Report to:	**SINGLE COMMISSIONING BOARD**
Date:	11 April 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**2017-19 PRIMARY CARE QUALITY SCHEME PROPOSAL**
Report Summary:	This paper outlines the proposed redesign for our Primary Care Quality Scheme as a two year scheme for 2017/18 and 2018/19. This refresh recognises the national strategy around Primary Care, through the General Practice Forward View and also the NHS Operational Planning and Contracting Guidance for 2017-19 along with the Greater Manchester Primary Care Strategy and our local strategy and locality plan.
Recommendations:	The Single Commissioning Board is asked to approve the following recommendations: 1. Support of the Primary Care Quality Scheme taking into account the financial recommendations. 2. Make the mid-year payment in March 2018.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The expenditure proposed in this report is within the Section 75 and Aligned budgets of the Integrated Commissioning Fund. This proposal is supported but it is important that this is aligned to the locality plan and its aims and objectives as closely as possible to ensure value for money is achieved. The proposals and decisions need to be taken with consideration of the neighbourhood proposals as there must not be any duplication of investment or benefit delivery. Consideration should also be given to the proposals in section 4.3 with payments being made in line with actual delivery against plan such that if 20% of the plan is delivered 20% of the payment is received rather than the fixed 50% currently proposed. This way performance is rewarded more equitably in that if 70% of plan were delivered 70% of the payment would be received. It is recommended that a maximum of £1.50 per head is paid in financial year ending March 18 and a maximum of £1.50 per head is paid in financial year 2018-19 upon satisfactory delivery of agreed actions and achieved metrics. This is felt to be an appropriate split of the £3 per head payment over two years as it could be a reputational risk if the CCG is perceived to be deferring a quality payment against a national target. Furthermore, if quality is improved evidence suggests efficiencies will naturally emerge.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Single Commissioning Board needs to be happy that the scheme is being / will be effectively monitored and understand how outcomes are to be assessed to ensure continuous improvement and value for money.
How do proposals align with Health & Wellbeing Strategy?	Improved care and outcomes, a focus on early intervention and prevention for all patients are priorities of the Health & Wellbeing Strategy.

How do proposals align with Locality Plan?	Strengthening and transforming general practice has a crucial role in the delivery of Sustainability and Transformation Plans and in integrating the aims and key local elements of the General Practice Forward View into the Locality Plan.
How do proposals align with the Commissioning Strategy?	The transformation of general practice is key to the Commissioning Strategy.
Recommendations / views of the Professional Reference Group:	The Professional Reference Group supported the proposal with a recommendation that the funding be split equally across the two years, with the mid scheme payment made in March. The Professional Reference Group recommended the number of practice projects be limited to a 'menu of choices' with alignment to workstreams, quality initiatives, Care Together workstreams, particularly self care and Integrated Neighbourhoods, to maximise impact, noting the balance between limiting the number of projects and addressing inequalities across practices and neighbourhoods.
Public and Patient Implications:	The drive to achieve improvements in health and care across primary care is intended to make the most of every opportunity to give people the right support close to where they live with the key principles of people powered change and care delivered by population based models.
Quality Implications:	This proposal supports the sustainability of general practice and the delivery of the ten high impact changes from the General Practice Forward View, which are both 'must dos' from the Operational Planning guidance and will deliver quality improvement in general practice and support this as continuous improvement by embedding the Quality Improvement principles.
How do the proposals help to reduce health inequalities?	The projects undertaken by each practices in the Primary Care Quality Schemes are to be co-selected based on practice specific data and therefore will address health inequalities within each practice population.
What are the Equality and Diversity implications?	This proposal addresses total practice population.
What are the safeguarding implications?	There are no safeguarding implications; the scheme identifies areas for Quality Improvement. Direct patient care as a result of the work within each project will be delivered through practices contracted route and therefore any safeguarding issues/implications be addressed under that process.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no IG implications; the scheme identifies areas for Quality Improvement through anonymous data. Direct patient care as a result of the work within each project will be delivered through practices contracted route and therefore any IG issues/implications be addressed under that process.
Risk Management:	Being managed as part of each measured deliverable.

