North East Lincolnshire Clinical Commissioning Group

General Practice Quality & Consistency

2018/19 Agreement

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 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 2018/19, which has been developed in conjunction with representatives from the local Practices and CCG quality and commissioning teams. It also sets out some pre-requisites/entry criteria that are expected of all member practices, which must be in place in order for Federations to be eligible to sign up.

Pre-Requisites/Entry Criteria

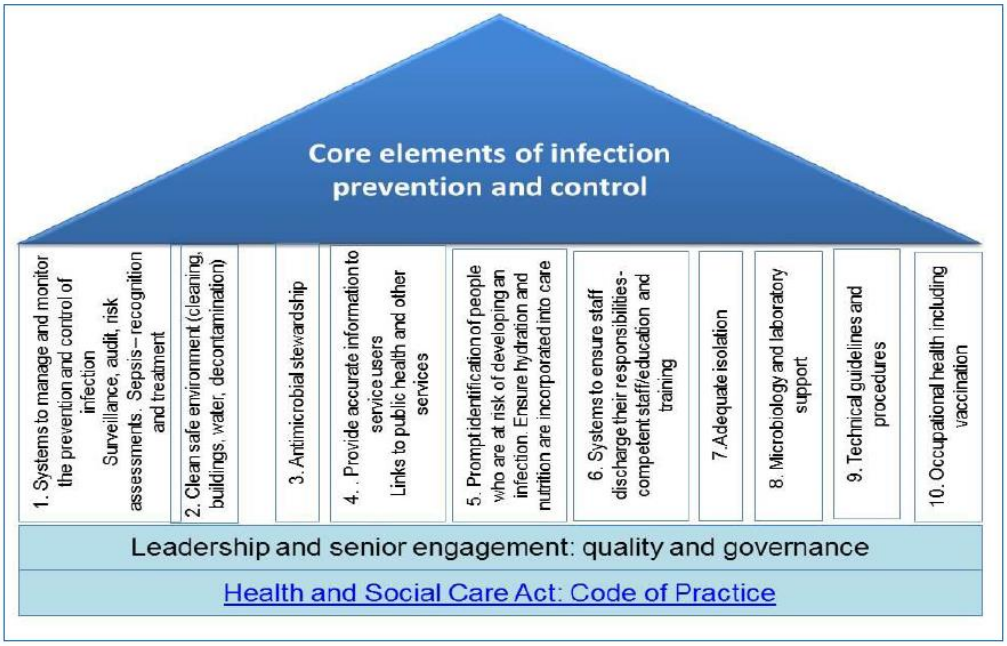
- Each Practice to have submitted up to date completed versions of the CCG Declarations of Interest documentation
- Commitment from each Practice to maintaining representation at Council of Members meetings [template letter to be signed and sent in as declaration]

Outcomes

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

1. Infection Prevention and Control (70 pence per head of population for this element):
   a) *The Secretary of State for Health has launched an important ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. Gram-negative bloodstream infections are believed to have contributed to approximately 5,500 NHS patient deaths in 2015. We know the ambition is challenging, but if we can achieve these reductions the benefit to patients and the whole population is immense (Ruth May, Executive Director of Nursing, NHS Improvement and National Director of Infection Prevention and Control 2017).*

      The core elements of infection prevention and control are central to the local improvement journey, detailed in the figure overleaf (PHE &NHSI, 2017).



Reducing the incidence of infection in the locality will help to improve the prevention of gram negative bloodstream infections. This project has been designed to contribute to the locality's drive to reduce gram negative blood stream infections and improve infection prevention and control practices.

