

**WOLVERHAMPTON CCG**

**Primary Care Commissioning Committee**  
**3<sup>rd</sup> July 2018**

<b>TITLE OF REPORT:</b>	QOF + Preparation (2017/18)
<b>AUTHOR(s) OF REPORT:</b>	Lucy Sherlock
<b>MANAGEMENT LEAD:</b>	Sarah Southall
<b>PURPOSE OF REPORT:</b>	Report on the final outcomes of the QOF prep service specification.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Funding was made available to practices to undertake some preparatory work in readiness for the QOF+ 2018/19 Scheme that is due to be launched June 2018.</li> <li>• The preparatory work was designed to aid practices in identifying patients as risk of developing diabetes, who consumed too much alcohol and/or were overweight who could then be included on a practice level register.</li> <li>• The register would allow patients not already on a QOF register to benefit from some form of intervention.</li> <li>• To improve utilisation of the National Diabetes Prevention Program.</li> </ul>
<b>RECOMMENDATION:</b>	To receive and discuss the outcomes and note any learning for future schemes
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	1a Ensure on-going safety and performance in the system 2a Improve and develop primary care in Wolverhampton. 2b Deliver new models of care that support care closer to home and improve management of Long Term Conditions.

***N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.***



## 1. BACKGROUND AND CURRENT SITUATION

- The QOF+ preparatory scheme was put in to place to support practices in doing some preparatory work ahead of the QOF+ launch in June. The scheme sought to fund practices to review what is currently read coded on their clinical systems within 4 areas that will be included in the QOF+ service.
- The aims of the scheme were:
  - To get a picture of what information is currently available about patients and their lifestyle from clinical records held in general practice
  - To update patients records for those on the new revised registers with certain supporting health data where possible to support the work required by the QOF+ scheme later in the year.
  - To achieve an increased prevalence on the diabetes, respiratory and lifestyle disease registers.
  - To highlight patients that would benefit from some form of intervention who are not currently on a QOF register.
  - To improve utilisation of the National Diabetes Prevention Programme and to gain an idea of numbers to allow any new service to have the appropriate capacity.
  - The scheme ran from January 2018 to end March 2018 with claims to be submitted by the end of April 2018.
  - Returned information and claims for payment under this scheme have been received and approved
  - 300k was allocated to this scheme which equated to £1030 per 1000 patients. Payment was staggered by achievement.

## 2.

### 2.1 Purpose and Timeline.

The purpose of the QOF+ preparatory scheme was to fund practices to build 4 registers that would later serve as the basis for QOF+ 2018/2019 and to review the patients on these registers to ensure that key lifestyle and basic health information is recorded for those patients. It was envisaged that having this work done in advance of the QOF+ launch would give practices a good start in achieving the targets set out in the QOF+ 2018/19 service specification. The practices were given 2 months to run the searches and update records, with a further month to collate the data and submit the claim. All claims had to be submitted by 30.4.18. A list of registers and information to be updated can be found at **Appendix 1**.

### 2.2 Participation.

37 practices originally signed up to take part equating to 88% of practices in Wolverhampton & of these 20 practices 48% submitted a return (due to practice list sizes this covers 52% of Wolverhampton patients)

6 from PCH1  
6 from PCH2  
8 from Unity  
0 from VI



Of the practices who didn't take part, various reasons were cited. Most notably VI did not submit for any of their practices due to an issue regarding internal communications. For more detail of practices who signed up/submitted and reasons for not taking part or non-submission please see **Appendix 2**.

### **2.3 Finance.**

Of the 300k allocated to this scheme practices who took part claimed £171,190.80. 9 of the practices claimed the full allocation achieving 76% or record updates or more whilst the other 11 achieved 80% payment for 51%-75% or records being updated. This leaves a surplus of £128809.20 of the £300000 allocated to this enhanced service,

### **2.4 Outcomes.**

4 new registers were created with 6492 patients being added to these registers. Of those patients nearly 3000 had new lifestyle or health data recorded on their medical record. A more detailed breakdown can be found at **Appendix 3**.

