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Title of paper	Enhanced Primary Care Services Quarterly Performance Report
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Responsible Director	Janet Cree, Managing Director Approved report Yes				
Clinical Lead	NA				
Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so
Assurance Level Agreed by Responsible Director	Good <input type="checkbox"/> x	Adequate <input type="checkbox"/>	Limited <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	

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| <p>The Committee is asked to:</p> <ul style="list-style-type: none"> ○ Review and Note performance of services and outcomes commissioned under the 2018/19 Enhanced Primary Care Contract, more specifically: <ul style="list-style-type: none"> ○ Q1 (18/19) performance for out of hospital services (Appendix 1, Section 1) ○ Q2 (18/19) performance against the key outcomes measures commissioned from primary care network as part of the population health management specification (Appendix 2, Section 2).
 ○ Consider the current content of the report and advise on any changes in future presentation |
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Summary of purpose and scope of report

Hammersmith and Fulham CCG has commissioned an Enhanced Primary Care (EPC) Contract from the GP Federation and general practices in 2018/19. The EPC Contract supports the next stage of development envisaged in the primary care strategy, with funding aligned to improve services and outcomes; strengthen ways of working across GP networks for the benefit of patients; and enhance the role of the GP Federation as an enabler of services at scale for the whole population.

This paper provides an update the performance of out of hospital services and population health management specifications as commissioned under the contract. A detailed performance report can be found in **Appendix 1**. It should be noted that the following data has not been included in the enclosed report due to data quality issues :

- **Q1 (18/19) Key Performance Indicator (KPI) data for out of hospital services:**
This data was reviewed at the November contract meeting and a number of inaccuracies were identified due to the way in which the data is captured via the clinical system. The CCG and GP Federation would like to undertake further validation of this data with the NW London Business Intelligence team to ensure its accuracy before publication.
- **Bed days for admissions related to frailty (this data is required to monitor GP networks' achievement against frailty outcomes as part of population health management work)** The CCG had intended to use Whole Systems Integrated Care data as it is the only dataset that links activity data to each frailty cohort. Data quality issues have impacted the reliability of this data. The CCG is currently exploring other options i.e. use of SUS data with an agreed criteria. This data will be available for the next report.

Key highlights

- All networks are making very good progress towards achieving their year-end target for increasing atrial fibrillation and hypertension diagnoses (**Appendix 1, pp.19-20**). Improving variation in outcomes across practices within each network remains a key priority of population health management work.
- GP Federation has successfully completed two clinical audits for spirometry and warfarin monitoring services. Key findings from the audits are summarised in **Appendix 1 (pp. 13-14)**. The GP Federation has developed an action to address the specific areas of improvements identified through the audits. This is being reviewed with the GP Federation as part of monthly contract meetings.
- Q1 (18/19) activity for out of hospital services was delivered within the YTD budget (**Appendix 1, pp.11-12**)

Challenges

- Performance against the diabetes treatment targets has been poor across all H&F primary care networks despite the work undertaken by the HF local team via weekly practice visits and virtual clinics (**Appendix 1, p.9**). The CCG Primary Care Team, GP Federation and Diabetes Transformation Team are due to meet on the 21 November to discuss key areas for improvement and to identify further remedial actions, which will focus on:
 - Increasing the use of diabetes clinical templates across practices
 - Increasing the number of patients referred for structured education
 - Targeting underachieving practices ensuring full engagement with the primary care support team
 - Sharing best practice and establishing a peer-led monitoring approach within and across Networks
- GP practice non-engagement remains a challenge for the H&F GP Federation; although 52% practices submitted returns for the quality dashboard (**Appendix 1, pp. 15-16**) in June and the compliant rate has dropped during Q2 (2018/19). The GP Federation is now undertaking quarterly practice visits and compliance against the quality dashboard is a standing agenda item at both practice-level and network meetings. Non-engaging practices will be given until the 15/12/18 to submit all relevant information. Practices who fail to provide the information within the agreed timescale will be issued a contract performance notice which may result in a financial penalty.

Planned activities for current quarter

- Completion of patient satisfaction survey across GP practices for out of hospital services
- Commencement of clinical peer support meetings between Network Clinical Leads, CCG Clinical Leads and secondary care consultants to support the continued delivery of each network's population health management plan
- Development of remedial action plan to address diabetes performance issues (as set out above)
- Development of Mental Health Dashboard to provide a more detailed summary of network performance against the mental health key care processes including SMI population coverage. Review and validation of KPI data with NWL BI Team and GP Federation to address inaccuracies.

Quality & Safety/ Patient Engagement/ Impact on patient services:

See Appendix 1

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Finance, resources and QIPP
See Appendix 1

Equality / Human Rights / Privacy impact analysis

Risk	Mitigating actions
<p>There is a risk of activity over performing above budget levels</p> <p>Due to a lack of KPI reporting quality may not be fully reported</p>	<p>Post payment verification audit process in place, enabling an audit of any activity that is 10% above plan and appropriate actions taken where required</p>
<p>Diabetes continues to under perform against the treatment targets</p>	<p>GP Federation have a series of audits in place which will provide some elements of quality assurance. A meeting is to be held between the CCG and NW London business intelligence team to discuss and resolve data quality issues impacting on KPI reporting</p> <p>Action plan being developed between CCG, GP Federation and Diabetes Transformation team</p>

Supporting documents
Appendix 1. EPC Performance Report

Governance and reporting		
(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)		
Committee name	Date discussed	Outcome