



NCL Long Term Conditions Locally Commissioned Service (LTC LCS)

Q&A Session for Practices
September 2023
Dr Katie Coleman

Overview



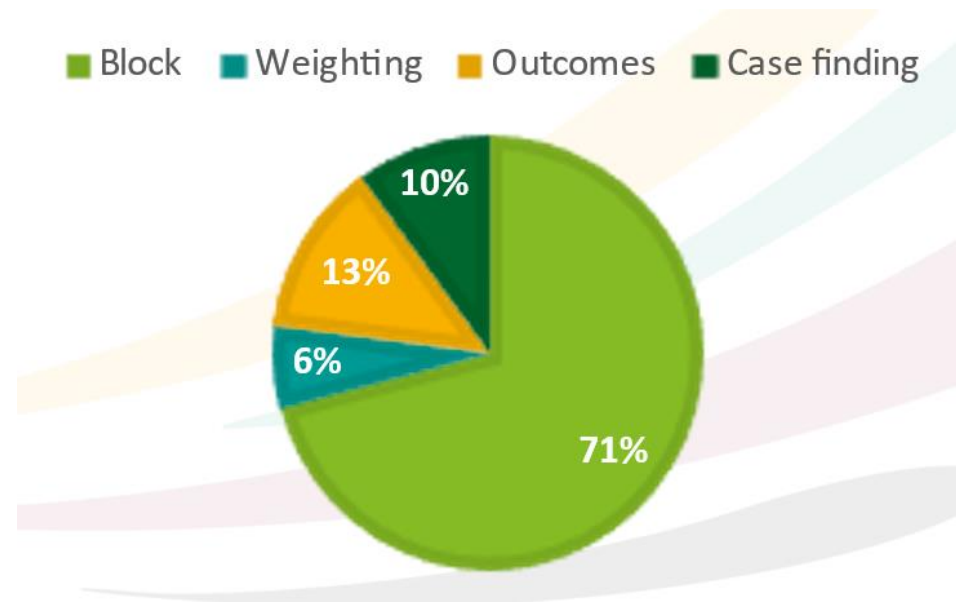
North Central London
Integrated Care Board

- General Practice across North Central London (NCL) is being supported to adopt a new model of care for managing long term conditions (LTCs) through implementation of a new LCS (the NCL LTC LCS).
- The emphasis is on personalised care and treatment prioritising prevention, early detection of LTCs and what is important to the individual. It aims to improve population health and wellbeing and help address health inequalities.
- It will provide consistency for practices across NCL for LTC management and increase collaboration at PCN-level to best plan resources and services
- Centred on the evidence-based Year of Care approach, making full use of the GP and wider workforce.
- Clinically validated and has been co-designed with providers, people with lived experience and the voluntary sector, focused on this with or at risk of LTCs.
- Developed to complement, not duplicate, core services e.g., Quality and Outcomes Framework.
- Initial focus on Metabolic and Respiratory clusters; almost 75% of NCL's population with LTCs.

- Ensuring practice stability has been key throughout development of the LTC LCS. Practices have been guaranteed same level of funding as under previous arrangements, as a minimum.
- The funding for the LCS covers an enhanced offer of care that practices require over and above the core service offer i.e., care delivered as part of the QoF.
- Year 1 of the LTC LCS will be funded through the following recurrent payment elements:
 - 1. Practice block + case finding payments:** block covers delivery of the costed model of care based on the number of patients in scope. Case finding covers the delivery of identifying patients living with a LTC but not coded as such or those at risk.
 - Paid monthly, with the first payments due in October 2023. I.e., payments are not made on activity.
 - Fully costed with a bottom-up approach incorporating time and resource required for the different risk cohorts.
 - 2. PCN Weighting:** payment for every patient in the LCS scope living in 20% most deprived areas and for every patient in LCS scope who is of 'not White-British' ethnicity.
 - Paid as a one-off lump sum, due in October 2023.
 - Available funding applied with floor to ensure meaningful payment made.

Funding

- Year 2 onwards will add the following recurrent payment element:
 - **Outcomes:** 5 outcomes from the LTC LCS outcomes framework (2 at NCL level, 3 at borough level) will be financially incentivised.
 - **Practice Weighting:** payment for every patient requiring an interpreter, to pay for extra appointment time.



How has each practice's block payment funding for Year 1 been calculated?

- Most of the payment is based on the number of patients in scope and within each risk strata. These figures are available in each practice's contract. This is based on searches run in Q4 2022/23. These searches will be refreshed for Year 2 in Q4 2023/24.
- The remainder of the payment is for casefinding work. This is based on searches run in Q4 2022/23 and will also be refreshed for Year 2 in Q4 2023/24.
- A full breakdown for each practice's payment will be available from your Borough Primary Care Team by the time the first Block Payment is made in mid/late October.

What should practices prioritise in the first six months of LTC LCS delivery?

1. Embed the delivery of the LTC LCS Model of Care

- a) Delivery: deliver the full cycle of care for people with LTCs. Ensure all stages are implemented and the call and recall is in place to ensure the number of contacts are delivered based on an individual's level of risk. Establish practice processes that enable in-house MDT meetings to undertake desk top reviews for high-risk patients.
- b) Workforce: Make best use of the wider primary care workforce. Reduce reliance on qualified GPs who can then focus on high risk patients. Implement call and recall based on a birth month approach. This will enable practice to use their whole team throughout the cycle of care and throughout the year. Recruit additional staff, if needed.
- c) Monitoring: consistently code patients requiring an interpreter and their required language, to improve data captured for informing practice weighted payments from Year 2

2. Proactively identify patients at risk of developing a LTC by case-finding

- a) Work through prioritised case-finding lists for each condition in EMIS and/or HealthIntent.

How will GPs create capacity for the longer than usual personalised care session?

- The time is required to deliver the enhanced elements of the model of care, over and above what practices would normally be delivering as part of their core contract e.g. QoF. We have taken a bottom-up approach to calculating the time required to deliver these enhanced elements and with the appropriate planning and the additional workforce we believe the new model of care can be met.
- The model of care is not GP-centric. It is based on a model which includes the cost of each activity for different roles in general practice working with patients with different levels of risk.
- Practices can make best use of the wider primary care workforce, reducing reliance on qualified GPs, who can then focus on high risk patients.
- In the long term, it is anticipated the model of care will alleviate GP capacity. Research shows people with LTCs who are more confident and able to manage their health conditions have 18% fewer GP contacts and 38% fewer emergency admissions.
- For suggestions on which roles can deliver different aspects of the model of care, we suggest you contact your Business Change Facilitator or review the resources available on the NCL Training Hub website.

Will my practice be penalised if we are unable to deliver the LTC LCS in full in Year 1?

- We are adopting a high trust approach. In Year 1, practices have been given 6 months to prepare for the launch of the new LTC LCS followed by 6 months when they will receive guaranteed income on a monthly basis without activity monitoring.

How will performance be measured and what happens if a practice does not achieve its KPIs?

- In Year 1 KPIs are linked to the preparatory period, designed to be achievable, and outlined in the contract.
- Practices are expected to demonstrate achievement against these KPIs, or agree a plan with the ICB to provide assurance that the NCL LTC LCS can be delivered from 1 October 2023. Support will be provided to practices by the NCL Training Hub.