

Meeting: Primary Care Commissioning Committee			
Meeting Date	22 January 2020	Action	Approve
Item No.	5	Confidential	No
Title	QIPC Phase 4 Discussion Paper		
Presented By	Amy Lepiorz, Deputy Director Primary Care		
Author	Zoe Alderson, Head of Primary Care		
Clinical Lead	Dr Schryer, Clinical Lead Primary Care		

Executive Summary

Outcomes Manager was purchased in 2016/17 on the basis that it provided the CCG with a way of automatically extracting data within a set of parameters enabling us to monitor locally commissioned services (LCS) at a pseudo level thereby releasing data quality (DQ) time to focus on DQ work.

For the QIPC contract specifically, in addition to the CCG view, the same tool had the functionality to provide practices with a practice patient level view of the same data, identifying requirements of the contract that still needed to be completed, giving them a potential work list to work through to support contract achievement.

The purpose of this paper is to outline the issues we have experienced to date with regards to this tool and to discuss and agree how to proceed given the likely challenge come year end reconciliation of achievement against the contractual requirements.

Recommendations

- It is recommended that the Primary Care Commissioning Committee:
- Consider the information presented within this paper
 - Consider the potential risk both financial and reputationally
 - Agree preferred course of action to take from options described above

Links to CCG Strategic Objectives

SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input checked="" type="checkbox"/>

SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<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"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
< <i>If you have ticked yes, Insert details of the people you have worked with or consulted during the process:</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. <Include details of any conflicts of interest declared></i> General practitioners on the group						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input 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>						
As detailed within the paper						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" 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 including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>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.</i>						

Governance and Reporting		
Meeting	Date	Outcome

Quality in Primary Care (Phase 4) Discussion Paper

1. Introduction

- 1.1 The Quality in Primary Care contract (now in its fourth year of delivery) is Bury's version of the Greater Manchester (GM) Standards which is aimed at reducing clinical variation across practices by focusing and rewarding within 9 specific areas.
- 1.2 To support the monitoring and delivery of this contract the CCG purchased an IT tool within Vision + called Outcomes Manager. Historically there have always been a number of teething issues with the tool when updates/changes to the contract are first rolled out due to the complexity of how the searches are built which interrogate general practice systems, but unlike previous years we have been unable to completely resolve these in order to have a tool that is fully functional within a reasonable timeframe.
- 1.3 The purpose of this paper therefore is to outline the issues to date and to discuss and agree how to proceed given the likely challenge come year end reconciliation of achievement against the contractual requirements.

2. Background

- 2.1 Outcomes Manager was purchased in 2016/17 on the basis that it provided the CCG with a way of automatically extracting data within a set of parameters enabling us to monitor locally commissioned services (LCS) at a pseudo level thereby releasing data quality (DQ) time to focus on DQ work.
- 2.2 For the QIPC contract specifically, in addition to the CCG view, the same tool had the functionality to provide practices with a practice patient level view of the same data, identifying requirements of the contract that still needed to be completed, giving them a potential work list to work through to support contract achievement.
- 2.3 Several things have contributed to this years tool being unusable within a reasonable timeframe, namely:
 - GMSS DQ produced a new readcode specification 19/20 based on Salford CCGs version of GM standards rather than Bury's previous 18/19 version, this therefore did not take into account a number of tweaks that had been made within the 4 years that the contract has been in place in Bury.
 - Conversations regarding specification changes taking place through our DQ links rather than direct with the person developing the specification within GMSS DQ.
 - The requirement for snomed codes to be mapped to readcodes (this also affects the speed at which the searches run).
 - A number of the key performance indicators (KPIs) being omitted from the original readcode specification provided to vision.
 - Vision creating a new version of the tool rather than updating the date ranges for continuing key performance indicators (KPIs) and adding in new requirements.

- Lack of named person within vision dealing and responding to required changes and providing regular assurance/updates.

3. Assessment of Impact

3.1 As previously stated these delays and errors will impact of the deliverability of this contract. The following section tries to articulate that impact.

