writing with the NHS CB will commence at the time the GP practice starts to provide such new arrangements.
11. Where that new or varied agreement is entered into and the new arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the

date of the new GP practice(s) being formed. Payment will be assessed in line with the enhanced service specification – subject to provisions of paragraph 12 of this annex.

12. The NHS CB is entitled to make an adjustment to the payment, or any part thereof, if payment has already been made or is payable to the previous GP practice(s) for participating in the enhanced service. The adjustment may be calculated as follows:
 - a) **Component 1** - calculated as £0.37 divided by 365 days, multiplied by the number of days remaining in the financial year from the date of the new arrangements, multiplied by the number of registered patients;
 - b) **Component 2** - the number of completed assessments carried out from the date of the new GP practice(s) being formed to the end of the financial year as a proportion of the total number of assessments carried out nationally under the enhanced service in 2013/14.

Provisions relating to non-standard splits and mergers

13. Where the GP practice participating in the enhanced service is subject to a split or a merger and—
 - a) the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the NHS CB, lead to an inequitable result; or,
 - b) the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

the NHS CB may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the NHS CB's opinion are reasonable in all circumstances.

[ENDS]

ENHANCED SERVICE SPECIFICATION

REMOTE CARE MONITORING (PREPARATION) SCHEME

Introduction

1. This enhanced service has been designed by the NHS Commissioning Board (NHS CB) to reward GP practices¹ for undertaking preparatory work in 2013/14 to support the subsequent introduction of remote care monitoring arrangements for patients with long term but relatively stable conditions (in 2014/15).

Aims

2. The aims of this enhanced service in 2013/14 are for GP practices to:
 - a) identify and agree the priority clinical area for remote care monitoring to be implemented in 2014/15;
 - b) record appropriate patient preferences for receiving and monitoring the required test results;
 - c) maintain up to date contact details for relevant patients; and,
 - d) plan a system for registering patients for remote care monitoring of the agreed local priority.
3. The intended benefits for patients are that those with a long-term condition can be better supported to monitor their health and potentially improve the management of their clinical condition(s), including a reduced need to visit their GP practice.
4. This enhanced service will be reviewed for 2014/15 to reflect the transition to implementation of agreed remote care monitoring arrangements.

Background

5. Following changes to the GP contract for 2013/14, the Secretary of State for Health has directed the NHS CB to establish plans for a remote care monitoring enhanced service that will better enable patients to manage and monitor their condition in ways that improve their quality of life and do not require them to visit their GP practice as often.
6. Remote care monitoring schemes can support better outcomes for patients and reduce the need for acute care as part of a whole system

¹ Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract.

approach to care management and self-care. There are many different types of remote monitoring schemes, which offer different levels of support for patients depending on their needs. For maximum impact, these schemes need to be adapted to reflect local care delivery models. For further information and resources see: information on the Long Term Conditions programme (<http://www.improvement.nhs.uk/LongTermConditions.aspx>) and 3millionlives (<http://3millionlives.co.uk/>)

7. Greater use of remote care monitoring for patients with long term but stable conditions agreed as part of a care planning discussion has the potential to improve people's quality of life and to reduce unnecessary appointments and the need for pre-assessment or patient administration at the GP practice, freeing up valuable GP and practice staff time.
8. The NHS CB will be working with stakeholders to establish standard protocols and procedures that can be used across a number of long-term conditions for the local priorities agreed under this enhanced service.

Process

9. The NHS CB will invite GP practices to indicate by 30 June 2013 if they wish to participate in this enhanced service.

Specification

10. The requirements for GP practices participating in this enhanced service are to:
 - a) agree with the clinical commissioning group (CCG) the long term condition that is to be the local priority for remote care monitoring in 2014/15;
 - b) identify the ongoing tests or bodily measurements required to support the stable management of the chosen condition and how those tests and measurements will be accessed or fed in by patients with the condition;
 - c) identify the options that will be available to participating patients for the monitoring of results from such tests or measurements other than by face to face consultation (eg video call, telephone, text, email or letter) and the governance arrangements to support these including safe and confidential exchange of information;
 - d) update patient records to identify the preferences of those with the chosen long-term condition and maintain up to date contact details as appropriate to those preferences;

- e) plan a registration system for patients with the chosen long-term condition wishing to participate in the remote care monitoring service.

