

Item for:-	
Decision	X
Recommendation	
Information	



Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 4.0.

Meeting Title/Date:	Primary Care Commissioning Committee - 12 November 2020		
Report Title:	Atypical Population Support		
Paper Prepared By:	Trudie Metcalfe/ Kate Hudson	Date of Paper:	November 2020
Executive Sponsor:	Hilary Fordham	Responsible Manager:	Kate Hudson
Committees where Paper Previously Presented:	1 October 2020. 15 January 2020.		
Background Paper(s):	Agenda Item 8.0. - PCCC 1 October 2020. Agenda Item 16.0. - PCCC 15 January 2020.		
Summary of Report:	This paper describes the intended process for identifying support required for atypical populations and proposes that existing support is maintained until any new services could be assessed, approved and implemented.		
Recommendation(s):	The Committee is asked to support and approve the recommendations listed within the paper:- 1) CCG Primary Care team to work with practices and other providers to identify potential services which may be required to support Atypical populations. 2) Current funding to remain in place until any potential new services are approved and implemented.		
			Please Select Y/N
Identified Risks: (Record related AF or RR reference number)	All risks are identified within the paper.		Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	Not applicable.		N
Strategic Objective(s) Supported by this Paper:			Please Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities			X
Better Care - improve individual outcomes, quality and experience of care			X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total			X
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MORECAMBE BAY CCG PRIMARY CARE COMMISSIONING COMMITTEE

Atypical Populations Support

1.0 INTRODUCTION

- 1.1 NHS England's Primary Medical Care Policy and Guidance Manual (the 'Manual') sets out the funding mechanisms for GP practices. Paragraph 3, Part D of the Manual allows for commissioners to consider additional funding to practices which have been deemed to have Atypical populations; the reasons behind this are set out in paragraph 3.1.2 of the Manual (extract below):

"The General Medical Services (GMS) funding formula (Carr-Hill formula) is an attempt to fund practice workload, regardless of the population they serve. It is applicable to the vast majority of the UK, but there are some practice populations that are so significantly atypical that using the GMS funding formula would not ensure the delivery of an adequate general practice service. This working group has looked at three such atypical populations: unavoidably small and isolated; university practices and; those with a high ratio of patients who do not speak English."

[Paragraph 3.1.2; NHS England Policy and Guidance Manual]

- 1.2 The purpose of this paper is to provide an update to the Committee on the work which has been carried out by the Primary Care Team in relation to Atypical support services and to propose an approach to determine what, if any, support services may be required for the Atypical populations within Morecambe Bay due to their atypical nature.

2.0 BACKGROUND

- 2.1 Historically, within Morecambe Bay CCG, two practices had been reviewed and categorised as serving Atypical populations:
- Central Lakes Medical Practice – serving an unavoidably small and isolated population; and
 - Lancaster Medical Practice – serving a University population
- 2.2 Following this review, additional funding was paid to both practices which commenced in March 2018 for Central Lakes Medical Practice (£62,000 per annum) and June 2018 for Lancaster Medical Practice (£67,500 per annum).
- 2.3 The funding was provided for a two-year period and was due to end in 2020. At the Committee meeting in January 2020, the Committee agreed that the funding should continue for a further 6 month period from June 2020, whilst a review of all practices

was undertaken. The purpose of this review was to determine whether there were other practices within the Morecambe Bay area which also served Atypical populations. In view of the six month extension to the funding, the Committee asked that this review was concluded by October 2020.

2.4 A desktop assessment of all practices within the Morecambe Bay area was undertaken and a report presented to the Committee at its meeting in October 2020. The Committee approved the recommendation that there were a number of Atypical populations within Morecambe Bay that were served by five GP practices.

2.5 The five practices identified as having Atypical populations are shown in Table 1 below:

Table 1: Practices with A-Typical Populations in Morecambe Bay CCG

Practice Name	Area Served	A-Typical Criteria
Lancaster Medical Practice	Lancaster	University population or educational facility population
Central Lakes Medical Practice	Ambleside and Hawkshead	Small and isolated population / university population or educational facility
Sedbergh Health Centre	Sedbergh	Small and isolated population / university population or education facility
Windermere and Bowness Medical Practice	Windermere and Bowness	Small and isolated population
Wraysdale House Surgery	Coniston	Small and isolated population

2.6 Of these five practices, four are negatively impacted by the national Carr-Hill formula. This formula is the method by which the core contract value is calculated for each practice; the formula gives a 'weighting' to the practice population and it is this adjusted (weighted) list size which is used to calculate the contract sum. For the four practices negatively impacted, the weighted list size is lower than the actual list size¹.

