SOMERSET LOCAL MEDICAL COMMITTEE

GENERAL PRACTICE PAYMENT GUIDE 2020

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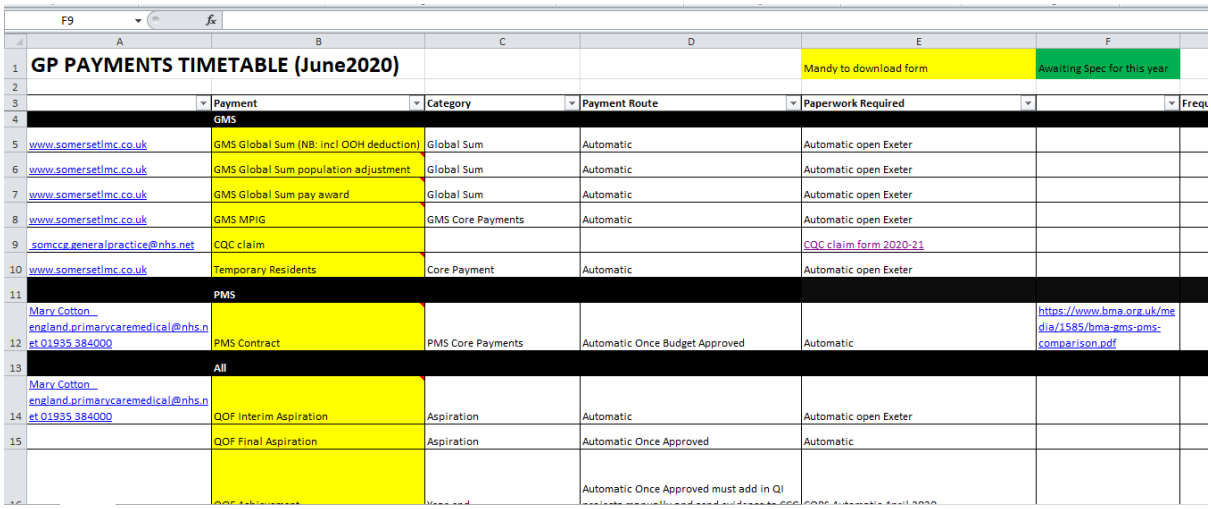
GP Payments Timetable

The attached spreadsheet has been put together to help clarify many of the payment streams and codes for practices, this will evolve over time as contract changes come into place. If you do notice anything that is missing from the table please do let us know. The spreadsheet contains various links to documents and specifications that support the contract, and there is also a link to the quarterly submission template that has to be sent to the Area Team by the 9th working day of each month in order for practices to receive payment.

The spreadsheet contains comments and advice where it was felt was necessary. If a cell has a red triangle in the corner (screenshot below) hover over it and the comment will appear, Practice Managers will also be able to print off the spreadsheet with the comments listed.

We have also included those comments and more in this document.



	A	B	C	D	E	F
1	**GP PAYMENTS TIMETABLE (June2020)**				Mandy to download form	Awaiting Spec for this year
2						
3		Payment	Category	Payment Route	Paperwork Required	
4		GMS				
5	www.somersetlmc.co.uk	GMS Global Sum (NB: incl OOH deduction)	Global Sum	Automatic	Automatic open Exeter	
6	www.somersetlmc.co.uk	GMS Global Sum population adjustment	Global Sum	Automatic	Automatic open Exeter	
7	www.somersetlmc.co.uk	GMS Global Sum pay award	Global Sum	Automatic	Automatic open Exeter	
8	www.somersetlmc.co.uk	GMS MPIG	GMS Core Payments	Automatic	Automatic open Exeter	
9	somccg.generalpractice@nhs.net	CQC claim			CQC claim form 2020-21	
10	www.somersetlmc.co.uk	Temporary Residents	Core Payment	Automatic	Automatic open Exeter	
11		PMS				
12	Mary Cotton england.primarycaremedical@nhs.net 01935 384000	PMS Contract	PMS Core Payments	Automatic Once Budget Approved	Automatic	https://www.bma.org.uk/media/1585/bma-gms-pms-comparison.pdf
13		All				
14	Mary Cotton england.primarycaremedical@nhs.net 01935 384000	QOF Interim Aspiration	Aspiration	Automatic	Automatic open Exeter	
15		QOF Final Aspiration	Aspiration	Automatic Once Approved	Automatic	
16		QOF Achievement	Year end	Automatic Once Approved must add in QI	QOF Automatic April 2020	

GMS Baseline

Check your GMS Global sum and correction factor quarterly statement as these can be incorrect and will not otherwise be picked up until your annual accounts review by the practice accountant.

