Enhanced service specification

(TPP) QRISK2 patient assessment programme

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Description	This temporary enhanced service has been introduced to support practices identify patients significantly affected by the TPP QRISK2 code mapping error. It is designed to make a contribution to practice costs in identifying patients affected by the QRISK2 code mapping error reviewing the patient record and delivering interventions that are clinically indicated.
Cross Reference	
Superseded Docs (if applicable)	
Action Required	Local teams to send out to affected practices and practices to sign up to data collection services
Timing / Deadlines (if applicable)	**This enhanced service will run for 8 months from 28 February 2017 until 31 October 2017.**
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Document Status

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(TPP) QRISK2 Patient assessment programme

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Equalities and Health Inequalities Statement:

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

Introduction

This temporary enhanced service has been introduced to support practices identify patients significantly affected by the TPP QRISK2 code mapping error. It is designed to make a contribution to practice costs in identifying patients affected by the QRISK2 code mapping error, reviewing the patient record and delivering interventions that are clinically indicated.
This enhanced service will run for 8 months from 28 February 2017 until 31 October 2017.

Aims

The aims of the enhanced service are to:

- **Identify patients who may have been affected by the QRISK2 code mapping error and to offer an up to date cardiovascular assessment where clinically appropriate.**
- **Where clinically indicated, invite patients for a consultation and offer appropriate follow up clinical interventions.**
- **Provide a contribution of £6.50 per affected patient to costs arising as a result of additional work-load for practices in carrying out the QRISK reassessments for their patients.**

Background

In April 2016, TPP identified a code mapping error in the integrated QRISK2 calculator in its IT system. TPP resolved the coding error in June 2016 and the SystmOne QRISK2 tool can now be relied upon to inform discussion with patients. Other QRISK2 calculators in other GP IT systems, or the tool available directly from the web[1] have not been affected.

As a result of the error, a cohort of patients will have inaccurate QRISK2 results recorded in their records. The cardiovascular risk of all these patients will have changed, not least because of age; but these patients should be advised of their updated cardiovascular risk and given an opportunity to have their management plan updated.

TPP previously contacted practices using SystmOne to identify their patients affected during the lifetime of the code mapping error on Thursday 9 June 2016.

NHS Digital (on behalf of NHS England) has contacted any non-TPP practices on 16 June 2016 and 29 June 2016 to alert them of any patients who have registered with the practice from a previous TPP practice and who may warrant review.

Clinical guidance for identifying patients for call/recall and to support reviews was given[2].

[1] https://www.qrisk.org/
[2] https://www.tpp-uk.com/wp-content/uploads/2016/06/NHS-England-Clinical-Guidance-QRISK2-Incident.pdf

Not all affected patients will require a face to face review. Many patients will have been reviewed opportunistically, but it is recognised this code mapping error has caused additional work for practices. Following discussions with TPP, they have agreed to make a payment in recognition of the work this has caused GP practices.

Process

This enhanced service begins on 28 February 2017 and runs until 31 October 2017.

The enhanced service will have 2 components.

Component 1

Practices will receive reports provided either by NHS Digital that identify the patients registered at their practice who have been identified as being affected by the QRISK2 code mapping error, and/or through reports which have been made available to SystmOne practices by TPP.

Practices will be required to review the patient record and assess whether the patient's cardiovascular care plan requires updating; identify patients who require contact to reassess their QRISK2 status and a review of their management plan.

Component 2

Practices will deliver the management care plan for their identified patients , agreeing an updated management plan as appropriate and offering any clinically indicated interventions.

NHS England or delegated CCGs will invite GP practices to participate in this enhanced service. Practices wishing to participate will be required to sign up to the enhanced service with their local commissioner. The claims and payment process will be managed through the Calculating Quality Reporting System (CQRS) managed by NHS Digital on behalf of NHS England. Affected practices will be offered a CQRS manual claims service and in order to make claims and receive payment practices will be required to accept this offer.

Specification

Component 1

- Affected practices will be provided with a list of patients who will require a review of their cardiovascular risks as a result of an erroneous QRISK2 result. Local commissioners will be provided with a count of number of patients affected for payment administration purposes.
    - For practices using SystmOne the denominator is the list of patients

identified in the SystmOne report[3], these lists remain available within SystmOne (since June 2016).

- For non-SystmOne practices, the denominator is the list of patients advised to practices by HSCIC (now NHS Digital) on 16 June 2016 and 29 June 2016 linking to obtain patient data.

- Practices are required to carry out an initial review of the patient assessment results and decide upon what interventions (if any) are required.
- Where it is identified that patients require a consultation to review the patient's care plan, practices will contact the patient and offer an appropriate review (this may include face to face or telephone reviews).
- Practices will update patient records as required.
- On completion of the assessment and any resulting review, the practice can claim £6.50 per affected patient by submitting a claim onto the CQRS payment system.
- In order to claim payment, component one (review of the patient record) must be completed and a clinical plan communicated to the patient, with claims submitted to NHS England local teams by **31 May 2017.** Any claims made after this date will not be paid.
- By submitting the claim practices will confirm they have completed the assessment, identified patients that require a review and communicated this to the patient.

CQRS will calculate achievement; practices and local commissioners will validate and approve in the usual way and payment will then be processed.

Component 2

- The practice will deliver the care management review for all patients identified in component 1.
- The practice will start any clinically indicated care packages or interventions by 31 October 2017.
- The practice will provide to their local commissioner a declaration to confirm all identified patients have been contacted and where it is clinically indicated, offered a review and any clinically indicated interventions have started, by 31 October 2017. Failure to submit the declaration will result in remedial action which may include component 1 payments being reclaimed. (Annex B)
- By submitting the declaration the practice confirms that they have taken appropriate clinical action with the patient and addressed any risk associated with the QRISK2 code mapping error.

