

Primary Care Quality & Engagement Framework 2017/18

*Enabling quality improvement, engagement and supporting
system sustainability*

1. Background & Context

PDMA's were historically established to incentivise improvements in quality and outcomes across Cambridgeshire and Peterborough CCG and were designed to support the transformation and efficiency plans of Local Commissioning Groups.

The PDMA was a discretionary investment which had been available to practices over the past 4 years. The CCG acknowledge that the decision to no longer offer a PDMA will impact directly on practice income and would subsequently conflict with our GPFV Strategy and commitment to invest in Primary Care.

The CCG are therefore offering an alternative scheme that is affordable within the confines of the CCG primary care budget. We believe the new scheme will enable some of the benefits of the former PDMA to be maintained, but also provided us with the opportunity to reframe the scheme from the perspective of quality and engagement to support CCG priorities.

2. Introduction to the Quality & Engagement Framework

The new Quality and Engagement Framework is being commissioned at £2.00 per registered patient and comprises of three components relating to CCG engagement, demand management & improving quality of referrals and medicines optimisation. The CCG has taken into consideration the amount of clinical input needed to deliver on this framework and has therefore sought to rationalize the content and the monitoring of this scheme to reflect the remuneration on offer and current workload demands in General Practice.

As a guide, the total investment across the three components for an average size practice (5,800) at £2 per patient per year, equates to £11,600. Using the CCG's agreed payment framework for clinical sessions, this level of investment would fund 41 clinical sessions a year based on the current GP standard sessional rate of £285 per session (3.5hrs). The agreed sessional rate for Practice nurses and practice managers is £87.50 (3.5hrs)

These sessional rates should be used as a guide to practices to identify the level of input in to the framework, proportional to the level of investment.

A high level summary of each of these indicators is set out below:

Engagement

The engagement element will relate to the individual practice commitment to engage in the Members' Events, closure days and area based events arranged by the CCG, and including the full practice workforce where relevant. It will also emphasise the importance of engaging with local at-scale developments and emerging new models of care that align with our GPFV Strategy. Engagement in the Quality & Engagement Framework will be incorporated into any planned practice visits throughout the year

Demand Management and Improved Quality of Referrals

This element will focus on engaging with the CCG to improve quality of general practice referrals and to better understand and manage unwarranted variation across the system. This will specifically relate to planned and urgent care and will require practices to develop action plans, where applicable, to address these issues. It will also require the practice to better understand their own referral activity profile and to engage in change and/or educational activities to support improved quality. This will enable the practice to better understand the impact it has on the wider system as well as the impact the wider system has on how the practice manages its workload.

Medicines Optimisation

The medicines optimisation element will require the commitment of the practice to engage with the CCG's Medicines Optimisation Team and to cooperate in reviewing and changing prescribing as indicated by the Team. Again the emphasis will be on understanding and managing unwarranted variation and improve the quality of prescribing through the development of agreed actions plans.

3. Funding

3.1 Funding

For 2017/18, C&P CCG have allocated £2.00 per patient based on 1st April 2017 registered list sizes for each GP practice who signs up to this scheme.

The £2.00 per patient is attributed to delivery against the 3 components as follows:

- Engagement – £0.50p
- Demand Management and Improved Quality of Referrals £1.00
- Medicines Optimisation £0.50p

3.2 Payment Arrangements

Payment will be made in three instalments.

- **First instalment** of £1 per patient will be made on sign up and on booking of a Practice visit, followed by the submission of a clear Quality & Engagement action plan for each of the three components;
- **Second instalment** of £0.50p per patient will be released at the mid-year point on submission of a mid year report that shows progress against the action plan
- **Third instalment** of £0.50p per patient will be released on completion of the scheme and submission of a final year end report.

3.3 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.

4. Requirements and Reporting

May/June/July 2017

Practices will be visited by members of the CCG and Clinical Leads to discuss and review referral and prescribing data. Practices are encouraged to work collaboratively with the CCG to identify areas for improvement and work with the CCG to address these through the development of practice action plans. Practices will be required to submit their action plans by the end of July.

September 2017

Practices will need to provide a mid year update of progress against plan. Regular reviews of practices progress against their Quality & Engagement Action Plans will be undertaken remotely by the CCG management team and any concerns with progress or risk to achievement discussed with the practice..

