Title of meeting:	**Primary Care Joint Commissioning Committee Committee in Common**		
Date of Meeting	10/01/2017	**Paper Number**	8
Title	General Practice Outcomes Framework		
Sponsoring Director (name and job title)	Fiona Slevin-Brown, Director of Strategy and Operations		
Sponsoring Clinical / Lay Lead (name and job title)	Martin Kittel, Priya Kumar, Judith Kinder		
Author(s)	Ricky Chana, Commissioning Manager, Primary Care, EB CCGs		
Purpose	This paper provides an update on progress on the development of the 2017/19 General Practice Outcome Framework to support the delivery of the CCGs commissioning plans to support the health needs of our populations.		

The Primary Care Joint Commissioning Committee in Common is required to (please tick)

Approve	x	**Receive**		**Discuss**		**Note**	

Risk and Assurance
(*outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)*

	Risk	**Mitigation**
1	Schemes not being worked up to sufficient level to include in framework.	Framework being rolled out in phases with only fully worked up schemes being included in phase 1 (April 2017)
2	Practices not being signed up to the framework approach.	Extensive engagement with practices and particularly practice managers to ensure their input in taken into account.
3	CCG does not have sufficient funds to invest in all schemes	Working with CCG finance to ensure funding is in place and robust system for finance approval is followed.

Legal implications/regulatory requirements	Requirement to commission LCSs through a standard National NHS Contract
Public Sector Equality Duty	To be carried out
Links to the NHS Constitution (relevant patient/staff rights)	Improving Patient Outcomes Reducing Health inequalities Improving access

Strategic Fit *Primary Care strategy? and Other relevant strategies*	Aligned to the local CCGs' commissioning plans and commitments to improving health outcomes across the STP
Commercial and Financial Implications *(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?* *Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)*	This paper outlines the funding flows available to support this approach, including being mindful of the resources required by primary care providers to respond to the commissioning intentions such implementing pathway changes, creating additional capacity, staff training and recruitment and reasonable lead in times. Work is currently underway now that the targeted quality and pathway areas are defined to calculate the exact levels of investment required, and to assess any financial risk. Final investments will be submitted for sign off to the JOG in January 2017 subject to the support from JCC. Date Deputy CFO sign off ……
Quality Focus *(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets* *Include date the Director of Nursing has signed off the quality implications)*	The Primary Care Quality Improvement group have been involved in the development of this quality framework ensuring links to key national and local clinical priorities as well as the NHSE planning guidance must do's. The Quality team have been engaged through the LCS Sub-Group but will be required to sign off the framework once the indicators have been defined. Date Director of Nursing sign off…….
Clinical Engagement *Outline the clinical engagement that has been undertaken*	Clinical engagement has been sought through existing forums including clinical leads: • Primary Care Quality Improvement Group – Priya Kumar, Karen Stevens • Clinical leadership and Innovation Forums – include clinical directors • Clinical commissioning leads in each area already in place to define the outcomes for clinical indicators • GP member meetings • Cumberland Lodge GP event • Dr Martin Kittel • Dr Judith Kinder through the LCS Sub-Group
Consultation, public engagement & partnership working implications/impact	Each element of the framework has provided assurance around patient/public engagement through the various project groups responsible for developing the schemes. The framework approach supports principles

	expressed by the public around better coordination and equality of services provided.
NHS Outcomes *Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:* *Please note there may be more than one Domain.*	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 that people have a positive experience of care; and Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.
Co-Commissioning governance	
Which CCG does this Paper relate to or potentially effect?	Slough [x] WAM [x] Bracknell & Ascot [x]
Is this paper related to a CCG statutory function?	Yes, commissioning of local services from general practice providers
Is this paper related to a NHS England statutory function?	No
Potential conflicts of interest (who for?) *GP's, Practice Managers, Federations, Councils,*	GPs and Practice Managers as employees
Are all voting members eligible to vote?	Yes

Executive Summary

Context

NHS England and the 3 East Berkshire CCGs (Slough CCG, Windsor Ascot & Maidenhead CCG and Bracknell & Ascot CCG) currently co-commission what are recognised as the core general practice services from GP providers as contained in the General Medical Services (GMS) and Personal Medical Services (PMS) contracts. In addition to these core services, the 3 East Berkshire CCGs also locally commission services from GP providers where these services would improve health outcomes for our patients. These are known as Locally Commissioned Services (LCSs) which the JCC focused on in the previous meeting.

The investment for LCSs is over and above the investment that GP providers receive under their GMS/PMS contracts and Quality Outcomes Framework (QOF), in recognition of the additional work involved in delivering enhanced services. LCS schemes include things like monitoring and optimising dosage of specific medications and providing additional appointments for patients with complex needs.

