

CCG REPORT COVER SHEET

<b>Meeting Title:</b>	<b>Governing Body in Public</b>		<b>Date: 14 January 2019</b>	
<b>Report Title:</b>	<b>Improving Quality in Primary Care</b>		<b>Agenda Item: 6.1</b>	
<b>Chief Officer:</b>	<b>Dr Mark Sanderson – Medical Director</b>			
<b>Clinical Lead:</b>	<b>Dr Abby Richardson – GP Clinical Lead</b>			
<b>Report Author:</b>	<b>Dawn Jones – Head of Primary Care Fleur Seekins – Primary Care Quality Lead</b>			
<b>Document Status:</b>	Final			
<b>Report Summary:</b>	This report sets out the approved approach to quality improvement in primary care for NHS Cambridgeshire & Peterborough CCG. The paper advises on the implementation of a Quality Assurance and Improvement Framework to help identify vulnerable GP Practices and to support Quality improvement across our CCG Primary Care providers.			
<b>Report Purpose:</b>	<b>For Assurance</b>		<b>For Decision</b>	<b>For Approval</b> x <b>For Recommendation</b>
<b>Recommendation:</b>	The Governing Body is advised of the Primary Care Commissioning Committee's approval to implement the CCG Quality Assurance and Improvement Framework and associated processes and toolkits with effect from 1 January 2020.			
<b>Link to Corporate Objective:</b>	<b>Objective 1 – Ensure clear patient voice in everything we do</b>			<b>x</b>
	<b>Objective 2 – Deliver improvements that make best use of the public pound and save system 'cost'</b>			<b>x</b>
	<b>Objective 3 – Use data and information to prove everything</b>			<b>x</b>
	<b>Objective 4 – Deliver the prioritised performance standards</b>			<b>x</b>
	<b>Objective 5 – Deliver the 6 transformation programmes</b>			
	<b>Objective 6 – Deliver the CCG Financial Plan</b>			
<b>CAF (Strategic Risk) Reference</b>	<b>Description of Risk</b>			<b>Current Risk Score</b>
CAF 04	Potential for poor quality, safety and patient experience in the services that the CCG commissions in acute care			<b>16 Red</b>
CAF 05	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care			<b>16 Red</b>
<b>NHSE CCG IAF Links</b>	<b>IAF 1 Domain 1 - Better Health</b>		<b>x</b>	
	<b>IAF 2 Domain 2 - Better Care</b>		<b>x</b>	
	<b>IAF 3 Domain 3 - Sustainability:</b>			
	<b>IAF 4 Domain 4 - Leadership</b>			
<b>Resource implications:</b>	Ensure adequate resources identified and deployed to support delivery of the proposed Assurance Framework.			
<b>Chief Officer/ SRO Sign Off:</b>	Medical Director			
<b>Chief Finance Officer Sign Off: (if required)</b>	N/A			
<b>Legal implications including equality and diversity assessment:</b>	Health and Social Care Act 2012 Section 14S Health and Social Care Act 2008 (Regulated Activities and Regulations 2014) Care Quality Commission Regulations CCG and NHSE Delegated Commissioning Agreement			
<b>Conflicts of Interest</b>	In line with the CCG's Conflicts of Interest Policy			
<b>Report history:</b>	Monthly quality briefings presented to the Primary Care Commissioning Committee			
<b>Next steps:</b>	Implementation of the Quality Assurance and Improvement Framework effective from 1 January 2020			

**MEETING:** GOVERNING BODY IN PUBLIC

**AGENDA ITEM:** 6.1

**DATE:** 14 JANUARY 2020

**TITLE:** PRIMARY CARE QUALITY ASSURANCE AND IMPROVEMENT  
FRAMEWORK: IMPROVING QUALITY IN PRIMARY CARE

**FROM:** DR MARK SANDERSON – MEDICAL DIRECTOR

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## **1 ISSUE**

- 1.1 The purpose of this paper is to set out the approach to quality improvement in general medical practices where NHS Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) is the Delegated Commissioner. This has been approved by the Primary Care Commissioning Committee (the Committee). This paper aims to provide assurance to the Governing Body of the CCG's commitment and approach to identifying and supporting those GP Practices at risk of an adverse Care Quality Commission (CQC) rating.
- 1.2 A Primary Care Quality Assurance and Improvement Framework has been developed and approved by the Committee. The Framework supports the CCG to identify and support vulnerable GP Practices to address variation and improve quality across a range of clinical and non-clinical areas.
- 1.3 The Framework will be accompanied with a CCG package of support with clearly identified resource to support its implementation and will seek to reduce variation across a number of domains including GP referral activity, Secondary Care utilisation and Access to enable GP Practices to improve quality, meet CQC regulatory standards and improve patient safety and experience. The Primary Care Quality Assurance and Improvement Framework is included as Annex One.
- 1.4 The Committee approved the proposal to implement the Primary Care Quality Assurance and Improvement Framework and associated processes with effect from 1 January 2020, with the proviso that the Committee review the framework in six months and receive an update on CCG staffing and resources on a regular basis.