Monitoring

- 11. GP practices will be required to submit a return to the NHS CB at the end of the financial year providing a summary of local decisions reached on 'a)', 'b)' and 'c)' and to confirm progress against 'd)' and 'e)'. A template will be provided by the NHS CB.

Payment

- 12. Payment available to participating GP practices in the 2013/14 financial year will be £0.21 per registered patient, which represents a payment of £1,478 to an average-sized GP practice (registered population 6,911).
- 13. This will be payable by the NHS CB in the month following the end of the quarter in which the GP practice enters into agreement with the NHS CB to participate in the remote care monitoring (preparation) enhanced service. This upfront payment is made in recognition of the costs to be incurred in preparing for the implementation of remote care monitoring arrangements in the 2014/15 financial year.
- 14. Administrative provisions relating to payments under this enhanced service are set out in Annex.

Annex

Administrative provisions relating to payments under the remote care monitoring (preparation) enhanced service

1. Payments under this remote care monitoring (preparation) enhanced service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the end of the quarter in which the GP practice agrees to participate in this enhanced service.
3. Payments under the remote care monitoring (preparation) enhanced service, or any part thereof, will only be made if the GP practice satisfies the following conditions:
 - a) the GP practice must make available to the NHS CB (or CCG requesting on behalf of the NHS CB) any information which the NHS CB needs, and the GP practice either has or could be reasonably expected to obtain, in order to establish whether the GP practice has fulfilled its obligation under the enhanced service arrangements;
 - b) the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,
 - c) all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, the NHS CB may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this enhanced service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 March 2014 (subject to the provisions below for termination attributable to a GP practice split or merger).

5. Where a GP practice has entered into a remote care monitoring (preparation) enhanced service but its primary medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2014, the GP practice is entitled to a payment in respect of its participation if such payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.

6. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide the NHS CB with the information requested under *paragraph 11 of the enhanced service specification* before payment will be made. This information should be provided within 28 days following the termination of the contract or the withdrawal from the enhanced service agreement.
7. The payment due to GP practices that terminate or who withdraw from the enhanced service agreement prior to 31 March 2014 will be calculated as per the provisions of the enhanced service specification - subject to the provisions of paragraph 8 of this annex.
8. The NHS CB is entitled, if a payment has already been made – or is payable to the GP practice(s) in respect of that financial year – to seek recovery of the payment, or any part thereof, where the information supplied under *paragraph 11 of the enhanced service specification*, in the reasonable opinion of the NHS CB, suggests the requirements of the enhanced service have not been met. The amount to be recovered by the NHS CB may include a pro-rata adjustment calculated as £0.21 divided by 365 days, multiplied by the number of days the GP practice did not provide the services during the financial year, multiplied by the number of registered patients.

Provisions relating to GP practices who merge or split.

9. Where two or more GP practices merge or are formed following a contractual split of single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or varied agreement to provide the remote care monitoring (preparation) enhanced service.
10. The enhanced service agreements of the GP practices that formed a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions in paragraph 5 of this annex.
11. The entitlement to any payment(s) of the GP practice(s) formed following a contractual merger or split entering into the new or varied agreement for the remote care monitoring (preparation) enhanced service will be assessed and any new arrangements that may be agreed in writing with the NHS CB (or CCG acting on behalf of the NHS CB) will commence at the time the GP practice starts to provide such new arrangements.
12. Where that new or varied agreement is entered into and commences within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with the

enhanced service specification – subject to the provisions of paragraph 13 of this annex.

13. The NHS CB is not obliged to make a payment, or any part thereof, if payment has been already made or is payable to the previous GP practice(s) for participating in the enhanced service during that financial year.

