

Attachment 16

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee |
| **Presented by:** | Julie Wilson, Assistant Director Co-Commissioning |
| **Date of Meeting:** | 16th February 2016 |
| **Subject:** | Scartho Medical Practice appeal against the non-payment of Anti- Coagulation level 4 funding |
| **Status:** | X OPEN  CLOSED |
|  | Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| This sets out the practice Appeal case letter and the CCG response to a request for payment of Anti Coagulation Level 4 payments. |

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| **STRATEGY:** |
| Compliance with accreditation and contract standards |

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| **IMPLICATIONS:** |
| To set out clearly where the responsibility for assuring compliance and meeting standards set within contracts sits. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
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|  | The committee is asked to either support the practice appeal for payment or reject the practice appeal |
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|  |  | **Yes/**  **No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act |  |  |
| ii) | CCG Equality Impact Assessment |  |  |
| iii) | Human Rights Act 1998 |  |  |
| iv) | Health and Safety at Work Act 1974 |  |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 |  |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) |  |  |

**Scartho Medical Practice Appeal against the Non Payment of the Anti-Coagulation level 4 payment for delivery of service.**

The appeal letter is attached at appendix a.

**Background**

The CCG in April 2013 set out new contracts for the delivery of enhanced services including Anti Coagulation level 4. This additional service was the next step up on the monitoring of patients warfarin levels to include testing in house rather than sending samples to the pathology lab and then adjusting dosage after that return. Many practices signed up to the contracts with an intention to provide but until they got accreditation and starting submitting data there was no payment and they carried on sending samples to pathology.

**The Specification**

The enhanced service specification – attached at **appendix b** clearly sets out the requirements of the provider of the service. I set out three critical elements, accreditation, monitoring and payment;

**Accreditation Requirements**

Only accredited practitioners who meet the service specification and are contracted by the NEL CCG should provide this service. Practitioners managing oral anticoagulation must meet the required NPSA competencies. Every provider, providing this service must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so.

*Before a provider is accredited to provide the level 4 service, the provider will need to undergo an assessment* visit which will cover all aspects of the current service to level 3 including:

Practice Register, Anticoagulation template, Call and Recall System, Education for newly diagnosed patients, Provision of current service, overall wellbeing of patient and significant / untoward events.

In addition, to satisfy the requirements of the level 4 service, there should be evidence of a policy / protocol, internal and external quality assurance e.g. NEQAS results, audit, records of testing and calibration of equipment, details of computer assisted decision making equipment used and arrangements for internal and external quality assurance and a patient satisfaction survey / questionnaire.”

**Monitoring and Review**

All providers involved in the scheme must submit an annual review which includes:

1. information on the number of patients being monitored, the indications of anticoagulation, ie DVT etc, and the duration of treatment
2. brief details as to arrangements for each of the aspects highlighted above
3. details of any computer-assisted decision-making equipment and near patient testing equipment used
4. arrangements for internal and external quality assurance
5. details of training and education relevant to the anti-coagulation monitoring service received by practitioners and staff details of the standards used for the control of anti-coagulation

**Payment Requirements**

All claims must be submitted annually and entered onto Local Service Invoice System

**Timeline of practice**

The Practice first signed up to this contract for the first time on **27th March 2013**, by Dr Heath. See Appendix c,

The practice as per appeal contacted the CCG on the 1st November wishing to start the service and enquiring about accreditation.

They were directed to the required competencies by Rachel Staniforth on the 11th November 2013 who said she would get back to them about the requirement for a visit.

We cannot find a record of Rachel contacting the practice; however the contract which the practice signed up to clearly states, “Before a provider is accredited to provide the level 4 service, the provider will need to undergo an assessment visit”. If the practice had clearly read the contract terms it sets out the exact requirements.

The practice does not evidence that they chased up for a response from Rachel or another member of the CCG to get further information before commencing the service until the matter was addressed in September of 2015.

The Practice say they commenced the service on 27th January 2014.

The subsequent contract for the service for 2014-15 was signed by Doctor Heath, which is set out in appendix d, and the 2 year contract for 2015-17 was signed by Dr Health on the 25th March 2015. Appendix e

During the period Jan 2014 to Sept 2015, the CCG was not aware the practice were providing this service as they had never submitted data to the CCG Enhanced Services portal at the end of 13-14 year or the 2014-15 year and therefore had not been paid in line with the CCG normal payment practices.

If the practice had enquired or attempted to submit data, the finance team would have queried the payment as they would have no record of accreditation for the practice.

Following a visit from Debbee Walker from the CCG to the practice, it was brought to her attention by the acting practice manager that they did not have accreditation and that they were not claiming for the service and that they never had achieved accreditation. This was rectified with effect from the 1st October 2015 when the practice was accredited for level 4 anti-coagulation following a visit as per the specification.

The practice requested payment for the period back to January 2014 as they said they were providing the service in that period. The payment was refused on the grounds that they did not have accreditation as stated within the service specification. The practice then wrote to the CCG to appeal this decision.

**Scartho Medical Appeal**

That as the CCG did not respond to their query about accreditation they should not be held responsible for operating their service without this accreditation and that activity for the period 27th January 2014 to 30th September 2015 should qualify for payment. The number of patients they had was 374, so pro rata for year 1, full value year 2 and PY effect year 3 would equate to a value of £2,493, £14,960 and £7,480 a total of £24,933.

**North East Lincolnshire CCG Rejection**

1. The CCG service specification clearly set out the accreditation requirement which the provider signed up to as part of the contract terms on three occasions.
2. The practice has no evidence that they subsequently contacted the CCG chasing up about their enquiry again until September 2015.
3. Accreditation is a significant requirement enabling services to be offered in Primary care with appropriate safeguards.
4. The Practice did not inform the CCG they had started the service in January 2014 and would be submitting data at the end of the year
5. The practice did not submit the monitoring and review requirements as per the service specification in any of the years concerned.
6. The practice did not submit the activity data to the portal as required at the end of each financial year, which would have identified the issue earlier.
7. The CCG cannot retrospectively assess the procedures in place to verify if they were compliant.
8. The CCG cannot be held responsible for a party to the contract not ensuring they meet all the requirements of said contract. Parties to the contract are expected to have read, understood and accepted the terms of the contract evidenced by their signature.

The Co-Commissioning Committee is asked to judge whether to uphold Scartho Medical appeal as per their letter of 3rd December 2015 or reject their request.

Eddie McCabe

2nd February 2015