

Staffordshire and Stoke on Trent Integrated Care Board

General Practice Engagement Agreement 2024/25

Aim

The aim of the General Practice Agreement is to work with practices to support delivery of the ICBs General Practice Five Year Forward Strategy, delivery of The NHS Long Term Plan and Operating Plan to maintain and improve provision of effective, efficient and accessible primary care services.

The ICB wish to continue to invest in engagement with practices to ensure developments are directly aligned to the transformation of primary care.

The engagement meetings are an essential forum for developing clinical models of care that improve outcomes for patients and delivering the ICBs General Practice Five Year Forward Strategy.

Investment and payments

The investment will be shared across 2 main components:

1. Practice engagement meetings
2. Quality Improvement (Focus areas)

Payment will be a combination of flat rate per practice to reflect the equal commitment required to participate in that delivery area or rate per weighted list size as at 1st January 2024.

The agreement is voluntary, however if practices are to sign up to the agreement, they would be expected to enter into all areas. There will also be a requirement that:

- Practice will recognise and adopt the ICS Partnership Leadership Compact (Table 2) which leaders of the organisations within the ICS have agreed to adopt and supports how we will work together.
- Referrals for outpatients will continue to be referred using commissioned pathways and referral templates as detailed on Clinical Decision Support system
- Practice to ensure correct comprehensive clinical coding, especially regarding local reporting needs eg. Universal Offer, QIF, Covid-19.
- Practice to have a commitment to prescribing cost-effectively, including prescribing in line with their local Joint Formulary (North Staffordshire Joint Formulary (NSJF) [North Staffordshire Joint Formulary Formulary](#) or South Staffordshire Joint Formulary) [South Staffordshire Joint Formulary Formulary](#)
- Practice consents to CSU Data Quality Specialists extracting and sharing data for regular and ad-hoc requests, at practice aggregated level, with the ICB to support and inform emerging commissioning work streams/commissioning intentions/on-going development of the Universal Offer/future iterations of Quality Improvement Framework (QIF), support monitoring of national and ICB priorities eg. LD AHCs, SMI PHCs and support ICB Portfolios/programmes.
- Regular attendance at Protected Learning Time events and practice to review staff learning and development needs so able to engage with any future training needs analysis that may take place or take up any training opportunities that may become available.
- Practice continues to submit soft intelligence and issues via system intelligence (DATIX) to identify themes and trends to support work with providers for quality improvement.
- Practices will be supported to work towards implementing any National NHSE Primary Care publications during the year, related to the implementation of using the new national NHS Learn

from patient safety events (LFPSE) service, <https://www.england.nhs.uk/patient-safety/learn-from-patient-safety-events-service/> and The Patient Safety Incident Response Framework (PSIRF) <https://www.england.nhs.uk/patient-safety/incident-response-framework/> It is expected that presentations and webinars will be delivered over the next 12 months

- Practices to engage with the ICB where the ICB has identified areas for discussion (in relation to quality and/or 360 benchmark report)
- Practices to access and review their 360° benchmark report to support delivery of national and local priorities (supports CQC inspections and PCN Capacity and Access meetings). Available on Resource Section on GP365 [Universal Offer \(sharepoint.com\)](#)

Payment

Practices will be paid 80% of the total scheme value in equal monthly instalments.

Once all evidence is reviewed final achievement will be calculated for the practice as at 31st March 2025. Practices will then receive any outstanding money owed to them, however where a practice has received a greater payment during the year than the amount of their final achievement they will be contacted by Finance and required to pay back monies owed to the ICB in monthly instalments and, except in exceptional circumstances, over no more than a six month period from the date of notification.

Table 1 - summary of the delivery areas and the requirements and rationale.