There are other sources of commitments on general practice from a CCG perspective, like the National Quality Premium[1], NHS England Operational Planning Guidance[2] and CCG Operating Plans including innovation and efficiency plans.

Following a high level review of the various quality and extended services offered by GP providers, it was proposed that the CCGs explore developing a new approach to commissioning locally enhanced general practice, bringing together as much of the current additional services and quality indicators developed to improve the health of our populations as possible for April 2017.

The advantages of this approach are that all CCG locally commissioned outcomes can be monitored in one place to give an overall picture of practices' performance against outcome targets and it will provide more clarity and reduce the administrative burden on GP providers. It will also provide a route by which CCG commissioners can formally commission the GP element of their various projects to improve health outcomes for patients and will ensure that practices are adequately rewarded for any additional work they undertake as part of this.

Proposal

The proposal is therefore to commission a more comprehensive outcomes framework for general practice providers, including multiple indicators linked to the local priorities for our populations, and providing a more flexible and streamlined process to support the consistent delivery of locally enhanced services, including a streamlined process for reporting and payment.

The framework was originally called the Primary Care Outcomes Framework, but following feedback from the GP members meetings, it has been renamed the General Practice Outcomes Framework (GPOF) to reflect that this is to be delivered by general practice.

There are four proposed sections in the new General Practice Outcomes Framework which will be as follows:

Section 1:
This will contain elements of the Quality Premium indicators relevant to general practice. The Quality Premium provides funding intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

Section 2:
These will be indicators based on the QIPP commitments where the role of general practice is critical, and additional support for practices is required to achieve the optimum impact.

Section 3:
These will be the full menu of locally commissioned services including newly commissioned services during 2016/17 with common quality standards combined.

Section 4:
This will be a core indicators section which includes indicators that should be met under existing GMS/PMS contract provisions that specifically support local commissioning plans.

[1] https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/
[2] https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

Funding the Scheme

There are opportunities outlined below to resourcing the outcomes framework:

Section 1 – funded through a risk assessed level of income from the Quality Premium monies.
Section 2 – Business cases for QIPP schemes will need to identify the investment required for primary care providers, along with other acute and community providers
Section 3 – funding from existing Locally Commissioned Services budgets including PMS premium, GMS/PMS budgets (transformation monies) and Better Care Fund commitments.
Section 4: - no additional investment would be made under this element as these indicators would be part of core general practice duties.

Monitoring:

The monitoring will need to be consistent and proportionate. The CCG would look to automate this as much as possible to reduce the administrative burden on GP providers. The CCG is working on securing a tool that can be used to automate data searches on practice systems to reduce the administrative burden on practices. This could be EMIS Enterprise or an alternative solution.

Engagement to date:

The outline framework has been shared with the CCG Assembly meetings, QIPP & Performance meetings and practice manager forums through November and December 2016. The framework has also been approved in principle by the CCGs Business Planning and Development Committee. As the indicators develop, we are continuing to engage with practice managers forums to ensure that the indicators are workable.

Progress with the GP Outcomes Framework:

Many of the existing LCSs will continue, subject to their annual review, like the anti-coagulation and insulin initiation LCSs. Investment in new LCSs that will be added to the framework are the End of Life Care LCS, the Referral Management LCS and the Care and Support Planning for People with Diabetes LCS.

In addition, a new prescribing incentive scheme will be included and practices will also be rewarded for achievement against targets for the national Quality Premium.

Proposed Indicators for Phase 1 (April 2017):

Section 1 – Quality Premium Indicators
Cancers diagnosed at early stage ➢ *To increase the number of cancers being diagnosed at stage 1 and 2 leading to improved patient outcomes.*
Overall experience of making a GP appointment ➢ *To ensure that the profile and importance of insight about patient experience is underlined and the wider system reviews and learns from the findings of the national GP Patient Survey.*
Mental Health - depends on chosen indicator, may not be applicable to GP – TBD – the CCG has to choose 1 out of 3 indicators: a) Out of area placements (OAPs)

