

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 January 2019	Action	Approve
Item No.	9	Confidential	No
Title	Quality In Primary Care Contract 2019/20 (Phase 4)		
Presented By	Marie Clayton, Deputy Director of Primary Care		
Author	Marie Clayton, Deputy Director of Primary Care		
Clinical Lead	Dr Jeff Schryer, Clinical Lead Primary Care & CCG Chair		

Executive Summary
<p>The following paper has been written to seek formal approval from the Primary Care Commissioning Committee for the continued commissioning of the Quality in Primary Care Contract into 2019/20 from our General Practice providers. Phase 4 of the contract continues to bring a local flavor to the Greater Manchester Association of Governing Groups (AGG) agreed set of 9 Greater Manchester (GM) Primary Care Standards.</p>
Recommendations
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Note the contents of this paper • Support the recommendation to commission Phase 4 of the Quality in Primary Care Contract from 1 April 2019 against the increased Financial envelope • Receive and approve the attached Phase 4 Quality in Primary Care Contract, where necessary delegating any minor changes to the Contract to the Deputy Director of Primary Care and Clinical Lead

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>

To be a high-performing, well-run and respected organisation with an empowered workforce	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>[Insert Risk Number and Detail Here]</i>	

Implications						
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Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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If you have ticked yes provide details here. Delete this text if you have ticked No or N/A

Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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If you have ticked yes provide details here. Delete this text if you have ticked No or N/A

Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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< *If you have ticked yes, Insert details of the people you have worked with or consulted during the process :*
 Finance (insert job title)
 Commissioning (insert job title)
 Contracting (insert job title)
 Medicines Optimisation (insert job title)
 Clinical leads (insert job title)
 Quality (insert job title)
 Safeguarding (insert job title)
 Other (insert job title)>

Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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If you have ticked yes provide details here. <Include details of any conflicts of interest declared>
 <Where declarations are to be made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these will be managed in the meeting>
 <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>

Delete this text if you have ticked No or N/A

Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<p><i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.</i></p>						

Governance and Reporting		
Meeting	Date	Outcome
Name of meeting		These boxes are for recording where the report has also been considered and what the outcome was. This will include internal meetings like SMT.
		If the report has not been discussed at any other meeting, these boxes can remain empty.

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Quality in Primary Care Contract 2019/20 (Phase 4)

1. Introduction

- 1.1. The following paper has been written to seek formal approval from the Primary Care Commissioning Committee for the continued commissioning of the Quality in Primary Care Contract (QinPC) into 2019/20 from our General Practice providers. Phase 4 of the contract continues to bring a local flavor to the Greater Manchester Association of Governing Groups (AGG) agreed set of 9 Greater Manchester (GM) Primary Care Standards.
- 1.2 The aim of the Standards is to address unwarranted variation and improve outcomes for the whole population. Whilst there are still varying levels of delivery against the Standards across Greater Manchester Clinical Commissioning Groups (CCGs), there remains GM wide support for their delivery with Bury continuing to commission the delivery of all 9 standards across all of its member practices. This reduces variability across General Practice by ensuring all patients have equitable access to the very best treatment within primary care by reducing variance in service provision.

2. Background

- 2.1 To ensure Bury CCG continue to move with the GM direction of travel and to ensure continued improvement in terms of quality, performance and return on investment, the Primary Care Team have reviewed the Contract for Phase 4, focusing on the removal of some areas of apparent duplication and those KPIs that have proven to show little benefit in terms of quality improvement. We have designed the contract taking on board some of the feedback from practices in year and this has led to the Phase 4 Contract being co-designed with colleagues from the Locality Care Alliance (LCA).
- 2.2 It was the intention at the outset of Phase 4 that the QinPC 2019/20 would be commissioned from the LCA with the GP Federation delivering the contract and, in turn, commissioning General Practice to deliver this. This would have marked a bold change in the way the CCG commissions services however, following consultation with the LCA, GP Federation and General Practice around the proposed Phase 4 Contract, it was felt that, given the timescales involved for agreement and sign off, this was not a feasible approach at this time. This does remain a realistic proposition as we progress through 2019/20 and we will continue to review the commissioning model for this contract.

3 Quality in Primary Care Contract Phase 4

- 3.1 Phase 4 of the Contract will see the continued implementation of all 9 Standards ensuring that Bury retains stability and continues forward momentum built across the preceding 3 years of the contract. In order to remain relevant, ensuring the Contract remains fit for purpose, we have made the changes for 2019/20:

- 3.2 A proposed Contract for Phase 4 is attached (Appendix 1).
- 3.3 The changes made to the contract during its coproduction remain with perhaps the most noticeable to Standard 9.
- 3.4 Standard 9 – Proactive Disease Management to Improve Health Outcomes (the standard traditionally known as the “care plan section”) has been extensively revised to reflect the development of integrated neighbourhood care teams (INT) and the requirement for the General Practice colleagues to work together and with the LCA to improve health outcomes for our patient population.

