

Calculating Practice Payments for the BSol Universal Patient Offer LIS 2019/20

1. The basis of allocating the maximum funding per practice will be on Carr-Hill weighted list size at 1 April for the appropriate year. Only in exceptional circumstances will list size changes be reviewed more frequently (i.e. for +/- 5% per annum or greater list size change)
2. The maximum funding per practice is to cover all elements of the UPO, but for the purposes of payment calculation this maximum funding total will be split between "process" and "performance" based payments at 60%: 40%. The process element will also include e.g. enablers, diagnostics and shared care all of which to be offered to registered patients under the all or nothing delivery model and to be eligible for the 60% process payment.

Compliance with the process interventions will be assessed via self-certification and review of secondary care activity for that intervention. In line with the entry level service standard re non-complex patients, deduction of secondary care tariff activity may be charged to practices if they do not engage in systems and processes to ensure patient access is directed to Primary Care Services.

3. The 40% performance based calculation is then based on some of the service standards that are broken down into 14 weighted areas with a total weighting of 21.5. These weightings determine how payment for the 40% will be split.
4. Within some the 14 weighted areas there are a number of interventions. Each intervention has a target and a minimum level of achievement expected to demonstrate engagement in the UPO. Please refer to Appendix 1 to see the weighting applied and the target and minimum achievements in each intervention and how they will be measured.

The following outlines how payment calculations will be made based on achievement of these targets:

- a. If a practice achieves all the targets for each intervention within each weighted service standard area, the full performance payment for that weighted service standard will be paid.
- b. If a practice doesn't achieve the targets in any intervention within a weighted service standard, there will be no payment for that weighted service standard in total. This does not affect payment of the other performance weighted areas and the 60% process payment will still be paid.
- c. If a practice fails to achieve the minimum level of ANY intervention within any weighted service standard, all payments for the whole of the UPO are forfeit for the whole year (i.e. both process and performance based payments will not be paid)

Final achievement of the performance based service standards will be determined at year end for reconciliation, but information will be made available quarterly for practices to track their progress.

If a practice closes during the year, all UPO payments for the year to that date will be recovered for that year as it will not be possible for the practice to fulfil the achievement criteria.

NB There will an appeals process if there any disputes about achievement.

5. Cash payments will be made as follows: 60% of the maximum pa will be paid in 12 monthly instalments i.e. 5% per month. The remaining 40% to be split into 3 quarterly payments of 8% to be paid at the end of Q1 to Q3, the final 16% to be paid on reconciliation and review of all required achievements.

If subsequently there are any payments owed back to the CCG, these will be recovered in instalments from any future payment the CCG might make to the practice.

APPENDIX 1 (a)

Performance Based Calculation Elements

		Service Standards (annotated)	Weighting	Minimum level of achievement	Target for payment	Assessed via
A		Education & Engagement				
	A1	Engagement (sub/locality level)	1	25%	75%	self cert & mtg attendance
		Engagement (Bsol level)		50%	75%	
	A2	Education & trg	1	n/a	n/a	self cert accreditation
B	B	Medicines Management				
		Antimicrobial Resistance	3	n/a	50%	Self cert & MMO team audit
		Cost Management		n/a	n/a	
		Quality & Safety		n/a	n/a	
		PolyPharmacy and Deprescribing		n/a	n/a	
		Waste Management		n/a	n/a	
C	C	Cancer				
		Management of Stable and GNRH	1	20%	100%	
		National Screening Services		n/a	n/a	
D		Frailty & EOL Care				
	D1	Frailty severe = recorded	2	n/a	100%	Via read codes where % target or self cert with evidence where no specific target
		Frailty severe = assessmnt		20%	80%	
		Find new pts		20%	100%	
		Falls Risk Assessment		20%	80%	
	D2	End of Life Care plan	2	20%	80%	
		EOL on register		20%	100%	

APPENDIX 1 (b)

Performance Based Calculation Elements

0		Service Standards (annotated)	Weighting	Minimum level of achievement	Target for payment	Assessed via
E		Long Term Conditions				Via read codes where % target or self cert with evidence where no specific target
	E1	AF - opp find	1	n/a	n/a	
		AF - diagnosis		20%	80%	
		AF - annual review		20%	80%	
	E2	CHD: offer statin	1	20%	80%	
		CHD - Lifestyle counselling		20%	80%	
	E3	Pre -Diabetes - NDP	3	20%	n/a	
		Pre -Diabetes - Annual HbA1c		20%	70%	
		Diabetes - 8 care processes		20%	50%	
		Diabetes - manage pt on ins		20%	n/a	
		Diabetes - initiation		n/a	n/a	
	E4	HF - BNP diagnostic	1	n/a	n/a	
		HF - up titration		20%	80%	
		HF - annual monitoring		20%	80%	
	E5	COPD - annual review	2	20%	70%	
		COPD - refer to PR		n/a	n/a	
		COPD - record hosp adms		20%	70%	
		COPD - 2 wk Fup		20%	70%	
		COPD - new diag confirmed		n/a	n/a	
	E6	Asthma - annual review	2	20%	60%	
		Asthma - 2 wk Fup if admitted		20%	70%	
		Asthma - 2 wk Fup not adm		20%	70%	
	E7	GNrH - Stable pt	0.5	20%	80%	
F	F	Mental Health				
		MH - checks	1	20%	60%	
	14	TOTAL	21.5			