

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	25 November 2020	<b>Action</b>	Approve
<b>Item No.</b>	6	<b>Confidential</b>	No
<b>Title</b>	General Practice Workload Prioritisation and Assurance		
<b>Presented By</b>	Amy Lepiorz, Deputy Director of Primary Care		
<b>Author</b>	Amy Lepiorz, Deputy Director of Primary Care		
<b>Clinical Lead</b>	Jeffrey Schryer, Clinical Chair		

<b>Executive Summary</b>
<p>This paper is to seek the Primary Care Commissioning Committee's approval on the proposed local prioritisation of general practice services and associated funded for the remainder of the 2020/21. It also provides the committee with an overview of the work that is taking place with regards to general practice assurance.</p>
<b>Recommendations</b>
<p>The Primary Care Commissioning Committee is required to:</p> <ul style="list-style-type: none"> <li>• Approve QoF income protection based on practices risk stratifying their patient cohort.</li> <li>• approve the prioritisation proposal for the management of general practice workload</li> <li>• note the current suspension of the CCGs routine quality and assurance processes</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
<p><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</p>	<input checked="" type="checkbox"/>
<p><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</p>	<input type="checkbox"/>
<p><b>SO3 Budget</b> To deliver a balanced budget for 2019/20</p>	<input type="checkbox"/>
<p><b>SO4 Staff Wellbeing</b> To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	<input type="checkbox"/>
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	

GBAF [Insert Risk Number and Detail Here]

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Aim of work is to ensure equity of care</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Engagement with representatives from general practice</i>						
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"/>
<i>Proposal is within existing budgets</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
PC Workstream (GP Operational Recovery Group)	17 November 2020	Included QoF proposal

## General Practice Workload Prioritisation and Assurance

### 1. Introduction

- 1.1. This paper is to seek the Primary Care Commissioning Committee's approval on the proposed local prioritisation of general practice services and associated funded for the remainder of the 2020/21. It also provides the committee with an overview of the work that is taking place with regards to general practice assurance.

### 2. Background

- 2.1. During the beginning of the pandemic NHS England suspended a number of contractual clauses within the core primary medical services contracts and issued a direction to CCGs that no practice should be adversely financially impacted by the pandemic and that commissioners should ensure that practices continue to receive an income at the same level as 2019/20. Along with nationally suspended activity the CCG suspended a number of local services, namely the quality in primary care contract and the local authority commissioned health checks programme along with the CCG's annual quality visit programme.
- 2.2. In June, NHS England released a standard operating procedure<sup>1</sup> (SOP) indicating the need for general practice to re-start routine care. This was followed by a letter on the 9th July 2020 re-instating previously suspended contractual requirements and encouraging practices to work with CCGs to prioritise the re-introduction of routine care.
- 2.3. In September, NHS England produced a revised QoF framework<sup>2</sup>. The revised approach aims to release capacity within general practice to focus efforts upon the identification and prioritisation of people at risk of poor health and those who experience health inequalities for proactive review.
- 2.4. Since September local Covid-19 numbers have been increasing disproportionately in GM compared to other areas of the country. This has resulted in local practices facing workforce issues that have not been replicated in other areas of the country. The national recovery messages released in the summer however have not changed and no national suspension to services will occur.
- 2.5. In early November, NHS England announced the roll out of a national enhanced service for general practice to deliver a Covid-19 vaccination programme. Along with this announcement NHS England asked CCGs to support practices to prioritise their workload but stating that no national contractual changes will be made. The Royal College of General Practitioners (RCGP) have also republished their prioritisation RAG list<sup>3</sup>.

---

<sup>1</sup> <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2020/09/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf>

<sup>3</sup> [https://elearning.rcgp.org.uk/pluginfile.php/149509/mod\\_page/content/43/RCGP\\_BMA-COVID\\_response\\_levels\\_05112020.pdf](https://elearning.rcgp.org.uk/pluginfile.php/149509/mod_page/content/43/RCGP_BMA-COVID_response_levels_05112020.pdf)

### **3. QoF Framework 2020/21**

- 3.1 The QoF framework provides income protection for 310 points (out of a possible 567) subject to them agreeing an approach to QoF population stratification with their CCG. This approach should include the identification and prioritisation of the highest risk patients for proactive review including:
- Those most vulnerable to harm from Covid-19: evidence suggests that this is patients from BAME groups and those from the 20% most deprived neighbourhoods nationally
  - Those at risk of harm from poorly controlled long-term condition parameters
  - Those with a history of missing reviews
- Along with a commitment to make referrals to existing and any new weight management programmes and support offers commissioned during the year where this is identified as a key health and wellbeing intervention.
- 3.2 The primary care team has facilitated a conversation with clinicians and managers from a group of practices to develop a local proposal. This proposal asks practices to consider a patient's individual risk, based on the information within the framework. Appendix one shows a worked example.
- 3.3 The committee are being asked to approve QoF income protection based on practices risk stratifying their patient cohort.

### **4. Further prioritisation within CCG remit**

- 4.1 With consideration to the fact that the CCG only has limited discretion on local general practice workload and the unknown progress of the Covid-19 pandemic the primary care team have developed the following proposal to support practices during this time without unduly impacting on routine patient care.
- 4.2 Practices will receive block payment for payments within the CCG's discretion, these are the Locally Commissioned Service Contract, minor surgery and the APMS Local Enhanced Services. The LCS contract is currently paid on a block and it is proposed that this continues in line with the agreed financial envelope with routine contract monitoring suspended. Minor surgery was recently moved back to activity-based payments. It is proposed that this returns to a block payment in line with the payments received by practices at the beginning of the financial year. The APMS LESs are currently paid on a block arrangement. This is within the current budget and will ensure income protection based on last year's levels.
- 4.3 Practices will be asked to prioritise work in line with the RCGP RAG list on a practice population basis, with the needs of individual patients risk stratified by individual clinicians. Green services being considered high priority and red services being considered low priority. With the support to urgent care requirements in the LCS contract being classed as 'green'. This will allow practices to prioritise their workload based on their registered patients' requirement and individual patient need without needing to consider the financial implications.
- 4.4 The committee are asked to approve this prioritisation proposal

## 5. Further assurance processes

- 5.1 As mentioned earlier in the report the CCG has not been undertaking its usual quality programme so far this year. During the summer period whilst looking at its recovery programme the primary care team identified the need to review its current quality and assurance programme. This is inline with the standard quality improvement approach that the team takes, but also to recognise the new way of working introduced by the pandemic, the changing national and local priorities and the developing requirements within the Primary Care Networks Directed Enhanced Service.
- 5.2 It was envisaged that the team would be able to present an overview on the proposed quality and assurance process to the Committee at this meeting. However, due to the second wave the team have needed to re-prioritise its workplan in order to support practices to meet the fluctuating demands. This coupled alongside the wish to work with practices to co-produce the process and the RCGP characterising assurance activity as 'red', means a developed proposal is unlikely until the end of the winter period/second peak.
- 5.3 The team will continue to work with those practices currently identified as requiring additional resilience support.
- 5.4 The committee are asked to note the current suspension of the CCGs routine quality and assurance processes.

## 6. Recommendations

- 6.1 The Primary Care Commissioning Committee is required to:
- approve QoF income protection based on practices risk stratifying their patient cohort.
  - approve the prioritisation proposal for the management of general practice workload
  - note the current suspension of the CCGs routine quality and assurance processes

**Amy Lepiorz**

Deputy Director of Primary Care

November 2020

# Example ... hypertension

