

## AGENDA

### PRIMARY CARE COMMISSIONING COMMITTEE EXTRA-ORDINARY VIRTUAL MEETING

**The meeting will be held via MS Teams Meeting and a diary invite will have been sent to you prior to the meeting**

**Date: 17<sup>th</sup> November 2020**

**Time: 12.00pm to 12.50pm**

Item No.	Time	Duration	Subject	Paper/Verbal for Approval, Discussion or information	By Whom
1.	12.00pm		Apologies for Absence.	Verbal	All
2.	12.00pm		Declarations of Interest.	Verbal	All
3.	12.00pm	40 mins	Review of the 2020/21 Bolton Quality Contract.	Paper	Stephen Liversedge
4.	12.40pm	5 mins	Any Other Business.	Verbal	All
5.	12.45pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
6.	12.50pm		Time & Date of Next Meeting: <ul style="list-style-type: none"> <li>• Thursday 10<sup>th</sup> December 2020 from 12 noon via MS Teams.</li> </ul>	Verbal	All



**Better Bolton.**

# **The Bolton Quality Contract 2020 - 2021**

***Proposal for re-modelling due to  
the COVID-19 2<sup>nd</sup> Wave***

**December 2020 – March 2021**

**PCCC – 17 November 2020**

# The process for re-setting the Bolton Quality Contract for 2020-21 was...

## Step 1

- Dr Liversedge to consult with Practice Clinical Leads (July 2020)

## Step 2

- Clinical Leads to consult with their practices and feedback to the CCG (July 2020)

## Step 3

- Draft programme to be presented to the PCCC for approval (August 2020)

## Step 4

- Final programme to be presented to the CCG Executive for approval (August 2020)

## Step 5

- Final programme to be agreed virtually by PCCC (August 2020)

## Step 6

- Final BQC specification to be presented to the CCG Board for ratification (September 2020)

## Step 7

- Practices to commence a 6 month programme of work in October 2020 – **unless a 2<sup>nd</sup> wave of COVID-19 establishes itself**



## In light of the 2<sup>nd</sup> wave of COVID-19

The six month re-set of the BQC aimed to support Primary Care to progress to a more 'conventional' way of working by April 2021 if possible.

However, a 2<sup>nd</sup> wave of COVID-19 has arrived, and workload in Primary Care is increasing significantly with non-COVID presentations, as well as COVID-19 presentations, unlike the 1<sup>st</sup> wave.

This now suggests a re-modelling of the 6 month re-set



# Why do we need to re-model?

There are many emails and conversations with practices occurring surrounding workload pressures. These include COVID related pressures, a return to normal non-COVID demand, and the catch-up work which was delayed by the 1<sup>st</sup> wave. In addition, COVID mass vaccination is imminent, and is causing big anxieties.

## Pressures affecting general practice due to the 2<sup>nd</sup> wave

- Demand has increased significantly
- Mental health issues are a major feature of consultations
- Health anxiety has increased
- Patients are missing out on face-to-face consultations which during normal times deliver reassurance
- Delays to hospital pathways, and referral and treatment waits have caused many patients to re-present in general practice to discuss their issues



# Why do we need to re-model? - continued

## Understaffing in general practice

- Staff ill with COVID, or isolating because of contacts
- Childcare has become more problematic, and a worry for staff – with children being sent home from school to self-isolate
- There are increased stress levels, and mental ill health is increasing amongst staff in general practice
- ‘Complaining’ patients – occupying a lot of time and resource
- FY2 Doctors being removed from general practice – 2 days notice
- Reports of very low staff morale in those remaining in general practice



# Feedback from the 1<sup>st</sup> wave consultation exercise

The consultation exercise with member practices which took place in August 2020, raised 2 points which have become more relevant now:

## **1. Will there be another review, should a 2<sup>nd</sup> wave appear?**

There is a 2<sup>nd</sup> wave

## **2. It will be difficult to achieve some KPIs during the months when practices are delivering flu vaccinations, and diverting staff to support this**

This is complicated by the plans to deliver COVID mass vaccination using general practice. This should be starting 1<sup>st</sup> December, and we might also have to start flu vaccinations for the 50-64 years cohort at the same time!

The timescales are to deliver the COVID vaccine to anyone over 50 years of age between December 2020 and February 2021.



