

**2019/20 PRIMARY CARE
QUALITY AND ENGAGEMENT
FRAMEWORK (QEF)**

1st OCTOBER 2019 – 31st MARCH 2020

Section One – Background and Introduction

The Quality and Engagement Framework was first introduced in 2017/18 as a replacement for the Practice Delivery and Membership Agreement (PDMA). In 2018/19, the QEF was enhanced to include components relating to Engagement, Demand Management, Medicines Optimisation, End of Life and Mental Health, all of which aligned with the CCG's QIPP and GP Forward View programmes.

For 2019/20, the Primary Care Commissioning Committee (PCCC) agreed to roll forward the 2018/19 QEF for the first quarter of 2019/20 to support the continuation of existing components, whilst a revised offer was being developed. It was during this time that a requirement was made for the CCG to make a £1.5 QIPP saving on the discretionary funding invested in primary care. In light of this, the PCCC agreed to further extend the roll over for a further 3 months (Q2), in order to develop a revised offer that takes into account the required QIPP savings.

The revised framework will be introduced for the remaining 6 months of 2019/20 and will become effective from 1st October 2019 and will end of 31st March 2020 with a sole focus on Medicines Optimisation. Practices are required to engage with the MOT working towards an improvement from their baseline position of January-March 2019.

Section 2 – Funding and Reporting Requirements

2.1 Funding

To support continuation of the key Medicines Optimisation priorities areas, C&P CCG have allocated a further £0.38 per head of population based on 1st April 2019 list sizes (actual), for the period 1st October 2019 – 31st March 2020, on top of the £0.37 payable for all work undertaken under the extended 18/19 QEF agreement which covered the period 1st April 2019 – 30th September 2019. This investment has been allocated as part of the CCG local investment into Primary Care.

2.2 Payment Arrangements

Practices will receive a payment of £0.38 per registered patient for delivery of the revised indicators outlined in section 4. Practices are required to work towards an improvement from their baseline position from January - March 2019 in order to receive full payment.

2.3 Payment Reconciliation

Failure to adhere to the scheme or complete certain stages will result in non-payment or clawback

In the event that a Practice has not adhered to the scheme or delivered against all of the components the CCG retains the right to exercise local discretion and may recommend making a proportional payment to reflect the efforts the practice has made towards achieving each component.

Any adjustment that may need to be made for non-delivery or non- achievement can be made at Year End.

2.4 Reporting Requirements

The Medicines Optimisation Team will utilise epxact data and other relevant data sources to measure practice improvement in the chosen areas therefore, there is no requirement for practices to complete and submit a reporting pack to the CCG to demonstrate achievement against the MOT elements.

2.5 Termination of the Agreement

Should either party wish to terminate this agreement, a minimum period of one months' notice must be provided in writing. In this instance, Practices will receive a pro rata payment for all work undertaken against the components above

Section Three - Quality & Engagement Objective 2019/20 = £0.38p per patient for 6 months

The Quality and Engagement Framework is being commissioned at £0.38 per registered patient commencing on 1st October 2019 and ends on 31st March 2020.

The framework will focus on 4 elements relating to Medicines Optimisation.

3.1 Medicines Optimisation and engagement with local Medicines strategy

Cambridgeshire and Peterborough CCG recognise the importance of ensuring patients get the best out of their medicines and medicines optimisation is a crucial step in both improving the quality of care and balancing the costs of healthcare.

Medicines optimisation promotes the use of high-quality, evidence-based medicines and better systems for managing patients with a focus on outcomes. It requires close collaboration between professionals working in different healthcare and social settings. NICE Guideline (NG5) Medicines Optimisation offers best practice advice on the care of all people who are using medicines and those who are receiving suboptimal benefit from medicines. It defines medicines optimisation as “a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines”.

3.2 Requirements

In order to deliver the requirements of this component, practices are required to take account of pharmaceutical advice provided by the commissioner to improve quality, safety and ensure best value from the use of medicines. Practices are required to implement prescribing changes as advised by the MOT and/or communicated through the THREE area prescribing meetings (formerly known as QEF meetings) and ensure that a process is in place to allow effective dissemination of information to all Healthcare professionals within the practice. In addition, practices will need to engage with the Medicines Optimisation Team in aspiring to improve on their baseline position from January - March 2019 in the following areas:

Medicines Optimisation Elements	Practice Requirements
<p>1. Self-Care</p> <p>Practices will be required to engage with CCG Self-Care Medicines Optimisation work programme to help empower patients, reduce general practice demand and optimise the spend on the prescribing of over the counter (OTC) medicines in line with the local self-care policy and associated guidance.</p>	<p>To aspire to movement towards the CCG lower quartile using the baseline of the 3 months Jan-March 2019.</p> <p>If Practices are already below the lower quartile, the requirement will be to maintain this level.</p>
<p>2. Improve Antimicrobial Prescribing</p> <p>Practices are required to improve prescribing of broad-spectrum (co-amoxiclav, cephalosporins, quinolones) antimicrobial prescribing in line with national guidance.</p> <p>Improve overall antimicrobial prescribing in line with national guidance.</p>	<p>Improve Broad spectrum antimicrobial prescribing working towards or below the national 10% of overall antimicrobial prescribing.</p> <p>Improve antimicrobial prescribing working towards the national target for 2019/20 target of 0.965 items per STAR-PU</p>
<p>3. Value Based Prescribing</p> <p>Practices are required to demonstrate best value prescribing by implementing at least THREE programmes as advised by the MOT</p> <p>Show an improvement from baseline as validated through exact prescribing data.</p> <p>(*baseline = 3 months – January - March 2019)</p>	<p>To work towards releasing efficiencies in prescribing expenditure.</p> <p>To work towards reducing NHS prescribing costs by improved use of best value medicines.</p>
<p>4. Eclipse Advice & Guidance*</p> <p>Establish & utilise Eclipse Advice and Guidance (Previously Eclipse Live®).</p> <p>Act on 100% of red and 50% of amber medication safety RADAR alerts from the point of installation.</p>	<p>Eclipse Advice & Guidance in place within the practice demonstration of action taken on 100% of red and 50% of amber medication safety RADAR alerts to improve patient safety</p>

*If at the end of 19/20, the practice has indicated an interest in adopting ECLIPSE LIVE during year but due to operational rollout issues causing a delay and ECLIPSE LIVE is not available, then this measure will not affect the incentive scheme payment in 19/20.

Section Four: Variations, Dispute Resolution & Termination

The agreement is made between the GP practice and the CCG. Disputes relating to this Agreement should be resolved through local mediation between the practice and the Clinical Commissioning Group, with either side being able to ask the LMC to assist. If local resolution cannot be reached then an arbitration group will be established with a Director from Cambridgeshire and Peterborough CCG, a representative from the Patient Group Forum and a LMC representative. The decision of the arbitration group will be binding upon the parties involved.

This agreement may be terminated by either party serving one month's written notice. It may be terminated by either party with immediate effect in the event of a serious breach of the terms of the agreement.