

Primary Care Commissioning Committee

Date of meeting		27 June 2019	
Agenda item	7	Paper No	PCCC19/043

Quality Progression Scheme 2019-20 (Quarters 2 – 4)

Key issues	<p>The Quality Progression Scheme (QPS) is an agreement with the participating locality practices to support further improvement in the quality of care provided to and the health and wellbeing of the locality population. The aim of the Quality Progression Scheme is to:</p> <ul style="list-style-type: none"> ▪ Support practices to be active participants in their locality and Primary Care Networks (PCNs) to progress improvements in the quality of care available to the locality population. ▪ Support practices, working together as a locality and PCNs to review and better understand the health needs of the locality population. ▪ Provide the opportunities to improve the design and quality of care provision necessary to meet the needs of the locality and PCN populations. ▪ Enable locality practices to co-design and participate in education programme delivered at TARGET meetings to improve the quality of care delivered to the locality population. ▪ Support development of shared learning and cooperative working between all partners in the locality and primary care networks. <p>West Hampshire CCG supported the continued funding of the QPS in Quarter 1 (2019-20) subject to a review, when published) of the requirements of the Primary Care Network Directed Enhanced Service (DES). This was to ensure that the schemes were aligned, that there was no duplication and to ensure value for money.</p> <p>The Primary Care Network DES Contract Specification has been published and sets out the requirements for PCN's in 2019-20. It should be noted that 2019-20 is primarily a preparatory year focused on the establishment of networks, with the bulk of service requirements coming into effect from April 2020 onwards.</p>
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	<p>The attached document sets out a comparison between the requirements of the PCN DES Contract Specification 2019-20 and the requirements of the key components of the Quality Progression Scheme. Whilst the aim of both the PCN DES and QPS are aligned, as 2019-20 is a preparatory year for the establishment of PCNs, the review shows that the requirements of the QPS are primarily not included within the DES for 2019-20. The continued funding of the QPS at the proposed level (see finance section) is therefore critical to maintaining and further developing the work already being undertaken by our existing Clusters (which will form our Primary Care Networks from 1 July 2019) to understand their local population need, address gaps in service provision and take action to both improve the health of their registered population and local services.</p>
Strategic objectives / perspectives	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems
Actions requested / recommendation	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Approve the funding of the Quality Progression Scheme for the remainder of the financial year (Quarters 2 to 4) at a total cost of £443k
Principal risk(s) relating to this paper	<p>The risks of not supporting the continuation of the QPS are as follows:</p> <ul style="list-style-type: none"> • The Locality structure will not be retained. This is an integral part of the CCG's constitution • There will be significantly reduced clinical input into system transformation (including QIPP delivery). There will be no mechanism to obtain wider clinical engagement in service redesign (other than through the Locality Clinical Directors). This will adversely affect the pace and scale of change that can be delivered. There will also be no mechanism for shared learning across practices within the Locality. • Relationship and reputational damage to the CCG (seen as withdrawing commitment from the Locality structure and being a clinically led organisation) at a time when clinical engagement is critical with the development of PCNs (as building blocks of wider local delivery systems). • Potential disengagement leading to adverse behaviour to the detriment of system working and financial sustainability • TARGET (recognised as best practice) will no longer be supported. This will be contrary to the CCG's requirement to support the development of general practice and the provision of high quality care
Other committees / groups where evidence supporting this paper has been considered	<p>Primary Care Steering Group Primary Care Commissioning Committee (Quarter 1 only)</p>

