

# Practice Quality Improvement Framework (QIF) 2023\_24

**For GP Practices in Stoke on Trent  
ICB sub location**

**Version: 19/5/23**

## 1. Introduction

### Our population priorities

The [ICP strategy](#) and Joint Forward Plan outlines how the Staffordshire and Stoke-on-Trent (SSOT) Integrated Care Partnership (ICP) will work over the next five years to improve services for our people and communities and intends to address the key physical and mental health requirements of the population, describing our collective priorities. These are aligned to the core national, regional and local strategic drivers of the NHS including the NHS Long Term Plan (LTP), the Health and Care Act and the Core20PLUS5 approach.

QIF has been developed with a number of clinical leads to support the ICP Strategy and [Core20PLUS5](#) (a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement).

Also, as outlined in the ICBs General Practice Five Year Forward Strategy and one of the Fuller Stocktake building blocks (Prevention), QIF will also contribute to preventing ill health and tackling health inequalities by supporting improvements in the 3 biggest drivers identified with difference in avoidable mortality between most and least deprived areas of Staffordshire and Stoke-on-Trent, these are cardiovascular disease, respiratory disease and cancer. QIF will also support improvements in outcomes and quality of life for people with diabetes.

QIF for 22/23 was to support restoration and recovery, particularly to close the gap with the NHSE Quality Outcome Framework (QOF) backlog which was significantly impacted by Covid-19 pandemic and to work towards returning to pre-pandemic levels.

QIF for 23/24 will focus on the following national and local key priorities:

- Long term conditions: screening, management and quality improvement (Diabetes, AF, Hypertension, Asthma, Stroke, Heart Failure, Coronary Heart Disease)
- Palliative care (including supporting ICB End of Life programme with embedding use of ReSPECT/advanced care plans)
- Diabetes (Type 1 and Type 2 patients) - continued recovery and delivery of 8 Care Processes
- Cancer 2WW referral processes - embedding Lower GI and FIT pathway.
- Prevention: Increasing uptake in MMR vaccination, Cervical Screening,
- Personalised Care Adjustments – audit and reducing exception Reporting

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.

## 2. Finance

Whilst this framework has been developed as a joint scheme across the Staffordshire and Stoke-on-Trent ICB, the budgets for each ICB sub locations remain separate. Practice payments will be based on the same value per point.

The scheme is offered to all practices in the 5 Staffordshire ICB sub locations (North Staffordshire, East Staffordshire, Cannock Chase, Stafford and Surrounds, South East Staffordshire and Seisdon Peninsula). An extended scheme is offered to Stoke-on-Trent ICB sub location practices due to historical deprivation funding. *(53% of Stoke-on-Trent's population live in the most deprived 20% of communities in England compared to 7.4% of Staffordshire's population).*

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

<b>ICB Sub location:</b>	<b>Cannock Chase</b>	<b>East Staffordshire</b>	<b>North Staffordshire</b>	<b>South East Staffordshire and Seisdon Peninsula</b>	<b>Stafford and Surrounds</b>	<b>Stoke On Trent</b>
<b>NORMALISED WEIGHTED LIST SIZE (1/1/23)</b>	143,277	152,787	234,599	217,723	157,143	315,869
<b>Value of scheme per head of weighted population (phwp)</b>	£2.10	£2.10	£2.10	£2.10	£2.10	£4.00
<b>QIF Budget 23/24</b>	£300,882	£320,852	£492,658	£457,219	£329,999	£1,263,477
<b>Number of points</b>	70	70	70	70	70	133

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

### 3. Payments 2023-24

- 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 ICB 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 ICB 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

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":

Practices are therefore asked to strengthen action in ethnic minority communities and Core20Plus5 approach when delivering QIF to reduce health inequalities.

