# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

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| **Service Specification No.** |  |
| **Service** | Atypical GP Practices - Unavoidably Small and Rurally Isolated  |
| **Commissioner Lead** | Lisa Cunliffe  |
| **Provider Lead** | To be determined |
| **Period** | 1st October 2019 to 30th September 2021 |
| **Date of Review** | 30th September 2020 |

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| **1. Population Needs** |
| * 1. National / Local context and evidence base

The vast majority of GP Practices serve communities that have common characteristics and work to contracts that have similar terms, conditions and funding arrangements, a small cohort of practices provide services to a patient population which is sufficiently demographically different to result in particular workload challenges that are not always recognized in the practice’s existing contract/s or its funding allocation. A population that triggers uncommon workload challenges that are not experienced by the majority of GP Practices is referred to as being atypical. * 1. General Medical Service (GMS) contracts are funded through the Carr Hill formula and represent an attempt to fund practice workload, regardless of the population that they serve. However there are some practice populations that are so significantly atypical that using the GMS funding formula would not ensure the delivery of an adequate general practice service.
	2. The Department of Health have recently produced a guide for both NHS England and delegated CCG Commissioners of 3 atypical populations by detailing the particular challenges faced by providers and offering examples of either provider or commissioner reports that may help to either articulate or address these pressures. These three atypical populations are:-
1. Unavoidably small and isolated populations
2. University populations and
3. Practices with a significantly high ratio of patients who do not speak English
	1. This service specification seeks to recognize GP Practices who are serving unavoidably small and isolated populations.
	2. GP Practice’s serving small but dispersed populations have limited ways in which to influence their income or costs, yet provide a vital primary care service. Like most other GP Practices their main funding is directly linked to the size of their registered list (ie Global sum / QOF payments) which because they are small cannot easily be expanded and may compromise the ability to deliver quality care and exacerbate workload pressures. Further characteristics of a GP practice serving a small and isolated patient list are as follows:
* Due to their location they are often serviced by small class B roads potentially making travel difficult and time consuming for both patients and service providers
* Many such communities do not have easy access to a pharmacy or an A&E Department, ambulance access and response times can be longer than an urban environment and community service diluted.
* Public transport makes it difficult for patients to attend outpatient departments and other health facilities. As a result some patients tend to rely on practices to provide a wider range of services than is normally regarded as ‘core’ general practice and staff require regular training to maintain their skills for providing first response in the absence of A&E. It may be hard to measure this effect but it can be summarised as a greater independence by patients from hospital care and a higher level of intervention and support from the practice.
* Engagement of GP locums or recruitment of successors to a contract can be problematic because of geographic isolation, income and potential workload pressures. It is recognised that country or island life is not everyone’s preference.
* Housing costs associated with ‘desirable’ or expensive country or island locations can also negatively impact on recruitment of practice administrative staff.
* Some rural locations attract itinerant workers who may not speak English, have no accessible medical record and consultations take longer.
* Inadequate broadband can add to the sense of isolation.
* Some practices with Atypical populations have been particularly badly hit by changes to both PMS and MPIG funding, with many having to close as a result of losing essential funding.
	1. The Accountants Deloittes, reporting to NHS Employers, published a report *‘’Adjusting the General Medical Services Allocation Formula for the unavoidable effects of geographically dispersed populations on practice sizes and locations’’* – March 2006. This report highlighted that there was clear evidence of diseconomies of scale for practices with list sizes below approximately 1,900. The report went on to establish that 1,900 is the approximate number of patients per GP across all of the practices that they sampled and consistent with their hypothesis that that a single practice has largely fixed costs. At list sizes of greater than 1,900, which represents full capacity for a GP, costs cannot be spread over a larger number of patients and as a result no further economies of scale are realized. The result of diseconomies of scale for smaller practices is broadly consistent with the Carr-Hill regression analysis which was used in setting the current contract.
	2. A further point made by the Deloittes report is that areas of low population density contain a number of instances where removing a practice would impose large additional travel costs on the patients involved. These additional travel costs in their analysis outweigh the potential economies of scale from larger practices with the likelihood that a practice is appropriately small, in that removing it would impose a large additional burden on patients depending upon the distance to the next nearest practice and the density of the population in the area being served. The report identifies practices to be classified as being appropriately small if there are no alternative GPs nearby.
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| **2. Outcomes** |
| 2.1 NHS Outcomes Framework Domains & Indicators

| Domain 1 | Preventing people from dying prematurely | √ |
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| Domain 2 | Enhancing quality of life for people with long-term conditions | √ |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | √ |
| Domain 4 | Ensuring people have a positive experience of care | √ |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | √ |

