

2016/17 Quality Framework for General Practice

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Section 1

Service Specification

Service Specification No.	1.
Service	Quality Framework For General Practice
Commissioner Lead	East Lancashire CCG
Provider Lead	GP Practices in East Lancashire
Period	1 April 2016 – 31 March 2017
Date of Review	Ongoing

1. Population Needs

National/local context and evidence base

1.1 Introduction

The vision for East Lancs as set out in the five year plan is to develop the locality structure with a view to delivering care closer to home within a patient's community unless there is an absolute medical need for medical care to be delivered in hospital or residential care.

As part of the five year plan primary care development was identified as a cross cutting theme and a key driver for transformational change.

Recognising that strong and effective primary care is essential for improving health and health outcomes the CCG supported the development of a strategy for the development of primary care.

The Strategy acknowledges that in order to deliver the transformation change required to meet the challenges facing the system a step change is needed in the organisation, capacity and capability of primary care.

The Quality Framework aims to support the transformation of General Practice in East Lancashire into a sustainable, integrated, high quality provider of primary care services outside of hospital, within the community and closer to home.

East Lancashire CCG has extensive experience in developing incentives to support improvement in quality and outcomes across primary care including:

- Prescribing Incentive Scheme and
- Local Quality Improvement Schemes for
 - Cancer
 - Dementia
 - Demand Management
 - Access

The CCG has used this expertise and experience to develop this Quality Framework which incorporates existing quality improvement schemes in addition to introducing new standards for General Practice.

1.2 The current position locally

- Significant unwarranted variation in the accessibility, range and quality of General Practice in East Lancashire
- Historic under investment in General Practice in East Lancashire and an increasingly challenging financial position as a result of MPIG and PMS premium withdrawals.
- No evidence of a direct correlation between investment and improved quality and outcomes.
- Significant workforce issues
- Increasing primary care demand and a shift of workload from secondary to primary care.
- Not just an aging population with increasingly complex needs but a higher than national level of disease burden in a much younger population.

1.3 National Context

The content of the *Five Year Forward View* and *From Evidence into Action* recognise that unless **new models of care**** are introduced and **unwarranted variation**** is tackled:

- It will not be possible to meet the changing needs of the population nor those of individual patients;
- People will be harmed who should have been cured;
- Unwarranted variation will persist, thereby wasting valuable healthcare resources.

Failure to identify and reduce unwarranted variation can have a negative impact on individual patients, their families and the population as a whole because unwarranted variation increases costs, decreases quality and thus reduces value for patients, population and taxpayers

The concept of variation is usually classified into two types:

- **Warranted** variation is described as differences that reflect patient-centered care and clinical responsiveness, based on the assessed need for the population served.
- **Unwarranted** variation is defined as “ variation in the utilization of health care services that cannot be explained by variation in patient illness or patient preferences”

Unwarranted variation is unacceptable: it wastes resources, and it is the hallmark of poor quality and lower value healthcare. Investigating the causes of variation offers the opportunity of identifying and eliminating lower value activity.

**** Therefore a key focus in year 1 of the Quality Framework for General Practice will be to:**

- 1. Identify unwarranted variation, where it exists, understanding the causes of variation and to give consideration to improvement opportunities.**
- 2. Supporting new models of care and new ways of working**

In order to support this process the CCG will provide each practice with benchmarked data (Details of support to be provide by the CCG is available at.....)

1.4 Definition of Quality

Quality means different things to different people. The NHS is the only healthcare system in the world with a single definition of quality.

At its simplest, Quality is defined as care that is safe, effective and provides as positive an experience as possible. The definition of quality sets out three dimensions to quality:

- Patient Safety: high quality care which is safe, prevents all avoidable harm and risks to the individual's safety; and having systems in place to protect patients;
- Clinical Effectiveness: high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes. Making sure care and treatments achieve their intended outcome;
- Patient Experience: high quality care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what the individual wants or needs, and with compassion, dignity and respect. It's about listening to the patient's own perception of their care.

This simple, yet powerful definition was first set out in 'High Quality Care for All' in 2008, following the NHS Next Stage Review led by Lord Darzi. This definition now enshrined in legislation has the patient and the NHS Outcomes Framework at the heart.

1.5 Data Quality

'Data quality is the state of accuracy, completeness, reliability, validity, timeliness and systemic consistency that makes data fit for purpose'

1.6 Local and National Drivers

East Lancs Primary Care Strategy
 East Lancs Quality Strategy
 High Quality Care for All
 The NHS Outcomes Framework
 CCG Five Year Plan
 Our Ambition to Reduce Premature Mortality
 Five Year Forward View and planning guidance 2016/17 – 2020/21
 The NHS Atlas of Variation in Healthcare: Reducing unwarranted variation to increase value and improve quality

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

Domain 1

- **Integrated Primary and Community Care Teams** reflecting the needs of the different localities working 7 days per week.

- **An integrated primary care approach** to providing improved access to both routine and same day/urgent primary care appointments during the in hours and extended hours periods including weekday evenings and weekends
- **Reduced reliance on secondary care**, with a shift in resource to create accessible, sustainable and high quality primary and community care services that support the reduction in inappropriate demand.
- **Patients treated in the right place** – avoiding people stepping into secondary care system unnecessarily if primary care can deal with it.
- **A Reduction in unwarranted variation** across primary care in:
 - None Elective admissions
 - A&E/UCC attendances

Domain 2

- Increased proportion of **patients actively involved in self-care and shared decision making**
- Increased proportion of patients receiving **evidence based brief** primary and secondary prevention **interventions**
- A **reduction in inequalities and unwarranted variation** in health and health outcomes
- **Reduction in premature mortality**

Domain 3

To utilise available resource to support prescribers in optimising prescribing quality and medicines management outcomes.

To improve the position of East Lancashire CCG in the QIPP Prescribing Comparator rankings in Lancashire, the North West and England CCGs.

To increase engagement of practices and localities in the collective aim of controlling prescribing expenditure to release savings to the CCG.

To reduce the incidence of significant prescribing related harm to patients.
 To work with all prescribers, patients and partner agencies to reduce medicines waste.
 To contribute to the CCGs QIPP (Quality, Innovation, Production and Prevention) targets through ensuring safe and clinically effective use of medicines across the whole patient pathway with respect to delivering successful outcomes.

Opportunities to optimise the use of medicines and deliver efficiency savings feature in the CCG QIPP plan and will reflect the content of the CCG Medicines Optimisation

Strategy for the prioritisation and disinvestment of medicines and related services.

Systems for facilitating the cost-effective use of medicines and budgetary management include:

Mechanisms for reviewing expenditure data.

Peer review and the availability of prescribing support and advice.

Implementation of and monitoring compliance with a Health Economy Joint Prescribing Formulary.

Active planning for future developments and investment requirements.