Access to Information : The background papers relating to this report can be inspected by contacting

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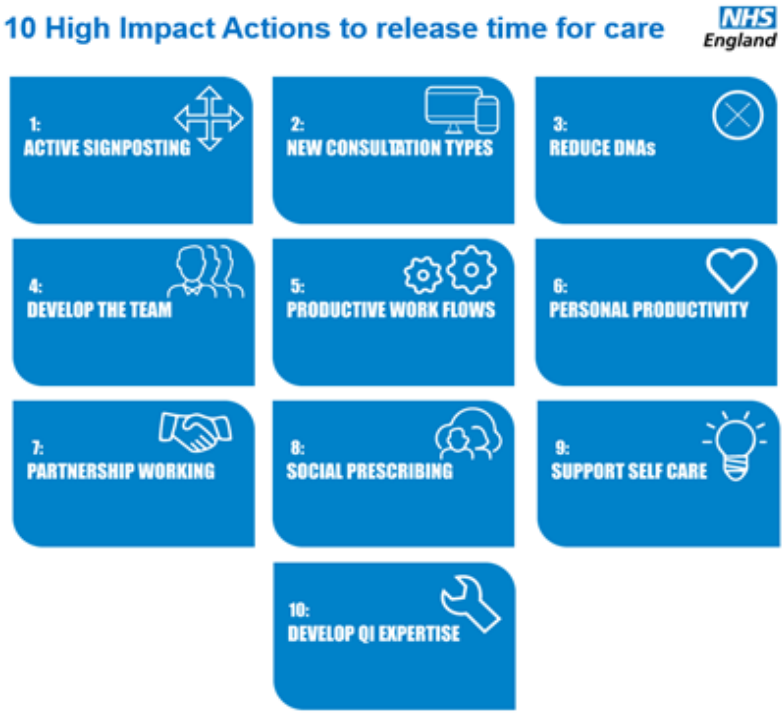
1. 2017-19 PRIMARY CARE QUALITY SCHEME

1.1 This report outlines the proposed redesign for our Primary Care Quality Scheme as a two year scheme for 2017/18 and 2018/19. This refresh recognises the national strategy around Primary Care, through the General Practice Forward View and also the NHS Operational Planning and Contracting Guidance for 2017-19 along with the Greater Manchester Primary Care Strategy and our local strategy and locality plan.

2. PURPOSE OF SCHEME

2.1 The operational planning guidance requires Clinical Commissioning Groups to identify resources for general practice transformational support; this scheme is designed to facilitate that support together with supporting the transformation agenda of Care Together.

2.2 The General Practice Forward View illustrates specific steps to improve general practice provision, both for patients and the workforce, and to address the pressures both in primary care and across the health system. These steps are summarised in the 10 High Impact Actions aimed at releasing capacity:



3. SCHEME OUTLINE

3.1 This scheme builds on high impact action 10 – develop Quality Improvement expertise - also supporting practices with projects which will address other of the 10 high impact actions. These will be determined by individual practices to best fit their requirements.

3.2 The proposal will support the development of Quality Improvement skills in GPs and their teams by applying them to real improvement projects embedding Quality Improvement as an underlying competence informing all of the work that practices undertake.

3.3 Each practice will receive a payment of £3 per head of their practice population spread over 2 years to deliver **three** Quality Improvement projects. There are six categories of improvement, and each practice, in conjunction with a subgroup of Primary Care Development and Improvement Group, will choose **two** projects from the **six** categories. In addition there will be **one** medicines management proposal that will be a mandatory

requirement for all practices; this will be the first project for all practices. By allocating this project first, this will ensure practices can start work on this area whilst the practice specific projects are being agreed, this will minimise the impact delay for 2017/18.

4. FINANCE

4.1 The NHS Operational Planning and Contracting Guidance for 2017-19 contains the following paragraph at Annex 6.1.2.1.

CCGs should also plan to spend approximately £3 per head (totalling £171m non-recurrently) in 2017/18 and 2018/19, from their existing allocations, for practice transformational support, as set out in the General Practice Forward View. This investment should commence in 2017/18 and can take place over two years as determined by the CCG, £3 in 17/18 or 18/19 or split over the two years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time and secure sustainability of general practice. CCGs will need to find this funding from within their NHSE allocations for CCG core services.

