

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	27 March 2019	<b>Action</b>	Approve
<b>Item No.</b>	7a	<b>Confidential</b>	No
<b>Title</b>	Quality in Primary Care Contract (Phase 4)		
<b>Presented By</b>	Marie Clayton, Deputy Director of Primary Care		
<b>Author</b>	Rachele Schofield, Primary Care Manager		
<b>Clinical Lead</b>	Dr Jeff Schryer, Clinical Lead Primary Care		

<b>Executive Summary</b>
This paper provides details of the final content for Phase 4 of the Quality in Primary Care Contract and associated financial details.
<b>Recommendations</b>
It is recommended that the Primary Care Commissioning Committee: <ul style="list-style-type: none"> <li>• Note the contents of this paper</li> <li>• 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 for Primary Care</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
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 checked="" type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input checked="" type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input checked="" type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input checked="" 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						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
This contract has been reviewed and where appropriate changes made to consider those areas which are funded within General Practice via alternate funding streams e.g. core contract, Primary Care Networks DES and new QoF Guidelines for 2019/20. This ensures that Phase 4 does not disadvantage the patient but removes any duplication with other contracts in place.						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
< If you have ticked yes, Insert details of the people you have worked with or consulted during the process : Finance (Chief Financial Officer) Commissioning (Deputy Director of Primary Care) Contracting (Contracts Manager) Medicines Optimisation (Head of Medicines Optimisation) Clinical leads (Clinical Lead, Primary Care) Other (LMC, LCA, GP Federation)>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. &lt;Include details of any conflicts of interest declared&gt; &lt;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&gt; &lt;Confirm whether the interest is recorded on the register of interests- if not agreed course of action&gt;</i>						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
There are likely to be financial implications due to the current financial deficits. A decision is due to be made at Governing Body on the financial envelope available for these contracts.						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<p><i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - <a href="mailto:lynnebyers@nhs.net">lynnebyers@nhs.net</a> about the risk register.</i></p>						

Governance and Reporting		
Meeting	Date	Outcome
Primary Care Commissioning Committee	23 January 2019	Phase 4 agreed in principle with delegated authority given to make changes to the contract based on the financial envelope secured

## **Quality in Primary Care Contract Phase 4 2019/2020 Recommendations**

### **1 Introduction**

- 1.1 The Quality in Primary Care Contract, Phase 4 was presented for review and agreement to the Primary Care Commissioning Committee (PCCC) on 23 January 2019. The PCCC agreed to support the commissioning of the contract in principle, noting that the financial envelope for the Contract had not yet been determined.

### **2 Background**

- 2.1 Phase 4 of the Contract will see the continued implementation of all 9 Standards alongside a suite of Overarching Population Based targets to move the contract forward, ensuring Bury retains stability and builds on the foundations laid across the first 3 years of the contract whilst recognizing the changing landscape, ensuring our contract remains fit for purpose.

### **3 Quality in Primary Care Contract (Phase 4)**

- 3.1 PCCC gave delegated authority to the Clinical Lead for Primary Care, Chief Financial Officer and Deputy Director of Primary Care for changes to be made to the Contract after the PCCC meeting in January recognizing that the financial envelope had still to be determined before the final release of the Contract to General Practice for sign up.
- 3.2 The contract has been reviewed and changes made in line with the awarded delegated authority. The final Contract for Phase 4 is attached (Appendix 1) and the changes made since 23 January 2018 are shown in the documents detailed mark up.
- 3.3 The financial envelope for the contract is still to be determined by Governing Body at the end of March 2019.
- 3.4 The CCG are also awaiting the launch of the new GP Contract (Network Contract DES) to ensure that any further duplication is identified prior to roll out of the Quality in Primary Care Contract Phase 4 (2019/20).

### **4 Next Steps**

- 4.1 Following PCCC approval, the final Phase 4 contract and supporting financial methodology (once approved by Governing Body) will be issued to General Practice for their intent to sign the contract for delivery from mid-April 2019.

## 5 Recommendations

### 5.1 Primary Care Commissioning Committee is asked to:

- Note the contents of the paper
- Receive and approve the Final 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 for Primary Care.

