

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	22 January 2020	<b>Action</b>	Approve
<b>Item No.</b>	6	<b>Confidential</b>	No
<b>Title</b>	Quality in Primary Care (Phase 5) Update		
<b>Presented By</b>	Amy Lepiorz, Deputy Director Primary Care		
<b>Author</b>	Rachele Schofield, Primary Care Manager		
<b>Clinical Lead</b>	Dr Schryer, Clinical Lead Primary Care		

<b>Executive Summary</b>
<p>A paper was submitted to the Primary Care Commissioning Committee (PCCC) on 25 September 2019 to provide an overview of the project approach to be adopted to commission the Quality in Primary Care Contract (QinPC) Phase 5 in 2020/21. A further paper was submitted on 27 November 2019 to provide an update on progress made with regards to the coproduction of the Contract. The following paper has been written to advise of the next steps to be taken as we progress to Stage 3 – Contracting.</p>
<b>Recommendations</b>
<p>The Primary Care Commissioning Committee is required to:</p> <ul style="list-style-type: none"> <li>• receive the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed</li> <li>• receive the outputs since November</li> <li>• approve the continued work through the project process</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
<p><b>SO1 People and Place</b> 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</p>	<input checked="" type="checkbox"/>
<p><b>SO2 Inclusive Growth</b> 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</p>	<input type="checkbox"/>
<p><b>SO3 Budget</b> To deliver a balanced budget for 2019/20</p>	<input type="checkbox"/>
<p><b>SO4 Staff Wellbeing</b> To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	<input type="checkbox"/>
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	No

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Commissioning Managers Medicines Optimisation Team All CCG Clinical leads Locality Care Organisation Member Practices via Neighborhood Representation						
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>&lt; If you have ticked yes, Insert details of the people you have worked with or consulted during the process :</i> Commissioning Managers Medicines Optimisation Team All CCG Clinical leads Locality Care Organisation Member Practices via Neighborhood Representation						
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 Quality in Primary Care (Phase 5 ) Contract will require a financial envelope which is still to be determined.</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Primary Care Workstream Group	07/11/2019	The process and outcomes to date were supported

## Quality in Primary Care (Phase 5) Update

### 1 Introduction

- 1.1 A paper was submitted to the Primary Care Commissioning Committee (PCCC) on 25 September 2019 to provide an overview of the project approach to be adopted to commission the Quality in Primary Care Contract (QinPC) Phase 5 in 2020/21. A further paper was submitted on 27 November 2019 to provide an update on progress made with regards to the coproduction of the Contract. The following paper has been written to advise of the next steps to be taken as we progress to Stage 3 – Contracting.

### 2 Background

- 2.1 The project approach for QinPC Phase 5 has been outlined again below for reference:
- Stage 1 – Scope and Outcomes (July 2019 – September 2019)
    - The aims of this stage are to agree the scope of the services included within this project and to agree the outcomes which the contract will seek to deliver. This stage will be led by the OCO
  - Stage 2 – Indicators and Measures (October 2019 – December 2019)
    - The aim of this stage is to agree a set of indicators and performance measures that will demonstrate movement towards achievement of the agreed outcomes This stage will be co-produced between the OCO and the provider/s
  - Stage 3 – Contracting (January 2020 – March 2020)
    - The aim of this stage is to develop and agree a contracting and payment mechanism
- 2.2 The report covers the progress that has taken place since the Committee's last meeting.

### 3. Practice Feedback

- 3.1 The contract as drafted and presented at the Committee's previous meeting was discussed at the CCG's member engagement event on 12 December 2019.
- 3.2. This meeting had a wider audience than had been able to be involved in the development to date. The attendees felt that the content of the suggested contract did not reflect a radical enough change or the requirement for general practice to work more widely with their neighbourhood colleagues.
- 3.3. The Primary Care Team agreed to work on the contract based on the feedback at the session and arrange an extraordinary workshop within Stage 2 in January 2020 to discuss and agree those changes. These changes were supported during the workshop and are described in the next section.

#### **4. Proposed Service Specification**

- 4.1 The proposed contract spans three years, commencing on 1 April 2020 ending on 31 March 2023 and it is intended that delivery is as follows:

##### **Section 1: Contractual Gateway Requirements**

This section contains the minimum requirements of any practice signing up to deliver against the service specification. The expectations are focused on improving the Bury population's access and experience of general practice and maximising benefits of their medication. Practices will be expected to deliver the contractual gateway requirements from the start date of the service specification until it reaches term. These expectations will be reviewed annually and may be subject to adjustment.

