

# Primary Care Commissioning Committee

27 September 2017

<b>Details</b>	Part 1	<input checked="" type="checkbox"/>	Part 2		Agenda Item No.	6
Title of Paper:	Quality in Primary Care					
Board Member:	Dr Jeff Schryer, Clinical Director for Primary Care					
Author:	Zoe Alderson, Head of Primary Care					
Presenter:	Amy Lepiorz, Deputy Director of Primary Care					
Please indicate:	For Decision	<input checked="" type="checkbox"/>	For Information		For Discussion	

## Executive Summary

<b>Summary</b>	<p>This report provides the Primary Care Commissioning Committee with an overview of the Quality in Primary Contract. It looks at three main areas:</p> <ul style="list-style-type: none"> <li>▪ Phase 1 – Disputes and outcomes</li> <li>▪ Phase 2 – Overview of performance as at Quarter 1 and any concerns</li> <li>▪ Phase 2 – Proposed contractual changes</li> </ul>					
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>▪ Note the overview of Phase 1 disputes and outcomes</li> <li>▪ Note the overview of performance as at Quarter 1 and any concerns for Phase 2 of the contract</li> <li>▪ Consider and approve the proposed contractual changes for Phase 2</li> </ul>					

## Strategic themes

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

## Quality in Primary Care

### 1. Introduction and Background

The Quality in Primary Care Contract is now in Year 2 of a phased delivery plan which saw the implementation of the GM Standards

1. By 1 April 2016 (Phase 1) – implementation of 5 GM standards across Bury, forming a 2 year Quality in Primary Care Contract
2. By 1 April 2017 (Phase 2) - Have a comprehensive scheme incorporating all 9 GM Standards, supported by Primary Care, Medicines Management and Public Health working on an integrated basis with the remaining 4 Standards to be implemented in Year 2 of the Contract

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

- Phase 1 – Disputes and outcomes
- Phase 2 – Overview of performance as at Quarter 1 and any concerns
- Phase 2 – Proposed contractual changes

### 2. Dispute Summary/Outcome Phase 1

At the end of Phase 1 of the Quality in Primary Care Contract all practices were provided with a year-end report which outlined their final achievement against the Key Performance Indicators.

In line with the CCGs internal dispute process practices were then given a period of time to query/dispute those figures. The following is a summary of disputes and outcomes along with any further recommendations made by the panel as a result to the Primary Care Team.

There were 9 disputes from 6 practices that went to formal panel. Of those:

Standard Disputed	No.	Outcome/Recommendations
Monday to Friday opening (8-6.30) excluding Bank Holidays and Learning Time Initiatives (LTI) delivered within the parameters of the LTI agreement	2	Not supported, no recommendations made
90% of all patients on the practices pre-diabetes register should have a HbA1C within the financial year	2	Not supported, the Panel concluded that it would be wrong to retrospectively vary the 16/17 contract when the interpretation was clear, however the Primary Care Team were asked to consider a variation for 17/18 to avoid the same issues arising again within this financial year. (see Appendix 1)
Patients with a care plan will receive an annual review or a review following unplanned admission/A&E attendance (this does not need to be face to face but the patient/carer must receive an update copy of their care plan should anything change)	3	Not supported, no recommendations made
≥80% Flu uptake (aged 65 and over)	1	Not supported, no recommendations made
55% of high risk patients are prescribed a statin	1	Not supported, no recommendations made
<b>Total</b>	<b>9</b>	

