Communication with LHB following LDC meeting 9th July

On 26th July I wrote to Karl Bishop, reporting issues raised at the last LDC meeting as follows:

Practices whose UDA values were raised to £25.00

Considerable discussion took place about those practices that applied to raise their UDA values to £25.00 following the offer made on 7 March 2018 when the LHB acknowledged the unfairness of the disparity of UDA values across the patch and the subsequent letter dated 11 June 2019 explaining the error made when the DDRB uplift of 2.77% was applied. I saw the letter before it was sent and approved of the content subject to certain alterations being made, which were made. I must point out that I misunderstood the concept that no recall of payment was being made. The LHB stated that it did not intend to recall the overpayment which is appreciated by LDC members. My interpretation of that was that the overpayment related to the back-payment made to January 2018 (for the year 2017/2018) which was difficult to find and interpret on COMPASS, and I spent some time explaining this to colleagues. The LDC appreciates that it was involved in the discussions prior to the uplift being offered and agreed with the KPIs being put in place for the 2-year period of the uplift. Rhiain Paul and I were involved in all this as you are aware. What no-one predicted in the discussions was any potential DDRB uplifts and how they would be handled.

The concerns of the LDC members at the meeting centred around the perceived unfairness of the second-year payments as illustrated in the table below for a practice starting off with a UDA value of £24.00 and a practice with a starting UDA value of £25.00. Year one, in which the DDRB uplift was applied is comparable, but year two shows considerable differences, almost £17000 annually on a 1000 UDA contract. As you are aware the majority of practices would be on contracts in excess of 1000 UDAs so on a 4000 UDA contract the difference, using the figures in the table would be would be £67,400, a considerable difference in practice income for two practices whose UDA values were supposedly starting off the same and finished off the same income wise at the end of year one. This would be magnified for a practice starting off on less than £24.00 UDA value.

It was accepted that all practices should be achieving the quality indicators as a matter of course but it must be appreciated that many new patients taken on are high needs, and the consequences to the practice should be recognised. In addition to this, practices already on UDA values of £25.00 and above had no KPIs to achieve.

Furthermore, no superannuation is being paid on the contracts raised to £25.00 per UDA which you will agree is disadvantageous.

Table 1 - Comparison of UDA Uplifts as applied						
2.5% DDRB uplift for 20019/2020						
Year 1 - UDA Rate £24.00				***Year 1 - UDA Rate £25.00***		
UDA Rate Prior to Uplift		£24.00		UDA Rate Prior to Uplift		£25.00
Additional Payment per UDA		£1.00		Additional Payment per UDA		£0.00
UDA Rate post Update		£25.00		UDA Rate post Update		£25.00
DDRB Uplift		2.77%		DDRB Uplift		2.77%
New UDA Rate		£25.69		New UDA Rate		£25.69
Contract 1000 UDA prior to uplift		£24,000.00		Contract 1000 UDA prior to uplift		£25,000.00
Contract 1000 UDA post uplift		£25,000.00		Contract 1000 UDA post uplift		£25,000.00
Contract 1000 UDA post uplift+DDRB		£25,692.50		Contract 1000 UDA post uplift+DDRB		£25,692.50
5000 UDA Annual Value		**£128,462.50**		**5000 UDA Annual Value**		**£128,462.50**
Year 2 - Initial UDA Rate £24.00				***Year 2 - Initial UDA Rate £25.00***		
UDA Rate Prior to Uplift		£24.66		UDA Rate Prior to Uplift		£25.69
Additional Payment per UDA		£0.34		Additional Payment per UDA		£0.00
UDA Rate post Update		£25.00		UDA Rate post Update		£25.69
DDRB Uplift		0.00%		DDRB Uplift		2.50%
New UDA Rate		£25.00		New UDA Rate		£26.33
Contract 1000 UDA prior to uplift		£24,660.00		Contract 1000 UDA prior to uplift		£25,692.50
Contract 1000 UDA post uplift		£25,000.00		Contract 1000 UDA post uplift		£25,692.50
Contract 1000 UDA post uplift+DDRB		£25,000.00		Contract 1000 UDA post uplift+DDRB		£26,334.81
5000 UDA Annual Value		**£125,000.00**		**5000 UDA Annual Value**		**£131,674.06**

Arising from this, we believe a number of things now need to be considered:

1. Should the DDRB increase for 2019/2020, whatever the WG may approve, be applied to the 2019/2020 payments?
2. In view of the superannuation situation should the uplift be applied to the contract immediately, and can the s/a be backdated? It can still be possible for the Performance Indicators to be applied retrospectively.
3. If things stay as they are, what UDA value be applied to relevant contracts at the beginning of 2020/2021? Will it be £25.00?

You will appreciate the concerns of colleagues, and agree that the unintended consequences of the way this has been delivered is unfair. The LDC officials involved must bear some responsibility for not anticipating the problems that have arisen. It certainly will need to be debated at the September Liaison meeting and the issues raised addressed, but I would appreciate your views on this prior to that.

Referrals to Oral Medicine

I raised the question of photographs of lesions accompanying referrals to Oral Medicine and you referred the matter to Kim. She responded to me that the service manager at Morriston Hospital had informed her that it was already a requirement that GDPs send photographs (where required) for OM referrals. I reported this to the LDC meeting and the questions arose as to what happens if a practice doesn't have an IO camera (which is not a contractual requirement)? Is it then unable to undertake its professional responsibility to refer? Furthermore, guidance is needed as to what 'where appropriate' means in terms of the types of cases. We are informed that GMP practices were funded when it became a requirement to accompany Dermatology referrals with a photograph. I have suggested previously that cameras for GDPs should be funded and suggest this is addressed as a matter of urgency. The LDC will be happy to help source appropriate hardware and software at a reasonable cost. Kim informed me in her email of 28 June that the matter was being pursued. Can you update please?

The issue of blood tests was raised, and the question was raised as to whether GDPs could refer direct for blood tests, which is necessary for some cases. Can we have guidance please on this matter, and on the cases that require it?

I received a reply from Sam Page:

Given the complexity of your first point raised (UDA uplift) I suggest it would be a good idea that we include this as an agenda item for our liaison meeting next month so we can present the data to you with a detailed explanation, I hope you agree that would be the best way forward.

In relation to the referrals to oral medicine this is a requirement set by OMFS and we have not be informed that there is an issue around this. In preparation for our meeting in September we will link with OMFS for further information. We have not funded GMPs for this, in the past there was a pilot where cameras were provided but more recently clusters have utilised their own funding to purchase webcams and also charitable funds. Once I have received further information from OMFS it would be good to share and discuss in September.

Finally, in relation to blood tests, there will be no issue as this was removed from the final version of the specification.

We will report on these things at the meeting on Tuesday