

<b>NHS North Cumbria CCG Primary Care Commissioning Committee</b>	<b>Agenda Item</b>
<b>13 July 2017</b>	<b>9</b>

**Primary Care Quality Assurance and Improvement Framework  
(Medical Services)**

<b>Purpose of the Report</b>							
<p>This paper describes the Primary Care Quality Assurance and Improvement Framework that the CCG proposes to adopt in order to meet our statutory duty to assist and support NHS England with the quality assurance of primary care medical service provision.</p> <p>The Quality Assurance and Improvement Framework is designed in such way to address quality assurance, support improvement in General Practice and provide a systematic process for managing unwarranted variation.</p> <p>Implementation of the Primary Care Quality Assurance and Improvement Framework has the full support of the CCG Executive committee.</p>							
<b>Outcome Required:</b>	Approve		Ratify		For Discussion		For Information
							x
<b>Assurance Framework Reference:</b>							
<p><b>2, Better Care</b> – Commission services that ensure the delivery of high quality and safe care for patients.</p> <p><b>3, Sustainability</b> – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.</p> <p><b>4, Leadership</b> – The CCG needs to support its membership (i.e. general Practice) to provide high quality care to patients and support the delivery of safe, high quality financially sustainable health care services.</p>							

<b>Recommendation(s):</b>
<p><b>The Primary Care Commissioning Committee is asked to note:</b></p> <ul style="list-style-type: none"> <li>• Establishment of a Primary Care Quality group (PCQG) to oversee implementation of the process.</li> <li>• PCQG to report to the CCG Outcomes and Quality Assurance committee.</li> <li>• Practices that are considered for referral into formal contract management procedures will be reported at the CCG Primary care committee.</li> </ul>

<b>Executive Summary:</b>
<p><b>Key Issues:</b> The CCG Primary Care Quality Assurance and Improvement framework is designed to operate in tandem with NHS England’s quality assurance processes. As well as provide a robust systematic process for supporting quality improvement in general practice.</p> <p><b>Key Risks:</b> Implementation of the framework should mitigate against instances where a practice may not meet defined minimum core standards of primary care provision, there are potential issues of safety or there is non-engagement from the practice over a range of areas.</p> <p><b>Implications/Actions for Public and Patient Engagement:</b> implementation of the framework should support delivery of high quality services by primary care medical services to patients in North Cumbria.</p> <p><b>Financial Impact on the CCG:</b> implementation of the framework should support the CCG identify outlying practices and provide the appropriate support to reduce unwarranted variation. Thereby improving quality by reducing waste and hitherto delivering financial savings.</p>

<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
Support quality improvement within existing services including General Practice	x
Commission a range of health services appropriate to Cumbria’s Needs	
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	<b>N/A</b>
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<b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed	Any CCG GP Clinical lead employed at a practice identified as an outlier will not take part in the decision making process.
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<b>Lead Director</b>	Caroline Rea
<b>Presented By</b>	Andrea Loudon
<b>Contact Details</b>	<a href="mailto:Andrea.Loudon@northcumbriaccg.nhs.uk">Andrea.Loudon@northcumbriaccg.nhs.uk</a>
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**North Cumbria**  
Clinical Commissioning Group

# Primary Care Quality Assurance and Improvement Framework

# Introduction

From 1st April 2017 North Cumbria CCG has the delegated authority for contracting primary care medical services as well as the statutory duty to assist and support NHS England with the quality assurance of primary care medical service provision.

The CCG also has a responsibility for improving and developing the quality of primary care general practice, reducing variation and in supporting their member practices.

This paper describes a Quality Assurance and Improvement Framework designed in such way to address quality assurance, support improvement in general practice and provide a systematic process for managing unwarranted variation.

## Background

Whilst Practices as providers of primary care services are accountable for the quality of services are required to have their own quality monitoring processes in place, NHS England and CCGs as commissioners have a shared responsibility for quality assurance. The principle is to be supportive whilst enhancing quality and preventing harm to patients. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality.

