

Primary Care Commissioning Committee

28 June 2017

Details	Part 1	X	Part 2		Agenda Item No.	9
Title of Paper:	Quality in Primary Care Year 1 Overview					
Board Member:	Dr Jeff Schryer, Primary Care Clinical Lead					
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Presenter:	Amy Lepiorz, Deputy Director of Primary Care					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	The Quality in Primary Care Contract (Phase 1) completed its first full year on 31 March 2017. The following paper outlines the performance across Bury CCG for each Standard and KPI within that contract.					
Risk	High		Medium	X	Low	
	Phase 1 of the contract rolled over in to Year 2 with minimal changes to the KPI's within those standards. If lessons are not learned from the outcomes of Year 1, we are at risk of committing practices to achieving unrealistic targets. To mitigate against this, a Contract Variations proposal has been produced and agreed by PCCC which adapts the contract to reflect some of those lessons learned.					
Recommendations	PCCC is asked to: <ul style="list-style-type: none"> ▪ Note the contents of this paper ▪ Make any recommendations as necessary 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	X
To deliver service re-design in priority areas through innovation	X
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	X
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	X
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	
Supports NHS Bury CCG Governance arrangements	X

Quality in Primary Care Contract (End of Year 1 Position Statement)

1. Performance and Payments

1.1 Payments/Monitoring Process

Reimbursement for this scheme is made up of two elements:

1. 70% of the funding is paid monthly in arrears and is dependent on practices evidencing delivery against their practice specific action plan and quarterly data return.
2. 30% of the funding is subject to a year end reconciliation of all KPI data and is payable at the end of the scheme.

2 Year 1 Summary

Bury CCG are delighted with Practice performance across Phase 1 of the Quality in Primary Care Contract which has been exceptional with 26 Practices meeting all requirements to secure the full Q4 payments for the Contract. Most Practices performed well across the board, hitting the majority of key performance indicators.

The following paper has been written to showcase performance across each Standard within Year 1 of the Quality in Primary Care Contract.

Standard 1 – Improving Access to General Practice

26 Practices achieved all KPI's within Standard 1 at the end of Year 1 and received both the Q4 payment and the reward element in recognition of their achievements:

Standard 1 - Improving access to General Practice (Monday – Friday)	
KPI's:	% of Practices Achieving
Monday to Friday opening (8am - 6.30pm) excluding Bank Holidays and LTIs delivered within the parameters of the LTI agreement	87%
Minimum 10 bookable sessions (am/pm) with a prescribing clinician	90%
75 Contacts per 1000 population/week with prescribing clinician	97%
Practice is able to arrange offer access to both male and female prescribing clinicians	97%
Prebookable appointments 1month in advance	100%
Children under 12 with urgent clinical need are able to receive same day access with prescribing clinician	100%

Standard 3 - Cancer

Practices performed well across this Standard with 26 practices achieving full compliance, receiving both the Q4 payment and the associated reward. The remaining 4 practices who did not achieve the full requirements within the Standard received the Q4 payment in recognition of their achievements across the year.

Standard 3 – Cancer	
KPI's:	% of Practices Achieving
Identification of Cancer Lead	100%
Attendance at cancer awareness/education sessions and feedback learning to all practices (at least annual)	97%
No. of confirmed cancer diagnosis that were not a HSC205 (2ww) referral	100%
1 SEA per 3,000 patients	84%

Standard 7 – Medications Safety

Practices performed very well within Standard 7 with 100% of practices achieved the AKI KPI's receiving both the Q4 and reward payment for this element of the Contract. Practices performed well against prescribing rates for antibiotics and against cephalosporins, quinolones and co-amoxiclav.

Please note that a decision was taken to pay all practices against the PINCER target* within this Standard regardless of performance as it has not been possible to do pre-payment validation of the data, however post payment verification may still occur. This will be reviewed by the Medicines Optimisation Team during Phase 2 to ascertain if data produced by Practices is able to be validated.

Standard 7 - Medications Safety	
KPI's:	% of Practices Achieving
0 patients in any of the 7 indicators, with the practice providing exceptionality reporting to the CCG if zero cannot be achieved	100%*
16/17 prescribing rates for antibiotics are less than 1.219 items/STAR-PU	90%
16/17 prescribing proportion of cephalosporins, quinolones and co-amoxiclav is less than 8%	93%
Audit of AKI discharge diagnoses, attendance at reflective training session, and development and implementation of an action plan (see section 6) for management of AKI patients of AKI patients diagnosed since April 2015	100%

Standard 8 – Asthma

There were 9 KPIs within this Standard and, overall, practices performed well against each of them, with each practice receiving the Q4 payment for this Standard in recognition of their achievements.

The main challenge within this Standard was achieving $\geq 80\%$ flu uptake (all children aged 2-4) however, 5 Practices achieved against this difficult KPI and received the associated reward payment. Given the challenges faced by practices in achieving this target, we have taken this into consideration as part of the Phase 2 review and amended the target as detailed within the Contract Variations section of this paper on page 4.

