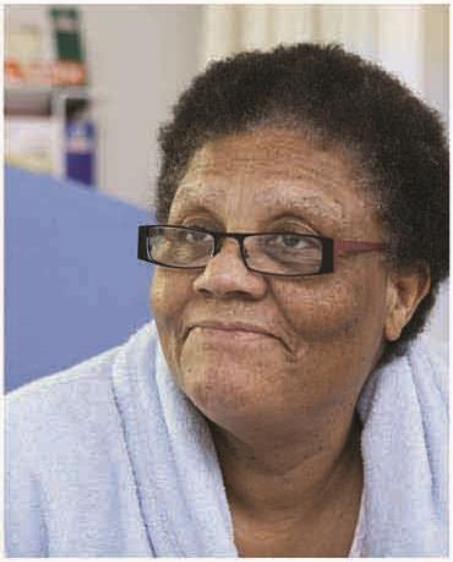
NHS England

PRIMARY MEDICAL CARE ASSURANCE FRAMEWORK

CUMBRIA AND THE NORTH EAST IMPLEMENTATION PROCESS



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1. Introduction

In April 2013, NHS England published the 'Primary Medical Services Assurance Framework' policy and associated 'Guidance to Support Delivery of Primary Medical Services Assurance Framework'. The policy and guidance aims to support NHS England in the delivery of a single operating model and enable local NHS England teams to respond to local issues within a national framework by outlining the approach to be taken to manage primary medical care contracts.

The policy states nine core principles as follows:

1. To promote and prioritise equality including access and treatment for all patients across the full range of primary medical services.

2. To focus on quality, outcomes and relevant patient experience as the main drivers for:

   a. Improvement;
   b. Primary care commissioning arrangements.

3. To promote a clinically driven system in which GPs and other primary medical service clinicians are at the heart of the decision making process, driving quality improvement and commissioning decisions.

4. To facilitate strong and productive local contractor relationships based on proportionate and sensitive interaction.

5. Be responsive to and spread innovation.

6. To deliver a consistent national framework, which ensures fair and transparent interventions, implemented locally, with local discretion rooted in cultural and behavioural consistency.

7. Make commissioning decisions on the basis of firm data shared with CCGs, health and wellbeing boards (HWBs) and others and complemented by local intelligence

8. To design systems that are fit for the future, allowing for reform and operate with minimum bureaucracy. Such systems will enable whole person patient care, with integrated physical, mental and behavioural services and facilitate shared best practice standards between primary care and specialists.

9. To promote early engagement and collaboration with LMCs openly and transparently in the management of primary medical services.

The Framework introduces high level indicators, supported by outcome standards which are a set of measurable indicators for general practice. In addition there is an Annual

Declaration process; this is an electronic self-declaration process that is undertaken by practices on an annual basis.

The Annual Declaration, the High Level Indicators and the Outcome Standards are published collectively on a Primary Care Web Tool. The information within this tool is available to practices themselves, to NHS England and to CCGs.

The aim of the Primary Care Web Tool is to inform practices and commissioners on a range of measures that are evidence based, outcome (not process) focussed and are appropriate measures to use for any practice. The measures are all GP contract compliance indicators and are deliverable. They have been developed through considerable engagement and working across a range of key stakeholders that include LMCs, GPs, other primary care clinicians, patients, commissioners and other health care professionals.

The General Practice High Level Indicators (GPHLIs) and General Practice Outcome Standards (GPOS) data is presented as a web interface, comprised of two modules. The web interface www.primarycare.nhs.uk became live on 2nd April 2013 **Appendices 1 & 2.**

The proposals are that the assurance framework high level indicators, outcome standards and annual declaration process will together replace historic PCT arrangements for addressing outlier performance.

In response to the publication of the national process, Cumbria and the North East developed a local process for the former Area Team footprints in the region which involved the assessment of practices against a range of information and which ultimately led to further scrutiny of a limited number of identified practices. Following reconfiguration of the Area Teams into one team, it has now become necessary for one process to be adopted for Cumbria and the North East. As a result, the process has now been reviewed and revised and is discussed within this document.

2. Scope

The scope of this document is to outline the process of how NHS England, Cumbria and the North East, in conjunction with partner agencies, will assess the quality of primary medical care in the region and how it will identify practices that may require support to improve on the delivery of primary medical care services.

