QOF+ Update

- QOF+ Development Group December 2018 →
- FAQ Document
- Ongoing support from IM&T Facilitators
- 2018/19 Scheme & preparation for 2019/20

Month	2018/19	2019/20
March 2019	Close scheme	Draft revised scheme with additional content including new indicators
April 2019	Commence reconciliation process, including notification of payment	Finalise indicator wording Identify read codes & build searches (Insight) Final draft document shared for comment
May 2019	Address queries & arrange payment Scheme Value £1.2m	Approval at Primary Care Commissioning Committee Scheme Value £2.1m Commence implementation of new scheme – support pack

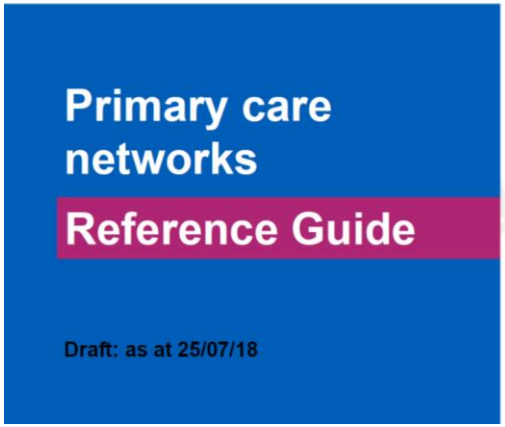
National Quality and Outcomes Framework (QOF)

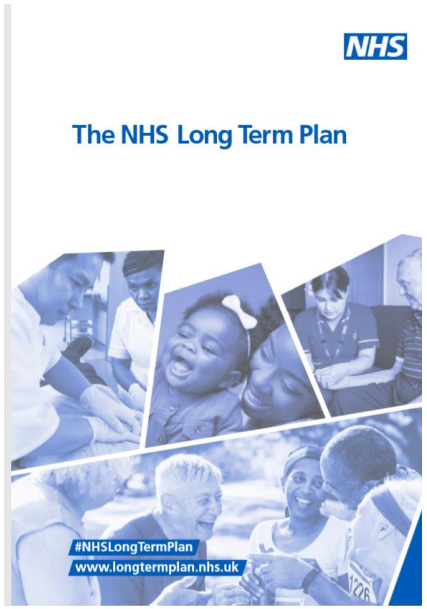
QOF+ 2019/20
£2.1m

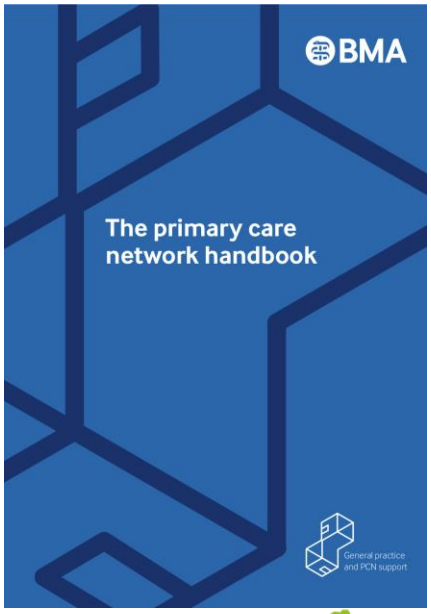
Diabetes	Alcohol	Obesity	Hypo Thyroidism	Asthma	COPD	Quality
26%	18%	14%	7%	6%	3%	26%
£546K	£378K	£294K	£147K	£126K	£63K	£546K

