

## **SOMERSET PRACTICE QUALITY SCHEME SPECIFICATION- 2017/18**

### **1. Introduction**

- 1.1. Following the 'Improving General Practice – A Call to Action' in August 2013, the Somerset GP community, together with Somerset Clinical Commissioning Group (CCG) and the Local Medical Committee (LMC) proposed the development of a local quality scheme to support alternative ways of working in primary care. Recognising the challenges of increasing complexity of patients, it seeks more effective ways of getting better outcomes for patients and recruitment/retention of the GP workforce.
- 1.2. This service specification has been developed on the basis of discussion between Somerset CCG, Somerset LMC and NHS England.
- 1.3. Some practices will also be involved in the Test and Learn pilots which are also exploring ways of gaining better integration of services across health and social care for patients. The development of person-centred care is now being taken forward by the Somerset Together programme which includes outcome based commissioning. SPQS is fully aligned with the Sustainability and Transformation Programme (STP) as it:
  - Focuses on outcomes rather than outputs or processes
  - Aligns incentives across the health and care system
  - Offers providers the opportunity to redesign their services to deliver benefits to patients
  - Focuses on patients with long-term conditions and the delivery of a person centred care approach.

### **2. Objectives**

- 2.1. The overarching objective is to provide a better quality for patients and clinicians.
- 2.2. 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

### **3. Practice requirements**

- 3.1. Practices will continue to develop a person-centred approach to long-term conditions management. Practices, working with other providers and through Test and Learn pilots will collaborate with the CCG to implement the CCG Long Term Conditions Framework. This will include personalised care planning for patients with long term

conditions and the use of measures of person-centred care including the Patient Activation Measure. Training and service design support will be available from the CCG to help practices.

- 3.2. Practices will complete Treatment Escalation Plans and Clinical Communication Documents for those patients with severe frailty, multiple long-term conditions or who are close to the end of their lives and who, in their GP's opinion, would benefit from such anticipatory care planning. As a minimum this will apply to those patients identified under the frailty requirements of the 2017/18 GMS contract.
- 3.3. Practices will collaborate with the Somerset STP Rightcare programme and will examine data on key clinical priority areas such as osteoporosis to understand whether variation in clinical practice is warranted or unwarranted. Where appropriate, practices will take action to reduce unwarranted variation.
- 3.4. Practices will continue to deliver high quality clinical services for their patients on the basis that GPs will treat QOF indicators as advisory, based on individual discussion with patients about their needs and aspirations.
- 3.5. Practices are reminded of the importance of coding for disease register maintenance and also for interoperability. Currently colleagues accessing EMIS records from other parts of the health system, such as ED, are only be able to see codes; not free text. It is vital that clinically important information is coded correctly to support joined-up patient care.
- 3.6. Practices will continue to develop and submit their sustainability plans. Practices will be required to complete the template attached in Appendix 1 and submit an update quarterly. Practices will focus on setting defined objectives.
- 3.7. The Quality Improvement (QI) Network established in 2016/17 will continue to be supported by the CCG through SPQS and the Institute of Health Improvement quality programme, which is provided by South West Academic Health Science Network, to enable services in Somerset to have an arena in which to develop, share and learn both within the GP primary sector and across the whole health and care community in Somerset. Generating and spreading new ways of working is a vital activity to support the development of integrated person centred care, and to support more joined up ways of working between different services as part of the Somerset STP.
- 3.8. As the 'Somerset Quality Improvement Network' develops and progresses, GP Practice participation in the network may be achieved through working a range of different quality improvement initiatives and projects.
- 3.9. Practices will participate in the Institute of Health Improvement (IHI) quality programme. This will include:
  - 3.9.1. If not completed previously, practice leads are required to watch an introductory video or webcast describing the programme and how practices will participate
  - 3.9.2. Access to the IHI quality improvement module for practices- one person per practice

- 3.9.3. Participation in one of the 6 quality improvement options (safety, prescribing, referral, audit, patient experience and person-centred care) and completion of two quality improvement cycles using the IHI methodology.
  - 3.9.4. Participation in the Somerset primary care IHI network including practice attendance at two events during the year. The CCG will however continue to support people to come together through QI Network events.
  - 3.9.5. Demonstrate the difference their own QI work is making towards the aim of sustainable integrated person centred care. This may be through sharing their work through the Somerset QI Network, other QI arenas, or through written reports with accompanying metrics
- 3.10. Practices will participate in the evaluation of SPQS. As a minimum this will involve completing the 'Organisational Change Tool' online survey twice a year.
- 3.11. CQRS (Calculating Quality Reporting System) will remain active in order to allow data on prevalence and key indicators to be collected from practices via GPES (GP Extraction System). This will also support national audits. Practices are required to remain opted in to CQRS via GPES.