March 2018

Practice will be required to submit a final year end report that demonstrates that they have committed and delivered against all of the actions within their Quality & Engagement Action Plan. This report will also require endorsement by the CCG Support teams

5. Quality & Engagement Objectives 2017/18 = £2.00ph

Component 1: Engagement (£0.50p)

This objective seeks to encourage practice engagement in the delivery of the CCG's GPFV Strategy and commissioning objectives. The funding is intended to support some protected time to attend meetings and to engage in discussions in respect of :

- **CCG Quality and Engagement Framework** (including practice visits)
- **GPFV Initiatives** (including but not exclusive to)
 - Primary care at scale/new models of care
 - Improved Access
 - Workload and workforce initiatives
- **Releasing practice members to attend**
 - CCG Membership Meetings (3 per year)
 - Locality Meetings/Events
 - Practice Manager meetings
 - Practice Nurse Forums
 - Prescribing Leads Meetings

In addition the CCG will continue to support practices by funding out of hours clinical cover (either via local out of hours provider or directly with practices) for 4 afternoon at locality specific dates defined by the CCG during 17/18.

- 2 afternoons will be practice development afternoons and practices will be required to provide a brief summary on how they have used this protected time.
- 2 afternoons will be locality specific events to which practices will be required to attend

Component 2: Demand Management and Improved Quality of Referrals (£1.00)

This objective will require practices to work collaboratively with the CCG and engage in the use of locally agreed clinical decision and referral management processes to tackle variability, improve quality of referrals, achieve clinical threshold compliance and reduce inappropriate primary care referrals through the development of agreed actions plans. The CCGs remains committed to supporting practices with all of the above processes to help avoid/mitigate the pressures on our system.

- **Engage in CCG and Local Demand Management Review Processes:** Practices to ensure they have an internal referral peer review process in place and that all referrals are appropriate. Each practice will have one visit with the CCG to review performance and understand any variation at practice level. This may involve follow up visits and action plans where additional support is required.
- **Increase the use of e-RS and Advice & Guidance:** where possible all referrals are to be submitted through e-RS to support the national ambition to reach 100% compliance and further enabling the move towards a paper switch off. Utilise the A&G functionality where deemed appropriate. Practices to support e-RS lead to improve referral processes and provide feedback at the e-RS user group meetings
- **Clinical Threshold Policies:** Continue to adhere to Cambridgeshire & Peterborough CCG policies for clinical thresholds and low priority procedures, including completion of clinical policy referral proforma where they exist. This will include supporting review of any issues raised by the Exceptional Cases Team or as a result of audits completed at the Trusts.

Component 3: Medicines Optimisation (£0.50p)

This objective will require Practices to engage and work collaboratively with the CCGs Medicines Optimisation Team and to cooperate in the prescribing reviews and changes as indicated by the Team to promote the safe and effective use of medicines.

Again the emphasis will be on understanding and managing unwarranted variation and improve the quality of prescribing through the development of agreed actions plans.

In order to deliver the requirements of this objective the Practice will need to:

- **Engage in the CCG Medicines Optimisation Review Processes:** Practices will be required to regularly review the prescribing data provided by the team for their Practice, in order to identify areas where the Practice is deemed to be an outlier. Practices will be required to pro-actively engage with the CCG MO team during visits and virtually to understand and develop action plans to tackle any variation in prescribing quality or safety at practice level.
- **Review Meetings:** Practice Prescribing Leads to attend Locality Prescribing Meetings three times a year and meet with members of the MO Team when required to review progress against the action plan.
- **Strive to operate within the allocated prescribing budget whilst optimising the clinical outcomes from prescribed medicines.**

6. 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.

Primary Care Quality & Engagement Framework 2017/18

Practices wishing to sign up to the Quality and Engagement Framework are required to sign Section 7 of the agreement and submit to capccg.enhancedservices@nhs.net by **31st May 2017**

7. Parties to the agreement

The parties to the agreement are;

1. **Cambridgeshire & Peterborough CCG**
2. **Member Practice**

Practice Level Accountability

Accountability for the delivery of this agreement will remain with the individual practices.

The practice leads for the delivery of this Agreement are:

GP Clinical Representative	
Management Representative	
Practice GP Referral Lead	
Practice GP Prescribing Lead	

Signed on behalf of Member Practice

Name: _____ Designation: _____

Practice: _____

Signature: _____ Date: _____

Signed on behalf of Cambridgeshire & Peterborough CCG

Name: _____ Designation: _____

Signature: _____ Date: _____