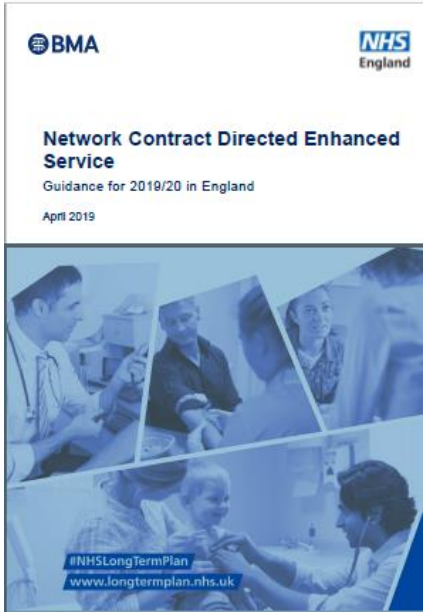
SMI
Dementia
Learning disabilities
Bowel cancer screening

Primary Care Networks

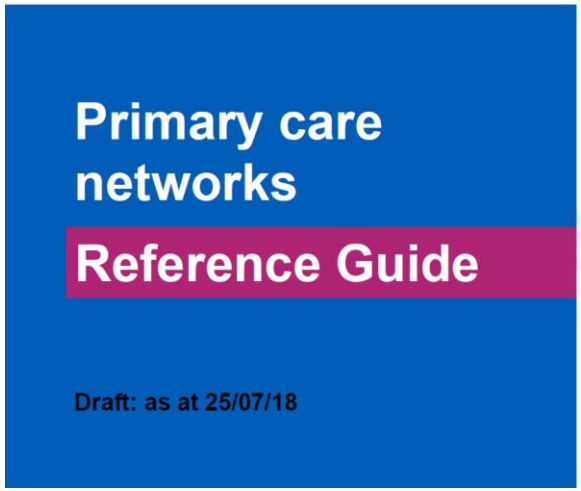








Primary Care Networks



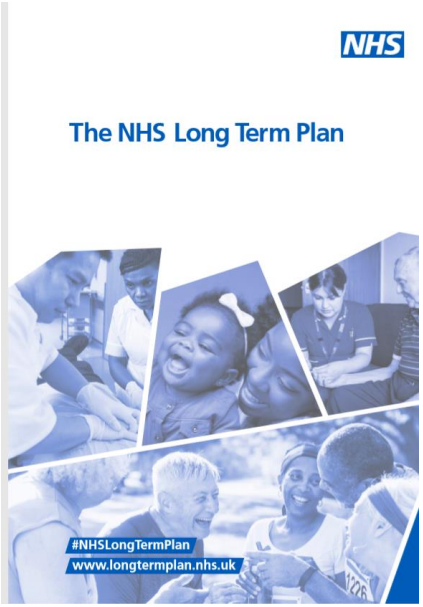
NHS England

- *Practices working together and with other local health & care providers*
- *Providing care in different ways to match different people's need*
- *Focus on prevention, patient choice & self care*
- *Use of data & technology*
- *Making best use of collective resources across practices*

- Core Characteristics
  - Improved ways to deliver care
  - Practice Resilience
  - Collaboration & integration
  - Every practice → Network
- Enablers
  - Workforce
  - Patient & Public Engagement
  - Digital
  - Clinical Governance
  - Estates
  - Business Model
- Maturity Levels
  - Foundations for transformation
  - Steps 1→3

Primary Care Networks

- New ways of work for Primary Care - PCNs
- Changes to QOF
- International Recruitment*
- Support for Care Homes*
- Focus on Population Health
- Move to ICS – Primary Secondary Care Toolkit*
- Clinical Priorities
  - Smoking
  - Obesity*
  - Alcohol*
  - Air Pollution
  - Antimicrobial Resistance
- Engaging People



Primary Care Networks

NHS England's definition:-

- Primary care networks enable the provision of proactive, accessible, coordinated and more integrated primary and community care improving outcomes for patients.

- They are likely to be formed around natural communities based on GP registered lists, often serving populations of around 30-50,000 patients.

- Networks will be small enough to still provide the personal care valued by both patients and GPs but large enough to have impact through deeper collaboration between practices and others in the local health (community and primary care) and social care system. They will provide a platform for providers of care being sustainable into the longer term.