## **2 RECOMMENDATION**

- 2.1 The Governing Body is asked to note the Primary Care Commissioning Committee's approval to implement the Primary Care Quality Assurance and Improvement Framework attached at Annex One and associated processes with effect from 1 January 2020.

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8 January 2020*



## **Primary Care Quality Assurance and Improvement Framework**

### **1 INTRODUCTION**

- 1.1 NHS Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) was formally authorised in December 2017 to take delegated responsibility for the commissioning, procurement and management of Primary Medical Services Contracts within the C&P CCG footprint. This statutory responsibility includes the duty to secure continuous improvement in the quality of care and to ensure that quality outcomes are intrinsic within all CCG contracts (Health and Social Care Act 2012 Section 14S). To discharge its responsibility, the CCG has recognised the need for a formal governance framework, an improved and clear offer of support to all GP Practices and a structured approach to the management of concerns raised that supports openness, transparency and learning.
- 1.2 C&P CCG is committed to improving the quality of care for our patients and therefore assessing, measuring and benchmarking primary care data is a key focus to help identify areas for improvement. The three elements of quality: Patient Safety, Clinical Effectiveness and Patient Experience were first defined by Lord Darzi (High Quality Care for All: NHS Next Stage Review 2008) and are now enshrined as the core of the NHS definition of quality.
- 1.3 Whilst GP Practices as providers are accountable for the quality of services and are required to have their own quality monitoring in place, NHS England / NHS Improvement (NHSE/I) and C&P CCG have a shared responsibility for quality assurance and improvement. The principle is to prevent harm to patients, be supportive to providers and enhance the quality of services delivered to patients.
- 1.4 The implementation of a new Primary Care Quality Assurance and Improvement Framework is designed to support improvement in General Practice and provide a systematic process for managing unwarranted variation. Section 2 below outlines the roles and responsibilities of each organisation and the actions to be taken, in response to identification of quality or performance concerns which may be raised by way of but not limited to:
- Care Quality Commission (CQC) inspections;
  - NHSE/I;
  - The C&P CCG Primary Care Quality Surveillance Group and Practice visits;
  - Healthwatch Cambridgeshire and Peterborough; and
  - Freedom to Speak Up and the raising of “whistleblowing” concerns.

### **2 ORGANISATIONAL ROLES AND RESPONSIBILITIES**

- 2.1 To support successful implementation and mobilisation of the Quality Assurance and Improvement Framework, the roles and responsibilities of each organisation need to be understood and clearly defined, and will require all parties to work collaboratively to ensure a cohesive, supportive approach is undertaken with GP Practices to ensure patient safety is paramount and not at risk.

## 2.2 General Practice

2.2.1 General Practices are responsible for identifying their own areas for improvement and will be encouraged to work in partnership with their Primary Care Networks (PCNs) which are promoted as the building block of the NHS Long-term-Plan (NHS, 2019) to improve population health outcomes.

2.2.2 As part of the implementation of the Quality Assurance and Improvement Framework, it will be expected that GP Practices will further develop their own Clinical Governance arrangements and using the Quality Assurance Framework, move forwards to take a more pro-active approach to address any service performance or quality issues identified at Practice and/or PCN level.

2.2.3 As a minimum, each Practice will be expected to:

- Comply with the CQC Regulations and Health and Social Care Act 2008 (Regulated Activities and Regulations 2014).
- Engage and work with C&P CCG and NHSE/I where improvements have been identified and engage with support when offered.
- Take active steps to improve in response to any feedback from (including but not limited to); the CQC; C&P CCG; Local Medical Council (LMC); Healthwatch; and Patient Experience feedback.

2.2.4 Practices will be encouraged to share any preliminary reports/ feedback from any external bodies including CQC with the C&P CCG to enable support to be provided (if required) at an early stage.