Standard 8 – Asthma	
KPI's:	% of Practices Achieving
Identification of Asthma Lead	100%
Attendance at asthma education sessions and feedback learning to all practices (at least annual)	100%
Evidence of compliance with the standard via the return of a MDS which includes:	
• No. of children on register (0-<19)	100%
• ≥75% of children on the register who are on a preventer inhaler have been reviewed within the last 12months	100%
• ≥75% of children on the register who are on a preventer inhaler with a personalised action plan in place	97%
• ≥75% of children on the register who are on a preventer inhaler have completed the ACT as part of the review process	94%
• ≥75% of children on the register who are on a preventer inhaler have undergone training/assessment of inhaler technique	97%
Evidence of review process following admission/ooh attendance	100%
≥80% flu uptake (all children aged 2-4)	16%

Standard 9 – Proactive Disease Management

Performance within this standard provided the most variance within the year 1 of the Contract, proving to be one of the most challenging Standards for practices. Despite this, all practices received the Q4 payments for this Standard with those Practices achieving against the KPI's also receiving the reward payment.

Standard 9 - Proactive Disease Management	
KPI's:	% of Practices Achieving
Evidence of compliance with the standard via the return of a MDS which includes:	
• No of patients on risk register (to validate 3.5% target)	100%
• No of care plans in place (>3.5%)	93%
• No of care plans reviewed	39%
• No of those onwardly referred	100%
Of those onwardly referred - a list broken down by service	100%
≥80% flu uptake (aged 65 and over)	32%
95% of patients diagnosed with AF and having a CHA2DS2-VASc score >2 but who are not receiving an anticoagulant have received an annual face to face review using the NICE AF Patient Decision Aid (or equivalent structured patient clinical support tool) which is READ coded as #8CdH 'provision of patient decision aid'	90%
• 60% of a defined cohort of high risk patients will have undergone a face to face review read coded as #66f2 'Cardiovascular disease high risk review' during the financial year.	100%
• 55% of all patients identified as High Risk Cardiovascular Disease should be on a repeat statin.	100% (inc Partial achievements)
• Practices must achieve a 60% uptake of their NHS Health Check invite target in order to be eligible for this element of the reward.	100%

• Maintain a 'pre-diabetes' register using READ code #C317 'non diabetic hyperglycaemia'	100%
• A minimum of 7.5% of the practice's population aged ≥17 should be on this register	90%
• 90% of all patients on the practice's pre-diabetes register should have an HbA1c within the financial year	45%

3 Next Steps

Dispute Process

The Dispute Process is now in its initial stages and we have received 22 disputes from 18 Practices relating to the following Standards & KPI's within Year 1 of the Contract:

Standard	KPIs	Number of Disputes Received
Standard 1 - Improving access to General Practice (Monday – Friday)	Monday to Friday opening (8am - 6.30pm) excluding Bank Holidays and LTIs delivered within the parameters of the LTI agreement.	3
Standard 3 – Cancer	1 SEA per 3000 Patient's	2
Standard 7 – Medicines	0 Patients in any of the 7 indicators, providing exception reports where 0 cannot be achieved	1
Standard 8 - Improving outcomes in childhood asthma	80% Flu update (all children aged 2yrs to 4yrs)	1
	Evidence of compliance with the standard via the return of a MDS which includes: <ul style="list-style-type: none"> • No. of children on register (0-<19) • ≥75% of children on the register who are on a preventer inhaler have been reviewed within the last 12mths • ≥75% of children on the register who are on a preventer inhaler with a personalised action plan in place • ≥75% of children on the register who are on a preventer inhaler have completed the ACT as part of the review process • ≥75% of children on the register who are on a preventer inhaler have undergone training/assessment of inhaler technique 	1
Standard 9 – Proactive Disease Management	95% of patients diagnosed with AF and having a CHA2DS2-VASc score >2 but who are not receiving an anticoagulant have received an annual face to face review using the NICE AF Patient Decision Aid (or equivalent structured patient clinical support tool) which is READ coded as #8CdH 'provision of patient decision aid'	7
	Evidence of compliance with the standard via the return of a MDS which includes: <ul style="list-style-type: none"> • No of patients on risk register (to validate 3.5% target) • No of care plans in place (≥3.5%) 	6

	<ul style="list-style-type: none"> • No of care plans reviewed • No of those onwardly referred 	
	<ul style="list-style-type: none"> • Maintain a 'pre-diabetes' register using READ code #C317 'non diabetic hyperglycaemia' • A minimum of 7.5% of the practice's population aged ≥17 should be on this register • 90% of all patients on the practice's pre-diabetes register should have an HbA1c within the financial year 	1

Please note that at the time of writing this paper, Practices have not been advised of their achievements with regards to Standard 7 therefore we may receive further disputes in addition to those listed above.