General Practice the Bedrock of the NHS – Survive & Thrive (BMA)

What great PCNs look like and how they will develop

	Foundations for transformation	*Step 1*	*Step 2*	*Step 3*
Right scale	**Plan:** There is a plan in place articulating a clear end state vision and steps to getting there, including actions required at team, network and system level	**Practices** identify partners for network-level working and develop shared plan for realisation.	**Practices** have defined future business model and have early components in place. Functioning **interoperability between practices,** including read/write access to records. Data sharing agreements in place.	**Network business model** fully operational. **Interoperable systems** Workforce shared across network. Rationalisation of estates.
Integrated working	**Engagement:** GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there.	**Integrated teams**, which may not yet include social care, are working in parts of the system.	**Integrated teams** in place throughout system and formalised to include social care, the voluntary sector and easy access to secondary care expertise in at least some sites.	**Fully functioning integrated teams** in place across whole system including general practice, access to secondary expertise, nursing, community services, social care and voluntary sector. Care plans and coordination in place for all high risk patients.
Targeting care	**Time:** Primary care, in particular general practice, has the headroom to make change.	**Analysis on variation** between practices is readily available and acted upon. **Basic population segmentation** is in place, with understanding of needs of key groups and their resource use. Standardised end state **models of care** defined for all population groups, with clear gap analysis to achieve them. **Prototypes** in place for highest risk groups.	The system can **track data in real time,** including visibility of patient movement across the system and between segments, and information on variability. **New models of care** in place for most population segments, including both proactive and reactive models, with standardised protocols in use across the system.	**Systematic population segmentation including risk stratification**, with in depth under-standing of needs of each population segment. Routine peer review of metrics in and between networks. **New models of care in place to meet needs of all population segments**. Internal referral processes in place.
Managing resources	**Transformation resource:** There are people available with the right skills to make change happen.	Steps taken to ensure **operational efficiency** of primary care delivery.	**Networks have sight of resource use** for their patients, and can pilot new incentive schemes.	Primary care networks take **collective responsibility for available funding.**. Data being used at individual clinical level to make best use of resources.
Empowered Primary Care		**Primary care** has a seat at the table for all system-level decision making.		**Primary care network** full decision making member of ICS leadership.

Primary Care Networks

Core of a PCN

- Build on current primary care
- Groups of practices working together
- Based on GP registered lists 30-50,000 combined list size
- Nominated Clinical Director
- Shared workforce, patient & public engagement, technology, clinical governance, technology enabled care, information systems,

What will they do

- Practices will be more resilient (patient & practice)
- Core values & strengths
- Majority of care will remain with practice – strong focus on prevention - population focus
- Services provided collectively if not viable for every practice to provide
- Offer more options for patients to access services tailored to their communities
- Greater voice in service redesign
- Share resources, receive funding

Primary Care Networks

Summary of agreement

- Addresses workload issues
- Brings a permanent solution to indemnity costs and coverage
- Improves the Quality and Outcomes Framework
- Introduces a new Network Contract DES
- Helps join-up urgent care services
- Enables practices and patients to benefit from digital technologies
- Delivers new services to achieve *NHS Long Term Plan* commitments
- Gives five-year funding clarity and certainty for practices
- Tests future contract changes prior to introduction

PCN Focus

- Funding
- New Workforce
- Requirements
- Network Agreement
- Extended Hours Access DES

Funding

Uplift in global sum 2019/20

£1.50 per patient funded by CCG (Network DES & additional ring fenced ££ (NHSE) for PCNs

70% NHSE/30% PCNs funding for new roles

BUT

100% funding for Social Prescribers (NHSE)

Clinical Director 1 day per week (based on 40k network population 0.25 funded by NHSE)