3.2 The QIPC contract contains a total of 67 KPIs, of which outcomes manager is used to monitor 37, the remaining KPIs are measured using information from various other sources:

- Practice Self Declaration
- Public Health
- Medicines Optimisation Team
- EPACT
- Integrated Wellness Service
- Locality Care Organisation

3.3 A number of these 37KPIs (up to 27) could be described as simple searches that the practices can easily reproduce or were never intended to be provided by the tool at a practice level e.g. routinely record military vets – the tool therefore just gives the CCG the number of recorded military vets. There are also a number of the KPIs which are merely stretching existing asks of either QoF or Directed Enhanced Services (DEs) e.g. flu, learning disability health checks etc. The practice therefore has other business as usual means to identify these cohorts.

3.4 This is depicted in the table below along with both the financial value attached and a view of whether the KPIs are achievement without the tool.

Table 1

Data Source		Upfront	Reward	Total
Dashboard	1		£13,296	£13,296
Bespoke Search	37	£945,648	£575,052	£1,520,700
Neighbourhood Lead	4	£350,240	£33,240	£383,480
Self-declaration	21	£455,312	£13,296	£468,608
EPACT Data	3		£29,916	£29,916
PPV (Included within bespoke search monies)	1			£0
	67	£1,751,200	£664,800	£2,416,000
Of the KPIs which are measured via a bespoke search, which are still within the practices control to achieve				
Yes	29	£551,628	£481,980	£1,033,608
Possible	6	£122,584	£93,072	£215,656
No	2	£271,436	£0	£271,436
Total	37	£945,648	£575,052	£1,520,700

3.5 A full list of KPIs and likely impact is attached for reference as Appendix 1.

4 Options and Associated Risks

4.1 There are a range of options PCCC are asked to consider

4.2 **Option 1** - Continue to work with vision in the hope that the tool is ready and accurate as soon as possible.

- Continued dissatisfaction within general practice
- Practices could claim that targets were not achieved as the CCG did not provide adequate access to the data resulting in contractual disputes come year end year end if targets are not achieved.

4.3 **Option 2** - Instruct DQ to run manual searches in order to provide the CCG with the required data, leaving practices with the searches so that they to have a patient level view

- Impact of general practice workload
- Continued dissatisfaction within general practice
- Practices could claim that targets were not achieved as the CCG did not provide adequate access to the data resulting in contractual disputes come year end year end if targets are not achieved

4.4 **Option 3** – Consider the likely impact table and financial value attached in order to agree what will and will not be paid regardless of whether the tool is fixed and ready for full use by the end of January 2020.

- Financial reimbursement without confirmation of achievement (for certain lines only)
- Impact on potential recoup of upfront monies as this will be difficult to fully implement
- Practices could claim that further targets were not achieved as the CCG did not provide adequate access to the data resulting in contractual disputes come year end year end.

5 Actions Required

5.1 It is recommended that Primary Care Commissioning Committee

- Consider the information presented within this paper
- Consider the potential risk both financial and reputationally
- Agree preferred course of action to take from options described above

