North & South Essex
Local Medical Committees Ltd
Promoting the interests, aspirations and welfare of general practitioners

QUALITY FIRST:

MANAGING WORKLOAD

TO DELIVER SAFER PATIENT CARE

Resource Module 3

Enhanced Services and other Incentive Schemes

July 2015

Introduction

The BMA recently produced useful guidance for practices entitled "Quality First: Managing Workload to Deliver Safer Patient Care". A copy of the document can be downloaded from the LMCs' website www.essex.lmc.org.uk

Ever increasing workload demands combined with a worsening workforce crisis and reducing financial resources has created the perfect storm which has now begun to compromise the ability of practices to deliver essential services to their registered patients.

The Guidance is not intended to restrict services provided by practices. It has been produced as an aid to help GPs and practices provide safe, quality and accessible care to patients, at a time when they are being prevented from doing so by excessive and inappropriate or unresourced work, which is taking them away from their prime duty of care as GPs.

Local Resource for Practices

The Guidance refers to the central role of LMCs in supporting practices and in using and adapting the document to create a practical local resource that will help GPs navigate what is an increasingly difficult operating environment.

A presentation and workshop for practices was held in the middle of May and a number of key issues and areas of further action were identified and agreed. Arising out of the discussions it has been agreed to adapt the BMA Guidance into a series of Resource Modules that can be used by practices to help address the current demands and pressures.

The individual modules, which will be tailored to reflect local circumstances, will include Template Letters, (where applicable), legal and ethical advice and other potential sources of information or support.

Resource Module 3: Enhanced Services and other Incentive Schemes

Enhanced Services provide commissioners with the opportunity to fund additional work and services in the community that fall outside the contracted work of GPs. Provision of all Enhanced Services is entirely at the discretion of the practice.

This Module is aimed at helping practices to decide whether they should take on a new Enhanced Service, whether they are adequately resourced to continue to provide an enhanced Service and the steps they should take to safely stop providing a service.

Enhanced Services

What are they?

Enhanced Services were introduced as part of the new GP Contract in 2004. Enhanced Services are defined as being:-

- Essential, additional or out of hours services delivered to a higher specified standard.
- Services not provided through essential or additional services. For example more specialised services undertaken by health professionals, services at the primary/secondary care interface or services meeting specific local health needs.

All Enhanced Services are voluntary and it is in the interest of patients, GPs and their staff that these are appropriately resourced and supported.

Provision of all Enhanced Services is entirely at the discretion of the practice. This applies irrespective of the format, the commissioner or the service being commissioned. It includes Local Incentive Schemes (LISs) commissioned by CCGs and Any Qualified Provider (AQP) community services.

Examples of Enhanced Services

Appendix 1 of this Resource Module includes a list of Enhanced Services that have been commissioned in different parts of the country. These services have been identified as being outside of essential services and are therefore non core work by definition.

Review of Enhanced Services Provision

Practices may benefit by regularly reviewing their existing portfolio of enhanced services and other incentive schemes and considering whether, in light of their individual practice workload and workforce situations, the continued provision of these services is appropriate.

With the emergence of new NHS organisations and an expectation of taking on more work with ever decreasing resources, General Practice is probably experiencing its most challenging time. Within the current environment, it has never been more important that practices take a serious review of LESs they currently provide and any new LES that they may be considering providing in the future. More importantly, consideration needs to be given to whether services are properly resourced and if they are not then if it is viable to continue providing them, particularly if they are not resourced at all.

In assessing whether or not to continue with a particular enhanced service, practices may wish to take account of the following:-

- If you are providing care above your contractual duty, is it resourced as an enhanced service or similar?
- Does the enhanced service provide sufficient resources to deliver care effectively? In assessing the resource provided, practices should factor in all expenses to include: employer pensions costs, and national insurance contributions, provision for staff absence, equipment, consumables and premises running costs
- Does the practice have the time, infrastructure and staffing capacity to carry out this work safely and effectively?
- What is the bidding or application process – some can be bureaucratic, time consuming and complex and detract from core duties

- Will taking on the enhanced service detract from or undermine the practice's provision of core GP services
- Keeping a record of non-core work done and the time it takes can be a helpful way of focussing the practice's attention on the work being carried out when considering making changes. It could also serve as a useful method of alerting area teams and CCGs to the extent of the problem. This also ties in with NHS England's initiative to shape workload and reduce bureaucracy.

Ceasing an Enhanced Service

If on review practices decide not to continue with an enhanced service then they must ensure that they serve the required notice period within the agreement in question.

Practices will need to be aware that where such contracts for enhanced services not nationally commissioned by NHS England are terminated, CCGs will be free to contract the services elsewhere and that there is no guarantee that the practice will get them back in future.

Practices need to confirm their decision in writing. A model letter can be found in Appendix 2.

Informing Patients

Patients must be given adequate notice of these changes, including if appropriate, how to contact the CCG or commissioner regarding alternative access to ceased services. It is important that all relevant people working in the practice are able to explain to patients, if asked, why the practice is making changes to its services and inform them who they should speak to if they have any concerns. Practices are advised to contact the LMC for advice before ceasing a service.

