

NHS Rotherham Clinical Commissioning Group

Primary care sub-group – 29 November 2017

Primary care committee – 13 December 2017

Quality contract

Lead Executive:	Chris Edwards
Lead Officer:	Jacqui Tuffnell
Lead GP:	Dr Avanthi Gunasekera

Purpose:

The purpose of this paper is to update the committee regarding the quality contract and seek approval for the proposed reinvestment of anticipated ‘underspend’ of the quality contract monies.

Background:

The quality contract was devised jointly in Rotherham with GPs, LMC, Practice Managers and Nurses in response to facilitating quality improvements from PMS reinvestment monies. A task and finish group was established at the beginning of 2016 to create the contract and still remains in place to monitor the contract and undertake revisions.

The ‘final’ quality contract was approved on 12 April 2017 and the contract has been in operation with the key performance indicators ‘live’ for standards 1,2,3,6 and 7 this year. The quality contract task and finish group’s role is now to review the standards and in particular it has been focusing on concerns regarding the ability to achieve the key performance indicators. It would not be feasible to make changes to the key performance indicators this year however adjustments have been made to the thresholds to facilitate improved achievement.

The performance is based on calendar year, as per the letter sent to practices detailing the arrangements not financial year therefore Q4 of last financial year is already included where there is normally increased activity on the areas for QOF which should impact positively the KPIs. This enables the KPI payment to be made in the final quarter of the year. As the contract is not fully implemented until 2018 (when PMS protection ceases), the contract payment this year has been based on 66% delivery, 34% KPIs. In future years, the split will be 60/40.

An assessment of performance as at end of quality contract Q3 has been made and is showing that from the £0.31m available in the KPIs, the practices are achieving £0.2m. The position is not expected to change significantly in Q4 but does not take into account where practices are able to evidence that they have met the deliverables but the KPI is still not achieved. It is not expected that this significantly changes the outcome, just that it is possible it could move to around the £0.23m position. We will be reviewing performance in January, practices would be required to submit evidence of deliverables in February if the practice consider that they have met all the deliverables.

Analysis of key issues and of risks

RCCG has fully committed to the principle that the resources being released from PMS reinvestment are retained in primary care. It is therefore proposed that the underutilised monies from the quality contract are reinvested back in the form of substantive clinical resource to support practices to sustain the mandatory Local Enhanced Services (LES) and also improving

achievement of the Quality contract. It is proposed that the additional resource is recruited by the Federation to provide locality rather than individual practice coverage. It is proposed that each locality works with the Federation to identify their requirements to achieve the aim of sustainability and improvement rather than determining this at CCG level. There is support for this approach from the quality contract task and finish group and LMC officers. If performance improves, as anticipated as a consequence of this investment, it is proposed that this is funded longer term from the underspend in the primary care budget.

An alternative plan could be to provide the investment back to individual practices who are not performing well in relation to the quality contract or providing sustainable mandatory LES. The concern with this approach is that this could be seen as rewarding poor performance with detrimental impacts for future years.

Concerns have also been raised at task and finish group and LMC officers that practices have not fully understood that Q4 is already included. Each practice has signed and returned a letter (example attached) confirming their agreement to the quality contract arrangements which includes the following statement:

Performance against the target will be assessed each quarter however, to ensure practices receive optimum opportunity to achieve the standards fully, performance will be assessed using calendar year 2017 data. Therefore practices will receive payment for 66% on a monthly basis during 2017/18 and the KPIs will be payable in Q4.

This was discussed in detail by the task and finish group when agreeing how payment would work for 2017/18 as it was identified that, if assessed on a monthly or quarterly basis, the practices could be disadvantaged because of the way patients call/recall is managed within individual practices.

Performance management of the contract was always going to be challenging as it was agreed, when identifying the resources for the quality contract that BI and contract management had to be delivered from within current resources. Work is ongoing to reduce the onerous nature but it is acknowledged that across all roles this is at least a WTE role.

It is becoming apparent that there are services which require sub-contracting, it was an expectation that these would be in place by 1 April but is clear that this is not the case. The primary care team are working with these practices to ensure patients are not at risk for example, some patients are still being referred to secondary care. However this will impact on the practice's payment as they are not meeting this key requirement.

Financial Implications:

The financial cost of the quality contract is contained within the PMS reinvestment monies.

Human Resource Implications:

N/A

Procurement:

N/A

Recommendations:

To approve the proposal to reinvest the underspend from the quality contract in substantive clinical resource via the Federation. Also to support the continued use of the calendar year to enable payment in financial quarter 4.

Jason Page
GP clinical lead for co-commissioning
Email: Jason.Page@GP-C87604.nhs.uk

16 March 2017

Dear colleagues

Payment arrangements for the Quality Contract – 2017/18

Practices have all signed up to delivering the Rotherham Quality which are a clear set of quality standards for general practice which have been developed to:

- Ensure consistency in quality across Rotherham
- Increase capacity in General Practice to improve the service offered and set a good baseline for the development of more integrated models of care
- Support the delivery of Rotherham CCG's interim strategy for general practice (now superseded by Rotherham response to the GP Forward View)
- Reflect the balanced aims of improved population health, better quality and patient experience of care and value for money
- Incorporate all local enhanced services with General Practice (except the most specialist)
- Provide a consistency of offer to Rotherham, no matter which practice they are registered with
- Meet the commissioning priority for improved access to General Practice

The intention is for this local contract to raise quality whilst not increasing the overall spend on primary care. This will enable an ongoing recurrent level of funding to General Practice in return for delivery of clear standards.