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## **Appendices**

### **Appendix 1**

Quality in Primary Care Phase 4 Final DRAFT Contract

**BURY CCG**

**QUALITY IN PRIMARY CARE**

**Locally Commissioned Service (LCS)**

**Phase Four – 1<sup>st</sup> 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.

During 2019 the CCG will be in discussions with Member Practices and the Local Care Alliance (LCA) on transferring the management of the QIPC and other contracts to the LCA (LCO) and its partners. It is then the responsibility of the LCA (LCO) to agree which partner organisation manages those contracts. For example, the QIPC could be managed by the GP Federation on behalf of the LCO. The CCG and the LCA (LCO) will only make these changes once a full



engagement process has been completed – we anticipate this will be towards the summer of 2019. Member Practice engagement sessions will be held during the summer to discuss this further.

On the 31st January, NHS England issued a “5 Year Framework for GP Contract Reform to implement The NHS Long Term Plan”. Within this a new Primary Care Network Contract (known as the Network Contract DES) will be rolled out nationally from July 2019. As a result of this we have made some changes to the Quality in Primary Care Contract for 2019/20 to ensure that locally we are not duplicating standards / requirements that we know of. However, when the Network Contract DES has been issued, if the CCG are aware of any duplication, a Contract Variation will be issued to reflect this.

#### **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 standards<sup>1</sup>. 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 and 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

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<sup>1</sup> Good practice are suggestions only, the practice may or may not choose to undertake these

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. Personalised Care Adjustment (formally known as Exception Reporting)

Exception reporting has been changed to '**Personalised-Care Adjustment**' to reflect the QoF changes for 2019/20. This is in recognition that the current exception reporting rules are too blunt and that exception reporting has been unhelpfully equated to poor quality care - whilst that may be the case in some circumstances, in many circumstances it is the only way we can reduce treatment burdens and reduce the risk of over-treatment and iatrogenic harm.

'Personalised-Care Adjustment' will only be allowed where the Core Expectations and Stretch Targets have been set at 100%. Where Personalised-Care Adjustment is permitted, this must comply with QoF guidelines as follows:

Practices can now remove patients from an indicator denominator on the basis of 5 more specific reasons:

- **Unsuitability** e.g. medicine intolerance or contra-indicated polypharmacy
- **Patient choice** e.g. after shared decision making, to support personalised care and reduce over-medicalisation
- **Did not respond to offers of care**
- **Specific service is not available**; In relation to a limited number of indicators
- **Newly diagnosed or newly registered patients** (as per existing rules)

Practices must mark that a patient has been excepted in the patient notes using the appropriate read code / Snomed CT code. Varying levels of personalise care adjustment reporting will be investigated as part of the post payment verification (PPV) process.

This includes practices having a process in place for targeting those patients who "**Did not respond to offers of care**" to attend appointments, screening etc. this should have a particular focus on hard to 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](mailto: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 3<sup>rd</sup> Tue of each month  
The 2<sup>nd</sup> Thursday of each month, OR  
The 4<sup>th</sup> 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 £xxxxxxx which at a practice level equates to approximately £xxxx per head of population, and will be reimbursed using the weighted Carr-Hill formula (adjusted on a quarterly basis)

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

- 70% of the contract value will be paid monthly in arrears and is predicated on the delivery of **all Core Expectations**. The CCG will conduct a yearend reconciliation exercise to establish Practice performance against all Core Contractual Obligations and, where performance against Core Contractual Obligations has not been realised, the following payment methodology will be implemented in order to recoup the upfront funding:

Standard	Core Contractual Obligation	Target	Practice Achievement Example	Proportion of funding Retained by Practice	Proportion of funding clawed back by CCG
<b>Example:</b>					
Standard 9: Pro-active disease management to improve outcomes	100% of patients diagnosed with AF and having a CHA2DS2-VASc score $\geq 2$ but who are not receiving an anticoagulant have received an annual review using an approved Atrial Fibrillation Patient Decision Aid <sup>2</sup>	100%	0% - 24%	£0	100%
			25% - 49%	50%	50%
			50% - 74%	75%	25%
			75% - 100%	100%	£0

- 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 Personalised-Care Adjustment reviews, prevalence levels, self-declarations and training.

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

<sup>2</sup> <https://www.nice.org.uk/guidance/cg180/resources/patient-decision-aid-243734797>

## **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.

**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

**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

**Undertake Comprehensive Management:**

For those people with severe and enduring mental illness, dementia, learning disabilities undertake a comprehensive review (at least annually) where all aspects of care are reviewed, this includes:

- 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 (Practice Prescribed Psychotropic Drugs).