Zoe Alderson

Head of Primary Care

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January 2020

Standard	Core Contractual Obligation and Stretch Target	Measure	Upfront	Reward	Total	able for practices to be able to hit this target without the tool and	
Standard 1	Improving Core expectations (7)	Operate an open door policy 8am – 6.30pm Monday to Friday at all sites. This means the practice is “open for business” and patients can access the surgery physically and on the telephone to book routine and pre-bookable appointments (this cannot be subcontracted to a third party)	Self-declaration				N/A
		Ensure patients are able to book routine pre-bookable appointments with appropriate clinician 7days a week (providing pre-bookable, longer appointments were necessary for those patients with complex needs)	Self-declaration	£210,144	£0	£210,144	N/A
		Provide alternative modes of consultation e.g. SKYPE, email etc. when available with appropriate support	Self-declaration				N/A
		Offer access to both male and female prescribing clinicians (can be delivered through a neighbourhood model)	Self-declaration				N/A
		Offer pre-bookable appointments 4 weeks in advance with a prescribing clinician	Self-declaration				N/A
	Core expectations	Identification: The practice has a process for the proactive identification and management of adults and children with undiagnosed mental illness, including asylum health, protected characteristic groups, dementia, learning disabilities and military veterans	Self-declaration				N/A
		Undertake Comprehensive Management: For those people with severe and enduring mental illness, dementia, learning disabilities undertake a comprehensive review (at least annually) were all aspects of care are reviewed, this includes:		£87,560	£0		
		<ul style="list-style-type: none"> Physical Health Emotional Health Medication and Treatment Compliance 	Bespoke search				Poss Search might be quite complicated
		The practice has a protocol for identifying patients who fail to order and / or do not collect medication within 6 weeks of being due (Practice Prescribed Psychotropic Drugs).	Self-declaration	£35,024	£0		N/A
		Specifically to Military Veterans Routinely Record Armed Forces Veterans & Reservists on Vision: “Anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve) or Merchant Navy Seafarers and Fishermen who served in a vessel at a time when it was operated to facilitate military operation by HM Armed Forces”	Bespoke search	£52,536	£0		Yes This search does not give practices patient level data it is used to provide the CCG with the number that have been coded as MV.
Standard 2	To improve health outcomes for patients with mental illness, dementia, learning disabilities and military veterans	Comply with the requirement of the Armed Forces Covenant and ensure high quality responsive services for Veterans, Reservists and their families (spouses, partners or children) e.g. referrals to military Veterans IAPTS Service	PPV				N/A
		Specific to Dementia Maintain a named Dementia Clinical Lead	Self-declaration				N/A
		Practices must demonstrate either a peer review of dementia cases by another practice or by the Memory Assessment Service within the financial year	Self-declaration	£52,536	£0		N/A
		100% of newly diagnosed patients to be referred to the Dementia Adviser Service (DAS) for post diagnostic support	Bespoke search			£464,552	Yes If not done on diagnosis as intened practices could still create a search on the dementia register.
		Practices will report any deaths of LD patients as per the LeDeR Programme	Bespoke search	£17,512	£0		Yes Patients are identified by Quality team, tool is not needed for this
		100% on SMI register to have received a Care Plan	Bespoke search	£0	£66,480		Yes Simple search would give them a list of patients on their SMI register to work through (achievement of the target is a different argument about how difficult it is to get 100%)
		100% of patients on SMI register to have a QRisk2 score recorded	Bespoke search				Poss Yes if done at same time as care plan might be more tricky if adding opportunistically
		50% of patients on SMI register with a QRisk2 score ≥ 10% to be prescribed a statin	Bespoke search	£0	£6,648		Poss simple search to identify, but again depends on whether they are looking at retrospectively as to whether the target would be harder to hit that way
		60% of patients on SMI register to have had an Annual Health Check which includes all of the following measures: - BP and pulse check measured - BMI measured (including measurement of weight) - blood lipid including Cholesterol measured - blood glucose or HBA1C measured - assessment of alcohol consumption	Bespoke search	£0	£66,480		Poss Part of recall process, search would be more complex ensuring all these measures are hit
		84% of Patients on the practice’s LD register (all ages) have undergone a health check within the last 12mths	Bespoke search	£0	£19,944		Yes Is part of a DES,
100% of newly diagnosed dementia patients should receive a post diagnostic support plan	Self-declaration	£0	£13,296		N/A		
Standard 3	Core expectec	Practices to have a Mild Cognitive Impairment register of over 65s of ≥1%	Bespoke search	£0	£33,240		Yes Just gives us the register not a list of suitable patients for the practice
		Practices’ dementia diagnosis rates will be ≥75% of their predicted prevalence	Bespoke search	£0	£13,296		Yes Just gives us the register not a list of suitable patients for the practice
		Maintain a named Cancer Clinical Lead who will attend one cancer related education session	Self-declaration				N/A
	Complete the GatewayC ‘Improving Suspected Cancer Referrals’ module (as a minimum Practice Cancer Lead)	Self-declaration	£43,780	£0	£43,780	N/A	
	Practice Participation in National Cancer Diagnosis Audit (NCDA) e.g. registration	Self-declaration				N/A	