4.2 The scheme is built on the basis of that minimum investment recognising the financial pressure of the economy and also resources being invested in primary care transformation from non CCG core services allocation, ie the Transformation Fund and also resources which will be available from the Greater Manchester Transformation Monies, though the detail of the latter is being worked through by Greater Manchester Partnership and is to be confirmed in due course.

4.3 The proposed payment process is based on the following:

Engagement Payment (to be paid December 2017)	Initial payment on signing up to the scheme, agreeing practice projects and demonstrating approach and commencement of those projects	£0.50 per head of population
Mid scheme progress payment (to be paid March/April 2018)	Review of progress against agreed plan and achievement towards agreed data measures	£1.00 per head of population
Final achievement payment	Review of achievement against plan, either full payment if fully achieved or 50% payment if progressed but not fully delivered.	£1.50 per head of population Or £0.75 per head of population (subject to achievement)

This payment proposal has been drafted with consideration of QIPP and there a potential mechanism for delivering the £3 over the two years profiled in such a way as to give an option to minimise funding requirement in 2017/18 if the mid scheme payment is made in April 2018 rather than March 2017.

5. CHOICE OF QUALITY IMPROVEMENT PROJECTS

5.1 The choice of Quality Improvement projects will be agreed as a joint decision by the practice and Primary Care Delivery and Improvement Group and be determined by individual practice performance data. A range of data to be used is suggested in **Appendix 1**.

5.2 The project must follow established Quality Improvement methodology (for example LEAN, Model of Improvement), with outcomes monitored by on-going data collection. Quality

Improvement methodology suitable and acceptable for the scheme can be found in the Royal College of General Practitioners publication 'Quality Improvement for General Practice' at **Appendix 2**.

6. DISCRETIONARY CATEGORIES FOR IMPROVEMENT

6.1 The headings below detail the six project topics from which practices will be supported to choose two projects. Examples of potential projects are illustrated at **Appendix 3**.

Patient Access

6.2 This category will allow practices to explore their current performance data related to access to co-design their own improvement aims. Examples could include:

- an improvement in the waiting times for an appointment;
- a reduction in the number of times patients hang up as they can't get through on the phone;
- a reduction in the number of patients requesting care for self-limiting conditions;
- a reduction in the number of missed appointments;
- improving the continuity of care for patients;
- increasing the number of patients accessing their medical records.

The patient access project can be guided by the experiences of the Patient and Participation Group as well as by referring to other performance data, such as the National GP Survey (update to be published in July 2017), the friends and family test results and also access knowledge / patient feedback via other agencies, Healthwatch for example.

Patient Outcomes

6.3 This category allows practices to co-design a project based on a clinical area they think they might be able to improve. Examples could include:

- the number of patients who achieve blood pressure, lipid or HBA1c targets;
- reducing hospital admissions for conditions that might be managed in the community;
- changing prescribing habit in line with best evidence.

The choice of project will be guided by current performance when benchmarked with others (this could be drawn from RightCare data, Quality Outcomes Framework, national Diabetes audit, primary care web tool, openprescribing.net etc.)

Patient experience

6.4 This category allows practices to co-design a project with focus on an area where they know patients are less happy than they could be. This category could also include an aspect of access, if it relates to the patient experience and again should be guided by the PPG and practice results in the National GP survey or any other survey you may have conducted related to patient experience.

The category is broad enough to include more ambitious projects including how easy patients find accessing self-care information, though all projects are to be informed by data and have measurable outcomes.

Patient uptake of Public health interventions or improving disease prevalence

6.5 This category allows practices to co-design a project to support improving the health of their practice populations.

The choice of topic must be guided by data, and the Public Health England 'Fingertips' website, which provides useful data to help practices to choose their project. It can include:

- improving the uptake of screening programmes,
- improving the uptake of immunisation campaigns
- case-finding for long-term conditions where diagnosis is likely to improve outcomes.

Practice Systems and efficiency

6.6 This category allows practices to co-design a project to focus on their internal systems in order to reduce their overall work load. Examples of projects could include:

- the management of investigation results;
- managing the incoming mail;
- streamlining the repeat prescribing system;
- simplifying the medication review system;
- reducing the number of incoming phone calls to the practice;
- managing samples that are brought in to the practice unsolicited etc.