The expectations include:

- Improving access to General Practice
- Maximising the benefits of medication

##### **Section 2: Neighbourhood Selected Outcome Based Indicators**

This section contains a selection of grouped outcome-based indicators in clinical areas which have been shown to have the greatest impact of the health of our communities. They have been selected by looking at the recently developed neighbourhood profiles and the latest NHS RightCare data. Achievement of these outcomes will contribute to prevention of long term conditions, as well as supporting those in our population who are already living with long term conditions.

Practices will decide with their neighbourhood which indicators to select from lists A and B. All neighborhoods will work towards List C.

- List A – Clinical Conditions
- List B – Lifestyle Factors
- List C – Reducing Non-Elective Admissions and A&E Attendances

##### **Section 3: Performance Measures**

Practices will work with their neighbourhood colleagues to ensure their action plans contain:

- a list of performance measures to support the achievement of the indicators selected from lists A and B as well as those stated in list C
- a detailed trajectory for those performance measures that are expected to be achieved at defined intervals across the duration of the contract as appropriate

- 4.2 Appendix one contains the draft specification presented at the workshop. This was supported by the group alongside agreement that more technical detail would be picked up during stage 3- contracting.

## 5 Next Steps – Stage 3 (Contracting)

- 5.1 Stage 3 of the project, where the contracting conversations will take place between the commissioner and the provider is now scheduled to begin; this will conclude in March 2020.
- 5.2 During this time the CCG will need to work through the practicalities of contracting on outcomes versus rewarding evidence-based activity. The strategic direction of commissioning via the LCO will also need to be explored.
- 5.2 It is intended that February 2020 will see the final version of the contract issued to providers for signature, along with any sub-contracts that may be required. This will require the Committee to make a decision on the final contract outside of the scheduled business slots.
- 5.3 The project will reach its close in March 2020 with signed contracts being returned to the CCG, alongside a formal update being passed to the Committee, culminating in the contract going live on 1 April 2020.
- 5.4 At this point, the project will be reviewed, and an evaluation conducted to establish the lessons learned whilst developing this new commissioning model for primary care.

## 6 Recommendations

- 6.1 The Primary Care Commissioning Committee is required to:
  - receive the paper as assurance that the Quality in Primary Care (Phase 5) project approach is being followed
  - receive the outputs since November
  - approve the continued work through the project process

**Rachele Schofield**

Primary Care Manager

[Racheleschofield@nhs.net](mailto:Racheleschofield@nhs.net)

January 2020



Phase 5 Initial Draft  
15.01.20 V6.docx



## Quality in Primary Care (Phase 5) 2020-23

### Context

Quality in Primary Care (Phase 5) has been re-designed in line with the CCG's strategy to move to outcomes-based commissioning with services being provided in a manner to meet the needs of the different neighbourhoods. The service specification has been designed to focus on the prevention and management of the long-term conditions that have the greatest impact on the Bury population.

The service specification has been designed to promote general practice's contribution to the Bury Strategic Outcomes Framework in particular the ambition that 'all people of Bury live healthier, resilient lives and have ownership of their own health and wellbeing'.

The service specification is made up of three components: contractual gateway requirements; neighbourhood selected outcome-based indicators; and neighbourhood agreed activity measures.

### Section 1: Contractual Gateway Requirements

This section contains the minimum requirements of any practice signing up to deliver against the service specification. The expectations are focussed on improving the Bury population's access and experience of general practice and maximising benefits of their medication.

Practices will be expected to deliver the contractual gateway requirements from the start date of the service specification until it reaches term. These expectations will be reviewed annually and may be subject to adjustment.

<b>Improving access to general practice</b>
Practices will meet the requirements of their core contract (GMS, PMS, APMS) including nationally negotiated expectations
Practices will participate in and meet the requirement of the Network Contract Directed Enhanced Service
Practices will 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)
Practices will offer access to both male and female prescribing clinicians (this may be delivered through a neighbourhood model)
Practices will offer pre-bookable appointments 4 weeks in advance with a prescribing clinician
Practices will undertake and act on appointment audits with the aim to match capacity to times of high demand and reduce DNAs (the content and frequency of the audit is to be agreed with the CCG)
Place holder- requirements around digital primary care may be added in line with national trajectories.

