1. INTRODUCTION

This paper provides a brief overview of the developing approach to monitoring and improving key elements of general practice quality. This incorporates a revised Quality Scorecard (QSC), a new approach for planning and undertaking Quality Assurance visits and a mechanism for this to be overseen through a Primary Care Quality Committee.

The new NHS National Commissioning Board is currently considering a single operating Framework that they intend to use to monitor General Practice, therefore this approach will be subject to ongoing development over the next 15 months, however indications are that this revised approach for Hertfordshire is consistent with the overall direction of travel.

CCGs will also have a future role in ensuring there is high quality general practice provision within their area, and further discussions are anticipated with the CCGs to ensure a consistent approach with the emerging fieldforce of the NCB.

2. Quality Framework

NHS Hertfordshire aspires to have high standards for the quality of services provided by general practice. A number of measures already exist to review standards and provide reassurance to patients and the PCT as commissioners.

The Primary Care Quality Framework aims to ensure that practices understand and implement practice level quality assurance systems and processes needed to promote and ensure patient safety and enhance the patient experience. Self assessment is a key part of this process. At the same time, the PCT needs to ensure compliance with the contractual and statutory requirements of the GMS contract and QOF.

The following are key systems for measuring and reviewing targets and quality:

1. The Quality and Outcomes Framework (QOF), is a quality system which provides practices with financial rewards for providing high quality care in a number of clinical, organisational and patient experience domains and is assessed through submission of grade A evidence and practice visits.

2. GMS Contract Self Assessment determines practices adherence to the statutory requirements within the contract and self assessments are underpinned by visits to assess application of the elements in practice.

3. Revalidation for GPs is coming closer to implementation and the process for strengthening appraisal and evidencing good practice for appraisal and the Responsible Officer reviews is being developed within the PCT.

4. Safeguarding adults and children is underpinned by a range of policy and developmental programmes and assurances that these are actively enabled within practices are being increasingly sought.

5. The Care Quality Commission (CQC) registration of General Practice (to be deferred until April 2013) will provide an outcome based assurance programme which will be monitored by the CQC by visits, but also by the triangulation of available data collected by key stakeholders and other interested parties.
It is the output from these systems that to a large extent will populate the Quality Scorecard.

### 3. Monitoring Process

A range of staff have been included in the discussion regarding the Quality Scorecard and visiting programme including GPs, practice managers, a NED and Primary Care Team Staff. A range of issues and concerns have been raised and discussed and these have been taken into consideration during the development phase. It is intended that the Primary Care Quality Assurance Committee will oversee this process (draft Terms of Reference attached). It has been agreed to include a range of indicators into the QSC under the key Quality Domain headings of Patient Experience, Patient Safety and Clinical/Cost Effectiveness. It has been proposed to refine the QOF and Contract Monitoring self assessment format for practices by including a number of the ‘quality’ indicators to enable information to be gathered and assessed.

The data obtained through the self assessment process will be collated into a spreadsheet showing the self assessed achievements against each indicator. This information can be translated into the QSC, the indicators of which will be compiled into a spreadsheet for review of achievement across all practices. It is through this process that we can develop a ‘risk profile’ for individual practices and consider the nature of our Quality Visit approach with them.

### 4. Quality Scorecard (QSC)

The scorecard has been developed taking account of the statutory requirements of the GMS Contract, key indicators from the Quality and Outcomes Framework, proposed requirements from the revalidation framework, safeguarding initiatives and some of the underpinning elements of the CQC standards. It also references developmental quality programmes which are not a statutory requirement but are acknowledged as a mechanism for practices to aim for a gold standard in practice development and management. It is our view that every practice has a quality improvement opportunity.

The scorecard is intended to be pre-populated with data already available locally or nationally, but also to include additionally collected data which is made available through contract and QOF reviews or from sources within the PCT already collecting items for other required monitoring purposes. Initially data for a number of the indicators would be unavailable pending the outcomes from QOF assessment & contract monitoring; this particularly applies to the Patient Safety section.

The QSC will be published biannually and is intended for practices to review their own quality assurance programmes, to provide data across Hertfordshire on areas of good or poor performance for which recommendations can be promoted, and as mechanism for the PCT (NHSCB) to assure itself of the quality development within individual practices and collectively across Hertfordshire.
5. Quality Visit Programme

From January 2012 it is proposed to commence an ongoing programme of targeted, unified practice visits. These will replace the previously separate QOF Assessment, Contract Monitoring & CEC-led Access visits.