1. Check the Raw practice list size (page 2 of statement) to see if it is reasonable based on practice records, if variant is more than 1% raise with the Area Team.
2. Check the number of patients listed in nursing and residential care, these are often wrong and cannot be corrected at year end.
3. Adding a Residential Institute Code to a patient record is the responsibility of the GP practice. There are currently a number of different processes used in different areas to link patients to residential institutes. To make things simpler to follow, two new RI codes have been created that can be used nationally. V0 – is to be used for patients who reside in a care residential home Y0 – is to

be used for students who are attending a school or university. Please note that the 0 in the code is a zero. You will need to set both codes up on your clinical system in order to add them to patient records. Practices are not required to recode all previous RI codes. If you don't know how to set the code up in your clinical system, please contact your system supplier. Please ensure you use the correct code for these patients on your clinical system for this to be picked up by Exeter.
The supplement included in practice GMS global sums for each patient in nursing and residential care is £40.19 per annum. At the moment the normal capitation payment for a patient is £93.46 per annum. The national uplift for patients in nursing and residential homes is 43% which gives the £40.19. With 30 nursing home patients this would make a difference of £1,205.70. It is the same amount for either nursing homes or residential home patients.

4. GMS pay award 20/21; Global Sum payments, which are increasing a result of resources funding streams being reinvested into Global Sum payments, plus an uplift following the other contract agreements. The new value Global sum has increased to £93.46.
5. MPIG is being phased out please refer to https://www.bma.org.uk/advice-and-support/gp-practices/funding-and-contracts/minimum-practice-income-guarantee-mpig-phase-out.
6. Temporary resident's figures are based on 2003 activity; they are fixed and paid monthly, not inflated.
7. Rurality is based on the main surgery postcode; if working from a split site it can be beneficial to change the main surgery address, speak to your accountant.

PMS Baseline

The PMS contract is being brought in line with GMS please refer to https://www.bma.org.uk/media/1585/bma-gms-pms-comparison.pdf

National QOF

20/21 QOF points for this year have increased to 567

- The average practice list size (CPI) had risen from 8479 as at 1 January 2019 to 8799 at 1 January 2020.
- The value of a QOF point has increased from £187.74 in 2019/20 to £194.83 in 2020/21.

Calculate as follows:

Aspiration payment

Total money 19/20 ÷ 559 x 567 x 70% ÷ 12 with the final 30% paid in June following year, subject to achievement. (The points for 19/20 and 20/21 have changed hence the adjustment is needed).

Example CPI =- total practice population 10,000 / Average list size 8479 = 1.18
Total Money 19/20 Pounds per point * Total points possible * CPI
187.74 * 559 * 1.18 = 123837.06

Total Money ÷ total points for 19/20 * total points for 19/20*567 * 70% = Aspiration payment for year 123,837.06 /559 *567 * 70% = 87926.52

Monthly 87926.52/12 = £7327.21 (See Open Exeter)

Achievement payment is currently paid as reconciliation in June following end of year, this is 30% of total money if 100% of points are achieved.

There have been some changes to QOF for 2020/21 and our templates now reflect these. The coding requirements have not yet been published and so we have used clinical codes that we think are correct. We shall provide a solution to change them if required. See page 36 of the update to the GP contract agreement.

Asthma

The register is for patients 6 and over -
Two diagnostic tests are now required to confirm an asthma diagnosis.

The asthma review now incorporates aspects of care positively associated with better patient outcomes and self-management.

Patients under 19 should now have it recorded if they are a subject of passive smoking.

COPD

Entry to the COPD register requires a clinical diagnosis **and** FEV1/FVC ratio below 0.7.

The annual review now includes a requirement to record the number of exacerbations.

Heart Failure

An annual review is now required that focuses on functional assessment and up-titration of medication to address symptoms.

Non-diabetic hyperglycaemia

this is a new indicator. Practices should offer an annual HbA1c test to people known to have non-diabetic hyperglycaemia (18 points).

Post-natal check for new mothers

this is now GMS contract work. The Arden's **Postnatal Mother Examination Template** can be used when completing these reviews. From Oct 2020 .See page 55 of the update to the GP contract agreement.

