

# NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – 14 July 2014

Strategic Clinical Executive – 30 July

Clinical Commissioning Group Governing Body - 3 September

## Joint Injection Local Enhanced Service (LES)

Lead Executive:	<b>Robin Carlisle, Deputy Chief Officer</b>
Lead Officer:	
Lead GP:	<b>Jason Page, SCE GP</b>

### Purpose:

To decide on the CCG plan for joint injections.

### Background:

In the recent past the CCG suggested and facilitated training for GPs to learn how to perform joint injections. This has led to Personal Medical Services (PMS) practices suggesting that they should be paid for performing this work as a secondary to primary care transfer of work. This paper will discuss the options and make a suggestion.

### Analysis of key issues and of risks

- Financial - the original plan for training was to reduce referrals to orthopaedics, saving the CCG money. Savings will be reduced if a LES is developed, but disenfranchised practices may decide to refer more patients leading to a greater cost. Training may have created a demand.
- Reputational - if the CCG is unable to support General Practice in early projects then practices may not support it at a later date.
- The Rotherham Foundation Trust (TRFT) is ready and prepared to provide more training session if required by the CCG and GPs.
- The quality and assurance team to prepare a specification and a non-labour intensive data collection form for payment purposes.

It was felt that due to conflict of interest this issue should be decided by Governing Board. Several options were discussed by the CCG's Operational Executive (OE) and Strategic Clinical Executive (SCE). The preferred option was as follows:

Start a LES based on the payment that GMS practices are paid. Each time a GMS practice performs a joint injection they receive £42.62 per injection compared with a referral cost of £122.08. However to allow for the unknown amount of joint injections previously within the PMS contract Medicines Management will provide data of the number of steroid injections used prior to the joint injection training that practices received in 2013. We will then identify the number of extra injections practices are performing compared with prior data, and pay the injection fee only on extra injections.

### Patient, Public and Stakeholder Involvement:

Patients need to have their joint injections performed by a competent person, be that GP, physiotherapist or Specialist. Generally patients prefer to receive their care closer to home

### Equality Impact:

None

**Financial Implications:**

In the contract for this year, TRFT is being paid £122.08 per episode of care through the MSK pathway. GMS practices are currently being paid £42.62 per injection performed by NHS England. PMS practices are not paid per episode- they had an amount of minor surgery in their original PMS contracts, but it appears that NHS England do not know how much that is for each practice, and several individual practices approached do not know how many episodes of minor surgery were in their original contract. Therefore we have no idea how many minor surgery episodes PMS practices should be providing, and it is these practices who are requesting extra resources.

There is concern that the CCG initiating a LES in this area may be seen as setting a precedent, but this is an exceptional case as this is an area where since PMS baselines were set the CCG has sent out top tips to practices and facilitated learning events where GPs are encouraged to perform appropriate injections to reduce referrals.

**Human Resource Implications:**

Stretched PMS practices may refer patients to orthopaedics if they have insufficient time/resource to provide injections that they have been trained for.

The proposal will take up finite CCG resources for a relatively low value contract. The administration of the LES will be by the CCG Quality Assurance Team.

**Procurement:**

GPs providing the service directly for their patient are more cost effective than by referral to other providers it also results in a simpler care pathway.

**Approval history:**

OE recommended the option as above, which was then refined by SCE noting the conflicts involved.

**Recommendations:**

- To **approve** the new LES for PMS practices
- **Note** that the CCG Quality Team will administer the scheme with advice on payment thresholds from Dr Jason Page.