NHS
East Lancashire
Clinical Commissioning Group

Agenda Item No: 6.2

REPORT TO:	**PRIMARY CARE COMMITTEE**	
MEETING DATE:	**12 July 2017**	
REPORT TITLE:	**ECG/ABPM Payments 2016/17 – 2017/18**	
SUMMARY OF REPORT:	This report provides and update position in relation to: 1. The reconciliation of payments for ECGs and ABPMs through the Quality Framework in 2016/17 2. The baselining and payment methodology going forward into 2017/18	
REPORT RECOMMENDATIONS:	The Committee are requested to agree the recommendations set out in this report	
FINANCIAL IMPLICATIONS:	Yes 2016/17 – 2017/18 -	
REPORT CATEGORY:		**Tick**
	Formally Receipt	
	Action the recommendations outlined in the report.	√
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	**Lisa Cunliffe, Primary Care Development Manager**	
	Report supported & approved by your Senior Lead	**Y**
PRESENTED BY:	**Lisa Cunliffe, Primary Care Development Manager**	
OTHER COMMITTEES/ GROUPS CONSULTED:	CCG Executive Management Team	
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	**N**
	If yes, please attach / If no, please provide reason below	
RISKS:	Have any risks been identified / assessed.	**N**
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	**Y**
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	**Y**
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	**N**
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	**Y**

Which Strategic Objective does the report relate to		**Tick**
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	√
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

East Lancashire
Clinical Commissioning Group

Agenda Item No: 6.2

PRIMARY CARE COMMITTEE

12 July 2017

ECG/ABPM Payments

1. Introduction

1.1. In April 2016 East Lancashire CCG launched the Quality Framework for General Practice.

1.2. The Quality Framework as well as providing additional investment for new quality improvement schemes also consolidated a number of existing enhanced service schemes

1.3. ECGs and 24 Hour Ambulatory Blood Pressure Monitoring (ABPMs) had historically been paid on an item of service basis however in order to reduce the administrative burden on both practices and the CCG as part of the 2016/17 Quality Framework the CCG proposed paying practices in 12 equal monthly payments based on 2015/16 claimed activity.

1.4. The CCG agreed to review activity during 2016/17 and provide a reconciling payment at the end of 2016/17 where a practice demonstrated an increase in activity from 2015/16

1.5. The CCG also committed to reviewing activity in 2016/17 with a view to establishing a robust baseline and payment methodology from 2017/18 onwards.

2. ABPM

2.1. The aim of the 24 Hour ABPM service specification included in the Quality Framework is:

To provide 24 hour ABPM for all appropriate patients in Primary Care in a timely and convenient manner, reducing the need for inappropriate referrals to Secondary Care and the associated anxiety this causes patients.

2.2. In 2015/16 GP Practices claimed £20 per 24 Hour ABPM undertaken in General Practice.

2.3. In 2015/16 4943 24 Hour ABPMs were undertaken in General Practice at a cost of £98,860

2.4. In 2016/17 GP Practices were paid in 12 equal monthly payments based on claimed activity for 2015/16.

2.5. The 24 Hour ABPM Service Specification requires GP practices to record two codes on their clinical system in order to enable the CCG to differentiate between ABPMs

undertaken in primary care and those undertaken in secondary care. These codes are:

Ambulatory Blood Pressure Recording = 315B
Enhanced Service Admin = 9k

The 'Admin code' denotes that the ABPM has been undertaken in primary care and is therefore claimable.

2.6. Based on coded activity in 2016/17 activity has increased by approximately 20%. 5908 ABPMs in 16/17 compared to 4943 ABPMs in 15/16. Overall this equates to an increase in activity of 965 ABPMs.

2.7. However coded activity by GP practice is extremely variable from an increase in activity of 431 ABPMs to a decrease in activity of 111 ABPMs. It is suspected that this level of variability is due to inconsistencies in coding at individual practice level.