Extended Access DES → Network Contract

Workforce

2019 1 Clinical Pharmacist & 1 Social Prescriber per network

2020 1 First Contact Physio(s) & 2 Physicians Associate(s) per network

2021 1 Community Paramedic per network

2022 All roles increasing by 2024 typical network will comprise of:-

- 3 Social Prescribers*
- 3 First Contact Practitioners } *flexibility on numbers & professionals in networks*
- 2 Physicians Associates*
- 1 Clinical Pharmacist*

Requirements

Clinical priorities etc

Complete short submission to CCG (names, codes for each practice & network list size)

Map marking the network area & name/details of provider to receive funding

Name of Clinical Director

Initial Work Agreement signed by each practice

Network Agreement

outlines ***decisions*** about how they will ***work together***, which practice ***does what***, how ***funding*** will be ***allocated*** between practices, how the ***new workforce will be shared (including who employs them)*** ***……***can be amended over time ie new workforce/services as they become available including funding

Extended Hours DES

Extended Hours Access DES – currently ***practice level*** sign up will move to ***network*** & will be responsible for equivalent coverage for 100% of network population in addition to services currently ***provided by hubs/PCNs*** – funding will continue at ***£6.00 pp*** delivered via the network

Note: DES Funding will flow to the Network

****STPs ensure PCNs are provided with data analytics for population segmentation & risk stratification****

Primary Care Networks

Working in Partnership with People & Communities

- Public participation including local people, service users & carers, as an integral part of PCN decision making
- Working in partnership with people & communities having an ongoing dialogue with the wider community as well
- Local people should be involved and able to influence decision making, contribute by sharing ideas and ambitions, supporting evaluation options & supporting continuous improvement

What the public said

- Services working better together across health & social care
- Those with complex needs, a single point of access for help & support
- Access to local organisations outside the nhs that can help them stay well
- Quicker access to a range of services out of hospital to manage urgent needs
- Technology to help self care, care navigation, book appointments, arrange prescriptions, access records online and patient consultations online

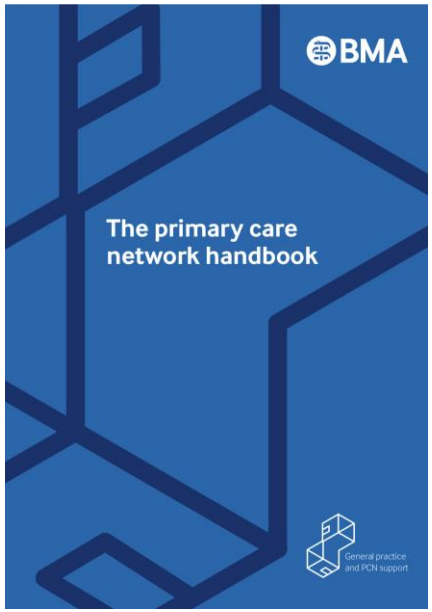
Patients should experience

- Joined up services
- Access to a wider range of professionals & diagnostics
- Different way of getting advice & treatment
- Shorter waiting times
- Greater involvement
- An increased focus on prevention & personalised care

Primary Care Networks

Creating PCNs

- Geography - *The only involvement of the CCG in this process should be when there are gaps in the total PCN coverage of their area*
- To be recognised as a PCN, individual GP practices will need to make a brief joint submission
- Appoint a clinical director
- First Steps, Early Stage, Mature Stage
- Internal Governance – Governing/representative body, decision making, accountability, data sharing, dispute resolution, finances, HR Policies etc
- PCN Structures & Employment Models – leadnominated employee, shared employment contracts



