NHS
Bury
Clinical Commissioning Group

Meeting: Primary Care Commissioning Committee

Meeting Date	26 September 2018	**Action**	Approve
Item No.	10	**Confidential**	No
Title	Quality in Primary Care (Phase 3) & Combined LCS Contract Variations Recommendations		
Presented By	Rachele Schofield, Primary Care Manager		
Author	Rachele Schofield, Primary Care Manager		
Clinical Lead	Dr Jeff Schryer, Clinical Lead for Primary Care and CCG Chair		

Executive Summary

The following report has been written to gain agreement to issue General Practice with in year contract variations for both of the following contracts:

- Quality in Primary Care Contract Phase 3 (2018/2019)
- Combined Locally Commissioned Service (2018/2019)

Recommendations

It is recommended that the Primary Care Commissioning Committee:
- o Note the contents of this paper
- o Approve the proposed contractual variations for the Quality in Primary Care Contract (Phase 3) 2018/2019 and Combined LCS (2018/2019)

Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	☒
To drive and support system wide transformation.	☒
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	☐
To achieve financial sustainability for the Bury health and social care economy.	☒
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	☐
To be a high-performing, well-run and respected organisation with an empowered workforce	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
The contract variations have been produced using feedback from General Practice and any changes made that have not been consulted on do not have an adverse effect on contract delivery from a provider perspective.						
Have any departments/organisations who will be affected been consulted ?	Yes	☒	No	☐	N/A	☐
< *If you have ticked yes,* Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (Marie Clayton, Deputy Director for Primary Care & QIPP) Contracting (insert job title) Medicines Optimisation (Jeanette Tilstone, Head of Medicines Optimisation) Clinical leads (Dr Jeff Schryer, Clinical Lead for Primary Care) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☐	No	☒	N/A	☐
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☒	No	☐	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Primary Care Work Stream Group	01/08/2018	The proposed contract variations were agreed and supported by Primary Care Workstream Group on 01 August 2018.

Quality in Primary Care (Phase 3) & Combined LCS Contract Variation Recommendations

1 Introduction

1.1 NHS Bury CCG issued both the Quality in Primary Care Contract Phase 3 (2018/2019) and the Combined LCS (2018/2019) to all member practices in March 2018 with all practices signed up to deliver against both contracts.

1.2 Following decommissioning of the Vulnerable Patient Service, progression of the Find and Treat programme, a recent Mersey Internal Audit Agency (MIAA) audit of the Quality in Primary Care contract and feedback from Practices and Clinical Leads, there are several revisions now required to ensure the smooth running of the contracts over the remainder of the financial year.

1.3 **Appendix 1** outlines the recommended contractual variations to the Quality in Primary Care Contract and **Appendix 2** outlines the recommended contractual variations to the Combined LCS.

2 Recommendations

2.1 It is recommended that the Primary Care Commissioning Committee:
- Note the contents of this paper
- Approves the proposed contractual variations for the Quality in Primary Care Contract (Phase 3) 2018/2019 and Combined LCS (2018/2019)

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26 September 2018

NHS
Bury
Clinical Commissioning Group

CVN001 QinPC Phase 3 Contract Variation

The following variation has been produced in order to highlight a small number of amendments/clarifications and should be read in conjunction with the main Quality in Primary Care Phase 3 Contract 2018/2019 and Payment Methodology that outlines all delivery expectations of the contract for the monies practices receive.

Standard 1 Improving Access to General Practice	
Original KPI (Core Contractual Obligation)	**Amended KPI**
All practices promote the EWH service to their patients with: a link to the service on the Practice website, over the telephone with all practice receptionists able to direct patients to the service and offer appointments to the additional hour's service (including VPS) on the same basis as appointments in core hours and Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments	All practices promote the availability of appointments in extended working hours EWH service on their their Practice website and over the telephone with all practice receptionists able to direct patients to the service offering appointments in to the extended working hour's service on the same basis as appointments in core hours. Patients should be offered a choice of evening or weekend appointments on an equal footing to core hour's appointments.

Suggested wording for Practice websites:

Improving access to general practice: evening, weekend and Bank Holiday appointments now available . Patients can now book an appointment to see a GP or nurse on weekday evenings (after 6.30pm) or at the weekends (8am to 8pm on Saturdays, Sundays and Bank Holidays) with appointments available at a number of sites across the borough. Talk to the practice receptionist to find out more and book in directly or, if your practice is closed, call 0161 763 8297 to book an appointment.