Standard	Core Contractual Obligation and Stretch Target	Measure	Upfront	Reward	Total	nable for practices to be able to hit this target without the tool and		
Standard 4 - Ensure a pro-active approach to health improvement and early detection	Core expect	Practices use the Case Finder Tool "Find and Treat" to improve their disease registers in line with anticipated levels or some other practice based method	Self-declaration	£43,780	£0	N/A		
		Practices have a process in place for targeting those patients who "Did not respond to offers of care" to attend appointments, screening, flu etc. this should have a particular focus on hard to reach groups in order to ensure that they are proactively followed up by the practice	Self-declaration	£26,268	£0	N/A		
	Stretch Targets	80% of eligible adults aged 65+ who have received the flu vaccine (Personalised Care Adjustment will not be considered for this indicator)	Bespoke search	£0	£33,240	Yes	Forms part of a separate service specification, the element within the QIPC rewards for hitting a specific target	
		100% of homeless patients on the practice register to be offered the flu vaccine	Bespoke search	£0	£6,648	Yes	Simple search	
		≥ 50% of all 2-3 year olds receive a Flu vaccine	Bespoke search	£0	£33,240	Yes	Simple search	
		35% of patients aged 16 or over on 1st April 2019 to receive Audit C or FAST in the last 2 years, providing appropriate advise (referral to the integrated wellness service if Audit C is over 5 or FAST if scoring 3 or more	Bespoke search	£0	£19,944	Poss	Potentially a doable search but the tool would help with proactive identification	
		Practice to reduce the gap between their March 2018 achievement and the practices expected prevalence numbers by the following prevalence targets (%) by March 2020 (maintaining achievement if already above expected prevalence) for each of the following conditions:						
		• AF (all ages) - 50%	Bespoke search		£23,268	£302,728	Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer
		• CHD (all ages) - 20%			£23,268		Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer
		A sliding scale reward is available as follows: 10% register increase 50% reward	Bespoke search	£0	£23,268	Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer	
• COPD (all ages) - 20%			£23,268		Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer		
A sliding scale reward is available as follows: 10% register increase 50% reward	Bespoke search		£23,268	Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer			
• Hypertension (all ages) - 20%			£23,268		Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer		
A sliding scale reward is available as follows: 10% register increase 50% reward	Bespoke search		£23,268	Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer			
Standard 5 - To improve Standard 4 - Ensure a pro-active approach to health improvement and early detection	Core expect	Practice to reduce the gap between March 2019 achievement and the expected CGG prevalence level by 20% by March 2020 (maintaining achievement if already above CCG expected prevalence) for each of the following conditions:	Bespoke search		£23,268	Yes	Separate tool supports identification (Case Manager) as well as DQ support on offer	
		Maintain a named Carers Lead within the practice	Self-declaration			N/A		
	Practices new patient registration process includes asking the question - Are they a carer ? or does someone care for them?	Self-declaration	£35,024	£0	N/A			
	Ensure that all staff, including receptionists, are 'carer aware', have a basic understanding of support available and adhere to the Carers Charter for Greater Manchester	Self-declaration			N/A			
	Stretch Targets	Practices have a Carers register that is at least 3% of the total practice population (data will be displayed in age bands in order to ensure young people are also being considered)	Bespoke Search		£13,296	£61,616	Yes	This doesn't give them a list of patients this just measures that they have hit it
		100% of patients on the Carers register to be offered an annual health check (age 40 – 74)	Bespoke Search	£0	£6,648	Yes	Register search	
		100% of patients on the Carers register to be offered an annual flu vaccination (all ages)	Bespoke Search		£6,648	Yes	Register search	
		Practices take part in the National Diabetes Prevention Programme, referring and read coding accordingly	Bespoke Search	£87,560	£0	Yes	Supported by Kim	
		Maintain a 'pre-diabetes' register of ≥7.5% of the practice's population aged ≥17	Bespoke Search	£43,780	£0	Yes	This is about maintaining	
		Practices are signed up to the National Diabetes Audit (NDA) on CQRS to enable data extraction	Self-declaration	£43,780	£0	N/A		
All relevant patients to be referred to Structured Education within 12 months of diagnosis and Outcome Status recorded		Bespoke Search	£87,560	£0	Yes	Part of a process on diagnosis, and is a search based on date and diagnosis		
90% of all patients on the practice's pre-diabetes register should have an HbA1c within 19/20 with results recorded								
A sliding scale reward is available as follows: 90% with a HbA1c full reward 80 – 89% with a HbA1c 75% of reward 70 – 79% with a HbA1c 50% of reward Less than 70% no reward	Bespoke Search	£0	£19,944	Yes	Simple search			
Standard 6 - Improving outcomes for people with a long term condition	Stretch Targets	80% of patients to receive all 8 care processes (based on CCG average of 68.9% from NDA in 17/18)			£339,132			
		1 - HbA1C (blood test for glucose control)						
		2 - Blood pressure measurement (measurement for cardiovascular risk)						
		3 - Serum Cholesterol (blood test for cardiovascular risk)						
		4 - Serum Creatinine (blood test for kidney function)	Bespoke Search	£0	£46,536	Yes	All these form part of QOF so practices will be working on these for other rewards (ours incentivises all 8 to be done)	
		5 - Urine Albumin/Creatinine Ratio (urine test for kidney function)						
		6 - Foot Risk Surveillance (foot examination for foot ulcer risk)						
		7 - Body Mass Index (measurement for cardiovascular risk)						
	8 - Smoking History / Status Check (question for cardiovascular risk)							
	100% patients who had an MI in 18/19 to have received an echo within 12 months of the event	Bespoke Search	£0	£9,972	Yes	a search could be produced		

