

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	23 May 2018	<b>Action</b>	Approve
<b>Item No.</b>	6	<b>Confidential</b>	No
<b>Title</b>	Quality in Primary Care 2019/20 Proposed Approach		
<b>Presented By</b>	Zoe Alderson, Head of Primary Care		
<b>Author</b>	Zoe Alderson, Head of Primary Care		
<b>Clinical Lead</b>	Jeff Schryer, Chair Bury CCG and Primary Care Clinical Lead		

<b>Executive Summary</b>
<p>The purpose of this paper is to seek a mandate from Primary Care Commissioning Committee for the Primary Care Team to develop and coproduce with the Local Care Alliance (LCA) a single Locally Commissioned Service (LCS) for <u>Phase Four</u> of the contract. It is anticipated that the CCG will seek to commission a sector or population based service, which would be commissioned on a blend of traditional outcome measures that are required by external assurance of the CCG but also by the development of a new suite of strategic outcome based measures.</p> <p>Commissioning in this way will allow a more flexible approach from primary care in terms of delivery, encourage providers to work together to deliver high quality services and stimulate innovation. It promotes new ways of commissioning in line with the strategic vision of the CCG. Focusing on a strategic outcomes framework delivers meaningful change for people, and avoids the focus on process.</p>
<b>Recommendations</b>
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• Note the content of this paper</li> <li>• Give the Primary Care Team the mandate to develop a single outcome based contract, taking into consideration any wider Locally Commissioned Service agreements.</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The standards are aimed at improving quality and patient experience</i>						
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"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>No financial value has been identified for this work for 2019/20</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" 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 2019/20 Proposed Approach

### 1. Introduction and Background

- 1.1 In October 2015 the CCG supported the recommendation that Bury would implement the nine Greater Manchester Standards as part of a two phased programme of work called the Quality in Primary Care Contract (QIPC).
- 1.2 By April 2016 all Bury Practices signed up to Phase One of the contract that covered the following five standards:
1. Improving access to General Practice (Monday – Friday)
  3. Improving cancer survival rates and earlier diagnosis
  7. Embedding a culture of medication safety.
  8. Improving outcomes in childhood asthma
  9. Proactive disease management to improve outcomes
- 1.3 For April 2017 and Phase Two of the contract this was extended to include the remaining standards of:
2. To improve health outcomes for patients with mental illness
  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)
- 1.4 Bury has now embarked on Phase Three of the contract<sup>1</sup> which has seen minimal change in terms of its content and monitoring as it was felt that a year of stability was needed to ensure that processes were embedded before looking to change the model to reflect the outcome based approach which is reflected within the revised GM version of the Standards.
- 1.5 The purpose of this paper is therefore to seek a mandate from Primary Care Commissioning Committee for the Primary Care Team to develop and coproduce with the Local Care Alliance (LCA) a single Locally Commissioned Contract (LCS) for Phase Four of the contract. It is anticipated that the CCG will seek to commission a sector or population based service, which would be commissioned on a blend of traditional outcome measures that are required by external assurance of the CCG but also by the development of a new suite of strategic outcome based measures.
- 1.6 Commissioning in this way will allow a more flexible approach from primary care in terms of delivery, encourage providers to work together to deliver high quality services and stimulate innovation. It promotes new ways of commissioning in line with the strategic vision of the CCG. Focusing on a strategic outcomes framework delivers meaningful change for people, and avoids the focus on process.

### 2. Services for Consideration

- 2.1. The CCG currently commission a number of enhanced services directly from general

---

<sup>1</sup> Updates on Phase 3 of the contract will be presented to PCCC as data becomes available.

practice which would be considered within that contract, these include:

- Quality in Primary Care Contract (Phase 3)
- Combined LCS
- Special Allocation Scheme (Violent Patients)
- Priory Elton Unit
- Bradshaw House Bail Hostel
- Paediatric Phlebotomy
- Public Health Commissioning Services (with their agreement)

### **3. Associated Risks**

3.1 There are a number of risks in moving to a single outcome based approach contract, namely:

- The LCA is a newly formed partnership with no current activity commissioned in this way
- Commissioning in this manner will require a change in mindset from commissioners and providers that achievement will be determined by measureable outcomes rather than activity based inputs. There is an experience and skill deficit in commissioning in this way.
- This may directly affect the income that general practice has become to expect as the sole deliverer of these services. Commissioning on a population basis will lose some of the granularity of detailed information to the CCG that commissioning on a practice basis allows.
- Developing a contract of this nature will take a significant amount of work at a time when capacity within the Primary Care Team is at its lowest.

3.2 As this is a new way of commissioning services it will require a longer lead in time in regards to engagement, development and testing the model it is necessary to start the engagement process at the earliest opportunity, this way we can fully understand the risks and limitations a single contract may bring as well as the opportunities.

### **4. Recommendations**

4.1 It is recommended that:

- The Primary Care Commissioning Committee note the content of this paper
- The Primary Care Team are given the mandate to develop a single outcome based contract, taking into consideration any wider LCS agreements.

### **5 Actions Required**

The Primary Care Commissioning Committee is asked to approve the recommendations.

**Zoe Alderson**  
**Zoe.alderson@nhs.net**  
**May 2018**