The whole practice team will need to be involved in choosing this project, and it may need some initial data collection in order to choose the priority area. This project may also be one which practices choose to undertake in collaboration aligned to integrated neighbourhoods and new models of care.

Practice Effective use of NHS Resources

6.7 This category will be co-agreed and be guided by the practice's neighbourhood support team, Clinical Lead, Commissioning Business Manager and Finance Lead also with Business Intelligence colleagues. It could include reducing the number or referrals to secondary care, reducing the number of A+E attendances by patients registered at the practice, reducing the number of referrals for procedures of low clinical value etc.

7. MANDATED CATEGORY FOR IMPROVEMENT

7.1 The CCG has been tasked with a number of improvement indicators, set by NHS England related to Gram negative sepsis and urinary tract infection treatment. If we succeed then the CCG can qualify, subject to overall achievement across all indicators, for extra funding, called a 'Quality Premium Payment'. It is with this in mind we have set the prescribing project aims. The criteria for the Quality Premium payment is that we reduce our trimethoprim prescribing and also increase the ratio of nitrofurantoin : trimethoprim prescribed. The rationale for the indicator is the high level of trimethoprim-resistant urinary tract infectioins in the UK. Both of these are a challenge for Tameside and Glossop for two reasons. We are already one of the lowest prescribing CCGs for trimethoprim in England. In addition to this practices often choose pivmecillinam or cefelexin in patients with reduced renal function or in pregnancy, and this affects the level of nitrofurantoin prescribing. However we have been set difficult challenges before, and have met them. Our local antibiotic support pharmacist believes there is still room for improvement. However we need to try to do this without causing harm to patients or working contrary to our local antibiotic guidelines.

7.2 The mandatory prescribing project is the Medicines Management Antibiotic Prescribing Project. The requirement for this indicator is that, from April 2017, each practice will run a monthly search on prescriptions for relevant medications and use run chart methodology to monitor performance on a monthly basis. If in any one month performance is outside anticipated levels then the practice will check all trimethoprim prescriptions against the local prescribing guidance for urinary tract infection (called a 'deep dive'), or known sensitivities to check prescribing was appropriate. The results will be fed back to the prescriber. Practices will be expected to submit their run chart to their medicines management technician monthly with the outcomes of any 'deep dive'.

8. SUPPORT FOR QI PROJECTS

8.1 Practices will be supported by the Primary Care Team, including CCG Quality Improvement Clinical Lead and Governing Body Clinical Lead for Primary Care with additional support delivered by the CCG Medicines Management Team and Neighbourhood Commissioning Support Teams. All projects will need to have prior approval based on:

1) Does it reflect the practice priorities as determined by data?
2) Does the project plan use good Quality Improvement methodology with measurable outcomes?
3) Is there a clear 'Quality Improvement Champion' leading the project?

9. ALIGNMENT

9.1 This scheme has been drafted within the framework of both the General Practice Forward View and the Greater Manchester Primary Care Strategy and to deliver the best value for the £3 per head investment to transform general practice required by the NHS Operational Planning Guidance. The scheme will sit alongside the refreshed Greater Manchester Medical Standards, with local mapping of services/provision in place against these being undertaken once the final document is published and the methods for ensuring delivery of each standard documented.

9.2 The scheme also offers alignment and support towards the delivery of Quality Premium indicators, particularly the reduction of inappropriate antibiotic prescribing for urinary tract infections in primary care element of the prescribing indicator however also, where access projects are selected the patient experience of making a GP appointment may also be supported.

10. RECOMMENDATIONS

10.1 As set out on the front of the report.

APPENDIX 1

Data Sources can be divided in to data sources external of individual practices and internal to individual practices, examples of each are listed below though these lists are not exhaustive and will include knowledge gained from practice visits, Healthwatch feedback and discussions at Primary Care Quality and Development Group.

External Data Sources

- GP Patient Survey
- Friends and Family Test
- Primary Care Web Tool
- Rightcare Data
- Public Health information – “Fingertips” website
- National Diabetes Audit
- Openprescribing.net
- ePact.net
- Quality Outcomes Framework
- Cancer Packs
- SLAM & SUS data

Internal Data Sources

- Practice clinical systems
- Individual practice Serious Event Analyses
- Practice surveys/Patient and Participation Group information and knowledge