

NHS Rotherham Clinical Commissioning Governing Body

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Suggested change to the payment model for the Aural Care LES

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| Lead Executive: | Chris Edwards |
| Lead Officer: | Jacqui Tuffnell |
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Purpose:

To provide a brief overview of the current Aural Care LES and recommend a revised payment model for the future.

Background:

Practices are currently paid £4.80 per procedure; this is based on an average payment introduced in 2013/14 when the scheme moved to claims payments as opposed to list size payments. Some of the basic aural care procedures that practices carry out are ear irrigation, audiometry, tympanometry, ear paint, ear dressing, aural toilet, and wax instrumentation.

This list is not exhaustive and follow up appointments are payable for all of these procedures. The procedures are time consuming and require 20 minute appointments; £4.80 for a 20 minute appointment is not cost effective for practices and does not cover the costs of the nurses time. However, follow up appointments and numerous other procedures only require standard 10 minute appointments.

The Primary Ear Care Centre (PECC) holds a block contract to carry out LES activity for practices that are unable to provide it. The PECC are paid at the same LES rate as GP practices and at the start of 2015/16 will provide cover for 6 practices; C87012 Broom Lane, C87031 Shrivastava, C87609 Rosehill, C87610 Canklow Road, C87617 Thrybergh, and C87622 Gate.

Analysis of key issues and of risks

As the funding for this LES fails to meet practices costs it is the first thing they give notice on when they are under pressure. In the past the PECC has provided temporary cover in-year when practices have had a specific short-term problem that prevents them from delivering the service e.g. practice nurse vacancy or sickness.

One of the key issues is that the PECC is working at capacity and have said they would struggle to provide cover for any more practices. They have also started turning away self-referrals for patients at practices that deliver Aural Care. This threatens the Rotherham-wide coverage this LES currently enjoys, and runs the risk of increasing referrals to ENT if practices or the PECC can't provide the service.

There is an additional complication in that we have recently worked with the PECC to improve their coding and counting of patients which will result in a drop in their income from the LES scheme.

This paper proposes a move to a split payment scheme based on two tiers; a suggested

payment of £4.80 for 10 minute appointments and £7.20 for 20 minutes. Procedures such as ear irrigation, audiometry etc., would be classed as Band 1 payments (£7.60), Band 2 (£4.80) payments would be made for simple procedures and follow up appointments (clinically defined). Using data from 2014/15 (procedures paid at Band 1, follow ups as Band 2), this scheme would cost approximately £149k a year. This is an increase of £20k (approx.) on 2014/15 expenditure.

There is a risk that practices would claim for every treatment as a higher band claim, and to counteract this we would work with the IT team to create template reports and specific readcodes to allow the claims to be made only within our requirements. The change to the payment model would only be made once this was in place.

If funding remains at current levels there is the risk more practices will stop providing the service, reducing patient choice and increasing pressure on the PECC. Now coding issues have been resolved and LES income at the PECC reduced, it is possible the PECC will also be unwilling to carry out LES procedures at the £4.80 rate.

Patient, Public and Stakeholder Involvement:

Feedback has been sought from GPs and Practice Managers. Agreement from LMC will be required, should any changes to the enhanced service be agreed.

Equality Impact:

The LES is open to all GP practices.

Financial Implications:

The allocated budget for Aural Care in 2015/16 is £129,820, and implementation of the two-tier payment systems would increase costs to approximately £149k. Wendy Allott confirms there is traditionally enough underspend across all enhanced services to allow for this.

Human Resource Implications:

The CCG funded a half day basic Aural Care training open to all practices in February of this year, and an Ear Care Diploma is available via The Rotherham Foundation Trust. No further training will be required to carry out this LES.

No additional work will be required on the part of practices, as they already report these figures on a quarterly basis and there will be no implications on the Primary Care or Quality Assurance Teams, other than to manage the transition and ensure the readcodes and report templates are established.

Procurement:

Not applicable.

Approval history:

Recommendations:

To agree to move to the two-tier system of payment to ensure the scheme meets the costs of both the practices and the PECC, and safeguard Rotherham-wise provision of basic aural care.