## 2.3 Cambridgeshire and Peterborough CCG (C&P CCG)

2.3.1 In addition to its statutory role in improving quality in General Practice, C&P CCG has a leadership role by virtue of it being a membership body. C&P CCG will engage with GP Practices offering support and guidance where required and seek to gain assurance that primary care services are delivering high quality services to patients.

2.3.2 C&P CCG will utilise both hard and soft data collated in the form of a GP Practice profile that provides a wider holistic view of the GP Practice and how it is performing in relation local and national datasets. This will assist the CCG with identifying potentially vulnerable GP Practices and those areas where there is scope for improvement. This information will then be shared with GP Practices and used to assist in an annual programme of supportive quality improvement visits.

2.3.2 As part of the process for implementing the Quality Assurance and Improvement Framework, the C&P CCG will be responsible for:

- Analysing data within the Quality Assurance and Improvement Framework;
- Identifying outliers and working with GP Practices to address these variables;
- Undertaking pro-active GP Practice visits in line with this Framework;
- Offering a package of support to GP Practices as required;
- Supporting GP Practices to develop an agreed action plan to address any concerns identified;
- Reporting to the Primary Care Operational Group (PCOG) and Primary Care Commissioning Committee on any vulnerable GP Practice and performance concerns;
- Reporting to the Primary Care Commissioning Committee on General Practice CQC ratings;

- Liaising with General Practices, CQC, NHSE/I, LMC and other key stakeholders to understand the drivers behind these quality concerns;
- Working closely with NHSE/I assigned staff to Identify any contractual breaches and supporting them to take the appropriate action in line with the *NHSE /I Policy and Guidance Manual*; and
- Escalating concerns when identified through the appropriate routes, specifically if these concerns relate to 'Freedom to Speak Up'.

## **2.4 NHS England and NHS Improvement (NHSE/I)**

2.4.1 C&P CCG has fully delegated authority for General Practice contracts. The ultimate statutory accountability for the delegated functions remains with NHSE/I and they have oversight and support C&P CCG where appropriate.

2.4.2 However, under the Delegation Agreement, NHSE/I have assigned specific members of the Local NHSE/I Team who have the expert knowledge and experience to support the CCG in delivering against its statutory duties relating to delegated commissioning and contracting functions.

2.4.3 Certain functions that sit outside of the Delegation Agreement have been retained by NHSE/I, these include but not limited to:

- Management of the NHS National Performers' List;
- Management of the revalidation and appraisal process;
- Overall responsibility for dealing with patient complaints; and
- Management of NHS screening and immunisation incidents and concerns.

## **2.5 Care Quality Commissioning (CQC)**

2.5.1 The CQC regulates against the registration requirements set out in regulations to the Health and Social Care Act 2012 These standards represent the minimum 'quality bar' which all providers of regulated activities must meet.

2.5.2 Following a CQC inspection, each GP Practice will receive an overall rating of Outstanding, Good, Requires Improvement or Inadequate. C&P CCG regularly meet with the CQC to discuss any soft intelligence and areas of concern. If a CQC inspection has triggered a concern, the CQC will escalate the risk to the CCG.

## **3 PRIMARY CARE QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK**

3.1 To support a pro-active approach to identifying and supporting vulnerable GP Practices and to reduce variation and improve the overall quality and experience of primary care services to our resident population, the Primary Care and Quality Teams at the CCG have been working with the Business Informatics Team to develop a Primary Care Assurance Framework that consists of a range of metrics from the following published sources:

- NHS Improvement GP dashboard - High Level Indicators /Outcome Standards / Public Health Screening data;
- Future NHS Collaboration Platform;
- CQC – inspection outcomes;
- Patient Experience – Patient Satisfaction Surveys;
- Patient Safety – including Serious Incidents, information governance, prescribing data; and
- CCG and Public Health indicators – including cervical screening, immunisations and vaccinations.

3.2 The domains currently being proposed for inclusion in the Assurance Framework are:

- 1) Patient Demographics – GP Practice linked Indices Multiple Deprivation;
- 2) Quality – CQC rating – overall and for each domain;
- 3) Workforce Data;
- 4) Quality Outcome Framework (QOF) Achievement and exception reporting rates;
- 5) Patient Experience – Indicators taken from Annual Patient Survey;
- 6) Digital Status– online appointments enabled, online repeat prescriptions;
- 7) Secondary Care Utilisation rates – A&E attendances, Non-Elective spells, Referrals;
- 8) Health Prevention – childhood vaccs, cervical screening, flu vaccinations +65 years; and
- 9) Prescribing - £/Astro PU, Antibiotic prescribing.

