

# Primary Care Commissioning Committee

23 November 2016

<b>Details</b>	Part 1	<b>x</b>	Part 2		Agenda Item No.	<b>7</b>
Title of Paper:	Quality in Primary Care Contract – Quarter 2 Outcomes					
Board Member:	Dr Schryer, Primary Care Clinical Lead					
Author:	Rachele Schofield, Primary Care Manager, Trevor Edge, Primary Care Data Analyst					
Presenter:	Amy Lepiorz, Deputy Director Primary Care and QIPP					
Please indicate:	For Decision		For Information	<b>x</b>	For Discussion	

## Executive Summary

<b>Summary</b>	<p>From 1 April 2016, all 31 Member Practices in Bury signed up to deliver The Quality in Primary Care Contract which is the local framework for delivering the Greater Manchester Standards.</p> <p>As agreed by Primary Care Commissioning Committee the contract currently contains 5 standards:</p> <ol style="list-style-type: none"> <li>1. Improving access to General Practice (Monday – Friday)</li> <li>3. Improving cancer survival rates and earlier diagnosis</li> <li>7. Embedding a culture of medication safety.</li> <li>8. Improving outcomes in childhood asthma</li> <li>9. Proactive disease management to improve outcomes</li> </ol> <p>With the remaining 4 standards due to be developed for implementation by April 2017:</p> <ol style="list-style-type: none"> <li>2. To improve health outcomes for patients with mental illness</li> <li>4. Ensure a pro-active approach to health improvement and early detection</li> <li>5. To improve the health and wellbeing of carers</li> <li>6. Improving outcomes for people with long term condition(s)</li> </ol> <p>The purpose of this paper is to provide Primary Care Commissioning Committee with:</p> <ul style="list-style-type: none"> <li>▪ An update on the performance/payments</li> <li>▪ An overview of the current delivery concerns and recommendations to address</li> <li>▪ Next steps</li> </ul>
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<b>Risk</b>	<b>High</b>		<b>Medium</b>	<b>x</b>	<b>Low</b>	
Please indicate <b>above</b> the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". <b>NB</b> Risks can include failure to act and lost opportunities.						
Risk		Mitigating Action				
6 Practices failed to deliver all elements of Standard 1 as at end of Q2 leaving disparity across Bury in terms of access.		Internal discussions taking place regarding potentially withholding/recouping payments				
There is a significant variation in the number of appointments being offered across practices due to telephone triage. We are also unsure whether the increase in appointments is true increase or administrative changes within the practice		Further work required to refine inclusion criteria for appointments Alignment to GM approach needed				

<b>Recommendations</b>	<p><b>The Primary Care Commissioning Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of this paper</li> <li>• Note that internal discussions are currently taking place with regards to potentially withholding/recouping payments for practices failing to: <ul style="list-style-type: none"> <li>• achieve all elements of Standard 1 at the end of Q2</li> <li>• submit requisite number of SEA's at end of Q2 for Standard 3</li> </ul> </li> </ul>
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## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	<b>x</b>
To deliver service re-design in priority areas through innovation	<b>x</b>
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	<b>x</b>
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	<b>x</b>
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	<b>x</b>
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	<b>x</b>
Supports NHS Bury CCG Governance arrangements	<b>x</b>

## Quality in Primary Care Contract (Q2 Position Statement)

### 1. Background

From 1 April 2016, all 31 Member Practices in Bury signed up to deliver The Quality in Primary Care Contract which is the local framework for delivering the Greater Manchester Standards.

As agreed by Primary Care Commissioning Committee the contract currently contains 5 standards:

1. Improving access to General Practice (Monday – Friday)
3. Improving cancer survival rates and earlier diagnosis
7. Embedding a culture of medication safety.
8. Improving outcomes in childhood asthma
9. Proactive disease management to improve outcomes

With the remaining 4 standards due to be developed for implementation by April 2017:

2. To improve health outcomes for patients with mental illness
4. Ensure a pro-active approach to health improvement and early detection
5. To improve the health and wellbeing of carers
6. Improving outcomes for people with long term condition(s)

The purpose of this paper is to provide Primary Care Commissioning Committee with:

- An update on the performance/payments
- An overview of the current delivery concerns and recommendations to address
- Next steps

### 2. Performance and Payments

#### 2.1 Payments/Monitoring Process

Reimbursement for this scheme is made up of two elements:

1. 70% of the funding is paid monthly in arrears and is dependent on practices evidencing delivery against their practice specific action plan and quarterly data return.
2. 30% of the funding is subject to a year end reconciliation of all KPI data and is payable at the end of the scheme.

Monitoring data is collated from various sources:

- Practice self-declarations
- Appointment Software via Data Quality
- Clinical system searches via Data Quality
- Public Health

Practices submit their information to the CCG no later than the 5<sup>th</sup> of the month following quarter end; this and the other data sources are then pulled together to provide a full CCG/Practice overview by the end of that same month.

