

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

Carpal Tunnel Funding Proposal

Date of Meeting	2 nd September 2015	Agenda Item	10.
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CCG Corporate Objectives

To extend the life of our citizens and their quality of life adding life to years as well as years to life.	Y
To ensure there will be no gaps, no duplication – with integrated services and partnership working; including better relationships with voluntary, community and faith sector organisations	Y
To engage and encourage patients and the public to participate in everything we do and the importance of self-care and family wellbeing.	Y
To improve services and tackle inequality, evidence best practice to inform decisions and root out poor practice.	Y
To offer effective service interventions which will provide a better experience for patients with privacy and dignity.	Y

CCG High Impact Changes

Delivering high quality Primary Care at scale and improving access	Y
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	Y
Access to high quality Urgent and Emergency Care	
Scheduled Care	Y
Quality	Y

Programme Leadership:

Clinical Lead	Dr Stephen Gunn
Senior Lead Manager	Mr Peter Sellars
Report authorised by	Mrs Julie Kenyon

Decision Recommendations

- Members to receive this paper and to:-
- Approve a tariff increase

Minor Surgery (Carpal Tunnel) Proposal

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

Introduction

This paper gives a brief background to the Carpal Tunnel Release service in Primary Care along with a request to increase funding arrangements to ensure this service can continue.

Background

Carpal Tunnel release surgery has been carried out at Roe Lee surgery for 8 years, and is undertaken by an orthopaedic consultant surgeon (Mr Ul-Haque) in partnership with the GPs. The procedure is carried out via the Minor Surgery Enhanced service contract under which the fee has remained unchanged during this time.

Issue

At present the practice receive a minor surgery LES tariff for these procedures currently set at £275 for carpal tunnel release (including removal of sutures). The practice only receives a small payment for consultations when there is no procedure or operation involved (£23), despite this taking significant time in assessment, diagnosis and explanation of the problem. The practice has to pay the surgeon a significant fee for these consultations and operations, and given the current payment is substantially less than the current national tariff, is becoming unsustainable to be provided in general practice. Mr Ul-Haque, Orthopaedic Surgeon has carried out 49 carpal tunnel procedures during the period 1.4.14 to 31.3.15 at Roe Lee surgery (£13,475). Secondary care carried out 113 carpal tunnel procedures during the same period (£104,864).

National Tariff

The 2014/15 national price for Carpal Tunnel was £827. The Enhanced Tariff Option (ETO) has a day case tariff for 2015-16 is £800 (there is no Outpatient Procedure Tariff for this).

The majority of activity is reported via the Trauma and Orthopaedic specialty. The pathway for these patients in the hospital is:

1. First OP appointment with consultant following referral £128, followed by:-
2. Day case surgery £800

The total cost for this is circa £928 per patient (using simple pathway / tariff assumptions).

Proposal

In maintaining the CCG's strategic approach to shifting services from a hospital setting and delivering these within the community along with reducing costs and improving efficiency, whilst ensuring sustainability of the service, an increase in the tariff is required.

This paper proposes an uplift of £125 from £275 to £400 per procedure; this still is less than half the secondary care tariff. A tariff for consultation of £50 for those patients who do not continue to a surgical intervention is also proposed.

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Finance requirements and savings

To breakeven on this additional cost and recover the cost from the Trust, 12 procedures would need to be deflected from the Trust and carried out at Roe Lee surgery , increasing the total carried out in this setting to 61.

Revised	61 procedures @ £400	£24,400
	10 Appointment only @ £50	£500
		£24,900
Original	49 Procedures @ £275	£13,475
	10 Appointment only @ £23	£230
		£13,705
Additional funding required		£11,195
To recover funds from ELHT	Reduce number of procedures by 13 @ £928	£12,064

There is a risk, however, that the Trust may use this freed up capacity for other procedures and the funding may not actually be recovered from the Trust. Reduction in procedures can be commissioned within the ELHT contract for 2016/17. This is not feasible within the 2015/16 contract.

Conclusion

This paper has set out the brief history of surgical intervention for carpal tunnel release within a primary care setting along with the current tariff. The paper identifies that to ensure sustainability of the service, an increase in funding is required, however this will be offset by savings made in secondary care if additional activity is performed. In addition this provides an alternative and improved value service enabling the deflection of patients from hospital based care.

Recommendations

Members to receive this paper and to:-

- Approve a tariff increase

Peter Sellars

Primary Care Transformation Lead

August 2015