

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	27 November 2019	<b>Action</b>	Approve
<b>Item No.</b>	6	<b>Confidential</b>	No
<b>Title</b>	Quality in Primary Care (Phase 5) Update		
<b>Presented By</b>	Amy Lepiorz, Deputy Director Primary Care		
<b>Author</b>	Rachele Schofield, Primary Care Manager		
<b>Clinical Lead</b>	Dr Schryer, Clinical Lead Primary Care		

<b>Executive Summary</b>
A paper was submitted to the Primary Care Commissioning Committee (PCCC) on 25 September 2019 to provide an overview of the project approach to be adopted to commission the Quality in Primary Care Contract (QinPC) Phase 5 in 2020/21. The following paper has been written to provide an update on progress to date.
<b>Recommendations</b>
The PCCC is required to: <ul style="list-style-type: none"> <li>• receive the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed</li> <li>• receive the outputs achieved to date for Stage 1 and 2</li> <li>• approve the continued work through the project process</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
<b>SO1 People and Place</b> 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	<input checked="" type="checkbox"/>
<b>SO2 Inclusive Growth</b> 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	<input type="checkbox"/>
<b>SO3 Budget</b> To deliver a balanced budget for 2019/20	<input type="checkbox"/>
<b>SO4 Staff Wellbeing</b> To increase the involvement and wellbeing of all staff in scope of the OCO.	<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:	No

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

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"/>
Commissioning Managers Medicines Optimisation Team All CCG Clinical leads Locality Care Organisation Member Practices via Neighborhood Representation						
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>&lt; If you have ticked yes, Insert details of the people you have worked with or consulted during the process :</i> Commissioning Managers Medicines Optimisation Team All CCG Clinical leads Locality Care Organisation Member Practices via Neighborhood Representation						
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"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The Quality in Primary Care (Phase 5 ) Contract will require a financial envelope which is still to be determined.</i>						
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 type="checkbox"/>	No	<input checked="" 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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
Primary Care Workstream Group	07/11/2019	The process and outcomes to date were supported

## Quality in Primary Care (Phase 5) Update

### 1 Introduction

- 1.1. A paper was submitted to the Primary Care Commissioning Committee (PCCC) on 25 September 2019 to provide an overview of the project approach to be adopted to commission the Quality in Primary Care Contract (QinPC) Phase 5 in 2020/21.

### 2 Background

- 2.1 The Project Approach for QinPC Phase 5 has been outlined again below for reference and the following paper has been written to provide an update on progress to date:
- Stage 1 – Scope and Outcomes (July 2019 – September 2019)
    - 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 (October 2019 – December 2019)
    - 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 (January 2020 – March 2020)
    - The aim of this stage is to develop and agree a contracting and payment mechanism

### 3 Stage 1 – Scope and Outcomes

- 3.1 The Primary Care Team began Stage 1 in July 2019 by creating a Plan on a Page and setting the strategic direction for the Phase 5 Contract. The CCG met with the Local Care Organisation (LCO) in August 2019 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 Strategic Outcomes Framework (SOF) for Bury.
- 3.2 In September 2019, the CCG Business Intelligence Team began to analyse the performance seen within the QinPC year on year from Phase One in 2016 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.
- 3.3 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

3.4 In line with the feedback received, Member Practices were invited to attend 2 Workshops. The following notes the key points from each:

### **Stage 1: Scope and Outcomes - Workshop 1 (10 October 2019)**

- Terms of Reference were discussed and agreed, noting that member practices in attendance are representing the local needs of their neighborhood and as such will liaise with practices within their neighborhood both before and after each workshop about the discussions/decisions
- The performance achieved by practices against the KPIs commissioned within the QinPC Contract (Phase 1, 2 and 3) were reviewed against the suggested outcomes within GM Standards to assess success and to establish which Standards have worked in achieving those outcomes and which have not
  - The group felt that the good work done in General Practice since the inception of QinPC in Bury cannot be underestimated despite the inability to demonstrate positive outcomes against all Standards
- Learning for Phase 5 must be:
  - what are the outcomes we want to see? and;
  - what is the correct measure to make an impact?
- The Group agreed that aligning the Quality in Primary Care Contract to the SOF for Bury is the right thing to do to ensure *“All people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing”*

### **Stage 1: Scope and Outcomes - Workshop 1 (24 October 2019)**

- The Group reviewed admissions data for the last 12 months which contained the top 10 reasons for admissions from A&E by CCG and by neighborhood and reviewed the CCGs performance against the NHS Oversight Framework Priorities (CCG “must dos”) to assess the themes which are recommended for inclusion in Phase 5 as follows:
  - Which are Bury wide priorities
  - Which are Neighborhood specific priorities
  - Where are the Gaps
  - Prioritisation
- The Group reviewed the data, and an assessment of the gaps within the data, and provided their recommendations for Themes to support the Outcome “All people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing” as follows:

- **Theme** - We will ensure all patients live healthier lives by working with the patient to:
  - Improve their access to primary care
  - Support them to manage their mental health
  - Prevent long-term conditions (with a particular focus on smoking, alcohol and obesity)
  - Support them to manage their long-term conditions (with a particular focus on CVD, respiratory conditions and diabetes)
  - Maximise the benefits of their medication

3.5 The Primary Care Team assessed the feasibility of the project at the end of Stage 1 and presented the Quality in Primary Care (Phase 5) Story So Far...presentation (Appendix 1) to the Primary Care Workstream Group (PCWS) on 6 November 2019 to demonstrate project validity and to seek support to continue. The PCWS approved the project to date and accepted the request to progress to Stage 2. The presentation was also shared with the Local Medical Committee for transparency at this point.

#### **4 Stage 2 – Indicators and Measures**

4.1 Stage 2 began in October 2019 with the Primary Care Team reviewing the outputs of the process so far and setting the direction for Stage 2. The team invited member practices and wider health and social care colleagues to attend the Stage 2 Workshops. In their capacity as commissioners, the group were asked to make recommend on indicators and performance measures which would feed the Themes identified in Stage 1 to deliver the intended Outcome for Phase 5.

4.2 The following notes the key points from Workshop 3:

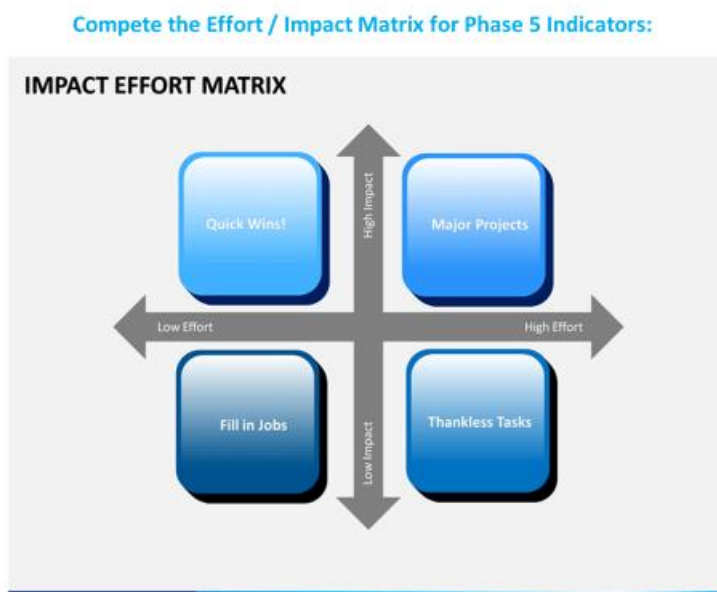
##### **Stage 2: Indicators and Measures - Workshop 3 (7 November 2019)**

- The Quality in Primary Care (Phase 5) - The Story So Far... presentation was delivered by the Primary Care Manager to discuss the outputs of Stage 1 and to set the scene for both Stage 2 workshops (see Appendix 1)
- Break Out Session 1: Review of Potential Indicators – the group broke out into 3 rooms to discuss the indicators and performance measures (activity) that can reasonably be expected to be seen system wide for each of the 5 Themes as determined in Stage 1. The outputs of those breakout sessions will be presented for prioritisation at Workshop 4.

##### **Stage 2: Indicators and Measures - Workshop 4 (18 November 2019)**

- A recap of the Quality in Primary Care (Phase 5) - The Story So Far... was delivered by the Primary Care Manager to discuss the outputs of the project to date and to outline the format of this workshop (see Appendix 1)
- Break Out Session 2: Effort / Impact Matrix (Figure 1) – the group broke out into 3 rooms to discuss the indicators and performance measures (activity) that can reasonably be expected to be seen system wide for each of the 5 Themes. Each was plotted using the Effort / Impact Matrix, providing a platform for prioritization:

**Figure 1 - Effort / Impact Matrix**



**Stage 2: Indicators and Measures - Workshop 5 (TBC - December 2019)**

- Workshop 5 will utilize the outputs of the Effort / Impact Matrix, plotting them in the Prioritisation Matrix (Figure 2). The highest scoring performance indicators and measures within each Theme will move through to Stage 3 – Contracting, and will ultimately be recommended for inclusion in the final Phase 5 Contract:

**Figure 2 – Prioritisation Matrix**

Complete the Prioritisation Matrix for Phase 5 Indicators:

Indicator	Effort / Impact Score	CCG "Must Do"	Other System Priority	Overall Score

## **5 Next Steps**

### **5.1 Governance**

5.2 The Clinical Lead and Deputy Director for Primary Care will present the outputs of the project to date to the Joint Executive Team (JET) on 25 November 2019. This will be followed by submission to Clinical Cabinet for clinical input. This will then progress to Primary Care Workstream for assurance in December, with Stage 3 workshops commencing in January 2020.