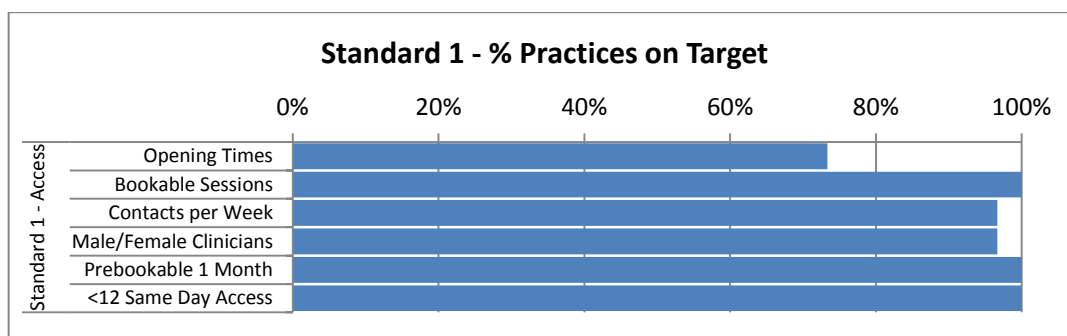
### 3. Performance as at Quarter 1

The following graphs are based purely on where we would expect practices to be against targets at the end of Q1 e.g. if the year-end KPI target was for practices to find 12 people with AF then at the end of Q1 we would expect them to have found 3 patients and this would be depicted as 100%.

The exception to this Standard 1 were all practices are expected to achieve throughout the term of the contract and targets that are seasonal i.e. Flu

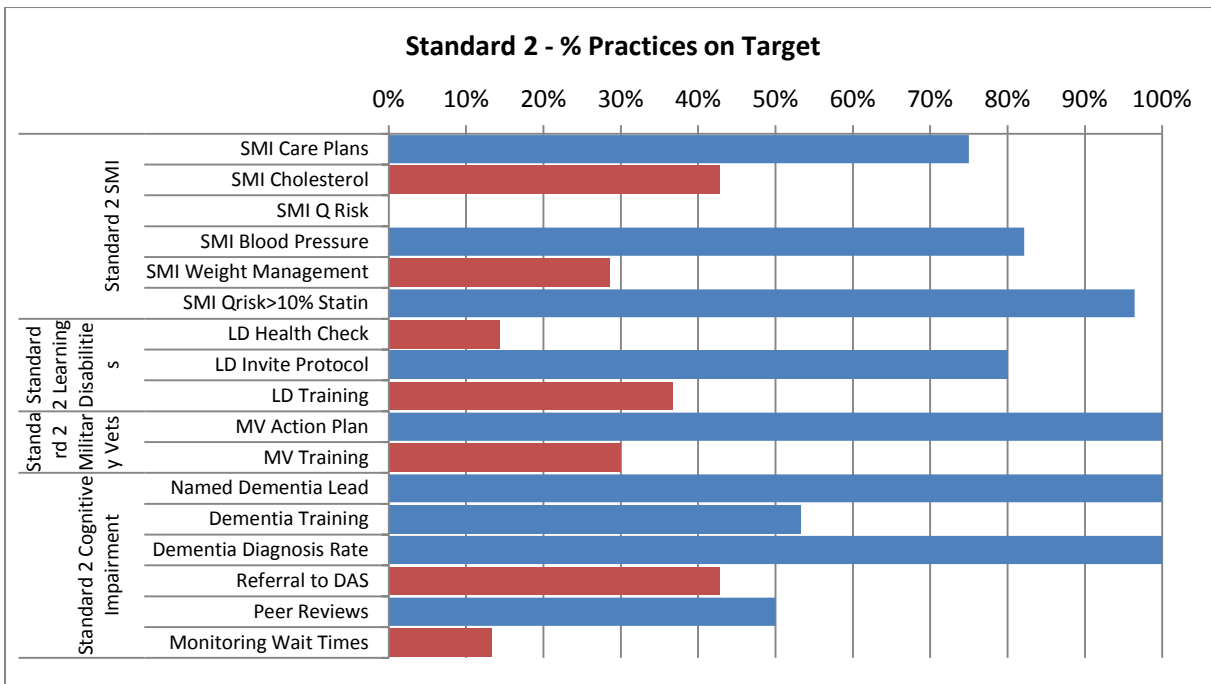
#### Standard 1 Improving Access to General Practice

- Opening times achievement is declared via a practice self-declaration. Below illustrates achievement after an internal validation of websites and telephone messages took place. A number of these have since been confirmed as being anomalies rather than the practice not being open and therefore by Q2 we expect this requirement to be fully achieved.
- 1 practice is currently not meeting the 75 contacts per 1000 patients, work is ongoing to ensure that this is not a data collection issue
- 1 Practice declared that they did not have access to a female clinician; this has been identified as a mistake and therefore adjusted.