Robust management of expenditure associated with high cost drugs excluded from provider tariff payments.

Domain 4

- **Clear referral pathways** and the delivery of primary, community and specialist services closer to home with improved and streamlined access for patients to assessment and intervention at the right level
- **Improvement in the appropriateness and quality of referrals** to services within a patients neighbourhood or locality closer to home wherever possible with a reduction in unnecessary referral to secondary care
- Patients fully involved in **shared decision making**
- **Reduction in unwarranted variation** of referral patterns between GP practice in the following areas:
 - Dermatology
 - ENT
 - Diagnostics
- Patients will be safeguarded throughout their journey in Primary Care services*****

3. Scope

3.1 Aims and objectives of service

The introduction of a single framework across General Practice, over and above GMS that brings together existing and new quality standards with the aim of:

- Increasing investment in General Practice
- Consolidation of existing schemes
- Reducing the administrative burden on both Practices and CCG
- Sharing of best practice and effective methodologies across the CCG
- Reducing unwarranted variation and improve health outcomes
- Supporting the wider primary care transformation agenda
- Building on essential standards required of GMS Contract, QOF and CQC

3.2 Increased Investment in General Practice

Historic under investment in General Practice in East Lancashire and an increasingly

challenging financial position as a result of MPIG and PMS premium withdrawals.

3.3 Consolidation of existing schemes and reduction in the administrative burden on practices

There are a number of existing Local Enhanced Services and Local Quality Improvement Schemes that are disparate in terms of duration, claiming procedures and how they operate. This variation causes an increase in bureaucracy for both GP Practices and the CCG and does not allow practices to plan efficiently for the future, particularly regarding cash flow and the employment of staff. The aim is to combine the existing schemes into a more coherent suite with unified claiming processes and a guarantee of remuneration going forward, provided relevant targets and end points are achieved.

3.4 Reducing Unwarranted Variation

The CCG is aware of significant unwarranted variation in the accessibility, range and quality of General Practice in East Lancashire. Address with a view to improving health and health outcomes. See paragraph 1.3 above re importance of unwarranted variation.

3.5 Supporting wider primary care transformation agenda

It is becoming increasingly clear that in order to meet current and future service and financial challenges the NHS as a whole needs to change: to develop new models of care and new ways of working to meet these challenges. Work is ongoing to develop a more coordinated system through the development of INTs and the development of more integrated approaches to delivering urgent and emergency care. A key focus of this framework is to support the transition to a more integrated model of care.

3.6 Existing Schemes

The following schemes will transfer into the Quality Framework for General practice on the 1 April 2016

- Universal LESs (Phlebotomy, ECGs, ABPM, Amber Drugs)
- Local Quality Improvement Schemes
 - Access
 - Advice and Navigation
 - Cancer
 - Dementia
- Prescribing Incentive Scheme.

3.7 Service description/care pathway

The Quality Framework for General Practice set out in **Section 2** is broken down into 4 separate domains.

1. Supporting New Models of Care
2. Self-Management, Primary and secondary Prevention
3. Medicines Optimisation
4. Pathways Optimisation

Each domain is further divided into the following sections:

- **Strategic Aim** – This section of each domain describes the CCGs strategic direction as detailed in the 5 year plan and includes both local and national imperatives
- **Outcomes** – This section of each domain details outcomes. General Practice is not solely responsible for the delivery of these outcomes but is able to contribute through the quality framework and in collaboration with wider health and social care

providers to their achievement.

- **How does General Practice Contribute to the delivery of the outcomes defined?** – This section of each domain provides details of the activities, standards, expectations of General Practice in relation to the delivery of this Quality Framework. In addition in Section 3 you will find more detailed service specifications and guidance that will support the delivery of the standards.
- **Measure/KPI** – This section of each domain provides details of the measures/indicators that will be used to support measurement of achievement against a particular standard.

3.8 Quality improvement Plans

Each participating GP practice will be supported to develop a quality improvement plan during the first 3/6 months of 2016/17. Development plans will include details of how each practice either individually or collectively at neighborhood or locality level will meet the requirements of the Quality Framework

The CCG will develop a quality Improvement planning template and provide support through a series of quarterly quality improvement workshops (work with AQUA and PCC to develop)

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

As per the standards and measures detailed in the Quality Framework in Section 2

5. Funding

One of the main aims of the framework is to increase much needed investment in General practice. We need to be clear about what that additional investment buys and our expectations need to be reasonable.

The CCG propose to invest a total of £2,652,558 in the Quality Framework for General Practice.

This investment is made up from £1,000,000 of new CCG funds together with reinvested resource including:

- Universal Local Enhanced Service – These are enhanced services that are primarily provided in General Practice by the significant majority of GP
- Local Quality Improvement Schemes
- PMS top slice and
- Prescribing Incentive Scheme funds.

The CCG has agreed to provide each GP practice with a statement of their current resource allocation along with an example of what this could look like when funded through the Quality Framework depending on the level of delivery

Financial Modelling

Option 1

Each element of the Framework continues to be paid in the same way as in 2015/16 with new elements paid in 12 monthly instalments.

Continued administrative burden on both practice and CCG staff. Multiple payment methodologies, responsible managers and payment timeframes. Potential increase in Enhanced Service costs if activity increases. Fails to fully realise the advantages of the single framework model

Option 2

The total resource available for the Quality Framework is divided by the weighted registered population and allocated equitably across Practices.

70/80% of available resource paid up front in 12 equal monthly payments with a final achievement payment based on level of achievement against standards (May require a claw back if achievement below 70/80%)

This option will still enable the CCG to identify the resource allocated to each separate element of the Framework e.g. Prescribing £0.94 per head of population. Cancer £0.73 per registered patient

Option 3

A combination of the two options above.

Majority of resource divided by weighted population and allocated equitably in 12 equal monthly payments, as per option 2, but with the LESs paid on an item of service basis, as currently in year one until a baseline can be established because of the current significant variance in activity.

Option 4

Majority of resource is divided by weighted population and allocated equitably as per option 2. Enhanced Services paid in 12 equal monthly instalments based on 2015/16 activity until a baseline can be established

All Options will require monitoring of activity levels in relation to LESs

6. Contract Basis

6.1 Contract Basis

This contract supports level 3 co-commissioning and was agreed by the East Lancashire Primary Care Committee on the xxxxxx 2016. This Committee Consists of Lay, CCG Executive, NHSE and LMC member representatives

This contract will be **mutually dependent** upon the 'Core' contract. This means that only a provider currently offering essential primary medical services to a list of patient under either a General Medical Services Contract (GMS), Personal Medical Services Contract (PMS) or Alternative Provider Medical Services (APMS) will be capable of providing the service required under the East Lancs Quality Framework to that same list of patients. This mutual dependency means that the East Lancs Quality Framework may be legitimately commissioned exclusively from local General Practice, as no other provider is appropriate.