Financial and resource implications / impact	<p>Total funding required of £443k for Quarters 2 to 4.</p> <p>This reflects a reduction of £146,947 compared to funding for the same period in 2018-19 of £588,973.</p> <p>The reduction in funding is as follows:</p> <ul style="list-style-type: none"> ▪ £38,098 in Component 1 to reflect the assessed 'overlap' with the requirements of the Primary Care Network Directed Enhanced Service Contract ▪ £108,849 due to the recommended removal of the workforce component of the QPS in quarters 2 to 4. Completion of the workforce tool has been undertaken by Practices in Quarter 1. This information will be analysed and shared with Networks to support workforce planning. How this information is utilised will be determined by the Network but outputs will not be specified or required as part of the QPS. <p>The funding is within the existing financial allocation for primary care.</p> <p><u>Financial Summary</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">QPS Funding 2019-10 (Q2-Q4) minus TARGET</td> <td style="text-align: right;">£544,250</td> </tr> <tr> <td>Minus 10% Component A, Part 1 QPS requirements contained in PCN DES Contract</td> <td style="text-align: right;">-£38,098</td> </tr> <tr> <td>Removal of requirements to complete Component A, Part 2 Workforce Mapping</td> <td style="text-align: right;">-£108,849</td> </tr> <tr> <td>TARGET Funding</td> <td style="text-align: right;">£44,723</td> </tr> <tr> <td>Total Funding Required in 2019-20</td> <td style="text-align: right;">£442,026</td> </tr> <tr> <td> Variance</td> <td style="text-align: right;"> £146,947</td> </tr> </table>	QPS Funding 2019-10 (Q2-Q4) minus TARGET	£544,250	Minus 10% Component A, Part 1 QPS requirements contained in PCN DES Contract	-£38,098	Removal of requirements to complete Component A, Part 2 Workforce Mapping	-£108,849	TARGET Funding	£44,723	Total Funding Required in 2019-20	£442,026	 Variance	 £146,947
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Total Funding Required in 2019-20	£442,026												
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Legal implications / impact	<p>There are no legal implications arising from this paper.</p>												
Privacy impact assessment required?	<p>No.</p>												
Public / stakeholder involvement – activity taken or planned	<p>Not applicable.</p>												
Equality and diversity – implications / impact	<p>Not applicable</p>												
Report author	<p>Sylvia Macey, Head of Primary Care Rachael King, Director of Commissioning, South West</p>												
Sponsoring director	<p>Rachael King, Director of Commissioning: South West</p>												
Date of paper	<p>20 June 2019</p>												

Ref.	Components and Requirements of QPS 2019-20	Comments	Estimated % requirements contained in the 2019-20 DES Contract Specification	QPS Funding Q2 - Q4	Required QPS Funding Q2-Q4 based on outcome of the review
QPS: Component A: Locality and Cluster Plans into Action					
Part 1: Developing and Implementing Locality and Cluster Plans					
1	Actively participate in the development of their Network Plan in collaboration with local Network partners.	There is no requirement in the DES to develop a Network Plan	10%	£380,977	342,879
2	The Plan will set out priorities for delivery in line with local population need, including actions to address health inequalities.	2019-20 is a preparatory year for the development of PCNs, with the bulk of service requirements being introduced from 2019-20 onwards. Requirements in 2019-20 are as follows: In 2019/20 PCNs should work towards the collection, sharing and aggregation of data across the member practices to enable it to carry out the following actions envisaged to be requirements of the DES in 2020/21: i) support benchmarking and identification and opportunities for improvement ii) identify variation in access, service delivery or gaps in population groups with highest needs iii) review capacity and demand management across the PCN including sharing of appointment data for the PCN to action (this could be achieved through using the GP workload tool or other similar tools) There is no requirement for Networks to have used this information to develop an agreed Plan. Requirements for reducing health inequalities do not come into effect until 2021/22.			
3	Receive and review as a locality the Network Plan(s) providing constructive feedback and comment to the Networks and WHCCG	The DES does not support Locality working or infrastructure.			
4	Review and incorporate requirements within the Network Contract DES and Network Agreement into the Network Plans.	There is a requirement for Networks to deliver the Network Contract Specification and associated deliverables. There is no requirement for a Network to incorporate these within a Network Plan (as above)			
5	Undertake a review and update of the existing Locality Plan priorities for the period 2019-2021. The Locality Plan will incorporate priorities identified within the Network Plans.	There is no requirement in the DES for the Networks to be part of a Locality structure or to develop an overarching Locality Plan			
6	Collectively agree which priorities will be delivered at a Network, Locality or wider planning footprint.	As above			
7	Define, implement and monitor progress with actions necessary to ensure the delivery of improvements in the quality of service provision and health of the locality population for each priority described in the Network and Locality Plans.	As above			
8	Ensure appropriate engagement with patients, the public and local stakeholders takes place in the review and development of the Network/s and Locality Plan priorities	GP member practices within the PCN will have requirements relating to patient engagement under their primary medical services contracts. The PCN will therefore will be expected to engage, liaise and communicate with their registered population in the most appropriate way informing and involving them in developing new services and changes related to service delivery (Page 15 of DES Contract Specification)			
9	Describe improvements secured in earlier periods of the Locality Plan to ensure that progress planned for 2019-2021 builds on the work already undertaken by the Locality practices and stakeholders	No requirement within the DES			
10	Ensure that for each priority in the Network Plans and Locality Plan 2019-2021 there is in place: a clear project plan	No requirement within the DES			
11	Ensure that for each priority in the Network Plans and Locality Plan 2019-2021 there is in place: identified actions and timescales for delivery	No requirement within the DES			
12	Ensure that for each priority in the Network Plans and Locality Plan 2019-2021 there is in place: an identified clinical lead and lead commissioning manager	No requirement within the DES			
13	Ensure that for each priority in the Network Plans and Locality Plan 2019-2021 there is in place: agreed outcomes	No requirement within the DES			
14	Ensure that for each priority in the Network Plans and Locality Plan 2019-2021 there is in place: the budget implications of the current and proposed services to ensure best value for money	No requirement within the DES			
15	Ensure that for each priority in the Network Plans and Locality Plan 2019-2021 there is in place: agreement of how the scheme will be monitored and evaluated	No requirement within the DES			
16	Develop an understanding of the NHS resource 'indicative allocation' for the Locality and Networks, with support from the WHCCG Finance team to ensure value for money from services and infrastructure	No requirement within the DES			
17	Present a draft of the Network/s and Locality Plan for 2019-2021 by 30 June 2019	No requirement within the DES			
18	Outcomes for the prioritised schemes will be monitored and evaluated by the Locality. Progress will be reported at the end of the quarter.	No requirement within the DES - see above			