3. Definitions

GP High Level Indicators (GPHLIs) - these are a suite of consistent and nationally available indicators recommended by the national reference group. The indicators have been grouped across the five NHS Outcome Framework domains:

- Domain 1 - Premature Mortality
- Domain 2 - Long Term Conditions
- Domain 3 - Recovery from Illness / Injury
- Domain 4 - Patient Experience
- Domain 5 - Patient Safety

Practices are identified as outliers for a particular indicator if they are >2 Standard Errors of Mean (SEM) outside the mean value. A total of 5 or more points >2 SEM below mean is considered to represent underachievement by the practice.

General Practice Outcome Standards (GPOS) – these are a set of quality and outcome standards already developed in one regional office and agreed with the profession to form part of the triangulation of other factual intelligence. The indicators for GPOS can be broadly grouped into three main categories:

- Those which already have a nationally agreed or expected levels of achievement;
- Reported versus expected disease prevalence;
- Those which are assessed against the England average.

Each indicator threshold has an upper and lower limit based on the groupings outlined above, which forms three levels of achievement for each indicator:

- Achieving
- Level one trigger
- Level two trigger

Overall achievement for practices is then split into four categories, shown below:

- Higher Achieving Practice: 0 - 1 triggers in total and 0 level two triggers
- Achieving Practices: 2 - 5 triggers in total or 1 level 2 trigger
- Approaching review: 6 – 8 triggers in total or no more than 2 level 2 triggers
- Preview identified: 9 or more triggers in total or 3 or more level 2 triggers

E-Dec – this is a national electronic self-declaration from practices that it meets certain contractual obligations. It is submitted annually via the primary care web tool electronic system and practices are then assessed to determine if ant require further intervention (see **Appendix 3** for E-Dec guidance).

4. Process

The process to be followed by Cumbria and the North East, in conjunction with local Clinical Commissioning Groups (CCGs) is summarised in the flow chart in **Appendix 4.**

The process is summarised as follows:

Intelligence Gathering Phase

This is the initial phase of the process which involves the gathering of information from a variety of sources about practices as follows:

- Contracting Team information:
    - Achievement against GPOS and GPHLI indicators;
    - Annual e-declaration;
    - Access information via the GP Patient Survey;
    - Contractual breach notices issued;
    - Quality and Outcomes Framework Achievement;

    - Care Quality Commission (CQC) published report findings;
    - Any soft intelligence.

- Nursing and Quality Team information:
    - Complaints;
    - Incidents reported through STEIS or through SIRMS;
    - Friends and Family Test;
    - Any soft intelligence.

- Public Health Team Information:
    - Screening rates;
    - Immunisation rates;
    - Any soft intelligence.

- Clinical Commissioning Group (CCG)
    - Prescribing concerns;
    - Referral concerns;
    - Quality concerns;
    - Safeguarding children or adults concerns;
    - Any soft intelligence.

- Care Quality Commission (CQC)

- Healthwatch

The information will be requested by the contracting team from the stakeholders above via the template in **Appendix 5**. Once the information is received it will be gathered into an assurance spreadsheet for ease of assessment and then discussed at a Stage 1 Local Assurance Meeting.

Stage 1 Local Assurance Meeting

The Stage 1 Local Assurance Meeting will be attended by the following colleagues from NHS England/Public Health England:

- Contracting team members;
- Assistant Medical Director;
- Nursing and Quality team member;
- Public Health team member;
- Public Health England representative.

The purpose of the meeting is to assess the information gathered in order to identify those practices that may require further scrutiny and referral into the CCGs. The meeting will be held quarterly and will follow the Terms of Reference as shown in **Appendix 6**.

The information gathered at Stage 1 will then be sent for discussion by the CCG at their local quality group meetings.

Stage 2 CCG Local Quality Groups

The Stage 2 CCG Local Quality Groups (LLG) will be the forum where the CCGs discuss the information that has been sent through from Stage 1 of the process and where the next steps regarding individual practices will be determined (i.e. letter or assurance visit). The meeting will be held in accordance with the individual Terms of Reference for the groups.

Practice Intervention

Should the Stage 2 CCG Local Quality Group determine that intervention is required, this will take one of two courses:

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 Quality Group 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 practice will be made by the CCG and fed back to NHS England contracting team for review. NHS England will review progress and it is hope that the CCGs will work collaboratively with NHS England in coming 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 and progress of the practice against any specific action plans that are developed. A report will be presented to a Medical Assurance Oversight Group who will oversee the implementation and management of the assurance process. Members of the group are as follows:

- GP Contracting team members (Chair)
- Assistant Medical Director for NHSE (Deputy Chair)
- Nursing and Quality team member;
- Public Health team member;
- An LMC representative;
- Public Health England representative;
- A CQC representative;
- Healthwatch representative;

- Medical Director (or deputy) of each CCG.

The group will meet quarterly and will follow the Terms of Reference as shown in **Appendix 9**.