2.8. If the CCG provides top up payments to GP practices whose activity has increased this equates to an additional resource requirement of £33,700 for 2016/17. It is proposed that this is funded from slippage on the £1m additional QF investment that has been accrued specifically for this purpose. (Total slippage on QF resource in 2016/17 = £119k)

2.9. The CCG needs to decide whether to reclaim any possible over payment made in 2016/17.

2.10. Rather than reclaiming possible over payments, which could be as a result of coding errors, it is proposed that the CCG write to each GP practice detailing the basis for the payment in 2016/17 and the level of under reporting by the practice making a request that the practice review coding practices to ensure that future activity monitoring is based on robust coded activity data.

2.11. Going forward into 2017/18 it is proposed that the CCG base 24 Hours ABPM payments on an appropriate rate per 1,000

2.12. After reviewing coded activity data for 2016/17 the CCG propose setting a rate of 16 ABPMs per 1,000 registered population.

2.13. The majority of GP Practices (75%) would see an increase in the resource available compared to 2015/16. 14 practices would see a decrease in resource availability of between £53 and £2,499

2.14. Total ABPM resource requirement in 2017/18 equates to £128,680

3. ECGs

3.1. The aim of the ECG service specification included in the Quality Framework is:

To provide diagnostic 12 lead ECGs, including recording and basic interpretation, a Primary Care setting in a timely and convenient manner, reducing the need for inappropriate referrals to Secondary Care and the associated anxiety this causes patients.

3.2. In 2015/16 GP Practices claimed £20 per ECG undertaken in General Practice.

3.3. In 2015/16 13,010 24 ECGs were undertaken in General Practice at a cost of £260,200

3.4. In 2016/17 GP Practices were paid in 12 equal monthly payments based on claimed activity for 2015/16.

3.5. The ECG Service Specification requires GP practices to record two codes on their clinical system in order to enable the CCG to differentiate between ABPMs undertaken in primary care and those undertaken in secondary care. These codes are:

12 Lead ECG = 321B
Prevention/screening admin = 9m

The 'Admin code' denotes that the ECG has been undertaken in primary care and is therefore claimable.

3.6. Based on coded activity in 2016/17 activity has decreased by approximately 28%. 9325 ECGs in 16/17 compared to 13,010 ECGs in 15/16. Overall this equates to an decrease in coded activity of 3685 ECGs.

3.7. However coded activity by GP practice is extremely variable from an increase in activity of 186% to a decrease in activity of 100%. It is suspected that this level of variability is due to inconsistencies in coding at individual practice level.

3.8. If the CCG provides top up payments to GP practices whose activity has increased this equates to an additional resource requirement of £7,060 for 2016/17. It is proposed that this is funded from slippage on the £1m additional QF investment that has been accrued specifically for this purpose. (Total slippage on QF resource in 2016/17 = £119k)

3.9. The CCG needs to decide whether to reclaim any possible over payment made in 2016/17.

3.10. Rather than reclaiming possible over payments, which could be as a result of coding errors, it is proposed that the CCG write to each GP practice detailing the basis for the payment in 2016/17 and the level of under reporting by the practice making a request that the practice review coding practices to ensure that future activity monitoring is based on robust coded activity data.

3.11. Going forward into 2017/18 it is proposed that the CCG base ECG payments on an appropriate rate per 1,000

3.12. After reviewing coded activity data for 2016/17 the CCG propose setting a rate of 30 ECGs per 1,000 registered population.

3.13. 47% of GP practices would see an increase in the resource available compared to 2015/16. 27 practices would see a decrease in resource availability of between £54 and £3,683

3.14. Total ECG resource requirement in 2017/18 equates to £241,276

4. Recommendation

The Primary Care Committee are requested to:

4.1 Agree the recommendation to fund reconciliation payments for 2016/17 of:

4.1.1 £33,700 for ABPMs and
4.1.2 £7,060 for ECGs

4.2 Agree the recommendation to fund ABPMs and ECGs in 2017/18 at an agreed rate per 1,000

4.2.1 ABPMs = 16 per 1,000 equates to a cost of £128,680
4.2.2 ECGs = 30 per 1,000 equates to a cost of £241,276
4.2.3 Equates to a total increase of £10,896 compared to 16/17

Lisa Cunliffe
Primary Care Development Manager