

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 September 2020	Action	Approve
Item No.	5	Confidential	No
Title	General Practice Enhanced Services		
Presented By	A Lepiorz, Deputy Director Primary Care		
Author	Z Alderson, Head of Primary Care		
Clinical Lead	J Schryer, Clinical Lead Primary Care		

Executive Summary

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).

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. As outlined to the Committee in August, from the 1st October this arrangement will cease, and General Practice will be offered one single LCS.

This paper provides Primary Care Commissioning Committee a copy of the intended contract for ratification.

Recommendations

- It is recommended that the Primary Care Commissioning Committee:
- Ratify the LCS service proposal and action plan attached as appendices 1 and 2
 - Give delegated authority to the Deputy Director and Clinical Lead for Primary Care to make any small amendments deemed necessary once funding and practice feedback is known.

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 type="checkbox"/>
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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	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input checked="" type="checkbox"/>
SO4 Staff Wellbeing 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:	
GBAF [<i>Insert Risk Number and Detail Here</i>]	

Implications						
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"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
The provider of the existing cover has been asked for their views, these have been incorporated within this paper						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Retaining the service will result in a duplication of funding						
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 checked="" type="checkbox"/>	No	<input 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"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.</i>						
See risks section						

Governance and Reporting		
Meeting	Date	Outcome

Locally Commissioned Services

1. Introduction

- 1.1 This paper seeks ratification from the Primary Care Commissioning Committee of a single Locally Commissioned Service intended for General Practice delivery from the 1 October to the 31 March 2021; notwithstanding that at the time of writing this paper a financial envelope has yet to be confirmed and Practice feedback has been sought.

2. Background

- 2.1 NHS Bury CCG has traditionally commissioned 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).
- 2.2 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.
- 2.3 As outlined to the Committee in August, from the 1st October this arrangement will cease, and general practice will be offered this one single LCS.
- 2.4 The redesign of this LCS recognises general practice's contribution to the Bury Strategic Outcomes Framework ensuring that "all people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing" by refocusing the outcomes to ensure a reduction of harmful lifestyle factors which directly increase the risk factors associated with Covid-19.
- 2.5 The redesign has also taken place to reduce the demands and pressure felt by General Practice during the pandemic.
- 2.6 As CCG transformation recovery programmes are developed there is likely to be a change in ask from general practice which may result in a change in general practice activity. It is therefore anticipated that the contractual envelope will be designed in a way that it recognises and reflects these developing asks and as detail emerges further conversations will take place between the commissioner and provider around the inclusion of such asks.

3. Risks and Mitigations

- 3.1 At the time of writing this paper the primary care budget has not been set. Therefore

the affordability of the proposal beyond the items traditionally within the Combined LCS are unknown.

- 3.2 In order to support practices with their business planning it is important that clarity of income post September is provided as soon as possible.
- 3.3 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.

4. Recommendations

- 4.1 It is recommended that the PCCC:
 - Ratify the LCS service proposal and action plan attached as appendices 1 and 2
 - Give delegated authority to the Deputy Director and Clinical Lead for Primary Care to make any small amendments deemed necessary once funding and practice feedback is known.

5. Actions Required

- 5.1 The PCCC is required to:
 - approve the recommendations as listed above

Zoe Alderson
Head of Primary Care
September 2020

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	01.10.20
Service	Locally Commissioned Primary Care Services - combining the Quality in Primary Care Contract and the Combined LCS
Commissioner Lead	Amy Lepiorz, Deputy Director of Primary Care
Provider Lead	General Practice
Period	1 October 2020 – 31 March 2021
Date of Review	

Context

Bury CCG Locally Commissioned Primary Care Services has taken the proposed Quality in Primary Care (Phase 5) Contract and the established Combined LCS contract and redesigned them into one specification, feeding our vision 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”.

The redesign of the contracts recognises general practice’s contribution to the Bury Strategic Outcomes Framework ensuring that “all people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing” by refocusing the outcomes to ensure a reduction of harmful lifestyle factors which directly increase the risk factors associated with Covid-19. The redesign has also taken place to reduce the demands and pressure felt by General Practice during the pandemic.

Significant performance measures have been removed from the proposed Quality in Primary Care Phase 5 Contract to recognise the impact Covid-19 has had on practices and neighbourhoods being able to deliver these measures. It is envisaged at this stage that these will be reintroduced in a future contract.