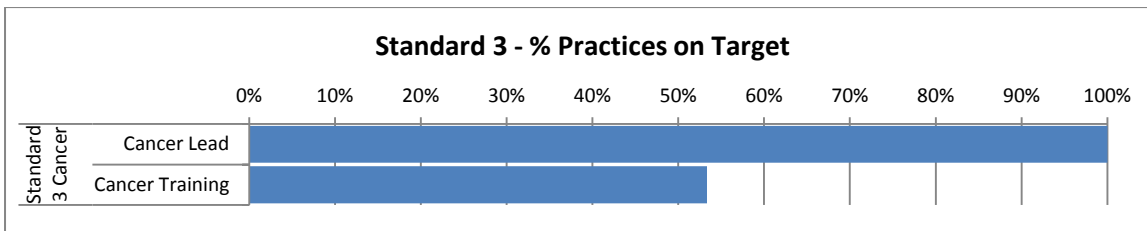
#### Standard 2 - To improve health outcomes for patients with mental illness, those with learning disabilities and military veterans

- 90% of patients on SMI register with Cholesterol measured (Expectation at Q1 would be 22%, currently 42% of practice are achieving this)
- 100% of patients with SMI and cholesterol (who are eligible) have a QRisk2 score recorded (Expectation at Q1 would be 25%. No practice is currently achieving this)
- 90% of patients on SMI register with Weight measured (Expectation at Q1 would be 22% only 29% of practices are currently achieving this)
- 90% of newly diagnosed patients to be referred to the Dementia Adviser Service (DAS) for post diagnostic support (Expectation at Q1 would be 22% only 42% of practices are currently achieving this)
- A number of self-declarations were also not received around protocols and training, however as these are a one off requirement it is expected that these will be fulfilled in a later submission.



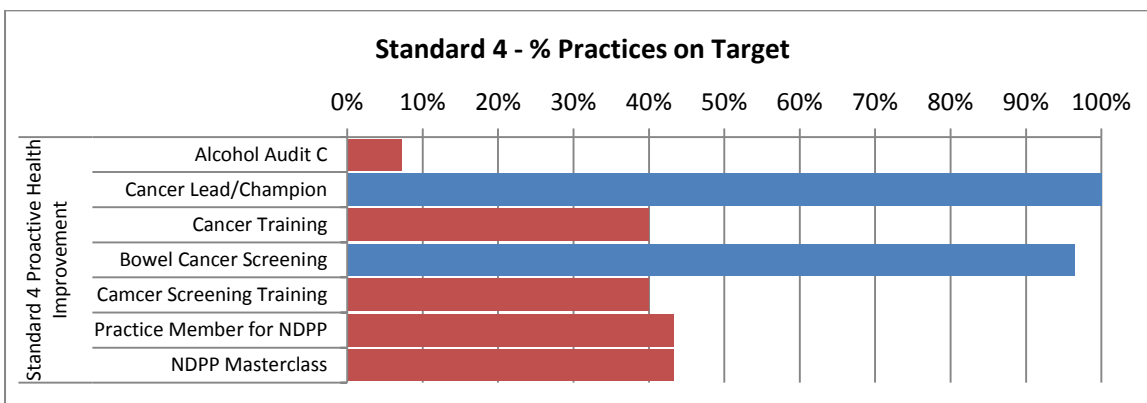
### Standard 3 Improving Cancer Survival Rates & Early Diagnosis

- A number of self-declarations around training were not received, however as these are a one off requirement it is expected that these will be fulfilled in a later submission as will the significant event analysis returns, therefore there are no concerns around this target at present.