NHS North Cumbria CCG is committed to improving the quality of care for our patients and therefore assessing, measuring and benchmarking quality and supporting general practice to deliver high quality care is a key focus.

Quality in the NHS can be defined in 3 dimensions to quality that must be present to provide a high quality service (Darzi, 2008):

- Patient Safety
- Clinical Effectiveness
- Experience of patients

**Quality improvement** can be defined as a process within general practice through which individuals who provide care adopt various approaches to self-reflection and benchmarking in order to understand and address reasons for poor quality or variations in quality and patient experience to identify areas where acceptable quality can be improved further.

**Quality assessment** can take different forms and uses various tools to appraise the standard quality of particular aspects of general practice care; examples already exist such as the safeguarding self-assessment tool.

**Quality assurance** is the systematic and transparent process of checking to see whether a service is meeting specified requirements and involves the assessment of quality of care against agreed thresholds and standards, to determine the level of quality. This also includes assurance that actions identified are implemented via reviews against progress and improvement in quality.

The Quality Assurance and Improvement framework describes our proposed approach to monitoring and assuring quality and improvement in all Primary Care commissioned medical services.

The Quality Assurance and Improvement framework is also designed to support improvement in general practice and provide a systematic process for managing unwarranted variation.

## Quality Assurance and Improvement Framework

The approach will cover the 3 domains of quality to be monitored through routine internal contractual processes and clinical governance structures and external sources such as CQC, peer reviews, national surveys etc.

The governance arrangements will include the routine monitoring of a primary care quality dashboard by the members of the Primary Care Quality Group (PCQG). The PCQG will have membership from across the CCG directorates; Primary Care and ICC development, Nursing and Quality, commissioning, performance and information, contracting and NHS England in order to identify potential or actual risks to quality, agree a response and to ensure that concerns about quality are reported to the Outcomes and Quality Assurance committee and risks are escalated appropriately to the Primary Care Committee.

The process will have three stages as described below:

1. Routine quality assurance monitoring
2. Quality Surveillance
3. Formal contract action

### CCG Stage 1 Routine Quality Assurance Monitoring

Stage 1 is intended to be an 'early warning' level to identify practices that may require advanced diagnostics to address concerns regarding unwarranted variation or identify 'vulnerable' practices that may require signposting to additional support/resources. The Primary Care Quality Group will undertake routine monitoring of the following quality metrics:

- **Patient Safety:** monitoring of HCAI, safeguarding vulnerable children and adults, reporting of patient safety incidents, workforce numbers, skills and training, uptake of vaccinations and Immunisations
- **Patient Experience:** complaints, Friends and Family test, access and responsiveness, CQC inspection results
- **Effectiveness:** Emergency admissions data, referral rates and prescribing data. CCG Quality Improvement Scheme and Primary care relevant CCG Improvement and Assessment Framework (IAF) indicators.

Information from the different components will be presented in a Primary Care Quality dashboard. A risk matrix will stratify practices into different levels of risk using a RAG risk rating which in turn will identify the level of monitoring and support appropriate for each practice eg addressing unwarranted variation and/or support for vulnerable practices.

### **CCG Stage 1 Routine Quality Assurance Visits/Arrangements for primary care**

The practices selected for visits will be based on the RAG risk score. These visits will be led by an appropriate member of the Primary care quality group dependent on the area (s) of concern such as unwarranted clinical variation, workforce, safeguarding etc

These visits are intended to be an informal way for practices to have an open discussion about areas of their practice. This is intended to be supportive process and part of the ongoing dialogue with practices and the CCG. Following the visit a summary of the key discussion points and actions for the practice and the CCG will be sent to the practice. Progress on implementation of the agreed actions will be reviewed on a regular basis at the PCQG. Where the concerns are not addressed the PCQG is able to invoke NHSE Stage 2.

