

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 May 2018	Action	Receive
Item No.	5	Confidential	No
Title	Quality in Primary Care Contract (Phase 2, Outturn Position 2017/18)		
Presented By	Rachele Schofield, Primary Care Manager		
Author	Rachele Schofield, Primary Care Manager		
Clinical Lead	Dr Jeffrey Schryer, CCG Chair & Clinical Lead for Primary Care		

Executive Summary
Quality in Primary Care Contract Phase 2 commenced on 1 April 2017 for a duration of 12 months, ending on 31 March 2018. All 30 Practices signed up to deliver all 9 GM Standards. The following paper has been written to showcase performance across each Standard at the end of Phase 2 of the Quality in Primary Care Contract as at 31 March 2018.
Recommendations
The PCCC are asked to: <ul style="list-style-type: none"> ▪ Note that the overall performance of Bury CCG at the end of Phase 2 is positive ▪ Note the approximate underspend at the end of Phase 2 which is available for reinvestment into Phase 3 whilst being advised that some of that underspend may be allocated to Practices as part of the Dispute Process

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input checked="" type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input checked="" type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input checked="" type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input checked="" type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
GBAF <i>[Insert Risk Number and Detail Here]</i>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The total financial envelope for the reward element of this contract was £814, 100 however, given underperformance across Standards 2 -9, the approx. underspend within this contract for financial year 2017/2018 is £230, 973</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome

Quality in Primary Care Contract – Phase 2 (End of Year Position Statement)

1. Introduction

- 1.1 The Greater Manchester Association of Governing Groups (AGG) agreed the development of a set of 9 Greater Manchester (GM) Primary Care Standards with the aim of addressing unwarranted variation and improving outcomes for the whole population; these are:
1. Improving access to General Practice (Monday – Friday)
 2. To improve health outcomes for patients with mental illness
 3. Improving cancer survival rates and earlier diagnosis
 4. Ensure a pro-active approach to health Improvement and early detection
 5. To improve the health and wellbeing of carers
 6. Improving outcomes for people with long term condition(s)
 7. Embedding a culture of medication safety
 8. Improving outcomes in childhood asthma
 9. Proactive disease management to improve outcomes
- 1.2 Bury Clinical Commissioning Group (CCG) wants to provide the best possible outcomes for its population as well as ensuring that the needs of the community are understood and services commissioned closer to the patients home where appropriate. Where specific services are commissioned on a specialist basis, they must be accessible to all and of a high quality that reflects the expertise of that commissioned service. All commissioned services must be patient centred and provided in a way that adds value to the patient journey/ pathway. There is also a clear need to reduce variability within primary care, and in an order to ensure that all patients have equitable access to the very best treatment within primary care we need to reduce variance in service provision.
- 1.3 Bury agreed a realistic approach to their delivery given the resources available, and the following phased approach was agreed by Clinical Cabinet:
1. Phase 1 - By April 2016 (short term) - Agree schemes to promote five priority areas for implementation of the GM Standards, recognising that we are doing quite a lot of work in each domain already, and this will be maintained during 2016-17.
 2. Phase 2 - By April 2017 (long term) - Have a comprehensive scheme incorporating all GM Standards, potentially supported by Primary Care, Medicines Management and Public Health working on an integrated basis.

2 Background

- 2.1 Quality in Primary Care Contract Phase 2 commenced on 1 April 2017 for a duration of 12 months, ending on 31 March 2018. All 30 Practices signed up to deliver all 9 GM Standards.

2.2 The total amount invested in this enhanced service is £2, 716, 000 which at a practice level equates to approximately £13.50 per head of population, reimbursed using the weighted carhill formula (adjusted on a quarterly basis). Payments are made up of two elements (both are subject to the return of a specific minimum dataset):

1. 70% of the contract value paid monthly in arrears and dependent on practices evidencing delivery against their agreed practice action plan and quarterly data return. The CCG may withhold/recoup these monthly payments where delivery cannot be evidenced or required data is not received.
2. 30% of the contract value is subject to a year end reconciliation of all KPI data and is payable at the end of the scheme.

2.2 The following paper has been written to showcase performance across each Standard at the end of Phase 2 of the Quality in Primary Care Contract as at 31 March 2018.

