

Meeting: Primary Care Commissioning Committee			
Meeting Date	25 September 2019	Action	Approve
Item No.	6	Confidential	No
Title	Quality in Primary Care (Phase 5) Project Approach		
Presented By	Amy Lepiorz, Deputy Director of Primary Care		
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Clinical Lead	Dr Jeff Schryer, Clinical Lead for Primary Care		

Executive Summary
<p>The following paper has been written to provide the Primary Care Commissioning Committee with an overview of the project approach to be adopted to commission the Quality in Primary Care Contract Phase 5 in 2020/21.</p> <p>Phase 5 will be commissioned on outcomes and written in alignment with the Single Outcomes Framework for Bury focusing on “all people of Bury live healthier, resilient lives and have ownership of their own health and well-being”.</p>
Recommendations
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Approve the project approach for commissioning the Quality in Primary Care Contract (Phase 5)

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	<input checked="" type="checkbox"/>
<p>SO2 Inclusive Growth To increase the productivity of Bury’s economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	<input type="checkbox"/>
<p>SO3 Budget To deliver a balanced budget for 2019/20</p>	<input type="checkbox"/>
<p>SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	<input type="checkbox"/>
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p> <p>GBAF <i>[Insert Risk Number and Detail Here]</i></p>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Patients may be used to having a procedure undertaken in general practice that is no longer commissioned via QinPC. This does not necessarily mean the procedure automatically ceases in general practice however if the decision is taken that this should continue as BAU activity.</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The CCG have spoken with member practices and the LCO with regards to changing the commissioning model to an outcomes based proposition.</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"/>
< <i>If you have ticked yes, Insert details of the people you have worked with or consulted during the process :</i> Medicines Optimisation (Head of MOT) Clinical leads (Clinical Lead for Primary Care)						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>OCO commissioning from LCO could be a conflict given the cross-organisational posts held</i>						
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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"/>

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.

Governance and Reporting		
Meeting	Date	Outcome
Primary Care Workstream Meeting	04/09/2019	The project approach was discussed and agreed at the Primary Care Workstream who requested a paper be presented to Primary Care Commissioning Committee for agreement.

Quality in Primary Care Contract (Phase 5) 2020/2021 Project Approach

1 Introduction

- 1.1. The following paper has been written to provide the Primary Care Commissioning Committee (PCCC) with an overview of the project approach to be adopted to commission the Quality in Primary Care Contract (QinPC) Phase 5 in 2020/21.
- 1.2 The main aim of the contract continues to be a reduction in variability in care offered, ensuring all patients have equitable access to the very best treatment within primary care. Phase 5 sees an increased emphasis on outcomes which are both measurable and demonstrable.

2 Background

- 2.1 To achieve this, Phase 5 will be written in alignment with the Single Outcomes Framework (SOF) for Bury focusing on “all people of Bury live healthier, resilient lives and have ownership of their own health and well being” (Outcomes). To do this, the contract will retain the more successful elements of GM Standards (Indicators) and firm up the provider deliverables (Performance Measures). This ensures Bury retains stability and builds on the foundations laid across the first 4 years of the contract whilst recognising the changing landscape, ensuring our contract remains fit for purpose.

3 Project Approach

- 3.1 Commissioning on outcomes marks a bold change for the QinPC therefore, to hold the reigns and ensure success, a Plan on a Page (Appendix 1) has been produced to clearly articulate the project approach. This follows 3 individual stages, each with a specific aim as follows:
 - Stage 1 – Scope and Outcomes
 - The aims of this stage are to agree the scope of the services included within this project and to agree the outcomes which the contract will seek to deliver. This stage will be led by the OCO
 - Stage 2 – Indicators and Measures
 - The aim of this stage is to agree a set of indicators and performance measures that will demonstrate movement towards achievement of the agreed outcomes This stage will be co-produced between the OCO and the provider/s
 - Stage 3 – Contracting
 - The aim of this stage is to develop and agree a contracting and payment mechanism

4 Stage 1 – Scope and Outcomes

- 4.1 Stage 1 began in July 2019 and will be completed by the end of September 2019. High level conversations regarding the commissioning arrangements for the contract took place in July, reaching a decision to commission against outcomes.

4.2 Discussions continued in August when the CCG met with the Locality Care Organisation (LCO) to discuss what an outcomes based model could look like, determining that any new contract created needed to contain performance indicators, measures and outcomes aligned to the SOF for Bury.

4.2.1 In September 2019, the CCG Business Intelligence Team began to analyse the performance seen within the QinPC year on year from Phase in 2016 to through to Phase 3 which ended on 31 March 2019, determining how previously commissioned key performance indicators (KPIs) have impacted on the outcomes as determined in the original Greater Manchester (GM) Standards guidance.

4.2.2 During the final month of stage 1, channels of communication were opened with member practices to discuss their involvement in the shaping of an outcomes based contract. Practices were invited to advise how they wish to be involved in each stage and feedback was received as follows:

- Membership - Practices should be represented on a PCN footprint with PCNs making decisions on behalf of their own practice cohorts
- Forum - An initial workshop should be organised with papers circulated to all members beforehand to ensure everyone is prepared and ready to take the project forward, with expectations of the session clearly defined
- Contract Direction - practices wish to be involved in deciding the direction and aims of the contract e.g. is Bury wedded to GM standards or can the contract outcomes be linked to new priorities in neighbourhood profiles

4.2.3 At the end of the stage, the feasibility of the project will be reviewed and any necessary changes made to the process to ensure continued validity. This process will be assured via the governance channel for this project which is the PCCC via the Primary Care Workstream Group (PCWS).

