

Item: 8.5

Report to:	Primary Care Commissioning Committee
Date of Meeting:	22 February 2019
Title of Report:	Integrated Delivery Framework - Local Quality Premium Scheme 2018/19 and 2019/20
Presented by:	Phil Davis, Strategic Lead - Primary Care
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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to present the Primary Care Commissioning Committee with an update on the Local Quality Premium Scheme for 2018/19 and initial plans for 2019/20 for approval.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee approve the proposed initial plan for 2019/20.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Integrated Delivery

The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services at scale, the implementation of incentive schemes in primary care to manage need and the development of pathways across primary, community and acute care.

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

Finance	Financial implications where relevant are covered within the report.
HR	HR implications where relevant are covered in the report.
Quality	Quality implications where relevant are covered within the report
Safety	Safety implications where relevant are covered within the report.

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

None

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG’s duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

INTEGRATED DELIVERY FRAMEWORK – LOCAL QUALITY PREMIUM SCHEME 2018/19 AND 2019/20

1. INTRODUCTION

The purpose of this report is to present the Primary Care Commissioning Committee with an update on the Local Quality Premium Scheme for 2018/19 and initial plans for 2019/20 for approval.

2. BACKGROUND

The meeting of the Primary Care Commissioning Committee held in April 2018 approved the Local Quality Premium Scheme for general practice groupings for 2018/19. There were three schemes as follows:

1. Managing Need

- Clinical Peer Review
- Prescribing
- Multiple admissions (mental health and alcohol)

2. Chronic Disease Management

- Heart Failure identification
- Atrial Fibrillation management
- COPD NICE Audits
- Children's asthma treatment plans

3. Community Frailty/Primary Care Data Quality

- Community frailty pathway – electronic frailty index (eFI) search and coding
- Community infection in care homes
- Data quality review

Subsequently the Primary Care Commissioning Committee in June 2018 approved a fourth scheme to support the Community Frailty Pathway to develop a more proactive and anticipatory way of care is delivered in primary care. The scheme provides for a follow-up assessment with an individual's own GP to ensure needs continue to be met following an assessment at the Jean Bishop Integrated Care Centre.

3. PROGRESS

The schemes and associated documentation was distributed to groupings in June 2018 with work expected to begin in delivering schemes from 1st July. Each of the five practice groupings signed up to deliver all schemes and each grouping signed a Memorandum of Understanding with the CCG. Groupings have been required to

develop project plans and submit progress reports against specified deadlines with payments linked to submission of returns.

Payments for the schemes to date have been made as follows:

City Health Federation	Payments 1 & 2
Hull GP Collaborative	Payments 1 & 2
Hull Health Forward Confederation:	Payment 1
Medicas:	Payments 1 & 2
Modality:	Payments 1 & 2

Each grouping has also attended a meeting of the CCG Programme Delivery Board to present progress in delivering the schemes; the final presentation was received at the February 8th 2019 meeting of the Board.

The Integrated Delivery Support Team held a session jointly with the Chief Finance Officer and CCG Chair to consider potential options for schemes for 2019/20. At this meeting it was recognised that not all schemes would be fully completed by the end of March 2019. In addition the NHS Long Term Plan's requirements for general practices in relation to the development of Primary Care Networks was noted (specifically the requirement for networks to be registered by 15th May) and the potential for change in the current configuration of primary care networks.

In the light of the above the following initial plan for 2019/20 is proposed:

1. Carry forward the timeframe for completion of 2018/19 schemes to end June 2019;
2. No additional resource to be available for 2018/19 schemes over and above that already approved in April and June 2018;
3. Where achievement of 2018/19 scheme requirements occurs in 2019/20 the associated payments to be made in 2019/20;
4. Further work to be undertaken to develop 2019/20 schemes – this to include roll-over of 2018/19 schemes where appropriate and development of new schemes;

4. RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee approve the proposed initial plan for 2019/20.