HIV, sexual and reproductive health: current issues bulletin

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Bulletin 1: Payment for patients living outside your local authority
Date: November 2013

This bulletin has been developed by Public Health England and the Department of Health, with input from and the support of the Local Government Association, the Association of Directors of Public Health and the English HIV and Sexual Health Commissioners Group.

Purpose of this bulletin

1. Department of Health (DH) has issued a range of guidance and other supporting documentation over the last year to support commissioning of sexual health services by local authorities. In February 2013, the Local Government Association (LGA) published the Sexual Health Commissioning – Frequently Asked Questions with Public Health England (PHE) and the Association of Directors of Public Health (ADSPH) to further support the transfer of responsibilities from PCTs to local authorities

2. however, there is a recognition that situations continue to arise where further clarity about how to operate under the new arrangements is required. This bulletin is intended to address these issues in a timely manner

3. this is the first of a series of monthly bulletins which will focus on 'live' issues and will provide further guidance and suggestions for solutions that can be used at local levels

4. the bulletin is intended to address queries from all those responsible for commissioning sexual health services (that is, contraception and reproductive health services, GUM services, HIV testing or treatment services and abortion services), whether they are local authorities, NHS England and Clinical Commissioning Groups. The bulletin is also intended to provide information for provider bodies. PHE will work with DH, NHS England, the LGA, the ADsPH and the National Commissioners Group to provide timely responses

5. this bulletin will not be a source of new formal guidance, but will help with the interpretation of existing policy and guidance. Where issues are raised that require a policy response they will be raised with the DH policy team

Focus on: Payment for patients living outside your local authority

Overview:

6. DH published a cross charging document in August 2013 outlining the key principles to assist commissioners and providers develop fair payment systems. Commissioners and providers are encouraged to read and refer to this document if they have not already done so

7. public health resources allocations for local government were published in January 2013. Alongside this, the Advisory Committee on Resource Allocation (ACRA) published its response to issues raised; including its view that cross-charging is the best way to handle service use by non-residents applicable to sexual health

8. in the Frequently Asked Questions document published in February 2013, it was pointed out that many of those who work in the field of sexual health services advocate the use of tariffs as 'the introduction of tariffs for sexual health was part of a range of measures to improve access to, and improve and modernise, sexual health services, which led to significantly reduced waiting times for genitourinary medicine service and some stabilisation in rates of STIs'

Public health budgets:

9. public health grant allocations are largely based on resident populations. This means that they do not include an amount for paying for out-of-area users of an authority's open access sexual health services. However, they will include an amount which can be paid to providers in other areas in respect of any residents who choose to use open access services in another authority's area. That is why the DH is encouraging local authorities to develop cross charging mechanisms to ensure fair payments

10. the amounts of the grants to each authority, conditions attached to the grant, monitoring and reporting arrangements and the letter from ACRA can be found by using the link below https://www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15

Accompanying information required for out of area payments:

11. it is recognised that in order to fulfil financial audit purposes, and for the local authority to assure itself it is paying for its local residents accessing out of area services appropriately, that some level of backing data is required to accompany invoices

12. a number of commissioners have developed template letters to send to providers outlining the terms under which payments for out of area patients will be made. Some examples are attached (p.5-7) and commissioners may wish to adapt these for their own purposes. When asking for patient level data, commissioners need to be mindful of confidentiality restrictions for sexual health services and ensure the data requested is in line with that. Both commissioners and providers may wish to use secure "NHS.net" email addresses for the transmission of any data involving patient details, whether personally-identifiable or not

13. paragraph 7 of the cross charging document states that 'Partial post-code data at lower super output level, prescribing information or GP registration is not identifiable and should be supplied with invoices so that commissioners can make sure that providers' charges relate to their residents'

Clarity for providers on who is responsible to paying for out of area patients:

14. local authority public health departments (sexual health commissioner/lead) will be taking the lead on this issue and it is suggested that this should be the first port of call for providers wishing to discuss any charging issues

15. the cross charging document (paragraph 6) states that 'The invoice should be sent in the first instance to the Director of Public Health in the local authority of residence and a list of Directors of Public Health is available from the Association of Directors of Public Health'