3 Phase 2 Summary

3.1 Bury CCG are delighted with Practice performance across Phase 2 of the Quality in Primary Care Contract. The Contract was significantly larger in content and more challenging in terms of delivery during 2017/2016 with a greater number of Key Performance Indicators (KPIs) to achieve. Practices have continued to strive for excellence across the board despite the increased workload and challenges presented by the changing face of primary care during the last year.

3.2 Where appropriate practices were required to self-declare their achievement of KPI's. The CCG will continue to review these KPI's with practices and amend if necessary.

3.3 Practice performance against each Standard has been outlined below:

Standard 1 – Improving Access to General Practice

100% of Practices achieved all KPI's within Standard 1 at the end of Phase 2 and received the full reward element in recognition of their achievements. This is a fantastic outcome as it improves on the 2016/17 position, providing a positive outcome for patients across Bury:

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
Monday to Friday opening (8am - 6.30pm) excluding Bank Holidays and LTIs delivered within the parameters of the LTI agreement.	100%	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 2 - To improve health outcomes for patients with mental illness, those with learning disabilities and military veterans

Practices performed well against the KPIs set for Military Veterans, patients with Cognitive Impairment and Learning Disabilities but performed less well against targets for patients on the Serious Mental Illness (SMI) register. The Primary Care Team (PCT) have commissioned Standard 2 as part of the Quality in Primary Care Contract – Phase 3 (2018/19) and will continue to monitor practice performance on a quarterly basis, highlighting the need for practices to increase focus on their SMI registers during this time giving due consideration to the increase against this target to 100% achievement (with exception reporting in line with QoF):

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
Physical and Mental Health of those on SMI register:			
90% Of patients on SMI register to receive a Care Plan (use template as per Standard 9)	57%	Standard not commissioned in 16/17	
90% of patients on SMI register with Cholesterol measured April 2017-March 18	23%		
100% of patients with SMI and cholesterol (who are eligible) have a QRisk2 score recorded April 2017 – March 2018	37%		
90% of patients on SMI register with bp measured April 2017 March 2018.	63%		
90% of patients on SMI register with Weight measured April 2017 March 2018	37%		
50% of patients with as QRisk2 score > 10% on a statin	73%		
Learning Disabilities:			
Patients on the Practice LD Register aged ≥14 have undergone a health check within the last 12mths:		Standard not commissioned in 16/17	
* 65% (half of payment)	10%		
* 75% (stretch target for full payment)	63%		
Practice uses the standard CCG protocol for inviting LD patients for LD health checks	100%		
Practice staff attend CCG training or undertake online training at least once in the financial year providing evidence	100%		
Military Veterans and Reservists:			
No. of people on Military Veterans and Reservists register	1086 (+836 from 16/17)	Standard not commissioned in 16/17	
The Practice is to submit an Action Plan at the end of Q1 detailing the number of Military Veterans on their register as at 30 June 2017. The Plan must detail how the Practice is to increase the number of patients on the Military Veterans Register (complying with the Military Veteran Covenant) over the remainder of the contract.	100%		
Practice staff to undertake specified online training at least once in the financial year providing evidence	100%		
Cognitive Impairment			
The practice will have a named Dementia Clinical Lead.	100%	Standard not commissioned in 16/17	
The Dementia Clinical Lead will undertake update training once a year, provided by the CCG and provide evidence of how learning has been cascade to colleagues	100%		
Practices' dementia diagnosis rates should be 75% of their predicted prevalence or higher	50%		

90% of newly diagnosed patients to be referred to the Dementia Adviser Service (DAS) for post diagnostic support	70%	
Practices must demonstrate either peer review of cases by another practice or by the Memory Assessment Service annually	100%	
Practices will have to demonstrate how they have monitored waiting times and time to diagnose, and assessed patient feedback.	100%	

Standard 3 – Improving Cancer Survival Rates & Early Diagnosis

Practices continued to perform well against this Standard in Phase 2, building on the work undertaken across 2016/17. There was a slight downturn in all practices submitting the required number of Significant Event Analysis (SEA) forms in Phase 2 with two practices failing to achieve the KPI however, the CCG Clinical Lead for Cancer will address this with those practices to ensure submissions are received accordingly in 2018/19 in line with Phase 3 of the Contract:

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
Identification of Cancer Lead	100%	100%	
Attendance at cancer awareness/education sessions and feedback learning to all practices (at least annual)	100%	97%	
1 per 3000 SEAs bi-annually	93%	100%	

Standard 4 - Ensure a Pro-active Approach to Health Improvement and Early Detection

Practices performed very well across this Standard, achieving 100% across 5 of the 6 KPIs noted below. Only 4 practices failed to ensure 15% of patient's aged 16 or over received an Audit C or FAST. The PCT has commissioned this standard again across Phase 3 of the Contract (increasing the target to 35%) and we will continue to monitor and address practice performance on a quarterly basis across 2018/19:

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
15% of patients aged 16 or over on the 1st April 2017 to receive Audit C or FAST (excluding any patients completed in previous 2 years). Although not stated as part of the KPI is it acknowledged that Audit C is a subset of Audit 10 and therefore if a practice has already carried out an Audit 10 then and Audit C is not needed, therefore within the extraction rules we have counted this as one or the other.	87%	Standard not commissioned in 2016/17	
Practice to nominate a clinical cancer lead and non-clinical cancer champion	100%		
* Non-clinical champion to undertake a Cancer Screening Training session provided by the CCG * Clinical Cancer Lead to support non clinical champion in the development and implementation of a practice cancer action plan	100%		

50% of patients aged between 60-74 have a BCSP status read coded	100%	
1 Practice Member to lead on NDPP Search Results for accuracy	100%	
1 GP & Practice Manager to attend NDPP Masterclass	100%	

Standard 5 - To Improve the Health and Wellbeing of Carers

Practices performed well across this Standard, achieving 4 of the 5 KPIs contracted. Five practices failed to achieve a 1% carer's register, with 4 of those missing the mark by one patient. The PCT has commissioned this Standard again in 2018/19, increasing the carers register KPI to 3%. We will continue to monitor the Contract on a quarterly basis across Phase 3, impressing the need on practices to increase their carers register as the year progresses:

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
Identify a carers lead within the practice	100%	Standard not commissioned in 2016/17	
Carers register that is at least 1% of the total practice population	83%		
Ensure that all staff, including receptionists, are 'carer aware', and have a basic understanding of support available and are able to signpost carers to relevant services for help & support	100%		
80% of patients on the Carers register aged 40-74 to be offered an annual health check	90%		
80% of patients on the Carers register to be offered an annual flu vaccination	80%		

Standard 6 - Improving Outcomes for People with a Long Term Condition

100% of Practices undertook the National Audit for Diabetes Care (NDA) in 2017/18 which is a great CCG-wide achievement however; overall performance against the Diabetes element of this Standard was the least favourable within the Contract. One Practice excelled by achieving all 8 care processes across 100% of adult patients with type 2 diabetes and a further 3 practices achieved 100% in some, but not all, areas.

The PCT has commissioned this Standard again as part of the Phase 3 contract for 2018/19 however, this KPIs have been revised in line with the results of the 2016/17 NDA which showed the CCG average for Bury across the 8 care processes to be 57.5%. Despite this, the CCG has supported the KPI being set at 70% as we expect a year on year increase in performance and we are also incentivising Practices to achieve a challenging and stretched target.

Practice performance against AF, MI & COPD was better however, we again expect to see an upturn in performance against these KPIs and we will continue to monitor practice performance against this whole Standard across 2018/19, reporting on practice performance on a quarterly basis.

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend		
Diabetes:					
100% of Adult Patients diagnosed as having type 2 diabetes have received all 8 care processes (exception reporting where required in line with QoF). The 9th Care Process - Retinal screening has been removed from the requirements of this year's contract	3%	Standard not commissioned in 2016/17			
Patients with Type 2 Diabetes with a BMI check since 1/4/17	10%				
Patients with Type 2 Diabetes with a BP check since 1/4/17	13%				
Patients with Type 2 Diabetes with a HbA1c check since 1/4/17	13%				
Patients with Type 2 Diabetes with a Serum Creatinine check since 1/4/17	10%				
Patients with Type 2 Diabetes with a Urine Albumin check since 1/4/17	10%				
Patients with Type 2 Diabetes with a Cholesterol check since 1/4/17	10%				
Patients with Type 2 Diabetes with foot examination recorded since 1/4/17, or with valid exception	10%				
Patients with Type 2 Diabetes with smoking status recorded since 1/4/17, or latest status is Never Smoked	7%				
Practices will undertake the National Audit for Diabetes Care (NDA)	100%				
Atrial Fibrillation & MI:					
45% of Patients aged 65 and over have had their pulse or rhythm checked in the last 12 months to ascertain AF diagnosis (patients who already have AF are excluded)	93%				
80% of patients who had an MI in 16/17 to have received an echo within 12 months of the MI	60%				
COPD:					
100% of patients diagnosed as having COPD have been offered a Care Plan (as per Standard 9) - exception reporting where necessary	50%				