4 Funding and Potential Risks

- 4.1 We have requested a financial envelope for the Quality in Primary Care Contract in 2019/2020 of £2,716,000 which is equal to that budgeted in 2018/19. This does not allow for any uplift recognising the increase in population size since 2018 (an increase in just under 5000 individuals). For the 2019/2020 Phase 4 Contract, this means there is a budgetary deficit of £66, 950 based on the £13.39 per head of population finance model used.
- 4.2 Commissioning the contract at the same per head of population value as 2018/2019 as a minimum is vital to ensure the contract remains an attractive proposition to General Practice thus safeguarding its continued delivery across 100% of practices; any decrease in contract value would put this at risk. Commissioning the Contract to reflect the uplift would require the CCG’s commitment to covering the £67K shortfall either at risk on the assumption that the contract is unlikely to be paid out in full (an assumption supported in both Phase 2 and Phase 3) or that funds would be available via an alternative budget should full achievement be realised. The approach to covering the shortfall is to be determined by finance colleagues.
- 4.3 It envisaged that the likely underspend on this contract at year end 2018/19 will be similar to 2017/18 which was - £230,973.

5 Risks

Financial Risk:

- 5.1 Commissioning the Contract without an uplift to recognize population increase with the expectation that Practices will commit to achieve the requirements set out in the Contract is a risk as practices are now used to receiving the level of compensation that this contract has previously attracted. Any decrease in that value will be unwelcomed and is likely to lead to Practices refusal to sign.
- 5.2 There is also a financial risk that the CCG would need to ensure appropriate funds were available should all practices achieve and the full contractual value is to be paid out.

External Risks:

- 5.3 Any reduction in delivery of service will impact on the patient population in Bury as some elements of the Contract have been in place since April 2016 with full delivery of all 9 Standards taking effect in April 2017. If we fail to commission a Contract which can demonstrate value for money to Practices for 2019/20, we increase the risk that practices will not sign or that we will be unable to achieve full population coverage therefore additional services provided to the patient population of Bury following the introduction of this Contract will cease.

Reputational Risks:

- 5.4 All Bury CCG member practices are currently signed up to deliver all 9 GM Standards, raising the quality of service provided across Bury. If this is not achieved in Phase 4, then we risk damaging our standing within the Greater Manchester CCG community and the discontinuation of services that the population of Bury have come to rely on.

6 Recommendations

Primary Care Commissioning Committee is asked to:

- Note the contents of this paper
- Support the recommendation to commission Phase 4 of the Quality in Primary Care Contract from 1 April 2019 against the increased Financial envelope
- Receive and approve on the attached Phase 4 Quality in Primary Care Contract, where necessary delegating any minor changes to the Contract to the Deputy Director of Primary Care and Clinical Lead

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Appendices

Appendix 1

Quality in Primary Care Phase 4 Draft Contract

BURY CCG

QUALITY IN PRIMARY CARE

Locally Commissioned Service (LCS)

Phase Four – 1st April 2019 – 31 March 2020

1. Introduction

The Greater Manchester Association of Governing Groups (AGG) agreed the development of a set of 9 Greater Manchester (GM) Primary Care Standards with the aim of addressing unwarranted variation and improving outcomes for the whole population.

2. GM Standards

1. Improving Access to General Practice
2. To improve health outcomes for patients with mental illness, dementia, learning disabilities and military veterans
3. Improving Cancer Survival Rates & Earlier Diagnosis
4. Ensure a pro-active approach to health Improvement and early detection of disease
5. To improve the health and wellbeing of carers
6. Improving outcomes for people with a long term condition
7. Embedding a Culture of Medication Safety
8. Improving outcomes in children - childhood asthma
9. Pro-active disease management to improve outcomes

For the full rationale, including references, please refer to the appended GM Standards (Appendix 1)

3. Bury Approach

1. Phase 1 - By April 2016: Agree schemes to promote five priority areas for implementation of the GM Standards, recognising that we are doing quite a lot of work in each domain already, and this will be maintained during 2016-19.
2. Phase 2 - By April 2017: Have a comprehensive scheme incorporating all GM Standards, potentially supported by Primary Care, Medicines Management and Public Health working on an integrated basis and this will be maintained during 2016-19.
3. Phase 3 – by April 2018: Bury CCG wish to implement Phase 3 of the contract which will see the continued implementation of all 9 Standards, incorporating all contract variations made to the Standards across Phase 1 and 2. Phase 3 will ensure that Bury retains stability, whilst allowing for some small scale operational changes ensuring the contract remains fit for purpose.
4. Phase 4 – by April 2019: It was the CCGs intention to realign Burys delivery of GM Standards to that outlined and agreed by the AGG in 2017 and to explore the option of delivery via the Local Care Alliance (LCA) model and measuring success on outcomes. Following engagement with both the LCA and member practices it was recognised that it would not be possible to develop a coherent model ready for delivery by April 2019 via the LCA therefore for Phase 4 of the contract the CCG will continue to commission services directly from General Practice.

