

Attachment 10

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee  |
| **Presented by:** | Julie Wilson, Assistant Director Co-Commissioning |
| **Date of Meeting:** | 28th April 2016 |
| **Subject:** | **PMS Reinvestment: Local Quality Scheme** |
| **Status:** | [x]  OPEN [ ]  CLOSED |
|  | [x]  Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| The summary below sets out the areas that have been discussed and proposed to be incorporated into a Local Quality Scheme (which is a replacement of the previous PBC Incentive Scheme). The Joint Co-Commissioning Committee is asked to provide comment on the proposed content and agree the total investment required. The Committee is also asked to agree that the final decision regarding the breakdown of the payment across the various elements is delegated to the Deputy Chief Executive or Assistant Director Co- Commissioning. |

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| **STRATEGY:** |
| This is line with CCG strategy. |

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| **IMPLICATIONS:** |
| As has been previously reported to the Committee, a task and finish group has met to develop a proposed Local Quality Scheme for implementation during 2016/17. The task and finish group included GPs, lay rep, practice managers and CCG staff. They have met three times to consider the content and there are now five components to the scheme. These have also been shared with the GP Development Group for comment.The detailed guidance and the breakdown of payment across the various elements is still being finalised. However, the five areas that have been proposed for inclusion within the scheme are:* **Management of Pre-diabetes**

The creation of a Register & On-going Monitoring of patients at risk of diabetes. From that register identify patients for referral to the National Diabetes Prevention Programme (NDPP) scheme.* **Improvements in Prescribing – two parts**

To ensure effective antibacterial prescribing.To ensure effective and efficient prescribing practice, using tools to support where appropriate (e.g. Optimise RX)* **Addressing variation in outpatient activity**

A peer review between practices to understand variation in outpatient first and follow up activity. To identify and share best practice and guidance, to support enhanced care in the primary care setting and reduced variation across NEL.* **Patient Experience**

To achieve an improvement in the quality of patient contact within the surgery. Two surveys will be conducted to monitor and assess patient experience at first point of contact within the practice. Working closely with their Patient Participation Group (PPG) practices will identify any issues and work to develop plans to address them.* **Practice Audit – Quality Based**

A full cycle audit using a frame work of quality to be adopted and audited. Practices will have a choice of four Quality Areas to work from that support CCG quality initiatives in year, or they could select their own topic which would be considered by the CCG. By the end of the year, the practices would need to demonstrate the quality improvements brought about as a result of this audit.The fine detail of the measures, monitoring and the breakdown of the financial elements for each area is still being finalised. The overall funding for this scheme is made up of the following:* £50k of PMS premium will be placed into the funding for the scheme, which has already been approved by the Committee
* £300k will be provided from the previous PBC incentive scheme budget, which needs to be approved by the Committee

Each element will have a payment per patient on the total list. There is a little more work to do in order to ensure the breakdown reflects the input required for each element, as much as possible. However, the current proposal is as follows:

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| Pre-diabetes Register |  £ 0.49  |
| Prescribing |  £ 0.42  |
| Referral Variation |  £ 0.47  |
| Patient Experience |  £ 0.26  |
| Practice Audit |  £ 0.42  |

This means each Practice could potentially achieve a total of £2.06 per patient on their list, subject to achieving the requirements of each element. The next step is to take the detailed scheme for comment to the Council of Members and the GP Development Group in May, with a view to rolling out by the end of May 2016. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** |
|  | The Joint Co-Commissioning Committee is asked to: |
|  | * Comment on the scheme content
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|  | * Agree the total investment required for this scheme
* Agree to delegate authority to determine the final split of payment across the various elements to either the Deputy Chief Executive or Assistant Director Co-Commissioning
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|  |  | **Yes/****No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act |  |  |
| ii) | CCG Equality Impact Assessment |  |  |
| iii) | Human Rights Act 1998 |  |  |
| iv) | Health and Safety at Work Act 1974 |  |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 |  |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) |  |  |