### Standard 4 - Ensure a pro-active approach to health Improvement and early detection

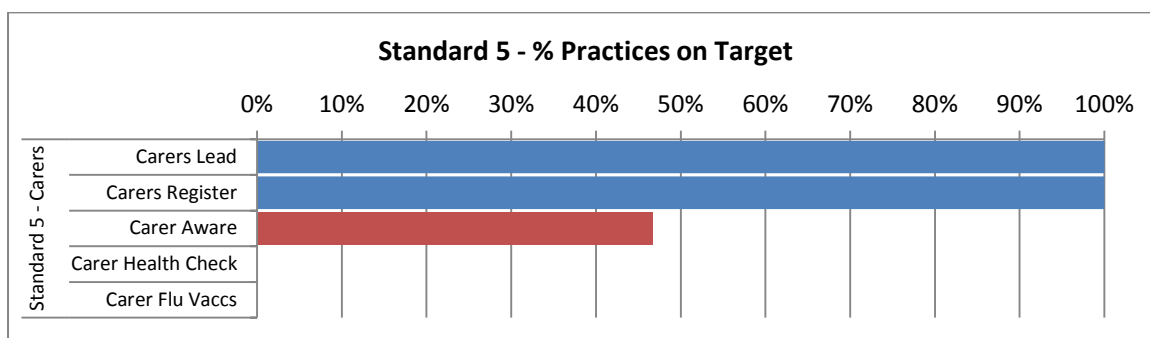
- 15% of patients aged 16 or over on the 1<sup>st</sup> April 2017 to receive Audit C or FAST excluding any patients completed in previous 2 years<sup>1</sup> (Expectation at Q1 would be 3.75% only 7% of practices are currently achieving this target)
- A number of self-declarations were also not received around protocols and training, however as these are a one off requirement it is expected that these will be fulfilled in a later submission.



<sup>1</sup> This target is as per the proposed variation which forms part of this paper

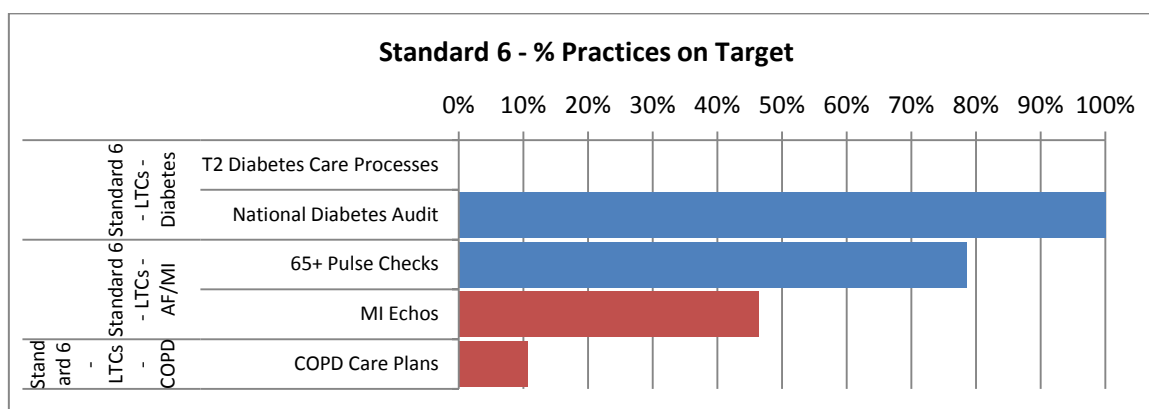
## Standard 5 - To improve the health and wellbeing of carers

- Self-declarations in relation to Carer Aware were not received from a number of practices. It is expected that this will be rectified in Quarter 2 submissions.
- Flu vaccinations are not expected to commence until at least September. This may also be delaying the Carer Health Checks, if practices are planning to cover within one appointment.



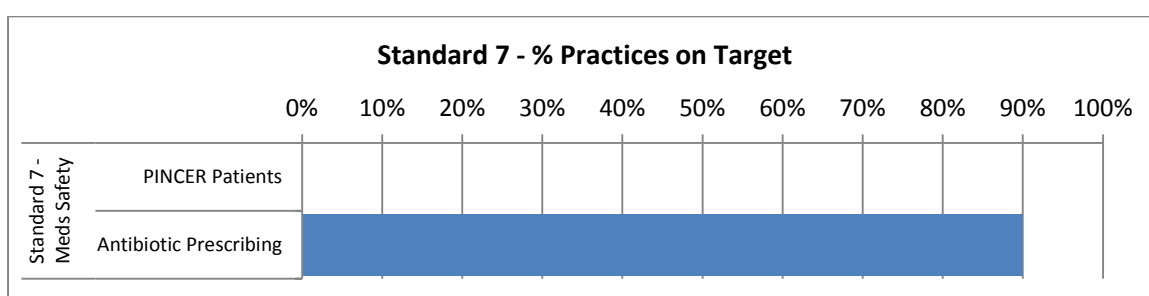
## Standard 6 Improving outcomes for people with a long term condition