<p>Promote the Extended Working Hours and Extended Access service to patients via:</p> <ul style="list-style-type: none"> <li>• a link to the service on the Practice website</li> <li>• over the telephone with all practice receptionists able to direct patients to the service and offer appointments to the additional hour's service on the same basis as appointments in core hours</li> <li>• Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments</li> </ul>
<p>Practices will offer children under 12 years with an urgent need same day access with a prescribing clinician</p>
<p>Practices will have in place an active care navigator process in place</p>
<p>Practices will engage in neighbourhood working, this includes:</p> <ul style="list-style-type: none"> <li>• Participating the active case management process</li> <li>• Attendance at the neighbourhood meetings by a relevant clinician and manager</li> <li>• Participate in the development of new pathways/design of models of care</li> </ul>
<p><b>Maximising benefit of medication</b></p>
<p>Practices will:</p> <ul style="list-style-type: none"> <li>• Reduce their prescribing of antimicrobial medications or maintain their prescribing levels if within CCG target levels.</li> <li>• Reduce their prescribing of broad-spectrum antimicrobial medications or maintain their prescribing levels if within CCG target levels.</li> <li>• Reduce their prescribing of medicines which can cause dependency or maintain their prescribing levels if within CCG target levels.</li> <li>• Ensure compliance with all 12 PINCER indicators</li> </ul> <p><b>**these areas are subject to change based on the final version of the PCN DES. Where an area is included in the DES it will be removed from here**</b></p>

## Section 2: Neighbourhood Selected Outcome Based Indicators

This section contains a selection of grouped outcome based indicators in clinical areas which have been shown to have the greatest impact of the health of our communities. They have been selected by looking at the recently developed neighbourhood profiles and the latest NHS RightCare data. Achievement of these outcomes will contribute to preventing and supporting our population living with long term conditions.

Practices will decide with their neighbourhood which indicators to select from lists A and B. List C all neighbourhoods will work towards. Trajectories and reduction targets will be negotiated with each neighbourhood based on the data available at the point at which the contract is agreed

Action plans must be in place outlining how targets will be achieved. The action plan is intended to be developed and agreed by Practices with the neighbourhoods with the commissioner reserving the right to clinically review those plans. The plans must be submitted by the end of quarter one 2020/21 and subsequently quarter one in 2021/2 and 2022/3.

*It is expected that in year one achievement of the indicators will attract a practice payment moving towards a neighbourhood model by year three.*



### List A – Finding the missing 1000's

Practices are asked to select one clinical condition from the list below within 2020-21, an additional second indicator in 2021-22 and a third additional indicator in 2022-23. Trajectories for the percentage reduction will be negotiated with each neighbourhood based on the prevalence levels within the neighbourhood profiles published at the point the contract is agreed

Indicator	
% reduction in the gap between estimated prevalence and recorded rates of the following clinical conditions	
1	Atrial Fibrillation
2	Coronary Heart Disease
3	Chronic Obstructive Pulmonary Disease
4	Hypertension
5	Chronic Kidney Disease

### List B – Lifestyle Factors

Neighbourhoods are asked to select one of the following lifestyle factors from the list below within 2020-21, an additional second indicator in 2021-22 and a third additional indicator in 2022-23. Trajectories for the percentage reduction will be negotiated with each neighbourhood based on the current baselines at the point the contract is agreed. Please note "adults" refers to all patients aged 16 and over:

Indicator	
% reduction in:	
1	People aged 16 or over drinking alcohol which exceeds government guidelines
2	Smoking prevalence
3	Maternal smoking at point of delivery
4	Adults classed as obese/overweight
5	Children classed as obese/overweight
6	Adults classed as physically inactive

### List C – Reducing Non-Elective Admissions and A&E Attendances

Neighbourhoods will also be entitled to a reward based on the size of the percentage reduction compared to the end of 2022/23 forecasted position at the point the contract is agreed.

Indicator (total of all four areas)	
% reduction in both non-elective admissions and A&E attendances (all ages) due to:	
1	Cardio-vascular disease
2	Respiratory conditions
3	Coronary heart disease
4	Mental health conditions

### Section 3: Performance Measures

Practices will work with their Neighbourhood colleagues to ensure their actions plans contain:

- a list of performance measures to support the achievement of the indicators selected from lists A and B as well as those stated in list C
- Provide a detailed trajectory for those performance measures that are expected to be achieved at defined intervals across the duration of the contract as appropriate

### Finance Methodology

Contractual Gateway Requirements (30%)

Neighbourhood Targets:

List A (15%)

List B (15%)

List c (15%)

Year 1 – Action Plan with agreed performance measures (25%)

Year 2 – Action Plan with agreed performance measures (25%)

Year 3 – Action Plan with agreed performance measures (25%)