Selection of practices for visits will be determined utilising the following key sources of information:

1. Quality Scorecard
2. Response to QOF Self-declaration & evidence assessment process
3. Response to GMS/PMS Contract Monitoring process
4. Soft intelligence
5. Other sources of information including practice responses to specified Serious Incidents.

A segmentation of GP practices will be compiled, taking into account all of the available information. This approach has been designed to be pragmatic, by focusing on specific target areas, allowing practices to be easily selected for visits. This could allow for quality visits to commence relatively quickly & then proceed throughout the year.

The first selection of visits will be made by the Quality Framework Steering Group in early December. At this stage information items 2 & 3 will not yet be available.

It is proposed to focus initially on practice visits targeting specific performance areas. Targeting on this basis is relatively simple to achieve from existing performance data & provides clarity of purpose for each visit. Each visit will be specific to the practice & will be flexible enough to cover any quality areas identified for discussion.

Subject to the agreement of this visit programme, further work will be required to determine the structure of each type of visit. This will include defining the required personnel, the visit format and the expected outcomes.

This programme will be subject to constant review and development.

- Type A Clinical Quality Visit - Clinical Outcomes, Exception Reporting, Prevalence Levels

There is a proposed initial focus on QOF-related topics, specifically with clinical/patient outcomes in mind. These visits will not be an in-depth assessment of QOF achievement similar to the previous QOF Assessment Visits, however will target those practices with lower clinical outcomes, high exception reporting levels and lower than expected prevalence rates.

Timescale: Jan – Mar
Resourcing required: QOF GP Assessor &/or CSC GP/PCCM (Visit Lead)
Proposed number of visits: c12 practices
• Type B QOF Post-declaration Verification Visit

An in-depth, robust review of QOF declared achievement for each selected practice. These visits will provide the appropriate quality assurance of the QOF process and payments made. These visits will replace the previous QOF Assessment visits. *NB the 5% Counter Fraud visits will continue separately.*

Timescale: April - June
Resourcing required: QOF GP Assessor /Lay Assessor?/PCCM
Proposed number of visits: Selection of a minimum of 10% of practices

• Type C Quality Visit – Clinical Governance/Patient Safety/Patient Experience

A review of practice clinical governance, patient safety &/or patient experience issues. The selection of practices will be determined by responses from Contract Monitoring Assessment, QOF Self-declaration & evidence assessment, as well as general soft intelligence. For patient access & experience the latest results from the revised GP Patient Survey due out in mid-Dec & then mid-June will be considered.

Timescale: Jan - Oct
Resourcing required: Clinically-led (GP or Nurse?) /PCCM
Proposed number of visits: c25

• Type D Other Quality Visit

Those practices not specifically targeted in one the 3 previously noted visits will be visited later in the year as part of the annual review visit programme. This may be as part of another targeted approach e.g. PMS reviews, or alternatively as a more generic quality visit.

Timescale: June12 – Mar13
Resourcing required: PCCM
Proposed number of visits: c82

• Proposed Visit Programme - visits per type, per Qtr Jan12 - Mar13

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*Type A & C visits may require further follow-up visits*
6. **Issues for further discussion**

Patient Safety – developing a set of indicators relating to patient safety is proving difficult. We will seek further input from a range of stakeholders and practices through the issue of the Quality Scorecard which at this stage will contain an incomplete patient safety section – provided to stimulate debate at practice level and beyond, rather than to seek to measure.

The role of CCGs and their relationship with the PCT Cluster/emerging NCB Fieldforce, regarding the responsibility for assuring practice provider quality. This paper will stimulate that discussion with individual CCGs.

7. **Next Steps**

Views of the CSC to this developing approach are sought and the paper will be discussed at a forthcoming LMC Liaison committee and with CCGs for further input. The process will be overseen by the Primary Care Quality Assurance Committee and will take account of emerging national guidance.

A 1st edition of the Quality Scorecard will be published in later November and the revised visit programme will commence in early January.

8. **Recommendation**

That this approach is endorsed.

**Attachments**

- Appendix I Draft Terms of Reference – Primary Care Quality Assurance Committee
- Appendix II Quality Scorecard final draft