

Agenda Item 08

Report to (Board/Sub-Committee):	Joint Co-Commissioning Committee
Date of Meeting:	4 th April 2017
Subject:	Local General Practice Quality Scheme
Presented by:	Julie Wilson, Assistant Director Co-Commissioning

STATUS OF THE REPORT

For Information √

PURPOSE OF REPORT:	This report has been prepared to seek the approval of the Joint Co-Commissioning Committee to a revised approach to the Local Quality Scheme for General Practice. The proposal is to invest the funding into the new Practice Groupings to support collaboration, peer review and sharing of learning across the constituent practices. Funding would also be paid monthly, rather than at irregular intervals dependent on achievement of targets, so that the groupings can plan ahead and target shared resources at making the required improvements. The CCG would request evidence and meet with each group twice yearly to assess whether improvements are being made.
Recommendations:	The Joint Co-Commissioning Committee is asked to approve the approach to offering out the Local Quality Scheme to Practice Groupings and to re-aligning the payment to a regular monthly payment.
Sub Committee Process and Assurance:	The proposal has been discussed at the CCG's senior management team meeting and at the GP Development Group.
Implications:	
Risk Assurance Framework Implications:	There is a potential risk in terms of the CCG's ability to meet its legal requirement to support general practice quality, overall use of resources and costs to overall CCG budget if there is no such scheme in operation.

Legal Implications:	N/A
Equality Impact Assessment implications:	<i>An Equality Impact Analysis / Assessment is not required for this report. No</i>
Finance Implications:	The new quality scheme would be funded by existing Local Quality Scheme funding.
Quality Implications:	There is scope to improve quality in general practice services through collaboration between practices and by offering greater certainty regarding payment to support resource planning.
Procurement Decisions/Implications (Care Contracting Committee):	N/A
Engagement Implications:	The draft proposal has been discussed with the GP Development Group.
Conflicts of Interest	N/A
Strategic Objectives <i>Short summary as to how the report links to the CCG's strategic objectives</i>	<p><i>1. Sustainable Services</i> Investment of the funding into the new practice groupings to share resources and plan improvements would support sustainability of services and effective use of funding.</p> <p><i>2. Empowering People</i></p> <p><i>3. Supporting Communities</i></p> <p><i>4. Delivering a fit for purpose organisation</i></p>
NHS Constitution:	 NHS_Constitution_WE B.pdf <i>Does the report and its recommendations comply with the requirements of the NHS constitution? Yes</i> <i>If Yes, please summarise key issues</i>
Report exempt from Public Disclosure	No

Appendices / attachments	N/A
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Proposal for Supporting General Practice Quality & Consistency

Background

Historically the North East Lincolnshire Primary Care Trust, Care Trust Plus and the CCG have invested funding in general practice to support practice-based commissioning (PBC). The previous PBC scheme had a budget of £300k per annum and was intended to support practices in their work to review PBC data to ensure effective management of own patients and make suggestions for commissioning of services.

In 2016/17 this funding was supplemented with PMS reinvestment funding (£50k) and the scheme was revised into a Local Quality Scheme for general practice.

Feedback from Practices on the revised quality scheme offered out during 2016/17 is that there were too many areas included and it represents a significant amount of work for individual Practices. Furthermore, the fact that the payment was made at irregular intervals and purely linked to delivery of outputs and achievement of targets means that some Practices have struggled to invest in staff time to undertake some of the work; for some practices, the time required to ensure achievement of the various elements and the staff costs associated with it may not be outweighed by the benefits delivered and the remuneration available.

Given the feedback this year, the strategic direction of 'at scale' general practice and the development of local general practice groupings, it is suggested that the CCG takes the opportunity to review how this recurrent funding is invested. If this funding were to be offered out as a more regular payment to support quality and consistency across the groupings, the practices could collaborate and share resources to support the work, as well as undertake peer review within the groupings. This would better align to the local GP Forward View plan to support general practice development and quality improvement.

