

Financial terms for providers of GUM services 2017/18

London Borough of Richmond

7 April 2017

Payment process for the provision of GUM services to residents of the London Borough of Richmond	LONDON BOROUGH OF RICHMOND UPON THAMES
Period covered:	
1st April 2017 to 31st March 2018 V2	
Officer contact	The shared Sexual Health Commissioning service for Richmond and Wandsworth Councils is predominantly based in Wandsworth. If you need to get in touch, email SexualHealth@wandsworth.gov.uk
CSU Office contact	SECSU.nca-GUM@nhs.net
Backing data contact	SECSU.nca-GUM@nhs.net
Wards affected	All wards

The following terms apply where providers have not contracted with Richmond Council directly or via London Collaborative Commissioning group of boroughs. Outside such contractual arrangements Richmond will only consider alternative payment terms to those set out below, where providers have agreed on a tariff rate with their local commissioner that is less than our local agreements.

On Payment by Results: First Attendance - Inner London Borough Based Clinics= £149.34,

Outer London Borough Based Clinic= £145.61,

Follow-Up Attendance - Inner London Borough Based Clinic =£92.08

Outer London Borough Based clinic = £89.78

On Integrated Sexual Health Tariff Prices:

STI Intervention C	279.38	264.77
SRH Complex	211.95	185.2
Medical Gynaecology	127.99	111.6
Psycho Sex / Counselling	129.95	119.67
LARC Procedure	137.91	118.35
STI Intervention B	114.82	86.4
T5 HSV Test	82.85	75.82
T4 Full Screen	80.58	56.11
T6 Hepatitis Test	67.9	61.01
T3 Chlamydia, Gonorrhoea & Syphilis Tests	58.8	42.37
HIV Test	51.85	28.14
SRH Standard	57.22	31.03
TT 3 Site Chlamydia & Gonorrhoea Test	70.24	70.24
T2 Chlamydia & Gonorrhoea Test	47.11	30.67

STI Intervention A	28.25	20.73
Ultrasound	29.14	29.14
TS Microscopy	14.93	14.93

- 1. CQUIN not applicable
- 2. Providers are required to report activity data to Pathway Analytics and GUMCAD within agreed timescales
- 3. First to follow up attendance ratios need to be monitored and reported with accompanying explanatory narrative
- 4. Providers with annual activity in excess of £100,000 will be required to provide a summary report of activity and outcomes (without any patient identifiable information) for Richmond by the nine protected characteristics
- Requests for payment <u>must</u> follow payment mechanism as detailed on the Councils information website and fully supply requested backing data (**Appendix 1**)- failure to do so will lead to a rejection of invoices.
- 6. Any correspondence relating to invoices must confirm the following:
 - i) Supporting backing data has been sent to SECSU.nca-GUM@nhs.net
 - ii) Prices are in accordance with Richmond Council prevailing terms for 2017/18
 - iii) PO number was quoted on the invoice
 - v) Invoice was sent to SECSU.nca-GUM@nhs.net

Failure to confirm the above steps will result in a standard response requesting necessary steps are taken in relation to published terms.

Appendix 1

The backing data report must contain the following:-

- a) Provider code and name
- b) Local authority name
- c) LOSA11 code This is the actual LSOA code. Always use the latest NSPL extract which is available on: https://geoportal.statistics.gov.uk/geoportal/ Search the word "NSPL" then download the latest version. More information about LSOA.
- d) Partial postcodes This needs to be the first part of the postcode and the first digit after the space (E1 8AB = E1 8, IG11 7ND = IG11 7)
- e) POD (Point of delivery) Type of activity (e.g. First, Follow up, etc.....)
- f) Total activity include any repeat attendances an individual patient has had.
- g) Total charge include MFF+ any deflator agreed
- h) Appointment date
- i) Clinic patient number this is how patients are identified within the trust during their treatment (None PCD). Please do not send any personal confidential data (PCD).
- j) Provider site code and name (providers with more than one site)

An example of the backing data report is:-

		Local		Partial			Total			
Provide	Provide	Authorit	LSOA11	Postcode		Activit	Charg		SPECIALT	Appointment
r Name	r code	y Name	(Postcode)	s	POD	у	е£	HRG4	Y CODE	Date
			E0103348		OPF			FZ27		DD/MM/YYY
NHS XY	R123	Timbuktu	2	E10 9	Α	1	96	В	360	Υ