6.2 Signing Up to the Contract

GP practices who wish to sign up to the East Lancs Quality Framework are required to submit the following to the CCG:

Practices are required to produce a clear development plan, including a workforce development plan which demonstrates how the practice will meet the requirements of this Quality Framework

The CCG will provide an electronic template for completion.

Development workshop in April to support completion????

7. CCG Support

7.1 CCG Support

Provision of benchmarked data quarterly to support identification of unwarranted variation in the following areas:

- Emergency admissions
- A&E/UCC Attendances
- Utilisation of OOH
- MORI Survey
- Frequent attenders
- Risk Scores
- AF Prevalence data
- Hypertension Prevalence data
- COPD Prevalence data
- Flu Immunisation uptake rates (with and without exceptions)
- Smoking status recording
- Smoking Cessation Advice
- ABPM/ECG Activity
- Outpatient referrals

Quarterly Quality Improvement Learning Workshops throughout 16/17

Data quality support

Standardised templates

Prescribing support

Sharing of best practice

Section 2

Domain 1	Supporting New Models of Care (New Ways of Working)
Strategic Aims	<ul style="list-style-type: none"> • To develop the key role of General Practice in oversight and co-ordination of care across the system • To develop our locality structure to make sure care is delivered closer to home and within a patient's community unless there is an absolute medical need for them to be in hospital/residential care • More integrated and better co-ordinated working between all services, primary, community, secondary, housing, social and voluntary care. <ul style="list-style-type: none"> ○ People will see one service, seamless care and support, accessible and operational 7 days per week 365 days per year • To develop an integrated approach to urgent and emergency care
Outcomes	<ul style="list-style-type: none"> • <u>Integrated Primary and Community Care Teams</u> reflecting the needs of the different localities working 7 days per week. • <u>An integrated primary care approach</u> to providing improved access to both routine and same day/urgent primary care appointments during the in hours and extended hours periods including weekday evenings and weekends • <u>Reduced reliance on secondary care</u>, with a shift in resource to create accessible, sustainable and high quality primary and community care services that support the reduction in inappropriate demand. • <u>Patients treated in the right place</u> – avoiding people stepping into secondary care system unnecessarily if primary care can deal with it. • <u>A Reduction in unwarranted variation</u> across primary care in: <ul style="list-style-type: none"> ○ None Elective admissions ○ A&E/UCC attendances

	<ul style="list-style-type: none"> ○ Utilisation of GP OOHs
<p>How will General Practice contribute to the delivery of the outcomes defined in this Domain?</p>	<p>This domain aims to build upon existing work streams which focus on practice based activity by supporting more integrated working across health and social care.</p> <p><u>Existing practice based schemes upon which the Quality Framework will build include;</u></p> <ul style="list-style-type: none"> ● GMS Contractual requirements: <ul style="list-style-type: none"> ○ A named accountable GP for all patients ○ Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people. ○ Directed Enhanced Service for Extended Hours Access <hr/> <p><u>General Practice Standards</u></p> <ol style="list-style-type: none"> 1. Improved access to General Practice: <ol style="list-style-type: none"> a. Patients will have access to a receptionist at the practice both face to face and on the telephone throughout core hours 08:00am – 18:30pm Monday to Friday b. The practice will respond to all in hours (8:00am – 18:30pm Monday to Friday) pathfinder calls which are made from NWAS crews who have responded to a 999 call c. The practice will work in collaboration with NHS 111 to ensure patients that contact 111 during core hours are managed appropriately. This includes ensuring up to date information about the Practice is available on the DOS 2. Integrated Care: <ol style="list-style-type: none"> a. General Practice to contribute to the successful delivery of improved outcomes for patients through input into the multi-disciplinary team approach in the integrated neighbourhood model. This will focus on patient cohort at high risk of admission/attendance. This will be through: <ol style="list-style-type: none"> i. Review of frequent attender data and data on emergency attendances and admissions with a view to identifying areas for improvement in the management and treatment of patients in order to improve care pathways and avoid unnecessary hospital admissions ii. Regular review of risk stratification lists with a view at reducing risk score for those patients identified as

	<ul style="list-style-type: none"> iii. Provision of relevant, appropriate and timely patient information into scheduled MDT's including those patients identified through clinical contact across the practice iv. Each practice having arrangements in place for GSF list and GSF meetings for those patients on an end of life pathway v. Each practice to complete EPACCS on EMIS for patients on End of Life pathway vi. Each practice to ensure special cautionary notes and end of life care and crisis plans are available at the point in the patients pathways which ensures appropriate, safe and timely care <p>3. Safeguarding:</p> <p>Year 1 focus on understanding variation and use the learning to support development of standards for year 2</p>
Measures/KPIs	<p>On an annual basis each practice will provide the following:</p> <ul style="list-style-type: none"> 1. Improved access to General Practice: <ul style="list-style-type: none"> a. Self-declaration signed by the practice confirming that: <ul style="list-style-type: none"> i. Patients have access to a receptionist at the practice both face to face and on the telephone throughout core hours 08:00am – 18:30pm Monday to Friday. ii. The practice respond to all in hours (8:00am – 18:30pm Monday to Friday) pathfinder calls which are made from NWS crews who have responded to a 999 call iii. The Practice accepts calls from NHS 111 during core hours and ensures information about the practice on the DOS is up to date. 2. Integrated Care: <ul style="list-style-type: none"> a. Audit/attendance lists of GSF meeting occurrence b. Audit/attendance list of MDT meetings and outcomes agreed for patients discussed c. Utilisation of INT read codes available through EMIS with a view to improvement on current activity d. Improvement in those patients recorded as dying in preferred place of care through EPACCS audit e. Attendance at DNACPR training

	<p>3. Safeguarding:</p> <p>Key Performance Indicators</p> <ol style="list-style-type: none"> 1. A reduction in unwarranted variation across General Practice in: <ol style="list-style-type: none"> a. None Elective admissions b. A&E/UCC attendances c. OOH attendances 2. Improved Patient experience: <ol style="list-style-type: none"> a. MORI Survey Results <ol style="list-style-type: none"> i. Making an appointment ii. Ease of getting through on the phone iii. Satisfaction with opening hours iv. Overall experience 3. Frequent attenders 4. Reduction in risk score (and associated cost) for those patients identified as benefitting from an MDT approach <p>The CCG will provide benchmarked data on a quarterly basis in relation to each of these indicators.</p>
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Domain 2	Supporting Self-Management, Primary and Secondary Prevention
Strategic Aims	<ul style="list-style-type: none"> • To enhance primary cares role in helping people to live longer and healthier lives • Information and support necessary for patients to care for themselves and be actively involved in making decisions about their care • Strengthen prevention in terms of brief evidence based intervention • Strengthen delivery of primary and secondary prevention within General practice • Reducing inequalities and unwarranted variation in health and health outcomes