#### 2.2 Progress from Q1

Four Practices were non-compliant with Standard 1 – Access (08.00 – 18.30) at the end of Q1:

- Minden Family Practices (x3) were still non-compliant with this standard by the end of Q2 therefore the CCG recoupled the Q2 value of the contract from them. Minden Practices advised that they complied with this KPI from 1 October 2016 therefore payment against this standard has resumed in Q3. The Practices have contested this action and this will be managed via the dispute resolution process at financial year end.

- Peel GPs remain non-compliant with Standard 1 as at 31 October 2016 and the CCG have recouped the Q2 value of contract from them, and the first monthly payment of Q3.

Four Practices were non-complaint with 75/1000 Contacts at the end of Q1:

- Ramsbottom, Woodbank, Birches and Garden City – re-assessed at Q2 and Ramsbottom and Woodbank are now compliant with this KPI. However Birches and Garden City are still not compliant. An internal discussion is taking place to determine if Q2 payments and subsequent months of non-compliance across the remaining contract period will be recouped.

Male / Female Clinician:

- Garden City were struggling to provide a female clinician however, they have resolved this as of Q2

We will continue to monitor the above practices in relation to the contractual KPI's throughout the remainder of the Contract period.

## 2.3 Quarter 2 Performance

Submission dates in relation to the practices' self-declaration templates were as follows:

- 19 practices submitted by 5<sup>th</sup> deadline
- 6 Practices submitted by 6/10/16
- 4 practices had **not** submitted by close of play 7/10/16

There were also a number of issues regarding the declarations, and expected attachments, in relation to two areas:

- Standard 3 - Practice declared number of cancer non-2WW referrals and related SEA's.
- Standard 9 – Onward referral of patients on a care plan.

Practices were emailed guidance in relation to a search for cancer non-2WW, allowing them to submit the expected minimum number of SEA's to end of Q2. Practices have been given an extended deadline of 30/11/16 to submit these and any practices failing to provide the data or exception reasons will be considered for withdrawal of payment for Q2 against Standard 3.

Practices who advised that they had not attached a list of onward referrals have been emailed a suggested search to assist in completion of this standard and will be chased for submission, although these figures are intended only as a guide to potential increases in scheduled care demand.

### 2.3.1 Standard 1 Delivery Concerns

As noted above, Peel GP's who indicated within practice plans and self-declarations for Q1 that they would be unable to deliver all elements of **Standard 1 – Improving Access to General Practice** as mandated within the contract have also failed to achieve this by the end of Q2 as follows:

Standard 1 - Improving access to General Practice (Monday – Friday)			
KPI	Practice	Issue	Response
Monday to Friday opening (8am - 6.30pm) excluding Bank Holidays and LTIs delivered within the parameters of the LTI agreement	Peel GPs	Initially consulted with the Reception Team in Jun Originally fed back that they had planned to deliver by 30/08/16 but have since fed back further consultation would be required on the advice of ACAS Target Date for achievement is November	All practices were made aware of the requirement to meet this standard by end Q1. If not in delivery in totality then should not be funding this element of the scheme.

The following issues are also still present for Standard 1 at the end of Q2:

<b>Standard 1 – Improving Access to General Practice</b>			
<b>KPI</b>	<b>Practice</b>	<b>Issue</b>	<b>Response</b>
75 Contacts per 1000 population/week with prescribing clinician	Birches Medical Centre	Practice achievement in Q2 was 74.9 appointments per 1000, which fell just short of the 75 target.	CCG visited the practice to validate the activity and any coding issues, but the practice was still below target.
75 Contacts per 1000 population/week with prescribing clinician	Garden City	Practice achievement in Q2 was 67.4 appointments per 1000.	CCG visited the practice to validate the activity and any coding issues and established that this may be just to an IT error. Investigation continues.

Primary Care Commissioning Committee is asked to consider/approve the following recommendations:

**Recommendation - Access - Peel GPs:** Internal discussions are taking place with regards to withholding monthly payments for this KPI until non-compliance is addressed.

**Recommendation – Access – Birches –** Practice achieved 74.9 per 1000. Whilst an option would be to round up these figures we have principally avoided doing this previously (e.g. Flu targets and Dementia). To achieve the required target a mere 6 appointments would be required. Internal discussions are taking place with regards to withholding monthly payments for this KPI until non-compliance is addressed

**Recommendation – Access – Garden City –** investigate possible IT issues that are causing the appointment count to be lower than the practice believes it to be. Internal discussions are taking place with regards to withholding monthly payments for this KPI until non-compliance is addressed

### 2.3.2 Further issues to highlight

The following issues relating to Standards 3, 7, 8 & 9 were also noted. Each has had individual feedback outlined below:

<b>Standard 3 – Improving Cancer Survival Rates &amp; Early Diagnosis</b>			
<b>KPI</b>	<b>Practice</b>	<b>Issue</b>	<b>Response</b>
No. of confirmed cancer diagnosis that were not a HSC205 (2ww) referral	Various	Absent or potentially anomalous figures.	The relevant practices have been contacted to submit or clarify this figure.
1 SEA per 3,000 patients	Various	Practices did not submit expected number of SEAs.	As indicated in section 2.3 above, practices have been given an extended deadline of 30/11 to submit following CCG input.