Work will continue with all appropriate partners to develop on outcome based contract to be delivered via the LCA moving forward.

4. Support from the CCG

The CCG will provide a framework of support for practices, which will underpin the implementation of the Quality in Primary Care LCS. As a minimum practices can expect:

- Produce a self-declaration form for practices to complete and return
- Produce quarterly monitoring reports against relevant Core Expectations and Stretch Targets
- Data quality support
- Provide read codes / Snomed CT codes where required
- Provide baseline data where applicable
- Review of the primary care education strategy, and explore innovative ways of supporting training & engagement for practices
- Communications material around the standards as appropriate
- Provide templates where applicable

5. Signing up to the LCS

Providers are asked to note that by signing up to the Quality in Primary Care LCS they are agreeing to deliver all requirements as laid out within each of the 9 GM standards¹. To support delivery of the contract, practices are required to:

- deliver all Core Expectations (on which upfront payments are predicated)
- allow the extraction of a quarterly minimum dataset via outcomes manager (on which upfront reward payments are predicated)
- to contact the CCG before the quarterly minimum data set due date if there are any questions, concerns, issues or problems with achieving the Core Expectations and/or Stretch Targets within the contract
- provide self-declarations quarterly and supporting evidence upon request
- Used Read codes / Snomed CT codes as defined in the Business Rules for Phase 4
- ensure all staff participating in the contract are appropriately trained
- undertake regular quality improvement audits, acting and sharing where appropriate
- treat patients in accordance with the latest local and national guidance including appropriate referrals to local providers

The CCG expects that all practices will ensure patients have access to services defined in the following:

- NHS Health Checks
- Learning Disabilities DES
- Influenza DES
- QOF

6. Exception Reporting

Exception reporting is permitted where Core Expectations and Stretch Targets have been set at 100%. Exception reporting must comply with QoF guidelines *where indicated*. Practices must mark that a patient has been excepted in the patient notes using the appropriate read code / Snomed CT code. Varying levels of exception reporting will be investigated as part of the post payment verification (PPV) process.

Comment [ZA1]: Need to check with PCCC that we still want any 100% targets as this is potentially just driving poor coding

This includes practices having a process in place for targeting those patients who do not respond to requests to attend appointments, screening etc. this should have a particular focus on hard to

¹ Good practice are suggestions only, the practice may or may not choose to undertake these

reach groups in order to ensure that they are proactively followed up by the practice (this will be available upon request).

7. Performance Monitoring

Quarterly returns for the previous quarter should be submitted no later than:

- Quarter 1 – 5 July 2019
- Quarter 2 – 5 October 2019
- Quarter 3 – 5 January 2020
- Quarter 4 – 5 April 2020

The CCG will contact the practice **once** with details of any omissions and will provide a deadline for submission, it will be the responsibility of the practice to correct and re-submit the data by the deadline provided by the Analyst. Any information not received by the deadline will be taken as a nil data submission and performance reported (and paid) accordingly.

8. Training

As a minimum, we expect the practice to

- Be aware of the latest national and local guidance
- Able to signpost patients appropriately to local support
- Be able to put systems in place to ensure regular audit and learning takes place
- To provide appropriate public health advice to patient
- To develop appropriate staff members to deliver elements of the standards

Practices may be expected to provide evidence of their continued professional development relevant to this contract

The CCG will aim to provide a range of training in line with the education plan, any areas where practices feel training would be of benefit should be emailed through to buccg.primarycareteam@nhs.net

Protected Learning Time Initiatives will continue in Phase 4 of the Quality in Primary Care Contract.

In order to ensure there is standardisation as far as possible across Bury, the sessions covered via BARDOC will be once a month with a choice of 1 from 3 set days/times, as follows:

- Dates:** The 3rd Tue of each month
The 2nd Thursday of each month, OR
The 4th Wed of each month
- Duration:** 13:00 - 15:30 (2.5 hours)

Practices will be required to maintain their chosen session throughout the year and only by prior negotiation with the CCG may consideration be given to this being changed. This is to ensure that effective communication with patients can be maintained.

Practices wishing to undertake LTIs outside of these standard days/times must do so whilst remaining open to your patient population.

If requested, Practices will submit a summary of LTI's undertaken which details key learning from the session.

