NHS
Bury
Clinical Commissioning Group

Meeting: Primary Care Commissioning Committee

Meeting Date	26 August 2020	**Action**	Approve
Item No.	5	**Confidential**	No
Title	General Practice Enhanced Services		
Presented By	Amy Lepiorz, Deputy Director of Primary Care		
Author	Amy Lepiorz, Deputy Director of Primary Care		
Clinical Lead	Jeffery Schryer, Clinical Chair		

Executive Summary

This paper seeks approval on the approach to general practice enhanced services from the 1 October to the 31 March 2021. Due to timeframes it hasn't been possible to provide the PCCC with a comprehensive proposal, instead it seeks approval in principle.

NHS Bury CCG directly commissions two local enhanced services from general practice- the 'Combined Locally Commissioned Service' (Combined LCS) and the 'Quality in Primary Care Contract' (QinPC). It is also responsible for the payment of services associated with a number of national contracts including the minor surgery directed enhanced service (DES). Bury Council contracts with general practices in order to deliver the national health checks programme.

Due to the Covid-19 pandemic, and in-line with national guidance, payment for these services has been made on a block basis since 1 April 2020. This paper proposes moving back to activity based contracts from the 1 October 2020 when the current arrangements cease.

Recommendations

It is recommended that the Primary Care Commissioning Committee approve:

- the contract value for the LCS as circa £500k per year
- delegation for the final budget value for QinPC to the Executive Director of Strategic Commissioning, Joint Chief Finance Officer and the Clinical Chair
- the principles for the content of the contracts as articulated in paragraph 3.3 and 3.4
- delegation to the Deputy Director of Primary Care for agreement of the draft contract for negotiation
- the proposal to move back to activity based payments for the minor surgery DES, capped at 2019/20 out turn.
- the proposal to move back to activity based payments for health checks

Links to CCG Strategic Objectives

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	☒
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	☐
SO3 Budget To deliver a balanced budget for 2019/20	☐
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☐

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
N/A

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐
Insert details of the people you have worked with or consulted during the process : Finance- Associate Chief Finance Officer and Head of Finance- Non Acute and Primary Care Medicines Optimisation- Head of Medicines Optimisation Clinical leads- Clinical Chair and Clinical Lead for Medicines Optimisation and Learning Disabilities Public Health- Public Health Programme Lead (Population Healthcare and Sexual Health)						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
Budget for services to be agreed						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒

Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
LES Working Group	12/08/2020	As articulated in the paper

General Practice Enhanced Services

1. Introduction

1.1. This paper seeks approval on the general approach to general practice enhanced services from the 1 October to the 31 March 2021. Due to timeframes it hasn't been possible to provide the PCCC with a comprehensive proposal, instead it seeks approval in principle.

2. Background

2.1. NHS Bury CCG directly commissions two local enhanced services from general practice- the 'Combined Locally Commissioned Service' (Combined LCS) and the 'Quality in Primary Care Contract' (QinPC). It is also responsible for the payment of services associated with a number of national contracts including the minor surgery directed enhanced service (DES). Bury Council contracts with general practices in order to deliver the national health checks programme.

2.2. The combined LCS and QinPC for 2020/21 were due to be approved by the PCCC on the 25 March 2020. It was proposed that the contract value for the combined LCS would remain at the value set in 2019/20 (circa £500k). The QinPC contract had been significantly redesigned to focus on outcomes over a 3 year contract, with practices receiving a minimum of £1.35m per year capped at £6m over the lifetime of the contract.

2.3. Due to the Covid-19 pandemic the PCCC did not meet and the contracts were considered via emergency decision making powers. Following guidance from NHS England that no practice should be adversely impacted by the pandemic and the instruction to protect income the emergency decision making group agreed to suspend all activity requirements and to fund the combined LCS at the proposed level, but to increase the contract value of the QinPC contract to £2.1m per year- in-line with the 2019/20 contract value. It also suspended all activity requirements for the minor surgery DES and health checks, providing practices with a monthly payment in-line with their 2019/20 achievement. It was agreed that these payments would continue until the 30 September 2020

2.4. In early, July 2020 NHS England withdrew the requirement to protect general practice income and advised CCG's that they need to make local decisions around the payments for activity based contracts.

3. General Practice Enhanced Services October 2020-April 2021

3.1 As the current payment arrangements are due to end on the 30 September consideration is needed around the contracts and associated funding for the previously mentioned services.

3.2 A small group consisting of members of the primary care, medicines optimisation, finance and public health teams along with clinical representation met to review the

content of the combined LCS and the QinPC contract. The group undertook a high-level mini review of the content of the two contracts factoring in the current pressures to recover core general practice and the wider health and social care economy, the un-known progression of the pandemic, and the emerging asks of general practice due to transformation work.