2.7 At the meeting in October, the Committee reviewed the outcome of the desktop assessment and asked that further work was carried out to explore the options for providing support to the five practices identified as serving A-Typical populations.

2.8 It should be noted that whilst five GP practices were identified as serving Atypical populations there were other areas that are also rural and could be deemed as geographically isolated (Millom for example). These other areas had not met the criteria for Atypical status as the infrastructure within these areas meant that they did not meet the agreed criteria for Atypical population status.

3.0 CURRENT SITUATION

¹ There are two other practices in Morecambe Bay which are negatively affected by the Carr-Hill Formula but these have not been identified as serving A-Typical populations.

National / Local Position – A-Typical Populations

- 3.1 The Primary Care Team contacted the National Atypical lead (within NHS England / NHS Improvement) to seek information on other CCG areas across the country which may have practices deemed as serving A-Typical populations. It was advised that whilst other CCG areas have undertaken Atypical assessments there were no national examples of practices that had been deemed as Atypical and had received dedicated Atypical funding. There are other CCGs that have chosen to implement alternative funding / support schemes to address increased requirements for interpretation services etc (see Appendix 1).
- 3.2 Contact was also made with NHS England / NHS Improvement North East, which includes areas such as: North Cumbria, Northumberland, Newcastle upon Tyne and County Durham to ask if any practices were classed as serving Atypical populations. It was felt that practices within these areas were potentially located within rural areas as well as urban areas with large universities. None of the practices within NHS England / NHS Improvement North East had practices which had been classed as serving Atypical populations in line with this guidance.
- 3.3 In respect of other practices within the NHS England / NHS Improvement North West, one CCG area, Greater Preston, had in the past considered Atypical support for their University population but at the time of writing this report confirmation has not been obtained in relation to if any service was commissioned.

Local Enhanced Services (LES) / Other Support Arrangements

- 3.4 In line with Appendix 1, some specific examples of approaches adopted by other CCGs are:
 - 3.4.1 Newcastle / Gateshead CCG discussed in 2017 a proposal for adopting a local Quality Outcome Framework (QOF) / Local Enhanced Service (LES) approach for addressing additional workload associated with a university population. At this stage, it is unclear whether this proposal is still in place. However, practices were not deemed as having A-Typical populations.
 - 3.4.2 Within Nottingham City CCG there is an Interpreter Assisted Incentive Scheme (IAA) in recognition of a cohort of patients who do not speak English. This scheme recognises the additional workload associated with the registration and management of appointments for this group and practices are compensated financially for providing a 'double appointment' to these patients. Approximately 13 practices provide this LES.
 - 3.4.3 Within the South Tees area a Local Incentive Scheme (LIS) had been applied to 3 practices; 2 of which were for practices who had registered asylum seekers and could be deemed to be A-Typical due to having a high ratio of patients who do not speak English. Practices receive £150 per patient per annum in addition to the global sum (Carr-Hill) payment. However, both these practices hold Personal Medical Services (PMS) agreements and this additional money (£150 per patient) is believed to be funded from previous PMS premium funding and represents a reduction in the former PMS payments to these practices.
 - 3.4.4 Guildford and Waverley CCG has identified a practice which serves, under the NHS England A-Typical Population guidance, a university population. The

CCG has not increased the funding to this practice at this stage, in view of the proposed national funding formula review. The CCG is modernising the model of service delivery; for example, on-line registration, video consultation, GP2GP de-registration and shoring-up services to students who may need access to mental health, sexual health and drug and alcohol services.

National Funding Formula – Temporary Residents

- 3.5 Within Morecambe Bay CCG area, the practices deemed as serving unavoidably small and isolated populations are mainly located within tourist areas and attract a significant number of temporary residents each year. As part of the review, the Primary Care Team spoke to colleagues within the Finance Team at NHS England / NHS Improvement to understand the way in which payments were made to practices for providing services to temporary residents. Currently, practices are paid a set amount each month based on the number of temporary residents which were registered with the practice when the General Medical Services (GMS) Contract was introduced in 2004 and, consequently, this information is more than 16 years old. Whilst it was intended that a national review would be undertaken on an-going basis of the number of temporary residents registered with each practice that this has not happened to date.

Use of Interpreter Services

- 3.6 A review of GP Clinical systems was undertaken to identify the use of Interpretation and Translation Services by GP practices within Morecambe Bay. All but four practices across the Bay accessed this service; the results of this are shown in Appendix 2. It should be noted that two of the five practices within Morecambe Bay classed as serving A-Atypical populations were the highest and the third highest users of the service.

