

Practice Quality Improvement Framework (QIF) 2021_22

Stoke on Trent Clinical Commissioning Group

29/10/21

1. Introduction

Pre Covid

- 1.1 One of the biggest issues for Staffordshire and Stoke-on-Trent CCGs is that services are fragmented and there is variation in terms of inequalities and outcomes for patients who live with a Long Term Condition. This is evidenced through Right Care data packs which demonstrate there is an opportunity to improve:
- The diagnosis rates for Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Coronary Heart Disease (CHD), Diabetes and Atrial Fibrillation (AF).
 - The uptake of Flu vaccinations for patients with COPD, CHD and Diabetes.
 - Blood pressure monitoring for patients with CHD, Hypertension, Diabetes and Peripheral Arterial Disease.
 - Smoking cessation and support.
 - The ongoing management of COPD patients including FEV1 tests, annual reviews and breathlessness assessments.
 - The number of AF patients who are treated with anticoagulation drug therapy.
 - The ongoing management of diabetes patients including monitoring of cholesterol, blood glucose, blood pressure and adherence to the NICE Nine Process of Care for Diabetes.
 - Non-elective admission rates and bed days for respiratory patients.
- 1.2 In addition, the increasing prevalence of LTCs in the population is creating an unsustainable burden on the NHS if existing service models are continued. Staffordshire and Stoke-on-Trent CCGs spent a total of £38.4m on non-elective activity in 2017/18 relating to heart failure, diabetes and respiratory conditions. The incidence of people with one or more LTC across Staffordshire and Stoke-on-Trent is approximately 40% (based on 18/19 GP chronic condition registers) and is growing. Studies have shown that 50% of all GP appointments and 70% of days spent in hospital beds are utilised by people with one or more long term condition, posing a significant operational and financial pressure to the health and social care economy, as well as poor outcomes and experience for patients. Further benchmark data for Stoke on Trent is also shown in Appendix 1.
- 1.3 Stoke-on-Trent CCG has been delivering a Quality Improvement Framework (QIF) for several years, and a full independent evaluation¹ has been carried out to demonstrate the benefits of such a scheme in primary care.

Post Covid19

- 1.4 As we move towards another exceptionally busy winter, QIF will be re-purposed for Oct-21 to Mar-22 to allow practices to focus their efforts on managing any potential surge in respiratory infection. It recognises the continued impact of Covid-19 on practice's productivity and increased Infection Prevention and Control requirements, providing income protection to practices, whilst allowing General Practice to concentrate on supporting our system with demand this winter.

Covid-19 has highlighted unequal vulnerability to respiratory infection. We ask Practices to focus efforts on:-

- Winter respiratory pathway for adults and children that has been developed. Public health officials believe that because many children have missed out on normal exposure

¹ <https://doi.org/10.1093/fampra/cmy128>

to RSV and other viral illnesses due to lockdown measures the rate of viral infection may have much more impact in the coming autumn/winter season.

- People at risk of poor health and those who experience health inequalities including those most vulnerable to harm from Covid-19; evidence suggests that this includes patients from BAME groups and those from the 20% most deprived neighbourhoods nationally (LSOAs)
- Actively encourage BAME and underserved populations to take up Covid-19 booster and flu vaccinations and to support successful delivery of the vaccination programmes.
- Completion of the HCW Flu Survey on ImmForm is a mandatory requirement of the framework. Non-completion will result in non-payment of total framework funding.

2. Finance

- 2.1 Whilst this framework has been developed as a joint scheme across the Staffordshire and Stoke-on-Trent CCGs, the budgets for each CCG remain separate. Practice payments will be based on the same value per point. The scheme is offered to all practices in the 5 Staffordshire CCGs (North Staffordshire, East Staffordshire, Cannock Chase, Stafford and Surrounds, South East Staffordshire and Seisdon Peninsula CCGs). An extended scheme is offered to Stoke-on-Trent CCG practices due to historical deprivation funding.

	NHS Cannock Chase CCG	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffordshire And Seisdon Peninsula CCG	NHS Stafford And Surrounds CCG	NHS Stoke On Trent CCG
QIF Budget (12m)	£297,810	£314,069	£490,233	£449,275	£325,154	£1,243,959
Population Weighted 1/1/21	141,142	148,847	232,337	212,926	154,101	310,989
Value of scheme	£2.10	£2.10	£2.10	£2.10	£2.10	£4.00
Number of Points	70	70	70	70	70	133

Funding for 6 months of the scheme

QIF Budget (6m)	£148,905	£157,034	£245,116	£224,637	£162,577	£621,980
Value of Scheme (6m)	£1.05	£1.05	£1.05	£1.05	£1.05	£2.00
Number of points (6m)	35	35	35	35	35	67

* To be finalised based on confirmation of budget.