3.3 The group agreed, subject to minor changes, that the combined LCS should remain the same as that supported via the emergency decision making powers group which can be found in appendix one. It is proposed that the funding level remains.

3.4 With regards to the QinPC contract the group felt it was not sensible to move fully to the designed outcomes based contract that relied heavily on all neighbourhood partners being able to work collectively on the joint outcomes. This contract can be found in appendix two. The group proposed that minor changes are made to 'section one- contractual gateway requirements' to reflect the recent roll out of the digital first offer. After reviewing 'section two- neighbourhood selected outcome based indicators' it is proposed that these are suspended and instead practices are requested to generate and action plans that aim to achieve a reduction in smoking prevalence and adults classed as obese or overweight- both shown to increase the risk of complications from Covid-19. Further clinical input will be sort to provide target areas where benefits are most likely to be achieved. Section three covers the requirement to generate action plans with neighbourhood collegues, it is proposed that these are practice developed.

3.5 An additional clause will be added to the contract to recognise that additional asks of general practice are likely to be generated via the recovery and transformation programme, but at present are not clearly articulated. It is proposed that the contract is written in a way so that general practice recognises this and that the contract value reflects a level of as yet undefined work. It is proposed that the PCCC delegate the final budget value for QinPC to the Executive Director of Strategic Commissioning, Joint Chief Finance Officer and the Clinical Chair, noting allocations are currently unknown

3.6 Due to the timings of writing this paper it has not been possible to fully draft the proposed contract. It is therefore requested that, subject to support of the proposed changes, the Deputy Director of Primary Care is given delegated authority to agree the draft contract for negotiation with practices. The final version will be submitted to the PCCC in September for formal ratification.

3.7 With regards to the minor surgery DES it is proposed that this goes back to payments based on activity, but with total payment capped at 2019/20 out turn. This is in-line with approaches taken by other CCG's and removes the risk of any 'double payment' due to any backlog of procedures. Payment for the minor surgery DES forms part of the delegated commissioning budget, based on previous year's out turn.

3.8 The public health team have also indicated their wish to move back to activity based payments. The team will also work closely with practices to target those individuals most likely to benefit from a health check based on existing evidence and novel evidence of Covid-19 impact.

5 Associated Risks

5.1 At the time of writing the primary care budget has not been set. Therefore the affordability of the proposal is unknown.

5.2 In order to support practices with their business planning it is important that clarity of income post September is provided as soon as possible.

5.3 There are a number of yet to be defined asks for general practice over the coming months and contract affordability needs to be carefully balanced against achieving strong engagement.

6 Recommendations

6.1 It is recommended that that the PCCC approve:

- the contract value for the LCS as circa £500k per year
- delegation for the final budget value for QinPC to the Executive Director of Strategic Commissioning, Joint Chief Finance Officer and the Clinical Chair
- the principles for the content of the contracts as articulated in paragraph 3.3 and 3.4
- delegation to the Deputy Director of Primary Care for agreement of the draft contract for negotiation
- the proposal to move back to activity based payments for the minor surgery DES, capped at 2019/20 out turn.
- the proposal to move back to activity based payments for health checks

7 Actions Required

7.1 The PCCC is required to:

- approve the recommendations as listed above

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August 2020

Appendix 1- Combined Locally Commissioned Service- Draft

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	DRAFT
Service	Enhanced Primary Care Services
Commissioner Lead	Amy Lepiorz, Deputy Director of Primary Care
Provider Lead	Primary Care (General Practice)
Period	1 April 2020 – 31 March 2021
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Bury CCG Primary Care Health & Well Being Strategy (December 2016) sets out its ambition for primary care and describes its vision to improving the health and wellbeing of its population. Primary Care contribution to meeting Bury's vision is:

'Ensure the population is as healthy, happy and independent as possible, living with minimal intervention in their lives. This will be achieved through targeted strategies of self-help, prevention and early intervention, reablement and rehabilitation. When needed, formal care and support will be designed to create a coordinated and seamless health and care system. All services will be person-centered and will build on and develop local community assets.'

The vision described above will be achieved by primary care empowering patients to prevent ill health, as well as enabling them to self-care and when required provide them with the support to manage any health and wellbeing conditions. It is therefore important that every contact with primary care providers becomes an opportunity to get to know the patients, understand and build on their strengths, and work with them to realise the Bury Primary Care vision.