QOF Quality Improvement domain 2020/21

Supporting people with learning disabilities and
QOF Quality Improvement domain 2020/21 – Early diagnosis of cancer.

Trainee Grants

Check on statement that the correct number of registrars is listed; a full training grant is awarded even if part time.

A practice will also receive an educational payment if looking after another practices Registrar.

Any queries should be referred to pcse.england.nhs.uk
https://pcse.england.nhs.uk/help/gp-payments/gp-trainee-reimbursements-for-practices-in-non-lead-employer-areas-only/

Dispensing Practices Drug Cost

Advance is paid monthly in advance based on the RX submitted in the prior month, but priced on monthly average and is clawed back the following month. Check that the clawback matches the previous months advance.

Non Dispensing Practices Prescriptions

Paid two months in arrears for non-dispensing practices, check the number of scripts and items submitted to the reimbursement on Open Exeter. Claims must reach the PPA by 5th of the following month to ensure payment is made. Payment is made once the practice has submitted the FP34D for bulk vaccinations and also FP10's for practice purchased claimable items. With prescriptions going electronically to pharmacies it is important to check you have all of the FP10's and they haven't inadvertently been sent to the pharmacy. Practices should run their own searches and not rely on the FP34D report on Emis as this has errors in it and money can be lost.
Practice can also login to Epact2
https://applications.nhsbsa.nhs.uk/infosystems/welcome to review what they have been paid and for what items.

Flu Submissions

The automatic discount applied to the drug cost reimbursement increases with the amount of scripts submitted each month; therefore it is best to spread the submission of flus over the period and across all the GP's in order to get a lower

discount charged. This is an automated extraction on CQRS for administration of flu and this must be checked for accuracy.

Total prescriptions calculated separately for each dispensing practitioner, in bands	Prices per prescription in pence For dispensing practices	Prices per prescription in pence and Non dispensing practice
Up to 456	198.5	206.9
457 - 570	195.7	204.0
571 - 686	193.1	201.5
687 - 799	190.7	199.0
800 - 914	188.4	196.8
915 - 1027	186.4	194.7
1028 - 1427	184.4	192.7
1428 - 1999	182.7	191.0
2000 - 2284	181.1	189.4
2285 - 2855	179.7	188.0
2856 - 3425	178.5	186.8
3426 - 3997	177.4	185.7
3998 - 4565	176.5	184.8
4566 and over	175.8	184.1

This is as of 1st October 19 and scripts per month are per GP not per practice.

Seniority

Seniority payments are being phased out. The seniority scheme will end completely on 31 March 2020.

Enhanced Services

(submission method and payment frequency included in spreadsheet)

1. The CCG has held a single licence with the suppliers of INR Star since January 2016 and therefore practices should not receive invoices for payment, directly from the company. For the one or two practices using alternative software, practices should forward a copy of their paid invoice to the enhanced services email box at esreports@somersetccg.nhs.uk for reimbursement.
2. Extended hours payment is based on actual list size not weighted – this should be on the list size at the start of the year.
3. Practices are required to sign up using the local forms which are emailed to practice Managers annually, and confirm on CQRS when offered.
4. Practices can refer to https://www.england.nhs.uk/gp/investment/gp-contract/
5.

PCIS

The £3 per head (weighted) includes the money we already get for Pre / Post-Operative Care, Neo-natal, Hep B and Risperidone. Strip this this out and you are down to £2.39 per weight patient per annum. As in Spec 19/20 – awaiting 20/21 Spec.

PCIS 2019/20:

(PCIS £4.57 x weighted list) + (EH SNS £6 x weighted - £1.574 x actual list) – (MPIG or PMS premium) + (Pre and Post op £0.609 x actual list)

The below illustration is based on a fictional practice with an actual list size of 10,000; a weighted list size of 9,500; plus a £2,000 MPIG payment.