Stoke on Trent CCG	Points	% of scheme	£ per weighted population
winter/respiratory/ RSV	55	82%	£1.64
Support phase 3 booster/ flu programme	10	15%	£0.30
Submit Seasonal Flu HCW survey*	2	3%	£0.06
	67	100%	£2.00

* This is a **mandatory requirement** of the Framework. Non completion will result in non-payment of all elements of **overall** framework

3. Payments 2021-22

- 3.1 Practices will be paid 80% of the total award for full achievement of total points (as above) in equal monthly instalments.
- 3.2 Once all evidence is submitted after 31st March 2022 final achievement will be calculated for the practice. 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 CCG in monthly instalments and, except in exceptional circumstances, over no more than a 6 month period from the date of notification.

4. Reporting Requirements - all practices

- 4.1 Practice consents to MLCSU Data Quality Specialist (DQS) extracting and sharing data with the CCG to support reporting requirements of the framework.

5. Verification

- 5.1 All claims may be subject to post payment verification.

6. Indicators

6.1 Support practices with demand this winter due to ongoing impact of Covid-19 on practice productivity and Respiratory / RSV surge.

Requirement	Funding	Evidence / monitoring
<p>1.1 There is an expectation that the Practice agrees to:</p> <ul style="list-style-type: none">• Adopt local respiratory pathways (Adult & Child)• Use of Pulse Oximetry where appropriate and practice to enter a coded result rather than using free text.• Follow guidelines in local pathway• Follow correct referral criteria to services.	80%	<p>Practices should ensure that a reason for the consultation is coded rather than using free text and symptom is coded, as applicable, to support high level population health analysis.</p> <p>Pulse Oximetry - National coding is available (see below) and a local streamline template is in development by the Data Quality Team and will be shared shortly by separate email. This will support practices with coding this activity.</p> <p>New SNOMED codes have been created for COVID Oximetry @home providers to use. NHS Digital encourages the use of data entry templates and SNOMED coding to ensure data is recorded accurately.</p> <p>https://digital.nhs.uk/coronavirus/covid-oximetry-at-home-digital-and-data-services/covid-oximetry-at-home-clinical-codes-snomed-codes.</p>

		Activity will be reported via Consultation Dashboard (reported at PCN and CCG level).
<p>1.2 Practices are asked to use the PHE RSV toolkit and resources on owned channels. A toolkit has been released or practice can use RCPCH/Healthier Together resources:</p> <p>https://what0-18.nhs.uk/parentscarers/worried-your-child-unwell</p> <p>https://what0-18.nhs.uk/resources/promotional-material</p> <p>(These materials help explain symptoms and what to do to try and prevent escalation where ED attendance is the only option).</p> <p>1.3 Practice agrees to use standard patient /parent supporting info/resources. AccuRx (or similar) to be used to share links/parent advice</p> <p>1.4 All clinicians assessing children to be aware of local pathways and to have completed in-house RSV training.</p>		<p>Practices will be asked to complete a short end of year statement (CCG to issue template via MS Teams form) describing:-</p> <ul style="list-style-type: none"> • How toolkit has been used. • Confirmation of in-house training for all clinicians assessing children eg. use of resources in PHE toolkit, RCPCH website (https://www.rcpch.ac.uk/resources/managing-rsv-other-respiratory-viruses-2021-webinar-recording) • Confirmation that clinicians are aware of local pathway. • Use of AccuRx (or similar) to give parent advice / links. <p><i>A guide for practices has been developed by the MLCSU Data Quality Team (MLCSU RSV Parent Info for under 2yr olds search guide) that can be sent to mobile phone number linked to a child's registration for those aged under 2, to provide parent advice and link to resources.</i></p>

6.2 Support Covid-19 Phase 3 booster and Flu vaccination programme.

Requirement	Funding	Evidence / monitoring
<p>Actively encourage BAME and underserved populations to take up Covid-19 booster and flu vaccinations and to support successful delivery of the vaccination programmes.</p> <p>Practice to evidence use of communication toolkits for targeted communications and support with signposting patients when necessary.</p>	14%	<p>Practice to provide a statement via Microsoft Teams forms on:</p> <ul style="list-style-type: none"> • how toolkits/resources have been used • action taken to encourage uptake of vaccines with BAME and underserved groups in the local population. <p>CCG will issue a template in Nov-21 for completion (deadline to be advised).</p>