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

[Core20PLUS5](#)

**Note: Deadline for all indicators: 31<sup>st</sup> March 2024.**

ICB Sub area	Ref No.	Indicator	Details/ thresholds/funding	Max Funding / Payment (£) phwp	Points
All	1	Increase Palliative Care Register	<p>Increase Palliative Care register. ICB will provide guidance and tools to support increasing register.</p> <p>Also, practices are asked to engage with Respect Training (online resources or training available via Staffordshire Training Hub) and to support ICB programme with embedding use of RESPECT/advanced care plans.</p> <p>Stepped threshold and weighted payment:</p> <p>&gt;0.5% prevalence rate 6p, &gt;0.75% 12p, &gt;=1% 20p)</p> <p>(Baseline 0.5% 21/22 and mid Mar-23)</p>	£0.20	7
All	2a	Delivery of Diabetes 8 care processes (Type 1)	<p>Achievement of 8 Care processes.</p> <p>Stepped thresholds: &gt;35%, &gt;40%, &gt;45% (5p, 10p, 15p)</p> <p>To prioritise Diabetes LTC.</p>	£0.15	5
All	2b	Delivery of Diabetes 8 care processes (Type 2 & unknown type)	<p>Achievement of 8 Care Processes.</p> <p>Stepped thresholds &gt;40%, &gt;45%, &gt;50% (10p, 20p, 30p)</p> <p>To prioritise Diabetes LTC.</p>	£0.30	10
All	3	AF - screening/ identification (Pulse Check)	<p>Pulse check for those aged &gt;65 without AF.</p> <p>Stepped threshold and weighted payment:</p> <p>&gt;40%, &gt;50% &gt;60% (weighted 15p, 20p, 30p)</p> <p>Baseline 32% March 2023</p>	£0.30	10
All	4	Hypertension	<p>HYP008 The percentage of patients aged 79 years or under, with hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.</p> <p>Stepped thresholds &gt;70%, &gt;75%, &gt;80% (22p, 25p 30p)</p> <p>(QOF thresholds 40-77% 14 points)</p>	£0.30	10
All	5	Asthma children	<p>Register aged 6-u18's. Ongoing Management QOF AST007 - review in last 12 months.</p> <p>Stepped thresholds &gt;70%, &gt;75%, &gt;80% (7p, 15p, 20p)</p> <p>(QOF threshold 45%-70% 20 points)</p> <p>(Recommendation to assess CYPs face to face, particularly when reviewing inhaler technique)</p>	£0.20	7

All	6	Follow the Lower GI Pathway	<p>General Practice has been advised by NHSE to use FIT as a mechanism to refer patients with Colorectal Cancer. CRC is one explanation for patient symptoms. The ICS has developed a pathway that uses FIT to triage those with possible symptoms of CRC as well as other lower GI symptoms to guide where patients should be referred and with what urgency. (With immediate effect from 1st April 2023)</p> <p>Practices are asked to follow this pathway and appropriately code the major presenting symptoms, the tests done (if not automatic), referral date and clinic and outcomes.</p> <p>(IIF 23/24 CAN-02 and 2WW referrals data will support with monitoring appropriate use of FIT testing as part of pathway).</p> <p>ICB to use their discretion to consider clawback funding if practices are identified as non-compliant with pathway. Discussions will be held with practices to make improvements before any clawback actioned.</p>	£0.30	10
All	7	AF Quality Improvement Dashboard Supporting Effective Anticoagulation in Atrial Fibrillation	<p>Practice to complete electronic Interface data processing form and set up an Interface Technician on their practice system to run the baseline searches (preferably by end of July) to populate the practices AF QI Dashboard. Practices to then undertake project on following key cohorts for review: (to be completed within 4 months of baseline or before 31st March 2024)</p> <p><b>Cohort 1</b> – Patients with moderate or high stroke risk (as per CHA2DS2-VASc score) and not receiving an anticoagulant. i.e., males where CHA2DS2-VASc <math>\geq 1</math>, females where CHA2DS2-VASc <math>\geq 2</math> and</p> <p><b>Cohort 3</b> – Patients currently prescribed a direct-acting oral anticoagulant (DOAC) with a potential clinical issue identified. Categories of clinical issues: creatinine clearance range indicates unlicensed dose as per relevant DOAC SPC, prescription issues indicate &lt; 90% compliance with DOAC, clinical coding indicates a valvular issue.</p> <p>Practices to following prescribing guidance issued by ICB</p> <p>(See below*)</p> <p>Patients on dashboard to be reviewed and outcome updated in clinical system (or dashboard). Practices will be shown what figures they need to report to the ICB at the end of the project. (Deadline 31st March 2024). ICB will provide template for data submission.</p>	£0.35	12

\* First line DOAC in patients with Non-Valvular Atrial Fibrillation (NVAf) – Edoxaban

The ICB has approved the recommendation to use Edoxaban as the first line DOAC in patients with NVAf to prevent stroke and systemic embolism, unless there are clear specific clinical reasons to use the alternatives. Edoxaban is classified as “green” and is used in line with NICE recommendations for NVAf. The North Staffordshire and South Staffordshire Joint Formularies have been updated accordingly to reflect this decision.