Jan 2019 Registered List Size 10000
Jan 2019 Weighted List Size 9500

		Year 4 Value	**Payment**
Total PCIS	PCIS @ £4.57 w/p	£45,700.00	£ 94,532.50
	Pre/Post op @ £0.609 r/p	£5,785.50	
	Extended Hours- Supplementary Network Service@ £6 w/p – Extended Hours	£45,047.00	
	Extended Hours @ £1.57 r/p*	£14,953.00	£14,953.00
	MPIG (Nationally agreed)	£2,000.00	£2,000.00
	Total Funding	**£ 111,485.50**	

***Pro-rata calculation based on £0.475 r/p Apr-Jun 2019 and £1.099 r/p Jul 2019-Mar 2020**

Points of note:

- The Extended Hours DES for 2019/20 is a pro-rata value of £1.574 (£0.475 01 Apr to 30 Jun 2019 + £1.099 01 July to 31 March 2020)
- The reference to IA was removed locally after June 2019 as we now commission Extended hours via the national PCN specification and a specification in the Primary Care Improvement Scheme titled 'Extended Hours – Supplementary Network Service' (EH SNS) covers the Improved Access requirements
- Investment in the core PCIS value is first off-set against any MPIG or PMS premium monies

PCIS 2020/21:

As part of the CCGs COVID19 response and in the spirit of maintaining consistency of payment to primary care providers, payments in respect of PCIS remained at 2019/20 investment level for an initial three month period (Apr – Jun 2020). This included the continuation of PMS and MPIG premiums with adjustments made for list size only.

As you will be aware the introduction of the local contract for 2020/21 has been paused but as discussed during the negotiation the value of the PCIS element of the 2020/21 contract will be £12.54 per weighted patient. Payments made in respect of MPIG and PMS protected income will cease.

PCIS for 2020/21 will use the January 2020 list sizes and the calculation will be as follows:

(PCIS £5.94 x weighted list) + (EH SNS £6 x weighted - £1.45 x actual list) + (Pre and Post op £0.609 x weighted list)

Again, the table below shows an illustration of fictional practice with an actual list size of 10,000; a weighted list size of 9,500:

Jan 2020 Registered List Size 10000
Jan 2020 Weighted List Size 9500

		Year 5 Value	**Payment**
Total PCIS	PCIS @ £5.94 w/p	£56,430.00	£104,715.50
	Pre/Post Op @ £0.609 w/p	£5,785.50	
	Extended Hours- Supplementary Network Service@ £6 w/p – Extended Hours	£42,500.00	
	Extended Hours @ £1.45 r/p *	£14,500.00	£14,500.00
	Total Funding	**£119,215.50**	

The specification includes work to be undertaken in 7 categories which are:

a) Specified non-core contract work.
b) Previous commissioned enhanced services – Risperidone, neonatal checks, pre and post op checks and hep B vaccinations – at present practice receive 60.9p per patients for pre and post op checks as well as payment for the other services. Check how reconciliation for the others will be paid.
c) 7 day access to primary care (awaiting confirmation).
d) Appropriate skill mix models.
e) Improvement in quality and resource utilisation (medicines management).
f) Collaboration with commissioners.

CQRS Claims on CQRS are made either manually or automated from the clinical system. It is essential that practices check the figures for the automated claims against their system as CQRS only extracts currently registered patients as of the last day of the month.

If the automated extraction is incorrect please complete the amendment form and return to england.primarycaremedical@nhs.net **adding please could you let me know when this is complete so that I can add the register and declare.** This form can be found on the GP Payment timetable on the LMC website.

Once the data has been corrected they will send a confirmation email and you should then check CQRS and if you agree with the figure it can be declared for payment.

Once the data is on CQRS you will get an email to say please declare for payment. This must be done for every service including those which are 0.

Practices should ensure staff have read https://training.cqrs.nhs.uk/web/training/online-training as this explains how to use CQRS.

Practices should also check the 20/21 live extraction timetable extracts timetable found on CQRS home page. When this is opened the enhanced services have hyperlinks to the main specifications .This is updated monthly. https://digital.nhs.uk/services/general-practice-gp-collections/gp-collections-timetable.

Enhanced services claimed monthly – Automated – once announced by CQRS

Child seasonal influenza vaccination
Seasonal Influenza Vaccination
Men ACWY
Meningococcal B
Pertussis for pregnant women
Pneumococcal
Rotavirus
Shingles Catch up
Shingles routine

Manual Monthly
Hepatitis B (New Born)
HPV
Friends and family test

PCV HIB/MENC vaccination – Manual Quarterly

Part Automated and Part Manual

Monthly
MMR all ages are automatically extracted and in the MMR vaccination programme management Information you must fill in the number of 10 and 11 year olds called, who have been called and have been fully vaccinated, or declined or not attended, these should have been contacted 3 times. You must also declare how many 10 or 11 years old on 1september 2019 who have not been previously vaccinated. The MMR claim will not appear in the declaration box until all information is complete.