Background

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

All practices must meet the requirements of their core contract (GMS, PMS, APMS) including nationally negotiated expectations. They must also be actively engaged in all relevant CCG schemes including (but not limited to) the primary care quality visit programme, the development and implementation of specific prescribing priorities and involvement in the strategic and operational delivery of the following priorities for General Practice:

- Primary Care Recovery (Phase 3) and adapting to changing demands / service provision as required
- Reducing health inequalities
- Recording of ethnicity
- Winter Planning including delivery of the Flu & Covid-19 Imms & Vacs Programme
- Supporting the system effort to manage Covid-19 emergency
- Digital First
- Urgent Care Reform (reduction in urgent care demand)
- Embedding the requirements of the Primary Care Network DES

In recognition that there may be additional requests on general practice via this contract, 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 service review this will include consideration of investments made both by the practice and the CCG and any additional investment which may be required. The contract covers all patients registered with a Bury GP practice.

3. Service Specification

The service specification is made up of three different areas:

- Core activity (formally the Combined LCS and may be sub-contracted¹)
- Contractual gateway requirements² (may not be sub-contracted)
- Outcomes based indicators (may not be subcontracted)

4. Core Activity and Contractual Gateway Requirements

Core Activity	Practices will:
General interventions	<ul style="list-style-type: none"> • the undertaking and recording of ECGs results within a patient's medical records • undertaking venepuncture when required for: <ul style="list-style-type: none"> ○ long term monitoring of chronic conditions (paediatric requests may be referred to the Paediatric Phlebotomy Service for patients under 18 years of age) • The provision of Health Promotion and Lifestyle advice (including literature)
Amber Drugs	<ul style="list-style-type: none"> • undertake the prescribing and associated monitoring of 'Amber' drugs in line with the GMMMG guidance. <p>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.</p> <ul style="list-style-type: none"> • 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 <p>"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</p> <p>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.</p> <p>Inherent in any shared care agreement is the understanding that participation is at the discretion of the GP subject to their clinical confidence.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Undertake the fitting, change and removal of ring pessaries.
Specific Vulnerable Patients:	<p>The additional payment, covered by this specification is recognition of additional time that will be required to ensure the potential complexities of the specific vulnerable patients highlighted can be provided, that may include:</p> <ul style="list-style-type: none"> • Additional required consultation time,
Asylum Seekers	
Refugees	
Homeless	

¹ To ensure all patients have equal access to the Core Activity outlined in this specification, practices who are not able to deliver any element of activity must make a subcontracting arrangement with a practice within the same neighbourhood. Any subcontracting delivery models will need to be agreed with the Commissioner to ensure reasonable access to all patients has been considered.

² Practices will be expected to deliver the contractual gateway requirements from the start date of the service specification until it reaches term.

	<ul style="list-style-type: none"> 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 -	<ul style="list-style-type: none"> Undertake Hepatitis B vaccination in line with the Green Book guidance click here <p>Please Note:</p> <ul style="list-style-type: none"> This specification does not cover Hepatitis B vaccination for travel or occupational purposes Hepatitis B vaccinations for new-borns are excluded given this is a separate service which is part of additional services in the SFE for childhood vaccs and imms
Administering Vitamin B12 Injection	<ul style="list-style-type: none"> Undertake the administration of Vitamin B12 injections in line with local guidance (Appendix 1)
Simple wax removal via Ear Irrigation	<ul style="list-style-type: none"> Undertake simple wax removal in line with the Bury Primary Care Ear Irrigation Pathway in all cases (Appendix 2) <p>The CCG is currently reviewing the Ear Irrigation pathway, any changes to the pathway will be shared with GP Practices.</p> <p>Please Note:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Earwax build-up should be managed in primary care Earwax Topic Summary Ear Irrigation - patients under 16yrs of age should be referred Paediatric ENT
Completion of Child Protection Templates	<ul style="list-style-type: none"> complete Child Protection Templates as and when requested by Child Protection Agencies in a timely manner and complete Mandatory Training annually (Appendix 3)
Hospital Requested Bloods	<ul style="list-style-type: none"> undertake hospital requested bloods <p>A limited number of patients present in General Practice to have investigations including bloods (including pre & post op 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.</p> <p>The commissioners would expect the practice to direct the results to the person who requested the investigation.</p> <p>We are working on a CCG wide solution to phlebotomy alongside planned care therefore, to inform future commissioning decisions, practices are 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 4)</p> <p>Please Note:</p> <ul style="list-style-type: none"> paediatric requests may be referred to the Paediatric Phlebotomy Service for patients under 18 years of age