Rationale: The VPS service has now been decommissioned and the new Integrated Virtual Community Hub (IVCH) launched on 1 September 2018 who will receive and triage all calls into the Extended Working Hours service from this date. |
| Children under 12 with urgent clinical need are able to receive same day access with prescribing clinician | Children under 12 with urgent clinical need are able to receive same day access with prescribing clinician with evidence of appointments available upon request

Rationale – Following a number of Practice post payment verification visits by Mersey Internal Audit Agency (MIAA), it was highlighted that although those sampled were able to evidence that there was a process in place for same day urgent access for under 12's, none of the practices visited were able to provide any practical evidence that appointments had been provided.

We are happy for pPractices should to have their ability own system to record and evidence this: below are some examples of how this might be achievedthis however, one of the following suggestions may be adopted: |

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Comment [ZA1]: Do we want to change what this says now based on the IVCH

- Practices use the appointment comments box adding a note to advise that this was a "same day urgent appointment for a child under 12 with an urgent clinical need"

- Practices adopt a coloured slot system to identify appointments e.g. same day appointment for a child under 12 with an urgent clinical need appointment slot will be marked 'red' on the booking screen. By looking at the date of birth and the "red" appointment slot, practices could confirm that the appointment was given on the day to a child under 12 and this KPI could be evidenced retrospectively.

Standard 2 - To improve health outcomes for patients with mental illness, those with learning disabilities and military veterans	
Original KPI (Stretch Target)	**Amended KPI**
Practices to have a Mild Cognitive Impairment register of over 65s of at least 7%	Practices to have a Mild Cognitive Impairment register of over 65s of at least 0.7% **Rationale:** The original target of 7% was transcribed in error
100% patients on the SMI register to receive a comprehensive face-to-face annual health check, focusing on physical health problems such as cardiovascular disease, diabetes, obesity and respiratory disease and should include: • Smoking , alcohol and use of recreational drugs • weight or BMI, diet, and level of physical activity • cardiovascular status; pulse and blood pressure • metabolic status: glycosylated haemoglobin (HbA1c) and blood lipid profile. Recording of QRisk Score. • liver function • Calcium renal and thyroid function for people taking long-term lithium	**Please note**: All of the procedures listed within this KPI for completion as part of the face to face annual SMI health check do not need to be completed at the same time or by the same clinician e.g. has been done by another practitioner within a 3 month period and there have been no issues / differences in the patient's health since that time, then that does not need to be repeated at the health check provided the results of the previous test are recorded fully and accurately as part of the health check. **Rationale** – This clarifies expectations within this KPI as requested by MIAA
100% of newly diagnosed patients to be referred to the Dementia Adviser Service (DAS) for post diagnostic support	100% of newly diagnosed patients to be referred to the Dementia Adviser Service (DAS) for post diagnostic support either: • via formal referral by the Practice or; • via signposting for self-referral

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			Rationale – This clarifies expectations within this KPI as requested by MIAA		
Practices should monitor waiting times for people with dementia for initial assessment by the lead GP and time to diagnose, and assessed patient feedback			Practices should create a robust system enabling them to monitor internal waiting times for patients with dementia from initial assessment by the lead GP and time to diagnose, and assessed patient feedback. **Rationale** – This clarifies expectations within this KPI as requested by MIAA		
When patients are known to be Military Veterans, this will be highlighted on all referrals	Bespoke search	CCG	Quarterly	When patients are known to be Military Veterans, this will be highlighted on all referrals	Self Declaration	Practice	Quarterly
				Rationale – Outcomes Manager is unable to detect where practices have marked a referral as "Military Veteran" therefore, we ask that practices confirm via self-declaration (able to provide evidence upon request) that, when patients are known to be Military Veterans, this has been highlighted on all referrals.		