<p><u>Seasonal Flu Vaccine Uptake Survey (Frontline Healthcare Workers - Collection Tool)</u></p> <p>Practices will be required to make a manual submission direct to the data collection tool on HCW vaccines delivered.</p> <p>(Please note, if you have completed your HCW vaccination campaign on section 4 'Your seasonal flu vaccination campaign status?' select the option 'we have finished our seasonal flu vaccination campaign so these data can be regarded as final'. This will ensure your data is carried over to the following HCW surveys)</p> <p>The data collection will reflect vaccines administered to HCWs within your Practice between 1st September 2021 and 28th February 2022. To be submitted manually to Data collection tool: Flu Monthly HCWs Data Collection (GP/ISHCP) 2021-22' on ImmForm.</p> <p>ImmForm can be accessed here, you will need your Practice login and password. If you have forgotten your password please use the 'forgotten password?' facility on the sign in page.</p> <p>A user guide for this survey can be found here, GP Practices should refer to section 3 (page 8), GP Practice and ISHCP Guidance.</p> <p>For queries on this survey please contact the Screening and Immunisation Team on england.wmid-imms@nhs.net</p>	<p>6%</p> <p>This is a <u>mandatory requirement</u> of the Framework.</p> <p>Non completion will result in non-payment of overall framework.</p>	<p>Confirmation of survey completed on ImmForm (status as at end of February 2022) via CCG report.</p> <p>Practices will be reminded of deadline dates.</p> <p>Please note there is no automatic upload to the Health Care Worker survey and data will need to be submitted manually.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Appendix 1:

Better 95% Similar Worse 95% Compared with England

Domain					
A. Overarching Indicators	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2017/19	79.7	76.4	78.9	79.6
Life expectancy at birth-Female	2017/19	83.1	80.3	82.7	83.2
Healthy life expectancy at birth-Male	2016/18	63.2	57.4	61.8	63.4
Healthy life expectancy at birth-Female	2016/18	64.9	55.8	62.3	63.9
B. Wider Determinants of Health					
School readiness: percentage of children achieving a good level of development at the end of Reception (%)	2018/19	74.4	67	70.1	71.8
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (%)	2019	2.9	4.6	5.3	5.5
Gap in the employment rate between those with a long-term health condition and the overall employment rate (Percentage Points)	2019/20	12.8	12.2	9.9	10.6
Gap in the employment rate between those with a learning disability and the overall employment rate (Percentage Points)	2019/20	77.4	69.5	69.7	70.6
Percentage of people aged 16-64 in employment	2019/20	79.5	73.2	73.9	76.2
Children in absolute low income families (under 16s) (%)	2018/19	12.8	25.3	18.8	15.3
Children in relative low income families (under 16s) (%)	2018/19	16.4	31.6	23.8	18.4
Homelessness - households owed a duty under the Homelessness Reduction Act (per 1,000)	2019/20	5.8	14.1	11.2	12.3
Homelessness - households in temporary accommodation (per 1,000)	2019/20	0.3	0.2	2.0	3.8
C. Health Improvement					
Low birth weight of term babies (%)	2019	2.79	4.30	3.26	2.90
Reception: Prevalence of overweight (including obesity) (%)	2019/20	26.1	27.8	24.6	23.0
Year 6: Prevalence of overweight (including obesity) (%)	2019/20	33.1	40.4	38.2	35.2
Smoking Prevalence in adults (18+) - current smokers (APS) (%)	2019	13.9	18.2	14.1	13.9
Admission episodes for alcohol-related conditions (Narrow) (per 100,000)	2018/19	814	1127	739	664
Self-reported wellbeing - people with a low satisfaction score (%)	2019/20	3.9	3.7	4.8	4.7
D. Health Protection					
TB incidence (three year average) (per 100,000)	2017/19	3.8	9.4	10.4	8.6
E. Healthcare and Premature Mortality					
Infant mortality rate (per 1,000)	2017/19	4.8	7.5	5.6	3.9
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	14.2	30.7	22.7	23.4
Under 75 mortality rate from all cardiovascular diseases (per 100,00)	2017/19	68.0	91.7	77	70.4
Under 75 mortality rate from cancer (per 100,000)	2017/19	126.3	166.5	135.0	129.2
Suicide rate (per 100,000)	2017/19	11.5	12.5	10.2	10.1

Appendix 2: Completed code of conduct for NHS Stoke-on-Trent CCG & 5 Staffordshire CCGs (from 2021/22 scheme).

