

Agenda Item No: 6.3

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	21 December 2015	
REPORT TITLE:	Primary Care Quality Review Update	
SUMMARY OF REPORT:	East Lancs CCG has been working with NHSE colleagues to develop a process for the monitoring, review, support and escalation of quality issues relating to General Practice. This report provides an update position.	
REPORT RECOMMENDATIONS:	Note progress made to date and consider the concerns raise the Quality Review Group	ed by
FINANCIAL IMPLICATIONS:		
REPORT CATEGORY:	Formally Receipt	Tick
	Action the recommendations outlined in the report.	ما
	Debate the content of the report	\ 1
		V
AUTHOR:	Receive the report for information Lisa Cunliffe	
AUTHOR:	Primary Care Development Manager	
	Report supported & approved by your Senior Lead	Υ
PRESENTED BY:	Lisa Cunliffe, Primary Care Development Manager	ı
TRESERVED DT.	Sharon Martin, Director of Performance & Delivery	
OTHER COMMITTEES/	Primary Care Quality Review Group	
GROUPS CONSULTED:	Trimary Care Quality Neview Group	
EQUALITY ANALYSIS (EA):	Has an EA been completed in respect of this report?	N
RISKS:	Identified in the report	Y
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	N
PRIVACY STATUS OF THE REPORT:	Can the report be shared?	Υ
		Tick
1 Commission the right services for patients to be seen at the right time, in the right place, by the right professional.		V
2 Optimise appropriate use of resources and remove inefficiencies.		V
3 Improve access, quality and choice of service provision within Primary Care		V
4 Work with colleagues from Second pathways	ary Care and Local Authorities to develop seamless care	$\sqrt{}$



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PRIMARY CARE COMMITTEE 21 December 2015

Primary Care Quality Process for Supporting Struggling Practices

1. Introduction

- **1.1.** East Lancs CCG has been working with NHSE colleagues to develop a process for the monitoring, review, support and escalation of quality issues relating to General Practice. This report provides an update position.
- **1.2.** In addition NHSE are developing a £10m programme of support for practices identified as 'in difficulty'
- **1.3.** These two programmes of work are complimentary

2. Purpose / Background

- **2.1.** A presentation to a previous meeting of the Primary Care Committee proposed a local process for reviewing primary care data, including soft intelligence in order to identify outlying practices and/or practices which may be struggling with a view to early intervention, quality improvement planning and support and where necessary escalation when progress is less than required.
- **2.2.** Subsequently NHSE informed the CCG of a Quality Risk Profiling Toolkit and Review Process that is currently being rolled out across the North West.
- **2.3.** There are a number of benefits to adopting this process locally:

2.3.1.	Consistent and equitable approach across providers
2.3.2.	Systematic process
2.3.3.	Balanced/risk based approach
2.3.4.	Good quality identified and assurance gained
2.3.5.	Risk to quality understood, shared and measurable
2.3.6.	Providers aware of commissioner views
2.3.7.	Support mechanisms strengthened

- **2.3.8.** Earlier intervention
- **2.3.9.** Improved patient outcomes

3. Outline Process

- **3.1.** Attached at Appendix 1
- **3.2.** This process was reviewed by the East Lancs Primary Care Quality Review Group at which a number of concerns were raised including:
 - **3.2.1.** Routine Quality Monitoring Not all the information required as part of 'routine quality monitoring' is available to the CCG

- **3.2.2.** Clinical support to Quality Review Meetings and targeted quality assurance visits
- **3.2.3.** Capacity of Primary Care and Quality Teams to adequately support the process.
- **3.3.** Work is ongoing to better understand the process and the capacity required to support it.

4. Support for Vulnerable GP Practices

- **4.1.** In addition to the ongoing work locally aimed at identifying and supporting struggling practices NHSE are developing a £10m programme of support for practices identified as 'in difficulty' See letter attached at Appendix 2
- **4.2.** National criteria for the identification and prioritisation of vulnerable practices include:
 - **4.2.1.** Those Practices rated as inadequate by CQC
 - **4.2.2.** Those Practices rated as 'requiring improvement' where there is greatest concern
 - **4.2.3.** Those assessed by local commissioners in need of support in view of local intelligence
- **4.3.** NHSE will need to agree with CCGs a prioritised list of practices to support based on their assessment using national criteria
- **4.4.** Local NHSE teams need to be able to confirm by **28 January 2016** details of those practices they have agreed to support
- **4.5.** GP Practices rated as inadequate will continue to be offered support through the RCGP peer support programme.
- **4.6.** Local NHSE teams will be responsible for securing the support offer for all other identified vulnerable GP practice through the provision of externally facilitated provider support.
- **4.7.** NHSE national support centre will work to simplify the procurement process for local NHSE teams by securing a dedicated provider call-off framework for the programme to enable to efficient appointment of providers who can deliver tailored support.
- **4.8.** This 'call-off framework' will take 3 6 months to put in place and until then NHSE teams will be responsible for putting in place local solution to securing externally facilitated support.
- **4.9.** The support offer to practice is conditional on:
 - **4.9.1.** Matched funding commitment
 - **4.9.2.** Movement towards sustainable models of care
- **4.10.** The initiative won't be without workload implications for NHSE and CCG but is aimed at supporting practices already on the radar giving commissioners much needed resource to address issues.

5. Recommendations

5.1. The Primary Care Committee are asked to note progress to date and to consider the concerns raised by the Quality Review Group

LISA CUNLIFFE Primary Care Development Manager