9. Payment

The total amount invested in this enhanced service is £ 2, 716, 000 which at a practice level equates to approximately £13.39 per head of population, and will be reimbursed using the weighted Carr Hill formula (adjusted on a quarterly basis)

Comment [ZA2]: Last years figure

Comment [ZA3]: If the population has increased this will decrease

Payments are made up of two elements (both are subject to the return of a specific minimum datasets and self-declarations as specified in the contract):

1. 70% of the contract value will be paid monthly in arrears and is predicated on the delivery of **all Core Expectations**, the CCG may withhold/recoup payment where delivery cannot be evidenced upon request, or required data is not received by the deadline each quarter as the contract progresses. The contract will also undergo a year end reconciliation and, where Core Expectations have not been achieved at year end, payments will be recouped.
2. 30% of the contract value is subject to a year end reconciliation of all **Stretch Target data** and is payable at the end of the scheme.

Post Payment Verification Visits may be undertaken in Practice focusing on areas including but not limited to exception reporting, prevalence levels, self-declarations and training.

If implementation/monitoring reveals that Core Expectations and Stretch Targets amendments are required these will be done in consultation with providers.

10. Disputes

Although both the Commissioner and the Provider enter into the contracts in good faith there will be certain issues that arise that cannot be anticipated that will potentially impact on the performance of Providers and their ability therefore to meet targets that trigger contractual payments.

In the circumstances, to ensure that the contracts continue to be formed in good faith, the Dispute Resolution Process will be followed. This process will enable any provider who feels aggrieved by a decision of the CCG to have a mechanism to enable the decision to be independently reviewed within the CCG and without prejudice.

At its heart this process is to create openness, transparency and provide equity to the Providers. This process is issued along with quarter 4 outturn and includes the terms of reference including the membership of the Dispute Resolution Panel, the remit/responsibilities and the reporting arrangements of the Panel.

11. Contract Term

This contract will run from 1 April 2019 – 31 March 2020. The contract will be reviewed/amended in line with any changes required. Termination of this agreement by either party will be in writing with a minimum notice period of 3 months.

DRAFT

Standard 1 Improving Access to General Practice	Measure	Who by	Frequency
Core Expectations (70%)			
Operate an open door policy 8am – 6.30pm Monday to Friday at all sites. This means the practice is “open for business” and patients can access the surgery physically and on the telephone to book routine and pre-bookable appointments (this cannot be subcontracted to a third party)	Self-declaration	Practice	Quarterly
Ensure patients are able to book routine pre-bookable appointments 7days (providing pre-bookable, longer appointments were necessary for those patients with complex needs)	Self-declaration	Practice	Quarterly
Provide alternative modes of consultation e.g. SKYPE, email etc.	Self-declaration	Practice	Quarterly
Offer access to both male and female prescribing clinicians (can be delivered through a neighbourhood model)	Self-declaration	Practice	Quarterly
Offer pre-bookable appointments 4 weeks in advance with a prescribing clinician	Self-declaration	Practice	Quarterly
Stretch Targets (30%)			
≥30% of patients are able to book appointments and order repeat prescriptions online	Bespoke search	CCG	Quarterly

Standard 2 - To improve health outcomes for patients with mental illness, dementia, learning disabilities and military veterans	Measure	Who by	Frequency
Core Expectations (70%)			
Identification: The practice has a process for the proactive identification and management of adults and children with undiagnosed mental illness, including asylum health, protected characteristic groups, dementia, learning disabilities and military veterans	Self-declaration	Practice	Annually
Maintain the Severe Enduring Mental Illness (SMI) QoF register to include all patients with bipolar disorder, Psychosis or Schizophrenia.	Bespoke search	CCG	Quarterly
Undertake Comprehensive Management: For those people with severe and enduring mental illness, dementia, learning disabilities and military veterans undertake a comprehensive review (at least annually) where all aspects of care are reviewed, this includes: <ul style="list-style-type: none"> • Physical Health • Emotional Health • Medication and Treatment Compliance 	Bespoke search	CCG	Quarterly
The practice has a protocol for identifying patients who fail to order and / or do not collect medication within 6 weeks of being due (Psychotropic Drugs).	Self-declaration	Practice	Once Annually
Specific to Military Veterans: Routinely Record Armed Forces Veterans & Reservists on Vision <i>"Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Navy Seafarers and Fishermen who served in a vessel at a time when it was operated to facilitate military operation by HM Armed Forces"</i>	Bespoke search	CCG	Quarterly
Comply with the requirement of the Armed Forces Covenant and ensure high quality responsive services for Veterans, Reservists and their families (spouses, partners or children) e.g. referrals to military Veterans IAPTS Service	PPV	Practice	Adoc
Specific to Dementia: Maintain a named Dementia Clinical Lead	Self-declaration	Practice	Quarterly
Practices must demonstrate either a peer review of dementia cases by another practice or by the Memory Assessment Service within the financial year	Self- declaration	Practice	Quarterly
100% of newly diagnosed patients to be referred to the Dementia Adviser Service (DAS) for post diagnostic support	Bespoke search	CCG	Quarterly
Practices will report any deaths of LD patients as per the LeDeR Programme	??	Practice	As necessary
Stretch Targets (30%)			
100% on SMI register to have received a Care Plan	Bespoke search	CCG	Quarterly
100% of patients on SMI register to have a QRisk2 score recorded	Bespoke search	CCG	Quarterly
100% of patients on SMI register with BP measured	Bespoke search	CCG	Quarterly
100% of patients on SMI register with BMI measured	Bespoke search	CCG	Quarterly
100% of patients on SMI register with Cholesterol measured	Bespoke search	CCG	Quarterly