3.3 For each domain, the CCG has applied an indicative weighted score in order to help benchmark GP Practices using a consistent formula. These scores will be built up from each GP Practice based on their performance against the CCG quartile results. Those GP Practices in the bottom quartile will trigger a score which will be linked to one of three areas; quality, performance or patient experience. The final score will then be used to stratify practices into different levels of risk from Level 1 – 4, which in turn will identify the level of support and monitoring appropriate for each Practice.

3.4 It is important that the above approach is not seen to be a tool for performance managing GP Practices, but as a means of supporting early identification of practices who may be vulnerable and who may benefit from a package of support to prevent any potential failings and to help them to address any areas of concern.

3.5 The success of the Framework will also be dependent on Primary Care engagement, given GP Practices are not contractually obliged to engage in any kind of programme of routine practice visits linked to performance. Therefore, consideration need to be given as to how the CCG can endorse and support this approach to improving Quality through the 2020/21 CCG Primary Care Commissioning Framework.

3.6 An integral part of the CCG's approach is to inform and facilitate the sharing of good practice. It is our ambition that all GP Practices will have access to a suite of primary care resources and primary care practice mentorship.

## **4 IMPLEMENTING THE PRIMARY CARE QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK**

### **4.1 Primary Care Quality Surveillance Group Meetings**

To support the implementation and monitoring of the Quality Assurance and Improvement Framework the CCG will review the membership and Terms of Reference for the existing Primary Care Quality Surveillance Group meetings to ensure they remain fit for purpose.

4.2 The Primary Care Quality Surveillance Group will meet monthly prior to the Primary Care Operational Group (PCOG) and membership will include:

- Clinical Quality Lead Nurse CCG
- Head of Primary Care CCG
- Principal Lead for Primary Care Medicine Management Optimisation CCG
- Head of Information Technology CCG
- General Practice Nurse Lead CCG
- Primary Care Programme Managers CCG
- NHSE/I and CCG Primary Care Contract manager(s).

4.3 The function of the Group is to review the three domains of quality through the Quality Assurance and Improvement Framework alongside any soft intelligence that can be triangulated to support improvement in:

- ✓ **Patient Safety:**  
safeguarding; reporting of patient safety incidents; access, workforce numbers, skills and training
- ✓ **Clinical Effectiveness:**  
Quality Outcome Framework, emergency admissions, referral rates, prescribing data
- ✓ **Experience of Patients:**  
GP Patient Survey; Friends and Family Test (FFT), CQC inspections

4.4 Through regular monthly meetings, the Surveillance Group will:

- Analyse the Quality Assurance and Improvement Framework datasets by GP Practice;
- Seek to address variability across the Cambridgeshire and Peterborough primary care footprint;
- Identify GP Practices that may be vulnerable and benefit for additional support/resources;
- Develop effective local relationships and help to facilitate GP Practice improvement;
- Ensure there is a structured approach to supporting General Practice providers to reduce variability;
- Support primary care to ensure effective governance structures are in place that promote quality and patient safety;
- Provide assurance to Cambridgeshire and Peterborough Primary Care Commissioning Committee and NHSE/I;
- Support GP Practices to monitor performance against national and local primary care performance indicators;
- Embed the culture of quality improvement across all GP Practices and provide assurance of high-quality care to all patients;
- Deploy resources appropriately, based on the level of skill and knowledge required to address areas of concern; and
- Agree a programme of scheduled visits and prioritise based on the level of vulnerability.

#### 4.5 Assessing Levels of Vulnerability and Prioritisation

Data will be updated on the Quality Assurance and Improvement Framework the month following publication and the overall dataset set within the Framework will be updated each Quarter. This will assist the Primary Care Quality Surveillance Group to plan and co-ordinate quality visits. The Framework will help to identify GP Practices requiring support at level 2 or 3 and quality visits will be planned according to need.