Current Requirements	Requirements	Further information/ Reporting	Payment
1. General practice engagement to support implementation of the General Practice Five Year Forward Strategy - supporting backfill.	<p>Practice attendance at General Practice engagement meetings on a high trust basis.</p> <p>1. Practice Manager and GP attendance at 9 out of 10 engagement meetings with the ICB, including preparation and any follow up work. The attendee must attend the full meeting.</p> <p>(Practice Manager/Business Manager may attend on behalf of the practice to cascade information to their practice where a GP is not available to attend. However, please note this will not count as GP attendance for payment purposes).</p> <ul style="list-style-type: none"> ➤ North, South West and South East Engagement monthly meetings are currently in place. ➤ Practices are requested to notify the Primary care mailbox if the practice is not going to be represented at a meeting primarycareteam@staffsstoke.icb.nhs.uk ➤ Attendees will be expected to represent the views of the practice and disseminate key messages and issues to colleagues. ➤ All practices must keep up to date declarations of conflict of interests to protect the practices from external scrutiny and notify any changes at each meeting. 	The ICB will use exports from MS Teams and/or attendance registers to log practice attendance.	£2,300 per practice.

<p>2. Quality Improvement Training and activity – embedding QI in General Practice</p>	<p>Practice to identify an area of care which requires improvement and take the appropriate steps to address this in 2024/25, through the development and implementation of a quality improvement plan and sharing of learning. This could be at practice, network or system level. (Area selected should not be duplicated with requirements covered by other funding/specifications eg. Network Contract DES 24/25 or Network contract directed enhanced service (england.nhs.uk) Part A: Clinical and support services (Section 8)</p> <p>Practices will be required to:</p> <ol style="list-style-type: none"> 1. Identify senior clinical and managerial sponsorship/support (however, active engagement can be with any suitable member of the practice) 2. At least one member of the practice to undertake QI training early in 24/25 (see suggestions below) 3. Undertake minimum of one Quality Improvement activity (Examples, websites/templates are suggested below) 4. Presentation at practice and/or PCN level and/or ICS QI Network to share and discuss learning from quality improvement activity. (<i>You may be asked to share learning as part of community of practice to support the drive for quality improvement across the ICS</i>) 5. A member of the practice to join the ICS QI Network*. 6. Above actions to be completed by 31st March 2025. <p>*System quality improvement impacts multiple providers across our health and care system and requires a collaborative approach. The Network is keen to grow especially in Primary Care, to join the network by completing the following short form - https://forms.office.com/e/jNkLPjKbwa</p> <p>*ICS QI Network are looking to showcase, share and springboard examples of improvement work across the system and where appropriate, showcase in the QI Network, host on the ICB improvement space or discuss at the CQI meeting for further share and spread. Connect with the network or join us at our quarterly network meetings by getting in touch via email: systemCQI@MPFT.nhs.uk</p> <p>❖ Some potential areas suggested by ICB leads:</p> <ul style="list-style-type: none"> • Embedding elements of ICB's Quality Improvement Framework (QIF) • Best practice for improving Childhood Imms uptake • Building on QOF 23/24 Health and Wellbeing QI plans Thrive at Work accreditation - http://www.wmca.org.uk/thriveatwork <p>NHS England continues to highlight the importance of quality improvement with primary care as recognised in the Shared View of Quality https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf</p> <p>See Appendix for additional information.</p>	<p>Practice will be asked to complete a short online survey to confirm completion of the requirements opposite.</p> <p><i>(You may be asked to share learning as part of “community of practice” to support the drive for quality improvement across the ICS)</i></p> <p>(Online survey to be shared by ICB at end of March 2025)</p>	<p>£0.40 per head of weighted population.</p>
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APPENDIX – QUALITY IMPROVEMENT

❖ **Case studies, outputs from the network and other useful documents** are available on the ICS space: [Continuous Quality Improvement - Staffs and Stoke-On-Trent ICS \(staffsstokeics.org.uk\)](#)

❖ **Support Requests** - people can email systemcqi@mpft.nhs.uk for signposting to training, support or a brief intervention.

