Costing GP services in secondary care settings

Costing Extension (formally CM20)

Contents

Costing GP services in secondary care settings

Purpose: To ensure activities delivered by General Practitioners (GPs) within NHS trusts are costed consistently.

Objectives

1. To ensure all GP costs are allocated in the correct proportion to the activities they deliver, using an appropriate cost allocation method.

Scope

2. This standard applies to all GP costs in the cost ledger.

3. This standard applies to NHS providers.

What you need to implement this standard

- Standard IR1: Collecting information for costing
- Standard CP3: Allocating costs to activities
- Technical document:
  - Spreadsheet IR1.2: Field requirements for the activity feeds
  - Spreadsheet CP3.1: Resource list
  - Spreadsheet CP3.2: Activity list
  - Spreadsheet CP3.3: Methods to allocate resources to activities.

Overview

4. GPs provide care in:

- primary care settings – such as GP surgeries and health centres
- secondary/tertiary care as a special interest
- core cover for agreed services such as community hospitals and GP out-of-hours (GPOOH) services.

5. Most GP services are in primary care settings. However, the other areas of patient care they provide, and their training activities, need to be understood to ensure the costs within NHS providers are accurate.

6. Some GP work supports the increasing demand for NHS secondary or tertiary care services or is for personal development: the service supplied may facilitate both aims. For example, the agreed operational model may be for a GP to provide medical cover for wards in an intermediate care setting, but they will also gain career development from this.

7. GPs may have undergone specialist training for the additional clinical area they are working in or will be developing skills in that area.

8. There will be two types of GP work in a non-primary care provider:

   - **patient-facing activities** – where the GP sees the patient in place of another member of the provider's medical staff; for example, a GP with a special interest in the stroke service may work in the acute stroke or stroke rehabilitation unit for up to two sessions per week as part of their contract
   - **other activities** – including where the GP is attending academic training sessions or is shadowing other care professionals; for example, a GP may be developing a special interest but is shadowing the clinical team and is not yet contributing to the medical service.

9. The costing team should understand the nature of the GP's contribution to care so their cost can be allocated appropriately.

Approach

Information Requirements

10. The patient events (that is, special interest or medical cover for contacts, appointments, support of inpatients, etc) will usually be shown in the provider's patient administration system (PAS). Therefore, the cost of the GP session should be allocated to the appropriate patient care, in the same way as other medical staff (see Standard CP3: Allocating costs to activities, and integrated Standard CM1: Medical staffing).

11. In the PAS, the 'care professional local identifier' field should show where a GP has been responsible for the contact or admission according to local policy. Where this is the case, the GP is responsible for the patient for the period they are on the dataset (episode or contact). Each patient admission may have multiple episodes of care, with responsibility changing from one to the next. See also integrated Standard CM1: Medical staffing.

Specialist Cost Centres and Expense Codes

12. You will need to identify the medical staff costs in the general ledger, using the expense codes for GPs. The cost of the GP will usually be in the provider's ledger:

    - through a recharge on a session basis, or
    - as a payroll entry in the same way as for other medical staff.

13. You should therefore check whether and where the cost is in the ledger. When it is in your provider general ledger map it to the expense code 5363: General practitioners.

14. GPs can work in any service area, however examples of typical cost centres for GP work in secondary and tertiary settings are:

    - XXX064 Ward A – acute, elderly and general
    - XXX066 Ward C – maternity
    - XXX604 Ward – community

- XXX504 Mental health inpatient low-secure unit – non-forensic
- XXX510 Day care facilities
- XXX638 Intermediate care ward
- XXX579 Mental health medical staffing – by specialty
- XXX049 Medical staffing – by specialty
- XXX050 Medical staffing – anaesthetics.

15. Where the costs are within the medical staffing cost centres, you will need to work with the service to understand where the GP is working, in the same way as for consultants. You may need to disaggregate the costs at the GL mapping stage to ensure the flow of cost can match the activities of the GP (see figure CM20.1).

Training activities

16. The GP should have no named patient responsibility while undergoing purely training activities. This portion of their cost should be allocated to the cost centre XXX273: Education and training, to ensure the cost of patient care is not inflated.

Resources

17. Map your GP costs to the appropriate service area using the resource ID:

- SGR077; General practitioner – secondary care
- CMR313 – General practitioner – primary care

Activities

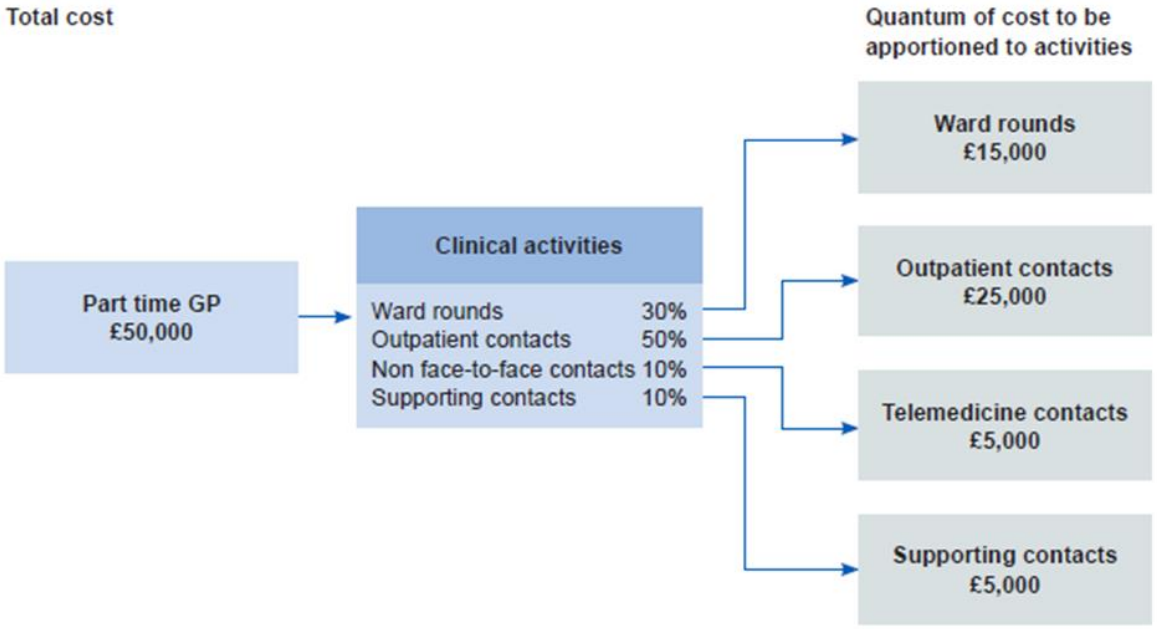
18. Review the prescribed list of activities in Spreadsheet CP3.2 and identify those that are delivered by GPs where their costs are in the cost ledger.