To be used when commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest.

Service: Quality Improvement Framework (QIF) Local Improvement Scheme	
Question	Comment/Evidence
Questions for all three procurement routes	
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities?	The emphasis on preventing the deterioration of long term conditions and minimising health inequalities will realise the CCGs' commissioning priorities: admissions avoidance; mental health; community services; elderly care; strengthening primary care capacity and capability – in particular the first and fifth priorities.

	QIF incentive for the CCG is shown in section 1.2 The series of QIF evaluations for each year demonstrate value for money in terms of quality improvements. Future evaluation will note changes in numbers of hospital admissions per practice.
How have you involved the public in the decision to commission this service?	<p>Previously the Community Health Voice (CHV) and lay members of PCT and CCG have been involved in the evolution of QIF since its inception in 2009. CHV participated in the recent consultation about refining the QIF LIS; the patient congress was represented at the Northern Staffordshire Primary Care Delivery Group where the draft QIF was previously discussed.</p> <p>2021/22 Part 2 scheme discussed at CCG Clinical Leads meeting Sep-21.</p>
What range of health professionals have been involved in designing the proposed service?	<p>Since the inception of QIF, GPs, practice nurses and practice managers, and public health consultants have continually critiqued the design and delivery of the QIF service; and redesign and improvements have been made as a result.</p> <p>This year's scheme has been re-purposed to focus on a reduced number of priorities due to ongoing impact of Covid-19 on primary care capacity.</p>
What range of potential providers have been involved in considering the proposals?	Previously general practice providers from CCG localities have been consulted alongside public health consultants, representatives of NHS England.
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint Health and Wellbeing strategy (or strategies)?	<p>The QIF has been submitted to the co-Chair of the H & W Board (August 2021)</p> <p>The scheme matches the NHS Outcomes Framework domains, NHS Long Term Plan, Improvement and Assessment Framework, LTC Delivery Plan and public health domain/redressing health inequalities against the contents of the QIF LIS.</p>
What are the proposals for monitoring the quality of service?	<ol style="list-style-type: none"> 1. End of Year Assessment of all practices. 2. In year reporting of all practices where indicator data available via EMIS Enterprise reporting or national published datasets. 3. League table of practices' attainment in relation to clinical targets. 4. Validation of up to 10% of practices' claims.
What systems will there be to monitor and publish data on referral patterns?	As above; see document re anticipated outcomes
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	Yes- the CCG has an up to date log of practices/ clinical directors/leads' conflicts of interest.
Why have you chosen this procurement route?	Yes – this is a revision of the previous QIF LES

What additional external involvement will there be in scrutinising the proposed decisions?	Representatives of the LMC, Primary Care Commissioning Committees will continue to provide oversight of the QIF programme and the end of year practices' assessment.
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	Previously the final QIF LIS was submitted to the CCG Primary Care Commissioning Committee after comments/scrutiny is received by the H&W Board Chair and member practices.

Additional question for AQP or single tender (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	Yes- the amount paid for the exemplary standard and clinical targets was set in 2008 and has been critiqued and revised since then to take account of NHS England views, the LMC and CCG perspectives.

Additional question for AQP only (where GP practices are likely to be qualified providers)	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	N/A Equality Impact and Risk Stage 1 Assessment Approved (Feb 2020)

Additional questions for single tenders from GP providers	
What steps have been taken to demonstrate that there are no other providers that could deliver this service?	None of those involved in the development of the scheme and engagement around it, could see how any other provider than a GP can deliver this service as all components are focused on the patient's personal medical history and conditions in individualised ways; and the provider supplies a continuous health pathway for each patient for their various health conditions.
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	The focus on provision of structured individualised management plans and proactive follow up of exacerbations for the most significant local long term conditions is over and above core contractual work in general practice and complements the work of the CCG Local Improvement Scheme (LIS). Some of the indicators in the scheme may overlap slightly with the CCG Local Improvement Scheme (LIS) for individual patients. However there is no direct duplication of activity for the targeted patient populations covered by this scheme therefore practices are not receiving double payment. Scheme is reviewed against national QOF requirements to avoid any duplication.
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	In ensure there is no inequity across CCGs it was agreed that all practices are eligible to take part in the scheme. However practice performance against core contract will be monitored and used to assess entry into the following year's scheme.