Quarterly
Learning Disabilities the number of LD checks completed is automatically extracted and you must complete the size of the LD register – this is the QoF register minus anyone under 14.

Ad Hoc
Superannuation deductions based on superannuable profits and estimated returns, practices need to adjust ad hoc when there is a change in partnership.
The superannuation reconciliation is done annually, in the month following submission of certificate of superannuable profits.
https://www.nhsbsa.nhs.uk/member-hub/information-practitioner-locum-and-non-gp

Enhanced services paid by Somerset County Council

Smoking Cessation – This should be paid quarterly and the searches are supplied by Somerset County Council, the searches need to be verified by the practice and payment should show on a BACS payment. Tel 01823 3562222

LARC - Practices are paid monthly in the next financial year, the baseline figures will be formulated on last year's activity, therefore it is anticipated that your first monthly payment will be on the 15th May and will include your April and May payment. Return forms should be returned to Andrew Wilson, Health Promotion Manager (Sexual Health), on a quarterly basis ANWilson@somerset.gov.uk. or phone (Tel. 01823 357239; Mobile 07977 412583).

Enhanced services paid by Somerset Partnership

Chlamydia – This is now paid yearly. Practices should have signed and returned their contract for 20/21. Check this has been done as many practices have not sent it back. Once it is sent back 20/21 payment is £150 for achieving the 4% target set for 19/20 and then £3 per test returned. There is no claim form to be completed as Somerset Partnership keeps the records.

Given our current circumstances where we are all operating on a total triage model you may find it difficult to effectively deliver this important service as it is worded in the contract. The LMC have written to our Public Health colleagues to highlight this and they have agreed the following which will be shared in more detail with practices next week

- They will send an email advising they are aware of changes in practice and not expecting a year's target to be met - see below
- The LES will look at Q3/Q4 (unless things change again)
- They will send the testing online link and graphics
- Encourage practices to have a link in website so they can pick up referrals from their site direct

To encourage those that signpost to state their practice as the referrer so they can use this for returned tests from their practice.

From SWISH

"We are aware that reaching the 4% screening target will be an issue with services working in a very different way now and for the foreseeable

Therefore I wanted to share links which you can use to signpost and still add towards your screening figures - figures that we will likely (unless further changes) calculate on 6 months for example Q3 and Q4 of 2021

Your practice can continue to offer testing through all consultations by directing patients to online screening
https://www.freetest.me/landing/swish
If you embed this link into your website we can pull this data from the referral website- but this obviously will not pick up those who then choose to find the site through a search engine such as Google.

We would alternatively or also advise you ask them to state when asked 'where they heard' your practice name
We can then identify individual practices referring and include this when looking at end of year returned test figures through general practice.

So in brief

- *The LES will look at Q3/Q4 (unless things change again)*
- *Continue to promote chlamydia screening even through telephone, video call consultations*
- *If possible have a direct link to chlamydia screening on your website so we can pick up direct referrals*
- *Encourage those signposted to state your practice as the referrer, so we can use this for returned tests from their practice*
- *Electronic graphics/posters can be downloaded from https://www.freetest.me/resources"*

SWISH SWISH@sompar.nhs.uk or Kerry.lucas@sompar.nhs.uk
Tel 07500096347

This will be paid by BACS. A new contract for 20/21 is available.

Enhanced Service Payments to GPs	
GP Incentive payment paid at start of year if over 4% of eligible population is screened in the preceding year.	£150.00
GP payment per chlamydia test up to and including 4% of eligible population	£2.00
GP payment per chlamydia test over 4% of eligible population	£3.00

CQC fees

2017-18 contract changes - on receipt of an invoice, NHS England will reimburse CQC fees directly. The claim form is within the calendar and practices will need to complete for reimbursement of CQC fees. This must be completed and returned together with the CQC invoice to england.pcfinancesw@nhs.net

What can the Somerset LMC Practice Support Team offer you

A resource for practice development and resilience

The LMC as the Statutory representative body for General practice has always offered organisational advice and help to practices in difficulty, but in recent years our ability to help in less critical situations has been limited due to the small team and the volume of work we deal with day to day in the LMC Office .