4.3 Stage 2 – Indicators and Measures

4.3.1 Stage 2 begins in October 2019 and concludes in December 2019. The stage will begin with a review of performance seen within the QinPC year on year from 2016 to 2019. The Primary Care Team will review to determine which GM Standards (indicators) are mandated to continue, which standards have a strong evidence base to continue based on achievement of outcomes as determined by GM, and which standards and associated performance measures have no evidence base to continue.

4.3.2 Those indicators and performance measures proven to have been effective in previous years will then be mapped to the SOF to ensure that, whilst effective in the past, remain capable of feeding the current direction of travel for Bury.

4.3.3 A Task & Finish Group will be arranged where member practices will be invited to attend as commissioners to review the evidence base and agree both the indicators and performance measures. Wider provider organisations will be invited to attend this meeting as appropriate from Health & Social Care, including the LCO.

4.3.2 A gap analysis will be conducted in November 2019 to allow for any local additionality

to be added where existing indicators and performance measures do not fully realise the SOF. An update report will be issued to PCCC containing the draft Phase 5 contract.

4.3.3 During December 2019, a rationalisation of indicators will be undertaken (if required) and the contract value will be determined. A final draft of the contract, including indicators and performance measures will be presented for agreement by PCWS and PCCC and will be agreed between the CCG and provider organisation/s.

4.3.4 At this point, the feasibility of the project will be reviewed and any necessary changes made to the process to ensure continued validity. This process will be assured via the governance channel for this project which is the PCCC via the PCWS.

4.4 Stage 3 – Contracting

4.4.1 Stage 3 begins in January 2020 and concludes in March 2020 with January seeing final contract negotiations with providers whilst the PCWS and PCCC sign off the final version of the contract.

4.4.2 February 2020 will see the final version of the contact issued to providers for signature, along with any sub-contracts that may be required. The project will reach its close in March 2020 with signed contracts being returned to the CCG, a formal update being passed to PCCC culminating in the contract go live on 1 April 2020.

4.4.3 At this point, the project will be reviewed and an evaluation conducted to establish the lessons learned whilst developing this new commissioning model for primary care. The governance channel for Stage 3 will continue to be the PCCC via the PCWS.

5 Project Controls

5.1 By adopting a staged project approach, the project is subject to constant review. We are able to assess the feasibility of continuing the project as planned at the end of each stage mapping out and refreshing governance routes, stakeholder mapping, communications and engagement plan.

5.2 This level of control within the project parameters will ensure our project objectives are achieved as follows:

- A move to outcomes based commissioning model
- Agreed contracting model held between the OCO and provider organisation

5.3 The QinPC (Phase 5) Plan on a Page is supported by a fully detailed Project Plan to add further assurance to the process.

6 Finances

6.1 The finances for the contract are to be agreed.

7 Associated Risks

7.1 There are a number of risks that have been identified within this project which are detailed as follows:

- A potential change to commissioning arrangements e.g. OCO/LCO
- In-experience with commissioning on outcomes
- GP engagement with a new commissioning model
- Challenging timescales
- Maintaining a productive relationship between practices, the LCO and the OCO

7.2 The risks will be managed via the project controls adhered to during each staged approach and any risks that are threatening the forward momentum of the project or prohibiting a move between stages will be escalated via the afore mentioned governance routes.

8 Actions Required

8.1 The PCCC is required to:

- approve the project approach for commissioning the Quality in Primary Care Contract (Phase 5)

Rachele Schofield
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September 2019

Appendix 1

Primary Care Workstream Quality in Primary Care - Phase 5				
Project Lead: Rachele Schofield	RAG 05/08/19	Project Manager: Rachele Schofield	Executive sponsor: Jeff Schryer	Timescales: July 2019- March 2020
Project Brief: To develop and commission an outcomes based contract for local enhanced services provided by general practice within Bury. The full scope of the services to be included will be confirmed within stage one		What does success look like? <ul style="list-style-type: none"> • A move to outcomes based commissioning model. • Agreed contracting model held between the OCO and provider organisation 		Governance The governance of this project will be mapped at each stage. The initial governance will be under the primary care committee via the primary care workstream.
Stage One 'Scope and Outcomes'- Q2 2019/20		Stage Two 'Indicators and Measures'- Q3 2019/20		Stage Three 'Contracting'- Q4 2019/20
Aim The aims of this stage are to agree the scope of the services included within this project and to agree the outcomes which the contract will seek to deliver. This stage will be led by the OCO		Aim The aim of this stage is to agree a set of indicators and performance measures that will demonstrate movement towards achievement of the agreed outcomes This stage will be co-produced between the OCO and providers		Aim To develop and agree a contracting and payment mechanism
The feasibility of each stage will be subject to constant review. The governance routes to decision making will be mapped at each stage. Full stakeholder mapping will take place at each stage and an accompanying engagement plan will be produced. This plan on a page will be supported by a full project plan.				
Risks and Issues		Stakeholders		Finances
A potential change to commissioning arrangements e.g. OCO/LCO In-experience with commissioning on outcomes GP engagement with a new commissioning model Challenging timescales Maintaining a productive relationship between practices, the LCO and the OCO		CCG clinicians and commissioners General Practice LCO Networks & Neighbourhood Leads GP Fed LMC Local authority commissioners GMH&SCP		TBC