The group will receive reports regarding the practices that have been identified, actions taken and practice progress.

Stage 3 – Formal contract management

Stage 3 is whereby NHSE and the CCG consider formal contract sanctions (breach notice or financial penalty) against a practice for non-compliance with the QIP. The CCG will need to refer the matter into NHS England for formal contract management procedures to be undertaken; these will be initiated in-line with NHS England policy.

5. Dispute

A practice may challenge the process at any stage. To do so they must formally write to NHS England outlining their reasons for the challenge and providing any supporting evidence. NHS England will invoke NHS England 'Managing Disputes for Primary Medical Services' Policy **(Appendix 10)** accordingly which in the first instance would be for the practice and NHS England to try local resolution. If in the event local resolution fails, the dispute becomes a formal process via NHS Litigation Authority.

6. Governance and Reporting

CCG compliance with this policy will be overseen by the NHS England, Cumbria and the North East Quality Surveillance Group.

Non-engagement with this process may be referred into the NHS England CCG assurance process for consideration. Any concerns that are not being addressed by CCGs may also be raised through the Medical Directors meeting.

Appendix 1 – Primary Medical Services Assurance Framework General Practice High Level Indicators Technical Annex

Primary Medical Services GP HLIs Tecl

Appendix 2 – General Practice Outcome Standards & Technical Guidance

NHS England General Practice Outcome Sta

Appendix 3 – E-declaration guidance

EDEC

Appendix 4 – Process flow-chart

Flow-chart

Appendix 5 – Practice Information Template

Primary Medical Care Assurance Reporting Template

Update from:
Practice(s) Name:
CCG Area
Detail

For office use only

Date of receipt			
Name of reviewers			
Date of review			
Outcome of review of Local Assurance Group	**Refer to LLG** ☐ **No further action** ☐	**Date of referral**	

Appendix 6 – Local Assurance Group Terms of Reference

Local Assurance Group

Terms of Reference

1. Purpose of Group

The purpose of the group is to support the implementation of the Primary Medical Services Assurance Framework via the review of practice-level data for referral into the Medical Assurance Group.

The group will examine data from a variety of sources to determine which practices require further discussion at the Medical Assurance Group.

2. Duties of Group

The duties of the group are:

- To assess data collected from a variety of sources;
- To prioritise practices which require further discussion at the Medical Assurance Group.

3. Accountability and Reporting

The group is accountable to the Medical Assurance Group and will report to the Group on a quarterly basis.

4. Membership

Member	Role
Primary Care Commissioning Manager (GP)	Chair. To oversee process implementation.
Primary Care Contracts Manager	Deputy Chair. To provide contractual advice.
Assistant Primary Care Contracts Manager	To provide contracts data.
Assistant Medical Director	Medical advice
Nursing and Quality Team Member	To provide complaints and incidents data
Public Health team Member	To provide public health data
Public Health England representative	To provide Public Health advice

5. Quorum

A quorum will comprise of:

- Primary Care Commissioning Manager (GP) or deputy;
- Medical Director or Assistant Medical Director;
- Public health or nursing representative.

6. Agenda

The following agenda items will be standard at every meeting:

- Minutes from Previous Meeting and Matters Arising;
- Data for discussion;
- Referral to Medical Assurance Group.

7. Frequency and Duration of Meeting

The meetings will be held quarterly.
The Chair may request additional meetings if required.

8. Secretarial Support and Administration of Meeting

Secretarial support for the meeting will be supplied by the GP team. Agenda and supporting papers/reports will be circulated one week prior to the meeting. Group members are respectfully expected to provide any supporting papers and agenda items two weeks prior to the meeting. Any papers received during the week prior to the meeting will not be accepted unless agreed with the Chair prior to the meeting. Minutes of the meeting will be marked as 'Confidential' and should not be shared outside of the meeting.

9. Review

This Terms of Reference will be reviewed in November 2016.

Appendix 7 – Assurance Visit Agenda

Practice Assurance Visit

[Name of Practice]

[Date of visit]

Attendees

On behalf of NHS [CCG Name] CCG

Agenda

1. **Welcome and Introductions**
2. **Purpose of Visit**
3. **Background to Primary Medical Care Assurance Framework**
    a. **National Process**
    b. **Local Process**
4. **Assessed Information**
5. **Next Steps**

CCG Logo

Appendix 8 - Quality Improvement Plan Template

Practice Name			
Practice Code			
Date Completed		**Date of Submission**	

Concern	Action Required to Address Concerns	Responsible Person	Date by Which Action is to be Complete

Submitted by:

Role within Practice:

Appendix 9 – Medical Assurance Oversight Group Terms of Reference

Medical Assurance Oversight Group

Terms of Reference

1. Purpose of Group

The purpose of the group is to ensure that there is an NHS England-led, strategic partnership approach to the implementation of the Primary Medical Services Assurance Framework.