<p>Outcomes</p>	<ul style="list-style-type: none"> • Increased proportion of <u>patients actively involved in self-care and shared decision making</u> • Increased proportion of patients receiving evidence based brief primary and secondary prevention <u>interventions</u> • A <u>reduction in inequalities and unwarranted variation</u> in health and health outcomes • <u>Reduction in premature mortality</u>
<p>How will General Practice contribute to the delivery of the outcomes defined in this Domain?</p>	<ul style="list-style-type: none"> • Active support for self-management: to help patients choose healthy behaviours and support the fundamental transformation of the patient–caregiver relationship into a collaborative partnership • Primary prevention: Taking action to reduce the incidence of disease and health problems within the population, either through supporting universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups • Secondary prevention: Systematically detecting the early stages of disease and intervening before full symptoms develop <p><u>Existing Schemes</u> which will transfer into Domain 2 of the Quality Framework include:</p> <ul style="list-style-type: none"> • Cancer LIS – Detailed Service Specification available in Section 3 • Dementia LIS – Detailed Service Specification available in Section 3 • 24 hr ABPM LES(Detailed Service Specification available in Section 3) • ECG LES (Detailed Service Specification available in Section 3) <hr/> <p><u>General Practice Standards</u></p> <ol style="list-style-type: none"> 1. Cancer (see details spec) 2. Dementia (See detailed spec) 3. Reducing premature mortality: <ol style="list-style-type: none"> a. COPD: <ol style="list-style-type: none"> i. Smoking Status (Review and reduce unwarranted variation in recording of smoking status) ii. Smoking Cessation (Review and reduction in unwarranted variation in recording/offer of smoking cessation advice/referral rates) iii. Flu Immunisations for COPD (Review and reduce unwarranted variation in uptake) <ol style="list-style-type: none"> 1. Exception reporting (Actual uptake levels for patients with COPD without exception reporting allowed in QOF) 2. Improve uptake across all age groups and at

risk groups

b. Hypertension:

i. **Case finding**

1. Compare recorded prevalence with expected prevalence of Hypertension for your practice
2. Undertake opportunistic BP checks and target high risk groups in addition to patients invited to attend as part of the NHSE Health Checks Scheme commissioned by LCC
3. Ensure patients with a blood pressure reading greater than 140/90 have a 24 Hr ABPM in line with the attached service specification
4. Attend quarterly CCG workshops which will support peer review and sharing of best practice and the development of local solutions

How will the CCG support

1. Quarterly GP workshops to support peer view and sharing of best practice and the development of local solutions
2. Benchmarked data including actual versus expected prevalence of Hypertension by Practice
3. Benchmarked ABPM activity data
4. Data Quality Support

c. Atrial Fibrillation:

i. Undiagnosed AF

There is significant variation between practices in the proportion of their patients with AF who remain undiagnosed

Case finding

What can practices do to find and treat missing high risk patients?

5. Compare recorded prevalence with expected prevalence of AF for your practice
6. Use tools such as GRASP – AF to search for codes that suggest probably or possible uncoded AF
7. Undertake opportunistic pulse checking in settings where AF is more likely to be detected
8. Ensure that everyone found to have an irregular pulse is offered a 12 lead ECG to determine rhythm in line with the ECG service specification attached.

	<p>9. Attend quarterly CCG workshops which will support peer review and sharing of best practice and the development of local solutions</p> <p>How will the CCG support</p> <p>5. Quarterly GP workshops to support peer view and sharing of best practice and the development of local solutions</p> <p>6. Benchmarked data including actual versus expected prevalence of AF by Practice</p> <p>7. Data Quality Support</p>
Measures/KPIs	<p>1. Cancer</p> <ul style="list-style-type: none"> a. Cancer care team b. Practice Nurse Training c. Increasing uptake of screening d. Cancer waiting times <p>2. Dementia</p> <ul style="list-style-type: none"> a. Named clinician b. % identified c. Enhance annual review undertaken <p>3. Reducing premature mortality</p> <ul style="list-style-type: none"> a. COPD <ul style="list-style-type: none"> i. Prevalence of COPD (Actual v Expected) ii. % Smoking status recorded iii. % Smoking Cessation Advice recorded iv. Flu vaccination uptake rates v. Exception reporting rates for flu vaccinations in people with COPD b. Prevalence of Hypertension (Actual v Expected) c. % Patient with Hypertension with ABPM recorded d. Prevalence of AF (Actual v Expected) e. % Patients with AF with ECG recorded

Domain 3	Medicines Optimisation
Strategic Aim	<ul style="list-style-type: none"> • Ensure that the principles of medicines optimisation underpin the commissioning of services where the use of medicines forms an integral part of the patient pathway. • Medicines optimisation to constitute an integral part of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) plan.

	<ul style="list-style-type: none"> • Promote innovation and the uptake of NICE-approved medicines, reduce variation in prescribing performance and proactively disinvest in medicines where these do not demonstrate best value in improving patient outcomes. • Effective health economy arrangements in place for local decision making on new medicines and incorporation of NICE-approved medicines within the prescribing formulary and treatment pathways. • Further develop clinical leadership for medicines optimisation within the CCG through board-level leadership and locality leads.
<p>Outcomes</p>	<ul style="list-style-type: none"> • To utilise available resource to support prescribers in optimising prescribing quality and medicines management outcomes. • To improve the position of East Lancashire CCG in the QIPP Prescribing Comparator rankings in Lancashire, the North West and England CCGs. • To increase engagement of practices and localities in the collective aim of controlling prescribing expenditure to release savings to the CCG. • To reduce the incidence of significant prescribing related harm to patients. • To develop and maintain an East Lancashire Medicines Optimisation Steering Team (MOST) to oversee CCGs prescribing performance and provide a forum for discussing medicines optimisation implications on clinical care pathways. • To build upon the successful history of collaborative working across primary and secondary care through the East Lancashire Health Economy Medicines Management Board (MMB) and Lancashire Medicines Management Group (LMMG). • To work with all prescribers, patients and partner agencies to reduce medicines waste. • To work closely with and advise care homes on systems and policies for ordering, prescribing, dispensing and administering medicines and undertake clinical reviews in these vulnerable patient groups where appropriate. • To rationalise expenditure on non-PBR drug expenditure by engaging with secondary care, agreeing care pathways, prior approval forms, prescribing thresholds and supporting secondary care contract negotiations. • To contribute to the CCGs QIPP (Quality, Innovation, Production and Prevention) targets through ensuring safe and clinically effective use of medicines across the whole patient