<b>Standard 7 – Medicines Safety</b>			
<b>KPI</b>	<b>Practice</b>	<b>Issue</b>	<b>Response</b>
16/17 prescribing rates for antibiotics are less than 1.219 items/STAR-PU	Unsworth, Minden (Norman), Ramsbottom, Red Bank, RLC	Practices currently above prescribing target.	Medicines Optimisation Team will work with practices to address this.
16/17 prescribing proportion of cephalosporins, quinolones and co-amoxiclav is less than 8%	Fairfax, Longfield, Minden (Norman)	Practices currently above prescribing target.	Medicines Optimisation Team will work with practices to address this.

Standard 8 – Asthma			
KPI	Practice	Issue	Response
Attendance at asthma education sessions and feedback learning to all practices (at least annual)	Various	27 practices advised that they had attended asthma sessions. However, clarification to be sought as to title of education session, as named lead did not attend Asthma Masterclass for 15 of these practices. Of the 4 practices which stated NO to this indicator, 2 have subsequently attended Masterclass.	Contact 15 practices who stated YES and 2 that stated NO but did not attend Masterclass. Where alternative education has been undertaken, clarify with clinical lead that this is sufficient.
Evidence of review process following admission/ooH attendance	Peel GPs	Practice answered NO to this declaration. First review meeting was due following the quarter end.	Practice has been contacted to provide a response

Standard 9 – Proactive Disease Management to Improve Outcomes			
KPI	Practice	Response	Action
Of those onwardly referred - a list broken down by service	Various	Nearly half the practices stated NO – List not attached, but it was unclear whether this was due to a lack of referrals or a lack of information to support response.	CCG contacted the practices involved, advising of a search used by Tottington to assist in compiling this list. Subsequently, we have begun to receive some of the missing information and will chase any outstanding.
A minimum of 7.5% of the practice's population aged ≥17 should be on this register	Various	Re-coding exercise is in progress which may significantly affect these numbers going forward.	Contact practices for which zero patients currently reported on register, as expectation that the code will have been applied to newly diagnosed patients since notification at beginning of financial year.
Maintain a 'pre-diabetes' register using read code #C317 'non-diabetic hyperglycaemia'	Various	Re-coding exercise is in progress which may significantly affect these numbers going forward.	Roll out of INPS solution

**\* Maintain a 'pre-diabetes' register using read code #C317 'non-diabetic hyperglycaemia'**

The original intention was for practices to change the pre-diabetes coding to a specific code (as required under the national diabetes prevention programme) either by undertaking an administrative task to manually change all codes to new requirement (and a number of practices have done this) or to carry out a 'bulk add' but recognising this would have the date at which the add took place rather than the original diagnosis code. It was acknowledged that bulk adding would not be a clinically viable option and therefore INPS have been working on a solution which is due to be rolled out to practice this month.

As MOT had already undertaken a bulk read code add at Greenmount it has been agreed that they will be given latitude around this performance measure until this is resolved.

Any subsequent recommendations from these issues will be highlighted within the Q3 update.

**2.4 Quarter 3 Performance and Future Monitoring**

The CCG now has Outcomes Manager which is a software add-on to the current vision system which will allow the CCG to see aggregated data but will also provide practices with specific patient related data. This software will also give us the ability to use our DQ team for more qualitative work rather than data extraction. The outcomes of this software works will validated within 3 practices before being rolled out across Bury in readiness for quarter 3 reporting.

As quarter 3 figures will only be available towards the end of January 2017, practices will be supplied with monthly supporting information on flu vaccination uptake throughout November-January, so they can track progress towards the over 65s and 2-5 year olds targets.

There were concerns within previous schemes that patients falling off the register at the beginning of April might adversely affect the practices' flu performance (as shown in audits taken in the first two weeks of April). We will therefore advise practices whose achievement is narrowly above target at end of March to take a screenshot at this time, should they feel disadvantaged in this way.

We have encountered difficulties in disseminating the individual practice figures for Minden Practices co-located on one server. We will therefore contact the Practice Manager to discuss the possibility of considering Minden as one practice in relation to these indicators.

### 3. Next Steps

We are now satisfied that we have assurance from all parties that the QinPC scheme is on track with the majority of practices achieving the expected KPIs across the board. The following tasks remain ongoing for Phase 1:

- Further refinement of searches to align with contractual wording
- Task and Finish Group to support quality assurance work for Phase 1 e.g. care plans, appointment numbers
- The development and roll out of Outcomes Manager with In Practice Systems (INPS)

Moving forward into 2017 there is significant amount of work to be undertaken to ensure that Phase 2 of the scheme, incorporating the remaining GM Standards, is drafted and approved, this includes:

- Task and Finish Group to support the development/implementation of Phase 2 of the Standards
- Circulation of the draft contract for agreement by Sectors (December 2016)
- Submission to Clinical Cabinet & LMC for agreement in early 2017
- Practice sign up March 2017
- Delivery Commence 01 April 2017

### 4. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the contents of this paper
- Note that internal discussions are currently taking place with regards to potentially withholding/recouping payments for practices failing to:
  - achieve all elements of Standard 1 at the end of Q2
  - submit requisite number of SEA's at end of Q2 for Standard 3

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