Part 2: Workforce Mapping					
19	Locality Practice Managers will complete a standardised workforce tool in June 2019 to provide an update of the baseline of the current workforce within General Practices as at June 2018. The tool will be supplied by NHS West Hampshire CCG to ensure consistency of data collection.	No requirement within the DES to complete a workforce tool but completion funded in Q1.	0%	£108,849	£108,849
20	The data will be used by Networks to inform workforce planning and the development of new models of care.	Not a requirement of the DES in 2019/20 other than preparatory work for 2020/21 (see reference 2 above)			
21	The agreed outcomes will be monitored and reported at the end of the quarter.	No requirement within the DES			
QPS: Component B: Improving Quality in Primary Care					
Part 1: Patient Safety - learning from significant events					
22	The locality practices will work with the NHS West Hampshire CCG Quality Team and each other to further develop a shared learning culture of patient safety in practices and the wider locality and CCG.	No requirement within the DES	0%	£54,424	£54,424
23	Each practice will embed the NHS Improvement Just Culture https://improvement.nhs.uk/resources/just-culture-guide/ to support them when evaluating the actions of staff in relation to significant events. Evidence of this will be through reference on Datix in the learning outcomes	No requirement within the DES			
24	The Quality Team will attend locality meetings twice a year to share and discuss wider learning themes with practices.	No requirement within the DES			
25	Each practice will ensure that all significant events inputted onto the DATIX system are thoroughly investigated in order to identify learning and have a SMART action plan to reduce the risk of a similar Significant Event occurring again.	No requirement within the DES			
26	All Significant Events which have learning identified for the practice will have the following sections of the Datix system completed: lessons learned, actions taken (investigation), lesson code, SMART action plan, openness and transparency	No requirement within the DES			
Part 2: Education for Improving Quality and Health					
27	TARGET meetings will take place over a weekday afternoon and will occur twice a year. The first TARGET will be held prior to the end of June 2019 and therefore will be covered by this Agreement.	No requirement within the DES. TARGET is part of the statutory requirements of the CCG to provide training to practices	0%	£44,723	£44,723
28	Participating locality practices working with the Locality Clinical Directors will identify learning needs related principally to priorities set out in the Locality Plan and Network Plans	As above			
29	The WHCCG locality commissioning team will schedule and facilitate delivery of a development and education programme for each TARGET meeting to address the identified learning needs and also to offer updates on clinical pathways or service changes being implemented	As above			
Total				£588,973	£550,875
Recommended removal of Component A, Part 2 Workforce Mapping and associated requirements					-£108,849
Total					£442,026

