

## **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 practices<sup>1</sup> 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

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<sup>1</sup> 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]**