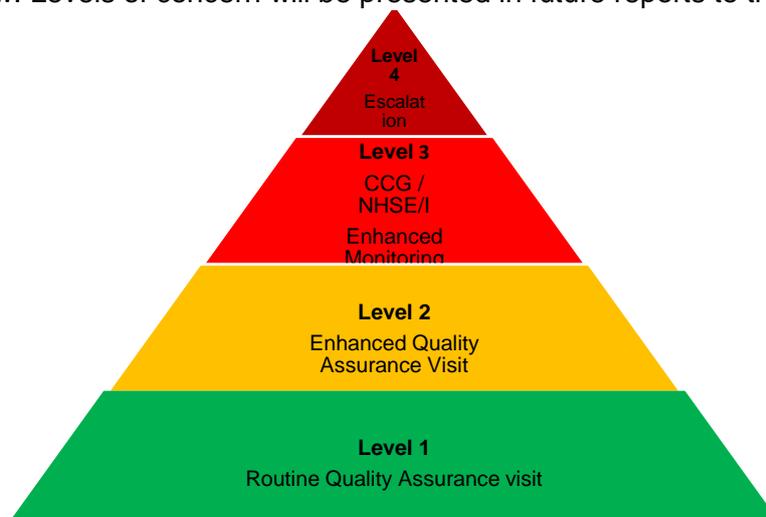
- **Level 1**- These GP Practices will receive a routine quality assurance monitoring visit from the Primary Care Team annually.
- **Level 2**- These GP Practices will receive an enhanced quality assurance visit from a member of the Primary Care Team supported by other CCG staff where the Quality Assurance and Improvement Framework has indicated issues – such as Nursing and Quality or Medicine Management Team. There may also be CQC concerns.
- **Level 3**- These GP Practices will receive a CCG / NHSE/I enhanced quality visit from a senior CCG post holder. There may also be CQC concerns. This visit would be supported by someone from the C&P CCG / NHSE/I Contracting Teams.
- **Level 4** – escalation – formal action.

4.6 The Primary Care Quality Surveillance Group may determine, following triangulation of the Quality Assurance and Improvement Framework data with other sources of information/ intelligence, that the monitoring and support rating needs to be amended. If this is the case the rationale will be clearly recorded.

## 5 MONITORING, SUPPORT AND ESCALATION

### 5.1 Process

The Quality Assurance Monitoring process is described in levels; determined by the level of risk, assurance provided and the subsequent impact on the service. The level of surveillance is matched to the level of concern; being escalated and de-escalated as appropriate, to proactively identify and manage concerns. Four levels of assurance are listed below. Levels of concern will be presented in future reports to the Committee.



<b>Level 1</b>	Routine Quality Assurance Visit	<b>No/ Minor Level Concerns</b>
<b>Level 2</b>	Enhanced Quality Assurance Visit	<b>Persistent Low to Moderate Level Concerns</b>
<b>Level 3</b>	CCG/NHS England/ NHS England Improvement Enhanced Quality/ Contracting Visit	<b>Major Level Concerns</b>
<b>Level 4</b>	Escalation	<b>Formal Assessment of Risks and Action</b>

5.2 The level of concern may trigger C&P CCG to consider adding the GP Practice to the organisation risk register if there is a risk to service delivery or patient safety as well as other actions e.g. contractual breach notices, formal contract reviews, issues log etc.

### 5.3 Level 1 Routine Quality Surveillance (Green)

5.3.1 A structured support visit schedule is planned to all GP Practices once a year and will be undertaken by a member of the Primary Care Team. Level 1 is intended to be an 'early trigger' level to identify GP Practices that may require advanced diagnostics to address concerns regarding unwarranted variation or identify 'vulnerable' GP Practices that may require additional support/resources.

