

**Rotherham General Practice – equitable services and improving outcomes – implementing a new quality contract – May update**

**Background**

The purpose and background for pursuing a quality contract for Rotherham was detailed in the April 2016 paper which also sets out the structure of the contract and mechanism for agreeing the new arrangements.

**Progress to date**

A further meeting of the task and finish group along with discussions at LMC Officers has taken place. Unfortunately there have been less constructive comments for the task and finish group to consider relating to the whole basis for the contract, complexity of KPIs and whether there is scope to rationalise the mobilisation plans. It was clarified at LMC officers that the initial draft was intended to be worked on however, from feedback, the practices are responding as if this was a final version.

A key concern of practices continues to relate to the requirement to have sub-contract arrangements where a service cannot be provided internally. The LLP have agreed to support practices with these concerns and from initial review, there are very few practices not currently signed up to deliver all LESs. The LLP are commencing work to meet with practices regarding these concerns.

At the task and finish group on 28 April the 3 standards to be implemented this year along with the template for mobilisation plans and the introduction were finalised by the group ready for onward discussion with the full LMC. The 3 standards for this year are:

Demand Management – there was significant discussion regarding managing referral behaviour and agreement that this should reflect the rest of the cluster and was aimed at reducing inappropriate referrals

Cancer referral – the group supported this standard without further amendment

Health improvement – the group accepted this standard with a minor amendment related to Audit C.

LMC representatives and practice responses to the quality contract had been co-ordinated into a comprehensive document to enable the task and finish group to consider and feedback. This work wasn't quite completed but is well on its way.

A business intelligence sub-group is now in place and involves representatives from CCG and practice management to ensure coding and extraction of data is fit for purpose.

There were no conflicts of interest during the meeting requiring primary care committee intervention.

Jacqui Tuffnell  
Head of Co-commissioning