NHS
Bury
Clinical Commissioning Group

Meeting: Primary Care Commissioning Committee

Meeting Date	23 May 2018	**Action**	Receive
Item No.	9	**Confidential**	No
Title	Greater Manchester Health and Social Care Performance & Delivery Board		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
Author	Laura Browse – Deputy Director of Commissioning (Primary Care)		
Clinical Lead	Dr Jeff Schryer, CCG Chair & Clinical Lead for Primary Care		

Executive Summary

Please see attached Greater Manchester Health and Social Care Performance & Delivery Board Paper submitted for information.

Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. Although final end-of-year contractual reconciliation for individual primary care contracts is not yet available, this report presents key datasets to the Board which indicate performance and quality in the following areas:

- Community Pharmacy clinical effectiveness, patient safety and experience
- Dental access, patient access, satisfaction and prevention
- GP Quality and Outcomes Framework
- General Optometric services – increasing uptake of eye sight tests for children.

Recommendations

It is recommended that the PCCC:

- Note the contents of the report

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	☐
To deliver system wide transformation in priority areas through innovation	☒
To develop Primary Care to become excellent and high performing commissioners	☒
To work with the Local Authority to establish a single commissioning organisation	☐
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	☒

To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	☒
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	☒
Supports NHS Bury CCG Governance arrangements	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☐
Are there any associated risks?	Yes	☐	No	☐	N/A	☐
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☐
If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers about the risk register.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Greater Manchester Health and Social Care Performance & Delivery Board	09/05/2018	The Board was asked to Note the contents of the report, particularly focusing on performance management and support for improvement and to continue support for the development and utilisation of Tableau for the presentation and sharing of primary care data.

Greater Manchester Health and Social Care Performance & Delivery Board

Date: 09th May 2018

Subject: Primary Care Performance and Outcomes

Report of: Laura Browse – Deputy Director of Commissioning (Primary Care)

PURPOSE OF REPORT:

Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. Although final end-of-year contractual reconciliation for individual primary care contracts is not yet available, this report presents key datasets to the Board which indicate performance and quality in the following areas:

- Community Pharmacy clinical effectiveness, patient safety and experience
- Dental access, patient access, satisfaction and prevention
- GP Quality and Outcomes Framework
- General Optometric services – increasing uptake of eye sight tests for children.

RECOMMENDATIONS:

The Performance & Delivery Board is asked to:

- Note the contents of the report, particularly focusing on performance management and support for improvement.
- Continue support for the development and utilisation of Tableau for the presentation and sharing of primary care data.

CONTACT OFFICERS:

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1.0 INTRODUCTION

1.1. The board is aware of the Primary Care Dashboard developed and presented within Tableau. Following publication, datasets from primary medical care services will be duly uploaded in Tableau to update the Dashboard. Wider primary care dashboards, presenting delivery and contribution by dental, community pharmacy and optometry services will be developed over time.

1.2. Although final end-of-year contractual reconciliation for individual primary care contracts is yet to be completed, there are some key primary care contractor datasets available for 2017/18 which provide an early picture of performance and contribution to outcomes for the population of Greater Manchester. These are set out in this report.

1.3. Due to the lead time for elements of reporting and validation, for example dental contracts have a regulatory 8 week period within which to report activity, the confirmed final position will not available until June. These year-end positions will be duly reported at that time.

2.0 PRIMARY CARE CONTRACTORS - COMMUNITY PHARMACY

2.1. Contractor numbers

GM currently has circa 700 community pharmacies which is slightly above the national average. As part of the performance management arrangements and ensuring quality of provision of services, a number of key contractual changes have been introduced nationally.

2.2. Quality Payments

As part of the funding settlement with community pharmacy (2016 – 2018) Quality Payments were introduced as part of Community Pharmacy Contractual Framework (CPCF).

Under these arrangements, Pharmacies are paid for meeting and delivering various quality criteria which are split into 3 main categories:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

To be eligible to access the Scheme, the contractor must meet all the following gateway criteria:

1. Must be offering the pharmacy Medicines Use Reviews (MURs) or the New Medicine Service (NMS); or must be registered for the NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot.
2. NHS Choices entry for the pharmacy must be up to date.

