

**Bristol, North Somerset, Somerset and South Gloucestershire  
and Devon, Cornwall and Isles of Scilly  
Joint Executive Group**

<b>Title:</b>	Choice of GP Practice – Out of Area Registration
<b>Date:</b>	1 <sup>st</sup> December 2014
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<b>Finance Contributor:</b>	Finance team
<b>Nursing and Quality Contributor:</b>	N/A
<b>Approve/Endorse Discuss/Note:</b>	Discuss and Endorse
<b>Critical Target Date:</b>	5 January 2015

**Purpose:**

From 5 January 2015 choice of GP practice is being extended to include a new form of out of area patient registration. All NHS England area teams are to put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. The group is asked to note and discuss the implications of this service change and endorse the recommendations below.

**Recommendations**

The Joint Executive Group is asked to:

- Note and discuss the service implications associated with this new service change
- Endorse the recommendation that the service be delivered by offering, albeit as a potential interim arrangement, as an enhanced service to all GP practices covering DCIOS and BNSSSG

## **Background**

From 5 January 2015 all GP practices are able to register new patients who live outside the practice area without any obligation to provide home visits or services out of hours when the patient is unable to attend their registered practice. Changes made to the GP contract mean that those obligations may be set aside and do not apply when the GP practice decides, at the point of registration, that it is clinically appropriate and practical to register the patient in this way.

This paper follows on from the 'Commissioning framework for primary medical care services for out of area registered patients when at home' paper presented to the Forum in August 2014. At that time national guidance on the arrangements to extend patient choice of GP practice had not been finalised and it was agreed that details of the national guidance should be sought and consideration be given to developing a new enhanced service to be offered to GP practices for the in hours urgent primary medical care (including home visits).

The original changes to the GP contract required these new arrangements to be brought into place from 1 October 2014. NHS England subsequently revised this to 5 January 2015.

Area Teams remain responsible for patients who live in their area who register in this way and must commission local arrangements to ensure such patients can access primary medical services during core hours (Monday – Friday 8.00am – 6.30pm excluding bank holidays) when they need access and it is unreasonable on clinical grounds for them to attend their registered practice.

NHS England has developed guidance which provides further information on how the new arrangements will work. This includes a commissioning framework to support decisions on putting in place urgent primary medical care services. This also provides a nationally priced enhanced service to be used when commissioning services from local GP practices (Annex 1).

The guidance produced by NHS England can be found at the below link:

<http://www.england.nhs.uk/wp-content/uploads/2014/11/gp-con-guidance-out-area-reg.pdf>

## **Contractual Framework**

All primary medical services contracts (GMS, PMS and APMS) have consistent contractual terms that provide practices the option to register out of area without obligations to provide:

- Home visits;
- Immediately necessary treatment following accident or emergency when the patient is at home (i.e. outside the registered practice area);
- Access to out of hours services (if not opted out) when the patient is at home (an it is not reasonable to expect the patient to attend); or,

- Other such services provided by the contractor, which for clinical or practical reasons it is not reasonable to expect the patient to attend their registered practice, e.g. this could include follow up care following hospital discharge.

The contract changes can be seen as extending GP practices' longstanding ability to register patients who live out of area. There is no opting in or out for practices.

All practices have discretion from 5 January to apply the new term that removes the obligation to provide home visits (etc) when registering any new patient who lives outside their practice area providing they have decided at the point of registration that it is clinically appropriate and practical for the individual patient to be registered this way.

When patients who live outside a practices' area request to register with the practice, the practice will need to decide whether to:

- Register as an out of are registered patient with no obligation on the practice to provide home visits etc, assuming it is satisfied it is clinically appropriate and practical to register the patient in this way; or,
- Register as any other registered NHS patient. This will continue to provide access to the full range of service and will involve no change in the obligations on the practice to provide home visits etc. this will continue to be appropriate, for example, for patients who live just outside the practice area.
- Not register the patient. The ability for GP practices to refuse registration on the grounds the patient lives outside the practice area remains unchanged and thus ensures the new arrangements for out of area registration apply on a voluntary basis.

