

# SOMERSET PRACTICE QUALITY SCHEME

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Welcome to the third year of the Somerset Practice Quality Scheme (SPQS) pilot commissioned by NHS England, supported by Somerset CCG and the Somerset Local Medical Committee (LMC).

The purpose of this briefing document is to provide the context, history and progress of the SPQS pilot, the Somerset alternative to the Quality Outcomes Framework (QOF).

Firstly we would like to take this opportunity to thank practices for their continued support and sign up to SPQS and we would also like to welcome those practices who have joined SPQS for 2016/17.

## CONTEXT AND HISTORY OF SPQS

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In August 2013 NHS England published 'Improving General Practice-A Call to Action' and in response the BNSSSG Area Team organised events for each of its four CCGs to examine how to respond to the questions posed.

In Somerset there was thorough engagement with the Area Team over the Call to Action. Practices reported that demand, organisational and workforce pressures were rapidly sapping morale in primary care. The consensus view of GPs, the CCG and the LMC was that we should concentrate on delivering high quality care that was patient-centred and holistic.

In December 2013 a proposal to implement a local quality scheme that would go beyond QOF and deliver the strategic aims of both the CCG and NHS England was submitted to the Area Team. SPQS was considered to be a response to the local need for change.

The objectives of SPQS have remained unchanged over the three year pilot and are as follows;

- The overarching objective is to provide better value for patients and clinicians.
- The aim of SPQS is to improve the experience of patients and professionals through:
  - better meeting the needs of patients with long term conditions in primary care;
  - reducing avoidable admissions to acute/community hospitals;
  - developing models of primary care that are sustainable, safe, effective and affordable for the future

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## YEAR ONE OF THE PILOT – 2014/15

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The first year of the pilot started in April 2014 and became operational in June 2014. Practices who signed up to SPQS were sent a briefing document and specification which articulated the purpose and outcomes of SPQS. This included the expectation for SPQS to incentivise practices to work collaboratively with the CCG in two work streams; Integration and Sustainability.

This was the first year that practice participating under SPQS would continue to provide high quality clinical care, irrespective of financial incentivisation. The clinical aspects of QOF were not abandoned, but GPs took a discretionary approach to QOF indicators, based on individual discussion with patients about their needs and aspirations.

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## YEAR TWO OF THE PILOT – 2015/16

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NHS England, with the support of the CCG and LMC approved an extension to SPQS for 2015/16. The specification remained substantially unchanged in response to feedback from practices that stability and continuity were important.

In July 2015 the first evaluation report of SPQS was published, one year after SPQS officially started. The evaluation recommendation supported the further extension of SPQS.

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## YEAR THREE OF THE PILOT – 2016/17

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NHS England, with the support of the CCG and LMC approved a second extension to the SPQS pilot for 2016/17. Again, the specification remained substantially unchanged and practices will continue to deliver high quality clinical services for their patients on the basis that GPs will treat QOF indicators as advisory. Practice clinical coding will also continue to be an important tool to manage patients with long term conditions. To harmonise clinical coding while allowing clinicians to practice in a person-centred way, there is a plan to develop IT templates during the 2016-17 contractual year.

The only significant addition in the specification is the introduction of a new requirement for practices to participate in the Institute of Health Improvement quality programme, part of a system-wide quality improvement approach.

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## HOW IS SPQS BEING EVALUATED?

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SPQS was formally evaluated in 2014/15 with the final report published in July 2015. The South West Academic Health Science Network and Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South West Peninsula collaborative led by Dr Helen Lloyd and Louise Witts conducted primary and secondary research between November 2014 and July 2015. The purpose of the research was to explore if the implementation of SPQS had any resultant changes in clinical and organizational behaviour following inception of the scheme.

The full report and findings can be download by going to; <http://www.swahsn.com/somerset-practice-quality-scheme-spqs/>. In summary the report concluded;

- Practices are making significant progress towards more person-centred care
- There has been an improvement in morale and practitioner experience
- There is no evidence that the quality of care has deteriorated

Practices that participated in year two of the pilot will already be aware that phase 2 of the evaluation is already well underway, also being referred to as SPQS II. There are four key aims and questions that SPQS II aims to find answers for and they are as follows;

1. Establish the nature and extent of Person Centred and Coordinated Care
2. Establish if SPQS practices have the potential to achieve better outcomes for patients through
  - a. Better processes of care and
  - b. Exploring from the perspectives of patients if they have achieved better outcomes since the inception of SPQS
3. Establish staff perspectives and experiences of delivering care in SPQS practices and explore benefits of SPQS from their perspective
4. Identify if there are any groups of patients (certain conditions/socioeconomic status) who are suffering a decline in care or poor outcomes in SPQS practices

We recognise the information and requests can become overwhelming when participating in an evaluation. To help alleviate any confusion, we will be sending out to practices a high level timeline which will further articulate the evaluation process, requirements and milestones.

The final evaluation report for 2015/16 is scheduled to be published at the end of summer 2016 which we will of course share with practices.

It is a requirement in the SPQS specification to participate in the evaluation and the results are essential in establishing the benefits and any dis-benefits of SPQS. The evaluation also plays a significant role in supporting the continuation of a local alternative to the national QOF requirements and we strongly encourage continued participation.

## WHAT NEXT FOR SPQS?

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We are pleased to confirm that 77% of practices in Somerset have signed up to SPQS for 2016/17. This is a slight increase from previous years and is the highest number of participants since the pilot began in 2014.

For the immediate future, we encourage practices to refer to the 2016/17 specification where you will find full details of the 2016/17 pilot, including details on payment and monitoring. The key points are as follows:

A quarterly report must be submitted upon request by the CCG at the end of each quarter, within the deadline articulated (*template defined in the specification, appendix 1*). This report can be submitted by individual practices or as a federation.

Practices are required to submit their sustainability plan to the CCG by 30 September 2016.

Practices will participate in the evaluation of SPQS.

Practices are required to remain opted in to CQRS via GPES.

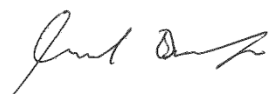
Practices will develop a person-centred approach to long-term conditions management.

The future of SPQS is unknown and at this stage we are unable to articulate the long term plan for a number of reasons. The first one being is that the pilot is only for one year, meaning the CCG and practices only have the authority from NHS England to offer a local alternative for one year. The second factor is both local and national system change and strategic plans, such as Somerset Together and national policy from NHS England e.g. the GP Forward View.

To celebrate the success of all the hard work under SPQS, we will be asking practices to articulate what they believe their biggest success or improvement has been as a result of SPQS over the last two years. We will then distribute this information to all practices to encourage shared learning and to help you understand the benefits and schemes underway across Somerset.

Thank you for taking the time to read this briefing document which I hope you have found useful. If you have any concerns or queries with this document or at any point throughout the 2016/17 pilot, please do not hesitate to contact Adam Hann, Primary Care Assistant Commissioning Manager on 01935 381950 or [Adam.Hann@somersetccg.nhs.uk](mailto:Adam.Hann@somersetccg.nhs.uk).

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