Bury Primary Care Health & Well Being Strategy highlights that many of the health conditions present in Burys population could have been prevented, or had their severity limited, by the provision of improved early intervention services/approaches. We know that late diagnosis causes unnecessary suffering to populations and increases pressure on NHS services; therefore, the focus for Bury is to create an asset-based, every-contact-counts approach across its health economy.

Bury wants to work with patients in primary care to develop a 'what matters to you?' approach, moving away from the traditional stance of 'what's the matter?'. By adopting a holistic person-centred approach and an 'every contact counts' ethos it is hoped that improving health and wellbeing of the population becomes everybody's 'business'.

To ensure variation in service provision is reduced there is an expectation that all primary care commissioned services will be accessible to every Bury registered patient as deemed clinically appropriate, and delivered as close as possible to patients home.

It is intended that this reviewed Enhanced Primary Care Services Specification will contribute to the above overall

vision and ambitions highlighted in the Bury Primary Care Health & Well Being Strategy (December 2016).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	√
Domain 2	**Enhancing quality of life for people with long-term conditions**	√
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	√
Domain 4	**Ensuring people have a positive experience of care**	√
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	√

2.2 Local defined outcomes

The delivery of this specification will contribute to the following overarching/high-level local outcomes

Bury Locality Plan 2017-2021

- A local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025
- A reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction
- A local health and social care system that provides high quality services which are financially sustainable and clinically safe.
- A greater proportion of local people playing an active role in managing their own health and supporting those around them.

Bury Primary Care Health & Well Being Strategy 2016-2021

- An empowered population who are confident in their approach to maintaining health and wellbeing, preventing ill health and self-management of healthcare conditions
- Where care is appropriate or needed this will recognise that people are the experts on 'what matters to them', creating person-centred co-ordinated care leading to increased consistency and patient satisfaction
- High quality care will be provided by motivated, talented, happy and healthy primary care professionals attracted to work in Bury

3. Scope

3.1 Aims and objectives of service

The aim of this specification is to provide a range of specified services in general practice, over and above general practice core contracted activities, ensuring an increased, standardised and consistent service provision across the CCG footprint for all Bury registered patients, that will:

- Enhance and complement existing core service provision within Primary Care.
- Contribute to the enhancement of services received and quality of life for people living with long term conditions.
- Ensure consistency in service provision across Practices that are accessible to all patients registered with a Bury GP.
- Ensure patients are seen and treated in an environment most appropriate to their needs.

- Improve patient treatment outcomes and service satisfaction.
- Improve patient journey experience for those who receive their planned care treatment care package in primary care.
- Improve the delivery and promotion of prevention, early intervention and self-care approaches in primary care.
- Reduce inequalities in health and wellbeing by providing accessible services to targeted vulnerable groups.
- Deliver an outcome focused approach which will be measured by a number of KPI's that incentivises providers

To achieve this, we will have:

- Reasonable waiting times for patients requiring interventions covered within this specification
- A concise local quality framework that all Practices will work to
- Delivery of a consistent approach across the services provided by Practices
- Regular reporting of KPI outcome data
- Undertake regular review of services provided within this specification an initiate any service redesign as deemed appropriate.

3.2 Service description/care pathway

It is essential that all Bury registered patients have access to the services described within this specification. To ensure all patients have equal access to the services described below, consideration may need to be given to how the model will be delivered that may include at a practice or sector level, or indeed delivered via a consortium of practices/providers. The delivery models will need to be agreed with the CCG to ensure reasonable access to all patients has been considered.

The following outlines the specific specialised and/or additional services to be provided within this specification. No part of this specification defines any essential service requirements that should be provided as part of core contracted primary care services (including measurement of height, weight & BMI, urinalysis, measurement of BP temperature and pulse, peak flow measurement (QoF) or chaperoning), or any other specific additional contracted service.

Activity Description	Summary/Examples

General Interventions	• Recording of ECGs
	• Venepuncture
	  ○ long term monitoring
	  ○ general access
	  ○ hospital requested bloods (including pre & post op)
	• Health Promotion and Lifestyle advice (including literature)
	• Other health checks as determined appropriate

Amber Drugs	All drugs classified as 'Amber' by Greater Manchester Management Group (GMMMG) are suitable for shared care arrangement between GPs and the prescribing initiating service under agreed shared care protocols. • GMMMG up to date list of Amber drugs can be accessed here • Guidelines for defining RAG status can be accessed here • GMMMG shared share protocols can be accessed here "When clinical and / or prescribing responsibility for a patient is transferred from secondary to primary care, the primary care prescriber should have the appropriate competence to prescribe the necessary medicines. Therefore, it is **essential** that a transfer of care involving medicines that a primary care prescriber would not normally be familiar with, should not take place without the **sharing of information** with the primary care prescriber and their **mutual agreement** to the transfer of care." EL(91)127 "Responsibility for Prescribing between Hospitals and GPs.", DH Under the shared care arrangements prescribing is transferred from secondary care to primary care once a patient is stabilised, and shared care arrangements are agreed between the relevant clinicians.