Comment [ZA4]: To establish if this KPI can be measured and if the service can cope with potential demand generated

100% of patients on SMI register have blood glucose or HBA1C measured	Bespoke search	CCG	Quarterly
50% of patients on SMI register with as QRisk2 score >10% to be prescribed a statin	Bespoke search	CCG	Quarterly
75% of Patients on the practice's LD register aged ≥14 on 1 April 2019 have undergone a health check within the last 12mths	Bespoke search	CCG	Quarterly
Practices' dementia diagnosis rates will be ≥75% of their predicted prevalence	Bespoke search	CCG	Quarterly
100% of newly diagnosed patients should receive a post diagnostic support plan	Bespoke search	CCG	Quarterly
Practices to have a Mild Cognitive Impairment register of over 65s of ≥1%	Bespoke search	CCG	Quarterly

Comment [ZAS]: KPI to be reviewed: if we just change the date this still means were looking at last 12 mths rather than the terms of this contract. Correct format to be established.

Good Practice:

- QoF register MH 001 - Practices should be aware of the requirements to keep the Mental health register up to date and the rules around coding patients as 'in remission'
- Practices may want to use the Leicester Toolkit to aid management of patients with SMI
- Practices should consider the information provided within the Dementia support pack (Appendix 2)
- New patient checks process should include the identification of Armed Forces Veterans & Reservists and their families at registration

Comment [RS6]: To be included

DRAFT

Standard 3 Improving Cancer Survival Rates & Earlier Diagnosis	Measure	Who by	Frequency
Core Expectations (70%)			
Support the improvement of uptake rates for screening programmes specifically: <ul style="list-style-type: none"> • bowel screening coverage for ages 60-74 from 18/19 rate which will be determined as at the 31st of March 2019 (17/18 coverage was 60.7%) • cervical screening coverage for ages 25 - 64 from 18/19 rate which will be determined as at 31st March 2019 (17/18 coverage was 73.4%) • breast screening coverage for ages 50-70 from 18/19 rate which will be determined as at 31st March 2019 (17/18 coverage was 73.6%) 	PHE data	CCG	As published
Maintain a named Cancer Clinical Lead	Self-declaration	Practice	Quarterly
Complete the GatewayC 'Improving Suspected Cancer Referrals' module (as a minimum Practice Cancer Lead)			
Practice Participation in National Cancer Diagnosis Audit (NCDA) e.g. registration	Self-declaration	Practice	April 2019
Stretch Targets (30%)			
80% of patients to be reviewed using the NCDA tool	??	??	??
Good Practice: <ul style="list-style-type: none"> • Undertake a significant event review (SEA) of any confirmed cancer diagnosis made via an unscheduled care pathway. • Undertake a peer review of those significant events in order disseminate any learning and changes made (the CCG will hold up to two educational sessions per year which will support SEA/screening learning) • Identify any training and development needs of the workforce or need to raise patient awareness and education with a view to undertaking locality themed events and/or campaigns 			

Comment [ZA7]: Need clinical input from Cancer Lead to make KPI wording more robust and to establish: How long does the training take? Can Practices do a peer review session instead of SEA training