Standard 3 Improving Cancer Survival Rates & Early Diagnosis

Original KPI (Core Contractual Obligation)	Amended KPI
Identify a Practice Cancer Lead who will: o be the point of contact for the Practice on matters relating to Cancer o cascade cancer related guidance, performance data and change in operational pathways across the practice o be the Practice cancer ambassador, by promoting cancer screening campaigns, healthy life styles events and implementing Living With and Beyond Cancer priorities o Non-Clinical Cancer Champion will use the non-responder codes to plan and implement an initiative to increase uptake into the Bowel Cancer Screening Programme (BCSP) o Feedback learning to the CCG and practices following the bi-annual peer review sessions	Identify a Practice Cancer Lead who will: o be the point of contact for the Practice on matters relating to Cancer o cascade cancer related guidance, performance data and change in operational pathways across the practice o be the Practice cancer ambassador, by promoting cancer screening campaigns, healthy life styles events and implementing Living With and Beyond Cancer priorities o Non-Clinical Cancer Champion will use the non-responder codes to plan and implement an initiative to increase uptake into the Bowel Cancer Screening Programme (BCSP) **Rationale** – The final bullet point was a duplicate KPI
Original KPI (Stretch Target)	**Amended KPI**
Practice Cancer Lead to attend an SEA feedback session (bi-annually) to review submitted SEAs and share learning with practice	This KPI has now been split into two elements: • Practice Cancer Lead to attend an SEA feedback session (bi-annually) to review submitted SEAs and share learning with the CCG • Practice Cancer Lead to feedback learning to their practice/s following the bi-annual peer review sessions **Rationale** – This clarifies expectations within this KPI

Standard 6 Improving outcomes for people with a long term condition

Original KPI (Stretch Target)	Amended KPI

Practice to reduce the gap between March 2018 achievement and the **expected CCG prevalence** level by 20% by March 2019 (maintaining achievement if already above CCG expected prevalence) for each of the following conditions: - CKD (16+ yrs) - Diabetes (16+ yrs)	Practice to reduce the gap between March 2018 achievement and the **expected CCG prevalence** level by 20% by March 2019 (maintaining achievement if already above CCG expected prevalence) for each of the following conditions: - CKD (18+ yrs) - Diabetes (16+ yrs) – NO CHANGE **Rationale:** Whilst the prevalence % in the model for CKD was based on 16+, we applied this percentage to the estimated 18+ population, as this is the age range in the QOF indicator therefore the QinPC contract has been amended to reflect this.

Standard 7 Embedding a Culture of Medication Safety

Original KPI (Core Contractual Obligation)	Amended KPI
PINCER indicators: 0 patients in any of the 13 PINCER indicators: 1. Patients with a history of peptic ulcer or gastro-intestinal bleeding prescribed a NSAID without a gastro-protective medicine 2. Patients aged 65 or over who are prescribed a NSAID without a gastro-protective medicine 3. Patients with a history of heart failure who are prescribed a NSAID 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 5. Patients prescribed aspirin or clopidogrel who have a history of peptic ulceration or gastro-intestinal bleed and are not prescribed a gastro protective medicine 6. Patients prescribed aspirin and warfarin together without a gastro-protective medicine 7. Patients prescribed a non-steroidal anti-inflammatory drug (NSAID) and warfarin (or oral anticoagulant drug) together without a gastro-protective medicine 8. Patients with a diagnosis of asthma who are prescribed beta blockers. 9. Asthmatic patients prescribed long acting beta agonists but not inhaled corticosteroids. 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.	**PINCER indicators:** 0 patients in any of the **12** PINCER indicators: 1. Patients with a history of peptic ulcer or gastro-intestinal bleeding prescribed a NSAID without a gastro-protective medicine 2. Patients aged 65 or over who are prescribed a NSAID without a gastro-protective medicine 3. Patients with a history of heart failure who are prescribed a NSAID 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 5. Patients prescribed aspirin or clopidogrel who have a history of peptic ulceration or gastro-intestinal bleed and are not prescribed a gastro protective medicine 6. Patients prescribed aspirin and warfarin together without a gastro-protective medicine 7. Patients prescribed a non-steroidal anti-inflammatory drug (NSAID) and warfarin (or oral anticoagulant drug) together without a gastro-protective medicine 8. 9. Asthmatic patients prescribed long acting beta agonists but not inhaled corticosteroids. 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 4 or 5 or with a latest eGFR of <30 mL/min who have been prescribed metformin. 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. **Rationale:** Removal of PINCER Indicator number 8 as beta blockers is too broader group and doesn't reflect the variation or identify the higher risk patients

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 4 or 5 or with a latest eGFR of <30 mL/min who have been prescribed metformin.

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.