### **Stage 3 – Contracting**

5.2 Stage 3 is currently on schedule to begin in January 2020 and conclude in March 2020 with January seeing contract negotiations begin with providers and sign off from PCWS and PCCC on the proposed final Phase 5 contract.

5.3 Once sign off has been received, February 2020 will see the final version of the contract 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.

5.4 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.

## **6 Recommendations**

6.1 It is recommended that PCCC receive the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed and that progress towards commissioning Phase 5 on an outcomes basis is being achieved within the specified timelines.

## **7 Actions Required**

7.1 The PCCC is required to:

- receive the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed
- receive the outputs achieved to date for Stage 1 and 2
- approve the continued work through the project process

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November 2019

# QUALITY IN PRIMARY CARE

## PHASE 5

### THE STORY SO FAR...



## QinPC Phase 5 Approach: Plan on a Page

Primary Care Workstream Quality in Primary Care- Phase 5				
Project Lead: Rachele Schofield	RAG 05/06/19	Project Manager: Rachele Schofield	Executive sponsor: Jeff Schryer	Timescales: July 2019- March 2020
Project Brief: To develop and commission an <u>outcomes based</u> 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"> <li>A move to <u>outcomes based</u> commissioning model.</li> <li>Agreed contracting model held between the OCO and provider organisation</li> </ul>	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

## **QinPC Phase 5 Approach: Workshops (October 19 – March 2020)**

- **Stage 1 (Workshops 1 and 2) – Scope and Outcomes**  
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 One Commissioning Organisation (OCO).
- **Stage 2 (Workshops 3 and 4) – Indicators and Measures**  
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 (Workshops 5 and 6) – Contracting**  
To develop and agree a contracting and payment mechanism. It will be agreed during stage 2 as to who will lead these discussions.

## **Stage 1: Scope and Outcomes**

### **Workshops 1 and 2**

**October 2019**

## Workshop 1 (Scoping) Recap

- Terms of Reference for Stage 1 were discussed and agreed
- An overview of content and ethos of original GM Standards was provided, noting that Bury CCG has remained loyal to the delivery of the Standards since Phase 1 of the Quality in Primary Care Contract
- Review of performance achieved by practices against KPIs commissioned in QinPC Phase 1, 2 and 3 against the suggested outcomes within GM Standards to assess success and establish which Standards have worked and which did not
- Recommendation to Commissioning QinPC Phase 5 on an outcomes basis was discussed and agreed as the right way to proceed
- Recommendation to align Phase 5 to the Single Outcomes Framework for Bury discussed and agreed as the right way to proceed

## Workshop 2 (Outcomes) Recap

- A recap of Workshop 1 was delivered and agreed
- Group breakout session took place to:
  - Review 12 months admissions data split by CCG and neighbourhood
  - Review CCG performance against NHS Oversight Framework Priorities (CCG “must dos”)
  - Recommend “Themes” for inclusion in Phase 5:
    - Which are Bury wide priorities
    - Which are Neighbourhood specific priorities
    - Where are the Gaps
    - Prioritisation
- Group fed back their recommendations for Themes to be explored in Stage 2:
  - **Outcome:** All people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing
  - **Theme:** We will ensure all patients live healthier lives by working with the patient to:
    - Improve their access to primary care
    - Support them to manage their mental health
    - Prevent long-term conditions (with a particular focus on smoking, alcohol and obesity)
    - Support them to manage their long-term conditions (with a particular focus on CVD, respiratory conditions and diabetes)
    - Maximise the benefits of their medication

## Stage 2 Indicators and Measures

### Workshops 3, 4 & 5

November 2019

## Workshop 3 (Indicators & Measures) Recap

- The Terms of Reference for Stage 2 were noted
- A recap of Workshops 1 and 2 was delivered
- Break Out Session 1 saw 3 groups work to identify Indicators and Measures to support the delivery of each Themes identified during the Stage 1 workshops
- Next steps were noted advising that the outputs of today will be taken forward to Workshop 4 and 5 where they will be used to facilitate the following:

Break Out Session 2: Effort / Impact Matrix for Potential Indicators

Break Out Session 3: Prioritisation Matrix for Potential Indicators

## Workshop 4 (Indicators and Measures)

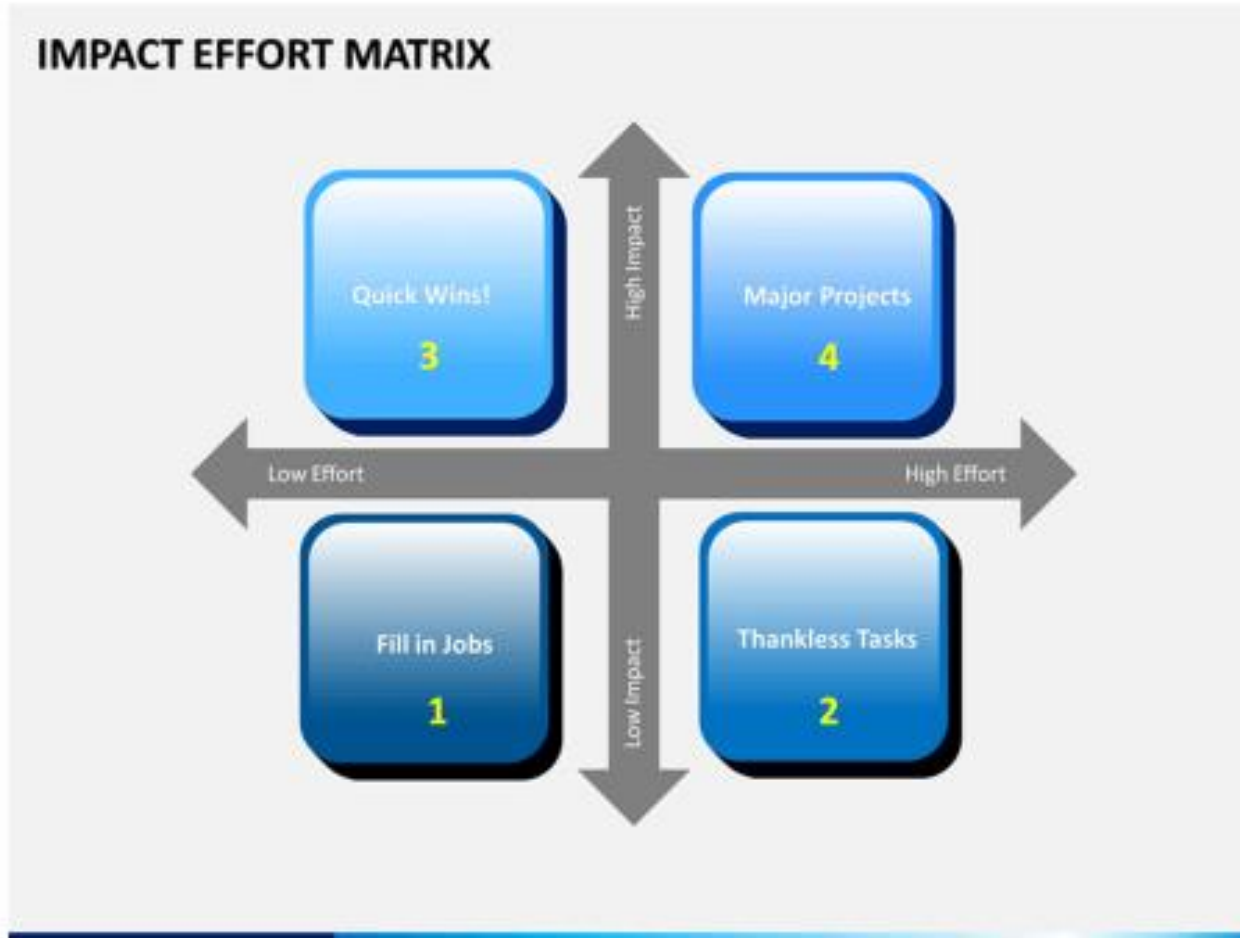
### Break Out Session 2: Effort / Impact Matrix for Potential Indicators

Using the handouts provided:

- 1) Please score each performance measure based on the effort / impact matrix displayed on the screen
- 2) clarifying those performance measure noted in **“Black”**
- 3) adding in any performance measures and / or indicators you feel are missing



Complete the Effort / Impact Matrix for Phase 5 Indicators:



## Workshop 5 (Indicators and Measures)

### Break Out Session 3: Prioritisation Matrix for Potential Indicators

- Using the scores recommended during Breakout Session 2, please populate the prioritisation matrix