Contractual Gateway Requirements	Practices will:
Improving access to general practice	<ul style="list-style-type: none"> operate an open-door policy 8am – 6.30pm Monday to Friday at all sites. This cannot be subcontracted to a third party.
	<ul style="list-style-type: none"> offer access to both male and female prescribing clinicians (this may be delivered through a neighbourhood model)
	<ul style="list-style-type: none"> 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)
	<ul style="list-style-type: none"> continue to operate a Digital First Model – further requirements may be added in line with national trajectories
	<ul style="list-style-type: none"> promote the Extended Working Hours and Extended Access service to patients via: <ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> offer children under 12 years with an urgent need same day access with a prescribing clinician
	<ul style="list-style-type: none"> have in place an active care navigator process in place
	<ul style="list-style-type: none"> engage in neighbourhood working, this includes: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> reduce their prescribing of antimicrobial medications or maintain their prescribing levels if within CCG target levels.
	<ul style="list-style-type: none"> reduce their prescribing of broad-spectrum antimicrobial medications or maintain their prescribing levels if within CCG target levels.
	<ul style="list-style-type: none"> reduce their prescribing of medicines which can cause dependency or maintain their prescribing levels if within CCG target levels.
	<ul style="list-style-type: none"> ensure compliance with all 12 PINCER indicators
Outcomes Based Indicators	Practices will:
	<ul style="list-style-type: none"> achieve a % reduction in Smoking Prevalence in patients of all ages including maternal smoking at point of delivery
	<ul style="list-style-type: none"> achieve a % reduction in patients of all ages classed as Obese/Overweight
5. Applicable Standards & Quality Requirements	
<ul style="list-style-type: none"> The provider will be expected to consider the latest national and local clinical guidelines and policies in respect of their treatment of patients. All practices are required to be CQC registered Providers will be required to submit an action plan by 31 October 2020 on how to meet the requirements of the contract including any proposed subcontracting arrangements 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. 	

6. Reimbursement

The contract has been designed during a period of unprecedented change in the way we work due to Covid-19 and against a backdrop of the biggest financial challenge that we have faced within the NHS.

In view of that this contract has been significantly stripped back and the process against which payments are made simplified.

The contract value for 1st October 2020 to 31st March 2021 is therefore £xxxx and will be reimbursed on a monthly basis using the weighted Carr-Hill formula (adjusted on a quarterly basis).

7. Contract Monitoring

Practices are asked to complete the action plan provided. The action plan is intended to be completed by practices with the commissioner reserving the right to clinically review those plans. The plans must be completed by 31 October 2020 and must detail how practices are to achieve the targets detailed in this specification and how pathways are evolving to ensure an “every contact counts” approach to the management of both smoking and obesity over the next 6 months.

Practices must consider their own populations as well as the wider neighbourhood population when identifying the relevant groups to target. We expect to see specific detail around ethnicity and how local health inequalities will be identified and addressed, for example how will hard to reach groups such as those living with learning difficulties and serious mental illness will be targeted and what interventions will be undertaken to reduce those health inequalities identified e.g. health checks.

Where a practice is not for filling their contractual obligations, the CCG reserves the right to withhold and/or recoup funds to a financial value reasonably associated with unfulfilled contractual activity. Practices must notify the CCGs primary care team at the earliest opportunity where they suspect potential noncompliance. Decisions around financial penalties will be made in line with the CCGs dispute resolution process.

8. 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.

9. Eligibility

Any provider wishing to provide this service specification must demonstrate their eligibility to fulfil the requirements of the contract on a practice and/or 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.

10. Duration & Notice Period

This enhanced service will run from 1 October 2020 – 31 March 2021.

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.







11. Future Developments

The original intention for the Quality in Primary Care (Phase 5) contract was to set out a number of outcomes based indicators in clinical areas which were shown to have the greatest impact of the health of our communities.

Practices were to decide with their neighbourhood which “Find” and “Treat” indicators were to be selected to be worked on at a neighbourhood level however, in light of Covid-19, the inclusion of those neighbourhood indicators will be pushed back until 2021/22. This is recognising that some of the funding for this current iteration of the contract has been awarded to help practices embed all facets of work coming to general practice from other areas of the system this year.

From April 2021, the CCG will be looking to commission this service on a borough / neighbourhood footprint.