- 100% of Adult Patients diagnosed as having type 2 diabetes have received all 9 care processes exception reporting where required in line with policy (Expectation at Q1 would be 25%. Current performance ranges from 0% to 15.3%. Achievement against the individual care processes vary widely a piece of work is therefore required to highlight specific areas for focus. This will be done in conjunction with the outputs from this year's National Diabetes Audit.)
- 80% of patients post MI have received an echo within 12 months (Expectation at Q1 would be 20%. 46% of practices are currently achieving this.)
- 100% of patients diagnosed as having COPD have been offered a Care Plan, which is reviewed annually exception reporting where necessary (Expectation at Q1 would be 25%. Just over 10% of practices are currently achieving this)



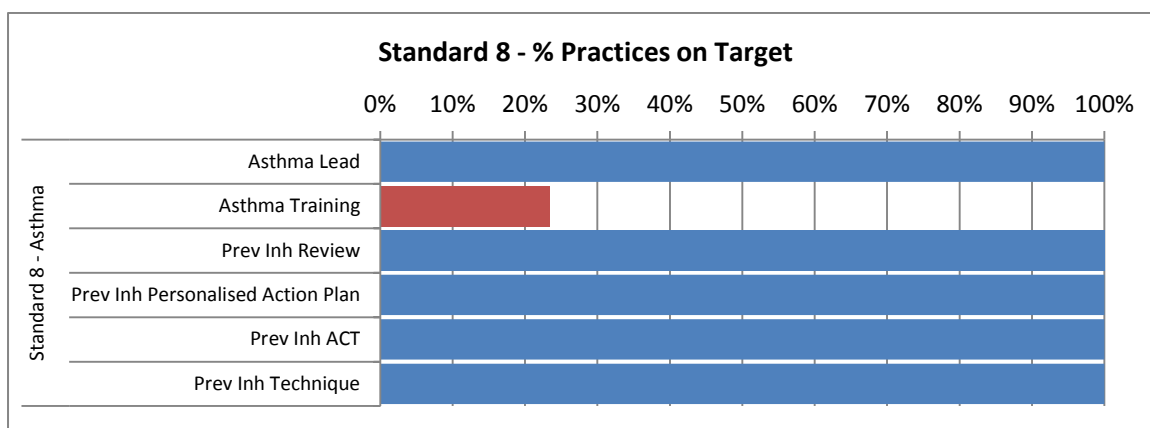
## Standard 7 Embedding a Culture of Medication Safety

- PINCER – similarly to the diabetes care processes target this target is difficult to display in this manner as the target cannot be partially achieved in year. Future reports will show this data at a PINCER indicator level
- Trimethoprim numbers are expected to be available from quarter 2.