**£2.10      70**

**Part 2: Stoke on Trent Practices only:**


ICB Sub area	Ref No.	Indicator	Details/ thresholds/funding	Max Funding (£)	Points
Stoke on Trent only	8	Stroke	STIA014 The percentage of patients aged 79 years or under with a history of stroke or TIA in whom the least blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less. Stepped threshold >65%, >70%, >75% (7p, 15p, 20p)  (QOF 40-73% 3 points) Provisional baseline 76.5% (Feb 22)	£0.20	7
	9	MMR Immunisation Uptake	Increase MMR uptake (two doses for between the ages of 1 and 5 years) Stepped thresholds: >80%, >85%, >90%, >95%  (8p, 10p, 12p, 15p) 22/23 Cover data Q2 Baseline 86.7% (QOF 18 points 81-96%) If the practice can demonstrate <b>written</b> parent refusals, the ICB will use their discretion to consider this towards the practice's overall year end achievement.	£0.15	5
	10a	Increase Cervical Screening uptake	Adequate test has been performed in the previous 3 years and 6 months (aged 25-49) Stepped threshold >60%, >70%, >80% (12p, 20p, 25p) (QOF 7 points threshold 45-80%) PCA % not to increase from 22/23 levels and must be less than or equal to 10%.  (Provisional baseline Q2 PHE published data: aged 24-49: 67%) QOF criteria will be used for Data Quality team extracts as monitoring data.	£0.25	8
	10b		Adequate test has been performed in the previous 5 years and 6 months (aged 50-64 years) Stepped threshold >70%, >75%, >80% (5p, 10p, 12p) QOF 4 points threshold 45-80%)  PCA % not to increase from 22/23 levels and must be less than or equal to 10%.  (Provisional baseline Q2 published data: aged 50-64: 74%) QOF criteria will be used for Data Quality extracts as monitoring data.	£0.12	4
	11	Heart Failure	HF007. The percentage of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximal tolerated doses Stepped thresholds >75%, >80%, >85% (7p, 15p, 20p) Provisional baseline 72.2% (Feb 22) (Stretching QOF 50-90% 7 points)	£0.20	7
	12	Coronary Heart Disease	CHD015 - The percentage of patients aged 79 years or under, with coronary heart disease, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less. Stepped thresholds >=75%, >80%, >85% (10p, 20p, 30p) Provisional baseline 78% (Excludes S1 practices 2/3/23) Stretching QOF 40-77% 12 points	£0.30	10