* 1. Local defined outcomes

The main anticipated outcome of this locally enhanced service is to ensure the continued access for patients to their GP Practice should that practice meet the criteria specified in this service specification as being both small and located in an isolated geographical location. * 1. Ensure that the full range of GMS Enhanced Services, are available to the population served by a small and isolated GP Practice. In addition that the services over and above the core GMS contract provided by these practices is also available to practice patients. This ensures that a stable environment for these patients, some of whom will be vulnerable through either age of disability reasons thus helping them to receive continuing healthcare.
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| **3. Scope** |
| 3.1 This service specification recognizes the following characteristics of a small and isolated practice:-1. List size lower than 1,900
2. Catchment area in excess of 100 square miles
3. Is at least 8 miles from the nearest neighbouring alternative GP Practice
4. Is over 20 miles from nearest Accident & Emergency Centre
5. Is required to provide the full list of GMS Enhanced Services
6. When required it provides services over and above core GMS
7. Is located in a geographical area classified as rural
8. Located in an area where ambulance response times are below targets
9. Travelling between the practice and next nearest practice is along B roads
10. Has limited public transport
	1. Under this service specification a small and isolated practice will:-
11. Provide the full range of Enhanced Services including – Minor surgery etc.
12. Provide services over and above the core GMS contract including the treatment of minor injuries and treatment room in addition to having the capability when required to provide some community, district nurse and assessment of social care support
13. Has at least two members of staff recognised as first Responders
14. Willing to embrace telehealth as a solution for patients to seek a clinical consultation as an alternative to a patient visit
15. Has ability to provide GMS service to specific cohorts of vulnerable patients such as looked after children

3.3 Population coveredRegistered patients of the atypical practices or patients requiring immediate and necessary treatment where the atypical practice is the nearest GP Practice.3.4 Any acceptance and exclusion criteria and thresholdsNo exclusions3.5 Interdependence with other services/providers●Other East Lancashire GP Practices●East Lancashire Clinical Commissioning Group●East Lancashire Hospitals NHS Trust●Lancashire Care Foundation Trust●Local Pharmacies●Respective GP Federation / Primary Care Organisation●NHS England●Voluntary / 3rd Sector organisations nearby●Local First Responders Group  |
| **4. Applicable Service Standards** |
| 4.1 Applicable national standards (eg NICE)Service providers will comply with all relevant documents and policies including those listed below:- •Health and Social Care Act 2008 •The Equality Act 2010•The NHS Outcomes Framework•Care Quality Commission – the essential standards•NICE Guidelines Quality Standards•The Code – Standards of Conduct, Performance and Ethics for Nurses and Midwives•Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control•NICE Guidance CG139 Infection Control•NHS England - Patient Registration – Standard Operating principles for Primary Medical Care (General Practice) 4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)4.2.1 Infection Prevention The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care Act 2008 and NICE Guidance CG139 or relevant guidance which supersedes these detailed4.2.2 SafeguardingThe service provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedure for Safeguarding Children and Safeguarding Vulnerable Adults and shall supply a copy of its procedure to the Commissioner before commencement of the service.Pan-Lancashire safeguarding children policies and procedures can be accessed at:-<http://panlancashirescb.proceduresonline.com/index.htm> Pan-Lancashire safeguarding adult policies and procedures can be accessed at: <http://plcsab.proceduresonline.com/index.htm>4.2.3 The service provider will comply with the lead Commissioners’ standards for safeguarding as detailed in the CCGs Safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually.4.2.4 All staff must be subject to Disclosure and Barring Service (DBS) Checks and Independent Safeguarding Authority (ISA) Checks as applicable to their role and undertake Safeguarding training.4.2.5 Applicable standards set out in Guidance and / or issued by a competent body (eg Royal Colleges).4.2.6 Applicable local standardsIt is expected that the Practice will ensure all staff are given appropriate training and support in providing healthcare in both a small and isolated practice. Prescribing should be in line with local formulary and guidelines.  |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. Applicable Quality Requirements

Annual Submission• Impact report on the effects of the additional payments• Incident Reporting• Staff provider assessments* 1. Applicable CQUIN goals

To be agreed upon contract award if considered applicable. |
| **6. Location of Provider Premises** |
| 6.1 The Provider’s main premises are located at: Name and Address of the GP Practice to be included |
| **7. Individual Service User Placement** |
| 7.1 The Provider’s main premises are located at: Available for chosen service provider |
| **8. Tariff** |
| 8.1 This service specification, in recognition of the additional work pressures identified at 3.1 above affecting small and isolated GP practices and upon the fulfilment of the criteria listed at 3.2 proposes to supplement payments to a qualifying practice.  |
| **9. Key Performance Indicators** |
| 9.1 The performance of the service will be measured by: •Impact report to the CCG  •Incident reporting •Staff / Provider assessments •Practice list sizes •Availability of local services •Continued assessment of isolated status |