The creation of the new registers forms the basis for the QOF + 2018/2019 scheme that will be implemented later June 2018. The QOF+ 2018/2019 scheme focuses on areas not currently covered in the national QOF and has a more preventative set of indicators.

The practices that took part will be in a good position to start work on the new QOF+ Scheme as soon as it is launched, whilst practices that didn't will have some preparatory work to do to create the new registers.

Other outcomes included the creation of a register of the number of patients waiting for referral to the diabetes prevention programme and those patients needing spirometry. The newly recorded information will inform the future design and implementation of these services.

### **2.5 Learning/ Considerations for future.**

This service specification required practices to run a set of searches on their clinical systems. In the past this kind of work has been heavily supported if not completed for them by the CCG IM&T team, however the level of support offered to practices varied throughout the duration of this scheme, meaning a lot of practices struggled with the process and there was some disparity in the numbers reported against similar sized practices. In future, practices need to be trained or supported in the process of building searches within their clinical systems to ensure a robust piece of work encompassing all eligible patients.

The service specification was amended at various stages between the initial draft document production and final sign off of the scheme. Some practices had not realised the addition of a further search requirement around alcohol. It is important to ensure the practices are working to accurate up to date service specifications and that there are clear communication processes in place to ensure latest versions are circulated to all practices. This should reduce ambiguity regarding interpretation and delivery of the schemes.



Finally this service specification was offered to practices at year end when practices are already busy with a lot of work on national QOF and finance matters. This was illustrated by some practices which cited that as a reason for not participation.

Since the QOF + 2018 service specification has been shared there is a greater understanding of what the Preparation scheme was trying to achieve and those that took part are happy that it has meant they can begin work immediately on the QOF+2018 without having to build new registers and that many of their patient records are already up to date. This will put them in a good position to achieving higher points in the 2018 service.

### **3. CLINICAL VIEW**

- 3.1. The areas for coverage in the QOF+ prep specification were taken from the suggestions made, and feedback obtained at a GP member's event. Ideas had been discussed with all attendees regarding the development of a local scheme building on the current national QOF scheme. The service was designed in conjunction with a lead GP and was reviewed at group leads and Clinical Reference Group before being implemented.

### **4. KEY RISKS AND MITIGATIONS**

- 4.1. Practices who did not participate in the QOF+ preparation scheme will have to do more preparatory work to begin with for the new QOF+ scheme than those that took part and completed their own searches may find they have additional patients on their registers once the IM&T team produce the dataset/searches for the new service as searches may be built differently.

For the practices that took part the service had definitely set them up well to begin the work on this year's QOF+ not only with registers and updated records but an understanding of the cohorts of patients that they will be asked to look at within it. It has given some an insight in to the potential training needs for clinical system searches and highlighted the need for consistent, accurate read coding.

There is a risk that practices may choose not to participate in the QOF+ 2018 service specification due to workload and perceived issues around searches and coding there are mitigations in place for this. These include a full set of searches and templates being provided by the IM&T team, a comprehensive service specification and other supplementary documents including frequently asked questions sheet. The practices will be given clear instructions about when to sign up and the expected end of the service along with continued support from the primary care and IM&T teams throughout the year. The funding for this service specification is also quite substantial and is a good incentive for practices. The service specification is presented in a format consistent with the existing national qof and therefore should be easier for practices to understand and follow.

### **5. Equality Impact.**

Whilst there wasn't a full Equality Impact Assessment undertaken when the prep work took place there is now full Assessment in place for the QOF+2018/19 service specification that will be launched this month.



## **6. Patient Engagement.**

6.1. Whilst no patient engagement activity was undertaken before the launch of this service no patients have complained and practices have had a good response from those patients that were involved in the work to update lifestyle indicators. The QOF+ 2018 has been discussed at PPG group meetings and has met with a good response.

## **7. Medicines Optimisation**

There may be an increase in patients being prescribed medications as a result of the service. Patients will have factors such as blood pressure and cholesterol monitored where they may not have before and as such may be found to be in need of treatment for these. The service also sought to ensure that patients who are currently prescribed some respiratory medications had a clear indication in the record for the need or those medications.