	Inherent in any shared care agreement is the understanding that participation is at the discretion of the GP subject to their clinical confidence. Practices will also be required to work collaboratively with Bury CCG Medicines Optimisation Team, and any other key agencies, to ensure any local developed guidance or procedures are adhered to.
Ring Pessaries	Fitting, change and removal of ring pessaries.
Specific Vulnerable Patients: • Asylum Seekers • Refugees • Homeless	The NHS is committed to ensuring that all patients have equal access to NHS information and services. The additional payment, covered by this specification is recognition of the potential complexities of the specific vulnerable patients highlighted, that may include • Additional required consultation time, • Flexibility with regards to access and registration (i.e. lack of availability of two forms of identification, times of appointments) • Complexity of mental and physical health and social care needs.
Administering Hepatitis B Vaccination	Hepatitis B vaccination should only be administrated as part of an agreed treatment pathway for patients identified with a clinical need and/or risk factor. **This specification does not cover Hepatitis B vaccination for travel or occupational purposes.** Please click here to refer to Green Book guidance
Administering Vitamin B12 Injection	Bury Medicines Optimisation Team Vitamin B12 guidance to treatment should be followed in the administration of vitamin B12 injections. Please click here for guidance.
Simple wax removal via Ear Irrigation	• Ear Irrigation - simple wax removal via irrigation • The agreed Bury Primary Care Ear Irrigation Pathway to be followed in all cases – **Appendix 1** **Please Note -** Where it has been clinically identified that Micro Suction is the required treatment a referral to the Tier 2 service should be followed. Also refer to NICE Guidance: Earwax build-up should be managed in primary care Earwax Topic Summary
Completion of Child Protection Templates	Practices will complete Child Protection Templates as and when requested by Child Protection Agencies in a timely manner and complete Mandatory Training annually **(Appendix 2)**

3.3 Future Developments

Bury CCGs reserve the right to review and amend this specification to reflect patient need and strategic direction in partnership with providers by the issue of an in year contract variation and/or within the parameters of any annual service review this will include consideration of investments made both by the practice and the CCG and any additional investment which may be required.

3.4 Population covered

The population covered for the purposes of this specification is all patients registered with a Bury GP, however, please note that BMA states the following:

Registering homeless patients - People who are homeless have particular health needs and often suffer some of the worst outcomes. Both the BMA and NHS England are committed to ensuring homeless patients receive the same level of care as those with permanent addresses. The same obligation on practices regarding identity and proof of address apply to homeless patients as a population group. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.

CQC expects practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them click here for further guidance.

3.5 Any acceptance and exclusion criteria and thresholds

Special Acceptance Criteria

A Limited number of patients present in General Practice to have investigations including bloods taken on behalf of secondary care, it is important patients are not caught up in disputes about who is commissioned to do what, and in some cases a refusal to do bloods may put patients at potential harm or certainly inconvenience. This service specification compensates practices for the increased workload this cohort of patients may cause practices.

The commissioners would expect the practice to direct the results to the person who requested the investigation.

The CCG wish to monitor this activity to inform future commissioning decisions, practices are therefore asked to continue to read code all hospital requested bloods, noting this is inclusive of The Christie at Townside Primary Care Centre (Outreach clinic), using Read Code 9N7D; Phlebotomy generated from secondary care done by practice.
Only patients who attend with a Blood Card are intended to be covered by this requirement and the posters provided by the CCG should be displayed on your notice boards to advise patients of this (appendix 3)
Please note:

- Ear Irrigation - patients under 16yrs of age should be referred Paediatric ENT
- Venepuncture –
    - **Paediatrics -** paediatric requests may be referred to the Paediatric Phlebotomy Service (patients under 18 years of age)
    - **Clinically Appropriate Blood Testing – Vitamin D**
    - There has been a significant increase in Vitamin D blood testing activity across General Practice since 1 April 2019 and we ask now that all practices cease any inappropriate Vitamin D testing with immediate effect, adhering to the attached Medicines Optimisation Guidelines (Appendix 4) Practice performance will be highlighted for discussion at all 2020/21 Primary Care Quality Visits and we will pick up individual practice conversations outside of this process as required.
- Hepatitis B vaccinations for newborns are excluded given this is a separate service which is part of additional services in the SFE for childhood vaccs and imms

The ongoing review to the delivery of this specification may require future changes to the acceptance and exclusion criteria thresholds. However, any changes will need to be evidenced and agreed with the CCG before any amendments are implemented.