3. Pharmacy staff at the pharmacy must be able to send and receive NHSmail.
4. Pharmacy contractor must be able to demonstrate on-going use of the Electronic Prescription Service (EPS) at the pharmacy premises.

Contractors are rewarded for delivery of quality credited to a maximum of 72.5 points across 8 domains, with the opportunity to earn £64 per point

a) The pharmacy has a written safety report at premises level available for inspection at the premises, covering analysis of incidents and incident patterns (taken from an on-going log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
b) 80% of registered pharmacy professionals working at the pharmacy achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
c) The results of the Community Pharmacy Patient Questionnaire (CPPQ) from the last12 months publicly are available on the pharmacy's NHS Choices page.
d) The pharmacy is a Healthy Living Pharmacy (HLP) level 1 (determined by self-assessment).
e) The pharmacy is able to demonstrate a total increase in access to Summary Care Records in period 2 (Monday 1 May 2017 to Sunday 26 November 2017) compared to period 1 (Monday 3 October 2016 to Sunday 30 April 2017); or access to Summary Care Records of 100 times or more in both period 1 and 2.
f) The pharmacy's NHS 111 Directory of Services entry as held on the NHS 111 DOS file updater, is up to date.
g) The pharmacy is able to show evidence that asthma patients (for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period) were referred to an appropriate health care professional (HCP) for an asthma review.
h) 80% of all pharmacy staff working in patient facing roles are 'Dementia Friends'.

Table 1: Delivery against Quality Payments Domains

Criteria	Points Available	GM Achievement	England Achievement
A	20	98.76%	97.07%
B	5	97.98%	97.13%
C	5	97.36%	96.79%
D	20	86.98%	84.66%
E	5	94.42%	91.82%
F	2.5	98.45%	98.42%
G	10	97.21%	95.83%
H	5	98.76%	98.15%

Detailed delivery by locality is provided in Appendix 1. This is the first time nationally that community pharmacy has been offered a quality payment scheme. The uptake and outcome of the scheme is currently being evaluated nationally and in the meantime, the scheme has been expanded to September 2018. We await the outcome of the evaluation to

inform the future provision of a quality scheme. Early learning from GM would suggest that there has been an increase in the provision of Healthy Living Pharmacy which contributes to the overall population health agenda.

In each domain, Greater Manchester community pharmacies consistently achieved higher performance than then national average for England.

This provides for a good level of confidence in the delivery of high quality community pharmacy provision across Greater Manchester. This is an important indicator as we continue to identify further services to be delivered in community pharmacies across GM as part of the LCO model.

2.2 Medicines Use Reviews – supporting patients in taking medicines correctly

Community pharmacy has an important role to play in supporting patients in medicines compliance to ensure patient safety and efficacy of treatment. Between 5 and 8% of hospital admissions are medicines related. There are a number of reasons for this e.g. patients stop taking their medicines, do not take them as prescribed or side-effects that could be addressed are not reported. Most community pharmacists in GM provide New Medicines Service (NMS) and post-discharge Medicines Use Reviews (dMURs) to patients. Both of these services focus on enhancing people's understanding of their medicines to support adherence.

However, a core element of community pharmacy services provision includes the offer of Medicines Use Reviews (MURs) to patients, educating and informing them of the value of their medicines. Provision of MURs was reviewed across GM and it was identified that Stockport locality has the lowest uptake of MUR provision to patients.

A pilot project has therefore been developed and is currently being launched in the Stockport locality to increase the uptake of MURs. This pilot will achieve the following outcomes:

- Improve wider healthcare professional understanding of MUR and engagement with the service.
- Improve patient understanding of the MUR service.
- Facilitate GPs and practice nurses to refer patients to a community pharmacy for a MUR.
- Support pharmacists to overcome barriers to delivery and effectively engage with patients.
- Increase MUR delivery across the locality.
- Improve cross sector working between community pharmacists and pharmacists working in GP practices.

Evaluation of the pilot will be completed by March 2019, and learning and delivery outcomes will inform future provision across GM.