Contract Variation

A Contract Variation document has been produced and agreed by PCCC based on:

- Further discussions and feedback from Practices since 01 April 2017
- Learning from Disputes received from Practices
- LMC feedback
- Errors in the content of the original contract

	Original	Revised
Standard	Service Specification	Service Specification
Standard 7 - Embedding a culture of medication safety	Delivery- Pincer Indicators 4. Patients diagnosed with chronic kidney disease (CKD) stage 3, 4 or 5 or with a latest eGFR of <45mL/min who are prescribed a NSAID 10. Patients with CKD stage 3, 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor and a NSAID. 11. Patients with CKD stage 3, 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor, loop diuretic and a NSAID (the 'triple whammy'). 12. Patients with CKD stage 3, 4 or 5 or with a latest eGFR of <45 mL/min who are prescribed digoxin at a daily dose of more than 125 micrograms.	Delivery- Pincer Indicators 4. Patients diagnosed with chronic kidney disease (CKD) stage 3b , 4 or 5 or with a latest eGFR of <45mL/min who are prescribed a NSAID 10. Patients with CKD stage 3b , 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor and a NSAID. 11. Patients with CKD stage 3b , 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor, loop diuretic and a NSAID (the 'triple whammy'). 12. Patients with CKD stage 3b , 4 or 5 or with a latest eGFR of <45 mL/min who are prescribed digoxin at a daily dose of more than 125 micrograms. <i>Rationale- Recognition the CKD 3a is not</i>

		<i>usually clinically significant</i>
Standard 8 - Improving outcomes in childhood asthma	<p>Delivery- 8.Achieve at least 80% uptake of flu immunisations of all children aged 2 – 4 years</p> <p>KPI- ≥80% flu uptake (all children aged 2-4)</p>	<p>Delivery- 8.Achieve at least 65% uptake of flu immunisations of all children aged 2 – 4 years</p> <p>KPI- ≥65% flu uptake (all children aged 2-4)</p> <p><i>Rationale- It is recognised that an 80% target has not been achieved not been achieved nationally and the purpose of the programme is not heard immunity.</i></p>
Standard 9 - Proactive disease management to improve outcomes	<p>Various references are made to ERISS in this standards</p>	<p>Remove all references</p> <p><i>Rationale- ERISS is not used by Bury CCG</i></p>
	<p>Delivery- b)Complete a Care plan for any patient on the register which must be shared with the patient and his/her carer and subject to consent uploaded/flagged on special notes, summary care record, Electronic Palliative Care Co-ordination System (EPaCCS) and Electronic Referral and Information Sharing System.</p> <p>c)Patients with a care plan will receive an annual review or a review following unplanned admission/A&E attendance (this does not need to be face to face but the patient/carers must receive an update copy of their care plan should anything change)</p>	<p>Delivery- b)Complete a Care plan for 90% of patients on the register which must be shared with the patient and his/her carer and subject to consent uploaded/flagged on special notes, summary care record, Electronic Palliative Care Co-ordination System (EPaCCS).</p> <p>c)90% of patients with a care plan will receive an annual review or a review following unplanned admission/A&E attendance (this does not need to be face to face but the patient/carers must receive an update copy of their care plan should anything change)</p> <p><i>Rationale- This target recognises that some patients may choose not to have a care plan or it may no longer be clinically appropriate. This reduced target negates the need for exception reporting, which brings an associated administrative burden.</i></p>
	<p>KPI- Evidence of compliance with the standard via the return of MDS which includes:</p> <ul style="list-style-type: none"> • No of the patients on risk register (to validate 3.5% target) • No of care plans in place (>3.5%) • No of care plans reviewed 	<p>KPI- Evidence of compliance with the standard via the return of MDS which includes:</p> <ul style="list-style-type: none"> • ≥ 5% of practice list size on a risk register • ≥ 4.5% of registered patients to have a care plan in place • ≥ 90% of patients with a care plan will receive an annual review or a review following unplanned admission/A&E attendance <p><i>Rationale-This is to correct a typo in the original document. Also see above rationale.</i></p>

Good Newsletter & Practice Support

The Primary Care Team will review the outlying performance areas, seeking good practice from those practices who achieved so that it can be shared with the wider membership. We will publish our findings and next steps in a Primary Care Good Newsletter, offering support to all practices that require it.

We will then review individual practice performance, offering additional support where required as part of the Primary Care Quality Visits across Year 2 of the contract.

Outcome Measures

An Outcomes Measures paper is in production which will be shared with PCWG, outlining the impact we can expect to see after the first year of the Quality in Primary Care Contract and the expectations in relation to outcomes as we move into and beyond 2017/2018.

Ongoing Tasks

The following tasks remain ongoing for Phase 1:

- Primary Care Team will review the disputes initially and respond to the practice either accepting or declining the dispute
- Advise practices of performance within Standard 7
- If practice disputes are declined at first stage, they may progress to formal panel
- Formal panel will be held and decisions made. This will bring Phase 1 to a close.

Phase 2 of the Contract has now launched and the following tasks remain ongoing for Phase 2:

- Provision of business rules
- Provision of any required supportive material e.g. training dates / LTI's
- Issue of Contract Variation
- Task and Finish Group meetings to review ongoing quarterly data submissions

4 Recommendations

The PCWG are asked to:

- Note the contents of this paper
- Make any recommendations as necessary

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