3.6 Interdependence with other services/providers

- LCO
- Member Practices
- Secondary care providers
- Community Services
- All Pharmacy Services
- Other Primary Care Providers
- Third Sector Providers

- Wound Care & Lymphoedema Service
- Walk in Centres
- District nursing (Phlebotomy Service House Bound Patients)
- Children's Community Nursing Team
- Christies
- The Christie at Townside Primary Care Centre (Outreach clinic)

4. Applicable Service Standards

4.1 Applicable local standards

Safeguarding

- There is a safeguarding lead in place and a safeguarding policy that includes how to manage allegations against professionals where abuse is suspected and the local reporting process.
- An information sharing process is in place where there are safeguarding concerns, and there is a whistle blowing policy.
- Safeguarding training is in place appropriate to the role of the staff member **(Appendix 5)**.
- Safe recruitment policies are in place, including standard and enhanced DBS checks where staff role meets the relevant criteria.
- Staffs working directly with vulnerable clients have access to regular, timetabled supervision as least quarterly.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Practices must be able to demonstrate the following:

- All services are delivered within suitable clinical premises and are compliant with the requirements of the Equality Act 2010.
- All services are delivered by appropriately skilled/competent clinicians with necessary checks in place e.g. DBS
- Evidence of training and competency on request **(Appendix 6)**
- National and local standards and procedures for sterilisation, infection control and disposal of contaminated material are adhered to
- Where any issues of compliance are identified, the practice will be required to develop a remedial action plan. In such circumstances the CCG may request and audit to ensure remedial actions are working.
- Adequate information is included within the patient's electronic medical record (if sub contracted details of treatment must be held by both the patient's own GP and the subcontractor) which must include:
    - The procedure undertaken
    - All known information relating to any significant events, e.g., treatment given, any additional related referral, infections, etc.
    - The results
    - Any issues / complications and how these have been escalated to a qualified professional.
    - Consent (There must be a policy in place for obtaining the patients informed consent to examination and treatment)
- Any clinical incidents must be reported within the Practices normal procedures and SUI need to be raised to the CCG via Datix
- Details as to any computer-assisted decision making equipment used and arrangements for internal and external quality assurance
- Details as to any testing equipment used and arrangements for internal and external quality assurance

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

The Combined LCS contract value is inclusive of a CQUIN payment and it is expected that practice will ensure full compliance of activity reporting and KPIs.

6. Location of Provider Premises

The Provider's Premises are located at:

Provider Premises and location will be added on confirmation of intent to sign the delivery of this specification.

Days & Hours of Operation

During Practice opening hours

7. Individual Service User Placement

Not applicable

8. Reimbursement

The payment for this specification of £516,094 will be based on a weight Carr Hill formula, which will be adjusted quarterly

9. Key Performance Indicators

The monitoring of this specification will in the main be via the following activity reporting indicators:

- Number of B12 injections given
- Number of Hep B injections given
- Number of Ring Pessary Insertions
- Number of Ring Pessary Changes
- Number of Ring Pessary Removals
- Number of venepuncture procedures completed
- Number of ears irrigated
- Number of patients registered at the practice as Asylum Seekers
- Number of patients registered at the practice as Refugees (read code 13ZB)
- Number of patients registered at the practice as Homeless
- Number of patients registered at the practice coded as Rehoused / housed

Number of Vitamin D Blood Tests performed

Practices will be required to allow remote access to their practice systems on a quarterly basis so that the CCG can produce quarterly monitoring reports. The quarterly CCG monitoring report will inform the review of future commissioning intentions for this specification.

There is a requirement for each practice to demonstrate their performance against this specification objectives, the following table provides a summary of how this will be monitored by the CCG:

Specification Objectives	Measurement
1. Enhance and complement existing core service provision within Primary Care.	Via activity quarterly reports
2 Contribute to the enhancement of services received and quality of life for people living with long term conditions.	This objective will not be measured specifically as the assumption is that the interventions provide through this specification will contribute to overall improvement linked to the wider LTC developments
3 Ensure consistency in service provision across Practices that are accessible to all patients registered with a Bury GP.	This will sit as a CCG KPI ensuring all Bury registered patients have 100% access to the interventions covered in this specification. Will

		also form part of future development discussions with Bury GP Federation.
4	Ensure patients are seen and treated in an environment most appropriate to their needs.	All practices are required to be CQC compliant.
5	Improve patient treatment outcomes and service satisfaction.	Friends and Family Test (FFT) to be offered to all patients who receive services/ interventions under the terms of this specification
6	Improve patient journey experience for those who receive their planned care treatment care package in primary care.	FFT results obtained via CQRS
7	Improve the delivery and promotion of prevention, early intervention and self-care approaches in primary care.	Will form part of future development discussions with Bury GP Federation.
8	Reduce inequalities in health and wellbeing by providing accessible services to targeted vulnerable groups.	Via activity quarterly report
9	Deliver an outcome focused approach which will be measured by a number of KPI's that incentivises providers	Via activity quarterly reports and annual KPI practice reports

Practices will be required to report on the following KPIs:

Performance Indicators	Threshold	Method of Measurement	Reporting Frequency
Homelessness	Practice to take Homeless Pledge	Take the Homeless Friendly Pledge	Annually
	Practice to promote a Bed Every Night via GM Street Support Network	Promote A Bed Every Night and ensure any homeless individuals coming into your Practice are directed to the GM Street Support Network where they can access help and assistance as follows: • Visit Housing Assessment Team – Housing Advice & Homelessness, Town Hall Knowsley Street, Bury,BL9 0SW • Call 0161 253 5537 • Online visit bury.gov.uk/index.aspx?articleid=14177 Out of Hours call 0161 253 6606 (Mon–Thu 5pm to 8.45am, Fri–Mon 5pm to 8.45am)	Ongoing
	Clinical Staff Training	Review the Homelessness and General Practice iinformation provided on the "Ppathway Healthcare for Homelessness People" website: Click Here	Once every 3 years
	Non Clinical Staff Training	GP Receptionist Standards for Primary Care - Homelessness	Once every 3 years
	100%	All homeless patients to be read coded including updating their status to Rehomed / homed as appropriate	Quarterly
	100%	All homeless to be offered Flu Jab and Hep B as part of vulnerable group (read coded)	Quarterly
Child Protection Templates	100%	Child Protection Templates as and when requested by Child Protection Agencies in a timely manner **(Appendix 2)**	Ad Hoc
	All Staff	Complete Mandatory Safeguarding Training **(Appendix 5)**	Annually
Service User	100%	Friends and Family Test (FFT) to be offered to 100% of	Monthly

Experience		patients who receive services/ interventions under the terms of this specification and Practices must read code that a survey was offered	

Appendix 2- Quality in Primary Care Contract- Original Draft

Service Specification

All subheadings for local determination and agreement

Service Specification No.	TBC
Service	Quality in Primary Care Contract (Phase 5)
Commissioner Lead	Bury Clinical Commissioning Group
Provider Lead	TBC
Period	1 April 2020 – 31 March 2023
Date of Review	January 2021

1. Context

Extract from the Bury Locality Plan 2019

''In 2017 Bury recognised the need to transform the commissioning and delivery of health and social care services in the Borough. Our intent is for integrated care supporting the creation of a population health system which embraces housing, education, environment, and policing, with citizens in communities taking control and identifying local priorities which are going to make the biggest difference for them.

Our population is living longer, but not necessarily enjoying longer years of healthy life, and recent deprivation data tells us that Bury has become relatively more deprived than other similar areas and that even more people are living in the same areas of deprivation than in 2015. This, more than anything has got to be a "call to arms" for health, and care and all for our partners to transform what we are currently doing to deliver a rebalanced and sustainable system.

Our vision is to "Improve health and well-being through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life". Our model of care has people living in neighbourhoods at its heart, supporting themselves and each other, living in affordable homes with good jobs with access to green space and feeling safe in their communities. Health and care services will be more easily accessible when they need them, with "home first" being the order of the day. We need to target our resources where they are most needed and our bespoke neighbourhood profiles will help communities identify their priorities.''

2. Background

The Quality in Primary Care Contract (Phase 5) has been designed to align with Bury's Strategic Outcomes Framework, in particular the outcomes that:

"All people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing"

The contract has been co-produced between the CCG, Local Authority, Local Care Organisation and member practices. It has been designed to be light on mandatory activity and focused on the achievement of outcomes, giving practice the flexibility on how these are achieved. The contract has been designed to encourage neighbourhood working and builds on the importance of general practice being local leaders. It has been designed so that it could be effectively commissioned either directly with individual practices or via the Local Care Organisation.

In designing the contract local performance data was reviewed, including information contained within the neighbourhood profiles and NHS Rightcare. The outcomes selected are those which represent our local neighbourhoods and the needs of the Bury population as a whole.
The contract has also been designed during a period of unprecedented financial challenge within Bury. The funding of this contract recognises the investment needed within general practice as a key partner in contributing to creating a sustainable model of care, along with rewarding the achievement of outcomes over activity.