There are several points it is worth making when informing patients, their representatives and others of a proposal to cease providing services:-

- Remind them that you have been providing these services for the past few years without any/or proper funding from the NHS, ie. at personal expense.
- Point out that if you were to continue to provide these services without the necessary additional funding it would have a detrimental effect on other areas of the services provided to patients by the practice.
- Explain to patients that your NHS contract is designed to allow you to continue to provide the work but with appropriate funding from the CCG/NHSE.
- Explain to patients that the CCG/NHSE has made a decision not to resource the provisions of this service from the practice or practices in the area. It is the CCG/NHSE's responsibility to ensure that the proper range of services patients require are commissioned.

If the CCG or commissioner does not fund workload shift, or an enhanced service, then the practice should decline to provide it, since it would result in current practice staff being diverted away from providing core GP services. A standard letter or poster may be the best way to inform patients.

Incentive Schemes for General Practice

CCGs across the country are increasingly concerned with controlling secondary care costs, and are progressively turning to general practice to slow or reduce activity which is generated within the community. This could lead to improved patient pathways whilst preserving the quality of care, and it is giving rise to Incentive schemes which attempt to move funds into primary care, or in extreme cases to pay practices to reduce referrals. The former is sensible and widely supported, whereas the latter is unethical and could lead to GMC action.

North and South Essex Local Medical Committees (LMCs) have discussed the likelihood of incentive schemes being introduced by CCGs in the county and the need to ensure that any proposals meet ethical standards. The discussions have highlighted the difficulty for individual GPs and practices in making judgements about whether or not participating in this kind of innovative scheme puts at risk their ability to comply with the GMC's "Good Medical Practice".

In the absence of any national guidance, North and South Essex LMCs have agreed a set of guiding principles and key operational issues, the majority of which must be complied with to properly safeguard practices and their patients.

If GPs /practices feel that individual patients are not receiving the clinical care necessary to meet their needs as a consequence of any policy or system introduced by the CCG, then they should formally raise the matter with the CCG's Accountable Officer and the LMC.

General Principles for an Incentive Scheme

- It must be ethical.
- It must not threaten the GP/patient relationship.
- It must not merely involve a target financial figure.
- It must be voluntary.
- It should be based on patient outcomes.
- It must be driven by improved quality.
- It should include an educational element.
- Ideally, it should originate at practice or locality level.
- Rewards from the scheme should be restricted to improving patient care.
- It should be subject to external scrutiny or review.
- No scheme should attempt to delay or withhold necessary care to an individual patient.

Operational Issues

- The scheme should aim to increase the availability and range of adequately funded primary care.
- It must utilise reliable data at practice level.
- It must make efficient use of public funds.
- It must fund all additional work in primary care.
- It must be practical and sustainable and therefore have a realistic chance of success.
- It should take account of and address health inequalities.
- It must be subject to regular review and audit, and be capable of adaptation to changing circumstances.

Practice Considerations

- Does the scheme answer, where relevant, the points above?
- Will our patients benefit?
- Can the practice contribute to the success of the scheme?
- How much work is involved for the practice?
- Is the extra work adequately funded?
- Do we have the capacity to do this effectively?
- Does this make financial sense for the practice?

Appendix 1: List of Enhanced Services

The following list shows examples of enhanced services that have been commissioned somewhere in the UK. This list is not intended to be exhaustive, but rather to provide practices with an indication of the kinds of services that they may be able to seek funding to provide to their patients on top of the normal core contractual requirements. These services have been identified as being outside of essential services and therefore by definition are non core work.

- 24 hour ambulatory blood pressure monitoring
- Alcohol & drug misuse
- Asylum seekers & refugees
- Bank holiday working
- Cardiovascular health checks
- Care Home Support
- Chlamydia screening
- Complex Leg Ulcer Treatment
- D-Dimer / DVT management in the community to avoid hospital admissions
- Domicilliary Falls
- DVT Pathway Contract
- Shared care / specialist drug monitoring
- ECG recording
- Extended hours
- Flu immunisation
- Gonadorelin analogue treatment
- Hepatitis B Vaccinations
- HIV in primary care
- Homeless patients
- Infectious Disease Immunisations
- Insertion of contraceptive devices
- Insulin initiation or conversion
- Leg Ulcer Management
- Mental Health Depression Counselling
- Minor injuries
- MMIZ Vaccination to Under 25s
- Neo Natal Checks by GPs
- Nursing Homes – enhanced services
- Phlebotomy
- Post-op suture removal
- Pre and post ops
- Primary care sexual health scheme
- Prostate cancer follow up
- Provision of immediate and first response care
- Referral review scheme
- Rheumatology Drugs
- Ring pessary insertion
- Secondary Care Wound Management
- Sigmoidoscopy
- Smoking cessation programmes

- Spirometry
- Student Health
- Treatment Room Services/Basket
- Alcohol and substance misuse
- Vasectomy
- Violent patients
- Wararin Prescribing
- Zoladex/Prostap

Appendix 2: Sample Notice Letter to CCG

To: CCG Accountable Officer
CCG Finance Director

Date:

Dear

Re: Enhanced Services

(I/we) are giving three months notice that (I/we) intend to cease providing the following enhanced services from *(insert date)* and will be advising (my/our) patients accordingly.

Insert details of service

(I/we) may have been prepared to continue providing some/all of these services, subject to a satisfactory negotiation via the LMC of a properly funded local enhanced service.

Yours sincerely

(Insert Contractor details)

cc Local Medical Committee
NHSE