19. The cost of GP sessions should be appropriately allocated between the patient-facing activity and other activities, using information from the service manager or clinical lead in the service area, in the same manner that other medical staff time is allocated.

Resource Activity Combinations

20. For each resource and activity combination, identify the correct quantum of cost to be allocated to the patient-facing activities using a percentage split of the GP costs by activity type. You can find out what this is by talking to the GP or medical staff co-ordinator, using job plans or other sensible means, such as clinic set-ups, live job diary recordings, or electronic clinical notes (see Figure CM20.1).

Figure CM20.1: Identifying the correct quantum of cost to be apportioned to activities



21. Table CM20.1 is an excerpt[1] from Spreadsheet CP3.3 showing the resource and activity combinations you should use for GPs.

Table CM20.1: Excerpt from Spreadsheet CP3.3 showing the resource and activity combinations

	Activity					
	GP out of hours	GP and Primary care service	Theatre - surgical care	Ward round	A&E - medical care	Endoscopy

[1] Please note, all excerpts and examples in this standard are for illustration only. Use Spreadsheet CP3.3 to ensure you are using all the correct resource and activity links.

	service (OOH)					
General Practitioner - primary care	£X	£X				
General Practitioner - secondary care			£X	£X	£X	£X

Other considerations

GP out-of-hours services run by provider organisations

22. Where these services are provided within a secondary care organisation by GPs or other staff (such as nurse practitioners, paramedics, etc), the cost may be recharged to the GP practice(s) that require cover. It may be a separate income stream, or it may be part of the contract with clinical commissioning groups (CCGs); but the cost should still be in the general ledger and costed following this standard, with the income shown transparently for local reporting.

23. You should use the resource for the staff group providing the service (eg resource ID: CMR313; General practitioner – primary care or other staff as applicable.) The cost centre in the cost ledger should be XXX640: GP out-of-hours services.

24. You should use the activity ID: AMA191; GP out-of-hours service (OOH).

25. Services that are part of a contract with the CCG should be shown in the cost group ‘own-patient care’.

26. Out-of-hours services recharged to primary care practices should be shown as cost group ‘other activities’ in the reconciliation[2].

Primary care services run by secondary care providers

[2] You should refer to the national cost collection guidance for treatment of the income in the collection.

27. Some providers manage GP surgeries and services. These may be recorded in a separate PAS and reported separately to the secondary care activity or included in the main general ledger.

28. The cost of providing these services is as important as that for other areas, and you need to ensure the quantum of costs for the secondary care provision is accurate.

29. Primary care services run by secondary care providers should be costed in the same way as other services provided – for example, costing contacts by appropriate resource and activities. The activities will be separate from the secondary care activities, so the service can be identified clearly.

30. The cost centre in the cost ledger should be XXX057: GP and primary care services.

31. Use the resources in Spreadsheet CP3.1 for the staff group providing the service, for example:

    - CMR313: General practitioner – primary care
    - SLR081: Nurse or SLR083: Advanced nurse practitioner,
    - THR001: Therapist etc.

32. Use the activity ID: SGA091; GP and primary care service.

33. The patient event data should be identifiable in a source dataset, the costing system and output reports.

34. Primary care services and GP out-of-hours services are currently out of scope of the national cost collection. There is therefore no current requirement to cost these services at patient level for national purposes. These sections are presented here for information only and to ensure the cost quantum for provider services is accurate. It will be up to the provider to decide whether patient-level detail is useful for local purposes.

Secondary care teams in the community settings

35. Services provided by secondary care teams in GP surgeries or other primary care settings, where the cost is within the provider, should be costed according to the relevant sector costing standards.

36. For example, mental health specialist nurses providing a service in the GP surgery as part of the secondary care pathway should be costed using the NAPC feed 3b data that is part of the mental health services dataset. See Standard CM3: NAPC for more information.

Integrated Care Systems

37. In some cases, the commissioner may pay the GP directly for their work in secondary care or on specific projects – particularly if they work across several providers. The patient activity may be present in the provider organisation(s), but without the cost of the GP.

38. The costing process should identify these areas and recognise that while this may attribute the appropriate cost to their organisation, it will not show the true cost of care for the wider health economy. [3]

39. This activity should be reported in the reconciliation statement and a note made in the integrated costing assurance log (ICAL) worksheet 22: Other notes, for reference, so discussions on cost can be appropriately informed.

[3] NHS England and NHS Improvement costing team are investigating costing for integrated care systems, and developments will be discussed with a specific costing expert working group (yet to be established).

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Publication approval reference: PAR344