Provisions relating to non-standard splits and mergers

14. Where the GP practice participating in the enhanced service is subject to a split or a merger and:
 - a) the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the NHS CB, lead to an inequitable result; or,
 - b) the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

the NHS CB may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the NHS CB's opinion are reasonable in all circumstances.

[ENDS]

ENHANCED SERVICE SPECIFICATION

IMPROVING PATIENT ONLINE ACCESS

Introduction

1. This enhanced service has been designed by the NHS Commissioning Board (NHS CB) to facilitate improvements in the electronic interaction of registered patients with GP services (patient online access).
2. This enhanced service will facilitate patient online access through non-recurring annual rewards to GP practices¹ for the successful preparation, establishment, adoption and exploitation of the electronic services to deliver online patient access during the period 2013/14 to at least 2014/15.

Aims

3. The aim of this enhanced service in 2013/14 is to establish patient online access to GP practice information systems as follows:
 - a) enabling and utilising electronic communications for booking of appointments;
 - b) enabling and utilising electronic communications for repeat prescriptions; and,
 - c) registering patients (issuing passwords and using verification practices) to enable patient online access.
4. The NHS CB intends to develop and adapt this enhanced service in 2014/15 to take into account the Government's commitment for implementing secure online communication and viewing medical records (including test results and letters) and to further incentivise expansion of the services adopted in 2013/14.
5. The intended benefits for patients will be greater convenience, safety, efficiency and capacity for self-care.

Background

6. Following changes to the GP contract for 2013/14, the Secretary of State for Health has directed the NHS CB to offer GP practices the opportunity to carry out enhanced services that will improve patients' online access to GP services.

¹ Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract.

7. The Government's mandate to the NHS CB includes the aim of achieving a significant increase in the use of technology to help people manage their health and care. In particular, it is expected that by March 2015 everyone will be able to book GP appointments and order repeat prescriptions online and everyone who wishes will be able to get online access to their own health records held by their GP.
8. Establishing and improving patient online access to GP services is intended to benefit not only patients but also GP practices. The main changes needed for all parties to benefit will be in practice workflows, business processes and attitudes and behaviours, all of which will in themselves support the delivery of more efficient and effective services.

Process

9. The NHS CB will invite GP practices to participate in this enhanced service, with a view to encouraging practices to sign up by 30 June 2013. GP practices may choose to participate after this date, with the agreement of the NHS CB, but no later than 31 December 2013.
10. The NHS CB will record GP practices' participation on the Calculating Quality Reporting Service (CQRS).
11. CQRS is replacing manual systems for calculating and reporting quality and outcomes for many GP services, including some enhanced services, where achievement data can be obtained from GP clinical systems or other sources. CQRS is more efficient and cost effective as it automates the returns process, saving time for GP practices and the NHS CB.

Specification

12. The requirements for GP practices participating in this enhanced service are as follows:
 - a) The GP practice puts in place arrangements necessary to make available the following electronic services for registered patients' electronic interaction with the general practice's information architecture:
 - i. electronic communication for booking (and cancelling) appointments; and,
 - ii. electronic communication for ordering repeat prescriptions.
 - b) The arrangements at 'a' shall include:
 - i. the GP practice proactively offering access to those services to registered patients;

- ii. the GP practice providing the necessary information so that registered patients can avail themselves of such services with clear expectations; and,
- iii. the GP practice registering patients who wish to avail themselves of such services by issuing passwords and verifying identity, as recommended by guidance from the Royal College of General Practitioners (RCGP).

Payments

13. The payment for participating GP practices will comprise three components, each representing a third of the investment available for this enhanced service in the 2013/14 financial year:

Component 1: A single payment of £0.14 per registered patient, which represents a payment of £985 for an average-sized GP practice (registered population 6,911) based on satisfactory evidence of enabling and utilisation of online booking; and,

Component 2: A further single payment of £0.14 per registered patient, which represents a payment of £985 for an average-sized GP practice (registered population 6,911) based on satisfactory evidence of enabling and utilisation of online repeat prescribing; and,

Component 3: A flat rate payment of £985 to each GP practice based on satisfactory evidence of a proportion of registered patients being issued with passwords for accessing services online.