### **CCG/NHSE Stage 2 Quality Surveillance**

This is the reactive element of the quality assurance and improvement framework. The provider is escalated to this level where increasing risk is identified. This stage follows a joint NHS England/CCG decision making process.

In April 2013, NHS England published the 'Primary Medical Services Assurance Framework' (PMSAF). The policy supported NHS England in the delivery of a single operating model and enabled local teams to respond to local issues. The system comprises high level indicators, supported by outcome standards which are a set of measurable indicators for general practice. An annual declaration by practices is published on the Primary Care Web Tool which is available to practices, NHS England and the CCG.

The process for monitoring the performance of general practice to be followed by Cumbria and the North East CCGs in conjunction with the NHSE is outlined below. The process is summarised in the flow chart (Appendix 1).

The process encompasses the following phases:

- NHSE Stage 1 Local Assurance Meeting: Convened quarterly and attended by NHS England and Public Health England with the purpose of identifying practices that may require further scrutiny and referral into the CCG process.
- NHSE Stage 2 CCG Local Quality Group: Convened quarterly in response to the Local Assurance Meeting to discuss Stage 1 findings and determine the next steps regarding individual practices.
- NHSE Stage 3 Formal Contract Management: NHS England and the CCG consider formal contract sanctions if deemed necessary.

It is proposed that the CCG Primary Care Quality Group will consider the quarterly quality assurance update which will include updates from the Primary Medical Care Assurance Framework findings provided by NHSE thereby operating Stage 2 of the NHSE process.

Potential concerns / risks identified through the regular reviews at the CCG Stage 1 will be assessed for importance and urgency to inform the short and medium term response. It is important to note that an outlying score does not necessarily mean there is a concern but it does indicate that performance in the area identified needs further examination. The PCQG will use the dashboard and risk matrix and any other relevant intelligence to determine the next steps regarding individual practices.

Should the PCQG determine that intervention is required, this will take one of two courses as detailed in NHSE Primary Medical Care Assurance Framework (see appendix 1):

1. Letter to the practice from the CCG;
  - a. The letter will request further information from the practice to provide assurance that there are no contractual or quality concerns.
  - b. Once received the CCG would review the information from the practice to determine if further information or an assurance visit is required. If the information provides sufficient assurance, there will be no further action for the practice.
  
2. An assurance visit to the practice.
  - a. This would involve the CCG attending the practice to discuss concerns. If deemed appropriate the practice will be requested to develop a Quality Improvement Plan (QIP) (see template for visit and template for plan in Appendices 7 and 8). The QIP will be assessed by the PCQG to determine if it is appropriate.
  - b. The practice would be re-visited by the CCG approximately six months after the initial visit (or sooner if deemed appropriate). If the QIP has been fully implemented there will be no further action. If the QIP has not been implemented by the time of the revisit the practice would be progressed to Stage 3

A decision regarding the outcome of intervention will be considered by the CCG. The CCG will review progress and come to a conclusion as to the adequacy of response and any QIP implemented in a practice.

The CCG may be asked to inform NHS England contracting team if any further intervention has been agreed. The CCG will be required to highlight progress and any concerns to NHS England Quality Surveillance Group, as with any other provider issues.



### **CCG/NHSE Stage 3 – Formal contract management**

Stage 3 is whereby NHS England and the CCG consider if formal contract sanctions (breach notice or financial penalty) against a practice for non-compliance with the QIP are necessary. Any practices that are considered for referral into formal contract management procedures should be discussed in the private sections of primary care co-commissioning committees or at NHS England/CCG Operational meetings. Any formal contract management procedure will be initiated in-line with NHS England national policy.

Appendix 1 – Primary Medical Care Assurance Framework Flow chart



**North Cumbria**  
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For more information contact...

Name: Andrea Loudon

Primary Care Development and Medicines Lead

email: [Andrea.loudon@northcumbriaccg.nhs.uk](mailto:Andrea.loudon@northcumbriaccg.nhs.uk)