Original KPI (Stretch Target)	Amended KPI
Sustained reduction of inappropriate antibiotic prescribing in primary care - items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU) must be equal to or below value of 1.161 items per STAR-PU.	Sustained reduction of inappropriate antibiotic prescribing in primary care - items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU) must be equal to or below value of 0.965 items per STAR-PU. **Rationale:** This has been changed to reflect 2018/2019 Quality Premium Targets
Reduction in Trimethoprim: Nitrofurantoin prescribing ratio in line with national target for 2018/2019	KPI Removed **Rationale:** KPI no longer required as this is no longer a Quality Premium Target
The number of trimethoprim items prescribed to patients aged 70 years or greater must reduce in line with national target for 2018/2019	The number of trimethoprim items prescribed to patients aged 70 years or greater must reduce by 30% from 15/16 baseline in those practices not already in the lowest 25% of Bury for 2018/2019 **Rationale:** This has been changed to reflect 2018/2019 Quality Premium Targets

Section 8 - Training	Amended Details
Appendix 2	**Appendix 2**
Learning Outcomes The CCG has listed a number of learning domains and outcomes in the table, the end column should be completed by individuals following any relevant learning relating to GM Standards and/or LTI undertaken to illustrate what has been gained from each training session. Each learning outcome indicates a number of key verbs which individuals should use to outline what has been learned upon successful completion of the course:	**Learning Outcomes** The CCG has listed a number of learning domains and outcomes in the table, the end column should be completed by individuals following any relevant learning relating to the Quality in Primary Care (Phase 3) Contract and/or LTIs undertaken to illustrate what has been gained from each training session. Each learning outcome indicates a number of key verbs which individuals should use to outline what has been learned upon successful completion of the course:

Learning Domain	Learning Outcomes
	Upon completion of training, I am able to
Knowledge	compare and contrast, critically evaluate, identify, recognise, define, name, recall
Understanding	outline, contextualise, explain, summaris

Delegate Name, Job Title & Practice	
Course Title & Date	
Learning Domain	**Learning Outcomes**	**How has the Learner Achieved this:**

	recognize, report and review		*Upon completion of training, I am able to:*	
Cognitive Skills	employ, illustrate, interpret, practice, sol	Knowledge	compare and contrast, critically evaluate, describe, identify, recognise, define, name, recall and list	
Transferable (professional) Skills	analyze, appraise, compare, contrast, cr			
	experiment or question	Understanding	outline, contextualise, explain, summarise, discuss, recognize, report and review	
Subject Specific Skills (Practical / Professional)	construct, create, design, develop and o			
Evaluation	appraise, argue, assess and judge	Cognitive Skills	employ, illustrate, interpret, practice, solve and use	
		Transferable (professional) Skills	analyze, appraise, compare, contrast, criticize, experiment or question	
		Subject Specific Skills (Practical / Professional)	construct, create, design, develop and organise	
		Evaluation	appraise, argue, assess and judge	

Rationale: This has been amended to include a table row for the delegates' name, job title and practice and a row for the course title and date. We have also expanded the final column to allow additional space in which to type/write.

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Additional Requirements

Original KPI (Stretch Target)	New KPI
GP Practice and Service Responsibilities - Prescriber and Organisation Codes	**Rationale:** The attached documents advice on the processes required when prescribers move practice. It is vital that all prescribing undertaken is charged back to the correct prescriber and prescribing budget. There have been recent incidents where GPs have moved into/out of the CCG area and yet their prescribing rights have not been amended meaning the wrong CCG has picked up the associated cost. This can add to our financial pressure as the costs are not forecasted within our year end calculations. GP practices, GPs and Services set up as cost centres **must** ensure that all prescriber details are kept up to date. Internal Check list when GP leaves practi Prescriber code updates Advice to Pra
Improvement & Assessment Framework	**Rationale:** The CCG is required to demonstrate that its member practices are "Sepsis Aware" and all practices must:

	• Have a named Sepsis Lead • Sepsis Lead to undertake the following e-learning for Sepsis and cascade as appropriate as part of a CCG LTI: HEE eLearning - Think Sepsis National Early Warning Score (NEWS2) Sepsis Training

Any queries regarding the content of this variation should be directed to buccg.primarycareteam@nhs.net in the first instance.