- 5.3.2 All GP Practices will receive a copy of their GP Practice profile taken from the Quality Assurance and Improvement Framework that will assist them to identify where they sit in comparison to local and National datasets and potential areas for improvement.
- 5.3.3 GP Practices will be given the option to complete a Self-Assessment template, which is under development by the C&P CCG Quality Team, prior to the Quality Assurance visit to encourage them to take ownership for understanding their data, knowing their strengths and areas for patient /service improvement. The Self-Assessment will assist GP Practices in this process and ensure the Quality Assurance Visit is meaningful for the GP Practice. It is through this visit that the CCG will support GP Practices to address data and outcome variability.
- 5.3.4 Following the visit, a summary of the key discussion points and agreed actions will be shared. Any areas of concerns identified would form part of a GP Practice action plan and where concerns are not being addressed the CCG would seek to follow this up with an Enhanced Quality Assurance Practice Visit (Level 2).
- 5.4 Level 2 Enhanced Quality Assurance Visit (Amber)**
- 5.4.1 Enhanced visits will be planned to follow the analysis of the Quality Assurance and Improvement Framework that may indicate that moderate quality concerns exist, or soft data/ intelligence which has been escalated following a routine visit or following a CQC inspection. The provider is escalated to this level where there are several potential concerns/ risks, or a concern/ risk is considered significant. These concerns may also be breaches of the GMS/PMS or APMS contracts held by the GP Practice. Actions should focus on the supportive measures to bring about improvements to GP Practice quality performance and a return to meeting the contractual obligations in full.
- 5.4.2 These visits will be discussed by the Primary Care Quality Surveillance Group and appropriate resource deployed dependent upon the area of concern.
- 5.4.3 In the first instance a member of the group will contact the GP Practice to discuss the concern and arrange a visit. To support the GP Practices to address these concerns the member of the deployed to support the visit will share with the provider areas of good practice and areas for improvement and support them to develop an action plan to address these issues to include appropriate timelines.
- 5.4.4 A package of support will be put in place or alternatively the provider will be signposted to additional support to enable them to deliver their action plan.
- 5.4.5 From a contractual perspective, any quality/contractual concerns would be expected to recover within a 3-month timeframe. Once performance has recovered, the Provider will be stepped down to Level 1. The plan will be monitored through the Enhanced Quality Assurance Visit and the Primary Care Operational Group will be kept informed of progress. Where the concerns are not addressed in a timely manner the Primary Care Assurance Group retains the ability to escalate to Level 3 and report to the Primary Care Operational Group.
- 5.5 Level 3 CCG and NHSE/I Enhanced Monitoring Visit – major concerns (Red)**
- 5.5.1 Where concerns have been confirmed and/or there are patient safety concerns and/or the risk(s) are of a serious and system wide nature, C&P CCG will inform NHSE/I and if necessary, the CQC. In most cases this will include a meeting with the GP Practice to share the intelligence, understand the situation, substantiate the concerns/ issues and formally agree improvement actions and any support required. NHSE/I Contracting Team will be alerted and asked to support the monitoring visit with the Quality Team or most appropriate Directorate dependent upon the concerns.

5.5.2 Following the GP Practice visit if the concerns are substantiated by NHSE/I the Chief Officer Team will be asked to sanction the issuing of a remedial breach notice contract on the basis that the GP Practice has failed to comply with its obligations under the terms of their contract. The Chief Officer Team will be notified, and they will be responsible for deciding the next steps in terms of, but not limited to:

- Contractual management, including other commissioned services;
- Support that can be offered to address any issues that may be identified;
- Escalation of concerns to CQC and other professional or regulatory body; including escalating to NHSE/I if it is considered that a referral of an individual performer is required; and
- Review and development of further actions and arrangement for follow up visits.

5.5.3 The CCG Quality Lead alongside NHSE/I Contracting Team will co-ordinate the process and inform the LMC of the situation. The GP Practice will receive immediate feedback from the Team including offers of any support and receive meeting notes within 14 working days of the visit detailing areas of concerns and contractual terms that are in breach. In issuing a remedial notice, the CCG will require the GP Practice to produce a remedial action plan to address all the quality concerns and/or contractual breaches within 28 days. The action plan will be risk assessed against delivery. Communication will be given to the Primary Care Surveillance Group where necessary to the Primary Care Operational Group. The Primary Care Commissioning Committee will be informed through the Quality Report. The CCG will offer support and continue to visit the GP Practice until assurance has been gained. Once assurance has been gained, the concern can be closed, this will be agreed amongst all parties. Follow up visits will be maintained for at least 12 months to ensure that the changes have been sustained.

5.5.4 If the GP Practice does not provide assurance or patient safety is compromised the CCG and NHSE/I will inform the CQC and the Primary Care Quality Surveillance Group (NHSE/I). At all times the level of risk will be assessed and possible escalation to level 4.

## **5.6 Level 4 Escalation: Formal action**

5.6.1 Formal contractual actions may be considered and/ or taken when all other elements to support improvement have been exhausted.

5.6.2 A Risk Summit should be triggered if there are significant and serious concerns where there are or could be, quality failings in a provider or system. However, professional judgement must be exercised when considering a Risk Summit, as this should be used as a last resort, i.e. where there are no other mechanisms that are more appropriate for dealing with the issue at hand (for example, local safeguarding mechanisms, professional regulatory routes, or breach of contract proceedings). To determine whether a Risk Summit is instigated an intelligence-sharing teleconference will be called usually within 24 hours of the identified concern.

## **6. REVIEW**

This Framework will be reviewed on a regular basis, based on learning from implementation. Any changes will be brought back to the Primary Care Commissioning Committee for approval.

**Date of Approval by PCCC: 10.12.19**