

Attachment

**North East Lincolnshire CCG**

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| **Report to:** | NEL CCG Joint Co-Commissioning Board |
| **Presented by:** | Debbee Walker |
| **Date of Meeting:** | 23rd April, 2015 |
| **Subject:** | PBC Monitoring Incentive Scheme 2015-16 |
| **Status:** | OPEN  CLOSED |

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| **OBJECT OF REPORT:** |
| The current PMS/APMS/GMS contracts have a focus on practices engaging with the commissioning body to monitor activity, report issues to practice advisors and to make an overall assessment of the activity and financial performance. As the contracts are changing the CCG still sees this responsibility as a key function of practices, engaging with the CCG directly to manage performance of the main providers (e.g. NLAG) and wants to reward practices for active participation in this process.  Commencing Q3 2014/15 the PBC monitoring incentive scheme was launched, which awards £1 per patient population to practices who monitor and engage with their activity, prescribing and financial data per a pre-defined assessment criteria. Additionally, 80p per patient population will be awarded to practices who achieve a balance position on the core elements of their budget at the end of FY 14/15.  As we continue to evolve the incentive scheme to make it appropriate to the needs of the CCG, in 15/16 the CCG would like to see the scheme add further value, as feedback following Q3 performance management highlights a significant variation in the level of engagement which impacts on the beneficial outcomes to patients, practices and the CCG.  The below format is proposed for the scheme in 2015/16, which will continue to be supported by the CCGs Practice Advisors and the Primary Care Team. The CCG will clearly define the dataset and the target for Practices prior to commencement.   * A proportion (tbd) of 90p per patient continues to be paid to practices who monitor and engage with their activity, prescribing and financial data as per the 2014/15 scheme.   A proportion (tbd) of the 90p per patient will be paid to practices for engaging with a number of prescribing quality improvements/efficiencies which are currently being worked up by the Prescribing Triangle.   * Up to 90p per patient will be paid to practices for maintaining 2014/15 best quartile performance on outpatient 1st appointments per 1000 patients for all referrals sources, to all providers. All those outside the best quartile will be given an aspiration target for them to achieve by the end of 2015/16. Achievement of the target will be determined for the practice by the CCG, and will be paid at the end of the FY. The level of incentive will be scaled to delivery up to the maximum value of 90p per patient. |

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| **STRATEGY:** |
| To improve the accountability of practices for the overall management of their patients. |

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| **IMPLICATIONS:** |
| * Reduction in outpatient 1st attendances; * Improvements in prescribing efficiencies and quality; * Reduction in antibiotic prescribing in line with Quality Premium requirements for 2015-16. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** |
| This report is for information only. |

|  |  | **Yes/**  **No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | n/a |  |
| ii) | CCG Equality Impact Assessment | n/a |  |
| iii) | Human Rights Act 1998 | n/a |  |
| iv) | Health and Safety at Work Act 1974 | n/a |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Yes |  |
| 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) | Yes |  |