Circumstances when cross charging per attendance may not be the most appropriate solution:

16. as noted in paragraph 5 of the cross charging document 'where there is a broadly predictable patient flow from an authority's area to a specific service, it is suggested that contractual arrangements be put in place between the LA and provider.' Data tables produced by PHE (GUMCAD Table 12) can be used to assess patient flow and inform these arrangements

17. if the two-way patient flow between two areas is of a similar level, and therefore 'cancels each other out', commissioners may wish to reach reciprocal arrangements whereby activity is not invoiced for as the administrative burden outweighs the marginal differences in patient flow between the two areas

18. if a commissioner is paying a provider through a block contract, for example, for a contraception and sexual health (CASH) service, they are unlikely to support the provider in invoicing other commissioners for out of area activity if this is already covered by the current contract. If the block contract value is explicitly only for 'in-area' residents (whilst the service must be open access), the provider will then need to invoice other local authorities for that activity

Clarity on who is responsible for invoicing:

19. paragraph 6 of the cross charging document recommends 'that the provider of the service (rather than the local authority that hosts the service) invoices the patient's local authority of residence. Providers can use the facility on DirectGov to search for a patient's local authority of residence based on their postcode.' A link to this is provided here: http://local.direct.gov.uk/LDGRedirect/Start.do?mode=1

Non-attributable patients:

20. since 1 April 2013, local authorities are mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). As stated in paragraph 8 of the cross charging document 'For the small number of patients who wish to remain anonymous and decline to provide identifiable information (3% of attendances in 2012) the cost should be assigned to the authority in which the provider is based

21. likewise, the Frequently Asked Questions document published in February 2013 stated that local authorities 'must use a contracting arrangement and payment mechanism that complies with the 'open access' requirement of sexual health services being mandated'

How much a provider can charge / a commissioner should expect to pay:

22. the cross charging document (paragraph 11) provides clarity that CQUIN payments do not apply to local authority commissioned services, but that does not prevent commissioners negotiating a 'quality element' of the price for sexual health services

23. paragraph 11 of the cross charging guidance also states that 'when cross charging for non-residents, it is recommended that the price charged by providers is not more than the rate agreed for attendances by local residents.' This means that the provider charges all commissioners the same price regardless of residence of the patient. It does not mean that the provider charges the prices used in the patient's home authority/by the service in the patient's home authority. For example, if a patient from, say, Sunderland attends a service in, say, Bedford; Sunderland will be charged the price agreed between the provider and Bedford

24. in 2013/14 many local authorities wished to continue to use the former NHS Payment by Results tariff system which had previously applied to GUM services. To assist this, DH published a non-mandatory GUM tariff for those local authorities who wished to use it. The recent consultation exercise on the PbR tariff arrangements for 2014/15 conducted by Monitor included an Excel workbook of non-mandatory tariff prices for 2014/15. This shows the GUM non-mandatory prices for 214/15, which have reduced very slightly against 2013/14 prices. Authorities who have been using these non-mandatory tariff prices may wish to start considering whether they wish to use these prices for 2014/15, or move to an alternative pricing structure for 2014/15 and beyond

Future editions of the bulletin:

25. this bulletin is for you, and can only work if it is responding to the issues that are currently concerning you. Each monthly edition will therefore focus on a 'live' issue, or issues. These issues will be identified by assessing the questions raised on the commissioners' group forum; questions that have come direct to PHE, LGA or DH, and questions that have been raised through our dedicated inbox: sexualhealthissues@dh.gsi.gov.uk

CROSS-CHARGING TEMPLATE LETTER - EXAMPLE 1

To whom it may concern

As from 1st April 2013, local authorities are responsible for the commissioning of sexual health services and are mandated to provide open access arrangements for its populations.

For your information we have stated the position of [ ] in relation to the mandate and in respect of the backing information required to provide assurance that the attendance relates to the [ ] Population.