Area Teams are responsible for ensuring out of area registered patients (registered without home visits) can continue to access primary medical services when they have an urgent care need when at home and if it would inappropriate for them to attend their registered practice.

Area Teams are therefore expected to ensure their local arrangements include in-hours home visiting provision for out of area patients who live in their area.

Commissioning for home visiting needs can be achieved through a variety of ways.

<b>Provider</b>	<b>Arrangement</b>
Local GP practices	Offer the enhanced service to all GP practices in the area
	Consider opportunities for extending existing or establishing new co-operative home visiting arrangements which can result in visits being handled more quickly, effectively and efficiently.
Local GP health centres of NHS walk-in centres	Work with local CCGs as necessary to identify and agree whether the GP enhanced service

	provides a suitable benchmark for commissioning home visits (bearing in mind providers will already be contracted to deliver primary medical services to unregistered patients at the practice premises).
Local out of hours service provider	Work with local CCGs to identify and agree if out-of-hours contracts can be varied to provide home visits during the 8am-6.30pm (Monday – Friday) core hours period

Area Teams are free to decide in the mix of local arrangements they put in place, including whether this includes services from local GP practices and whether differential approaches are required across the area team patch. Geographical coverage should also be considered to ensure adequate provision is secured.

NHS England has worked with NHS Employers and the GPC to review to provide a nationally priced enhanced service specification for use by Area Teams (Annex 1).

NHS England is committed to ensuring a nationally consistent approach when securing these services from GP practices. Area Teams must therefore use the national enhanced service specification for securing services from individual GP practices. However, where GP practices do not wish to provide the enhanced service for their practice area and the area team wishes to secure cover from the area from a neighbouring practice the national pricing does not apply and the area team will be free to amend and agree pricing locally to take account of the particular circumstances.

In light of the fact that the demand for the service cannot yet be evaluated it is recommended that the preferred commissioning option is for the national enhanced service to be offered to all local GP practices. It is suggested that this is offered on a time limited basis to allow the level of demand to be evaluated and alternative commissioning arrangements to be considered for the longer term, if appropriate.

It is recommended that the GP enhanced service is commissioned for an initial minimum period up to 31 March 2016. Practices that are eligible to provide services under the national enhanced service specification are only those that are currently maintaining an open list status.

### **Impact of introducing out of area registration on other primary medical services pathways.**

#### Out of Hours Primary Medical Care Services

CCGs are responsible for commissioning out of hours primary medical care services for their area (except where 24-hour responsibility is retained under the GP contract)

and will meet the routine out of hours needs of out of area patients whether they are either:

- An out of area patient whose home is in the CCG area but they are registered elsewhere; or,
- An out of area patient who is registered with a practice in the CCG area but does not live there.

This will include arrangements for consultations including home visits for the local population during the out-of-hours period from 6:30pm to 8am Monday to Friday, bank holidays and at weekends.

In view of the circumstances above CCGs will need to ensure their local provider arrangements recognise this new category of registered patient and ensure these are integrated into their local arrangements including overall urgent care strategies. The introduction of out of area registration does not however alter CCG's overall responsibilities as regards to the securing out of hours primary medical services on behalf of NHS England.

### Community Based Services

GP practices are the main coordinator of patient care and other services for patients, including appropriate referral to community and home based services such as district nursing, physiotherapy, etc.

Where a woman is an out of area registered patient but chooses delivery and community care in her home area, they will need to re-register near to home so that follow up care and access to new-born screening provided by health visitors can also be offered in their home area.

CCGs must be prepared be prepared for the possibility that some patients who register away from home may, on occasion ,need to have these services provided when they are at home.

The GP practice where they are registered with remains responsible for discussing the options with the patient, agreeing a course of action and making the appropriate referral for treatment. Unless the out of area patient lives within the footprint of the local health economy the GP practice is unlikely to have knowledge of the community services arrangements in the area where the patient lives.

All CCGs should ensure there is readily available up-to-date information about the range of community services in their areas that remote GP practices can access via the Directory of Services held by NHS 111 and NHS Choices.