Proposal

The proposal is to invest this recurrent funding to support general practice consistency and quality improvement, but in the context of GPFV federation development and 'at scale' service delivery. The investment would be expected to be used to foster greater sharing of best practice, peer review and collaboration across general practice groupings.

Outcomes will be as follows ***[these are based on initial discussions and require further work up]***:

1. Patients are supported to receive the right care in the right place at the right time:
 - Improving the consistency of management of patients within a primary care setting, avoiding the need for hospital referral where management within the primary care setting, or referral to a more suitable alternative, is available
Proposal is to measure this through comparison of conversion rates of first outpatient attendance to follow up attendance between practices
2. Safe and effective use of medicines:
 - Improving the safety and consistency of approach to medicines management and optimisation:
Sharing best practice in relation to adherence to guidelines and formulary and establishing

consistent systems. Reducing the potential of harm through reducing inappropriate antibiotic use. Achieving most effective use of resources.

Prescribing reviews would be undertaken with groupings, rather than individual practices, as 80% of the content is generic to all practices. This would identify the areas of focus for the grouping and also encourage peer review. In the small number of cases where practices require more individual discussions, this would be supported.

3. Staff have the mandatory skills and knowledge required:

- Consistency of approach to mandatory training: To support this, the CCG could source a package of online mandatory training which is available to all of the North East Lincolnshire Practices. If funding is required to support this, the budget would be top-sliced to pay for this

4. Improved consistency across practice groupings:

- Local grouping priority, agreed with CCG. The CCG's Quality team will advise on potential areas, such as NICE guidelines. An audit would be required and this would be evidenced through an audit report and improved outcomes in the area selected.

To support the local practice groupings to implement an approach to achieving the above areas which becomes 'business as usual', the payment would be made on a monthly basis (one twelfth of the annual value), rather than at irregular intervals and solely on the basis of achievement of targets, as is currently the case. This would support advance planning of resources to help deliver the required improvements.

Monitoring would be based on two meetings per year between the practice grouping and CCG representatives to seek assurance regarding the impact on quality and consistency. There would be three mandated pieces of evidence that would be shared to support those meetings:

- evidence of peer review relating to medicines optimisation, including findings and intended actions to be implemented/actions that have been implemented to improve quality and consistency
- evidence of peer review relating to outpatient activity, including findings and intended actions to be implemented/actions that have been implemented to improve quality and consistency
- one clinical audit report (area selected through discussion between the grouping and the CCG on the basis of evidence that there is scope for improvement).

Additional sources of evidence would also be used to support the discussions. Examples of evidence of the additional work that has been undertaken to achieve the aims could include (this is not an exhaustive list):

- Standard operating procedures for new systems that have been established
- Minutes of meetings including discussions regarding plans for quality improvements
- Evidence of peer review meetings and agreed actions to improve quality or consistency
- Information to demonstrate a reduced variation between practices in hospital outpatient conversion rates
- Information to demonstrate a reduced variation between practices in medicines optimisation and adherence to formulary
- Output of audits demonstrating improvements made

Where improvements cannot be demonstrated, discussions would take place regarding any potential additional support that might be required. Ultimately, the continuation of the funding would need to be

reviewed if the groups were unable to provide evidence of collaboration and demonstration of any additional improvements.

Costs

The financial envelope would remain the same as current, which would equate to the following:

Proposed Area	Cost	Comment
Payment to Practices within federations/groupings for focus on consistency and sharing of best practice	£335,000	Equates to £1.98 per head of population per annum.
Mandatory training package for general practice	£15,000	Estimate of potential cost, but CCG will explore all potential support packages available, which could include free resources. Amount available per head stated above will increase if the package is free.
TOTAL	£350,000	

Recommendation

The Joint Co-Commissioning Committee is asked to approve the approach to offering out the Local Quality Scheme to Practice Groupings and to re-aligning the payment to a regular monthly payment.