Standard 4 - Ensure a pro-active approach to health Improvement and early detection of disease	Measure	Who by	Frequency
Core Expectations (70%)			
Support the improvement of uptake rates for screening programmes specifically around: <ul style="list-style-type: none"> Abdominal aortic aneurysm screening coverage of male patients aged 65 and over from 18/19 rate which will be determined as at 31st March 2019 (2015/16 rates were NHS E 80.9% and North West 77.8%) Individuals (aged 15 or above) newly diagnosed with HIV (UK prevalence 0.16%) Diabetic retinopathy screening from 18/19 rate which will be determined as at 31st March 2019 (2016/17 rates were England 82.2% and North West 80.2%) Hepatitis B vaccine from 18/19 rate which will be determined as at 31st March 2019 (No previous year vaccine data available for benchmarking) Combined DTaP/IPV/Hib vaccine from 18/19 rate which will be determined as at 31st March 2019 (2016/17 uptake rate in Bury CCG 96%) Meningococcal C conjugate (MenC) vaccine from 18/19 rate which will be determined as at 31st March 2019 (2015/16 regional average figure 96.3%) PCV vaccine from 18/19 rate which will be determined as at 31st March 2019 (2017/18 England rate 93.3% and North West rate 93.6%) Hib / MenC booster of children up to 2 years old receiving 1 booster from 18/19 rate which will be determined as at 31st March 2019 (2017/18 England rate 91.2% and North West rate 93.1%) Hib / MenC booster of children up to 5 years old receiving 1 booster from 18/19 rate which will be determined as at 31st March 2019 (2017/18 England rate 92.4% and North West rate 93.6%) MMR vaccine for children up to 2 years old from 18/19 rate which will be determined as at 31st March 2019 (2016/17 Bury CCG rate 90.3%) HPV vaccine or one dose in females aged 12-13 which will be determined as at 31st March 2019 (2016/17 England rate 87.2% and North West rate 88.5%) HPV vaccine for two doses females aged 13-14 which will be determined as at 31st March 2019 (2016/17 England rate 83.1% and North West rate 84.9%) 	PHE Data	CCG	As published
'Practices must proactively run and use the Case Finder Tool "Find and Treat" to improve their disease registers in line with anticipated levels	Self-declaration	Practice	Quarterly
Stretch Targets (30%)			
80% of eligible adults aged 65+ who have received the flu vaccine (exception reporting will not be considered for this indicator)			
100% of homeless patients on the practice register to be offered the flu vaccine			
≥ 50% of all 2-3 year olds receive a Flu vaccine	Bespoke search	CCG	Quarterly
35% of patients aged 16 or over on 1 st April 2019 to receive Audit C or FAST in the last 2 years, providing appropriate advise	Bespoke search	CCG	Quarterly
Reduce the gap between March 2019 achievement and the expected CCG prevalence level by 20% by March 2020 (maintaining achievement if already above CCG expected prevalence) for each of the following conditions:	Bespoke search	CCG	Quarterly

Comment [RS8]: Need to check practice performance, CCG averages and then determine if we want this suite of core contractual requirements to be more targeted/practice specific

- AF (all ages)
- CHD (all ages)
- COPD (all ages)
- Hypertension (all ages)
- CKD (16+ years)
- Diabetes (16+ years)

DRAFT

Standard 5 - To improve the health and wellbeing of carers	Measure	Who by	Frequency
Core Expectations (70%)			
Maintain a named Carers Lead within the practice	Self Declaration	Practice	Quarterly
Practices new patient registration process includes asking the question - Are they a carer ? or does someone care for them? (using the definition above as the guide)	Self-declaration	Practice	Annually
Ensure that all staff, including receptionists, are 'carer aware', have a basic understanding of support available	Self Declaration	Practice	Quarterly
Stretch Targets (30%)			
Practices have a Carers register that is at least 3% of the total practice population (data will be displayed in age bands in order to ensure young people are also being considered)	Bespoke Search	CCG	Quarterly
100% of patients on the Carers register to be offered an annual health check (age 40 – 74)	Bespoke Search	CCG	Quarterly
100% of patients on the Carers register to be offered an annual flu vaccination (all ages)	Bespoke Search	CCG	Quarterly

*This standard relates to all carers, including young carers, formal and informal defined as **'anyone who cares, unpaid for a friend or family member who due to illness, disability, a mental health problem, or an addiction, cannot cope without their support'**. The practice should ensure that all carers (registered and non-registered with the practice) are identified where possible and for those who are not registered with the practice, that they are signposted to their own GP practice and support services.*

Good Practice:

- Carer Lead becomes a custodian of the GM Carers Charter <http://www.gmhsc.org.uk/assets/Carers-Charter-FINAL.pdf>
- The practice should ensure that all carers (registered and non-registered with the practice) are identified where possible and for those who are not registered with the practice, that they are signposted to support services as well as their own GP practice