3.0 GENERAL DENTAL SERVICES

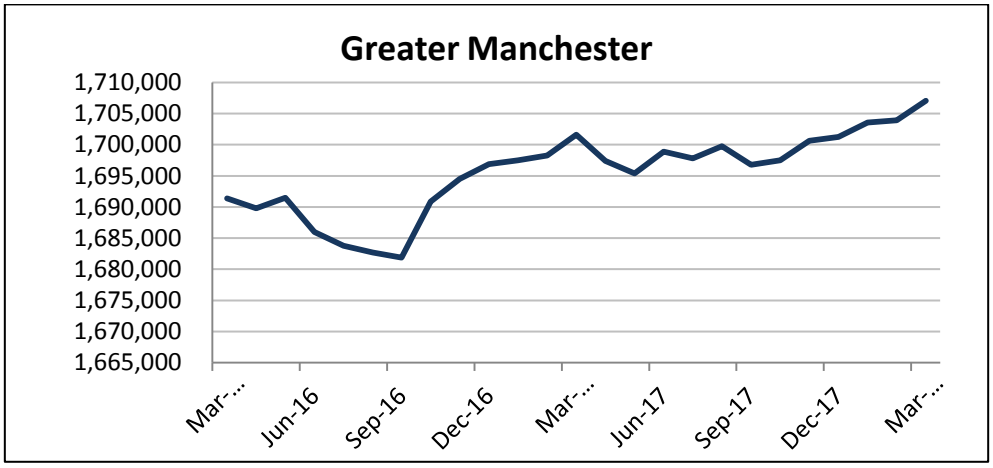
3.1. Contractor numbers

There are currently circa 450 primary dental care practices across Greater Manchester, delivering access to dental care for the population.

3.2. Dental Access

Access to NHS primary dental care services has continued to gradually increase over the past 2 years, as shown in the Fig 1 below.

Fig 1: Unique Patients accessing NHS Dental Services over previous 24 month period:



However, access continues to vary across GM Localities. Patient figures are reported by dental provider contract, rather than residence of the individual. Dental practices do not operate restricted catchment areas from which to draw patients, although the majority of patients will be local residents. This position is unlike GP practices which operate contractual boundaries established to ensure local residents have access to GP services.

The contractual access figures therefore provide an indication of local access rather than specific access figures for locality populations.

Table 2: Dental Access by Locality

Locality	24-month Patient Seen Total[1]			Change from previous quarter	Change from previous year	Patients seen as % of Population
	Mar-17	Dec-17	Mar-18	Dec-17 - Mar-18	Mar-17 - Mar-18	
Greater Manchester	**1,701,608**	**1,701,265**	**1,707,046**	**5,781**	**5,438**	**61.9%**
Bolton	160,044	162,911	163,261	350	3,217	58.0%
Bury	110,165	108,374	108,575	201	-1,590	57.8%
Manchester	311,705	313,849	315,239	1,390	3,534	59.4%
Oldham	143,531	143,681	144,104	423	573	62.4%
Rochdale	137,468	138,706	138,329	-377	861	64.6%
Salford	151,990	150,350	150,973	623	-1,017	61.5%
Stockport	184,626	182,054	183,058	1,004	-1,568	63.4%
Tameside	136,071	137,538	138,563	1,025	2,492	62.5%
Trafford	141,109	142,390	143,675	1,285	2,566	61.6%
Wigan	207,122	205,678	206,346	668	-776	64.1%

Key to access RAG rating:

Significantly lower than national position
Not significantly different to national position
Significantly higher than national position

From Table 2 above, it is shown that dental access across Greater Manchester continues to increase gradually, without additional investment. This is achieved through strong performance management of contractors by the GM dental commissioners within the Partnership. Close working with the clinical colleagues to support targeted interventions and responsive service ensures that, where possible, those most in need of care have access.

Primary dental care contracts are subject to the General Dental Services regulations, and are in perpetuity. This presents restricted opportunity to review and reallocate resources across localities. However, when contracts are terminated or opportunities of non-recurrent investment of in-year financial slippage, commissioners seek to address the variability of access across the localities. Information provided from Table 2, together with Public Health England evidence, helps GM commissioners to target any additional resources to the area of greatest need, when they become available.

3.3. Dental Satisfaction

In addition to the national GP Patient Survey (GPPS), which includes collection of some information around patient access and experience of NHS dental services, patient experience is surveyed by the NHS Business Services. A random selection of patients for whom NHS dental treatment has been reported are surveyed in respect of waiting time for an appointment and satisfaction with treatment received.

For both indicators patient satisfaction reported for Greater Manchester has improved over the past year, and is above the national average.