It is also envisaged that these arrangements will go some way to addressing the issues NHS England (2013) highlights in relation to the growing challenges to the current models of Primary Care:

- Ageing population – epidemic of long term conditions, increasing co-morbidity, large growth in consultations for older people
- Rising costs, constrained financial resources, efficiency savings
- Growing dissatisfaction with access to services
- Inequalities in health – access and quality of Primary Care
- Risk factors – unhealthy lifestyles, wider determinants of health

The CCG aims to provide a framework of support for Practices, which will underpin the implementation of the Quality Contract. As a minimum Practices can expect:

- Individualised, quarterly reports
- Visits to discuss progress
- Data quality support
- Development of templates
- Prescribing support
- Education / CCG events

The quality contract is also co-dependent longer on the practice committing to deliver (or sub-contract with an RCCG compliant provider) the local enhanced services identified on page 2 of this letter.

A task and finish group consisting of GPs, practice nurse, LMC, Practice managers, GP members, LLP and CCG representation is now finalizing all of the standards and we hope to have the final version for distribution in May 2017. Standards 1, 2, 3, 6 and 7 have now been agreed by the primary care committee. Mobilisation meetings have taken place with all practices and all practices have submitted mobilisation plans detailing their current achievement against the standards and actions required to meet where not already achieving. Arrangements are being put in place for regular meetings with practices to discuss their performance in relation to the quality contract in addition to contract quality and performance meetings on an individual basis.

Standards 1 and 7 are being implemented this financial year and therefore practices should be ready to deliver these standards by 1 April 2017.

Purpose

The purpose of this letter is to record your commitment to the implementation of the standards within the Quality Contract as further detailed in the attached specification entitled ["Rotherham GP Local Quality Contract"] with effect from 1st April 2017 until 31 March 2018.

The contract year 17/18 is a further transitional year which will be built upon to achieve full delivery of all the standards by April 2018. In order to achieve this objective you agree to comply with the delivery requirement and KPIs for Standards 1,2,3,6 and 7 upon which the phasing payment for 17/18 will be dependant and which will form part of the contractual requirements for 17/18. Payment is also dependent on the practice performing or sub-contracting all mandated local enhanced services, which for avoidance of doubt are as follows:

- Anticoagulation
- Aural care
- Case management
- Minor surgery
- Phlebotomy
- PSA testing
- Ring pessarys
- Shared care drugs
- CEA monitoring
- Suture removal

Dementia care – whilst this LES will not be mandated from April, there is an expectation that practices will commence undertaking this in year.

You must also ensure that you have arrangements in place for ensuring your patients receive cryotherapy in your practice or sub-contracted to an alternative provider. This is part of additional services within your core contract.

We acknowledge that the standards are still subject to change or renegotiation which may impact on the content or payment in the Quality Contract.

You are required to acknowledge acceptance of the terms of this letter by completing the signature sheet below and returning it to myself.

Once your practice has accepted the offer, the Commissioner will prepare and award an NHS standard contract to be based on the NHS Standard contract 2017/18.

Payment

Payment will be made based on practice list size at £3.36 per patient for full implementation and achievement of standards 1,2,3,6 and 7. Practices are required to have implemented ALL the delivery requirements of the standards to receive 66% payment. Where the full delivery requirements cannot

be evidenced, the Primary Care Committee has discretion to reduce payment by 13% for each standard delivery requirements not met. (as it is a transitional year). Practices will be audited regularly in relation to the delivery requirements.

Key Performance Indicators are agreed for Standards 1,2,3,6 and 7 totalling 34%.

The baselines for standard 1, 2, 3 and 6 were set in May 2016 and were shared with practices as part of the mobilisation process an assessment of practice performance will be made in March 2017 (utilising full year 2016 data) and set for the financial year. Performance against the target will be assessed each quarter however, to ensure practices receive optimum opportunity to achieve the standards fully, performance will be assessed using calendar year 2017 data. Therefore practices will receive payment for 66% on a monthly basis during 2017/18 and the KPIs will be payable in Q4.

The baseline for standard 7 was circulated to practices in December 2016 and is currently being refreshed for circulation before the end of March and will act as the start point to assess improvements/deterioration in 2017/18 performance.

For standard 7 specifically, practices will be paid for achieving green performance, there will be a phased approach to payment as identified in the payment matrix which has already been circulated but is also on the GP section of the intranet.

To enable information to be populated on behalf of practices, please note that your signed consent acts as authority for the relevant information for monitoring purposes to be 'pulled' from your clinical system by the Data quality and/or primary care team.

Termination

It is intended that the Contract will provide for either party to withdraw from the Contract with 6 months written notice. Withdrawal will mean that the practice is no longer able to participate in the quality contract scheme, receive further payments associated with the quality contract or participate in the local enhanced services.

We look forward to working very closely with you on the implementation of this contract and hope we can work in partnership to deliver a consistently high standard of care for our registered patients.

You are required to return a signed copy of this letter to the primary care team by **31 March 2017** to ensure that you continue receiving a quality contract payment and enable you to continue delivering local enhanced services. If you have any queries in relation to this arrangement please do not hesitate to contact a member of the primary care team on 01709 308819.

Yours faithfully

Jason Page
GP Clinical Lead for Co-commissioning

I acknowledge acceptance of the terms of the letter related to the Rotherham quality contract as set out in the letter dated

Signature of lead GP Date: Name of
lead GP

Practice

Attached: Standards 1,2,3,6,7
Performance dashboard