NHS Rotherham Clinical Commissioning Group

Task and finish group – Friday 20 April 2018

Operational Executive – Friday 20 April 2018

Strategic Clinical executive – Wednesday 25 April 2018

LMC Officers Meeting – Monday 23 April 2018

Primary Care sub-Group – Wednesday 25 April 2018

Primary Care Committee – Wednesday 9 May 2018

Quality Contract 2018/2019

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning
Lead GP:	Dr Avanthi Gunasekera, SCE

Purpose:

Following an internal CCG review of the 17/18 Primary Care Quality Contract management and assurance process and through listening to feedback from Primary Care providers. It is proposed to make a number of changes to the Quality contract management process for 2018/19.

Background:

The Quality contract was developed in conjunction with representative GPs, practice managers, practice nurses and LMC representatives following a first year of PMS investment involving new local enhanced services. This quality contract task and finish group met monthly until June 2017.

The task and finish group finalised the Quality contract and it was approved fully in March 2017 by the Primary Care Committee however all of the standards did not take effect until April 2018 because of the phasing of the PMS monies. The task and finish group still meet quarterly to review the standards and ensure they are up to date and/or replaced e.g. the changes this year in relation to health checks. A business intelligence group is already in place to ensure appropriate searches and data management is in place.

The Quality Contract has been reviewed with oversight from the Quality Contract Task & Finish Group prior to its full implementation from 1st April 2018. A relatively small number of changes have been made to the standards within the contract however a significant change has been made relating to the Key performance indicators, data arrangements and monitoring arrangements.

Analysis of key issues and of risks

The quality contract has been updated to reflect that it is now 2018 and therefore references to previous year's arrangements have been taken out.

It is proposed to reduce the number of key performance indicators within the quality contract and to concentrate KPIs on Standard 7 which consists of the key clinical quality standards. This will therefore impact the ratio for payment from 60/40 to 83/17. The retired KPIs will be incorporated into deliverables or used by the primary care team as indicators of where deliverables may not be being achieved. It is also proposed that the data utilised for Standard 7 is amended to Rotherham average within an expected range.

The following are the key changes proposed to the standards within the Quality Contract. All wording was agreed by the representatives of the Task & Finish Group:

Standard 1:

- Deliverables to incorporate the practice being open from 8am to 6:30pm, to facilitate bookings via 111, and the promotion of primary care services including extended hours
- KPIs are no longer included

Standard 2:

- KPIs are no longer included

Standard 3:

- General updates to statistics and population data
- Changes to the providers of RMBC commissioned services
- Deliverables to reflect the changes in services and provision and to reflect the need for practices to refer into the service.
- No KPIs

Standard 4:

- No changes

Standard 5:

- Links updated by NHS England

Standard 6:

- KPIs are no longer included

Standard 7:

- Changes to references including the National Diabetes Prevention Programme, and the Get Well Rotherham service to reflect new provision
- KPIs: targets to be Rotherham average 'range' and will continue to include 'excepted patients'

Standard 8:

- No changes

Standard 9:

- KPIs have been deleted and converted into the deliverables.

Standard 10:

- No changes

Standard 11:

- KPIs are no longer included

Standard 12:

- Increased focus on the offering of support to carers

Standard 13:

- Increased evidence required around patient feedback, more information regarding the PPG to be made available on the website, the website to be communicated to patients, and an obligation to promote local health and social care campaigns

It is also recommended that a member of the primary care team has a standing item on the

Practice Manager forum in relation to the quality contract. This was in place previously when the CCG organised the agenda and enabled the CCG to update practices and for practices to ask questions about the quality contract. It is proposed to develop an information pack for practices making clear the information and example evidence required if the KPIs are not achieved.

With regard to performance management, at present there is a requirement within the sign off arrangements for practices to attend a meeting to discuss their clustered quality contract performance every 2 months (normally just prior to PLTC). As it is proposed that we cease the current clustering arrangement for Standard 7 and move to Rotherham average it is recommended that these meetings take place at localities to ensure that the SCE representative has sufficient time to spend discussing locality specific issues. It is proposed that an SCE representative attends each locality meeting every 6 months.

Patient, Public and Stakeholder Involvement:

Not applicable at this stage.

Equality Impact:

Not applicable at this stage.

Financial Implications:

GP practices have had difficulty that the quality contract measures a calendar year rather than a financial year. The reason for this relates to the payment relating to the current financial year. There have been concerns that this disadvantages the practices as they undertake additional input in the final quarter to achieve the Quality Outcome Framework (QOF). It has been explained that the previous year's Q4 is included as Q1 in the new year however, ideally, if feasible, practices would prefer to be paid in Q1 of the following year and use the financial year for measurement.

If we did move to this arrangement, it would also support the contracting team work arrangements as there are already a number of contractual arrangements to conclude in the same period of time.

Human Resource Implications:

Not applicable at this stage.

Procurement:

Not applicable at this stage.

Approval history:

Initial amendments as follows:

Quality Contract Task & Finish Group – 31st January 2018
LMC Officers Meeting – Monday 26th February 2018
LMC full meeting – Monday 12th March 2018

This current revised version was circulated to the Quality Contract task and finish group and LMC officers on 20 April 2018. At LMC officers on 23 April 2018 an issue was raised in relation to Point 8.6 of the Quality contract which is as follows:

Where a practice can demonstrate evidence that they have implemented the full delivery requirements of the standard, but the KPI has not been achieved, the Primary Care Lead

Officers have discretion to authorise payment. If however, there are discrepancies in relation to the availability of evidence, it will be for the Primary Care Committee to determine if the KPI payment should be made as per the agreed CCG appeal process. *Examples of evidence of delivery are included on the self-declarations pro-formas.*

LMC officers would like this to be amended to include exception reporting or demonstrate evidence. The Primary Care Lead has considered this and concluded that there is sufficient scope in the scale for the key performance indicator to require further evidence of the steps the practice has taken to achieve the deliverables therefore Point 8.6 should not be amended.

Recommendations:

In Summary OE are asked to endorse the following recommendations to Primary Care Sub-Committee:

1) To support the routine management of the contract from both the CCG and Primary care perspective, it is proposed to reduce the number of Key Performance Indicators that will be routinely reported by practices (although all KPI's will remain), work will be captured as part of 'key deliverables'.

2) To cease the clustering arrangement for delivery of Standard 7 of the contract and amend to use a Rotherham average 'scale' for delivery which will help in year management of this standard across practices.

3) Acting on feedback from Primary Care colleagues, amend the payment process to allow payment to work on a financial year as opposed to calendar year. Working in the same cycle as the QOF process

4) Amend the meeting structure to support delivery to base around existing locality based discussions

5) To reduce the need for in year clarifications and to further develop understanding of the contract the Primary care team propose to provide an information pack detailing the information and evidence requirements

6) Propose to practice managers that a representative of the primary care team will regularly attend practice managers forum to discuss the quality contract, working in a constructive way to support delivery of the contract.

7) Agree that by changing the approach as defined above this will move the ratio for payment from 60/40 to 83/17.