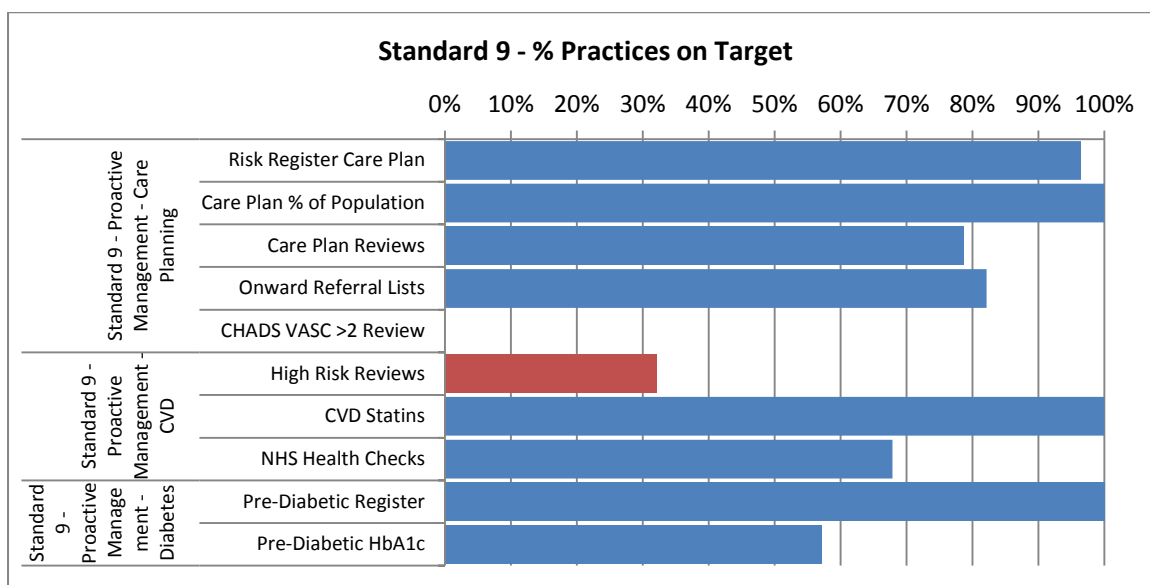
## Standard 8 Improving outcomes in childhood asthma

- Self-declarations in relation to Asthma Training were not received from a number of practices. It is expected that this will be rectified in Quarter 2 submissions. Also, practice achievement for training indicators may be dependent on timing of training sessions within year.



## Standard 9 Pro-active disease management to improve outcomes

- 95% of patients diagnosed with AF and having a CHA2DS2-VASc score  $\geq 2$  but who are not receiving an anticoagulant have received an annual face-to-face review using the NICE Atrial Fibrillation Patient Decision Aid or equivalent structured patient clinical support tool (Expectation at Q1 would be 24%. Only 2 practices currently show activity within this indicator therefore further work will be required to ensure this is not a data recording issue)
- 60% of Cardiovascular High Risk Patients will have undergone a face to face review (Expectation at Q1 would be 15%, only 32% of practices are currently achieving this)



## 4. Contractual Changes

Now that Phase 1 dispute process has concluded and Phase 2 of the contract is operational a number of changes/clarifications are required.

These focus mainly on Key Performance Indicators clarifications. The proposed variation is attached as **Appendix 1**. Once approved it will be circulated to our member practices for agreement and varied into the main contract with the support of the Commissioning Support Unit.

## 5. Recommendations

Primary Care Commissioning Committee are asked to:

- Note the overview of Phase 1 disputes and outcomes

- Note the overview of performance as at Quarter 1 and any concerns for Phase 2 of the contract
- Consider and approve the proposed contractual changes for Phase 2

**Zoe Alderson**  
Head of Primary Care





The following variation has been produced in order to clarify two KPIs where targets were previously estimated, it has also given us an opportunity to consider and reflect on practice feedback regarding indicators which have only come to light since implementation. This variation should be read in conjunction to the main contract (Quality in Primary Care Contract 2017/2018) as well as the previously issued variation (CVN01) which all practices are signed up to deliver, both are available on request. Changes stated within this variation are around the following topic areas:

1. Section 4 – The Standards

**1. Section 4 – The Standards**

Original		Revised
Standard	Service Specification	Service Specification
Standard 3 – Improving Cancer Survival Rate & Early Diagnosis	KPI – <ul style="list-style-type: none"> <li>1 SEA per 3,000 patients (biannual)</li> </ul>	KPI - <ul style="list-style-type: none"> <li>1 SEA per 3,000 patients on any new cancer diagnosis that demonstrates reflection, learning and impact (Cancers diagnosed through screening programmes remain excluded)</li> </ul> <p><i>Rationale - There were a number of SEAs submitted in year 1 that showed excellent reflection and learning but did not fulfil the criteria some practices also struggled to find cancers diagnosed outside of the 2ww. The main aim of SEA is reflection and learning. We therefore propose that the practices can submit SEA on any new cancer diagnosis that demonstrates reflection, learning and impact.</i></p>
Standard 4 – Ensure a pro-active approach to health improvement	KPI - <ul style="list-style-type: none"> <li>AUDIT C or FAST baseline and requires increase (the increase to be confirmed once the baseline is known)</li> </ul>	KPI confirmed as: <ul style="list-style-type: none"> <li>15% of patients aged 16 or over on the 1<sup>st</sup> April 2017 to receive Audit C or FAST (excluding any patients completed in previous 2 years)</li> </ul>
	KPI - <ul style="list-style-type: none"> <li>Clinical Cancer Lead and non-clinical champion to undertake a Cancer Screening Training Session provided by the LA/CCG</li> </ul>	KPI changed to: <ul style="list-style-type: none"> <li>Non-clinical champion to undertake a Cancer Screening Training Session provided by the CCG</li> <li>Clinical Cancer Lead to support non clinical champion in the development and implementation of a practice cancer action plan</li> </ul>
Standard 6 – Improving outcomes for people with a long term condition	Delivery - <u>Atrial Fibrillation</u> Patients aged 65 and over have had their pulse checked in the last 12 months to screen for AF diagnosis  KPI - 40% of Patients aged 65 and over who have attended the Practice for an appointment with a prescribing clinician have had their pulse	Delivery - <u>Atrial Fibrillation</u> Patients aged 65 and over have had their pulse/ <b>rhythm</b> checked in the last 12 months to screen for AF diagnosis  KPI confirmed as: <b>45%</b> of Patients aged 65 and over have had their pulse/ <b>rhythm</b> checked in the last 12 months to ascertain AF diagnosis (patients who already have AF

	checked in the last 12 months to ascertain AF diagnosis (patients who already have AF are excluded) – please note the final % achievement target is to be set once the baseline data has been established.	are excluded)
	<p><u>Delivery - Asthma</u> All patients diagnosed asthma (BTS level 4) to have a care plan which is reviewed annually and/or following unplanned admission/A&amp;E attendance (this does not need to be face to face but the patient/carer must receive an update copy of their care plan should anything change)</p> <p>KPI-</p> <ul style="list-style-type: none"> <li>Patients diagnosed asthma (BTS level 4) have a care plan which is reviewed annually (as per Standard 9) - exception reporting where necessary</li> </ul>	<p><u>Delivery – Asthma</u> All patients diagnosed asthma (BTS level 4) to have a care plan which is reviewed annually and/or following unplanned admission/A&amp;E attendance (this does not need to be face to face but the patient/carer must receive an update copy of their care plan should anything change)</p> <p>KPI changed to- It is proposed that there will not be a specific KPI for this component, with the funding associated shared equally amongst the remaining core care plan areas. This is because asthma is a reversible condition and patients may move between steps 4/5 and below. There is also new NICE guidance due shortly.</p>
	<p><u>Delivery – Diabetes</u> Achievement of all 9 care processes for adults (18 and over) who have type 2 diabetes (annually)</p> <p>KPI -</p> <ul style="list-style-type: none"> <li>100% of Adult patients diagnosed as having type 2 diabetes have received all 9 care processes (exception reporting where required in line with policy)</li> </ul>	<p><u>Clarification - Diabetes</u> Exception reporting in line with QoF has been built into the business rules. The number of exceptions by each practice will be reported separately to enable a deeper dive of outlying practice if necessary.</p>
Standard 9 - Proactive disease management to improve outcomes	A defined cohort of Cardiovascular High Risk Patients will be identified for the practice at the beginning of the financial year	<p><u>Clarification - Informatica identifies patients who have had an NHS Health Check and have a CVD risk of over 20%. All practices have been issued with procedure notes for printing off a list of these patients.</u></p> <p>Please note: There could be patients on the GPs records who have a high risk recorded in their notes but because they haven't had an NHS Health Check they won't be picked up.</p>
	<p><u>KPI – Diabetes</u> 90% of all patients on the practices pre-diabetes register should have an HbA1c within the financial year</p>	<p><u>Clarification – Payment will be based on the practice achieving 90% of a 7.5 % register. Though practices are encouraged to test all patients no matter the percentage list size.</u></p> <p>This change is following a recommended</p>

Any queries regarding the content of this variation should contact [racheleschofield@nhs.net](mailto:racheleschofield@nhs.net) in the first instance.