The group will oversee the implementation of the process to ensure that practices that have been identified as requiring further action to address any quality issues are supported where necessary. The group will determine if any further intervention is required to assess performance of practices.

2. Duties of Group

The duties of the group are:

- To review policies and procedures developed to manage the assurance process;
- To discuss developments in national and regional strategy relating to the assurance process;
- Monitor data/information reports presented regarding individual CCG areas;
- Collectively risk assess contracts highlighted as part of the assurance process in order to determine whether any issues identified can be addressed through:

    - NHS England routine contract management processes;
    - The routine activity of partner regulatory/commissioning organisations;
    - A joint approach by NHS England and partner agencies.

- To discuss 'performance concerns' that require escalation to the Primary Care Operational Group for decision regarding breach notices;
- To provide advice and support in relation to the clinical aspects of the Primary Medical Services Assurance Framework process.

3. Accountability and Reporting

The group is accountable to NHS England as the lead organisation for implementing and managing the NHS England National Policy.

Reporting arrangements associated with the Framework will be through the Quality Surveillance Group (QSG) and Primary Care Operational Group (PCOG) operating on behalf of NHS England.

4. Membership

Member	Role
Primary Care Commissioning Manager (GP)	Chair
Assistant Medical Director	Medical representation and clinical advisory role – Deputy Chair
CCG Representative (Medical)	Statutory role to improve quality in primary care
Primary Care Contracts Manager (GP)	GP Commissioning/Contracting Representative
Nursing Directorate Representative	Patient safety & patient experience representative
CQC Senior Inspection Manager	Regulatory & inspection representative
Local Medical Committee Representative	Representative of GPs as providers of primary medical care
Public Health Representative	Provision of public health data
Public Health England Representative	Independent assessment of data
Healthwatch Representative	Representative of patient interest

Members will be required to declare any conflicts of interest at the commencement of each meeting.

Shared Principles of Membership:

The following conditions are mandatory for those nominated members attending on behalf of their organisations:

- The group accept a duty to co-operate with each other in an open and transparent manner to ensure that the quality and effectiveness of General Practice service provision commissioned and delivered on behalf of patients is of the highest possible standards of quality and safety.

- Information provided in support of NHS England's Primary Medical Assurance Framework Implementation Process will solely be used by group to allow joint risk assessment of contracts highlighted to be undertaken. The information shared will be confidential and must not be shared outside the group.

- No partner organisation/individual forming part of the membership will undertake routine or other action from a contractor being highlighted as part of the Assurance Framework process without informing the Medical Assurance Oversight Group membership of their intentions.

- Where a 'performance concern' is identified the group escalate that concern to the NHS

England, Primary Care Operational Group (PCOG) for decision as appropriate.

The Chair may allow additional members to attend meetings on an ad hoc basis with prior agreement.

5. Quorum

A quorum will comprise of:

- Primary Care Commissioning Manager (GP) or deputy;
- Assistant Medical Director;
- Nursing Directorate Representative;
- CCG Representative (if practices within the CCG are to be discussed and a CCG representative cannot attend, actions regarding those practices will be discussed at the meeting but will be formally authorised by the CCG member virtually)

6. Agenda

The following agenda items will be standard at every meeting:

- Minutes from Previous Meeting and Matters Arising;
- Declaration - Conflict of Interest;
- Primary Medical Services Assurance Framework national update;
- Review of CCG area plans;
- Any Other Business;
- Date of Next Meeting.

Reports or topics for discussion may be added to the agenda with two weeks' notice.

7. Frequency and Duration of Meeting

The meetings will be held quarterly and are expected to last no longer than one hour; these will be held directly before GP Professional Advisory Group meetings.
The Chair may request additional meetings if required.

8. Secretarial Support and Administration of Meeting

Secretarial support for the meeting will be supplied by the GP team. Agenda and supporting papers/reports will be circulated one week prior to the meeting. Group members are respectfully expected to provide any supporting papers and agenda items two weeks prior to the meeting. Any papers received during the week prior to the meeting will not be accepted unless agreed with the Chair prior to the meeting. Minutes of the meeting will be marked as 'Confidential' and should not be shared outside of the meeting.

9. Review

This Terms of Reference will be reviewed in November 2016.

Appendix 10 – NHS England Managing Disputes for Primary Medical Services Policy

Dispute Policy