The funding for this enhanced service is limited to the contribution provided by TPP and is to address only those patient reviews that become necessary because of the QRISK2 code mapping error in TPP, therefore Practices can only claim for the affected patients, up to the maximum number of patients indicated on the report

[3] https://www.tpp-uk.com/wp-content/uploads/2016/06/TPP-user-guide-for-identifying-patients.pdf

provided to the local commissioner at the rate of £6.50. No additional patients can be claimed for.

Monitoring

- The local commissioner will monitor services and calculate payments under this enhanced service using CQRS.
- When a practice submits a claim for payment they are certifying that they have completed the assessment of the patient's cardiovascular risk and communicated a revised care plan (where appropriate) to the affected patients.
- The local commissioner will approve claims up to the maximum number of patients indicated on the reports provided.
- The local commissioner will ensure that all practices submit their statement identified in component 2 by 31 October 2017.

Payment and validation

Payment to participating GP practices under this enhanced service will be calculated as follows:

- The practice will work with their local commissioner to agree the number of patients registered at their practice affected by the QRISK2 code mapping error. This will be based upon the reports provided.
- Where a practice identifies additional patients affected by the QRISK2 code mapping error, they must agree their eligibility with the local commissioner, before a claim can be made. The practice must provide any supporting information the commissioner requires to agree eligibility of these patients.
- Practices will submit claims via the CQRS manual claims and payment portal upon completion of any clinical intervention required.
- The local commissioner will approve claims up to the maximum number of patients indicated on the reports provided. The payment will then be processed through the routine payment system.
- All claims must be submitted by 31 May 2017. No claims can be made or will be accepted after 31 May 2017.
- Practices will submit their declaration confirming that where it is clinically indicated, identified patients have been provided with a consultation and management plan review by 31 October 2017.
- Where a practice does not provide the declaration indicated in component 2, the local commissioner will reclaim payments received by the practice for this enhanced service.
- Administrative provisions relating to payments under this enhanced service are set out in the Annex.

- **Annex A**

Administrative provisions relating to payments under the enhanced service QRISK 2 patient assessment programme

1. Payments under the enhanced service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.

2. Payments under this enhanced service, or any part thereof, will be made only if the GP practice satisfies the following conditions:

   a) the GP practice must make available to NHS England any information which NHS England needs, and the GP practice either has or could be reasonably expected to obtain, in order to establish whether the GP practice has fulfilled its obligation under the enhanced service arrangements;

   b) the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,

   c) all information supplied pursuant to or in accordance with this paragraph must be accurate.

3. If the GP practice does not satisfy any of the above conditions, NHS England may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this enhanced service that is otherwise payable.

4. If NHS England makes a payment to a GP practice under this service and—

   a) the contractor was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due), or

   b) NHS England was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid, or

   c) NHS England is entitled to repayment of all or part of the money paid.

   NHS England may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where no such deduction can be made; it is a condition of the payments made under this enhanced service that the contractor must pay to NHS England that equivalent amount.

5. Where NHS England is entitled under this enhanced service to withhold all or part of a payment because of a breach of a payment condition, and NHS England

does so or recovers the money by deducting an equivalent amount from another payment in accordance with paragraph 5, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

Provisions relating to GP practices that terminate or withdraw from the enhanced service prior to 31 May 2017 (subject to the provisions below for termination attributable to a GP practice split or merger)

6. Where a GP practice has entered into the QRISK2 TPP review enhanced service but its primary medical care contract subsequently terminates or the GP practice withdraws from the enhanced service prior to 31 May 2017, the GP practice is entitled to a payment in respect of its participation, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which NHS England has all the information its needs to calculate such a payment.

7. In order to qualify for payment in respect of participation under the enhanced service, the GP practice must provide NHS England with the information under *paragraph 12 of the enhanced service specification* before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.

Provisions relating to GP practices who merge or split

8. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new or a varied agreement to provide the enhanced service for the new combined list of patients who have been identified as affected by the TPP, QRISK2 code mapping error.

9. The enhanced service agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of the GP practice(s) to any payment(s) will be assessed on the basis of the provisions of paragraph 7 of this annex.

10. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the new or varied agreement for the enhanced service, will be assessed and any new arrangements that may be agreed in writing with NHS England will commence at the time the GP practice starts to provide such new arrangements.

11. Where that new or varied agreement is entered into and the new arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with the enhanced service specification – subject to provisions of paragraph 14 of this annex.

12. NHS England is entitled to make an adjustment to the payment, or any part thereof, if payment has already been made or is payable to the previous GP practice(s) for participating in the enhanced service.

Provisions relating to non-standard splits and mergers

13. Where the GP practice participating in the enhanced service is subject to a split or a merger and—

    a) the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of NHS England, lead to an inequitable result; or,

    b) the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

    NHS England may, in consultation with the GP practice or GP practices concerned, agree to such payments as in NHS England's opinion are reasonable in all circumstances.

Annexe B

(TPP) QRISK 2 patient assessment programme

Practice Declaration

Practice Name

Practice Number

TPP
The practice declares that it has identified and assessed for clinical review "(insert total number of patients to be reviewed)" patients of those notified to it who have been affected by the historic code mapping error in the SystmOne integrated QRISK2 calculator. All of the identified patients records were reviewed and of those "(insert number") of- patients were identified as requiring a consultation to review and update their treatment plan. Where treatment plans need to be updated in light of changing QRISK2 scores, these patients were contacted and management plans instigated by 31st October 2017.

Signed

Name

Practice Partner

Please note, that the figures submitted on this form will be considered as the final submission for your practice and no further submissions will be accepted. By submitting these figures, the practice is declaring that the information supplied on this form is accurate and can be substantiated in the event of a PPV audit.

[ENDS]