	<p>pathway with respect to delivering successful outcomes.</p> <ul style="list-style-type: none"> • Opportunities to optimise the use of medicines and deliver efficiency savings feature in the CCG QIPP plan and will reflect the content of the CCG Medicines Optimisation Strategy for the prioritisation and disinvestment of medicines and related services. • Systems for facilitating the cost-effective use of medicines and budgetary management include: <ul style="list-style-type: none"> • Mechanisms for reviewing expenditure data. • Peer review and the availability of prescribing support and advice. • Implementation of and monitoring compliance with a Health Economy Joint Prescribing Formulary. • Active planning for future developments and investment requirements. • Robust management of expenditure associated with high cost drugs excluded from provider tariff payments.
<p>How will General Practice contribute to the delivery of the outcomes defined in this Domain?</p>	<p>Existing Schemes which will transfer into Domain 3 of the Quality Framework include:</p> <ul style="list-style-type: none"> • Prescribing Incentive Scheme • Amber Drugs (Near Patient Testing) LES <p>The Prescribing Incentive Scheme for 2016-17 is currently under development and will include:</p> <ol style="list-style-type: none"> a. ECLIPSE – quality software – installation and review of red alerts b. De-prescribing c. ACB and dementia d. Blood Glucose testing volume and types e. Respiratory – High dose ICS and volume of SABAs f. Opioids – Patches; oxycodone and opioid load. g. Antibiotics – volume h. Benzodiazepines <ol style="list-style-type: none"> 1. Strategic input into the Health Economy Medicines Management Board and Medicines Optimisation Steering Group re. commissioning decisions on new medicines, implementation of NICE guidance and pathway development. 2. Strategic input into consultations on new medicine reviews, shared care guidelines and pathway development. 3. Delivery of quality measures set out in the Medicines Optimisation Work Programme and PresQIPP including the Prescribing Incentive Scheme. 4. Prescribing in line with Health Economy Joint Prescribing Formulary and utilisation of tools to facilitate this across pathways and interfaces. 5. Prescribing of treatments considered higher risk safely and effectively in line with locally agreed shared care agreements.

	<ol style="list-style-type: none"> 6. Prescribing in accordance with the standards set down in the anticoagulation specification where appropriate. 7. Ensuring the quality of medication reviews are undertaken in accordance with access to full clinical records and blood tests and therapeutic drug monitoring where appropriate. 8. Ensuring patients are provided with appropriate information and sign-posting to facilitate effective self-care. 9. Ordering, storing, prescribing, administration, record-keeping and destruction of controlled drugs are in accordance with appropriate legal and governance frameworks and incidents reported accordingly. 10. Reporting of system failures and incidents in relation to transfer of care particularly at the point of discharge. This applies to patients discharged into their own homes, into a care home or an intermediate care setting.
Measures/KPIs	<ol style="list-style-type: none"> 1. Outcomes and targets indicated in the Medicines and Optimisation Work Plan and Prescribing Incentive Scheme. 2. Formulary compliance and review. 3. Commissioning in line with local and national guidelines, as evidenced on www.elmmb.nhs.uk 4. Prescribing in accordance with safe and effective shared care agreements according to a pre-determined list. 5. Delivery of outcomes set out in the Anticoagulation Specification. 6. CD incidents reported according to standardised system: www.cdreporting.co.uk 7. Reporting of systems failures and incidents through interface log to go through soft intelligence

Domain 4	Pathways Optimisation
Strategic Aim	<ul style="list-style-type: none"> • The CCG vision for scheduled care is to focus provision of services at local centres where appropriate and affordable whilst not compromising on quality of care • The identification and implementation of Pennine Lancs programmes of transformational change aimed at reducing demand on secondary care and commissioning services closer to home • Safeguarding pathways and processes to be fully embedded in all Primary Care pathways
Outcomes	<ul style="list-style-type: none"> • <u>Clear referral pathways</u> and the delivery of primary, community and specialist services closer to home with improved and streamlined access for patients to assessment and intervention at the right level • <u>Improvement in the appropriateness and quality of referrals</u> to services within a patients neighbourhood or locality closer to home wherever possible with a reduction in unnecessary referral to secondary care

	<ul style="list-style-type: none"> • Patients fully involved in <u>shared decision making</u> • <u>Reduction in unwarranted variation</u> of referral patterns between GP practice in the following areas: <ul style="list-style-type: none"> ○ Dermatology ○ ENT ○ Diagnostics • Patients will be safeguarded throughout their journey in Primary Care services*****
<p>How will General Practice contribute to the delivery of the outcomes defined in this Domain?</p>	<p><u>Existing schemes which will now be included the Quality Framework:</u></p> <ul style="list-style-type: none"> • Phlebotomy LES • Advice and Navigation LIS <p>Detailed service Specifications available in Section 3</p> <hr/> <p><u>General Practice Standards</u></p> <ul style="list-style-type: none"> • Ensuring patients are fully involved in shared decision making • Updated Advice and Navigation Scheme • Use of appropriate Pathways (Map of medicine – local alternative?) • Procedures of Limited Clinical Value • Adherence with NICE guidance <p>The practice regularly reviews data on secondary care outpatient referrals with a view to identifying areas for improvement in the management and treatment of patients in order to improve care pathways and avoid inappropriate outpatient referrals</p>
<p>Measures/KPIs</p>	<ul style="list-style-type: none"> • Review/audit of referral data • Improvement planning and peer review similar to QP Process in previous versions of QOF • Adherence to agreed referral pathways • Increased use of shared decision making aids • Improved adherence to policy, procedure in areas of limited clinical value

Section 3 Detailed Guidance and Service Specifications

Service Specification No.	9
Service	24 Hour Ambulatory Blood Pressure Monitoring Service
Commissioner Lead	NHS East Lancashire Clinical Commissioning Group
Provider Lead	GP practices in East Lancashire
Period	1 st April 2016 – 31 st March 2017
Date of Review	October 2016

1. Population Needs

1.1 National/local context and evidence base

Ambulatory blood pressure monitoring (ABPM) has the advantage of measuring BP over a full 24-hour period, capturing BP fluctuations which may provide a more accurate reflection of patient's 'true' BP than traditional office readings. (Mead, M., Adgey, J., et al, (2008) Controlling blood pressure over 24 hours: a review of the evidence. *British Journal of Cardiology*. Volume 15, Issue 1 BrJCardiol 2008; 15: 31-4).

24 hour Ambulatory Blood Pressure Monitoring (ABPM) is a low risk measurement of blood pressure over a prolonged period, usually 24 hours and is recommended by NICE in the diagnosis and assessment of Hypertension (*NICE: Hypertension CG 127*).

This service was developed in response to the need for improved access in primary care for patients in line with NICE guidance and aims to provide patient-centred care in a convenient location closer to a patients home in line with the CCGs five year plan.

ABPM is a suitable procedure to be undertaken in a primary care setting reducing the need for referral to secondary care.