## **Patient and Pathway Impact**

It will be essential that patients who register with a practice away from home understand who is responsible for their care should they become ill at home, so that an appointment can be booked at a local urgent care service or a home visit can be swiftly arranged. They should also understand how to access out-of-hours care in their home area. Area Teams and CCG will need to ensure that service providers understand their responsibilities towards out of area patients who may present in these circumstances.

To make it as simple as possible for out of area registered patients to access the urgent care services established by the area team, NHS 111 will be used as the single point of contact. Patients will generally be expected to contact NHS 111 only following enquiry with their registered GP practice.

The Directory of Services (held by NHS 111) will be updated and kept under review to reflect local arrangements and NHS 111 will divert out of area registered patients accordingly.

Draft text for GP practices to use and incorporate into letters to out of area registered patients regarding who to contact when they have urgent care need is included in the guidance documentation.

## **Financial Impact**

Payment under the enhanced service (for in-hours urgent care) for each consultation at the practice (excluding home visits but including telephone / skype consultations) is £15.87.

The payment for (an urgent in-hours) home visit under the enhanced service is £60.00 per home visit.

If the Area Team though offering the enhanced service to local GP practices does not secure full coverage, there may be a requirement to increase the above costs for those practices who agree to provide the service to patients outside of their normal practice boundary area.

Should any individual be consulted at least four times in any twelve month period or receive home visits on more than two occasions in the same period this will trigger a review by the patient's registered practice as to whether it is more clinically appropriate for that patient to register with a practice closer to home.

Key drivers of demand for services to out of area patients when at home will clearly be linked to:

- The number of practices accepting out of area registrations, both within and outside the area team area
- The number of out of area patient registrations, again within and outside the area team area
- The patient demographic and characteristics of those registered out of area living within the area team area

The level of demand experienced within any one area may also impact upon practice prescribing budgets. This therefore may need to be taken into consideration by CCGs. Additionally the impact on secondary care referrals may also need to be assessed and considered.

NHS England is considering whether there should be a reduction in the capitation payment made to practice for out of area registered patients to offset the additional costs in meeting their urgent care needs when at home. NHS England will review data from the first six months of national implementation to establish the likely ongoing costs and the basis for determining a possible future reduction.

### **Consultation, Involvement and Engagement**

This is a nationally mandated contract requirement and follows various consultations and pilots.

Communications on all aspects of the new out of area registration arrangements will take place at national, local and individual GP practice levels.

#### National

NHS England with input from national stakeholders will:

- Raise awareness through appropriate communication channels to support progressive take up of the new arrangements by practice and patients
- Keep all guidance and source material under review to support local communications leads and individual GP practices, including model text for local patient information sheets and letter that can be tailored and branded locally.

#### Area Teams

Area Teams working with CCGs will as appropriate:

- Undertake targeted communications activity to raise awareness of the new arrangements among the local population
- Keep GP practices in their area informed about new arrangements and any developments
- Provide feedback to the national support centre to refine ongoing communications and any issue in implementation

## Individual GP Practices

GP practices will want to ensure that they continue to support and empower patients to make the choice that is right for them, including:

- Explaining what choices they can make and when – tailoring and branding the model text provided to support the new out of area registration arrangements to incorporate these into local practice leaflets, websites, etc.
- Explaining the range of services available at different GP practices so that they make an informed decision about where best to register, and
- The potential benefits of the choices they make.

## **Equality Impact Assessment and Risk Assessment**

A formal EIA and Risk Assessment have not been undertaken locally for the service, however it is recognised that the design of local arrangements for in-hours urgent primary medical care for out of area patients will need to consider the needs for protecting vulnerable patients/people (including children, older people and those with learning disabilities or mental/physical disabilities). GPs are an important link in the safeguarding chain, working and sharing information with other agencies in the health and social care system.

If GP practices have any cause for concern about patients seeking registration as an out of area patient then access to patient records and local knowledge is important. Practices should therefore seek urgent discussion with the patient's former/current practice, and inform the local authority or police if appropriate.

