**2018/19 Public Health Agreements - Frequently Asked Questions V6**

**Updated: 26/6/23**

**1. Q:** Do GP practices receive a copy of the signatory sheet that is signed by both Public Health and the GP practice each year?

**A:** When practices initially sign up they receive a copy of the signatory sheet signed by both parties. Each year services are updated and renewed via email communication as allowed by the terms and conditions of the original agreement.

**2. Q:** A number of practices have queried and raised concerns with the data being requested in the sample claims form, particularly with regards to patient initials.

**A:** These concerns have been acknowledged, and patient initials are no longer requested in the claims form activity data. Instead it will ask for a local patient identifier from the practice where this is available. In addition the age field has been amended to allow entry of age range in quintiles instead of specific age (although this will still be accepted if easier for data entry, and will be converted to the appropriate range when the data is stored). This will further increase the anonymity of the data but will still allow us to have a picture of unintentional duplicates or frequent entries.

The collection of this data in the claim form has been discussed with Surrey County Council’s Caldecott Guardian. They have confirmed that it is acceptable for Public Health to request the activity information within the public health agreements claim form (incorporating the amendments above). It is also confirmed that this conforms to legal requirements surrounding information governance and is satisfied that the data is suitably anonymised and the risk of re-identification negligible.

The data being requested will be used to aid future planning. Age and part of the postcode will allow comparison in relation to access to services with teenage conception data and population abortion data. Ethnicity data is requested enable us to look at whether we should be targeting specific groups where uptake is lower.

The name of a registered practice is needed for the buddy scheme. This is required as they have different tariff prices.

**2a: Q:** Is there potential to reduce the amount of non-standard information that is being requested within the claim form as this would make it easier for GP practices to complete.

**A:** Having reviewed the form, the following changes will be included to reduce the time it takes for practices to complete the form and allow it to link better with the information held on GP systems.

* **Registered with the practice:** the column asking if the patient is registered with the practice will be removed. This was present to identify patients being treated under the buddy system however upon review of the form this column is not needed. The next column on the form asking for GP address of patients not registered with your practice will be adapted and will only need to be completed if a patient is not registered. It will be assumed that all others are registered with the practice submitting the claim form.
* **Reason for removal:** As all GPs will be re-certifying their letter of competence for intrauterine techniques every five years, the reason for removal column will be removed from the form.
* **Ethnicity**: This column is currently a drop down list of ethnicity categories. This has been reviewed and should now match with standard categories in GP systems.

**3. Q**: How do GP practices obtain their supply of condoms as mentioned within the IUCD and Contraceptive Implants Specifications?

**A:** Provision of condoms are required within certain services covered by the PHA and as a result these have been distributed to practices following the return of the signed PHA signatory sheet. This has been done via “Freedoms” who are an existing NHS condom supplier. Upon receipt of the signed PHA, a box of 144 Mates Natural condoms is ordered for the practice and then delivered directly to the practice. Judging from last year’s activity this will be sufficient for most practices however practices should contact Surrey Public Health (via the public health claims email address) if more are needed or they reach their expiry date. Please contact us if you have not received a box following submission of your signed public health agreement.

**4. Q:** Why doesthe current Public Health Agreement state that claims for IUCD will be paid for contraceptive purposes only. Is there a possibility of cross charging with the relevant CCG for non-contraceptive use?

**A:** National policy changes in 2013 meant that Public Health is only responsible for the paying for IUCD when it is used for contraceptive purposes. We have and continue to investigate cross charging with CCGs in Surrey. The following indicates those CCGs who have agreed to this arrangement for practices in their area and what the arrangements are in other CCGs.

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| **CCG** | **Arrangement for payment of LARC for non contraceptive purposes** |
| Surrey Heath | **Recharging arrangement agreed.** GPs to include activity for non-contraceptive purposes and Public Health will include this in the payment of the overall claim, recharging the non-contraceptive element to Surrey Heath CCG. |
| Guildford and Waverley | **Recharging arrangement agreed.** GPs to include activity for non-contraceptive purposes and Public Health will include this in the payment of the overall claim, recharging the non-contraceptive element to Guildford and Waverly CCG. |
| North East Hampshire and Farnham | **Recharging arrangement agreed.** GPs to include activity for non-contraceptive purposes and Public Health will include this in the payment of the overall claim, recharging the non-contraceptive element to Surrey Heath CCG. |
| East Surrey | **Recharging arrangement agreed.** GPs to include activity for non-contraceptive purposes and Public Health will include this in the payment of the overall claim, recharging the non-contraceptive element to Surrey Heath CCG. |
| Surrey Downs | **Discussions are continuing.** Practices within the Surrey Downs CCG should only include IUCDs fitted for contraceptive purposes within their claim form for Q2. We are however still in discussion with them on this issue and will clarify the situation further for Q3. Please contact the CCG for further information. |
| North West Surrey | **Invoice CCG directly.** The CCG expects practices to invoice the CCG directly for the fitting of IUS (Mirena) for indications outside of contraception ie menorrhagia / HRT as this is included within their minor surgery local commissioned service. |

**5. Q:** We do not provide the homelessness service under our public health agreement and I was wondering how we can direct the gentleman to the appropriate service provider. Shall I ask him to go to a practice who provides Homelessness Service?

**A**. Yes. Please contact the public health team for an up to date list of practices providing this PHA service.

**6. Q:** We do not provide IUS/IUD LARC service to patients at our practice under our public health agreement. Where should we direct them to?

**A.** If your practice is unable to provide the IUS/IUD LARC service to patients we would encourage you to signpost to another nearby practice who does. Most of the practices who have signed up to this within their PHA have also agreed to this arrangement as it is accommodated within the buddy scheme process. Please contact the public health team for a list of practices included within this that are local to you.

7. **Q:** What are the practices responsible for when working as part of the buddy scheme, particularly with regards to STI testing?

**A.** Expectation of the Buddy Scheme regarding chlamydia and gonorrhoea testing.

In line with NICE guidance all women having a IUCD/IUS fitted should be offered a chlamydia test. In the case of the buddy scheme it is expected that the receiving practice assesses whether the patient needs to be tested and carries out this test. Free postal tests are available to patients under 25 at <http://www.sexualhealthsurrey.co.uk/sexual-health-and-contraception/get-a-home-testing-kit>

8. **Q:** Can we submit a claim before the end of a quarter if I am going on leave?

**A.** This is notpossible as we have over 200 claims from GPs and Pharmacies to process and keep track of each quarter. We are currently therefore only able to accept claims after the end of a quarter. This helps us manage their checking and processing and also ensures that practices don’t miss any activity that might happen at the end of a quarter. It also means that activity claimed for clearly relates to each quarter.

As stated in the Ts and Cs, practices have up to six weeks after the end of a quarter to submit a claim and the internal processes we have now established aim to pay claims within a 30 days of submission.

Claims that are submitted before the end of a quarter will therefore need to be re-submitted to avoid any unnecessary confusion.

Signature?