Self-declaration

Practice

Once Annually

**Specific to Military Veterans:**

Routinely Record Armed Forces Veterans & Reservists on Vision

*"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"*

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

Ad hoc

**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

CCG  
Safeguarding  
Report

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 and pulse check measured

Bespoke search

CCG

Quarterly

100% of patients on SMI register with BMI measured (including measurement of weight)

Bespoke search

CCG

Quarterly

100% of patients on SMI register with a blood lipid including Cholesterol measured	Bespoke search	CCG	Quarterly
100% of patients on SMI register have blood glucose or HBA1C measured	Bespoke search	CCG	Quarterly
100% of patients on SMI register an assessment of alcohol consumption	Bespoke search	CCG	Quarterly
100% of patients on SMI register an assessment of smoking status	Bespoke search	CCG	Quarterly
50% of patients on SMI register with as QRisk2 score >10% to be prescribed a statin	Bespoke search	CCG	Quarterly
84% of Patients on the practice's LD register (all ages) have undergone a health check within the last 12mths	Bespoke search	CCG	Quarterly
100% of newly diagnosed patients should receive a post diagnostic support plan	Self-Declaration	Practice	Quarterly
Practices to have a Mild Cognitive Impairment register of over 65s of $\geq 1\%$	Bespoke search	CCG	Quarterly
Practices' dementia diagnosis rates will be $\geq 75\%$ of their predicted prevalence	Bespoke search	CCG	Quarterly

**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
- New patient checks process should include the identification of Armed Forces Veterans & Reservists and their families at registration



Standard 3 Improving Cancer Survival Rates & Earlier Diagnosis	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
Maintain a named Cancer Clinical Lead who will attend one cancer related education session	Self-declaration	Practice	Quarterly
Complete the GatewayC 'Improving Suspected Cancer Referrals' module (as a minimum Practice Cancer Lead)	Self-declaration	Practice	Quarterly
Practice Participation in National Cancer Diagnosis Audit (NCDA) e.g. registration	Self-declaration	Practice	April 2019
<b>Stretch Targets (30%)</b>			
80% of patients to be reviewed using the NCDA tool	NCDA	CCG	As Available

**Good Practice:**

- 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
- 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

• GatewayC is an online cancer education platform developed for GPs, practice nurses and other primary care professionals. The platform aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience, through: Improved knowledge of symptoms, Increased confidence in when and when not to refer a patient, Improved quality of suspected cancer referrals, reducing delays in the system, Improved communication to enhance the patient experience and support patients at each stage of their cancer journey. GatewayC has been developed by GPs, specialists and patients. Courses are endorsed by Cancer Research UK and Macmillan Cancer Support. Each course is accredited by the Royal College of General Practitioners. Further information can be found at [www.gatewayc.org.uk](http://www.gatewayc.org.uk)

- The Module takes approx 30 minutes to complete
- As a minimum the Cancer Lead for each Practice will be expected to undertake this training and cascade as relevant to wider practice staff

• The National Cancer Diagnosis Audit ([NCDA](#)) looks at primary and secondary care data relating to patients diagnosed with cancer. It helps us to understand pathways to cancer diagnosis, what works well and where improvements could be made. The audit looks specifically at clinical practice in order to understand: interval length from patient presentation to diagnosis, use of investigations prior to referral, what the referral pathways for patients with cancer are and how they compare with those recorded by the cancer registry. GPs need to register with the audit to access their patients' records and submit their data. The next round of the NCDA is due to begin in April 2019 and GP practices in England will be able to register from February. Details on how to register can be found at [How to do the Audit](#)

Standard 4 - Ensure a pro-active approach to health Improvement and early detection of disease	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
'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
<b>Stretch Targets (30%)</b>			
80% of eligible adults aged 65+ who have received the flu vaccine (Personalised-Care Adjustment will not be considered for this indicator)	Bespoke search	CCG	Seasonally
100% of homeless patients on the practice register to be offered the flu vaccine	Bespoke search	CCG	Seasonally
≥ 50% of all 2-3 year olds receive a Flu vaccine	Bespoke search	CCG	Seasonally
35% of patients aged 16 or over on 1 <sup>st</sup> April 2019 to receive Audit C or FAST in the last 2 years, providing appropriate advise (referral to the integrated wellness service if Audit C is over 5 or FAST if scoring 3 or more)	Bespoke search	CCG	Quarterly
Practice to reduce the gap between their March 2018 achievement and the <b>practice's expected prevalence</b> numbers by 30% by March 2020 (maintaining achievement if already above expected prevalence) for each of the following conditions: <ul style="list-style-type: none"> <li>• AF (all ages)</li> <li>• CHD (all ages)</li> <li>• COPD (all ages)</li> <li>• Hypertension (all ages)</li> </ul>	Bespoke search	CCG	Quarterly
Practice to reduce the gap between March 2019 achievement and the <b>expected CCG prevalence</b> level by 30% by March 2020 (maintaining achievement if already above CCG expected prevalence) for each of the following conditions: <ul style="list-style-type: none"> <li>• CKD (18+ years)</li> <li>• Diabetes (16+ years)</li> </ul>	Bespoke search	CCG	Quarterly