Appendix 2

CVN001 Combined LCS Contract Variation

The following variation has been produced in order to highlight a small number of amendments/clarifications and should be read in conjunction with the main Combined LCS contract 2018/2019.

Original KPI		Amended KPI	
Performance Indicators	Method of Measurement	Method of Measurement	

Homelessness	Delivery of Homelessness and General Practice training Modules as follows (to be done as an LTI): **Module 1** - Health Inequalities **Module 4** - Homelessness and Health – an Introduction for Practitioners and Service Providers **Module 5** - Mental Health, Substance Use & Homelessness **Module 6** - Drug and Alcohol Use and Homelessness	Delivery of **Module 4** of the Homelessness and General Practice Training package (Homelessness and Health – an Introduction for Practitioners and Service Providers) as a CCG LTI session. **Rationale:** The original hyperlink to the training did not work and has been updated. After issue, it became apparent that each module took approx. 2 hours to complete. Each module was reviewed and Module 4 was selected as the most appropriate module to retain.

Service User Experience	Practices will submit an annual patient survey report to the CCG that will
	• Survey to be given to all patients (**Appendix 5**) who receive services/interventions under the terms of this specification that must include:
	  o Specific Vulnerable Groups
	  o Ear Irrigation patients
	  o Amber Drugs Shared Care Patients
	    • Number and percentage of patients surveyed against activity
	    • Patient satisfaction from the services/interventions received
	    • Patient satisfaction of treatment outcomes
	    • Patient satisfaction of waiting times for appointment
	Provide assurance that any actions arising from patient survey are being actioned
		Removal of KPI, replacing with
		
		Friends and Family Test (FFT) to be given to all patients who receive services/interventions under the terms of this specification that must include:
		  o Specific Vulnerable Groups
		  o Ear Irrigation patients
		  o Amber Drugs Shared Care Patients
		
		Ensuring your records are updated with read code 9M3.. Patient survey given
		
		Rationale: Feedback from Practices suggests the Patient Opinion Survey was unwieldy and overly complex for patients therefore, we now ask that the more straight forward and established FFT be distributed instead.

| Training | Self Declaration | The self-declaration should be made confirming that training has been undertaken. The Learning Outcomes Template is to be completed and retained at Practice, to be available upon request (see Table 1~~Appendix 1 of this contract variation~~below)

Rationale: The Learning Outcomes template has been included as part of other locally commissioned services and provides practices with a form to complete and retain when learning has been completed. This provides consistency across practices and allows a mechanism for practices to evidence learning should this be requested by bodies including CCG, GMSS, CQC or MIAA. |
|---|---|---|

~~**Appendix 1**~~
Table 1

Learning Outcomes
The CCG has listed a number of learning domains and outcomes in the table below, the end column should be completed by individuals following any relevant learning relating to the Combined LCS. Each learning outcome indicates a number of key verbs which individuals should use to outline what has been learned upon successful completion of the course:
:

Learning Domain	Learning Outcomes	How has the Learner Achieved this:
Knowledge	*Upon completion of training, I am able to:* compare and contrast, critically evaluate, describe, identify, recognise, define, name, recall and list	
Understanding	*Upon completion of training, I am able to:* outline, contextualise, explain, summarise, discuss, recognize, report and review	
Cognitive Skills	*Upon completion of training, I am able to:* employ, illustrate, interpret, practice, solve and use	
Transferable (professional) Skills	*Upon completion of training, I am able to:* analyze, appraise, compare, contrast, criticize, experiment or question	
Subject Specific Skills (Practical / Professional)	*Upon completion of training, I am able to:* construct, create, design, develop and organise	
Evaluation	*Upon completion of training, I am able to:* appraise, argue, assess and judge	

Delegate Name, Job Title & Practice	
Course Title & Date	

Learning Domain	Learning Outcomes *Upon completion of training, I am able to:*	How has the Learner Achieved this:
Knowledge	compare and contrast, critically evaluate, describe, identify, recognise, define, name, recall and list	
Understanding	outline, contextualise, explain, summarise, discuss, recognize, report and review	
Cognitive Skills	employ, illustrate, interpret, practice, solve and use	
Transferable (professional) Skills	analyze, appraise, compare, contrast, criticize, experiment or question	
Subject Specific Skills (Practical / Professional)	construct, create, design, develop and organise	
Evaluation	appraise, argue, assess and judge	

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