# A proposal

- Stop the BQC in many respects until April 2021
- Concentrate on an efficient 'reactive' service, rather than a proactive service until April 2021
- Nevertheless, allow clinicians the time to undertake some proactive work with their risk stratified patients
  - target their most clinically vulnerable





# The current standards

1. **Access to General Practice**
2. **Ageing Well**
3. **Carers**
4. **Defined Patient Groups**
5. **Health Improvement**
6. **Long Term Conditions - *Best Care***
7. **Membership Engagement**
8. **Prescribing**



# Standard 1 - Access

## Original KPIs 2020 – 2021

- Deliver a minimum of 75 contacts per 1000 pop. in core hours
  - Reduce OOH attendances by 1%
- 
- This is difficult to assess at the moment
  - A variety of options for patients – phone, video, on-line
  - We have done a 'quick' access audit
  - All patients get a telephone screening in the first instance
  - Variety of clinicians

## The following targets have been suspended until April 2021

1. Deliver a minimum of 75 contacts per 1000 population in core hours
2. OOH attendances – reduce by 1%

## The re-modelled KPI is:

- Undertake an access audit – (to be undertaken in February/March 2021)



# Standard 2 - Ageing Well

## Original KPI 2020 – 2021

- Undertake an Ageing Well assessment on all patients 65-74 years within 3 years **Target – 50%**

Most elements can be undertaken by telephone consultation

### The following elements have been suspended until April 2021

1. BP, Pulse Check, Bmi – as they need to be face to face

### Revised assessment to include:

1. Memory assessment – 6-CIT. Possibly GP COG, and only after screening question
2. FRAX score – use last weight recorded, or ask patient to measure. Follow NOGG guidance . If bone density required - investigate a referral (mention to patient we can't be certain when this can be done)
3. Discussion about – falls, strength and balance, flu vaccination, medication compliance , social isolation, and smoking status
4. Undertake AUDIT C, then AUDIT 10 if appropriate
5. Advise about diet, hydration and exercise
6. Advertise the NHS Health Check, and cancer screening (as appropriate)

**The HIPs training is now complete. They can undertake these assessments, but will need some clinical support with the bone health arena if this is deemed necessary for the patient.**

### The re-modelled KPI is:

- Undertake a telephone assessment on all patients 65-74 years within 3 years

**No target - but quarterly monitoring**



Better Bolton.

  
Bolton Clinical Commissioning Group

# Standard 3 - Carers

## Original KPIs 2020 – 2021

- |                                                   |                                             |
|---------------------------------------------------|---------------------------------------------|
| 1. Develop and maintain a carers register         | <b>2% of the list size<br/>Target - 80%</b> |
| 2. Undertake an annual health check on all carers |                                             |

Most elements can be undertaken by telephone consultation

### The following elements have been suspended until April 2021

1. BP, blood tests, pulse check and Bmi – as they need to be face to face

### Revised assessment to include:

- Discussion about – coping strategies, available support, , flu vaccination, medication compliance and social isolation
- Undertake depression screening
- Advertise the NHS Health Check, cancer screening (as appropriate), Carers Support and adult social care
- Undertake AUDIT C, then AUDIT 10 if appropriate
- Advise about diet, hydration and exercise
- Signpost – virtual social prescribing and community assets

**The HIPs training is starting this month.**

### The re-modelled KPI is:

- |                                                   |                                                     |
|---------------------------------------------------|-----------------------------------------------------|
| 1. Undertake a telephone health check with carers | <b><u>No targets - but quarterly monitoring</u></b> |
|---------------------------------------------------|-----------------------------------------------------|



# Standard 4 – Defined Patient Groups

## Original KPIs 2020 – 2021

- |                                                      |                     |
|------------------------------------------------------|---------------------|
| 1. Achieve expected dementia prevalence              | <b>Target – 80%</b> |
| 2. Undertake annual reviews on all dementia patients | <b>Target – 80%</b> |
| 3. Physical health checks for MH patients            | <b>Target – 80%</b> |
| 4. Record the status of Military Veterans            |                     |

Most elements can be undertaken by telephone consultation

### The following elements have been suspended until April 2021

1. MH physical health checks – all components need a F2F contact
2. BP, blood tests, pulse check and BMI

### Revised assessment to include:

- **Dementia:**  
**Opportunistic screening**
- **Military veterans**  
Record status when identified

### The re-modelled KPI is:

1. Dementia prevalence **No targets - but quarterly monitoring**



Better Bolton.