This project involves the implementation of the following, to contribute to the local health and social care economy's ambition to reduce healthcare associated gram-negative bloodstream infections;

I. 90% of all federated staff delivering care complete and achieve a competency assessment (on knowledge and skills) in the following relevant skills by the end of March 2019;
   - Hand hygiene and the chain of infection (ALL Staff)
   - Aseptic technique and managing 'key parts' (ALL staff involved in wound care, specimen sampling and invasive procedures)
   - Urinary catheter care (ALL staff involved in urinary catheter insertion, maintenance or removal)
   - Peripheral venous catheter care (ALL staff involved in the insertion, maintenance or removal)

   Competency assessment sessions will be facilitated by North East Lincolnshire CCG and will be bookable. We aim to offer sessions during GP protected learning time and lunchtime periods.

   By the end of September 2018 your federation profile for number of staff by role who needs to complete each competency must be submitted to the CCG.

II. Raising awareness of the national gram negative bloodstream infection campaign and what it means in primary care (by the end of quarter two). Ensuring the following are addressed; what is gram negative blood stream infection; what does this mean to primary care, staff and our patients; what we should be aware of and how are we addressing it (PHE and NHSI have produced some useful resources which could be utilised to form presentations, handouts, email updates, items for practice

meeting agendas). Practices will be able to evidence how they have raised awareness, who to and how frequently (minutes, action logs, attendance logs).

III. Identify a medical infection prevention and control representative for the Federation to attend the Quarterly Northern Lincolnshire Infection Prevention and Control Local Network meeting to engage in the local network's leadership of the IPC agendas, sharing best practice, challenges and solutions (Attending/ sending a medical representative to attend the 2 remaining meetings for this financial year).

IV. Review your Federation's practice utilising the NICE guidance in the identification, diagnosis and management of urinary tract infections. Determining SMART actions where improvement is required. For completion by the end of quarter four.

30th September 2018 – federation profile of staff, by role, to whom the competency assessments are applicable and identifying who requires competency assessment.

Mandatory evidence to be submitted to the CCG:

- *Spreadsheet.*

30th September 2018 – identify a medical representative to IPC Local Network.

Mandatory evidence to be submitted to the CCG:

- *Email to commissioning queries which specifies name and contact details of the representative for the federation.*

30th April 2019 – confirmation that 90% of all applicable federated staff have successfully completed the competency assessments.

Mandatory evidence to be submitted to the CCG:

- *Spreadsheet.*

30th April 2019 – a concise report of the action undertaken to improve Gram Negative awareness, which must include an evaluation.

Mandatory evidence to be submitted to the CCG:

- *Concise report*
- *Evidence of actions taken*

30th April 2019 – evidence of medical representative attendance, on behalf of the federation, at two IPC Network meetings. This will be evidenced by the minutes of the meeting and statement of the chair.

30th April 2019 –Review of urinary tract infection practices.

Mandatory evidence to be submitted to the CCG:

- *Review undertaken to determine current federated practices (report, minutes, audit).*
- *Concise report of the review undertaken and the findings.*

- *Action plan.*

b) Sepsis has been declared the most preventable cause of death and disability in Europe (UK Sepsis Trust).

There are several national campaigns, quality standards, position statements and resources available to healthcare providers to support and direct quality improvement in sepsis practice.

In summary the following areas are specifically targeted by this quality improvement project;

1. Staff knowledge
2. Staff education
3. Practice resources to aid recognition and management of sepsis
4. Health Promotion

The project will follow an audit cycle. The project includes the following stages; assessment of the position, planning the interventions, implementation of the actions and an evaluation of the position. The assessment stage will include the determination of the current position in sepsis practice, resources, knowledge and training in primary care and will include a focus on the UK Sepsis Trust resources and HEE sepsis training and education review.