Table 3: NHS Dental patient satisfaction

% of patients satisfied with wait for dental appointment

Report Period	April - June 2017	July - Sept 2017	Oct - Dec 2017	Jan - March 2018
Greater Manchester	87.6	87.8	88.5	89.0
England	88.0	87.8	88.1	88.1

% of patients satisfied with dentistry received

Report Period	April - June 2017	July - Sept 2017	Oct - Dec 2017	Jan - March 2018
Greater Manchester	90.7	91.1	91.9	92.4
England	91.5	91.4	91.6	91.6

For Patient Satisfaction Indicators period shown is a rolling 12 months for that quarterly report period.

3.4. Dental Prevention

Children's oral health in Greater Manchester is amongst the worst in England, and four Local Authority areas, Bolton, Oldham, Rochdale and Salford, are in the bottom 10 nationally. As part of the Population Health Plan, a transformation project to radically improve the oral health of children in these localities is being implemented.

A key evidence-based intervention for individual patient-level prevention of dental decay in children is the application of fluoride varnish. Through focused contractual management and professional peer review, dental services in GM continue to increase the number of children receiving this intervention. This approach is further supported by a training package for practices on prevention for children's oral health, 'Baby Teeth DO Matter'. This training was developed in Greater Manchester and is now being adopted nationwide.

Since 1st April 2018 additional dental service capacity has been commissioned within the four priority localities, providing additional access for c.5,500 young children, with a focus on this prevention intervention.

Table 4: Fluoride Varnish Rate per 100 FP17s (3-16 year old patients)

	2016 / 2017				2017 / 2018			
	Fluoride Varnish Rate (Q1 2016 / 2017)	Fluoride Varnish Rate (Q2 2016 / 2017)	Fluoride Varnish Rate (Q3 2016 / 2017)	Fluoride Varnish Rate (Q4 2016 / 2017)	Fluoride Varnish Rate (Q1 2017 / 2018)	Fluoride Varnish Rate (Q2 2017 / 2018)	Fluoride Varnish Rate (Q3 2017 / 2018)	Fluoride Varnish Rate (Q4 2017 / 2018)
Bolton	41.8%	43.0%	47.3%	51.4%	53.8%	57.3%	57.6%	59.0%
Bury	41.7%	44.7%	54.2%	57.6%	59.3%	61.3%	59.0%	61.1%
HMR	45.1%	46.1%	52.2%	58.1%	61.4%	67.1%	67.2%	65.7%
Manchester	41.2%	43.6%	51.1%	56.2%	60.8%	62.6%	63.5%	71.4%
Oldham	58.5%	60.6%	62.9%	65.5%	67.4%	69.1%	70.8%	68.1%
Salford	34.5%	39.1%	45.5%	50.6%	51.5%	51.7%	62.4%	63.4%
Stockport	37.7%	41.2%	47.3%	52.1%	54.6%	58.5%	54.6%	55.7%
T&G	42.9%	40.9%	53.4%	59.1%	60.9%	61.7%	61.1%	63.5%
Trafford	39.5%	42.1%	52.1%	56.1%	58.2%	55.1%	59.9%	61.5%
Wigan Borough	48.1%	49.6%	51.7%	58.5%	60.4%	60.8%	60.8%	62.0%
Greater Manchester	43.2%	45.1%	51.5%	56.4%	59.0%	60.7%	62.0%	63.4%
ENGLAND	42.4%	43.5%	45.1%	47.5%	49.7%	51.6%	53.2%	54.6%

The GM position continues to be significantly higher than the national average delivery of reported fluoride varnish application. However there is still significant opportunity for improvement, which continues to be addressed by the performance management referred to above.

Table 5: National Benchmark for GM application of Fluoride Varnish

Report Period	April to June 2017	July to Sept 2017	Oct to Dec 2017	Jan to March 2018
Greater Manchester	59.0%	60.8%	62.0%	63.4%
England	49.6%	51.6%	53.2%	54.6%

This indicator indicates the proportion of those children who have received NHS dental treatment and had fluoride varnish application. The challenge to Greater Manchester is not only to improve on this position, but to increase the numbers of children able to access services and therefore be in a position to receive this care from the dental team.