Where the clinical and practical needs of out of area registered patients in vulnerable conditions cannot be met, then consideration should be given whether it is appropriate to accept the patients out of area registration request.

It is difficult to anticipate the level of uptake both from a patient perspective and with regard to the individual practices (both in relation to registering patients out of area and whether they will sign up to the enhanced service). This could mean that there are challenges from patients regarding meeting their individual requests under this new arrangement.

## **Implementation**

It is intended that the Area Team across Devon, Cornwall and Isles of Scilly, and Bristol, North Somerset, Somerset and South Gloucestershire will contact all practices in the week commencing 1<sup>st</sup> December 2014 to offer the opportunity of participating in this enhanced service. There will be a response cut-off date of 12<sup>th</sup> December 2014. At this point the Area Teams will review the responses to ensure full coverage of this enhanced service. Where coverage is inadequate it may be necessary to have discussion with practices in specific areas.

## Out of area registration: In hours urgent primary medical care (including home visits) Enhanced Service

(Publications gateway reference: 02351)

### Introduction

1. This enhanced service has been designed by NHS England to support the new out of area patient registration arrangements being introduced 5 January 2015 to extend choice of GP practice.<sup>1</sup> It seeks to secure access to local GP practices for patients living in the practice area but who are registered with a practice away from home without access to home visits.

### Background

2. From January 2015 all GP practices are free to register new patients who live outside their practice area without any obligation on the practice to provide home visits for such patients when the patient is at home, away from, and unable to attend, their registered practice.
3. NHS England must ensure all such patients are able to access primary medical services in their home area during core hours if they have an urgent care need and if they cannot reasonably be expected to attend their registered practice. In this context urgent care is where the patient's medical condition is such that in the reasonable opinion of the patient's registered practice attendance on the patient is required and it would be clinically inappropriate for the patients to go their registered practice.
4. NHS England area teams are putting in place their arrangements for January to deliver these services on an area-wide basis. These will provide access to a local provider for an urgent consultation with a GP or other healthcare professional – or (where clinically necessary) a home visit – when it is not clinically appropriate for the patient to attend their registered practice.
5. Area teams will determine the mix of arrangements they put in place locally, including from any provider. This could include modifying existing Walk-in Centre services or working with CCGs to secure an in-hours service from out-of-hours providers, or using this enhanced service to secure services from GP practices.

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<sup>1</sup> GP practices have always had the ability register patients who live out of area but with no difference to any other permanent registration (e.g. including requirements to provide home visits). Such discretion remains for GP practices alongside the new arrangements.

## Purpose

6. This enhanced service specification aims to secure the delivery of care to patients who are registered with a GP practice away from home under the new arrangements (out of area registered without home visiting duties) and who require urgent care and cannot reasonably be expected to attend their registered practice on clinical grounds (i.e. in general this would not be expected to apply to patients who live in close proximity to but outside their practice area).
7. The service will provide urgent and local care, as deemed clinically necessary by the appointed GP practice, for such patients living in the appointed practice's boundary area, as follows:
  - a. Access to essential primary medical care services for patients who fall ill at home during the weekday in hours period (8.00am to 6.30pm; Monday to Friday, excluding bank holidays) or who are recovering at home after a period of hospitalisation; and,
  - b. Home visits (where clinically required).
8. GP practices choosing to participate in this enhanced service will be required to ensure secure and robust processes are in place to communicate details of the care provided under this enhanced service to the patient's registered practice.

## Process

9. All area teams are required to have established urgent care arrangements for out of area patients who live in their area from 5 January 2015.
10. Area teams wishing to secure services from GP practices as part of their arrangements will therefore want to offer and secure sign up to this enhanced service at the earliest opportunity.
11. Where GP practices do not wish to participate in this enhanced service area teams are free to offer the service to neighbouring practices to secure services for a wider area (eg the appointed practices area and that of the neighbouring practice). In those circumstances the national pricing does not apply and is to be agreed locally.
12. This enhanced service is intended for use during the period 5 January 2015 to 31 March 2016.

