



Cannock Chase Clinical Commissioning Group  
East Staffordshire Clinical Commissioning Group  
North Staffordshire Clinical Commissioning Group  
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group  
Stafford & Surrounds Clinical Commissioning Group  
Stoke on Trent Clinical Commissioning Group

# Practice Quality Improvement Framework (QIF) 2022\_23

**Final Version: 30/05/21**

## 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.
- 1.3 Stoke-on-Trent CCG has been delivering a Quality Improvement Framework (QIF) for several years, and a full independent evaluation<sup>1</sup> has been carried out to demonstrate the benefits of such a scheme in primary care.

### Post Covid19

- 1.5 The Quality Improvement Framework has now been reviewed to focus on the following key priorities for 22/23 to support restoration and recovery, particularly to close the gap with QOF backlog which has been significantly impacted by Covid-19 pandemic, and to work towards returning to pre-pandemic levels:
- LTC Management – accelerated recovery and delivery of face to face reviews to close the gap with QOF backlog, with a focus on prioritising reviews of people in highest risk of admission using UCL Partnership LTC Management risk stratification tool/searches.
  - Diabetes (Type 1 and Type 2 patients) - recovery and delivery of 8 Care Processes
  - Pneumonia (PPV) – increase uptake of vaccination (aged 65 and over)
  - Pulmonary Rehabilitation – patients to be offered referral.
  - Cancer 2WW referral processes - to support embedding local referral pathways, with a particular focus on the FIT pathway & Telederm.

## 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.

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<sup>1</sup> <https://doi.org/10.1093/fampra/cmz128>

	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
Weighted List Size 1/1/22	141865	150345	233026	214871	155261	310649
Value of scheme per head of weighted population (pwp)	£2.10	£2.10	£2.10	£2.10	£2.10	£4.00
QIF Budget (12 months)	£297,917	£315,725	£489,355	£451,229	£326,048	£1,242,596
Number of points	70	70	70	70	70	133

*A breakdown of points and each indicator's funding is provided in the Section 6 below:*

### 3. Payments 2022-23

- 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 reviewed 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/ year end reconciliation - all practices

- 4.1 Practice consents to MLCSU Data Quality Specialist (DQS) extracting and sharing data with the CCG to enable reporting requirements and reconciling practice achievement of the indicators of the framework at the due dates listed below.

### 5. Verification

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

## 6. Indicators

### Long Term Conditions Reviews

The COVID-19 pandemic has displaced much routine primary care.

There is a risk that disruption of proactive care for people living with long-term conditions results in exacerbation and complications in these conditions. This could add further waves of demand for unscheduled care over the coming months in primary care, emergency and hospital admissions.

Covid-19 has also shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in ethnic minority communities. A cross-government strategy for reducing health inequalities, and the wider socio-economic and structural inequalities that drive them, should be an urgent priority. "The health of people from ethnic minority groups in England":

<https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>

The UCLPartners' Proactive Care Frameworks support practices and primary care networks to work differently to deliver comprehensive care to patients with long-term conditions. UCL Partners created frameworks to enable practices to risk stratify patients to prioritise clinical activity, deploy the wider workforce to reduce the workload for GPs, and maximise support for remote management and self-management.

Item	Indicator	Outcome/Threshold	Deadline	Payment	Payment	Points
1	Recovery Plan - Practice to submit a recovery plan to CCG detailing accelerated recovery and delivery of face to face reviews to close the gap with QOF backlog and to return to pre-pandemic levels	(Confirmation of sign up to QIF 22/23 and brief plan to be submitted via MS Forms template supplied by CCG)	by 30th June 2022	N/A	N/A	N/A
2	COPD prioritise and accelerate review (priority 1 and priority 2 cohort - UCL Risk Stratification searches)	>=80% of Priority 1 patients	by 31st Oct 2022	25p per weighted population (pwp)	50p per weighted population (total amount available)	17
		>=75% of Priority 1 patients		23p pwp		
		>=70% of Priority 1 patients		20p pwp		
		>=80% of Priority 2 patients	by 31st Dec 2022	25p pwp		
		>=75% of Priority 2 patients		23p pwp		
		>=70% of Priority 2 patients		20p pwp		
3	Asthma prioritise and accelerate reviews (priority 1 cohorts, both age groups 12-16 and 17+)	>=80% of Priority 1 patients	by 31st Oct 2022	40p pwp	40p per weighted population (total amount available)	13
		>=75% of Priority 1 patients		36p pwp		
		>=70% of Priority 1 patients		30p pwp		
4	Hypertension prioritise and accelerate reviews	>=80% of Priority 1 patients	by 31st Oct 2022	15p pwp	30p per weighted population (total amount available)	10
		>=75% of Priority 1 patients		13p pwp		
		>=70% of Priority 1 patients		10p pwp		