	13 a & b	PCA - audit to be undertaken and action plan developed	<p>Practice to focus on Depression (DEP03) and Cervical Screening cohorts PCA reporting. Practice to undertake an audit and to produce an action plan for reducing the number of PCAs and to provide evidence at year end of action taken and any learning that the ICB can share across the system.</p> <p>Practices to focus on offering appointments to women who have not declined in the last 12 months to support with increasing overall uptake rates and decreasing PCA reporting. (Note: declined valid for 42 months for those aged 25-49 and 66 months for those aged 50-64, therefore it is important to target those that have declined/not responded in over 12 months).</p>	£0.30	10
	14	AF Quality Improvement Dashboard Supporting Effective Anticoagulation in Atrial Fibrillation (Part 2)	<p>Practice to complete electronic Interface Data Processing form and set up an Interface Technician on their practice system to run the data baseline searches to populate the practices AF QI Dashboard (preferably by end of June/July). Then to undertake 4 month project on following key cohort for review:</p> <p><b>Cohort 2</b> – Patients currently prescribed a vitamin K antagonist (VKA) with a potential clinical issue identified (TTR&lt;70% in past six months or past 12 months or meeting one or more of the criteria for reassessing anticoagulation due to anticoagulation being poorly controlled as defined in NICE NG196 (excluding TTR threshold as the AF Quality Improvement Dashboard follows the ESC recommendation for TTR threshold) Reference: 1,2 (and in section 4. Current Anticoagulation safety, in User guide).</p> <p>1. <i>National Institute for Health and Care Excellence (NICE). Atrial fibrillation: diagnosis and management, 2021. NICE guideline [NG196]. <a href="https://www.nice.org.uk/guidance/ng196">https://www.nice.org.uk/guidance/ng196</a> [Accessed November 2021]</i></p> <p>2. <i>European Society of Cardiology (ESC). 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS), European Heart Journal (2020) 00, 1125 doi:10.1093/eurheartj/ehaa612</i></p> <p><i>Practices to following prescribing guidance issued by ICB (See above*)</i></p> <p><i>Patients on dashboard to be reviewed and outcome updated. Practices will be shown what figures they need to report to the ICB at the end of the programme. ICB will provide a template for data submission.</i></p>	£0.38	13
				£1.90	63
Total Funding / Points for SOT Framework:				£4.00	133

## APPENDIX 1 Resources / Additional information

<b>Clinical System Search packages (EMIS and TTP)</b>	<p>Searches have been built for the ICB and practice users with the support of the DQ team and these are based on the specifications the ICB provided.</p> <p>Practices using TPP SystmOne: The searches are available from the STAFFS CSU Resources within a folder called MLCSU SSOT QIF 2023 2024</p> <p>Practices using EMIS Web: From the EMIS button go to Reporting\Population Reporting. Now click on the 'CCG Search &amp; Reports' or 'ES&amp;R sharing' tab in the bottom left corner, and navigate the directory tree to: \Midlands &amp; Lancashire CSU\*ICB – Enhanced Services(ES &amp; LES)\MLCSU SSOT QIF2023-24 [V1]</p> <p>Search names are structured as follows [QIF indicator number_ Indicator Brief Name_Suffix] – Description of what the search does</p> <p>The suffix will be one of the following:          "D" the Denominator (the number eligible for the intervention)          "N" the Numerator (the number that have achieved the intervention)          "TODO" these are searches / reports highlighting patients that have not yet achieved and have not dissented where an indicator has multiple requirements for EMIS sites we have included GAP reports which show which element a patient has received within the required timeframe.          "DQ" these are searches that will help identify Data Quality Issues or steps you can take to improve data (and thus also increase your achievement or general quality of data related to the subject).</p> <p>For example:          [QIF02A_DiabT1_D] Pts with Type 1 Diabetes Codes          [QIF02A_DiabT1_N] with ALL 8 care processes after 1.4.23          [QIF02A_DiabT1_TO DO] - Type1 Pts without all 8 care processes</p> <p>Where QIF indicators are based on QOF Indicators the searches have been built based on V.47 business rules, Once EMIS have published QOF V.48 searches the QIF package will be updated.</p> <p>Please Note: QIF Indicators 1-7 inclusive are for all Staffordshire and Stoke practices, Indicators 8-14 inclusive are for Stoke practices only. In the search package the folder name also highlights which indicators are for Stoke practices only.</p> <p>Monitoring summary spreadsheet is in development and will be shared with practices once finalised.</p>
<b>Palliative Care</b>	<p><b>Updates will be provided by ICB's End of Life Portfolio/Dr M Campbell regarding ReSPECT during the course of the year.</b></p>
<b>ReSPECT Resources &amp; Digital programme</b>	<p>To use within organisations and for patients to use to support their decision-making process. Also, translated versions of patient guide.</p> <p><a href="#">ReSPECT Resources   Resuscitation Council UK</a></p> <p><a href="#">Guidance: DNACPR and CPR decisions   Resuscitation Council UK</a></p> <p><b>Update circulated in ICB GP Bulletin 19/4/23:</b> We are now working to digitalise the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form within the Shared Care Record, One Health and Care. This will be visible to the individual and all health and care providers in Staffordshire and Stoke-on-Trent, including our hospices, West Midlands Ambulance Service (WMAS) and Social Care. <a href="#">For more information, please see the attached.</a> We would ask practices to support rollout of the future digital programme.</p>



