Quality Impact Assessment :
QIPP Project (Quality, Innovation, Productivity and Prevention) 2018/19

Section A

Project Name	QOF+
UI Number	
Project Lead	Sarah Southall/ Ranjit Khular
Quality Lead	Liz Corrigan
Programme Board	Primary Care/ MMO Programme Board
Verifying Clinician	Dr S Reehana
Project Overview	The QOF+ scheme has been developed as a framework to be delivered by Primary Care within which there are arange of potential scheme ideas, with a broad focus on prevention. The scheme in 2018/19 will focus on Diabetes (primary and secondary prevention) Obesity and Alcohol. The scheme will will focus on practices: screening for hazardous and harmful drinking and providing brief intervention: Screening for T2DM and appropriate intervention. This intervention includes onward referral to the NDPP or altnerative equivalent provision if required. producing care plans for all patients with a known diagnosis of diabetes, customised to the level of patient need Offering BMI calculation for new patients and those with obesity-related conditions such as diabetes and cardiovascular disease and deliver or signpost patients to the most appropriate intervention. Some launch events will be held as par of the mobilisation process to ensure practitioners are clear about the expectations of them.
Quality Indicators	**Diabetes:** patients aged 18 or over that are new to list , who have had screening carried out using an Assessment Score. patients deemed **at 'moderate' overall risk** of developing diabetes, for whom 'brief intervention' has been offered patients deemed to have 'pre-diabetes' (**high overall risk),** who have a record of being referred to an intensive lifestyle intervention **patients with diabetes, on the register:** * for whom a care plan has been completed * who have a record of an albumin: creatinine ratio test * with a record of a foot examination and risk classification patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry onto the diabetes register **patients with diabetes, on the register** * in whom all eight care processes are complete in the preceding 12 months * in whom the last blood BP (measured in the preceding 12 months) is 140/80mmHg or less * whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less **Alcohol:** percentage of patients aged 16 or over who have been screened for hazardous, harmful or dependent levels of alcohol consumption using the AUDIT-C tool patients with any or any combination of at risk conditions who have been screened for hazardous, harmful or dependent levels of alcohol consumption using the AUDIT-C tool patients identified as having hazardous or harmful levels of alcohol consumption, who are recorded as having been offered 'brief advice' **Obesity** patients, with diabetes, for whom a BMI is recorded patients, with any or any combination of the following conditions: AF, CHD, heart disease, hypertension, peripheral arterial disease, stroke and TIA, for whom a BMI is recorded patients with BMI >=30 kg/m2 who are recorded as having been offered 'brief advice' .
KPI Assurance (sources & reporting)	

Section B

ASSESSMENT

	Positive Impact of the Project on:	Negative Impact of the Project on:
Patient Safety	Improved identification of patients at risk of developing diabetes, who are at risk of drinking at harmful levels and whose BMI presents risks to their health will be identified and appropriate intervetions delivered to prevent the onset of diabetes, alcohol related harm and conditions related to Obesity	
Patient Experience	Depending on their presentation patients will be given brief advice by the GP or be signposted or referred to other services (depending on severity or level of need)	Some patients may not engage with the interventions proposed or agree with the outcomes of the risk assessments
Clinical Effectiveness	The interventions that would be undertaken by the practices and those that patients would be signoisted towards are all preventative and if followed through would reduce the lokelihood of the patient becoming diabetic, obese or drinking at harmful levels. This will have positive impacts on the patients wellbeing in the longer term.	
Mitigation	GP staff delivering the service will advise the patients that the interventions being recommended are in line with best practice/ clinical guidelines and that these are based on evidence that they will result in a postive effect on their longer term health and wellbeing.	

Risk Scoring Guide:

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode.

If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score

3 Determine the consequence score (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

4 Calculate the risk score the risk multiplying the likelihood by the consequence: L (likelihood) x C (consequence) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level

Risk Quantification Matrix

Table 1 Likelihood score (L)

What is the likelihood of the consequence occurring?

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Section C

Risk Grading
(What is the Risk of the negative Impact occurring)

	Likelihood Score	Consequence Score	Overall Risk Score	
	1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost Certain	*1 Negligible; 2 Minor; 3 Moderate; 4 Major; 5 Catastrophic*	*Likelihood x Consequence (L x C) = R (Risk score)*	*Drop Down Selection*
Patient Safety				
Patient Experience	*2*	*2*	*4*	**4 to 6: Moderate Risk**
Clinical Effectiveness				

Risk System

Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk scoring = consequence x likelihood (L x C)

1 to 3	Low Risk	8 to 12	High Risk
4 to 6	Moderate Risk	15 to 25	Extreme Risk

Section D

GP / Clinical Review (Required)

GP / Clinical Name	**Dr S Reehana**
Date	**16.05.18**
Comments	The CCG Chair has been involved in the development of this scheme from the outset, introduction of the discussion with member practices and the prioritisation of clinical areas that have been included. Her involvement has also provided oversight of the commissioned literature review and return on investment report and engagement with practices following availability of the first draft scheme. Since then ongoing discussions have taken place with GP representatives at a range of forums, engagement has been extensive.

Section E

Quality Leads Comments (Required)

Quality Lead Name	**Liz Corrigan**
Date	**03/04/18**
Comments	Will need to take into account the current issues with the NDPP provider capacity. Have training needs for staff been identified across the board or is this a work in progress? Are any problems anticipated in the light of reduced Public Health lifestyle provision? No, as the scheme does not require PH practitioners to deliver any of the interventions. the services that practitioners would refer patients to are still within the rationalised PH Commissioning portfolio e.g specialist alcohol services Has thought been given to alternatives if practices do not want to sign up? Could the Leicester diabetes risk score be added to the NHS Health Check template via discussions with Public Health?

Section F

APPROVAL - Business Case QIA

Reviewer	Signature	Date
Project Lead	**Sarah Southall and Ranjit Khular**	**01.04.18**
Patient Rep		
Quality Lead	**Liz Corrigan**	**03/04/18**
Programme Board Review	**Primary Care Programme Board**	**09.04.18**
Approval Board Approval	**Primary Care Commissioning Committee (Public)**	

Post Implementation Review

Section G

Benefits Realisation & Close Review	
Date of Project Implementation	
Date of Project Review	
Findings From Benefits Realisation Review	*include here feedback from patients, performance & activity information +/- and quality monitoring arrangements for the future.*
Concerns identified as a result of this scheme	
What change has occurred as a result of the project implementation	
Date of Closure	*insert date*
Summary of Achievements & Monitoring Arrangements	*insert bullet points providing a summary of achievements and how the project/ service will be monitored hereafter.*
Reason for Closure	*i.e. project achieved, abandoned, delivered or suspend.*
Final Risk Score	

APPROVAL			
Reviewer	**Signature**	**Date**	**Agreed Yes/No Including Comments**
Project Lead			
Patient Rep			
Quality Lead			
Head of Quality			
Programme Board Review			