❖ **PDSA / Projects templates** – some on the ICS space above or see below:-

- Example: PDSA template [pdsa-worksheet-template.docx \(live.com\)](#)
- Example QI template: [Quality improvement activity on early diagnosis of cancer \(rcgp.org.uk\)](#)
- LD AHC quality tool [Quality checking health checks for people with learning disabilities \(publishing.service.gov.uk\)](#)

❖ **Additional information / Training:**

MPFT virtual First Steps in QI training - Primary care colleagues can access to learn the basic concept of QI – approx. 3 hours and on teams – people can book on it by emailing git@mpft.nhs.uk (**Recommended**)

[General Practice Improvement Programme](#) – this is a national resource to support quality improvement activity in primary care and includes training, practical advice and support from quality improvement specialists. (**Recommended**)

[RCGP QI resources](#) – resources including the RCGP QI Guide for General Practice and other quick guides to the use of quality improvement tools and techniques. These are available to both members and non-members (**Recommended**)

[QIP-guidance-gp-trainees.pdf \(ucl.ac.uk\)](#)

[Health Foundation](#) – an easy to read and practical guide to undertaking QI

[NICE Practical Steps](#) – online guide to putting NICE guidance into practice and tools to support this.

[Institute for Health Improvement](#) – a US site with a range of resources to support QI activity.

[NHS England resources](#) to support working with people and communities.

For further information on how practices can get more involved in the primary care research community and receive support in adopting proven innovation is available from a number of sources:

[Health Innovation Networks](#) – There are 15 Health Innovation Networks across England, established by NHS England in 2013 to spread innovation at pace and scale. Their site includes tools, resources and case studies for healthcare innovation as well as contact details for each network to request further information or support.

NIHR – The National Institute for Health Research (NIHR) is the research arm of the NHS. They provide funding for research studies as well as academic training, facilities, career development and research capability development. See [about us](#) or contact signposting@nihr.ac.uk for more information on NIHR's support offer.

NIHR Learn – “The Research and Quality Improvement Learning Community for Primary Care” through NIHR Learn including account registration can be accessed at here: learn.nihr.ac.uk

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Table 2: ICS Partnership leadership compact

ICS Partnership leadership compact			
Trust <ul style="list-style-type: none"> We will be dependable: we will do what we say we will do and when we can't, we will explain to others why not We will act with integrity and consistency, working in the interests of the population that we serve We will be willing to take a leap of faith because we trust that partners will support us when we are in a more exposed position. 	Courage <ul style="list-style-type: none"> We will be ambitious and willing to do something different to improve health and care for the local population We will be willing to make difficult decisions and take proportionate risks for the benefit of the population We will be open to changing course if required We will speak out about inappropriate behaviour that goes against our compact. 	Openness and honesty <ul style="list-style-type: none"> We will be open and honest about what we can and cannot do We will create a psychologically safe environment where people feel that they can raise thoughts and concerns without fear of negative consequences Where there is disagreement, we will be prepared to concede a little to reach a consensus. 	Leading by example <ul style="list-style-type: none"> We will lead with conviction and be ambassadors of our shared ICS vision We will be committed to playing our part in delivering the ICS vision We will live our shared values and agreed leadership behaviours We will positively promote collaborative working across our organisations.
Respect <ul style="list-style-type: none"> We will be inclusive and encourage all partners to contribute and express their opinions We will listen actively to others, without jumping to conclusions based on assumptions We will take the time to understand others' points of view and empathise with their position We will respect and uphold collective decisions made. 	Kindness and compassion <ul style="list-style-type: none"> We will show kindness, empathy and understanding towards others We will speak kindly of each other We will support each other and seek to solve problems collectively We will challenge each other constructively and with compassion. 	System first <ul style="list-style-type: none"> We will put organisational loyalty and imperatives to one side for the benefit of the population we serve We will spend the Staffordshire and Stoke-on-Trent pound together and once We will develop, agree and uphold a collective and consistent narrative We will present a united front to regulators. 	Looking forward <ul style="list-style-type: none"> We will focus on what is possible going forwards, and not allow the past to dictate the future We will be open-minded and willing to consider new ideas and suggestions We will show a willingness to change the status quo and demonstrate a positive 'can do' attitude We will be open to conflict resolution.