		>=80% of Priority 2a-c patients		15p pwp	amount available)	
		>=75% of Priority 2a-c patients	by 31st Dec 2022	13p pwp		
		>=70% of Priority 2a-c patients		10p pwp.		
5	Recovery and delivery of Diabetes 8 care processes (targets as per National Diabetes Audit 19/20) ( <b>Type 1</b> Diabetes) Stepped Thresholds	>55%		15p pwp	15p per weighted population (total amount available)	5
		>45%	by 31st Mar 2023	10p pwp		
		>35%		5p pwp.		
6	Recovery and delivery of Diabetes 8 care processes (targets as per National Diabetes Audit 19/20) ( <b>Type 2</b> Diabetes) Stepped Thresholds	>55%		24p pwp	24p per weighted population (total amount available)	8
		>45%	by 31st Mar 2023	16p pwp		
		>35%		8p pwp.		
7	Increase pneumonia (PPV) vaccinations uptake (those 65 years and over where eligible) at any time. Stepped Threshold	>80%		15p pwp	15p per weighted population (total amount available)	5
		>75%	by 31st Mar 2023	10p pwp		
		>70%		5p pwp		
8	Pulmonary rehabilitation referrals (Those patients at highest risk to be prioritised for early PR referral and referrals phased throughout the year to not overwhelm service)	95% offered for patients with a breathlessness score of >=3	by 31st Mar 2023	6p pwp	6p per weighted population (total amount available)	2
		90% offered for patients with a breathlessness score of >=3	by 31st Mar 2023	4p pwp		
9	Cancer 2WW referral processes - to support embedding local referral pathways, with a particular focus on the FIT pathway & Tele-derm	Funding to support FIT, Tele-dermatology,	Direct payment in anticipation of work required.	30p pwp	30p per weighted population (total amount available)	10

**Priority cohorts based on UCL baselines as at 31/3/22.**

\* QOF as at achievement date

30/5/22 - Asthma threshold payments updated to 40p/36p/30p

**Important information:** Personalised care adjustments will not be taken into account as this has been reflected in the achievement thresholds.

### **Details of UCL Partnership LTC Management tool:**

The supporting UCL searches used as the basis of the tool and to identify priority cohorts are available and the folder of searches can be found in Population Reporting from the Enterprise tab (bottom left), here you will see the 'CCG - Enhanced Services (ES & LES)' folder and within it the 'MLCSU QIF 2022-23 [v1.3] (Alpha NOT FINAL)' folder. To use the suite of searches simply copy this search folder to a folder of your choice in your practice tab.

Further information on the UCL Partners Long Term Condition management tools are available here: <https://uclpartners.com/work/long-term-condition-management/> A video overview is also available: <https://youtu.be/N6GExRve3dw>

Added 30/5/22 - The UCL resources below specify the criteria for each priority group.

Hypertension: [https://s31836.pcdn.co/wp-content/uploads/UCLPartners-Search-Tool-%E2%80%93-Hypertension\\_2021August.pdf](https://s31836.pcdn.co/wp-content/uploads/UCLPartners-Search-Tool-%E2%80%93-Hypertension_2021August.pdf)

Asthma: [Guide-to-the-UCLPartners-Asthma-Search-tool.pdf \(pcdn.co\)](#)

COPD: [UCLPartners-CEG-Risk-Stratification-Tool-September-2021-COPD .pdf \(pcdn.co\)](#)