Sexual Health Services and Cross -Charging

GUM Services
[ ] will reimburse out of area providers for its residents attending GUM services up to the current non-mandatory PbR tariffs (where applicable): Based on the tariffs as below;
Tariffs for 13/14
First Attendance (Single Professional) £136
First Attendance (Multi Professional) £142
Follow-Up Attendance (Single Professional) £107
Follow-Up Attendance (Multi Professional) £107

SRH Services
[ ] will not reimburse out of area providers for residents attending specialist SRH services, as this would present a new approach and there are no nationally set prices

CQUIN
CQUIN charges relating to non-contracted activity will not be paid.

Backing Information
Payment will only be made on receipt of invoices for attendances that are supported by the following non-patient identifiable information:

Speciality	Attendance Type New or Follow up and Multi or single	Attendance Date	Registered GP Practice name or Practice Code	Partial Post code 4-5 digits	Local Authority name or code	Tariff
						£

Invoices that are submitted without this information will be returned unpaid.

[ ] reserve the right to restrict future payments to providers where Public Health England GUMCAD/SRHAD data does not reflect the activity as invoiced.

Invoices and backing information should be submitted on a monthly basis to the following email or postal address:

END

CROSS-CHARGING TEMPLATE LETTER - EXAMPLE 2

Dear Sir/Madam,

Re: GUM Invoices - Backing Data report covering residents of [insert local authority]

I am writing to clarify expectations for the Genito Urinary Medicine (GUM) backing data reports that are needed to facilitate the validation of GUM invoices.

Report destination

In view of the difficulties we have all experienced so far in terms of the flow of data between Providers, CSU's and Local Authorities, [ ] has decided to set up a dedicated email address for all GUM data reports. As from 1 October, we would like you to send your data reports to [ ]

Retrospective data report submission

As there are virtually no backing data reports received by [ ] thus far, we would recommend that you re submit the reports from Month 1 which should allow all parties to review/validate all the required information to enable a smooth settlement of any outstanding invoices. Please note that invoices can't be paid until they have been verified/validated so, which can only happen if backing data reports have been submitted.

Report Content/Format

To ensure that there is sufficient information to properly validate the GUM invoices and for Information Governance principles to be met, we are applying the principles outlined in section 7 of DH Guidance issued in August 2013 "Sexual health services: key Principles for Cross Charging".
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226325/Sexual_Health_Key_Principles_for_cross_charging.pdf

As such we would require that your data reports cover the following:-

1) Patient Clinic No.	2) Partial post code	3) Date of Appointment	4) First attendance/ Follow-up or Other Procedures	5) Comments where relevant

1) This should be a number allocated by Clinic at time of FA (it should not be NHS No)and used for every attendance by that patient
2) This should be the postcode up to 1 digit after the space in the postcode (or else the first part of post code followed by LSOA)
3) Exact date patient attended clinic
4) Defining if the attendance is a first or follow up using the attached definition. (See Appendix A) .Other procedures can only be considered if it clear they are agreed part of outpatient GUM. Otherwise they should not be part of the invoice and should be excluded from the report

5) Comments may explain why "other procedures" have been applied
6) We recommend that you confirm this with your agency's Information Governance Section as you as providers are required to assure IG guidance is implemented

Timetable of Data reporting
To facilitate as prompt payment of invoices as possible, it is recommended that the invoice data report is submitted to the dedicated email address above, and this should be as per national reporting guidance. Please see attached table to see exact dates for 13/14. (See Appendix B) This should apply to residents of [ ]

Partial Postcode
It is expected that the providers will use effective *post code look up systems* to the full postcode, to ensure allocation of patients to the correct local authority. This should happen before the postcode is reduced to partial post code. This should optimise accuracy of allocation.

Challenges
If [ ] identifies errors and /or wants to challenge some parts of the data report, then this will be completed as part of the normal challenge process. It would be helpful if you could identify the relevant email address of the member of staff where the challenge should be forwarded.

Partial payment
The [ ] local authority has taken the view that they will only agree payment of invoices if they are based on 12/13 prices with MFF and no CQUIN. If the invoices continue to be submitted using 13/14 and or CQUIN then we will be recommending partial payment to try to assist with the providers' cash flow.

We hope that adherence to these principles outlined above will help the effective flow of data speedily whilst maintaining Patient confidentiality.

