

Surrey Heartlands Locally Commissioned Services 2024

GUIDE APPLYING TO ALL LCSs (unless otherwise stated)	
LMC COMMENT	<ul style="list-style-type: none"> ➤ Ensure you read all new specifications regardless of previous provision, to consider which are right for your practice. ➤ If you don't feel you can meet the requirements of the specification, consider other means of provision i.e. collaborative working (PCNs/federations). ➤ The practice has the right to decline any individual LCS. ➤ Resulting commissioning gaps for any service, are the sole responsibility of the ICB.
KEY ELEMENTS	<p>Certain aspects of each LCS are identical and will cover the same requirements:</p> <ul style="list-style-type: none"> ➤ Quality – National standards – this includes premises, equipment, training, serious incidents, infection control, privacy and dignity guidance, Health & Safety, Information Governance Standards, Safeguarding Adults, Children and Looked After Children Guidance, and Mental Capacity Act. ➤ Collaborative / subcontracting arrangements – All contracts allow practices to explore alternative means of provision if they do not wish to undertake the service themselves. ➤ Training – Ensure you read the specific training requirements for each speciality and record/keep evidence of all training that practice personnel undertake. ➤ Compliance - It is the practice's responsibility to ensure that all personnel involved in delivery of any LCS are familiar with contractual requirements and any relevant guidance. ➤ Patient Cohorts –Will always be specified – ensure you know what those cohorts are. ➤ Acceptance/exclusion criteria– Will always be listed; ensure that this has been recognised and applied. ➤ Home Visting – Is paid for, save for minor surgery, & phlebotomy as specially noted. ➤ Chaperoning, privacy and dignity – the same criteria apply across all specifications. ➤ Data entry and Templates – Ardens templates are advised, but specific protocols to assist are detailed in any supporting articles. ➤ Coding - SNOMED codes may differ from previous specifications, and within the specification for different treatments – <ul style="list-style-type: none"> ➤ Check your system processes are set up to record the new codes. ➤ Ensure the correct SNOMED codes are applied - these are important for subsequent information and data gathering ➤ Reporting - Likely monthly - ensure you know what the reporting requirements are. ➤ Audit and post payment verification – is applicable to all contracts, please ensure you maintain appropriate service records. ➤ Late or inaccurate claims – this approach applies across all specifications.

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<p>OF SPECIAL NOTE</p>	<p>Termination – terms are the same throughout but for ease they are below:</p> <ul style="list-style-type: none"> ➤ Either party can terminate the service outlined in this specification by providing 3 months' notice in writing. ➤ Termination of a single or multiple LCS service(s) does not affect all services listed within the contract unless specified. Individual service termination is required for each commissioned service and will need to be clearly specified. ➤ Upon termination of a service the provider will remain responsible for managing the closure of clinics and advertising the service change to their registered population and stakeholders. This will include cancelling any booked clinics and assisting in the re direction to alternative providers. ➤ At the end of the termination period the provider must make all activity claims as per the quarterly process. Any payment applications for claims made after a service has expired will be reviewed by the lead commissioner on an individual basis and payment will be discretionary.
<p>PRACTICE CONSIDERATIONS</p>	<p>Some considerations practices may wish to make is below but is not exhaustive:</p> <ul style="list-style-type: none"> ➤ Do you have the right personnel in the practice to deliver the service? ➤ Are they suitably trained to meet the specification criteria, or will training be required? ➤ Do you have the right rooms/premises from which to deliver the service? ➤ Do you have the right equipment available, and if not, will you need to re-test or purchase the equipment, and at what cost? ➤ Plan who will do what– have you allocated the right person with the right skills, to the most appropriate part of the specification? Using overqualified personnel to do work that can be done by others can be costly. ➤ Using this plan, cost up whether the reimbursement covers the costs. ➤ If costs do exceed reimbursement, then the practice will need to decide whether to decline sign up or consider alternative delivery models. ➤ How would it affect the income to the practice if it is not carried out? ➤ What effect will it have on patients, noting that the ICB is responsible for ensuring the delivery of services to patients ➤ Could an alternative collaborative means of delivery be more economical? ➤ Is the specification new to the practice, and could it generate some new income? Is this important when making the other considerations? ➤ Are there any other additional specifications which could be undertaken? ➤ Could activity on existing LCSs be increased to improve income? ➤ Could staff that are currently employed (even in part) to provide the delivery of LCS services, be re - deployed to do work which is more beneficial to the overall delivery of practice services.
<p>PRICING:</p>	<p>Payment Information:</p> <ul style="list-style-type: none"> ➤ Each specification will have its own payment rates and mechanisms for each service delivery. Please check that the practice is aware of these vagaries. ➤ All claims are on a quarterly basis unless otherwise stated.