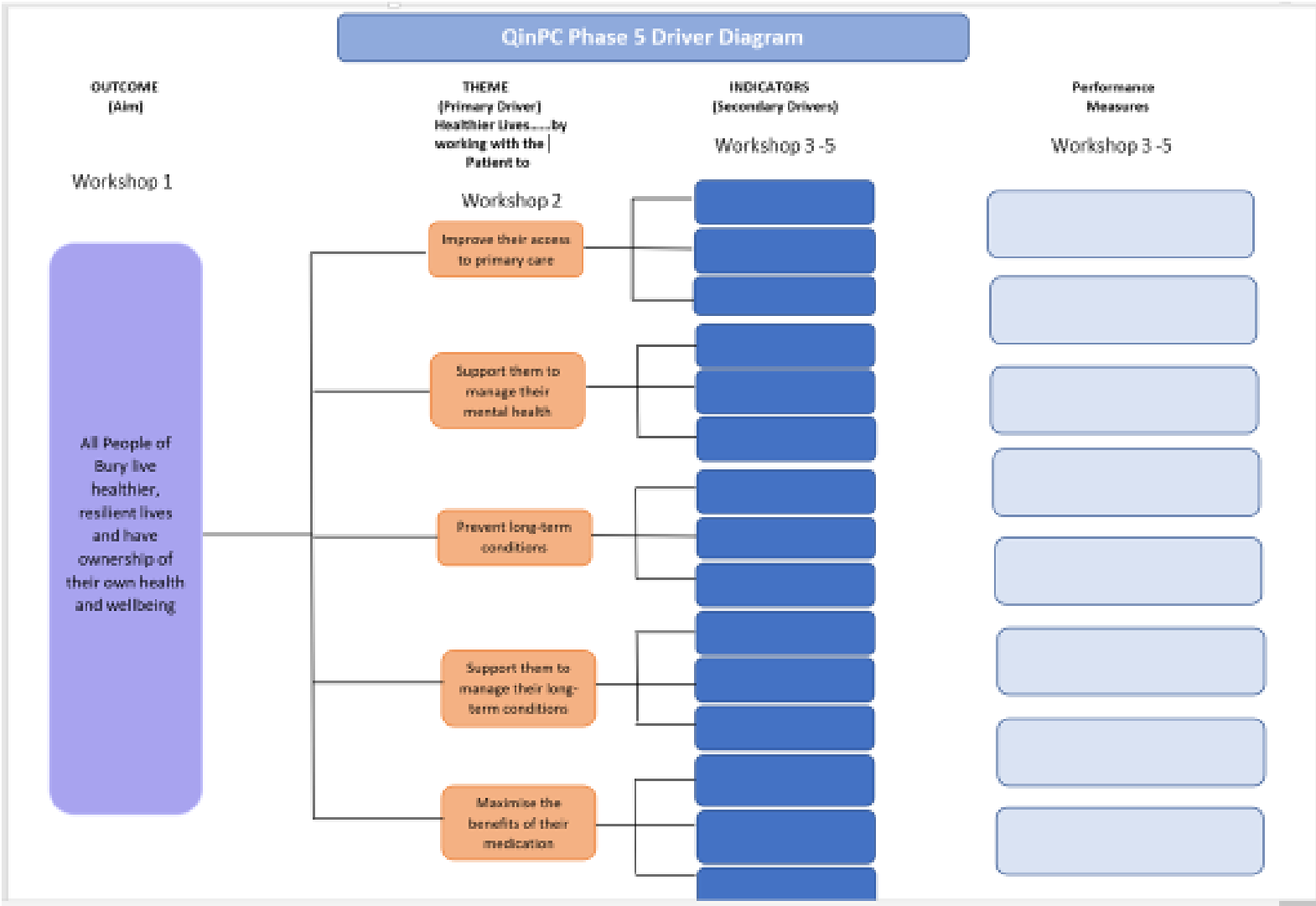
**Complete the Prioritisation Matrix for Phase 5 Indicators:**

<b>Indicator</b>	<b>Effort / Impact Score</b>	<b>CCG "Must Do"</b>	<b>Other System Priority</b>	<b>Overall Score</b>

## Next Steps

- The Primary Care Team will share the information gathered from the workshops to date with:
  - JET
  - PCCC
  - Clinical Cabinet
- The Primary Care Team will share then use the information gathered from the workshops to date to complete the Phase 5 driver diagram.
- Once complete, this will be shared with colleagues for comment before moving to Stage 3 – Contracting

# Complete the Driver Diagram with recommendations for Phase 5 Indicators & Performance Measures:



**Next**

**Stage 3 Contracting**

**Workshops 5 and 6**

**December 2019**

**(dates to be confirmed)**