Impact and outcome of this preventative approach is measured through dental epidemiology surveys and specialist complex treatment activity for children. Monitoring of dental treatment need is ongoing, particularly that of Paediatric Dental procedures under General Anaesthetic. The next children's dental survey will be undertaken in 3 years.

4.0 PRIMARY MEDICAL CARE SERVICES – QUALITY & OUTCOMES FRAMEWORK

4.1. Contractor numbers

There are currently 465 general medical practice contracts across Greater Manchester. There are no significant gaps in provision at present, although overall numbers of practices continue to reduce as a result of mergers and strong contractual intervention (e.g. CQC inspection) which has resulted in a number of terminations due to poor quality and performance.

4.2. Indicative end of year (2017/18) position

As part of delivery of primary medical care services, GP practices report against the Quality and Outcomes Framework (QOF). Individual contract validation and sign-off for the year of 2017/18 is still to be undertaken in order to make reconciliation of contractual payments.

In consideration of QOF data, practice patient lists are considered as raw patient numbers rather than weighted patient.

4.3. Comparison between 2017/18 and 2016 position

4.3.1. At a high-level, indication of delivery by GM practices is provided below, comparing 2017/18 contractual year with the previous year:

Table 6: Comparison of 2017/18 and 2016/17 QOF achievement

Locality	Change in Total Registered List (patients)	Change in Average Registered List (patients)	QOF Point achievement Change	Exception Rate change
Greater Manchester	**24,738**	**183**	4.19	0.13%
NHS Bolton CCG	- 4,216	168	22.87	0.13%
NHS Bury CCG	4,480	149	-6.24	-0.84%
NHS HMR CCG	- 1,368	144	5.96	0.11%
NHS Oldham CCG	2,753	63	-3.40	-0.48%
NHS Salford CCG	2,757	197	18.50	0.87%
NHS Stockport CCG	538	579	3.78	0.39%
NHS Tameside & Glossop	1,763	203	-6.18	-0.07%
NHS Trafford CCG	1,771	55	3.55	0.67%
NHS Wigan Borough CCG	2,111	34	1.12	0.29%
NHS Manchester CCG	14,149	237	1.94	0.23%

High-level delivery figures for each year are provided in Appendix 2.

4.3.2. Achievement and payment against delivery of the QOF is determined based upon practice registered list sizes compared against national average list size. This has an impact against individual contracts where that contract list has not increased comparably to national list increases. Although across Greater Manchester the

average list size has increased, some practices will be adversely affected due to their list sizes not increasing comparably.

4.3.3. Bolton CCG practices have achieved the highest increase in points, however, this will not result in the comparable financial benefit. This is because the total registered patient list for the CCG appears to have decreased.

4.3.4. NHS Salford CCG practices have achieved the next highest increase in points; however they also appear to have the greatest increase in exception reporting.

4.3.5. Exception reporting was introduced into the Quality and Outcomes Framework (QOF) in order to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect However, clearly where a patient is excepted under these arrangements, they have not received the intended care, impacting on quality and outcomes for the patient. The decision to exception report is required to be based on clinical judgement and clear and auditable reasons should be coded or entered in free text on the patient record

4.3.6. The Partnership GP team continues to work collaboratively to support CCG quality teams in assurance and support to the delivery of quality care by primary care, engaging and challenging practices within their locality. The appropriateness and eligibility of exception reporting is a specific focus for this work, particularly where it appears within screening and immunisation programmes, such as cytology screening.

4.3.7. Under governance arrangements, GP contractual matters are highlighted under formally constituted Primary Care Commissioning Committees established in each of the 10 CCGs. The GM GP Excellence programme will also continue to support the delivery of high quality provision of care for our GM residents.

5.0 GENERAL OPTOMETRIC SERVICES

5.1. Contractor Numbers

GM currently has 374 optometry contracts which provides for good access for the delivery of general ophthalmic services for our GM residents. Sight test provision is a demand led service whereby contractors apply to provide services across GM.

5.2 ‘See More, Learn More, Go Further’

As part of the ongoing performance management approach, the GMHSCP optometry commissioning team identified a number of gaps in provision of services. This initial gap was in respect to sight tests for all children which the NHS funds. A GM eye health needs assessment reported that only 22% (approx. 1 in 5 children) had a sight test each year.

