

General Practice Quality & Consistency

Background

North East Lincolnshire CCG has developed a Local Quality Scheme for general practices, with the aim of enhancing quality, effectiveness and consistency across a range of areas; this is in line with the CCG's statutory 'Duty in relation to quality of primary medical services' (Section 14S NHS Act 2006). To support peer review, consistency of approach and effective use of resources, this scheme is being offered to local Practice groupings/federations to support delivery across the Practices within each group.

This paper sets out the four core areas that have been agreed for inclusion within the scheme for 2017/18, which has been developed in conjunction with representatives from the local Practices and CCG quality and commissioning teams.

Outcomes

The outcomes to be achieved, and expectations of performance, are as follows:

1. Practices are supported to meet the required quality standards, including those specified by the CQC, with a focus on areas where there is greatest scope for improvement based on local CQC inspections, practice audits and National Reports.

Local grouping priority/priorities, agreed with CCG based on areas set out below:

- CQC themes: Locally the themes for improvement in the most recent inspections of Primary Care are within the safe domain. The themes include; medications management; fridge temperature monitoring; recruitment checking processes and safeguarding training.
- Infection Prevention & Control: All practices in North East Lincolnshire are subject to Annual Infection Prevention and Control Audits completed by the Community IPC Team – there are key areas within the audit results which clearly highlight areas for quality improvement.
- Duty of Candour: The CQC published a report on 'Candour, Learning and Accountability' (2016) which identified that the whole health system needs to improve the way in which they learn and respond to significant incidents – involving the patient in the process and applying the Duty of Candour.

Measured through audit.

Expectation of evidence of identification of areas for improvement, and demonstration of improvement achieved (recognise that this may not be achieved within the annual period of this scheme).

2. Improved consistency in a specified clinical area across practice groupings.

Local grouping priority, agreed with CCG. Quality team will advise on potential areas, such as contemporaneous NICE and Royal College guidelines. The federation should contact NELCCG.CommissioningQueries@nhs.net to make arrangements to discuss their proposed clinical area.

For Example;

NG54 Mental health problems in people with learning disabilities: prevention, assessment and management (NICE, 2016).

CG121 Lung Cancer: diagnosis and management (NICE, 2011. Reviewed 2016. Due for re-publishing 2019).

NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NICE, 2015).

Measured through clinical audit cycle, inclusive of baseline assessment.

Expectation of evidence of identification of areas for improvement, and demonstration of improvement achieved (recognise that this may not be achieved within the annual period of this scheme).

3. Practices achieve a consistent approach to referral management (as far as is possible) to ensure that patients are supported to receive the right care in the right place at the right time. The aim is to improve 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. This would be reliant on peer review between the practices within the grouping/federation.

To be measured through first outpatient attendance to follow up conversion rate (although there are other indicators of variation that could be used by the federation to identify areas for further work, such as rate of outpatient first attendances. All of these are available for federations to view on the practice intranet area).

Expectation of evidence of reduced variation between the practices within the federation.

4. 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. Achieving most effective use of resources.

Measured through variance from prescribing budget.

Expectation of achievement of prescribing target at federation level (with 1.1% above target tolerance).

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 practices within the grouping and also encourage peer review. In the small number of cases where practices require more individual discussions, this would be supported.

Reporting

There would be two assurance meetings per year between CCG representatives and practice grouping/federation representatives (this does not include the prescribing review meeting). The following documentation / information would be used to assess progress, some of which would be provided by the grouping and some of which would be provided by the CCG:

- Audit report relating to required areas of improvement as identified through local CQC inspections, practice audits and National Reports
- Clinical audit report for NICE/Royal College guidelines – report to be shared with CCG at end of audit
- Evidence of peer review of medicines optimisation, including findings and intended actions to be implemented/actions that have been implemented to improve quality and consistency and evidence that each individual practice has engaged
- Optimise Rx reports
- EPACT data showing latest forecast against prescribing target
- Evidence of peer review of outpatient activity, including findings and intended actions to be implemented/actions that have been implemented to improve quality and consistency
- Outpatient data to show variation between practices

Other examples of evidence of the additional work that has been undertaken to achieve the aims would include:

- Standard operating procedures for new systems that have been established
- Evidence of peer review meetings and agreed actions to improve quality or consistency
- Evidence of discussions or meetings with individual practices, where required, to support improvement

Payment & Review of Performance

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). This would support advance planning of shared resources which would be targeted at delivery of the requirements set out within this document (for example, the federation may decide to jointly invest in additional audit officer and/or medicines technician time).

The total annual value is **£1.98** per head of population, based on list size as at April 2017.

The aim is to achieve improvements at individual practice level, but with clear support by the federation to oversee and manage progress collectively, through the sharing of resources and best practice and working together to address any issues where progress is not being made. Where improvements cannot be demonstrated at federation level, or where federations need support with individual practice issues, discussions would take place with the CCG regarding any potential additional support that might be required.

Consideration would need to be given to partial withdrawal of funding where there is consistent poor performance at individual practice level, even after support from the federation and the CCG.

Continuation of the scheme at federation level would need to be reviewed if the federation were unable to provide evidence of actions to improve or any demonstration of improvement overall, or provide sufficient evidence regarding support they have provided to individual practices.

In the event that the scheme has to be withdrawn completely from a federation, investment in general practice quality and consistency would continue but would be retained and directed by the CCG rather than the federation.

Any decisions regarding revisions to funding levels would be made by the Joint Co-Commissioning Committee.

Review of Scheme

The format and content of the Quality Scheme will be reviewed on an annual basis. The CCG will give 6 months' notice in the event that the scheme is to be totally withdrawn from federations.