Standard 6 Improving outcomes for people with a long term condition	Measure	Who by	Frequency
Core Expectations (70%)			
Practices take part in the National Diabetes Prevention Programme, referring and read coding accordingly	Bespoke Searches	CCG	Quarterly
Maintain a 'pre-diabetes' register of $\geq 7.5\%$ of the practice's population aged ≥ 17	Bespoke searches	CCG	Quarterly
Practices are signed up to the National Diabetes Audit (NDA) on CQRS to enable data extraction	Self-declaration	Practice	Quarterly
All relevant patients to be referred to Structured Education within 12 months of diagnosis and Status recorded	Bespoke search	CCG	Quarterly
Stretch Targets (30%)			
90% of all patients on the practice's pre-diabetes register should have an HbA1c within 19/20 with results recorded	Bespoke searches	CCG	Quarterly
80% of patients to receive all 9 care processes (based on CCG average of 68.9% from NDA in 17/18) <ol style="list-style-type: none"> 1 - HbA1C (blood test for glucose control) 2 - Blood pressure measurement (measurement for cardiovascular risk) 3 - Serum Cholesterol (blood test for cardiovascular risk) 4 - Serum Creatinine (blood test for kidney function) 5 - Urine Albumin/Creatinine Ratio (urine test for kidney function) 6 - Foot Risk Surveillance (foot examination for foot ulcer risk) 7 - Body Mass Index (measurement for cardiovascular risk) 8 - Smoking History / Status Check (question for cardiovascular risk) 9 - Diabetic retinopathy screening (Increase in uptake rate - please see Standard 4) (although exemption reporting is allowed for this indicator we recognise there isn't a code to exempt in all instances hence the reduced target)	Bespoke Searches	CCG	Quarterly
100% patients who had an MI in 18/19 to have received an echo within 12 months of the event	Bespoke Searches	CCG	Quarterly
Good Practice: <ul style="list-style-type: none"> • Ensure continuity of care with a named clinician where appropriate • Put a flag on GP clinical systems for those patients with complex needs to ensure an urgent response should the patient contact the practice in crisis 			

Comment [RS9]: Read coding to be reinforced to improve NDA performance

Standard 7 Embedding a Culture of Medication Safety

Core Expectations (70%)

Measure	Who by	Frequency	
<p>0 patients in any of the 14PINCER indicators:</p> <ol style="list-style-type: none"> 1. Patients with a history of peptic ulcer or gastro-intestinal bleeding prescribed an oral NSAID without a gastro-protective medicine 2. Patients aged 65 or over who are prescribed an oral NSAID without a gastro-protective medicine 3. Patients with a history of heart failure who are prescribed an oral NSAID 4. Patients diagnosed with chronic kidney disease (CKD) stage 3b, 4 or 5 or with a latest eGFR of <45mL/min who are prescribed an oral NSAID 5. Patients prescribed an antiplatelet who have a history of peptic ulceration or gastro-intestinal bleed and are not prescribed a gastro protective medicine 6. Patients prescribed warfarin or NOAC in combination with an antiplatelet WITHOUT co-prescription of a gastro-protective medicine. 7. Patients prescribed aspirin in combination with another antiplatelet WITHOUT co-prescription of a gastro-protective medicine. 8. Patients prescribed warfarin or NOAC in combination with an oral NSAID. 9. Patients with a diagnosis of asthma who are prescribed non-cardioselective beta blockers. 10. Asthmatic patients prescribed long acting beta agonists but not inhaled corticosteroids. 11. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor/ARB and an oral NSAID. 12. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor/ARB, loop diuretic and an oral NSAID (the 'triple whammy'). 13. Patients with CKD stage 4 or 5 or with a latest eGFR of <30 mL/min who have been prescribed metformin. 14. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of <45 mL/min who are prescribed digoxin at a daily dose of more than 125 micrograms. 	Bespoke Searches	CCG	Quarterly

<p>All newly diagnosed patients with AKI:</p> <ol style="list-style-type: none"> 1. Diagnosis of AKI read-coded in clinical record 2. To be given an information leaflet²(and where appropriate a plan to prevent reoccurrence) 3. Creatinine repeated within 3 months of diagnosis <p>Medication review within 1 month of diagnosis</p>	Bespoke Search	CCG	Quarterly
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Stretch Targets (30%)

Items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU) must be equal to or below value of 0.965 items per STAR-PU.	EPACT Data	CCG	Quarterly
19/20 prescribing proportion of cephalosporins, quinolones and co-amoxiclav is less than 8%	EPACT Data	CCG	Quarterly
The number of trimethoprim items prescribed to patients aged 70 years or greater must reduce by 30% from 15/16 baseline in those practices not already in the lowest 25% of Bury for 2019/2020	EPACT Data	CCG	Quarterly

¹ https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/11/BKPA-RCGP-A4-Printout-Leaflet_v4.pdf

² https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/11/BKPA-RCGP-A4-Printout-Leaflet_v4.pdf

¹ https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/11/BKPA-RCGP-A4-Printout-Leaflet_v4.pdf