If you have any queries or points of clarification, please don't hesitate to get in touch

Yours faithfully

Appendix A - Attendance type

The GUMCADv2 return requires information on the attendance type to distinguish between new and follow-up patient attendances and whether they are face-to-face or telephone/telemedicine consultations. All attendance types are reported in the First_Attendance field. The national categories, as defined by the NHS Data Dictionary, are as follows:

- **First attendance face-to-face:** All attendances relating to a new Sexual Health and HIV episode of care where the patient is registered at the service for the first time (new) or where the previous episode was discharged/closed (re-book). All attendances by an existing patient with a new episode 26 weeks (or more) after the last attendance should be routinely classified as a re-book attendance (which can be manually altered by service staff as required). All first attendances face-to-face should be reported with an STI code (SHHAPT/READ) in the KC60 field.

- **Follow-up attendance face-to-face:** All attendances relating to an existing Sexual Health and HIV episode of care. Attendances within 26 weeks of the last attendance should be routinely classified as a follow-up attendance (which can be manually altered by service staff as required). The majority of follow-up attendances face-to-face would be reported without an STI code (SHHAPT/READ) as the episode would have been coded at the first attendance face-to-face i.e. the KC60 field would remain blank. However, if a new diagnosis is made at a follow-up attendance the attendance type should be updated to reflect the new episode of care i.e. the attendance type becomes a first attendance face-to-face (re-book) and should be reported with an STI (SHHAPT/READ) code.

- **First telephone or telemedicine consultation:** All telephone or telemedicine consultations relating to a new Sexual Health and HIV episode of care where the patient is registered at the service for the first time (new) or where the previous episode was discharged (re-book) All attendances by an existing patient with a new episode 26 weeks (or more) after the last attendance should be routinely classified as a re-book telephone or telemedicine consultation (which can be manually altered by service staff as required). All first telephone or telemedicine consultations should be reported without an STI code (SHHAPT/READ) i.e. testing/diagnosis cannot be made over the phone.

Appendix B - Timetable 2013/2014

		RECONCILATION				POST REC	
Month no.	Month	SLAM Reports Received	Commissioner Data Challenges Issued by	Provider Response to Data Challenges	Commissioner to Query Provider Responses by	Freeze SLAM Reports Received	Month Frozen Position
M1	Apr-13	Tue 28 May	Wed 05 Jun	Mon 17 Jun	Tue 25 Jun	Thu 27 Jun	Jun-13
M2	May-13	Thu 27 Jun	Fri 05 Jul	Wed 17 Jul	Thu 25 Jul	Tue 30 Jul	Jul-13
M3	Jun-13	Tue 30 Jul	Wed 07 Aug	Mon 19 Aug	Tue 27 Aug	Wed 28 Aug	Aug-13
M4	Jul-13	Wed 28 Aug	Thu 05 Sep	Tue 17 Sep	Wed 25 Sep	Fri 27 Sep	Sep-13
M5	Aug-13	Fri 27 Sep	Mon 07 Oct	Thu 17 Oct	Fri 25 Oct	Tue 29 Oct	Oct-13
M6	Sep-13	Tue 29 Oct	Wed 06 Nov	Mon 18 Nov	Tue 26 Nov	Wed 27 Nov	Nov-13
M7	Oct-13	Wed 27 Nov	Thu 05 Dec	Tue 17 Dec	Fri 27 Dec	Thu 02 Jan	Dec-13
M8	Nov-13	Thu 02 Jan	Thu 09 Jan	Mon 20 Jan	Tue 28 Jan	Tue 28 Jan	Jan-14
M9	Dec-13	Tue 28 Jan	Wed 05 Feb	Mon 17 Feb	Tue 25 Feb	Thu 27 Feb	Feb-14
M10	Jan-14	Thu 27 Feb	Thu 06 Mar	Thu 13 Mar	Fri 21 Mar	Fri 21 Mar	Mar-14
M11	Feb-14	Fri 21 Mar	Mon 31 Mar	Thu 10 Apr	Tue 22 Apr	Fri 02 May	Apr-14
M12	Mar-14	Fri 02 May	Mon 12 May	Tue 20 May	Thu 29 May	Thu 29 May	May-14