Standard 7 – Embedding a Culture of Medications Safety

The main KPI within this Standard across Phase 2 aimed to apply the principles of the PINCER intervention to reduce the number of medicines-related patient safety incidents. The KPI was a reduction in numbers of patients in each indicator to zero by 31st March 2018, with the practice providing exceptionality reporting to the CCG if zero could not be achieved. There were 13 indicators in total, and the majority of exceptions fell within one indicator:

P8. Patients with a diagnosis of asthma who are prescribed beta blockers.

Practices were given the opportunity to 'exception report' at year end, using a standard template, for any patients who remained in any of the indicators as at 31st March 2018. The exception reporting submitted was significantly improved from 16/17, with most practices providing full rationale for all reported exceptions. 22 practices achieved this KPI which, whilst this looks like a decrease in overall performance from Phase 1 (2016/17) this is

more likely to be an increase as all exception reports were validated in Phase 2 which did not take place in Phase 1.

The PCT have commissioned this Standard again in Phase 3 and we will again monitor exception reporting as part of the overall year end ratification exercise:

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
0 patients in any of the 13 PINCER indicators, with the practice providing exceptionality reporting to the CCG if zero cannot be achieved (Practices will required to provide evidence to support any exceptionality cases within the financial year)	73%	100%*	N/A
Creatinine repeated within 3 months of diagnosis	43%	Targets not commissioned in 2016/17	
Medication review within 1 month of diagnosis	47%		
Information leaflet provided, and where appropriate a plan to prevent reoccurrence	21%		

*2016/2017 data was not validated therefore the baseline for improvement in this area will not be demonstrable until contract period ending 2018/19

Standard 8 – Improving Outcomes in Childhood Asthma

The percentage of Practices achieving $\geq 65\%$ flu uptake (all children aged 2-3) increased by 11% from 2016/17 to 2017/18 which is a notable achievement given the historical difficulties faced when attempting to vaccinate this cohort of patients. We have listened to General Practice and noted that, given the difficulty surrounding this KPI, whilst we will continue to commission flu vaccinations in Phase 3; we have reduced the KPI achievement from 65% to 50%. Given this reduction, we expect the upward trend in performance to continue into 2018/19.

100% of Practices have an identified Asthma Lead which has been maintained since Phase 1 however, there has been a decrease in achievement across all other KPIs within this Standard making it another main focus of practice performance monitoring as we continue to commission General Practice to improve outcomes in childhood asthma across Phase 3:

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
Identification of Asthma Lead	100%	100%	
Attendance at asthma education sessions and feedback learning to all practices (at least annual)	93%	100%	
• $\geq 75\%$ of children on the register who are on a preventer inhaler have been reviewed within the last 12mths	87%	100%	
• $\geq 75\%$ of children on the register who are on a preventer inhaler with a personalised action plan in place in last 12m	77%	97%	
• $\geq 75\%$ of children on the register who are on a preventer inhaler have completed the ACT as part of the review process in last 12m	77%	94%	

• ≥75% of children on the register who are on a preventer inhaler have undergone training/assessment of inhaler technique in last 12m	80%	97%	
≥65% flu uptake (all children aged 2-3)	27%	16%	

Standard 9 – Proactive Disease Management to Improve Outcomes

The good news continues with regards to Flu with an increase again of 11% seen across the CCG of those aged 65 and over being vaccinated. The PCT continues to commission this target at 80% as we move into Phase 3 in the anticipation that the upward trend continues.

