

Governance: LES review and associated working group feeds into PCOG and PCCC

Report for: Any relevant internal/external committees.

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Update from meeting held 5 July 2021

- Following individual meetings with practices affected by the care home LES funding change, follow up action required with community services provider and the non acute contract team. Further work needed to define and agree the model for MDT support.
- 3 EOIs for overall LESs to be returned, all delivery as at 19/20 levels with exception of 1 practice has dropped out of dementia LES and 1 practice has dropped out of insulin LES. Conversation to understand reason why and to encourage sign up to ensure equity of offer across population.
- Flu EOIs to be responded to in order to establish if there is PCN coverage.
- 12 responses left on Phlebotomy EOI, 100% sign up of those returned.
- Final position agreed with changes to BI searches. Impact on underpayment understood.
- Finance team and contracting team to meet to review practicality of returning to activity based payments.
- In response to feedback from practices re care home funding changes, a review of the phasing options to be considered.
- Supplementary services review will begin with a full report presented to Execs outlining the full background and methodology of the previous review. This will include a review of any communications to practices.
- Outcomes for care home LES continues to be developed, will be shared with the Care Provider Group.

Next Steps – by end of July 2021

- Outcomes for Care Home LES to be developed
- P3 Funding for Primary Care, draft MOU drafted by out of hospital team.
- Supplementary Service paper to be presented to Exec Team

Risks

- Capacity for reviewers / review group members to undertake the work required for phase 2 of the review
- Risk that failure to meet deadlines doesn't allow for sufficient engagement
- Some practices will see a drop in income through the revisions to the Care Home LES.

Assurances / Mitigations

- Dates of membership meetings to be mapped against deadlines to ensure sufficient time
- Close working with stakeholders to ensure practices are kept updated re income flows.

Summary of Practice Feedback – Care Home LES Funding Changes Q2 Onwards

Practice	Feedback
<p>Practice 1 Residential beds = 0 Nursing beds = 151 Impact = £-8,262 (-0.55% of total revenue)</p>	<ul style="list-style-type: none"> • Unhappy about financial impact • No residential bed base to offset • Outlined Continued Commitment to homes
<p>Practice 2 Residential beds = 12 Nursing beds = 81 Impact = £-3,768 (-0.16% of total revenue) *Practice on resilience programme</p>	<ul style="list-style-type: none"> • Practice had overestimated £ impact, agreed the position as presented • Not happy to accept a reduction in income • Not seeing community provider input / Asked what should be happening. Running the MDT not getting support • Didn't feel engaged with
<p>Practice 3 Residential beds = 37 Nursing beds = 155 Impact = £-6,435 (-0.41% of total revenue)</p>	<ul style="list-style-type: none"> • Practice did not agree with rationale, stated nursing bed base much more challenging • Did not feel sufficiently engaged in the proposal • Not happy to accept the reduced income, agreed the position as practice had estimated higher impacted • Not getting support from community provider
<p>Practice 4 Residential beds = 17 Nursing beds = 102 Impact = £-4,641 (-0.32% of total revenue)</p>	<ul style="list-style-type: none"> • Practice did not agree with rationale, stated nursing bed base much more challenging • Flagged that staff had been recruited based on previous level of income • Flagged lack of community provider input and support • Did not agree with the phasing approach agreed at PCCC felt it wasn't 'phased'
<p>Practice 5 Residential beds = 0 Nursing beds = 105 Impact = £-5,745 (-0.44% of total revenue) *Practice on resilience programme</p>	<ul style="list-style-type: none"> • Both homes are not the same, one more challenging • Rapid turnover over the last 12 months very challenging • Some community provider input but not lots • Wider resilience issue, looking at what work is essential

Summary of Practice Feedback – Care Home LES Funding Changes Q2 Onwards

Practice	Feedback
<p>Practice 6 Residential beds = 0 Nursing beds = 33 Impact = £-1,806 (-0.22% of total revenue) * Practice in receipt of resilience support</p>	<ul style="list-style-type: none"> • Unhappy about financial impact • No residential bed base to offset • Continued commitment to supporting the home • Felt that they provide a standard above and beyond and maybe could scale back in line with the DES / LES • Stated no community provider input and this extended to the practices within the PCN • Practice has already had a financial review and is working as lean as possible

Key Themes Identified:

- Practices not happy to accept the loss of income
- Did not agree with the rationale and premise that residential homes are equal effort
- Reported lack of community services provider input
- Some practices reported feeling insufficiently engaged in the process
- Phasing approach not suitable (also mentioned at South Bristol membership)

Actions:

- All practices offered a financial review, 1 practice indicated that they may take this up
- Future engagement to be reviewed for supplementary services review to ensure as much coverage and show where we have responded to feedback
- Proposals to be drafted on re-visiting the approach to phasing

Phasing of Care Home LES Tariff

- PCCC reviewed a number of options for the phasing of the care home Les Tariff change at the meeting in April 2021
- The option approved introduced a phasing of the tariff change at a fixed rate across quarter 2 (Jul-Sep) the final revised tariff would be introduced from quarter 3 rate below:

	Protected		Phased		Revised	
Bed	Resi Beds	Nursing Beds	Resi Beds	Nursing Beds	Resi Beds	Nursing Beds
Rate	0.00	9.17	2.16	6.72	4.61	4.61

- As included on the previous slide we received feedback that the approach to phasing was not appropriate. Specifically this included a comment that what was agreed didn't represent phasing and comments that the period of 'phasing' was not long enough.
- All practices received notification of the agreement and therefore we have already switched to the period of phasing for quarter 2.
- We have reviewed the phasing options but will not be in a position to hold back funding from those practices who would be seeing an increase in their tariff for residential beds
- Options therefore include :
 - option 1 (phase only for Q2) for those who will gain/be unaffected by the change in rates and;
 - option 2 (phase for the rest of the year until M12) for those practices that will see a reduction in income due to the new phasing.
- The financial impact of this to the CCG is estimated at 7.5k (cost to the CCG) across 21/22.
- Administratively this will be challenging to implement due to the number of practices who will be paid at varying amounts / periods.
- The committee are asked to discuss the feedback and whether we should review the phasing approach