The pressures on primary care have risen inexorably with ever growing workload, resource, and workforce problems, and then in 2020 the Covid Pandemic, so even the best-run, most harmonious of practices can find itself in difficulties. NHS England and the CCG are well aware of this, and also recognised in 2017 that the LMC would be able to help more if we had the capacity to engage specialists in primary care to build a specialist team that could be deployed into a practice to support. They therefore allocated some funds from the General Practice Resilience Programme (part of the GP Forward View-time limited) to allow the LMC to offer support to more practices before they run into a crisis.

Our experience has shown that the best way of offering this service was initially for one or two LMC assessor's usually two members of the Executive to visit a practice have a conversation with the Partners and Practice Manager to talk about specific concerns and to identify areas where the team could offer support and advice.

It is always a great help if the practice complete the Porter Dodson SWAT Assessment tool in advance as this helps build an objective picture of how things stand and what areas might be worth exploring, although it really is the conversations that identify the real needs.

Once the initial meeting has taken place a short confidential report is sent to the Partners and the PM itemising the findings and listing any recommendations which are agreed at the time of the visit, these frequently include a further visit by some or all of the team.

The most suitable individuals from the specialist team are then allocated to help the practice or group progress or change. Progress will be periodically reviewed and the input from the team adjusted accordingly. In more recent times the team have supported practices that have received "requires improvement" reports from the CQC, working with the practice and the CQC to enable and support them to put the

necessary improvements and protocols in place to satisfy the CQC and move the ratings back to good. At times we have also identified pastoral needs which otherwise may not have come to light enabling the correct support to be put in place via the LMC pastoral support team and the counselling service through Hammet Street specialists.

An example project
The team visited and advised a small practice with workforce problems partly due to them not being able to attract a new partner

- 1 visit for the initial assessment
- Five sessions of strategic practice manager input as the practice appears to be a low claimer/financial stability has been identified as a key risk
- 6 Visits by the finance specialists to look at claims and processes
- Two Visits by LMC Nurse advisor to advise on re structure of Nursing team
- Two sessions with the team to feedback and help practice consider options/plan next steps

To date the team have visited over 30 practices all of whom have said how valuable the visits were if you feel this would be useful for your practice or would like more information please do get in touch somersetlmc.office@nhs.net

PRACTICE MANAGER -PRACTICE SUPPORT VISITS Claire Gregory

We like to keep the support visits very relaxed and informal. The key thing is that whoever we are visiting (usually the PM) does not feel at all threatened or that we are there to in any way to judge what they are doing. Every practice is busy and we don't always have the time or resources we need to focus on everything that we would be able to in an ideal world.

We always start with a chat with the PM. This is really important as you can find out so much from this alone. It is important to find out about how they feel things are going, what their challenges are and what relationship they have with their partners/doctors. We will talk about the practice itself, the population/demography and so on.

The main thing that I personally look at after this on a first visit is the accounts/enhanced service statements. This can give us a really good idea about where the challenges/cost pressures are for that particular practice. I tend to look at two years' worth of accounts to look at how things have changed. As we have visited a number of practices we have started to build up a picture of what is 'normal' for a practice (obviously we then mentally adjust things according to the practice list size). I am keen to point out that my practice is not perfect and of course I don't know

everything! However, as we have visited a number of practices it's possible to build up a picture and use that to help those we visit.

The accounts/finance observations help to signpost us to areas that may require further attention. Common themes have been issues relating to the claims/administration process such as who does this? How is it covered when they are off? How do people doing different claim areas link up? How do you know that you are getting back what you are claiming and so on.

Staffing issues is another fairly common area. This may be related to sickness levels, contracts, processes and procedures relating to staffing, staff structure, and job roles and so on. We look at training for staff such as signposting and workflow. We have done some process mapping in practices for document workflow and have trained smaller groups of staff which we feel has been beneficial in explaining the background to the processes they are carrying out and how it links with other areas in the practice. We have found that some staff members carry out their specific roles but do not realise how their work links/impacts on that of others and this means that sometimes things go awry.

We have found that coding of information is often a key issue in practices and have done some training on this too.

The issue of capacity/demand also comes up as you would expect! We look at how the appointment system is set up and the challenges facing reception.

For PMs we have looked at email management as this is a huge source of work as we all know.