4.0 NEXT STEPS

- 4.1 The Primary Care Team has researched other CCG approaches taken in relation to Atypical populations across the country and has been unable to find examples of support packages that have been put in place for individual practices that serve Atypical populations. What has been found is that a number of CCGs have commissioned services for populations that could be deemed as Atypical that have greater need for improved access to local primary and community services in their local areas.
- 4.2 The Primary Care Team believe that working with local providers, including general practices, that serve the populations deemed as Atypical to investigate with them the potential additional service needs for their patients would be a logical next step in this process.
- 4.3 The intention is to work closely with GP practices, on PCN footprints where this is feasible, and other local providers to investigate any potential local challenges caused by the Atypical nature of the populations. The aim would be to develop and design potential additional or enhanced services for these populations which may reduce the inequity of service provision/access for these patients.
- 4.4 The scoping work described above may take a number of months to complete due to current competing pressures. It is hoped that the work could be completed and

proposals in relation to potential new services be developed and presented back to The Committee by the end of March 2021.

- 4.5 It is acknowledged that any potential services presented to the Committee may take time to implement if approved. This may mean that potential future services may not be in place prior to the expiration of the current funding agreements for Lancaster Medical Practice and Central Lakes Medical Practice.
- 4.6 Whilst it is recognised that the historically agreed funding that is currently in place for two practices is inequitable, now that additional populations have been deemed as Atypical, it is felt that the removal of funding prior to having alternatives in place could pose financial risk to those practices.

5.0 RECOMMENDATIONS

- 5.1 It is recommended The Committee support the proposed Atypical scoping exercise as described within section 4 of this report and provide the Primary Care Team with approval to proceed with the scoping work. The Primary Care Team will present the findings of the scoping exercise to the Committee by the end of March 2021.
- 5.3 It is recommended that the current funding arrangements with Lancaster Medical Practice and Central Lakes Medical Practice are continued until such time as any potential future services are approved and implemented.

APPENDIX 1 – TABLE SHOWING NHS ENGLAND AREAS

Table 1. England Atypical Status

Region	Number of CCG's	Name of CCG undertaken Atypical Review	Comments
North West	29	NHS Morecambe Bay CCG 2020	Morecambe Bay: Review against Atypical Criteria checklist September 2020
			Central Lancashire: TBC
			Greater Manchester: The Head of Primary Care confirmed that Greater Manchester haven't determined any atypical contractual arrangements specifically applying this guidance (in response to Carr-Hill weighting). They do however have a variety of locally commissioned services which address additional needs of certain patient cohorts prevalent in some practice populations.
			NHS North Cumbria: The CCG Primary Care Lead has confirmed that no atypical populations have been identified.
North East & Yorkshire	25	None identified	NHS England Finance Team have confirmed that no additional payments are made in their CCG's other than NHS Tees Valley
			NHS Tees Valley Local Incentive Scheme (LIS) had been applied to 3 practices; 2 of which were for practices who had registered asylum seekers and could be deemed to be A-Typical due to having a high ratio of patients who do not speak English. Practices receive £150 per patient per annum in addition to the global sum (Carr-Hill) payment. However, both these practices hold Personal Medical Services (PMS) agreements and this additional money (£150 per patient) is believed to be funded from previous PMS premium funding and represents a reduction in the former PMS payments to these practices.
			Newcastle / Gateshead CCG discussed in 2017 a proposal for adopting a local Quality Outcome Framework (QOF) / Local Enhanced Service (LES) approach for addressing additional workload associated with a university

			<p>population. At this stage, it is unclear whether this proposal is still in place. However, practices were not deemed as having A-Typical populations.</p> <p>NHS Scarborough CCG considered undertaking a review in 2016, however, no action taken</p>
London	32	None identified	NHS England Atypical National Lead advised that no reviews had taken place in the London region
Midlands	11	None identified	<p>NHS England Atypical National Lead advised that no reviews had taken place in the Midlands region</p> <p>NHS Nottingham City CCG has an Interpreter Assisted Incentive Scheme (IAA) in recognition of a cohort of patients who do not speak English. This scheme recognises the additional workload associated with the registration and management of appointments for this group and practices are compensated financially for providing a 'double appointment' to these patients. Approximately 13 practices provide this LES.</p>
South West	7	Review in NHS Devon CCG 2017	The Head of Primary Care has confirmed that although an atypical review took in 2017 place that this was not followed up on in terms of a designated status, LES or similar for atypical populations.
South East	18	Review in NHS Surrey Heartlands CCG	Guildford and Waverley CCG identified a practice which serves a university population (under the NHS England Atypical Guidance Note) The CCG has not increased the funding to this practice at this stage, in view of the proposed national funding formula review. The CCG is modernising the model of service delivery; for example, on-line registration, video consultation, GP2GP de-registration and shoring-up services to students who may need access to mental health, sexual health and drug and alcohol services.