Practices continue to perform well against high risk CVD KPIs, with only 3 practices failing to achieve the 60% uptake for NHS Health Check invites in Phase 2. Practices worked to ensure their Pre-Diabetes registers met the 7.5% target seeing an overall increase of 3% achievement against Phase 1 however, only 30% of practices managed to achieve the accompanying target of ensuring 90% of all patients on the practice's pre-diabetes register should have an HbA1c.

KPIs	% of Practices Achieving 17/18	% of Practices Achieving 16/17	Trend
Care Planning:			
4.5% of Practice Population has care plan	83%	Different KPIs commissioned in 2016/17	
90% of Eligible Care Plans Annually Reviewed	63%		
≥80% flu uptake (aged 65 and over)	43%	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'	57%	90%	
High Risk Cardiovascular Disease:			
A defined cohort of Cardiovascular High Risk Patients will be identified for the practice at the beginning of the financial year • 60% of these patients will have undergone a face to face review including the recording of: (BP, BMI Height/Weight, Smoking status, Physical Activity, Diet & Alcohol, Pulse) - Blood tests which include total cholesterol, non –HDL cholesterol, HDL cholesterol and triglycerides, HbA1c, renal function and eGFR (the same test group for an NHS Health Check	100%	100%	
• 55% of all patients identified as High Risk Cardiovascular Disease should be on a repeat statin. A sliding scale reward is available as follows:			
55% of high risk patients are prescribed a statin full reward	100% (inc. partial achievements)	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.	90%	100%	

Diabetes:			
Minimum of 7.5% of the practice's population aged ≥17 should be on a 'non diabetic hyperglycaemia' register	93%	90%	
90% of all patients on the practice's pre-diabetes register should have an HbA1c within the financial year	30%	45%	

4 End of Year Financial Position

- 4.1 The total financial envelope for the contract was £2, 716, 000 with 70% of the contract value paid to practices on a monthly basis to assist with the delivery of the Standards, and a 30% reward paid upon achievement of contractual KPIs valuing £814, 100.
- 4.2 The level of underperformance across Standards 2 – 9 inclusive have given rise to an approximate underspend within this contract for financial year 2017/2018 of £230, 973 as detailed in Table 1 below:

Table 1

Standard	Total Possible Rewards	Total Rewards	% Overall Achieved	Variance (Under)
1	£59,364	£59,364	100%	£0
2	£64,020	£47,225	74%	-£16,795
3	£19,788	£18,758	95%	-£1,030
4	£64,020	£62,083	97%	-£1,937
5	£32,010	£28,366	89%	-£3,644
6	£160,050	£113,188	71%	-£46,862
7	£29,682	£24,094	81%	-£5,588
8	£69,258	£25,712	37%	-£43,546
9	£316,608	£205,036	65%	-£111,572
Total	£814,800	£583,827	72%	-£230,973

5 Next Steps

5.1 Dispute Process

5.2 The Dispute Process is now in its initial stages and, at the time of writing this paper, Practices have until May 16 2018 to submit their evidence to dispute the CCGs Q4 position statement. A separate paper regarding disputes will be submitted to Primary Care Work Stream Group for discussion.

5.3 Please note that at the time of writing this paper, Practices have not been advised of their achievements with regards to the antibiotic prescribing KPIs within Standard 7. It is expected that the results will be available and released to General Practice before the end of May 2018 and a separate deadline will be issued for Practices to engage in the dispute process for this Standard. It is not anticipated that this will cause need for a separate Dispute Panel to convene at this time.

6 Ongoing Tasks

- 6.1 The following tasks remain ongoing for Phase 2:
- Primary Care Team will review the disputes initially and respond to the practice either accepting or declining the dispute

- Advise practices of performance against antibiotic prescribing targets 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 2 to a close.

6.2 Phase 3 of the Contract has now launched and the following tasks are ongoing:

- Provision of business rules
- Provision of any supportive material e.g. training dates / LTI's

7 Recommendations

The PCCC are asked to:

- Note the overall performance of Bury CCG at the end of Phase 2 is positive
- Note the approximate underspend at the end of Phase 2 which is available for reinvestment into Phase 3 whilst being advised that some of that underspend may be allocated to Practices as part of the Dispute Process

Rachele Schofield

Primary Care Manager

racheleschofield@nhs.net

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