Standard	Core Contractual Obligation and Stretch Target	Measure	Upfront	Reward	Total	able for practices to be able to hit this target without the tool and	
Standard 7 Embedding a Culture of Medication Safety	0 patients in any of the 12 Pincer indicators:						
	1. Patients with a history of peptic ulcer or gastro-intestinal bleeding prescribed an oral NSAID without a gastro-protective medicine - is now a QoF requirement, is included for monitoring purposes only						
	2. Patients aged 65 or over who are prescribed an oral NSAID without a gastro-protective medicine is now a QoF requirement, is included for monitoring purposes only						
	3. Patients with a history of heart failure who are prescribed an oral 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 an oral NSAID						
	5. Patients prescribed an antiplatelet who have a history of peptic ulceration or gastro-intestinal bleed and are not prescribed a gastro protective medicine	Bespoke Search	£183,876	£0	£183,876	No	Although this should now be BAU the tool routinely identifies patients that have been prescribed in order to retroactively do something about it
	6. Patients prescribed warfarin or NOAC in combination with an antiplatelet WITHOUT co-prescription of a gastro-protective medicine.						
	7. Patients prescribed aspirin in combination with another antiplatelet WITHOUT co-prescription of a gastro-protective medicine.						
	8. Patients prescribed warfarin or NOAC in combination with an oral NSAID.						
	9. Patients with a diagnosis of asthma who are prescribed non-cardioselective beta blockers.						
10. Asthmatic patients prescribed long acting beta agonists but not inhaled corticosteroids.							
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/ARB and an oral NSAID.							
12. Patients with CKD stage 3b, 4 or 5 or with a latest eGFR of <45 mL/min who have been prescribed an ACE inhibitor/ARB, loop diuretic and an oral NSAID (the 'triple							
40% Reduction in patients aged 18+ currently prescribed an oral or transdermal opioid and concurrently prescribed benzodiazepines, Z-drugs, pregabalin or gabapentin and therefore potentially at increased risk of admission to hospital for respiratory depression, overdose or confusion. (baselined as at Q4 2017/18 when the alert was distributed)	Bespoke Search	£87,560	£0	£87,560	No	Although the practices were given a list of patients to work on at the start of the project, a view from MOT would be needed	
100% of all newly diagnosed patients with AKI to have:							
1. Diagnosis of AKI read-coded in clinical record and;							
2. To be given an information leaflet (and where appropriate a plan to prevent reoccurrence) and;	Bespoke Search	£35,024	£0	£35,024	Poss	A search could be done but might be a bit cumbersome	
3. Creatinine repeated within 3 months of diagnosis and;							
4. Medication review within 1 month of diagnosis							
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.	EPACT Data	£0	£9,972	£9,972	N/A		
19/20 prescribing proportion of cephalosporins, quinolones and co-amoxiclav is less than 8%	EPACT Data	£0	£9,972	£9,972	N/A		
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 2019/2020	EPACT Data	£0	£9,972	£9,972	N/A		
Have a named clinical lead responsible for asthma	Self-declaration	£17,512	£0		N/A		
Establish a specific paediatric asthma register (0-19years) to aid audit of their asthma service	Self-declaration				N/A		
