NHS
Liverpool
Clinical Commissioning Group

Report no: PCCC 05-17

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMMISSIONING COMMITTEE

TUESDAY 21st MARCH 2017

Title of Report	Liverpool Quality Improvement Scheme (GP Specification) 2017 – 2018
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Senior Management Team Lead	Cheryl Mould Primary Care Programme Director
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Summary	The purpose of this paper is to seek approval for the Liverpool Quality Improvement Scheme 2017-18 (GP Specification) subject to affordability of this scheme and note the key clinical changes.
Recommendations	That Liverpool CCG Primary Care Commissioning Committee: ➢ Approves the Liverpool Quality Improvement Scheme (GP Specification) 2017 – 2018 subject to affordability of this scheme ➢ Notes the key clinical changes
Relevant standards/targets	This scheme has been developed to support practices to deliver high quality primary care services and ensure general practice plays in part in realising the CCG vision to improve health outcomes for the people of Liverpool.

LIVERPOOL QUALITY IMPROVEMENT SCHEME (GP SPECIFICATION) 2017 - 2018

1. PURPOSE

The purpose of this paper is to seek approval for the Liverpool Quality Improvement Scheme 2017-18 (GP Specification) subject to affordability of this scheme and note the key clinical changes.

2. RECOMMENDATIONS

That Liverpool CCG Primary Care Commissioning Committee:

- Approves the Liverpool Quality Improvement Scheme (GP Specification) 2017 – 2018 subject to affordability of this scheme
- Notes the key clinical changes

3. BACKGROUND

The Liverpool Quality Improvement Scheme (GP Specification) has been in place since April 2011. The specification was developed in order to improve the quality and consistency of General Practice across the city, in order to improve the health of patients, reduce inequalities and ensure most cost effective use of resources. In addition to this, through additional investment its aim was to reduce the variation in general practice in Liverpool and to support the move to a system of commissioning for improved health outcomes and better overall use of resources. These principles remain the same some 4 years later and the GP Specification remains fundamental to the delivery of high quality general practice and to ensure General Practice continues to be the first point of contact with the NHS for the majority of patients.

Key achievements to date include:

- Prevalence – 20% increase (24784 extra patients) since March 2012
- A&E - 6% decrease on GP spec defined attendances for adults and children combined since March 2012
- Prescribing - narrowed gap between Liverpool and national cost despite pressures from high levels of deprivation and a large number of specialist centres within the city using high cost drugs whilst maintaining a focus on improving quality and outcomes

- ACS – moved from reporting the highest ACS admission rates in 2009/10, ranked 59 out of 67 CCGs within North of England Region to being ranked 23 out of 66 in the period Nov 15 – Oct 16
- Childhood Vaccinations – consistently achieved higher uptake rates compared to England benchmarks 2011 – 2014; since this was removed from the GP specification in April 2014 a slight dip in performance has been reported

Each year, the specification is reviewed to ensure it reflects latest guidance and clinical best practice, continues to meet the needs of patients and is aligned to the vision and ambitions of the CCG.

Key drivers for change taken into consideration within this review:

- New models of care
  - Five Year Forward View
  - Vanguard developing MCPs
  - General Practice Forward View (GPFV)
- Financial challenges
- "Acting as 1" contract

4. CHANGES 2017-18

The annual review of the Liverpool Quality Improvement Scheme (GP Specification) for 2017-18 has been overseen by a sub group of the Primary Care Quality Sub Committee. During this process, the group has worked with and consulted with a range of stakeholders including member practices, Local Medical Committee and programme teams within the CCG namely Long Term Conditions, Health Improvement, Medicines Management, Cancer and Children.

A number of changes have been proposed to take effect from April 2017 all of which have been considered by the members at a city wide event held on 25th January and by the Local Medical Committee on 7th February 2017. A full summary of the changes proposed is included in Appendix 1 along with a copy of the full GP specification in Appendix 2.