NOTE: Risk Assessment - no VAT nor CQC issues envisaged

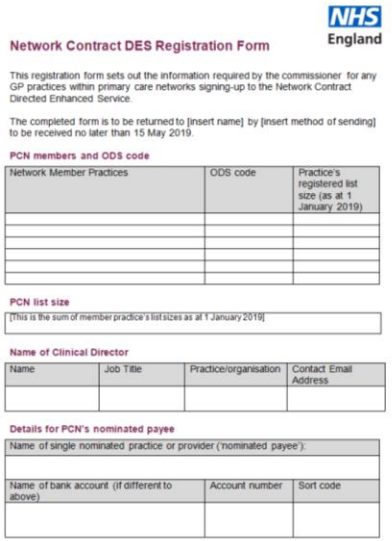
Primary Care Networks

- CCG Process – communicated to practices & prepared for sign off in May
- Work closely with LMC – CCG & Practices
- Full agreement(s) signed by 30 June*
- ££Network Participation Payment (practice)
- ££Network DES (network)
- Network Area – minimum 30k patients, neighbourhoods, delivery of services, network development, sensible network boundary
- Network infra-structure – nominated payee will be a contract holder of PMS, clinical director (at all times), patient record sharing (patient opt out preferences), data analytics, patient engagement, sub contracting
- Workforce requirements – recruitment of new staff, principle of additionality ie 18/19 baseline (NWRS), Clinical Pharmacists, Social Prescribing Link Workers
- Extended Hours DES – Network DES from 1 July (not CCG commissioned service), additional clinical sessions £1.09 pp,
- Financial Entitlements –
  - Core PCN Funding £1.50 pp (CCG ££)
  - Clinical Director Contribution £0.51 pp Jul-Mar 2020 (£0.57 pp Apr 2020)
  - Staff Reimbursements (70% & 100%)
  - Extended Hours Access DES
- Future Requirements – Collaboration with non GP Providers 2020/21, Network Service Spec's (medication reviews, EHCH, anticipatory care, cancer diagnosis, personalised care, CVD, neighbourhood inequalities
- Monitoring – Social Prescribing & Clinical Pharmacist activity


NHS England

Network Contract Directed Enhanced Service

Contract specification 2019/20


NHS England

Network Contract DES Registration Form

This registration form sets out the information required by the commissioner for any GP practices within primary care networks signing-up to the Network Contract Directed Enhanced Service.

The completed form is to be returned to [insert name] by [insert method of sending] to be received no later than 15 May 2019.

PCN members and ODS code

Network Member Practices	ODS code	Practice's registered list size (as at 1 January 2019)

PCN list size

[This is the sum of member practice's list sizes as at 1 January 2019]

Name of Clinical Director

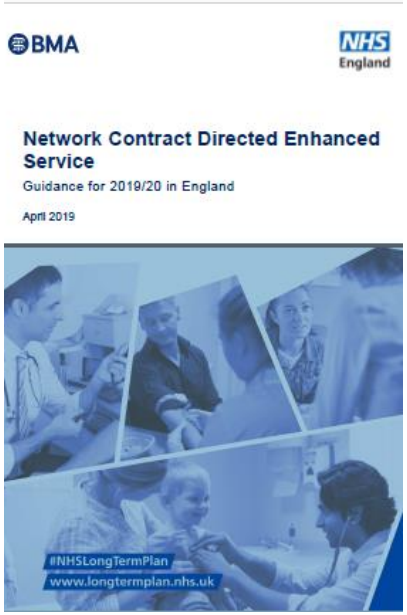
Name	Job Title	Practice/organisation	Contact Email Address