ABPM delivered in primary care provides an important diagnostic investigation which enables the effective diagnosis and management of patients by primary care clinicians within a primary care setting and/or early referral, as appropriate, to specialist care.

British Hypertension Society http://www.bhsoc.org/docs/NICE_Hypertension_Guideline_Update.doc.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

- Improved patient access to ABPM in line with NICE guidance in a primary care setting
- Reduced waiting times for ABPM
- Care delivered, wherever possible, in a convenient location, closer to the patients home
- Reduced need for referral to secondary care
- Reduction in the number of inappropriate/unnecessary hospital attendances
- Improved patient experience

3. Scope

3.1 Aims and objectives of service

To provide 24 hour Ambulatory Blood Pressure Monitoring (ABPM) for all appropriate patients in Primary Care in a timely and convenient manner, reducing the need for inappropriate referrals to Secondary Care and the associated anxiety this causes patients.

3.2 Service description/care pathway

The technique of ABPM is specialised, requiring validated and appropriate quality control measures to be used. The interpretation of the APBM profile is expected to include mean daytime, mean night-time and mean 24-hour measurements, as well as consideration of information from patient's diaries and times of drug treatment.

The service will be provided to registered patients or patients from other GP practices in East Lancashire requiring a diagnostic 24 hour ABPM in the categories below:

- To exclude 'white coat' hypertension in patients with newly discovered hypertension i.e. patients with high reading in clinic but with no signs of target organ damage
- In patients with borderline or labile hypertension
- To assist blood pressure management in patients whose blood pressure is apparently poorly controlled, despite using appropriate anti-hypertensive drug therapy
- In patients with worsening end organ damage, despite adequate blood pressure control on clinic blood pressure measurements
- To assess adequacy of blood pressure control over 24 hours in patients at particularly high risk of cardiovascular events, in whom rigorous control of blood pressure is essential e.g. diabetes, past stroke
- In deciding on treatment for elderly patients with hypertension
- In patients with suspected syncope or orthostatic hypertension
- In patients with symptoms or evidence of episodic hypertension
- In hypertension in pregnancy.

Core Service to be provided is the recording and basic interpretation of 24 hour ABPM. This service is to be provided in line within the East Lancashire guidance (see East Lancashire Medicines Management Board website).

Day One

The patient will be fitted with a 24 hour blood pressure monitoring device. Full instructions will be given to the patient and details of who to contact in case of difficulties. Patients will also be encouraged to keep a diary for the duration of the test.

Day Two

The patient re-attends for removal of the device. The device processed the mean daytime (systolic and diastolic) (at least). This will be recorded on the practice clinical system. When using ambulatory blood pressure monitoring to confirm a diagnosis of hypertension, the provider should ensure that at least 2 measurements per hour are taken during the patient's usual waking hours (e.g. between 08:00 and 22:00). The average value of at least 14 measurements taken during the patient's usual waking hours should be used to confirm a diagnosis of hypertension. Within 1 week of the investigation the GP or appropriately qualified Practice Nurse must discuss the results of the measurements with the patient. Alternative removal arrangements may be agreed separately with the commissioner.

The provider will undertake audit and research work to verify findings and develop best practice and report such to the commissioner.

3.3 Population covered

The service will be provided to registered patients or patients from other GP practices in East Lancashire

3.4 Any acceptance and exclusion criteria

All patients must be registered with a GP practice in East Lancashire

3.5 Interdependencies with other services

Staff involved with the provision of this service must work together with other professionals where appropriate. Where appropriate, the provider should refer patients to other necessary services and to the relevant support agencies using the locally agreed guidelines.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The delivery of the commissioned service is underpinned by the appropriate standards, including but not limited to:

- Care Quality Commission Standards
- Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance
- Relevant safeguarding standards
- NICE Clinical Guideline 127 Hypertension, published August 2011
<http://guidance.nice.org.uk/CG127>

4.2 Applicable standards set out in Guidance and/or issued by a competent body

As per the NHS Standard Contract.

4.3 Applicable local standards

East Lancashire Medicines Management Board Guidelines – <http://www.elmmb.nhs.uk/guidelines>

The service shall be provided by qualified healthcare professionals, who are appropriately trained in the recording and interpretation of 24 hour ABPM.

The service healthcare professionals are supported and complemented by appropriately competent, qualified and registered support staff.

All clinical staff will have regular training and professional development in line with performance appraisal and development practice, to ensure staff, are familiar with current best practice.

The provider is required to maintain evidence of continuing professional development in relation to this service. This may be required to be produced as evidence for re-accreditation. Clinical updates/training could include supervised practice, liaison/clinical audit sessions or attendance at appropriate postgraduate meetings/lectures/events etc.

Monitoring and Reporting

The provider must supply the CCG with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this service level agreement.

Service Specification No.	7
Service	Electrocardiographs (ECGs) in Primary Care
Commissioner Lead	NHS East Lancashire Clinical Commissioning Group (CCG)
Provider Lead	GP Practices in East Lancashire
Period	1st April 2016 – 31st March 2017
Date of Review	October 2016

1. Population Needs

1.1 National/local context and evidence base

This service was developed in response to the need for improved access for patients requiring a diagnostic 12 Lead Electrocardiograph and aims to provide patient-centred care in a convenient location closer to a patient's home in line with the CCGs five year plan.

The recording and basic interpretation of the Electrocardiograph is a suitable procedure to be undertaken in a primary care setting reducing the need for referral to secondary care.

Electrocardiographs delivered in primary care provide an important diagnostic investigation which enables the early diagnosis by primary care clinicians of some cardiac conditions, management within primary care and/or early referral, as appropriate, to specialist care.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

- Improved patient access to diagnostic 12 lead Electrocardiograph testing to support the early diagnosis and management of some cardiac conditions in a primary care setting
- Reduced waiting times for diagnostic 12 lead Electrocardiograph testing
- Care delivered, wherever possible, in a convenient location, closer to the patients home
- Reduced need for referral to secondary care for diagnostic 12 lead Electrocardiograph testing
- Reduction in the number of inappropriate/unnecessary hospital attendances
- Improved patient experience.

3. Scope

3.1 Aims and objectives of service

To provide diagnostic 12 lead electrocardiographs, including recording and basic interpretation, within a Primary Care setting in a timely and convenient manner, reducing the need for inappropriate referrals into Secondary Care and the associated anxiety this causes patients.

In addition, providers may wish to refer for a specialist interpretation of an ECG result in line with Appendix 1 of this specification.

To provide patient-centred care as close to the patients home as possible

3.2 Service description/care pathway

This service will provide the recording and basic interpretation (in line with available interpretation training from the Cardiac Network/suitable training provider) of diagnostic electrocardiographs in Primary Care at a time convenient to the patient within normal surgery hours.