#### **4. Monitoring**

- 4.1. All participating practices should ensure that they or their federation have submitted the quarterly report at the end of each quarter to the CCG ([Sarah.Attree@somersetccg.nhs.uk](mailto:Sarah.Attree@somersetccg.nhs.uk)).
- 4.2. The CCG will advise NHS England which practices have provided this evidence in order to validate payments.
- 4.3. It is acknowledged that within SPQS performance against QOF indicators will no longer be a defining measure of clinical and service quality. Practice clinical coding will continue to be an important tool to manage patients with long term conditions and will be completed as per section 3.5 of this service specification
- 4.4. Practices should have systems in place to provide internal assurance of clinical quality (as required by CQC registration); measures may include patient activation and clinical coding measures. Should queries or concerns arise to in relation to reductions in quality of care, practices will need to be in a position to respond. This is not intended to be onerous and should aim to be dealt with remotely, for example providing explanations about how appropriate clinical care is provided.
- 4.5. Should practices become aware of any concerns about reductions in clinical or service quality, they should advise the CCG at the earliest opportunity and as a minimum as part of their quarterly report.
- 4.6. The monitoring of the Rightcare areas of focus ensuring data is reviewed and action taken where necessary.
- 4.7. Practices will provide information on number of patients who have completed Treatment Escalation Plans, Clinical Communication Documents and/ or Person Centred care plans.

## **5. Payment**

- 5.1. Payment will be based on 2012-13 percentage achievement of points, with the calculation corrected to reflect the relevant year's number of available QOF points, prevalence factor and practice list size adjustment.
- 5.2. 70% will be paid in monthly instalments, as at present, with the remaining 30% divided and paid on a quarterly basis, two months after quarter end, and following CCG confirmation of receipt of a satisfactory quarterly progress report from the practice.
- 5.3. A reconciliation will be undertaken at year-end and any adjustments will be included in the final quarterly payment. The formula used to calculate payment will replicate that within the GMS Statement of Financial Entitlements, this is described as follows:
- 5.4. Clinical domain total QOF Points x £ per point x clinical domain prevalence factor = subtotal (all clinical domains added together)

Subtotal x list size factor (CPI adjustment) = total

Total x Practice 2012-13 % QOF points achievement = payment

- 5.5. The number of points per clinical domain is determined by the national QOF agreement. The prevalence factor is calculated by dividing the practice's prevalence (calculated by CQRS) by the national average prevalence (data sourced from CQRS). List size factor is practice list size as at 1 January of the relevant financial year (taken for the Exeter System) divided by the national average practice list size of the 1 January (as detailed in the Statement of Financial Entitlement) of the previous financial year.

## **6. Termination/Mergers**

- 6.1. Should a practice wish to withdraw from this enhanced service and revert to QOF, this may be done in exceptional circumstances with the agreement of NHS England and the CCG.
- 6.2. Should a practice merge during the 2017/18 year, the commissioner and contractors will agree, as part of the merger authorisation, how payments should be made from the point of merger onwards in respect of this participation agreement. The agreement will conform to the Statement of Financial Entitlement.

## Somerset Practice Quality Scheme 2017– 18

### Quarterly Update Report

The purpose of this template is to provide Somerset CCG with evidence of your progress against the requirements set out in the SPQS specification for 2017-18.

This report must be submitted at a commissioning locality level, unless specifically asked for information at a practice level, and must be returned on a quarterly basis.

Please ensure you complete the nominated contract details section. There should be two nominated individuals who will be responsible for the report submissions and will be contacted on a quarterly basis requesting report submission by a stated deadline. They will also be the point of contact for any queries.

It is important the report submission deadline is met to allow for prompt payment in accordance with section 5 of the service specification.

Please ensure you complete all the questions before submitting your report, except those that relate to a specific quarter.

Please direct any queries to the CCG by contacting Sarah Attree on [Sarah.Atree@somersetccg.nhs.uk](mailto:Sarah.Atree@somersetccg.nhs.uk) or 01935 384020.

#### **Nominated Contact Details** *(please complete)*

Name1/ 2:

Email 1/ 2:

Contact Number 1/ 2:

#### **Report Details** *(please complete)*

Quarter:

Name of Federation or practice grouping:

Practice Code(s):

### **GENERAL**

Please describe how SPQS this quarter has allowed you to develop a person-centred approach to long-term conditions and how working with other providers you have implemented the CCG Long Term Conditions Framework, please include examples of outcomes (such as data or any other evidence) and how these are measured?

*This will include personalised care planning for patients with long term conditions and the use of measures of person-centred care including the Patient Activation Measure.*

Have you become aware of any concerns about reductions in clinical or service quality since your last quarterly submission?

If yes, please outline the concerns and the action taken to address the concern(s).

Do you require any training or service design support from the CCG to help assist your practice with person-centred care?

How many patients have a completed Treatment Escalation Plan, Clinical Communication Document and Person-Centred care plan?

## **SUSTAINABILITY PLAN**

### **Quarter 1 only:**

Please outline the key outcomes you have seen from last year and also any less successful areas. Please outline your learning from the previous year and if/how you plan to adapt your plan to ensure sustainability.

Please outline your definitive objectives for the year ahead with expected dates.

### **Quarter 2 only:**

Please confirm your updated Two Year Sustainability plan is attached to your submission?

**Quarter 3 only:**

Please provide a brief overview on delivery of your sustainability plan

**Quarter 4 only:**

Please provide a progress report of your sustainability plan

**IHI QUALITY PROGRAMME**

Please provide an update on your progress since the last quarter against the IHI Quality Programme, including qualitative and quantitative information (*as set out in point 3.6 of the specification*):

Please submit your completed quarterly return to [Sarah.Attree@somersetccg.nhs.uk](mailto:Sarah.Attree@somersetccg.nhs.uk) by the deadline communicated each quarter.