

Agenda item: 11

Paper no: 12

Title of Report:	Atypical Practice	
Status:	TO NOTE	
Committee:	Primary Care Commissioning Committee	Date: 08/11/2019
Venue:	Cedar and Hazel Room, NHS Surrey Downs CCG, Cedar Court, Leatherhead, KT22 9AE	

Presented by:	Nikki Mallinder, Associate Director for Primary Care Commissioning and Development, Surrey Heartlands	
Executive Lead sign off:	Colin Thompson, Managing Director, Surrey Downs ICP & Executive Lead for Primary Care	Date: 01/11/2019
Author(s):	Nikki Mallinder, Associate Director for Primary Care Commissioning and Development Georgia Laws, Primary Care Project Manager	

Governance

Conflict of Interest: The Author considers:	CONFLICT(S) NOTED Name(s) of individuals with conflict and mitigating action(s) to be set out in detailed paper to follow	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Committee name: PCOG Meeting date: 31/05/2019 Outcome: Report noted Committee name: PCOG Meeting date: 25/10/2019 Outcome: Report Noted	
Freedom of Information: The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

Executive Summary

<p>General Practice is funded using the Carr Hill formula. This formula takes into account things such as:</p> <ul style="list-style-type: none"> ➤ age and gender (to reflect frequency of home and surgery visits) ➤ Additional needs (Standardised Mortality Ratio and Standardised Long-Standing Illness for patients under the age of 65 years)
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Working together across Surrey Heartlands

- Number of newly registered patients (generate 40% of work in 1st year)
- Rurality
- Cost of living in some areas (ie South East - higher staff costs)
- Patient age/gender for nursing/residential consultations

In late 2015, the GPC, LMCs, commissioners and NHS England embarked on a project looking at workload and other pressures that might disproportionately affect practices and issued - Guidance Note: GP Practices serving Atypical Populations.

Atypical population definition:

- “A population that triggers uncommon workload challenges that are not experienced by the majority of GP Practices”.

The Guidance note looks at 3 particular cohorts:

- Unavoidably small and isolated populations
- University practices
- High ratios of patients who do not speak English, including those designated to address the needs of migrants

It outlines the types of issues faced within each of these 3 cohorts and the data sources needed when coming to a judgement. It is also outlined the needs of the cohorts allowing commissioners to secure quality services, which may legitimately require consideration for additional funding support.

Within the paper we have identified practices within some of the distinct cohorts as examples and utilised the guidance data source requirements to provide a more detailed picture of the practice when deciding Atypical status.

The paper will be circulated to the Committee on Monday 4 November 2019.

Implications

What is the health impact/ outcome and is this in line with the CCGs’ strategic objectives ?	<ul style="list-style-type: none"> • Objective 1: Continue to work towards achieving sustainable systems. • Objective 2: Develop collaborative working and organisational change, at both place and scale. • Objective 3: Support the development of integrated care. • Objective 4: Support Primary Care Development in line with the NHS Long Term Plan. • Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience.
What is the financial/ resource required?	N/A
What legislation, policy or other guidance is relevant?	NHS England Guidance Note: GP Practices Serving Atypical Populations
Is an Equality Analysis required?	<ul style="list-style-type: none"> • Not indicated

Any Patient and Public Engagement/consultation required?	N/A
Potential risk(s) ? (including reputational)	N/A

Recommendation(s)

To follow with detailed paper.

Next Steps

To follow with detailed paper.