## Requirements

13. Practices must ensure that information about access to their services for patients who are registered with out of area practices are provided to NHS 111 for recording on the Directory of Services in order for patients to be directed to their service as and when required.

14. The practice must ensure that they have mechanisms in place to provide services to patients who are resident in the area<sup>2</sup> but who are registered with an out of area practice:
- a. Access for those who fall ill at home during the in hours period (8.00am to 6.30pm; Monday to Friday, excluding bank holidays) or who are recovering at home after a period of hospitalisation, this means:
    - i. The provision of essential medical services to those patients who are, or believe themselves to be ill with conditions from which recovery is generally expected
    - ii. offering a consultation for the purpose of identifying any need for treatment or further investigation and making available any such treatment or further investigation as is necessary and appropriate
  - b. Home visits (where deemed clinically necessary by the provider) to provide essential medical services
    - i. to those patients who, in the reasonable opinion of the contractor, attendance on the patient is required and it is inappropriate for them to attend at the practice premises
15. The practice must ensure that they have a robust system in place to transfer information securely, about any care given, to the patients registered practice within no more than 24 hours of the consultation.
16. The practice must complete a claim form and submit to the area team on a quarterly basis.

## Monitoring

17. Where a practice chooses to offer this service, the monitoring required will be the number of out of area registered patient accessing services and in the case of each out of area patient the number of consultations provided (and of those consultations which were home visits). A standard template will be provided for these returns.
18. The practice will be required to provide clinical details of each attendance to the patient's registered practice following the consultation in a timely manner to ensure that the patients' clinical record is kept updated.

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<sup>2</sup> For the purposes of this enhanced service 'area' will be the contractors practice area or any other area agreed between the contractor and the area team (e.g. the practice area of another GP practice who declined the opportunity to take up the enhanced service)

## Payment and Validation

### In hours care at the practice

19. Payment under this enhanced service for each consultation at the practice (excluding home visits but may include telephone/skype consultations.) is **£15.87 per GP (or other healthcare professional as appropriate) consultation.**
20. Should any individual patient be consulted at least four times in any 12 month period this will be a trigger for a review by the patient's registered practice as to whether it is more clinically appropriate and practical for the patient to register with a practice closer to home. Further details on this review process are given in main NHS England guidance.

### Home Visiting

21. The payment for a home visit under this enhanced service is **£60 per home visit.**
22. Should any individual patient receive a home visits on more than two occasions in any 12 month period this will, again, trigger a review by patient's registered practice as to whether it is more clinically appropriate for that patient to register with a practice closer to home. Again, further details on such reviews will be given in NHS England guidance.
23. Administrative provisions relating to payments under this enhanced service at detailed in appendix to this specification.

## Other issues relevant to Choice of GP Practice

24. Practices that are eligible to provide services under this specification are only those that are currently maintaining an open list status.
25. Existing GP health centres, walk-in centres or minor injuries units that already have unregistered patient services included in their current service contract are excluded from provision of those services under this specification, although area teams may wish to consider how to utilise these services in addition to or in place of this enhanced service, including whether those services are able to provide home visits.

### **Administrative provisions relating to payments under the 'Out of area registration: In hours urgent primary medical care (including home visits)' enhanced service.**

1. Payments under this enhanced service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year they are received.
2. The amount calculated as payment for the quarter falls due on the last day of the month following the month during which the GP practice provides the information specified at paragraph 20 of the enhanced service specification to NHS England.
3. Payment 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 NHS England any information which NHS England 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), 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, NHS England 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 2016 (subject to the provisions below for termination attributable to a GP practice split or merger)**

5. Where a GP practice has entered into this enhanced service but its primary medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 March 2016, 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 NHS England with the information requested under paragraph 20 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.

## Provisions relating to GP practices who merge or split.

7. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the practice area is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or varied agreement to provide this enhanced service.
8. 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.
9. 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 this enhanced service, will be assessed and any new arrangements that may be agreed in writing with NHS England will commence at the time the GP practice starts to provide such new arrangements.
10. 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 England, broadly comparable to the enhanced service, 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.
11. NHS England 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.

## Provisions relating to non-standard splits and mergers

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