Standard 5 - To improve the health and wellbeing of carers	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
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 below as the guide)	Self-declaration	Practice	Annually
Ensure that all staff, including receptionists, are 'carer aware', have a basic understanding of support available and adhere to the Carers Charter for Greater Manchester"	Self Declaration	Practice	Quarterly
<b>Stretch Targets (30%)</b>			
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
<p><i>This standard relates to <u>all</u> carers, including young carers, formal and informal defined as <b>'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'</b>, 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.</i></p>			
<p><b>Good Practice:</b></p> <ul style="list-style-type: none"> <li>• Carer Lead becomes a custodian of the GM Carers Charter <a href="http://www.gmhsc.org.uk/assets/Carers-Charter-FINAL.pdf">http://www.gmhsc.org.uk/assets/Carers-Charter-FINAL.pdf</a></li> <li>• 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</li> </ul>			

Standard 6 Improving outcomes for people with a long term condition	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
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 $\geq 17$	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 <b>Outcome Status recorded</b>	Bespoke search	CCG	Quarterly
<b>Stretch Targets (30%)</b>			
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) 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 by offering advise to attend retinal screening- please see Standard 4) If patients have attended, code as under the care of retinal screening. (although Personalised Care Adjustment 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
<b>Good Practice:</b> <ul style="list-style-type: none"> <li>• Ensure continuity of care with a named clinician where appropriate</li> <li>• 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</li> </ul>			

Standard 7 Embedding a Culture of Medication Safety	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
<p>0 patients in any of the 12PINCER indicators:</p> <ol style="list-style-type: none"> <li>1. Patients with a history of peptic ulcer or gastro-intestinal bleeding prescribed an oral NSAID without a gastro-protective medicine – REPLACED BY CORE CONTRACTUAL REQUIREMENTS (Performance will still be reported quarterly)</li> <li>2. Patients aged 65 or over who are prescribed an oral NSAID without a gastro-protective medicine – REPLACED BY CORE CONTRACTUAL REQUIREMENTS (Performance will still be reported quarterly)</li> <li>3. Patients with a history of heart failure who are prescribed an oral NSAID</li> <li>4. Patients diagnosed with chronic kidney disease (CKD) stage 3b, 4 or 5 or with a latest eGFR of &lt;45mL/min who are prescribed an oral NSAID</li> <li>5. Patients prescribed an antiplatelet who have a history of peptic ulceration or gastro-intestinal bleed and are not prescribed a gastro protective medicine</li> <li>6. Patients prescribed warfarin or NOAC in combination with an antiplatelet WITHOUT co-prescription of a gastro-protective medicine.</li> <li>7. Patients prescribed aspirin in combination with another antiplatelet WITHOUT co-prescription of a gastro-protective medicine.</li> <li>8. Patients prescribed warfarin or NOAC in combination with an oral NSAID.</li> <li>9. Patients with a diagnosis of asthma who are prescribed non-cardioselective beta blockers.</li> <li>10. Asthmatic patients prescribed long acting beta agonists but not inhaled corticosteroids.</li> <li>11. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of &lt;45 mL/min who have been prescribed an ACE inhibitor/ARB and an oral NSAID.</li> <li>12. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of &lt;45 mL/min who have been prescribed an ACE inhibitor/ARB, loop diuretic and an oral NSAID (the ‘triple whammy’).</li> <li>13. Patients with CKD stage 4 or 5 or with a latest eGFR of &lt;30 mL/min who have been prescribed metformin.</li> <li>14. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of &lt;45 mL/min who are prescribed digoxin at a daily dose of more than 125 micrograms.</li> </ol>	Bespoke Searches	CCG	Quarterly
50% Reduction in patients aged 18+ currently prescribed an oral or transdermal opioid and concurrently prescribed benzodiazepines, Z-drugs, pregabalin or gabapentin and therefore potentially at increased risk of admission to hospital for respiratory depression, overdose or confusion.	Bespoke Search	CCG	Quarterly
<p>All newly diagnosed patients with AKI:</p> <ol style="list-style-type: none"> <li>1. Diagnosis of AKI read-coded in clinical record</li> <li>2. To be given an information leaflet<sup>3</sup>(and where appropriate a plan to prevent reoccurrence)</li> <li>3. Creatinine repeated within 3 months of diagnosis</li> <li>4. Medication review within 1 month of diagnosis</li> </ol>	Bespoke Search	CCG	Quarterly