To be honest there is no set agenda; we go where the information leads us and can be flexible according to the needs of the practice. The key outcome for us is that the practice feels it is in a position to make changes where it needs to and can feel confident and supported in doing so.

Finance Team-Practice Support Maria Chapman and Mandy Mason

The LMC support team are able to help practices to ensure they are providing services outside of the Global Contract and making claims for payment in the correct way. This includes ensuring the practice has robust systems in place and that staff are trained to a level to continue the work.

Contractual checks include:

- Named and allocated GP for patients within 21 days
- Check the last CCDCGMSPMS report on CQRS, run a search for those coded the wrong way
- Frailty

- Check the last CCDCGMSPMS report on CQRS – have all patients been re scored and re diagnosed as of 1.4.18. Does this tally with practice registers, are all the requirements fulfilled, medication reviews, record all falls in last year, offered Enriched Summary care record.
- Friends and family
- Check practices are adding the data before 12th of Month, enter 0 if no responses.
- Alcohol
- Run the searches from the EMIS library once they have been updated with correct dates as EMIS do not update theirs normally until January.
- Residential institute codes

Enhanced services on CQRS

- Check practice searches are running as a full data base, and then the practice checks that the service was provided by their surgery.
- CQRS manual entries have to be completed by 9th of Month and all automatic entries MUST be checked. If there is an amendment needed to the automatic data extraction a NHS England amendment form needs to be completed. We will also check a practice has a process in place to check that what they receive from Open Exeter matches the amount claimed on CQRS. Staff are trained on the whole process during the visits if the practice requires it.
- Searches for seasonal vaccinations such as flu are written to help the practice and also a process to check the stock levels to ensure all are claimed for.
- Check that the required templates are being used e.g. Learning difficulties.
- The team and the LMC will negotiate with NHS England or CCG if required, e.g. back dated Flu claims.

Enhanced services CCG and NHS England and Somerset County Council

Each practice signs up to the service they are willing to provide, we will then check that the amount they are paid on a monthly basis matches the given budget. Claim forms need to be completed on a Quarterly basis. Searches are run to ensure the correct claims are being submitted and we will advise on any changes that need to be made to the practice searches if needed. We will negotiate with NHS England or CCG if required – e.g. minor ops or 24 hours ECG or DMards.

LARC claims are made through Somerset County Council – This needs to be done within 2 weeks of the end of the quarter. We check that Chlamydia payments are being made and practices have signed up and received the £150 fee.

QoF

Searches can be run, Payment is made in accordance with the QoF registers so prevalence is important and this is the main area we concentrate on.

Does the practice have a system in place for checking prevalence and ensuring the QoF registers are maintained, do the practice look at the reports on CQRS when they appear and do they scrutinise to the surgery prevalence factor. We can advise the practice on a process and can train staff to do this to ensure a robust system is then in place.

Areas that the LMC have already sent searches and guides out for include AF, Osteoporosis, Heart Failure and Obesity. Look out in the newsletter for Top Tips. Practices need to be aware of the other requirement of in Qof and the contract including Frailty, QI indicators, dementia reviews, Learning disability registers. Guides and searches have been provided by the LMC and these were approved by the CCG.

Prescription Pricing Authority Claims
Establish if there is a system in place for the practice, if not we can advise on how to establish a system. We will help practices back claim and prescriptions not claimed for. This can lead to £000's not claimed. Practices should have a login to the PPA website to check what they are being paid for.
Searches can be written to ensure the practice doesn't miss prescriptions.

Immunisation and Vaccinations
Check the practice % for claims historically are at 90% and investigate any that aren't. We are awaiting guidance from NHS England as to how practices might be able to back claim.

General
Advice on searches, templates, protocols and concepts which are written bespoke for the practice.
These will be essential for SNOMED.

Building Practice Resilience-The Nursing Team Paula Messenger
Somerset LMC Nurse Advisor

I am responsible for supporting the development of Practice Nursing and ensuring that practice nurses can obtain the necessary education and development to meet the needs of general practice.

Support available;

- Advise on issues pertaining to quality and safety.
- Advice regarding clinical issues.
- Provide professional support to practice nurses.
- Identifying areas of risk and facilitating the continuous improvement of nursing practice.
- Provide support and advice to optimise improvement opportunities.
- Answer queries from GPN's, GP's, PM and offer one-to-one support or support to practices.

Bespoke Practice Support

The terms 'working at scale' and 'new models of care' have been widely talked about and form a large part of the General Practice Forward View.