Details for PCN's nominated payee

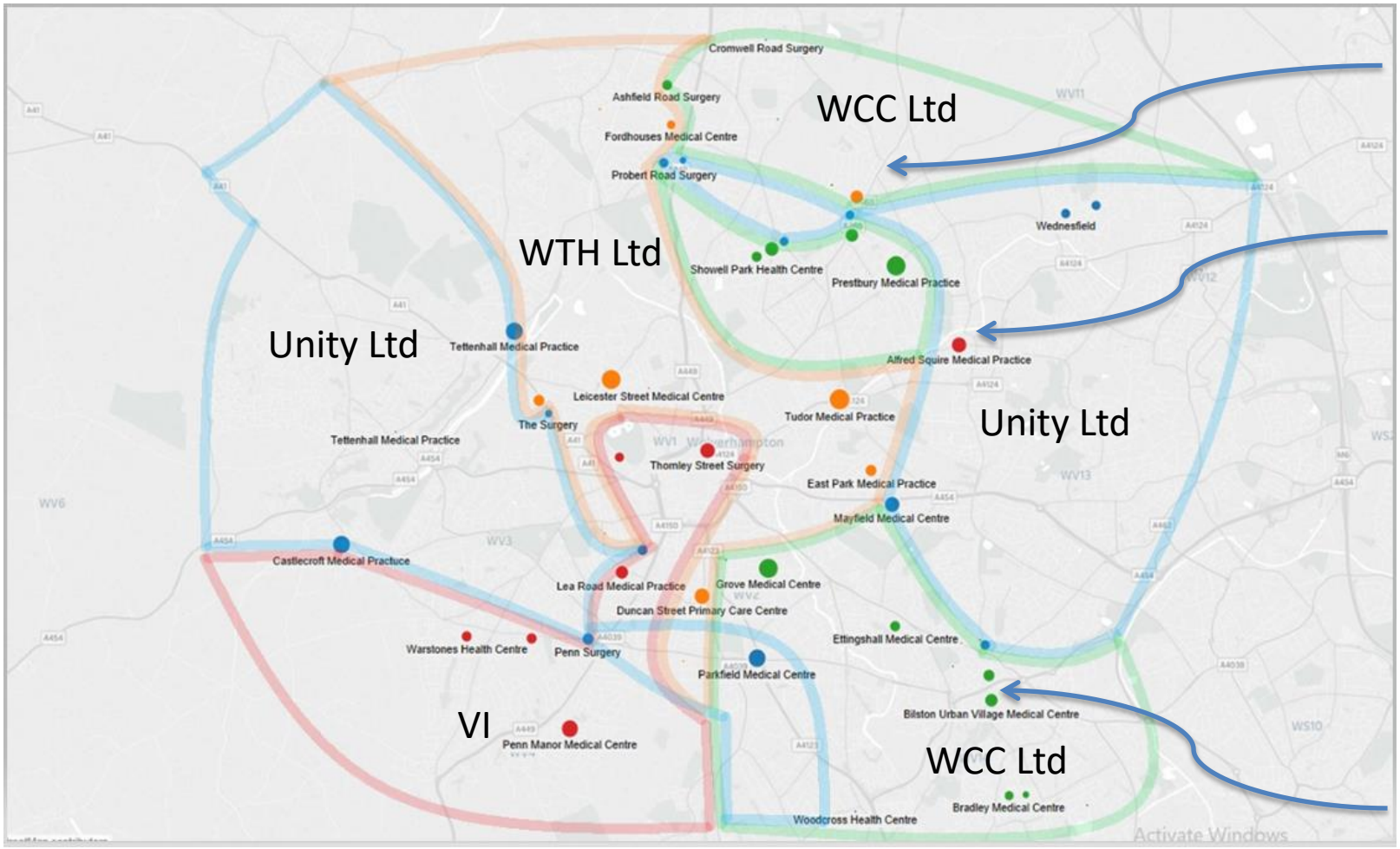
Name of single nominated practice or provider ('nominated payee'):		
Name of bank account (if different to above)	Account number	Sort code