**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

[https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/11/BKPA-RCGP-A4-Printout-Leaflet\\_v4.pdf](https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2015/11/BKPA-RCGP-A4-Printout-Leaflet_v4.pdf)

Standard 8 Improving outcomes in children - childhood asthma	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
Have a named clinical lead responsible for asthma	Self-declaration	Practice	Quarterly
Establish a specific paediatric asthma register (0-19years) to aid audit of their asthma service	Self-declaration	Practice	Quarterly
Children with asthma receive a structured review at least annually (recommended every 3 months if severe)	Self-declaration	Practice	Quarterly
<b>Stretch Targets (30%)</b>			
See overarching population requirements	Bespoke Search	CCG	Quarterly
<p><b>Good Practice:</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Provide adequate clinic time for assessment and management of asthma in children (20-30 minutes as per NICE Quality Standard)</li> <li>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</li> <li>Identify and discuss the risk factors associated with exacerbations such as air pollution and parental smoking with the patient and their carer</li> <li>Undertake a multi-disciplinary significant case review for any childhood asthma related deaths</li> </ul>			

Standard 9 Pro-active disease management to improve outcomes	Measure	Who by	Frequency
<b>Core Expectations (70%)</b>			
Enable data sharing amongst relevant neighbourhood colleagues (as appropriate and within relevant timeframes)	LCA Data	LCA	Quarterly
Action relevant outputs from the MDT meetings including any relevant care planning for patients	LCA Data	LCA	Quarterly
100% of patients diagnosed with AF and having a CHA2DS2-VASc score $\geq 2$ but who are not receiving an anticoagulant have received an annual review using an approved Atrial Fibrillation Patient Decision Aid <sup>4</sup>	Bespoke searches	CCG	Quarterly
60% of patients who have a NHS Health Check and have a CVD risk of over 20% will receive a face to face review including the recording of: <ul style="list-style-type: none"> <li>- Blood Pressure</li> <li>- BMI (Height &amp; Weight)</li> <li>- Smoking status</li> <li>- Physical Activity</li> <li>- Diet &amp; Alcohol</li> <li>- Pulse</li> <li>- 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)</li> </ul>	Bespoke searches	CCG	Quarterly
<b>Stretch Targets (30%)</b>			
Ensure appropriate clinician and manager attends multidisciplinary team meetings when required. These representatives of the practice must be fully prepared and informed to discuss patients presented	LCA Data	LCA	Quarterly
A minimum of 5 patients a month are referred for management through an MDT approach	LCA Data	LCA	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
Increase or maintain uptake rates (in line with CCG average) within the local integrated wellness service by referring appropriate patients aged 16+ such as <ul style="list-style-type: none"> <li>• Patients with a BMI&gt;29.9</li> <li>• Patients who currently smoke</li> <li>• Cholesterol &gt;5.2 (Check with a clinician total/familial/hypo)</li> <li>• Patients with a Hba1C &gt;5.7% and 6.4%</li> <li>• Drugs/alcohol (if Audit C is over 5 or FAST if scoring 3 or more)</li> <li>• Patients with low mood</li> </ul>	Dashboard	The Integrated Wellness Service	Quarterly
This can be either practice or self referral e.g. via the care navigators.			

<sup>4</sup> <https://www.nice.org.uk/guidance/cg180/resources/patient-decision-aid-243734797>



Overarching Population Based Targets	Measure	Who by	Frequency
Support the improvement of uptake rates for screening and immunisation programmes	PHE Data	CCG	Annual
≥86% of people report their overall experience of GP services as ‘fairly good’ or ‘very good’	GPPS	CCG	Annual (July 2020)
≥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 NEL admissions (Based on achieving a reduction against 2018/19 baseline)	Bespoke searches	CCG	Quarterly
5% Reduction in the number of A&E attendances (Based on achieving a reduction against 2018/19 baseline)	Bespoke searches	CCG	Quarterly

## Appendix 1

### GM Standards



Slide deck - new  
format v2.pptx