In addition, a request for specialist interpretation can be made at the discretion of the responsible clinician (this will be reimbursed by NHS East Lancashire CCG). The specification for specialist interpretation is shown at Appendix 1

Recipients of this service will be registered patients requiring a diagnostic 12 lead electrocardiograph.

Included within this service specification are patients requiring a 12 lead ECG for the following:-

- Hypertension – after initial assessment
- Medication related:
 - In accordance with manufacturer's product license (SPC), local and national guidance e.g. Amiodarone and High dose methadone above 100mg/d.
- Pre-referral
 - In accordance with agreed care pathways
 - RACP Clinic
 - Memory Clinic
- Potential Arrhythmias and Heart Block
 - Palpitations,
 - Confirmation of AF
 - Investigation of possible cardiac cause for presenting symptoms
- Pre ECHO
- Chest Pain if assessing clinician feels it is appropriate
- Specialist Interpretation at the responsible Clinician's discretion – See Component 2

Participating providers will be using automated self-reporting ECG machines. Furthermore the responsible Clinician will need to check each recording and automated report to exclude errors.

3.3 Population covered

The service is to be provided to all eligible residents of East Lancashire that are registered with an East Lancashire GP practice.

3.4 Any acceptance and exclusion criteria

3.5 Interdependencies with other services

Staff involved with the provision of this service must work together with other professionals where appropriate. Where appropriate, the provider should refer patients to the other necessary services and to the relevant support agencies using the locally agreed guidelines.

- NHS East Lancashire CCG
- Primary Care (East Lancashire GP Practices)
- Local Acute Trusts (Secondary Care Consultants - Cardiology)
- Specialist Interpretation Services

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The delivery of the commissioned service is underpinned by the appropriate standards including but not limited to:

- Chest pain of recent onset - NICE Guidelines (CG95)
- Unstable angina – NICE Guidelines (CG94)
- Stable Angina – NICE Guidelines (CG126)
- Hypertension - NICE Guidelines (CG127)
- Atrial Fibrillation. NICE clinical guideline 180 (2014)

4.2 Applicable standards set out in Guidance and/or issued by a competent body

As per the NHS Standard Contract.

4.3 Applicable local standards

GPs providing this service are not expected to have skills or expertise beyond that required for the delivery of general medical services. The responsible clinician should have the basic skills needed to interpret a 12 lead ECG, including determining whether the recording is normal or abnormal and deciding on appropriate further action.

The service shall be provided by healthcare professionals, who are appropriately trained in the recording of 12 lead electrocardiographs. A clinician with appropriate skills should have the clinical responsibility to interpret and decide upon the further action required.

The service healthcare professionals are supported and complemented by appropriately competent, qualified and registered support staff.

Contact with the Lancashire Cardiac Network for training / support purposes will be encouraged.

All clinical staff will have regular training and professional development in line with performance appraisal and development practice to ensure staff are familiar with current best practice.

The provider is required to maintain evidence of continuing professional development in relation to this service. This may be required to be produced as evidence for re-accreditation. Clinical updates/training could include supervised practice, liaison/clinical audit sessions or attendance at appropriate postgraduate meetings/lectures/events etc.

4.4 Monitoring and Reporting

The provider must supply the CCG with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this specification.

The provider shall collate and monitor activity related to the Service.

The Provider shall monitor and provide, as requested, the following information as a minimum:-

- Number of patients seen as part of the Service
- Reason for undertaking a 12 Lead Diagnostic ECG.
- Number of patients referred to an alternate provider for diagnostic electrocardiograph testing
- Number of referrals to Specialist Cardiology Services as a result of ECG undertaken in primary care

Patient outcomes:

- Annual patient satisfaction survey
- Patient complaints related to this service

SPECIALIST INTERPRETATION OF ECGs

A Locally Enhanced Service for the Specialist Interpretation/ Diagnostic of ECGs

1. Introduction

NHS East Lancashire Clinical Commissioning Group (CCG) would like to offer this addition to the Recording and Basic Interpretation of ECGs in Primary Care

2. Service Description

Specialist diagnostic interpretation of ECGs

Providing GP practices with prompt, expert, clinical interpretation of ECGs

GP Practices must be able to demonstrate they have entered into agreement with an approved specialist diagnostic interpretation service which will allow transmission by email, fax or telephone of patients ECG traces for clinical interpretation in order to inform clinical decision making.

3. Background

GPs do not always see sufficient number of ECGs, particularly in small practices to be able to confidently interpret the many and varied results. This results in patients being referred, possibly unnecessarily to secondary care services.

4. Aims of Service

The aim of this service is to:

- Provide a Specialist ECG diagnostic interpretation service within hours
- Reduce unnecessary and inappropriate referrals into secondary care
- Assess the impact of such a service on
 - o Patients
 - o Primary Care
 - o Secondary Care

5. Scope of Service

The service will be available to patients meeting the criteria detailed under the ECG recording and basic interpretation in primary care service specification requiring specialist diagnostic interpretation of their ECG in order to inform clinical decision making.

6. Service to be Provided

Specialist diagnostic interpretation of ECGs by appropriately trained expert clinical staff of ECGs deemed clinical appropriate and submitted by the GP Practices in order to support clinical decision making in primary care.

7. Specialist Skills and Competencies

The practice must satisfy itself that any specialist diagnostic interpretation agency with which the practice enters into agreement must provide the following:-

- Expert clinical interpretation, support and instruction, appropriate to the service requirement.
- A team of qualified healthcare professionals, who are appropriately registered and with post-registration experience and recognized qualifications in the clinical interpretation of ECG
- All healthcare professional have regular training and professional development in line with best practice

8. Benefits to Recipients

It is anticipated that this service will benefit recipients by providing timely results closer to home.

9. Activity Reporting and Monitoring

Practices taking part in the additional specialist interpretation element of the service will be expected to conduct regular clinical audits which include the following:

- Number of ECGs sent for specialist interpretation
- Clinical reason for undertaking the ECG
- Intervention by the practice before specialist interpretation
- Action by the practice after specialist interpretation
- Time taken for specialist interpretation
- Any relevant feedback provided by diagnostic provider
- Would the action of the practice been different if specialist interpretation services not been available.
- Patient satisfaction feedback

The provider will use the results of the audit to inform changes and developments to the service.

10. Review Date

The service for recording and basic interpretation of ECGs in Primary Care and will be subject to annual review.

Service Specification No.	12
Service	Phlebotomy Service
Commissioner Lead	NHS East Lancashire Clinical Commissioning Group (CCG)
Provider Lead	GP Practices in East Lancashire
Period	1 st April 2016 – 31 st March 2017
Date of Review	October 2016

1. Population Needs

1.1 National/local context and evidence base

Phlebotomy – the drawing of blood – has been practiced for centuries and is still one of the most common invasive procedures in health care

Phlebotomy services are available worldwide in a range of health-care facilities (e.g. hospitals, outpatient facilities and clinics), and are usually performed by both medical and nonmedical personnel.