Primary Care Networks

Date	CCG Action	STP Assurance
January – April 2019	PCNs prepare to meet the Network Contract DES registration requirements	Primary Care Leads confirm progress & raise queries/concerns via fortnightly meetings that in turn are clarified with SRO & Clinical Lead. CCGs are supporting practices & arranging approval panels for 16 & 17 May 2019.
By 27 March 2019	NHS England & GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES	STP Assurance Process developed & agreed with SRO & Clinical Lead Reassurance to NHSE regarding preparedness.
By 15 May 2019	All Primary Care Networks submit registration information to their CCG	CCGs confirm receipt of applications from their membership in line with Network DES/Application Form. Number approved and/or any exceptions to PCN Guidance. CCGs should confirm 100% alignment of all member practices as per requirements of the guidance i.e. practices, map, CD etc in line with the contract. CCG Primary Care Leads confirm the outcome of their panel meetings to GPFV Programme Director by 20 May 2019 (including exceptions) Information will be shared with SRO & CLG
By 31 May 2019	CCGs confirm network coverage & approve variation to GMS/PMS/APMS Contracts	STP work with CCGs to resolve issues where 100% alignment has not been achieved. SRO & CLG review STP application status & agree next steps (*date to be confirmed but likely to be 23 May 2019*). Assurance that contract variations have been completed by 31 May 2019.
Early June 2019	NHS England and GPC England jointly work with the CCGs and LMCs to resolve any issues	STP receive regular updates on progress made where issues are being resolved (weekly) that will be shared with STP SRO & CLG until all member practices are suitably aligned & documented evidence is in place. Confirmation of CCG Governance arrangements with Clinical Directors & Clinical Chairs linked to STP Clinical Leadership Group.
1 July 2019	Network Contract DES goes live across 100% of the country	Rolled out via Primary Care Leads & standing item on monthly meetings. STP strategies ie Workforce, Primary Care etc updated to reflect CCG map(s) of PCNs and also confirm how networks will be engaged in the implementation of all relevant work programmes.
July 2019 – March 2020	National entitlements under the 2019/20 Network Contract start: • Year 1 of the additional workforce reimbursement scheme Ongoing support funding for the Clinical Director • Ongoing £1.50 per head from CCG Allocations	Linkage with CLG established & large scale STP wide event arranged at *quarterly intervals*.
April 2020 onwards	National Network Services start under the 2020/21 Network Contract DES	



Where any of us propose any change to the services we provide to patients at a Network level, we will discuss how to best to involve and/or inform patients of those proposed changes in line with our collective and individual patient engagement obligations.



- 6 Networks 36-54,000 population, maintaining integrity
- 3 Practice Outliers (North East & South East)
- Discussions continue at ‘network’ level regarding moves/changes
- CCG & STP Processes for approval
- PPG Meetings

Multi Disciplinary Team Meetings

All 3 MDT coordinators now in post – these posts deliver all of the administrative function of the MDT

Full range of professionals supporting MDT working

17 practices now live with 2 more going live this week

A mix of models - joint and single practice

Starting to collect feedback from professionals regarding their experience of MDT working – positive feedback to date

Case studies being collated to evidence outcomes for patients (available to all)

Community Services

- There is a need to ensure that Community services are wrapped around PCN's as detailed within the guidance
- Current Community Service specifications have a focus on working in geographical localities, NE/SE/SW to align with the BCF vision of Community Neighbourhood Teams
- 1st CNT developed in December 2018 – NE Health and Social Care Teams
- Commenced re writing Community Service Specifications to ensure alignment with PCN's. A DRAFT District Nursing specification is currently going through governance.

GP Home Visiting Service

Following a successful pilot across a small number od practices, an evaluation has taken place and there will be a recommendation going to CCG Boards to roll out this enhanced service across Primary Care

What worked well?

- Patients received a timely response and were able to be receive a visit on the same day (where clinically appropriate)
- Patient received a day time visit and were able to access medication on the same day if required.
- Patients benefited from a responsive, person centred, coordinated service
- If patients are not suitable for the service; patients are referred onto a more suitable service ensuring continuity of care
- Patients with complex needs benefit from a smooth seamless access/ escalation to the RIT whom are able to more appropriately meet their needs and prevent further deterioration and possible admission
- The Home Visiting Service is able to free up GP time to care, to enable GP's to focus on more complex patients or improve their work life balance
- There are no reported poor patient experience or quality issues

- Practices will be asked to sign up for the service as with other local enhanced services
- There will likely be a phased approach to roll out to manage demand and to manage recruitment to the team
- Look out for the notification

Primary Care Networks

Group Discussions……..