3. Outcomes

The contract has been designed to demonstrate general practices contribution to the Bury Strategic Outcomes Framework. It aims to ensure that "all people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing". The focus on achieving these outcomes are placed on the reduction of harmful lifestyle factors, the reduction between expected and known prevalence of certain health conditions and a reduction in A&E attendances and non-elective admissions.

4. Service Specification

The service specification is made up of three components: contractual gateway requirements; neighbourhood selected outcome-based indicators; and neighbourhood agreed activity measures. The contract covers patients registered with a Bury GP practice.

Section 1: Contractual Gateway Requirements

This section contains the minimum requirements of any practice signing up to deliver against the service specification. The expectations are focused on improving the Bury population's access and experience of general practice and maximising benefits of their medication.
Practices will be expected to deliver the contractual gateway requirements from the start date of the service specification until it reaches term. These expectations will be reviewed annually and may be subject to adjustment.
Along with the specified KPIs below all practices must be meeting the requirements of their core contract (GMS, PMS, APMS) including nationally negotiated expectations. They must also be engaging in relevant CCG saving schemes (previously referred to as QIPP schemes), the primary care quality visit programme and the development and implementation of specific prescribing priorities.

KPIs- Improving access to general practice
Practices will 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)
Practices will offer access to both male and female prescribing clinicians (this may be delivered through a neighbourhood model)
Practices will offer pre-bookable appointments 4 weeks in advance with a prescribing clinician
Practices will undertake and act on appointment audits with the aim to match capacity to times of high demand and reduce DNAs (the content and frequency of the audit is to be agreed with the CCG)
Place holder- requirements around digital primary care may be added in line with national trajectories.
Promote the Extended Working Hours and Extended Access service to patients via: • a link to the service on the Practice website • over the telephone with all practice receptionists able to direct patients to the service and offer appointments to the additional hour's service on the same basis as appointments in core hours • Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments
Practices will offer children under 12 years with an urgent need same day access with a prescribing clinician
Practices will have in place an active care navigator process in place
Practices will engage in neighbourhood working, this includes: • Participating the active case management process • Attendance at the neighbourhood meetings by a relevant clinician and manager

- Participate in the development of new pathways/design of models of care

Maximising benefit of medication

Practices will:

- Reduce their prescribing of antimicrobial medications or maintain their prescribing levels if within CCG target levels.
- Reduce their prescribing of broad-spectrum antimicrobial medications or maintain their prescribing levels if within CCG target levels.
- Reduce their prescribing of medicines which can cause dependency or maintain their prescribing levels if within CCG target levels.
- Ensure compliance with all 12 PINCER indicators

Section 2: Neighbourhood Selected Outcome Based Indicators

This section contains a selection of grouped outcome-based indicators in clinical areas which have been shown to have the greatest impact of the health of our communities. They have been selected by looking at the recently developed neighbourhood profiles and the latest NHS RightCare data. Achievement of these outcomes will contribute to preventing and supporting our population living with long term conditions. Practices will decide with their neighbourhood which indicators to select from lists A and B. List C all neighbourhoods will work towards. Trajectories and reduction targets will be negotiated with each neighbourhood based on the data available at the point at which the contract is agreed

Action plans must be in place outlining how targets will be achieved. The action plan is intended to be developed and agreed by practices with the neighbourhoods with the commissioner reserving the right to clinically review those plans. The plans must be submitted by the end of quarter one 2020/21 and subsequently quarter one in 2021/2 and 2022/3.

Plans must include details around how local health inequalities will be addressed, for example how will hard to reach groups such as those living with learning difficulties and serious mental illness will be targeted. Practices and neighbourhoods should consider their local populations when identifying the relevant groups to target.

It is expected that in year one achievement of the indicators will attract a practice payment moving towards a neighbourhood model by year three.