Further analysis of GOS sight tests in GM was conducted in partnership with the University of Leeds. All GOS sight test claim forms for a period of 12 months were analysed. Overall, the uptake of NHS sight tests for children was 18% less than the national average. The research further highlighted that the overall figure concealed local inequality. Children in some parts of GM are less likely to have had a sight test than in others. The uptake of sight tests for under 16's was lowest in Stockport, the most deprived areas of Oldham and the least deprived areas of Salford. Uptake is highest in Bolton and Rochdale.

Children with undetected vision problems are more likely to be disruptive, non-attentive and disengaged in class. Lack of academic progress in school can have a long term impact on the economic and social opportunities available for the child.

In March 2018, we published the findings of the 'See More, Learn More, Go Further' project. The overall aim of the project is to raise the uptake of GOS sight tests amongst children in Greater Manchester (GM) which is 18% lower than the national average uptake for areas with a similar population. Children with undetected vision problems are more likely to be disruptive in class. Children with good or corrected vision achieve more academically and socially.

The project has explored the reasons why children do not have regular sight tests and developed interventions to try to overcome the perceived barriers to having a sight test.

The results of the initial project have been positively received. The GM Local Eye Health Network (GMLEHN) is keen to develop an on-going programme aimed at improving awareness of the importance of sight tests across GM. We plan to use the resource pack developed during this initial project to support future initiatives for children.

The next phase of the programme will be to develop a strategy and supporting resources to encourage the working age population to look after their eye health.

6.0 RECOMMENDATIONS

6.1. The Performance and Delivery Board is asked to:

- Note the contents of the report, particularly focus on performance management and support for improvement
- Continue support for the development and utilisation of Tableau for the presentation and sharing of primary care data.

Appendix 1: Community Pharmacy Quality Payments Delivery – by Locality

a) Patient Safety – written safety report (20 points).

Area	Yes	No	% Yes
Bolton	71	0	100.00%
Bury	37	0	100.00%
HMR	46	1	97.87%
Manchester	121	3	97.58%
Oldham	53	1	98.15%
Salford	57	0	100.00%
Stockport	62	1	98.41%
Tameside & Glossop	61	1	98.39%
Trafford	61	1	98.39%
Wigan	68	0	100.00%
Greater Manchester	**637**	**8**	**98.76%**
England	10766	325	97.07%

b) Patient Safety - Safeguarding level 2 (5 points)

Area	Yes	No	%Yes
Bolton	71	0	100.00%
Bury	36	1	97.30%
HMR	47	0	100.00%
Manchester	122	2	98.39%
Oldham	51	3	94.44%
Salford	57	0	100.00%
Stockport	62	1	98.41%
Tameside & Glossop	61	1	98.39%
Trafford	61	1	98.39%
Wigan	64	4	94.12%
Greater Manchester	**632**	**13**	**97.98%**
England	10773	318	97.13%

c) Community Pharmacy Patient Questionnaire (5 points)

Area	Yes	No	% Yes
Bolton	70	1	98.59%
Bury	36	1	97.30%
HMR	46	1	97.87%
Manchester	118	6	95.16%
Oldham	53	1	98.15%
Salford	56	1	98.25%
Stockport	61	2	96.83%
Tameside & Glossop	62	0	100.00%
Trafford	59	3	95.16%
Wigan	67	1	98.53%
Greater Manchester	**628**	**17**	**97.36%**
England	10735	356	96.79%

d) Public Health – Healthy Living Pharmacy level 1 (20 points)

Area	Yes	No	% Yes
Bolton	64	7	90.14%
Bury	34	3	91.89%
HMR	40	7	85.11%
Manchester	104	20	83.87%
Oldham	41	13	75.93%
Salford	55	2	96.49%
Stockport	55	8	87.30%
Tameside & Glossop	53	9	85.48%
Trafford	55	7	88.71%
Wigan	60	8	88.24%
Greater Manchester	**561**	**84**	**86.98%**
England	9390	1701	84.66%

e) Digital – Summary Care Record (5 points)

Area	Yes	No	% Yes
Bolton	67	4	94.37%
Bury	35	2	94.59%
HMR	42	5	89.36%
Manchester	118	6	95.16%
Oldham	51	3	94.44%
Salford	53	4	92.98%
Stockport	60	3	95.24%
Tameside & Glossop	57	5	91.94%
Trafford	61	1	98.39%
Wigan	65	3	95.59%
Greater Manchester	**609**	**36**	**94.42%**
England	10184	907	91.82%

f) Digital – NHS 111Directory of Services (DoS) (2.5 points)