b) Equity of Access and outcomes in to IAPT services c) Improve inequitable rates of access to Children & Young People's Mental Health Services The CCG and NHSE Regional Team will agree the indicator most pertinent to the CCG. ➢ *A mandatory Mental Health element of the Quality Premium will focus on a number of key inequalities, allowing for the targeting of particular needs pertinent to local health economies and enabling CCGs to draw together resources in order to address local priorities.*
Prescribing indicators - as part of prescribing incentive scheme in s2
Section 2 – QIPP Indicators
Cancer - *case finding and promotion of screening and prevention programmes*
Prescribing: ➢ **Enteral feeds** – *reviews the prescribing of sip feeds to ensure that they appropriate for patients.* ➢ **Optimise use of inhalers** – *reviews the prescribing of inhalers to ensure that locally recommended products are being used which are regarded as being best for patients.* ➢ **Total antibiotic prescribing** – *reducing inappropriate antibiotic prescribing where the medication would not be effective to treat patients conditions.* ➢ **Antibiotic prescribing for UTI** – *prescribing antibiotics least likely to cause resistance and most likely to be effective.*
Section 3 – LCSs
Care and Support Planning for People with Diabetes Locally Commissioned Service ➢ *Improved management for patients with diabetes including the 8 care processes, provision of dietetic support and lifestyle management.*
Anti-Coagulation Monitoring (Level 3 and 4) ➢ *To dose anticoagulation medication appropriately in response to International Normalised Ratio (INR) results to stabilise the INR within set limits to help prevent serious side-effects while maximising effective treatment.*
Depot Neuroleptics Service ➢ *Antipsychotic medication monitoring to ensure best outcomes for patients.*
Provision of Near-Patient Testing and Amber Drugs aka Dmards ➢ *Monitoring patients on specified 'amber' drugs to reduce incidence of side effects.*
Insulin for Type 2 Diabetes; from initiation to ongoing management ➢ *To provide an efficient, safe system in the community for people with Type 2 diabetes to be commenced and maintained on insulin therapy.*
PSA aka Stable Prostate – Patient Follow Up in Primary Care ➢ *Monitoring the tumour marker Prostate Specific Antigen (PSA) for patients diagnosed with prostate cancer but in a stable condition having received treatment.*
EB End of Life Care ➢ *To ensure that patients are treated in the most appropriate environment and to reduce the number of avoidable hospital admissions for patients nearing the end of their life, to improve patient and carer outcomes.*
Referral Management ➢ *Reduction of inappropriate referrals to secondary care, improved quality of referrals, reduction in clinical variation in GP referrals and improved management of patients in primary care and the community.*
New Complex Case Management ➢ *Patients that have been identified as being at high risk of emergency admissions are managed by proactively making regular extra GP appointments available in*

general practice specifically for each of these patients and regularly reviewing them, to reduce their risk of emergency admission and improve their health outcomes.
Section 4 – Core Indicators
Indicators relating to Diabetic Eye Screening ➢ *Ensuring that practices code and refer patients appropriately following a recent investigation into issues with the pathway.*
Carers identification ➢ *Targeted, meaningful support at the right stage to enable carers to maintain their own health and wellbeing, care better and for longer and to help prevent breakdown of the care situation.*
Respiratory/ incl asthma (AIRS Project) ➢ *Referral into a new Integrated Care pathway for respiratory patients available 6 days a week for COPD and pulmonary rehabilitation.*

Proposed Indicators for Phase 2:

Phase 2 Indicators (schemes still to be fully worked up)
New NHS 111 Service Implementation: ➢ *Making appointments available for direct booking from 111 – 1 Oct 2017 earliest.*
Childhood Illnesses – self management for young people: ➢ *To monitor, prevent paediatric conditions and support families in better managing self-limiting conditions*
Hypertension detection and management: ➢ *To monitor and prescribe appropriate medication for patients with hypertension to prevent atrial fibrillation and stroke.*
MH health checks LCS ➢ *To increase the proportion of children and adults with a mental health condition who have an annual health check and health action plan.*
Learning disabilities LCS ➢ *To ensure appropriate and reasonable adjustments are made to the delivery of healthcare for patients with learning disabilities.*
Encouraging and supporting self-care and prevention ➢ *Self-care is all about giving patients the knowledge and skills to look after their own health and wellbeing to keep as well as possible and help prevent serious illness.*
Care homes ➢ *Ensuring a minimum quality standard for every care home that has a practice linked to it.*
Falls prevention ➢ *To review patients on a number of specific medications to prevent them from suffering falls.*

Next Steps

Plan	Date
Approval to give notice by JCC on the current LCS services structure	11/01/2017
Take JCC recommendation to the Joint Operational committee for delegated approval	13/01/2017
Articulate new arrangements for April 2017 to providers by way of	

notice on current arrangements	Jan 2017

Recommendation(s)

The Joint Commissioning Committee in Common is requested:

- To recommend the General Practice Outcome Framework GPOF) approach of commissioning these services from GP providers for phase one implementation in April 2017;
- Give approval for the primary care team to give notice to GP providers on the current LCS services structure and replace with the outlined GPOF;
- To give approval for the JOG delegated under the scheme of delegation to sign off the final business case.

Chairs Use Only	
Any known conflicted committee members from Declarations of Interest register?	No