The most common use of blood sampling is for laboratory tests for clinical management and health assessment.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health following injury	x
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

- To ensure care is delivered safely in a timely manner and in a convenient location closer to the patients home
- Improved patient experience
- Reduced need for onward referral.

The provider must supply the CCG with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this service level agreement.

3. Scope

3.1 Aims and objectives of service

The service will provide phlebotomy services to cover 'in-house' provision of Primary and appropriate Secondary Care generated phlebotomy requests. The purpose of this service is to mainstream the provision of phlebotomy services in General Practice across East Lancashire.

3.2 Service description/care pathway

GP Practices will be responsible for managing both Primary and appropriate Secondary care generated requests for phlebotomy for their registered patients.

Indications for blood sampling must be clearly defined, either as part of a written protocol or in documented instructions (e.g. a laboratory form)

The practice will ensure the following conditions are in place:

- staff performing phlebotomy should receive training and demonstrate proficiency
- all health workers undertaking phlebotomy must be trained in infection prevention and control procedures
- development of a written protocol for the provision of this service which includes infection control and needle stick injury management and clear instructions to follow in case of accidental exposure to blood or body fluids.
- staff undertaking procedure have verified Hepatitis B protection
- staff undertaking the procedure have suitable indemnity
- availability of appropriate supplies and protective equipment including access to post exposure prophylaxis. Health workers should wear well-fitting, non-sterile gloves when taking blood; they should also carry out hand hygiene before and after each patient procedure, before putting on and after removing gloves.
- adequate facilities and equipment to enable provision of the service including a quiet, clean, well-lit area with access to hand washing facilities
- a patient information leaflet or poster explaining the procedure in simple terms should be available
- the ability to dispose the blood sampling device immediately after use as a single unit. It should be placed in a puncture-proof, leak-proof, closable sharps container that is clearly visible and is placed within arm's reach of the health worker.
- checking of samples and forms for accuracy
- samples must be stored in a safe clinical environment prior to transportation to the Pathology Department
- appropriate quality assurance controls
- samples must be transported via appropriate courier service to ensure safe delivery and quality control conditions.

3.3 Population covered

The service provided shall be for all eligible patients who are registered with a GP practice in the NHS East Lancashire CCG geographical boundaries.

3.4 Any acceptance and exclusion criteria

3.5 Interdependencies with other services

- NHS East Lancashire CCG
- Primary Care
- Local Acute Trusts (Secondary Care)
- PALS

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The delivery of the commissioned service is underpinned by the appropriate standards, including but not limited to:

- WHO Guidelines on drawing blood :best practices in phlebotomy
- Care Quality Commission Standards
- Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance
- Relevant safeguarding standards

4.2 Applicable standards set out in Guidance and/or issued by a competent body

As per the NHS Standard Contract.

4.3 Applicable local standards

The practice will be responsible for ensuring appropriate training and continuous professional development is available for all staff providing the phlebotomy service.

The provider is required to maintain evidence of continuing professional development in relation to this service. This may be required to be produced as evidence for re-accreditation. Clinical updates/training could include supervised practice, liaison/clinical audit sessions or attendance at appropriate postgraduate meetings/lectures/events etc.

Monitoring and Reporting

The provider must supply the CCG with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this service level agreement.

Section 4

Summary of General Practice Standards/Requirements

General	To develop a quality improvement plan during the first 3/6 months of 2016/17. Development plans will include details of how each practice either individually or collectively at neighborhood or locality level will meet the requirements of the Quality Framework
Domain 1	Patients will have access to a receptionist at the practice both face to face and on the telephone throughout core hours 08:00am – 18:30pm Monday to Friday
	The practice will respond to all in hours (8:00am – 18:30pm Monday to Friday) pathfinder calls which are made from NWS crews who have responded to a 999 call
	The practice will work in collaboration with NHS 111 to ensure patients that contact 111 during core hours are managed appropriately. This includes ensuring up to date information about the Practice is available on the DOS
	General Practice to contribute to the successful delivery of improved outcomes for patients through input into the multi-disciplinary team approach in the integrated neighbourhood model. This will focus on patient cohort at high risk of admission/attendance. This will be through:
	Review of frequent attender data and data on emergency attendances and admissions with a view to identifying areas for improvement in the management and treatment of patients in order to improve care pathways and avoid unnecessary hospital admissions
	Regular review of risk stratification lists with a view at reducing risk score for those patients identified as benefitting from an MDT discussion
	Provision of relevant, appropriate and timely patient information into scheduled MDT's including those patients identified though clinical contact across the practice
	Each practice having arrangements in place for GSF list and GSF meetings for those patients on an end of life pathway

Domain 2	Cancer standards
	Dementia Standards
	<p>COPD:</p> <p>Smoking Status (Review and reduce unwarranted variation in recording of smoking status)</p> <p>Smoking Cessation (Review and reduction in unwarranted variation in recording/offer of smoking cessation advice/referral rates)</p> <p>Flu Immunisations for COPD (Review and reduce unwarranted variation in uptake)</p> <p>Exception reporting (Actual uptake levels for patients with COPD without exception reporting allowed in QOF)</p> <p>Improve uptake across all age groups and at risk groups</p>
	<p>Hypertension</p> <p>Compare recorded prevalence with expected prevalence of Hypertension for your practice</p> <p>Undertake opportunistic BP checks and target high risk groups in addition to patients invited to attend as part of the NHSE Health Checks Scheme commissioned by LCC</p> <p>Ensure patients with a blood pressure reading greater than 140/90 have a 24 Hr ABPM in line with the attached service specification</p> <p>Attend quarterly CCG workshops which will support peer review and sharing of best practice and the development of local solutions</p>
<p>Undiagnosed AF</p> <p>There is significant variation between practices in the proportion of their patients with AF who remain undiagnosed</p> <p>Case finding</p> <p>What can practices do to find and treat missing high risk patients?</p> <p>Compare recorded prevalence with expected prevalence of AF for your practice</p> <p>Use tools such as GRASP – AF to search for codes that suggest probably or possible uncoded AF</p> <p>Undertake opportunistic pulse checking in settings where AF is more likely to be detected</p> <p>Ensure that everyone found to have an irregular pulse is offered a 12 lead ECG to determine rhythm in line with the ECG service specification attached.</p> <p>Attend quarterly CCG workshops which will support peer review and sharing of best practice and the development of local solutions</p>	

Domain 3	Prescribing Incentive Scheme Standards
	Amber Drugs (Near Patient Testing
Domain 4	Advice and Navigation standards
	The practice regularly reviews data on secondary care outpatient referrals with a view to identifying areas for improvement in the management and treatment of patients in order to improve care pathways and avoid inappropriate outpatient referrals

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