

## Overview and Scrutiny - List Validation Update

### Introduction

NHS Brent has run a list validation programme over the last eight months that focused on following up 120,000 non responders to a previous programme.

This paper is intended to provide a further update to members, detail next steps and highlight the initial learning from the programme.

### Update

The majority of the patients who had not responded, and for whom practices were unable to confirm were registered using the agreed criteria, FP69 flags elapsed on the 9<sup>th</sup> June 2011. Further patients have continued to be removed after the 9<sup>th</sup> June where the 6 month period has elapsed. The last flag is due to be removed by the end of July 2011.

Due to the volume that were being removed the IT systems took ten days to process the deductions meaning that final information was not available until the end of June on the exact numbers of patients, by practice, who had been removed as a consequence of the programme.

A spreadsheet is attached to this paper which details by practice the number of FP69 flags that were set as an actual number and as a percentage of their list size as at 1<sup>st</sup> April 2011 and the number of patients that were removed as an actual number and as a percentage of their list size again as at 1<sup>st</sup> April 2011.

It is evident that in some practices there were considerable numbers of FP69 flags confirmed with a huge amount of activity taking place in the last week or so ahead of the 9<sup>th</sup> June deadline. For some practices however the number removed remains relatively high. NHS Brent is currently undertaking a financial analysis of the impact to all practices as a consequence of the programme.

As a consequence of the volume of patients that were removed a number of actions have been agreed with the Local Medical Committee. The joint letter that has been sent to all practices is included with this report. The actions agreed include:

1. Writing to all patients that have been removed as a consequence of the programme to inform them that they are no longer registered and how to go about re-registering. Please note letters will not be sent to any patient removed as a result of undelivered mail.
2. Agreement that if a patient re-registers with the same practice before the 31.3.12 the practice will be reimbursed for any lost capitation payment. No reimbursement will be made from the 1.4.12.
3. That for an agreed list of vulnerable patients who have been removed as a part of this programme practices can look back over a years period, as opposed to six months, to confirm contact with the practice.
4. Agreement over re-registration processes.

In response to this reports are being set up on the Exeter system to enable us to track re-registrations by practice so that we can generate any payments accurately and also to track the re-registration rate.

The information on the first month is not yet available due to the length of time it has taken to close the quarter for GP Practices and staff leave during July. The information will be available in August.

### **Initial Lesson Learnt**

Part of the agreement reached with the Local Medical Committee is that practices will be invited to a workshop to discuss the issues that arose during the programme and agree lessons learnt. This will be set up during August.

Initial learning from a PCT perspective includes:

1. Improve phasing i.e. bulk setting over more than a three month period.
2. Ensuring that for any programme that is run that there is a protocol for dealing with non responders so that the number left never reaches 120,000.
3. Additional information out to practices regarding any list validation exercise.

### **Next Steps**

The following next steps are planned:

1. Financial impacts to be calculated based upon information within attached spreadsheet.
2. Deputy Borough Director to work with clinical directors and relevant practices to understand impact and whether this questions the viability of any practices.
3. For any practices where this is the case work with clinical directors and practices to consider what the mitigating plan maybe and consider what transitional funding might be needed to support this.
4. Put forwards a case to Brent Executive Management Team around any transitional funding requirements (if required).
5. Letter to go to all those patients who were removed from a general practice as a consequence of this programme.
6. Track re-registrations.
7. Set up workshop for learning and feed this into the London wide List Validation work that is underway currently.