

**Agenda Item 10**

Report to: (Governing Body/Committee): Primary Care Commissioning Committee

Date of Meeting: 30th July 2019

Subject: Local Quality Scheme 2018/19

Presented by: Sophie Hudson – Service Manager

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

|  |  |  |
| --- | --- | --- |
| **PURPOSE OF REPORT:** | The local quality scheme for 2018/19 has now been concluded and this report has been prepared to update the Committee regarding the achievement of the Federations against the requirements of the 2018/19 scheme.  As with the previous year, the scheme focused on joint working between Practices at Federation level, to encourage peer review, shared learning and collaboration to support quality improvement.  The scheme was broken down into 4 key areas:   * Infection Prevention and Control   + Part a – Reduction in Gram Negative infections   + Part b – Sepsis * Mortality Reviews * Referral management * Medicines optimisation   Mandatory evidence was specified under the scheme details, and the Federations were also required to share findings for some elements of the scheme with other Federations through presentations at the March 2019 Protected Learning Time events.  Progress of the Federations has been assessed at mid-year review meetings alongside the evidence that has been provided by the Federations. | |
| **Recommendations:** | The Primary Care Commissioning Committee is asked to:   * Note the summary of the submissions by the Federations * Agree the approach where claw back of funding is required | |
| **Committee Process and Assurance:** | N/A | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | N/A | |
| **Legal Implications:** | N/A | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | Choose an item. |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | The funding available for the local quality scheme was agreed at £1.98 per head of population per annum. This formed part of the primary care budgets for 2018/19. | |
| **Quality Implications:** | This report details a positive impact on quality.  The outcomes put forwards, have had a positive impact in terms of enabling providers to work in a more collaborative approach to meet clinical needs of patients.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | N/A | |
| **Engagement Implications:** | N/A | |
|  |  | |
| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No  The GPs on the Primary Care Commissioning Committee are part of one of the Federations that have benefitted from the LQS funding and could be affected by clawback decisions. | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>  Improved access to services  Improved quality | |
| **Appendices / attachments** |  | |

**Local Quality Scheme 2018/19 - Assessment**

**Background**

The Federations were required to submit, as per the scheme details, various submissions under the four areas of the scheme:

* Quality standards (Infection prevention control)
* Quality – Mortality reviews
* Referral management
* Medicines Optimisation

Payment was provided monthly on a 1/12th basis to support investment in resources to deliver under the scheme.

The scheme enabled the CCG the ability to withdraw / claw back funding if insufficient evidence was provided regarding improvements at the end of the year.

Overall assessment completed was undertaken through triangulation of discussion at the mid-year review meetings, information on outcomes (i.e. target achievement), presentations delivered at a Protected Time for Learning event (PTL) and evidence submitted by deadlines set down. The end of year meetings were waived, due to these clashing with PCN preparation and the CCG being able to assess progress through information sources, as well as the PTL presentations.

**Assessment of achievement**

**Quality Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Quality Area** | **Federation 1**  **Freshney-Pelham** | **Federation 2**  **Panacea** | **Federation 3**  **MHG** |
| Quality standards (CQC themes, infection prevention control) | ✔  90% achieved | ✔  90% achieved | ✔  90% achieved |
| ✔  Audit and investigation into gram negative blood stream infections carried out. | ✔  Audit and investigation into gram negative blood stream infections carried out. | ✔  Audit and investigation into gram negative blood stream infections carried out. |
| ✔  Sepsis baseline carried out and the following (summary) completed/in place:  Use of Screening Tool, Recording and Sharing of Information, Discussion at Meetings, Hand Hygiene training, Access to Resources made available to all staff and clinical/admin rooms | ✔  Sepsis baseline carried out and the following (summary) completed/in place:  Training for all staff, Pop up enabled in SystmOne when certain codes are entered by clinical staff to alert possible sepsis, UK Sepsis information displayed in each consulting room, Case discussion at weekly clinical meetings | ✔  Sepsis baseline carried out and the following (summary) completed/in place:  Staff training, templates updated in S1, manual for staff to access, posters and leaflets for all practices |
| Quality improved consistency in a clinical area | ✔  UTI audits utilising the Nice audit template have been completed | ✔  All practices within the Federation have completed the UTI Audit. | ✔  UTI audits utilising the Nice audit template have been completed |

**Mortality Reviews:**

|  |  |  |
| --- | --- | --- |
| **Federation 1**  **Freshney-Pelham** | **Federation 2**  **Panacea** | **Federation 3**  **MHG** |
| ✔  An evaluation was completed | ✔  An evaluation was completed | ✔  An evaluation was completed |
| Themes:  Make better record of desired place of death, Now added age plus underlying conditions as criteria for palliative care register, Trying to obtain DNAR from other providers | Themes:  Agreed template for member practice to use, if they wish and to circulate the 2 best documented mortality reviews anonymously across the 13 practices to help with future documentation | Themes:  Agreed patients for palliative register and coding, Agreed coding for preferred place of death, Anticipatory meds, DNACPR, Summarising process across Federation, Recording of level of dementia. |

**Referral Management:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Quality Area** | **Federation 1**  **Freshney-Pelham** | **Federation 2**  **Panacea** | **Federation 3**  **MHG** |
| Demonstrated understanding of areas requiring focus at meetings. Reviewed across their Federation and completed analysis of issues identified. | ✔ | ✔ | ✔ |
| Presented their findings at the PTL event in March 2019 | ✔ | ✔ | ✔ |

**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. This will also contribute towards achieving most effective use of resources.

Achievement measured through variance from prescribing budget, with an expectation of achievement of prescribing target at federation level (with 1.1% above target tolerance)

|  |  |  |
| --- | --- | --- |
| **Federation 1**  **Freshney-Pelham** | **Federation 2**  **Panacea** | **Federation 3**  **MHG** |
| Actual outturn position of 11.97% underspend | Actual outturn position of 5.23% overspend | Actual outturn position of 1.84% overspend |

**Summary**

In summary, all three Federations achieved all requirements with the exception of two Federations in respect of their prescribing budget achievement.

It is proposed that funding is clawed back, for those practices within each Federation that did not achieve the prescribing target. The suggestion is that half of the funding for that element is clawed back, as the Federations did evidence other requirements against that section, i.e. meetings with the Medicines Optimisation team**.** As the Federations have now been superseded by the Primary Care Networks, it is proposed that the funding is deducted from the relevant practices’ regular payments, as there is no corresponding scheme at Federation level this year to apply this deduction to.

**Recommendation**

The Primary Care Commissioning Committee is asked to:

* Note the achievement of each Federation against the requirements of the Local Quality Scheme 2018/19
* Agree to the approach to clawback funding as follows:
  + Federation 2 Panacea - Half of the allocated funding (35 pence per head) for the prescribing element for those practices that didn’t achieve the target (i.e. those that did achieve the target are not affected). 10 practices affected, equating to £8,825.32 in total
  + Federation 3 MHG - Half of the allocated funding (35 pence per head) for the prescribing element for those practices that didn’t achieve the target (i.e. those that did achieve the target are not affected). 4 practices affected equating to £5,262.86