Appendices

Appendix 1	Treatment of vitamin B12 Deficiency	 Treatment of vitamin B12 deficiency draft u
Appendix 2	Bury Primary Care Ear Irrigation Pathway and Guidance	 Appendix 2 Bury Primary Care Ear Irrig:
Appendix 3	Child Protection Templates	 Appendix 3 Child Protection Templates.
Appendix 4	Hospital Requested Bloods	 HOSPITAL REQUESTED BLOODS
Appendix 5	Vitamin D Guidance	  Vitamin D quick reference guide.pdf Vitamin D Testing and Prescribing Infor

Bury CCG Locally Commissioned Service Action Plan

Core Activity:						
	Is your practice delivering (D) or sub-contracting (SC) Core Activity? If Sub-contracting, please include name of provider:		Are your patients able to access all procedures included in Core Activity?			
	D	SC	Yes	No	If Yes – How?	If No – Why, including action to be taken in order to ensure equity of service provision?
General Interventions						
Amber Drugs						
Ring Pessaries						
Specific Vulnerable Patients						
Administering Hepatitis B Vaccination						
Administering Vitamin B12 Injection						
Simple wax removal via Ear Irrigation						
Completion of Child Protection Templates						
Hospital Requested Bloods						

Contractual Gateway Requirements:						
	Is your practice fulfilling all Core Contractual Requirements?					
Access	Yes	No	If Yes – How?	If No – Why, including action to be taken in order to achieve compliance?		
Practices will operate an open-door policy 8am – 6.30pm Monday to Friday at all sites (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 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)						
Practices will continue to operate a Digital First Model						
Promote the Extended Working Hours and Extended Access service to patients via: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 Benefits of Medication						
Practices Will:	By undertaking the following activity:			Current Position	Q3 Position	Q4 Position
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						

Outcomes Based Indicators:

Smoking

Diagnostic:

How will you identify and prioritise the management of patients who smoke ensuring 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 and should detail them as part of this plan)

<i>Practices Will (Action Points):</i>	<i>By undertaking the following (please refer to suggested activity):</i>	<i>Current Position</i>	<i>Q3 Position</i>	<i>Q4 Position</i>
% reduction in Smoking prevalence (all ages including maternal smoking at point of delivery)				

Neighbourhood Engagement:

How did engagement with your neighbourhood influence the practice plans and understanding of addressing the issues with each patient cohort?

Measurement/Outcomes:

How will the practice measure impact on each target group?

Results:

Please attach the results of your achievement audits (as appendices)

Reflection:

What has the practice learnt and what changes has the practices embedded as a result of this activity?

Obesity

Diagnostic:

How will you identify and prioritise the management of patients who are obese ensuring 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 and should detail them as part of this plan)

<i>Practices Will (Action Points):</i>	<i>By undertaking the following (please refer to suggested activity):</i>	<i>Current Position</i>	<i>Q3 Position</i>	<i>Q4 Position</i>
% reduction patients classed as obese/overweight (all ages)				

Neighbourhood Engagement:

How did engagement with your neighbourhood influence the practice plans and understanding of addressing the issues with each patient cohort?

Measurements/Outcomes:

How will the practice measure impact on each target group?

Results:

Please attach the results of your achievement audits (as appendices)

Reflection:

What has the practice learnt and what changes has the practices embedded as a result of this activity?

Suggested Activity:

Indicator	Suggested Activity to achieve Indicators:
% reduction in Smoking prevalence (including maternal smoking at point of delivery)	GP practice clinicians (GP/PN/ANP/HCA) to complete the smoking cessation VBA (Very Brief Advice), measured through Gateway C
	XX% of practice register to have smoking status recorded
	Where patients are identified as smokers, XX% to be given smoking cessation advise and referred to IWS
	% increase for adult patients that have achieved all the NICE recommended treatment targets for Cholesterol
	XX% patients of child baring age to have smoking status recorded
% reduction patients classed as obese/overweight	Increase in the number of people with a healthy BMI (between 18.5 and 24.9)
	Practices take part in the National Diabetes Prevention Programme
	XX% of all patients on the practice's pre-diabetes register have an HbA1c within healthy range
	% increase in people with diabetes diagnosed less than a year who attend structured education class
	% increase in patients receiving all 8 care processes
	% patients prescribed the following medication for the FIRST time for each of the conditions below to be signposted to New Medicines Service:
	XX% of patients on diabetes register to have had a level 3 medication review in last 12 months or following a hospital attendance
	XX% of patients on Diabetes register to have smoking status recorded
	XX% of smokers on Diabetes register to be referred to smoking cessation / IWS
	% increase for adult patients that have achieved all the NICE recommended treatment targets for HbA1c OR have a HbA1c \leq 53
	% increase for adult patients that have achieved all the NICE recommended treatment targets for Cholesterol OR have a cholesterol \leq 5
	XX% of patients on diabetes register to have ACR recorded
	XX% of patients on diabetes register to have BMI recorded
	XX% of patients on diabetes register to have retinal screening
	XX% of patients on diabetes register to have foot screening
	XX% of patients on diabetes register to have creatinine recorded
Reduction of children aged 10-11 classified as overweight or obese (healthy BMI?)	
% increase for child patients that have achieved all the NICE recommended treatment targets for HbA1c	
% increase in referrals to IWS	