Area	Yes	No	% Yes
Bolton	70	1	98.59%
Bury	36	1	97.30%
HMR	47	0	100.00%
Manchester	122	2	98.39%
Oldham	53	1	98.15%
Salford	54	3	94.74%
Stockport	62	1	98.41%
Tameside & Glossop	61	1	98.39%
Trafford	62	0	100.00%
Wigan	68	0	100.00%
Greater Manchester	**635**	**10**	**98.45%**
England	10916	175	98.42%

g) Clinical Effectiveness – asthma (10 points)

Area	Yes	No	% Yes
Bolton	68	3	95.77%
Bury	37	0	100.00%
HMR	46	1	97.87%
Manchester	121	3	97.58%
Oldham	52	2	96.30%
Salford	57	0	100.00%
Stockport	61	2	96.83%
Tameside & Glossop	59	3	95.16%
Trafford	60	2	96.77%
Wigan	66	2	97.06%
Greater Manchester	**627**	**18**	**97.21%**
England	10629	462	95.83%

h) Workforce – Dementia Friends (5 points)

Area	Yes	No	% Yes
Bolton	71	0	100.00%
Bury	37	0	100.00%
HMR	46	1	97.87%
Manchester	123	1	99.19%
Oldham	52	2	96.30%
Salford	57	0	100.00%
Stockport	62	1	98.41%
Tameside & Glossop	60	2	96.77%
Trafford	62	0	100.00%
Wigan	67	1	98.53%
Greater Manchester	**637**	**8**	**98.76%**
England	10886	205	98.15%

Appendix 2 – High-Level QOF data by locality for 2017/18 and 2016/17

a) 2017-18 Quality and Outcomes Framework Report

	17/18 Achievement				
Locality	Total Registered List	Average Registered List	Average QOF Points	Average QOF Payment	Average Clinical Exception Rate
Greater Manchester	**3021909**	**6578**	**542.08**	**£ 82,823.02**	**8.35%**
NHS Bolton CCG	301800	6288	553.06	£ 77,969.35	6.74%
NHS Bury CCG	203624	6787	541.75	£ 86,613.06	6.91%
NHS HMR CCG	228751	6536	548.15	£ 85,888.02	8.07%
NHS Oldham CCG	254427	5782	530.93	£ 70,077.32	7.52%
NHS Salford CCG	268585	6104	526.78	£ 71,831.22	8.87%
NHS Stockport CCG	309240	7929	553.09	£108,507.06	7.40%
NHS Tameside & Glossop	247571	6348	534.98	£ 84,652.25	7.90%
NHS Trafford CCG	241581	7549	551.13	£ 97,889.07	9.22%
NHS Wigan Borough CCG	327149	5277	544.94	£ 71,463.01	10.08%
NHS Manchester CCG	639181	7182	535.97	£ 73,339.86	10.77%

b) 2016-17 Quality and Outcomes Framework Report

	16/17 Achievement				
Locality	Total Registered List	Average Registered List	Average QOF Points	Average QOF Payment	Average Clinical Exception Rate
Greater Manchester	2997171	6395.41	537.89	£ 80,584.53	8.22%
NHS Bolton CCG	306016	6120	530.19	£ 76,444.59	6.61%
NHS Bury CCG	199144	6638	547.99	£ 86,045.15	7.75%
NHS HMR CCG	230119	6392	542.18	£ 83,680.37	7.96%
NHS Oldham CCG	251674	5720	534.33	£ 69,983.65	8.00%
NHS Salford CCG	265828	5907	508.29	£ 69,683.30	8.00%
NHS Stockport CCG	308702	7350	549.32	£100,138.19	7.00%
NHS Tameside & Glossop	245808	6145	541.16	£ 81,557.90	7.97%
NHS Trafford CCG	239810	7494	547.58	£ 96,309.80	8.55%
NHS Wigan Borough CCG	325038	5243	543.83	£ 70,849.15	9.79%
NHS Manchester CCG	625032	6945	534.02	£ 71,153.21	10.54%