

Agenda Item 07

Report to: Primary Care Commissioning Committee

Date of Meeting: 25th September 2018

Subject: Special Allocation Scheme

Presented by: Chris Clarke, Senior Commissioning Manager, NHS England

STATUS OF THE REPORT (*auto check relevant box*)For Information For Discussion For Approval / Ratification Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:	The policy has been drafted to provide guidance to Commissioners and providers of essential primary medical care services in relation to the removal of patients who are violent from their practice list and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services.
Recommendations:	From the guidance there are some recommendations and actions required, one for the Committee is to nominate a representative to join the panel: <ul style="list-style-type: none">• To confirm the requirement for North Yorkshire and Humber Providers implement processes to supply baseline information to support the review placements in line with the policy for the year - NHS England to lead on behalf of CCGs• To establish a SAS Panel• The establishment of a Panel to undertake reviews of all referrals reviews (within the parameters of 6 to 12 months as appropriate and also a programme of exceptional reviews for those patients registered for over 2 years,); provider request for a review of the initial referral and patient appeals• <i>The CCG is asked to nominate a representative to join the Panel. The representative can be an officer or member of the CCGs PCCC – NHS England liaison with CCGs</i>
Sub Committee Process and Assurance:	Primary Care Commissioning Committee and NHS England
Implications:	
Risk Assurance Framework Implications:	Patients receive clinically commissioned, high quality services.
Legal Implications:	None
Equality Impact Assessment implications:	<i>(Auto check relevant box)</i>
	An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/>

	<p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment</p> <input type="checkbox"/>				
	<p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section _____ of the enclosed report</p> <input type="checkbox"/>				
Finance Implications:	None				
Quality Implications:	<p style="text-align: right;">(Auto check relevant box)</p> <p>This report details a positive impact on quality. <input checked="" type="checkbox"/></p> <p>The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.</p> <p>This report details a neutral impact on quality. <input type="checkbox"/></p> <p>The report will not make any impact on experience, safety or effectiveness.</p> <p>This report details a negative impact on quality. <input type="checkbox"/></p> <p>The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the 'must do's' of provision in terms of meeting people's needs has to be made. It is forecast that service user experience will be negatively impacted by this position.</p>				
Procurement Decisions/Implications (Care Contracting Committee):	None				
Engagement Implications:	None				
Conflicts of Interest	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? (Auto check relevant box)</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Links to CCG's Strategic Objectives	<p>(Auto check relevant boxes)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding-right: 20px;"><input checked="" type="checkbox"/> Sustainable services</td> <td style="width: 50%;"><input checked="" type="checkbox"/> Empowering people</td> </tr> <tr> <td><input type="checkbox"/> Supporting communities</td> <td><input type="checkbox"/> Delivering a fit for purpose organisation</td> </tr> </table>	<input checked="" type="checkbox"/> Sustainable services	<input checked="" type="checkbox"/> Empowering people	<input type="checkbox"/> Supporting communities	<input type="checkbox"/> Delivering a fit for purpose organisation
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NHS Constitution:	<p>https://www.gov.uk/government/publications/the-nhs-constitution-for-england</p> <p>The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:</p> <ul style="list-style-type: none"> 1) The NHS aspires to the highest standards of excellence and professionalism 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients 3) Quality of care 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide. 				
Appendices / attachments	Special Allocation Scheme (SAS) – Policy Guidance for Service Commissioners				

Special Allocation Scheme (SAS) – Policy Guidance for Service Commissioners

Objective: to provide an outline of the policy guidance and key requirements for Commissioners to action emerging from the policy

1. Overview

The policy has been drafted to provide guidance to Commissioners and providers of essential primary medical care services in relation to the removal of patients who are violent from their practice list and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services.

2. Background

The introduction of a Directed Enhanced Service in 2004 was intended to provide general primary medical care services in a suitable and secure environment to patients who have been subject to an immediate removal from a practice list because of an act of violence, or the risk or threat of and meet the criteria for inclusion in the scheme.

The scheme enabled Commissioners to balance the rights of patients to receive services from GPs with the need to ensure that the GPs and staff, and patients deliver and receive these services without actual or threatened violence or any other reasonable fear for their safety.

The removal of a patient from a practice list is subject to specific regulations and should only be used as a last resort when all other ways of managing the patient's behaviour has been exhausted.

The grounds on which a contractor may request that a person be removed from its list of patients with immediate effect are that "the person has committed an act of violence against any of the persons specified ...) or has behaved in such a way that any of those persons has feared for their safety".

Since 2004 the administrative arrangements of existing SA scheme across England have become disparate and varied. This has created challenges when trying to apply the Regulations consistently and the practical application of the scheme through a single delivery partner Primary Care Support England.

3. Summary of Policy (Contents)

The policy guidance focuses on a number of key themes (which are intended to support implementation of, and commissioning and monitoring of an SAS) :

- The purpose of the document: to provide Commissioners with consistent national guidance to support good commissioning of SAS. It aims to provide a steer on the implementation of SAS in practice and how to work with Primary Care Support England (PCSE), which is delivered on behalf of NHS England
- Commissioning a robust service
- The scope of/eligibility criteria for a SAS
- The process for requesting the immediate removal of a patient – **see patient pathway below**
- What happens to a patient after removal ,including the returning of choice to a patient

4. The Main Actions required locally from Guidance

The following actions are requirements within the guidance for Commissioners to manage going forward. These include:

Requirement for the monitoring and reviewing of placements - after removal, all requests and allocations to SAS will be reviewed by a SAS Panel. The panel will monitor the ongoing appropriateness of the removal,

allocation and rehabilitation of the patient. This is with a view to safely returning choice to the patient in timely way and reintegration to mainstream Primary Care.

Action:

To establish an SAS Panel to review all patients at 6 to 12 monthly intervals as appropriate.

To establish an exceptional discharge panel to review patients registered on the scheme for over 2 years

Patient Appeal - The patient referred to the SAS has a right of appeal and should they wish to do so, can appeal against the decision by putting this in writing within 14 days of the notification of the referral, addressing it to the Commissioner's SAS Liaison Team. The Commissioner will contact the practice to notify them of the appeal and invite them to provide any supplementary information in relation to the removal.

The appeal should be reviewed by a panel convened by the Commissioner (a 'SAS Panel'). The panel should include appropriate representations (including LMCs and a patient representative group as appropriate).

Action: to establish an SAS Panel to review appeals

SAS Contractor review of referral - SAS Contractor contacts Commissioner if referral considered not appropriate. This is intended as an exception rather than a rule. The Commissioner should consider convening a panel to review e.g. in the same way a patient appeal.

Action: to establish an SAS Panel to review referrals as and when required.

Recommendations and Actions Required

To confirm the requirement for North Yorks. and Humber Providers implement processes to supply baseline information to support the review placements in line with the policy for the year - NHS England to lead on behalf of CCGs.

To establish a SAS Panel.

The establishment of a Panel to undertake reviews of all referrals reviews (within the parameters of 6 to 12 months as appropriate and also a programme of exceptional reviews for those patients registered for over 2 years,); provider request for a review of the initial referral and patient appeals.

The CCGs are asked to nominate a representative to join the Panel. The representative can be an officer s or member of the CCGs PCCC – NHS England liaison with CCGs

Note : It is likely that the Panel will be convened at short notice to comply with process timescales and as such may well be managed by email or telephone conferences .

PATIENT PATHWAY