**Name Lucy Sherlock**  
**Job Title Group Manager**  
**Date: 25.6.18**



## Appendix 1

### Registers to be built with information to be recorded for each patient.

- Pre diabetic patients - patients with a HbA1c 42-44 mmol
  - BMI, height
  - Weight
  - Smoking status
  - Alcohol consumption
  - Cholesterol
  - BP
  - Females tested or Polycystic Ovaries - in the previous 12 months
  
- Patients with a BMI of 40 or above.
  - Smoking status
  - Alcohol consumption
  - Cholesterol
  - BP - in the previous 12 months
  
- Patients with code of gestational diabetes
  - HbA1c
  - BMI,
  - Height
  - Weight
  - Smoking status
  - Alcohol consumption
  - Cholesterol- in the previous 12 months
  - BP 12 months.
  
- Patients with prognostic indicators but no confirmed diagnosis of a respiratory condition i.e. COPD, Asthma etc
  
- Number of patients requiring spirometry on a new register indicating the level of priority for testing.
  
- Number of patients with alcohol intake over/above the recommended level of consumption.



## Appendix 2

Practices that signed up but did not submit a return – Blue

Practices that did not sign up – Grey

PCH1	M92016 - TUDOR MEDICAL CENTRE
	M92629 - DRS KHARWADKAR & MAJI
	M92019 - KEATS GROVE SURGERY
	M92030 - CHURCH STREET SURGERY
	M92649 - DR MUDIGONDA
	M92630 - EAST PARK MEDICAL PRACTICE
	M92012 - DUNCAN STREET PRIMARY CARE PARTNERSHIP
	M92029 - NEWBRIDGE SURGERY
M92607 - WHITMORE REANS MEDICAL PRACTICE	

PCH2	M92612 - GROVE MEDICAL CENTRE
	M92647 - BRADLEY MEDICAL CENTRE
	M92003 - DR SURYANI
	Y02736 - SHOWELL PARK HEALTH CENTRE
	M92609 - ASHFIELD ROAD SURGERY
	M92039 - DR ST PIERRE-LIBBERTON
	M92009 - PRESTBURY MEDICAL PRACTICE
	M92013 - WODEN ROAD SURGERY

Unity	Y02757 - BILSTON URBAN VILLAGE MEDICAL CENTRE
	M92015 - IH MEDICAL (DRS PAHWA)
	M92627 - DR SHARMA
	M92040 - MAYFIELD MEDICAL CENTRE
	M92024 - PARKFIELD MEDICAL CENTRE
	M92043 - PENN SURGERY
	Y02636 - INTRA HEALTH LIMITED (PENNFIELDS)
	M92640 - THE SURGERY - DR WHITEHOUSE
	M92010 - LOWER GREEN HC- TETTENHALL
	M92008 - CASTLECROFT MEDICAL PRACTICE
	M92022 - DR RAJCHOLAN
	M92041 - PROBERT ROAD SURGERY
	M92014 - FOWLER
	M92001 - POPLARS MEDICAL CENTRE
	M92004 - PRIMROSE LANE PRACTICE
M92026 - DR BILAS - Ashmore Road	



VI

M92007 - LEA ROAD MEDICAL PRACTICE  
M92002 - ALFRED SQUIRE MEDICAL PRACTICE  
Y02735 - ETTINGSHALL MEDICAL CENTRE  
M92654 - BRADLEY CLINIC PRACTICE (MGS)  
M92042 - WEST PARK SURGERY - DRS SIDHU KOODARUTH  
M92044 - DRS DE ROSA & WILLIAMS  
M92011 - PENN MANOR MEDICAL PRACTICE  
M92006 - COALWAY ROAD MEDICAL PRACTICE  
M92028 - THORNLEY STREET MEDICAL CENTRE