There are workforce tools available that practices can access to make comparisons around which members of the team could provide which services. They also address what training individuals require and importantly how much would that member of staff cost.

It is only with all this information to hand that practices can start to plan on what their future structures could or should look like.

Skills Matrix/multidisciplinary Framework and Competencies

The main purpose of this ‘mapping exercise’ is;

- To explore the variety of professional roles in general practice.
- Clarify the recommended educational underpinning of each role.
- The costs attributed to some of the activities undertaken by the different professional groups.
- Identify areas where ‘upskilling’ staff can ensure staffs are working to their maximum capacity.
- Look at the cost effectiveness of different roles undertaken and where possible cost savings can be made without compromising patient care.
- To provide employers with a better understanding of what can be expected from each professional group.
- Suggest areas where clinical professional development may be required.
- Reflect on the roles and consider if they could be undertaken by other staff.

Common themes found from visiting practices and mapping

- Lack of Leadership within nursing teams
- Lack of innovation - continuing of old process
- Lack of mentorship/support
- Skill mix/hours not meeting demand
- Time management issues
- Lack of student nurse placement opportunities and nursing associate placements.
- Educational needs to help individuals perform their role.
- Poor emotional resilience - lack of team meetings, ‘huddles’ and regular support.

Examples of solutions

‘Upskilling’ of staff to undertake tasks currently performed by trained nurses. This allows better use of both registered and non-registered staff. Some practices have expanded their triage, urgent care or chronic disease work after upskilling HCA’s.

New ways of working - looking at allied health care professional. This may be pharmacists or paramedics. Successful examples can be found across the county with the use of ECP for home visits and urgent care work.

Digital technology – managing long term conditions using video consultations, text messaging and AccuRx templates. Group consultations help support long term condition management and reduce appointment times.

Sessions/clinics - review of ‘who does what’ and ‘how long’ can allow for better use of skill mix and cost savings. Looking at demand for appointments and ‘set clinics’ for some of the work can help allocate appropriate time. This makes more efficient working within the nursing team.

Apprenticeships/NA/student nurses - consider apprenticeships and placements for student nurses and the new nursing associates. This can help to ‘grow’ your own staff and the possibility of employment for the right person. Many practices have successfully had apprentices for both administration work and healthcare roles. Some practices have also taken on newly qualified staff following placements and are considering ‘return to nursing’ candidates.

Resilience - By definition, resilience is the ability to return to a state of normality or to “bounce back”. Resilience is an imperative quality for nurses to possess because of the stressful nature of the profession of nursing. Studies have shown that those who have high levels of resilience are less likely to develop stress disorders and more likely to remain in the profession as healthy nurses.
The concept is important for nursing management because resilience may play an important role in nursing longevity and retention. Lead nurses may benefit from understanding how resilience applies to their staff and how to improve and enhance this concept in others.
Examples of this would be building in time for reflection, support and daily ‘huddles’.

Supporting Practice Manager Resilience – Yvonne Vigar
Leadership & Resilience Coach and Trainer

The LMC also offer some personal coaching support to Practice Managers. It is recognised that the role of Practice Manager can feel overwhelming at times; keeping up with the strategic direction of travel for the business, managing the day to day which requires multiple work streams, staff management, supporting Partners and much more. Therefore, having a person to talk through the issues experienced, put them into perspective and come up with solutions to make work-life better, can make a positive difference.

There is no one size fits all for coaching; it is personalized according to the needs of the individual. However, most coaching support programs will start with a discussion about what is going on from the Practice Manager’s perspective, to gain a clear understanding of the issues faced, and to find out what their personal objectives are for the sessions. Generally, an objective or topic becomes the focus of attention for each session, with the Practice Manager being asked questions to clarify what has been happening, and what can be done to move forward more effectively. Management models may be used to support the process.

Usually after 4-6 sessions (but it may take longer, depending on the issues faced), the Practice Manager feels that they have better coping mechanisms to deal with

future issues independently, and so the benefits of coaching go beyond the initial sessions.

Examples of issues supported during coaching sessions:

- Managing workload
- Supporting personal resilience
- Difficulty in managing staff / staff relationships
- Managing upwards
- Improving work-based culture
- Leadership skills
- Practice support on delivering aspects of the practice business

It is important to note that all coaching sessions are completely confidential.

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