	<p><b>Do not attempt cardiopulmonary resuscitation (DNACPR) and people with a learning disability and or autism letter.</b></p> <p>The <a href="#">attached letter</a> highlights the importance of implementing the Universal principles for advanced care planning and ensuring that DNACPR decisions for people with a learning disability and autistic people are appropriate, are made on an individual basis and that conversations are reasonably adjusted. The analysis by Kings College London of the deaths of people with a learning disability in 2021 indicates that there were still a significant percentage of cases where good practice in DNACPR decision making was not demonstrated.</p> <p>Please note your Community LD nurse specialist/facilitator can also provide advice and support.</p>
<b>ReSPECT Additional information</b>	<p>MPFT will continue to support Primary Care and deliver the Respect sessions facilitated via the Staffordshire Training Hub. Dates will be advertised via the STH bulletin and website.</p> <p>ReSPECT printed documentation is available on request from <a href="mailto:primarycareteam@staffsstoke.icb.nhs.uk">primarycareteam@staffsstoke.icb.nhs.uk</a></p> <p>MPFT/STH will also be advertising training on:</p> <ul style="list-style-type: none"> <li>• <a href="#">Authors of the ReSPECT Form</a></li> <li>• <a href="#">EOL Prescribing Awareness</a></li> </ul>
<b>Asthma (children &amp; young people)</b>	<p>Recommendation that it is more beneficial to assess CYP face to face, particularly when reviewing inhaler technique.</p> <p>Personalised Asthma Action Plan (PAAP) has been reviewed and updated and practices are able to access printed versions by emailing the <a href="mailto:PAAP@uhns.nhs.net">PAAP@uhns.nhs.net</a> and providing details of the practice and number of copies will be required. This was communicated to practices via the bulletin in Nov-22 and we will be working on developing an electronic version.</p> <p>There is also a suite of training resources available via NHSE in conjunction with Health Education England to support practices with the management of asthma that take a tiered approach. We have developed the attached poster that provides all the links to the training resources:</p> <div style="text-align: center;">  <p>ACGE_13128_Asthma Bundle Training Mat</p> </div>
<b>Cancer LGI pathway</b>	<p>Referral Pathway for patients with lower GI symptoms where colorectal cancer is suspected. Circulated in ICB GP Bulletin 19/4/23: <a href="#">Please find attached a letter to all GP Practices containing an update</a>.</p>
<b>AF Platform/ QI Dashboard</b>	<ul style="list-style-type: none"> <li>• Each practice will need to sign an Interface data processing form sent on email via adobe sign which will require a GP electronic signature.</li> <li>• Each practice will need to set up an Interface technician on their practice system to run the data searches to populate the practice's Atrial Fibrillation QI Dashboard</li> <li>• Interface will provide 50 sessions (25 days – am and pm sessions) to support practice staff leading on this piece of work on how to use the tool, measure the outcomes and provided educational support if required. Sessions are designed to meet the needs of individuals requiring both minimal support and those who would appreciate more in-depth support around AF. A user guide will also be provided. Video demo to be explored as an option.</li> <li>• Each practice will have a baseline run, then follow up after 4 months. The 4-month data will be aggregated at PCN and ICB level into detailed dashboard reports to measure the overall impact of the program.</li> <li>• Practices will be shown what figures they need to report at the end of the program to evidence achievement of QIF requirements.</li> <li>• Aiming for all practices to be signed up by end of July 2023</li> <li>• Exact Details of the roll out and support sessions will be provided separately to practices.</li> </ul>

<b>Cervical Screening</b>	<p>Practices will be able to apply learning and utilise resources from ICB's Behavioural Changes Programme to support Cervical Screening requirements"</p> <p><a href="https://canceralliancesyb.co.uk/application/files/2516/4518/5973/Caja_-_How_to_-_Opportunistic_Screening_Conversations_V2CW.pdf">https://canceralliancesyb.co.uk/application/files/2516/4518/5973/Caja - How to - _Opportunistic Screening Conversations V2CW.pdf</a></p>
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