Key changes:

- 1-year contract April 2017 – March 2018

- 2017-18 to be seen as a year to transition to new arrangements with practices asked to work with the CCG to develop new contract models
- Mix of quality standards and Key Performance Indicators which are more clinically relevant
- Reduction in the number of Key Performance Indicators with a focus on demand management: -
    - A&E
    - ACS admissions
    - Outpatients
    - Prescribing
- In year support from CCG to support practices where there is a deterioration in performance to ensure delivery of key performance indicators
- Specification split into 2 distinct elements:
    - Schedule A: Services that every practice should deliver
    - Schedule B: Services that every practice should deliver however practices will be encouraged to work with the CCG and other practices in Neighbourhoods. This will be encouraged in Neighbourhoods/groupings of practices to develop new models of care. Delivery of standards will remain at a practice level.
- CCG to review Primary Care Quality Framework (PCQF) on a monthly basis and provide support to practices where performance is deteriorating.

5. KEY PERFORMANCE INDICATORS

In order to ensure that the additional investment in General Practice continues to achieve the desired outcomes and improvements in the quality of care provided, a number of demand management related Key Performance Indicators have been agreed and a summary is shown below.

	Key Performance Indicator	**% Practice Total weighting 100%**
1.0	**Prescribing**	
1.1	Medication review - polypharmacy patients	**10%**
1.2	Reducing antibiotic use	**10%**
1.3	Safe use of high risk drug – anticoagulant	**5%**
2.0	**Access**	
2.1	Improving access to general practice	**25%**
3.0	**Use of resources**	
3.1	Outpatient attendances	**25%**
3.2	ACS admissions	**25%**

TOTAL	**100%**

Liverpool CCG has a demand management plan for 17/18 and 18/19 which describes how several high impact service redesigns will help to manage expected growth in activity in the system. It is recognised that the Key Performance Indicators within the GP Specification are a key lever in delivery of the service redesigns within the demand management plan. This plan was considered when specifying both the KPIs and the targets for achievement. It should be noted that delivery of the financial plan is associated with other wider redesign work and not solely related to the delivery of the GP spec KPIs.

<u>New Key Performance Indicators</u>

- Medication review in polypharmacy patients

<u>Discontinued KPI (remain within the specification as quality standards)</u>

- Exception reporting
- Palliative/terminal care
- Mild cognitive impairment
- Significant event analysis

<u>New Quality Standards</u>

- Long Term conditions
    - Diabetes treatment standards
    - COPD MRC2+ pulmonary rehab referrals
    - Physical activity in hypertensive patients
    - Case finding and review
- Bowel and cervical screening uptake
- Proactive care review for identified “at risk” patients

6. INVESTMENT

At the time of writing this report, it is important to highlight that the final funding allocation has yet to be agreed and is subject to affordability. A full financial plan will be presented at Governing Body in April 2017. Once this has been finalised, an update will be provided to Primary Care Commissioning Committee.

7. STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers)

7.1 Does this require public engagement or has public engagement been carried out? Yes / No

i. If no explain why

ii. If yes attach either the engagement plan or the engagement report as an appendix. Summarise key engagement issues/learning and how responded to.

Not applicable

7.2 Does the public sector equality duty apply? Yes/no.

iii. If no please state why

iv. If yes summarise equalities issues, action taken/to be taken and attach engagement EIA (or separate EIA if no engagement required). If completed state how EIA is/has affected final proposal.

Not applicable

7.3 Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:

a) Economic wellbeing
b) Social wellbeing
c) Environmental wellbeing

Not applicable

7.4 Taking the above into account, describe the impact on improving health outcomes and reducing inequalities

Not applicable

8. DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

Delivery of the Liverpool Quality Improvement Scheme will contribute to the demand management plan for Liverpool CCG.

9. CONCLUSION

The Liverpool Quality Improvement Scheme was developed to improve the quality and consistency of General Practice across the city, in order to improve the health of patients, reduce inequalities and ensure most cost effective use of resources.