Validation

14. The NHS CB intends to monitor and calculate payments under this enhanced service using CQRS wherever possible. This will minimise the reporting requirements for GP practices. CQRS will allow the payments referred to under paragraph 13 to be calculated using data extracted by the Health and Social Care Information Centre (HSCIC) from clinical system suppliers.

15. The evidence that the NHS CB is seeking to validate payments is defined in the table below and will be obtained from existing planned HSCIC data extraction from clinical system suppliers.

Payment	Evidence
Component 1 - enabling and utilisation of online booking of appointments	HSCIC data confirms usage of online booking for appointments by the GP practice's registered patients in at least one quarter of the financial year 2013/14.

Component 2 - enabling and utilisation of online requests for repeat prescribing	HSCIC data confirms online requests for repeat prescribing by the GP practice's registered patients in at least one quarter of the financial year 2013/14.
Component 3 - proportion of registered patients being issued with passwords for accessing services online	Self declared field on CQRS confirming passwords issued to at least 5% of patients on the GP practice's list by 31 March 2014, confirmed by standard, practice-available reports. This information may be verified as part of any annual GP practice visit.

16. Payments will be due to the GP practice once achievement has been confirmed. CQRS will support calculation of the relevant payments due under this enhanced service from 1 October 2013.
17. The NHS CB may, in circumstances it considers appropriate and reasonable, choose to make a payment on a pro-rata basis where in its opinion a GP practice has sought to achieve a component but been unable to do so due to circumstances beyond its reasonable control.
18. Administrative provisions relating to payments under this enhanced service are set out in the Annex.

Annex

Administrative provisions relating to payments under the improving patient online access enhanced service

1. Payments under the improving patient online access enhanced service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which evidence of achievement has been confirmed (see *paragraph 15 of the enhanced service specification*).
3. Payments under the improving patient online access enhanced service, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - a) the GP practice must make available to the NHS CB any information which the NHS CB needs, and the GP practice either has or could be reasonably expected to obtain, in order to establish whether the contractor has fulfilled its obligation under the enhanced service arrangements;
 - b) the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,
 - c) all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, the NHS CB may, in appropriate circumstances, withhold payment of any, or any part of, a payment under this enhanced service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 March 2014 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a GP practice has entered into an improving patient online access enhanced service but its primary medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2014, the GP practice is entitled to a payment in respect of its participation, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.

6. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide the NHS CB with evidence of achievement required under *paragraph 15 of the enhanced service specification* before payment will be made. This evidence should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.
7. The payment due to GP practices that terminate or withdraw from the enhanced service agreement prior to 31 March 2014 will be calculated as per the provisions of *paragraph 13 of the enhanced service specification*.

Provisions relating to GP practices who merge or split

8. Where two or more GP practices merge or are formed following a contractual split of a GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or varied agreement for improving patient online access under the enhanced service.
9. The enhanced service agreements with the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions in paragraph 5 of this annex.
10. The entitlement to any payment(s) of the GP practice(s) formed following a contractual merger or split entering into the new or varied agreement for a improving patient online access will be assessed and any new arrangements that may be agreed in writing with the NHS CB will commence at the time the GP practice starts to provide such new arrangements.
11. Where that new or varied agreement is entered into and the new arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with the enhanced service specification – subject to the provisions of paragraph 12 of this annex.
12. The NHS CB is not obliged to make a payment, or any part thereof, if payment has been already made or is payable to the previous GP practice(s) for participating in the enhanced service during that financial year.

Provisions relating to non-standard splits and mergers

13. Where the GP practice participating in the enhanced service is subject to a split or a merger and:

- a) the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the NHS CB, lead to an inequitable result; or,
- b) the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

the NHS CB may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the NHS CB's opinion are reasonable in all circumstances.

[ENDS]