100% of children diagnosed with asthma are provided with an age appropriate personalised asthma action plan, (PAPP) including self-care advice and management as part of their annual review	Bespoke Search	£105,072	£0	£122,584	Yes	Search and Recall process	
Enable data sharing amongst relevant neighbourhood colleagues (as appropriate and within relevant timeframes)	Neighbourhood I	£350,240	£0		N/A		
Action relevant outputs from the MDT meetings including any relevant care planning for patients	Neighbourhood I				N/A		
100% of patients diagnosed with AF and having a CHA2DS2-VASc score ≥2 but who are not receiving an anticoagulant have received an annual review	Bespoke search	£52,536	£0		Yes	Search and Recall process	
60% of patients who have a NHS Health Check and have a CVD risk of over 20% will receive a face to face review including the recording of:							
- Blood Pressure							
- BMI (Height & Weight)							
- Smoking status							
- Physical Activity	Bespoke search	£52,536	£0		Yes	Part of follow on Health Check process (recall procedure would need to be set up on identification)	
- 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)							
Ensure an appropriate clinician attends multidisciplinary team meetings when required. These representatives of the practice must be fully prepared and informed to discuss patients presented	Neighbourhood I	£0	£16,620		N/A		
"All appropriate patients to be referred (by any professional) for management though an MDT approach (a minimum of 1% practice list size spread proportionately throughout the year)"	Neighbourhood I	£0	£16,620	£535,088	N/A		
55% of all patients identified as High Risk Cardiovascular Disease over 20% should be on a repeat statin.							
55% of high risk patients are prescribed a statin full reward							
45 – 54% of high risk patients are prescribed a statin 67% of reward							
35 – 44% of high risk patients are prescribed a statin 50% of reward							
25 – 34% of high risk patients are prescribed a statin 33% of reward							
Less than 25% No reward	Bespoke Search	£0	£33,240		Yes	Simple search would give them a list of patients to work through	
Increase or maintain uptake rates (in line with CCG average) within the local integrated wellness service by referring appropriate patients aged 16+ such as							
o Patients with a BMI>29.9							
o Patients who currently smoke							
o Cholesterol >5.2 (Check with a clinician total/familial/hypo)							
o Patients with a Hba1C >42mm and 6.4%	Dashboard	£0	£13,296		N/A		
o Alcohol (if Audit C is over 5 or FAST if scoring 3 or more)							
o Patients with low mood e.g. Mild Cognitive Impairment							
This can be either practice or self referral e.g. via the care navigators							

Standard	Core Contractual Obligation and Stretch Target	Measure	£1,751,200 Upfront	£664,800 Reward	£2,416,000 Total nable for practices to be able to hit this target without the tool and
	Total	67	£1,751,200	£664,800	£2,416,000

		Upfront	Reward	Total	
	Dashboard	1	£13,296	£13,296	
	Bespoke Search	37	£945,648	£575,052	£1,520,700
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	Self-declaration	21	£455,312	£13,296	£468,608
	EPACT Data	3	£29,916		£29,916
	PPV (Included within bespoke search monies)	1			£0
	Total	67	£1,751,200	£664,800	£2,416,000

Of the KPIs which are measured via a bespoke search, which are still within the practices control to achieve.

Yes	29	£551,628	£481,980	£1,033,608
Possible	6	£122,584	£93,072	£215,656
No	2	£271,436	£0	£271,436
Total	37	£945,648	£575,052	£1,520,700