Appendix 1 – Summary of changes proposed 2017 - 2018

Key clinical changes to GP specification from April 2017

Page number	**Section**	**Changes made**
Page 9 – 23	Long Term Conditions	4 new quality standards introduced 1. Diabetes NICE treatment standards – cholesterol, HbA1C and BP 2. COPD patients with MRC2+ referred to pulmonary rehab 3. Hypertensive patients – physical activity recorded and brief intervention 4. Case finding and review
Page 24 – 27	Long Term conditions	Guidelines for management maintained from previous specification (no KPIs) • Manual pulse checks • Diabetes 8 care processes • Blood pressure control • Cholesterol • Asthma
Page 28 – 31	Health improvement	Alcohol consumption and alcohol brief intervention maintained as quality standards Physical activity recording and brief intervention maintained from previous specification
Page 32 – 34	Prescribing	**3 KPIs – 25% weighting in total (increased from 17%)** **New KPI** • **Medication reviews for polypharmacy patients** **Maintained KPI** • **Antibiotics** • **Safe use of high risk drug – anticoagulants**
Page 35 – 38	Exception reporting	No longer a KPI (maintained as quality standard)
Page 39– 41	Sexual Health services	Maintained from previous specification
Page 42	Palliative/terminal care	No longer a KPI (maintained as quality standard)

Page 43 – 44	Anticoagulation	Maintained from previous specification
Page 45 - 46	Dementia	No longer a KPI (maintained as quality standard)
Page 47 – 49	Significant event analysis	No longer a KPI (maintained as quality standard) More information on significant events for cancer diagnosis
Page 50 – 51	NHS e referrals	Maintained from previous specification Information updated to reflect latest guidance
Page 52	Relationship with other health professionals	Maintained from previous specification & includes • Engagement and attendance at neighbourhood meetings and locality education workshops
Page 53	Response to major incidents	Maintained from previous specification
Page 54	Governance arrangements	Maintained from previous specification & includes: Addition • practice will implement system for managing MHRA/other alerts and how staff are informed
Page 55	Workforce and sustainability	Maintained from previous specification Addition • Practice to engage with development & implementation of 5-year workforce strategy • Practices to participate in programmes aimed at freeing up GP time to care • Practices to keep workforce records up to date utilising PCWT • Practices to actively participate and engage in the framework for digital maturity and transformation in primary care (enhanced use of digital services)

Page 57 – 61	Improving access during core hours	**Access KPI – 25% weighting in total (increased from 10% in previous spec) & includes**
		• **Introduction to model for managing acute primary care demand & 4 key principles**
		  ○ **City wide GP triage**
		  ○ **Availability of routine & same day GP appointments**
		  ○ **GP streaming at front of A&E**
		  ○ **See and treat services in the community**
		• **Working together at scale as enabler to support this model**
		• **Practice KPI measured using in hours, self-referred, minor A&E attendances**

Page 62 – 63	Early detection	2 new quality standards

	and screening	1. Coverage for cervical screening 2. Uptake for bowel screening in 60 – 74 age range
Page 63	Early detection and screening	Breast cancer screening maintained from previous specification (no KPI)
Page 64 –67	Early detection and screening	Childhood vaccinations and immunisations maintained from previous specification as quality standard • Measured using uptake rates for 2 years and 5 years (3%)
Page 68 – 69	Use of resources	**Outpatient attendances KPI 25% weighting in total (increased from 10% in previous specification)** **Additions** ○ **Gastroenterology, Cardiology and Respiratory specialties included** ○ **Use of advice and guidance opportunities for ENT, gynaecology and gastroenterology** ○ **Undertake clinical peer review at practice and neighbourhood level** ○ **Practice KPI measured using rate of GP referred first outpatient attendances for Dermatology, ENT, Gynaecology, Rheumatology, Urology, Vascular surgery, Gastroenterology, Cardiology and Respiratory**
Page 70 – 71	Use of resources	**ACS admissions KPI 25% weighting in total (increased from 20%) to include:** • **CHF and Cellulitis as primary diagnosis** • **Practice KPI measured using rate of admissions for selection of ACS conditions – Angina, Asthma, COPD, Influenza and Pneumonia, CHF and Cellulitis** •
Page 71	Use of resources	Cancer referrals – 2ww – maintained from previous specification
Page 72 – 73	Proactive care for identified at risk patients	New quality standard • Supports MDT approach being implemented through neighbourhoods with community care teams • Practices to review list of patients & identify cohort to be discussed by CCT MDT • Practice to review 0.5% of weighted population for suitability for onward referral to CCT