30th September 2018 – Baseline assessment and action plan to be completed

Mandatory evidence to be submitted to CCG:

- *Concise report of baseline audit findings*
- *Action plan with clear timescales for completion*
- *Minutes of meeting(s) where individual practice findings were shared and discussed – must evidence involvement of all practices within the federation*

31st December 2018 – Update against action plan to be completed

Mandatory evidence to be submitted to CCG:

- *Updated action plan showing completed actions and/or progress against the actions*

30th April 2019 – Evaluation report to be completed

Mandatory evidence to be submitted to CCG:

- *Evaluation report*

2. Mortality Reviews (58 pence per head of population for this element):
Learning from deaths of people in their care can help to improve the quality of the care provided to patients and their families, and identify where more could be done or where delivery of care could be adapted. The focus for the reviews has been discerned from locality safeguarding adult review, mortality reviews and commissioning

intelligence. A focus on learning from deaths should be on; the care given (access to primary care, care delivered); vulnerability; human factors; the right care at the right time; prevention of admission (when appropriate) and supported discharge; mental capacity and decision making; DNACPR and end of life care primary care provision.

All practices within the Federation will undertake collaborative mortality reviews using the template and guidance provided by the CCG (ensuring peer review is enabled and at least one death per practice is reviewed). A minimum of 15 reviews will be undertaken within the year per federation.

31st January 2019 – All reviews to have been undertaken and a summary report of key findings/themes and recommendations must be produced.

Mandatory evidence to be submitted to the CCG:

- *Anonymised mortality reviews must be submitted to the CCG.*
- *Summary report of key findings/themes, action log of actions determined from the recommendations of the reviews.*
- *Presentation for protected learning time event*

Final quarter of 2018/19 – All federations must present their key themes/findings at a Protected Learning Time event.

3. Referral Management (35 pence per head of population for this element):
   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 assessed through combination of various referral and outpatient indicators, recognising that it is not possible to select one that reflects the position. All of the information is available for federations to view on the practice intranet area.

   Expectation of evidence of improved management of referrals, evidence of peer review meetings and reduced variation between the practices within the federation.

   All federations must present their findings at a Protected Learning Time event during the final quarter of 2018/19, which will include what reasons they have identified for variation and sharing of learning (processes) that has taken place.

   Mandatory evidence to be submitted to CCG:

   - *Minutes of peer review meetings where referral patterns have been discussed*
   - *Presentation for protected learning time event*

4. Safe and effective use of medicines (35 pence per head of population for this element):
   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.

   Federations must provide evidence of peer review between practices, over and above the meeting with the CCG's Medicines Optimisation team.

Assurance and 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 documents which will be used to assess progress and are mandatory are listed above, but are also set out in the following table alongside the deadlines, for completeness:

[Table summarising dates and evidence listed above to be inserted]

Non-mandatory examples of evidence could also be provided by the Federation, such as:

- Standard operating procedures for new systems that have been established
- Referral decision making guides

The CCG will also review information (also accessible to Federations) to assess progress, which includes:

- Referral and Outpatient data
- Optimise Rx reports
- EPACT data showing latest forecast against prescribing target

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 clinical, 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 2018. The amount apportioned to each element of the scheme is set out above.

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, Federations should request the support of the CCG at the earliest opportunity.

Funding for 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.

Consideration will be given to partial claw-back of funding where there is consistent poor performance at individual practice level, but the rest of the Federation can evidence improvement/joint working to support improvement.

In the event that funding has to be clawed back / withdrawn 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 Primary Care 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.

NHS
North East Lincolnshire
Clinical Commissioning Group

Agreement for General Practice Quality & Consistency 2018/19

This is to confirm that we wish to sign up to the **General Practice Quality & Consistency scheme for 2018/19**, in line with the requirements set out on pages 1 to 7.

Our preferred route for funding flows is as follows (please tick as appropriate):

- Funding for the group to be paid to Federation
- Funding for the group to be paid to a lead practice*

Federation / Practice Name: _____

Federation / Lead Practice Contact Details: _____

We confirm that each individual practice within the group is in agreement with this approach. Signed by the lead GP of each practice within the group:

Practice name	Name	Signature	Date

Please return completed sign-up sheet to NELCCG.primarycare@nhs.net by close of play on XXX 2018.