### **Reasons for not signing up**

The time of year – 1

Felt their clinical system was too difficult to write the searches from – 1

No reasons given – 3

### **Reasons for not submitting a return**

Internal miscommunications about who was doing the work - 12

Internal work streams took precedent – 1

Timescale to short – 1

Misunderstanding of submission date – 1

No reason given - 2





Group	No. pts	Pre diabetics				Obesity				Gestational diabetes				Register	
		Register	No pts missing data	Records updates	% updated	Register	No pts missing data	Records updates	% updated	Register	No pts missing data	Records updates	% updated		
PCH1	M92016 - TUDOR MEDICAL CENTRE	17395	145	23	22	96%	403	100	77	77%	122	50	43	86%	1345
	M92629 - DRS KHARWADKAR & MAJI	3118	26	23	22	96%	97	78	54	69%	6	5	5	100%	29
	M92030 - CHURCH STREET SURGERY	5480	59	4	3	75%	168	48	14	29%	23	14	5	36%	1
	M92012 - DUNCAN STREET PRIMARY CARE PARTNERSHIP	10122	81	36	30	83%	136	84	65	77%	16	16	14	88%	3
	M92029 - NEWBRIDGE SURGERY	5272	52	42	18	43%	107	72	26	36%	30	29	1	3%	?
	M92607 - WHITMORE REANS MEDICAL PRACTICE	14243	24	24	24	100%	218	218	218	100%	16	16	16	100%	227
<b>Group totals</b>	<b>71922</b>	<b>387</b>	<b>152</b>	<b>119</b>		<b>1129</b>	<b>600</b>	<b>454</b>		<b>213</b>	<b>130</b>	<b>84</b>		<b>1605</b>	
PCH 2	M92647 - BRADLEY MEDICAL CENTRE	3490	36	11	5	45%	80	25	10	40%	5	5	2	40%	69
	Y02736 - SHOWELL PARK HEALTH CENTRE	4362	106	106	102	96%	42	42	27	64%	2	2	2	100%	70
	M92609 - ASHFIELD ROAD SURGERY	5043	58	58	54	93%	39	39	18	46%	6	5	5	100%	113
	M92039 - DR ST PIERRE-LIBBERTON	6776	14	13	7	54%	93	72	28	39%	2	2	0	0%	653
	M92009 - PRESTBURY MEDICAL PRACTICE	15740	275	213	113	53%	402	313	105	34%	74	74	38	51%	475
M92013 - WODEN ROAD SURGERY	7259	28	28	14	50%	100	100	45	45%	6	4	3	75%	10	
<b>Group totals</b>	<b>58784</b>	<b>517</b>	<b>429</b>	<b>295</b>		<b>756</b>	<b>591</b>	<b>233</b>		<b>95</b>	<b>92</b>	<b>50</b>		<b>1390</b>	
Unity	M92040 - MAYFIELD MEDICAL CENTRE	8644	86	58	40	69%	145	97	30	31%	4	3	2	67%	6
	M92024 - PARKFIELD MEDICAL CENTRE	13971	207	192	85	44%	352	304	35	12%	104	100	6	6%	607
	M92010 - LOWER GREEN HC-TETTENHALL	12965	130	130	67	52%	389	389	130	33%	25	38	8	21%	78
	M92022 - DR RAJCHOLAN	4267	10	9	9	100%	27	23	20	87%	1	1	0	0%	0
	M92041 - PROBERT ROAD SURGERY	4301	15	15	15	100%	116	61	49	80%	10	10	10	100%	38
	M92014 - FOWLER	2097	29	11	11	100%	23	6	6	100%	1	1	1	100%	30
	M92001 - POPLARS MEDICAL CENTRE	3601	32	32	23	72%	37	37	34	92%	0	0	0	0%	69
	M9004 PRIMROSE LANE	3395	23	3	3	100%	111	51	51	100%	8	1	1	100%	310
<b>Group totals</b>	<b>96004</b>	<b>904</b>	<b>450</b>	<b>253</b>		<b>1200</b>	<b>968</b>	<b>355</b>		<b>153</b>	<b>154</b>	<b>28</b>		<b>1138</b>	
<b>Wolverhampton totals</b>	<b>22671</b>	<b>1808</b>	<b>1031</b>	<b>667</b>	<b>0</b>	<b>3085</b>	<b>2159</b>	<b>1042</b>	<b>0</b>	<b>461</b>	<b>376</b>	<b>162</b>	<b>0</b>	<b>4133</b>	