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Standard 8 Improving outcomes in children - childhood asthma	Measure	Who by	Frequency
Core Expectations (70%)			
Have a named clinical lead responsible for asthma	Self-declaration	Practic	Quarterly
Establish a specific paediatric asthma register (0-19years) to aid audit of their asthma service	Self-declaration	Practic	Quarterly
Children with asthma receive a structured review at least annually (recommended every 3 months if severe)	Self-declaration	Practic	Quarterly
Stretch Targets (30%)			
See overarching population requirements	Bespoke Search	CCG	Quarterly
<p>Good Practice:</p> <ul style="list-style-type: none"> • All children diagnosed with asthma are provided with an age appropriate personalised asthma action plan, (PAPP) including self-care advice and management. Provision and review of the PAPP should be recorded on the clinical system • Provide adequate clinic time for assessment and management of asthma in children (20-30 minutes as per NICE Quality Standard) • Children diagnosed with asthma are given specific training and assessment of inhaler technique by appropriately qualified healthcare professional. Most community pharmacists are equipped to undertake inhaler technique training • Identify and discuss the risk factors associated with exacerbations such as air pollution and parental smoking with the patient and their carer • Undertake a multi-disciplinary significant case review for any childhood asthma related deaths 			

Standard 9 Pro-active disease management to improve outcomes	Measure	Who by	Frequency
Core Expectations (70%)			
Participate and engage in the neighbourhood approach as determined by the neighbourhood	TBD	LCA	Quarterly
Ensure appropriate clinician and manager attend multidisciplinary team (MDT)/neighbourhood meetings when required. These representatives of the practice must be fully prepared and informed to discuss patients presented (75% of the meetings as defined by the neighbourhood)	TBD	LCA	
Xx% of patients referred for management through MDT approach	TBD	LCA	Quarterly
Enable data sharing amongst neighbourhood partners (as appropriate and within relevant timeframes)	TBD	LCA	Quarterly
Action relevant outputs from the MDT meetings including any relevant care planning for patients	TBD	LCA	Quarterly
100% of patients diagnosed with AF and having a CHA2DS2-VASc score ≥ 2 but who are not receiving an anticoagulant have received an annual review using an approved Atrial Fibrillation Patient Decision Aid ³	Bespoke searches	CCG	Quarterly
60% of patients who have a NHS Health Check and have a CVD risk of over 20% will have undergone a face to face review including the recording of: <ul style="list-style-type: none"> - Blood Pressure - BMI (Height & Weight) - Smoking status - Physical Activity - Diet & Alcohol - Pulse Blood tests which include total cholesterol, non –HDL cholesterol, HDL cholesterol and triglycerides, HbA1c, renal function and eGFR (the same test group for an NHS Health Check)	Bespoke searches	CCG	Quarterly
55% of <u>all</u> patients identified as High Risk Cardiovascular Disease over 20% should be on a repeat statin	Bespoke searches	CCG	Quarterly
100% of patients with CVD risk >10% to be offered a referral to the local lifestyle service (BEATS and/or Lifestyle)	Bespoke searches	CCG	Quarterly
100% of Patients with a BMI >35 should be offered a referral to the local lifestyle service (BEATS and/or Lifestyle)	Bespoke searches	CCG	Quarterly

Comment [RS10]: Target to be established

³ <https://www.nice.org.uk/guidance/cg180/resources/patient-decision-aid-243734797>

Overarching Population Based Targets	Measure	Who by	Frequency
≥86% of people report their overall experience of GP services as 'fairly good' or 'very good'	GPPS	CCG	Annual
≥74% of people who report their experience of making a GP appointment as 'fairly good' or 'very good'	GPPS	CCG	Annual
20% reduction in unplanned hospitalisation for asthma in under 19s (There were 113 admissions in 2017/18. Admission rates at end of Q2 for 2018/19 are 62 and forecasts show and end of year position 2018/19 of 170 admissions for this group. Reducing this number by 20% would reduce the gap seen in the year on year increase in anticipated admissions for this group).	Bespoke searches	CCG	Quarterly
5% Reduction in the number of patients on the SMI register who smoke (Based on 2018/19 SMI register of 1893 patients, of which 609 are recorded as smokers. A target of 5% averages 1 patient per month per practice giving up smoking)	Bespoke searches	CCG	Quarterly
5% Reduction in the number of predicted NEL admissions (Based on achieving a reduction against 20473 NEL in 2017/18)	Bespoke searches	CCG	Quarterly
5% Reduction in the number of A&E attendances (Based on achieving a reduction against 72254 admissions in 2017/18)	Bespoke searches	CCG	Quarterly

Comment [RS11]: Practice level data to be reviewed and overarching population based targets to be reworded if necessary.

Comment [RS12]: Results for 2019/20 will only become available in July 2020

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Appendix 1

GM Standards



Slide deck - new
format v2.pptx

Appendix 2

To be inserted

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