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**SCC PH Agreement Claim files**

**Changes for Q4 2023-24**

The usual quarter progression changes have been applied for Q4, but otherwise (except for a red note about the claim date) nothing is new.

Notes from previous supplements for 2023-24 are retained where deemed helpful.

**Surreyi**

A reminder of an item in form guidance which I believe is rarely if ever used, probably because it is in the wrong place.

The 5 items that are issued to practices as attachments to this email at the end of each quarter, including the claim forms, are also available for download from Surreyi at the following link.

[**https://www.surreyi.gov.uk/dataset/public-health-agreements**](https://www.surreyi.gov.uk/dataset/public-health-agreements)

2324PHAClaimFormTool

We have realised that the ‘ethnic equivalence’ facility in the 2324PHAClaimFormTool will require an update for each issue, to add previously unseen ethnic descriptions found in the last quarter.

For that reason, the name of the file is extended by the quarter number (in this case Q4).

Reminder from Previous supplements - for identification of enhanced health checks in particular, header cells **F3** and **I5** in the HealthCheckDone sheet also contain notes which are intended to help the user identify enhanced checks more accurately.

It is expected that since counts are now universally provided, there should be less need for these notes, but they are there if required.

The appendix below is left largely unchanged, with the occasional extension, for information.

B. Donaghy

21/03/2024

**Appendix**

The forms which are sent to practices are standard MS Excel (xlsx) files, where intelligence is provided by the use of formulae, dropdowns etc which are available in such a file.

To attempt to use more powerful (xlsm – macro enabled) Excel files, as we do for processing, would involve levels of technical support which we wish to avoid, and believe would leave many practices at a disadvantage.

We have now put some additional intelligence into the GPCS form in an attempt to produce a reliable count of data sheet entries at the point of submission. The accuracy so far has been encouraging, but there is still some way to go to ensure full reconciliation throughout the processing cycle.

There are currently 2 known sets of conditions which can lead to the figures arrived at when initially filling in the form, being different from those which result from processing.

1. We are forced to allocate one of our standard set of Census 2011 17 ethnic categories to each new category that we encounter, and we are still encountering them.

This can result in a ‘white’ description being allocated to one which previously did not contain the word “White”, which can result in a health check originally classed as enhanced, being changed to standard.

From 23-24 Q1 we have tried to ensure that all new ethnic descriptions will be categorised as ‘white’, and cannot therefore contribute to an enhanced check, meaning that any resulting revision should increase the value of the claim.

1. We check during processing for consecutive IUCD remove and fit entries for the same patient on the same date, and substitute a ‘replace’ (same session) entry.

This also has the effect of changing the IUCD counts set up on submission of the form.

The values and frequencies associated with both of these conditions should be small.

Added from Claims Supplement 23-24Q1.

The counting mechanism in the **SCCPHClaimGPCS** form is vulnerable to ‘physical’ changes that the user makes to the data sheets – specifically deletions and insertions of rows or columns.

We have tried to make it more robust, but they are unprotected sheets, and we would ask you to please try to avoid such deletions and insertions by using copy and paste instead if possible.

For example, those practices who use 2 additional date and procedure columns in the IUCDs data sheet can achieve the revised format by copying cells E5:H500 and pasting to cell G5.

B.D.