- **List A – Risk Factors (Prevent)**

Neighbourhoods are asked to select one of the following lifestyle factors from the list below within 2020-21, an additional second indicator in 2021-22 and a third additional indicator in 2022-23. Trajectories for the percentage reduction will be negotiated with each neighbourhood based on the current baselines at the point the contract is agreed. Please note “adults” refers to all patients aged 16 and over:

Indicator	
% reduction in:	
1	People aged 16 or over drinking alcohol which exceeds government guidelines
2	Smoking prevalence
3	Maternal smoking at point of delivery
4	Adults classed as obese/overweight
5	Children classed as obese/overweight
6	Adults classed as physically inactive

- **List B – Finding the missing 1000’s (Find)**

Practices are asked to select one clinical condition from the list below within 2020-21, an additional second indicator in 2021-22 and a third additional indicator in 2022-23. Trajectories for the percentage reduction will be negotiated with each neighbourhood based on the prevalence levels with in the neighbourhood profiles published at the point the contract is agreed:

Indicator	
% reduction in the gap between estimated prevalence and recorded rates of the following clinical conditions	
1	Atrial Fibrillation
2	Coronary Heart Disease
3	Chronic Obstructive Pulmonary Disease
4	Hypertension
5	Chronic Kidney Disease

- **List C – Reducing Non-Elective Admissions and A&E Attendances (Treat)**

Neighbourhoods will also be entitled to a reward be based on the size of the percentage reduction compared to the end of 2022/23 forecasted position at the point the contract is agreed:

Indicator (total of all three areas)	
% reduction in both non-elective admissions and A&E attendances (all ages) due to:	
1	Cardio-vascular disease
2	Respiratory conditions
3	Mental health conditions

Section 3: Performance Measures

Practices will work with their neighbourhood colleagues to ensure their actions plans contain:

- a list of performance measures to support the achievement of the indicators selected from lists A and B as well as those stated in list C
- Provide a detailed trajectory for those performance measures that are expected to be achieved at defined intervals across the duration of the contract as appropriate

Providers are asked to note that by signing up to the Quality in Primary Care contract Phase 5 they are agreeing to deliver all requirements as laid out above, along with:

- contacting the CCG at buccg.primarycareteam@nhs.net within one quarter if there are any questions, concerns, issues or problems with achieving the delivery of the contract
- provide a comprehensive Action Plan during Quarter 1 in each contractual year
- provide any self-declarations / data / supporting evidence upon request
- use any provided Read codes / Snomed CT codes requested by the commissioner
- ensure all staff participating in the contract are appropriately trained
- work cohesively with neighbourhood partners to ensure delivery of the contractual outcomes
- 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
- practices may be expected to provide evidence of their continued professional development relevant to the delivery of this contract

5. CCG Requirements

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, where applicable:

- Action plan templates where applicable
- Clinical input on a neighbourhood footprint to develop action plans
- Baseline data where applicable
- Contract Monitoring reports as applicable

6. Interdependence with other services/providers

This list is not exhaustive:

- Integrated Neighbourhood Teams
- Active Case Management Teams
- Locality Care Organisation
- One Commissioning Organisation
- Clinical Commissioning Group
- Integrated Wellness Service
- Public Health
- Local Authority
- North West Ambulance Service (NWAS)

- Continuing Healthcare
- Secondary Care
- Pennine Care
- BARDOC (OOH Services)
- GP Federation
- Extended Working Hours (EWH)
- Voluntary Sector Organisations
- Care Home Providers

7. Standards

The provider will be expected to consider the latest national and local clinical guidelines and policies in respect of their treatment of patients.

8. Applicable quality requirements

All practices are required to be CQC registered

Providers will be required to submit an action plan in Quarter 1 of each contracting year to address how required outcomes of the contract will be achieved

Providers will be required to submit data and supporting evidence of achievement against the requirements of the contract in line with their action plans

Providers may be required to review their action plans to address unanticipated increases in secondary care activity.

9. Reimbursement

It is expected that in year one achievement of the indicators will attract a practice payment moving towards a neighbourhood model by year three.
TBC

10. Performance

To support achievement of the outcomes, providers will be required to return a minimum data set which includes compliance with the Contractual Gateway Requirements and their action plans.

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

- Quarter 1 – Action Plans due by 30 June 2020
- Quarter 2 – 5 October 2020
- Quarter 3 – 5 January 2021
- Quarter 4 – 5 April 2021

Any information not received by the deadline will be taken as a nil data submission and performance reported (and paid) accordingly.

The continued commissioning of this agreement is predicated on demonstrable outcomes being achieved.

11. 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. The process is attached.

12. Eligibility

Any provider wishing to provide this service specification must demonstrate their eligibility to fulfil the requirements of the contract on a neighbourhood footprint, to the benefit of all registered patients of Bury.

Where a practice chooses not to take part in this specification they will still be required to fulfil their GMS/PMS/APMS contractual obligations for their registered patients.

13. Duration & Notice Period

This enhanced service will run from 1 April 2020 – 31 March 2023.

The contract will be reviewed/amended in line with any changes required and contract variations issued accordingly, no less than annually

Termination of this agreement by either party will be in writing with a minimum notice period of 3 months.