# Standard 5 – Health Improvement

## Original KPIs 2020 – 2021

1. Raise awareness of alcohol harm	Target – 62%
2. Recording BMI	Target – 70%
3. NHS Health Check and discussion of risk	Target – 82%
4. CVD High Risk Annual review	Target – 80%
5. Pulse Checking aged 65 years and over	Target – 80%
6. Screening for diabetes/at risk of diabetes	Target – 88%
7. Record Smoking status	Target – 82%

Only elements which can be undertaken by telephone consultation

### The following elements have been suspended until April 2021

1. Recording BMI
2. NHS Health Check
3. CVD High Risk review
4. Pulse Checking
5. Screening for diabetes

### Revised assessment to include:

- **Alcohol**  
Undertake AUDIT C on all patients 16 years and over
- **Smoking status**  
Record smoker/non-smoker/ex-smoker/vaper on all patients aged 16 years and over

**The HIPs can undertake these telephone assessments.**

### The re-modelled KPIs are:

1. Undertake a telephone call to record AUDIT Cs
2. Undertake a telephone call to record smoking status

**No targets - but quarterly monitoring**



Better Bolton.

# Standard 6 – Long Term Conditions *Best Care*

## Original KPIs 2020 – 2021

• AF	500
• ASTHMA (all ages)	400
• CKD	400
• COPD	480
• DIABETES	710
• HF	450

Only what can be undertaken by telephone consultation

## The following elements have been suspended until April 2021

- All Best Care scores

## The re-modelled KPIs are:

- AF
- Asthma (all ages)
- COPD
- HF
- Diabetes
- CKD

**Ensure ethnicity is recorded for patients on all registers**  
Baseline data has already been collected

**No targets - but quarterly monitoring**



Better Bolton.

# Standard 7 – Membership Engagement

## Original KPIs 2020 – 2021

1. Cancer	<b>e-learning module</b>
2. Clinical Audit	<b>submit 2 audits to the CCG</b>
3. Emergency Planning	<b>submit a plan to the CCG</b>
4. End of Life	<b>one audit</b>
5. Incident reporting	<b>send 2 incidents per WTE</b>
6. Monitoring & Reporting	<b>submit quarterly data to the CCG as requested</b>
7. Patient Participation	<b>hold 2 PPGs either F2F or virtual</b>
8. Practice Engagement	<b>a GP to attend 5/6 Clinical Lead meetings, all CCG events</b>
9. Safeguarding	<b>complete the GPSGAA and attend event</b>
10. Transfer of Care	<b>accept as agreed by CSB</b>
11. Workforce Audit	<b>undertake an annual CCG audit</b>

Can be undertaken either in the practice or virtually

### **The re-modelled KPIs are :**

1. Monitoring & Reporting	<b>submit data and information to the CCG as requested</b>
2. Practice Engagement	<b>a GP to attend 5/6 Clinical Lead meetings, all CCG events</b>
3. Transfer of Care	<b>accept as agreed by CSB</b>





# Standard 8 - Prescribing

## Original KPIs 2020 – 2021

- Reduction in prescribing spend **either reduce to the 75<sup>th</sup> centile, or reduce by 5% or maintain**
- Reduction in antibiotic prescribing **Reduce by 4%**
- Reduction in % high risk antibiotic prescribing **Reduce by 10%**

Difficult arena at the moment

### Re-modelled KPIs:

#### 1. Prescribing spend

We are setting the budget based on outturn plus growth. We may have to use a historical growth figure of 3.78% if no further information has been published.

#### 2. Overall Antibiotic prescribing

Many variables are present at the moment. So we are pausing this KPI for this year.

#### 3. Osteoporosis and Osteopaenia prescribing Practice pharmacist delivered

All patients with either of these diagnoses should have a structured medication review looking at the management of their bone health

#### 4. High risk antibiotic prescribing

For high risk antibiotic prescribing a further reduction in broad spectrum antibiotic prescribing of 10% from their outturn



# Supporting practices to re-set the BQC

## The HIPs

- Were mobilised to various settings across the system during the 1<sup>st</sup> wave of COVID-19
- They should be back working as part of the surgery team this week
- They can support practices with Ageing Well, Carers, Health Improvement, Phlebotomy



# Revised KPIs for 2020 – 2021

	Original KPI % 2020	Revised KPI% – 6 months	Monitoring
1. Access to General Practice	6% (for Access)	1%	assessed
2. Ageing Well	20%	22%	Monitored and awarded
3. Carers	2%	5%	Monitored and awarded
4. Defined Patient Groups	3%	3%	Monitored and awarded
6. Health Improvement	22%	22%	Monitored and awarded
7. Long Term Conditions – Best Care	12%	15%	Monitored and awarded
8. Membership Engagement	Mandatory Standard		
9. Prescribing	34%	32%	assessed
<b>TOTAL</b>	<b>100%</b> <b>(of the 40%)</b>		



# Contract basis

## The Principle 2020 - 2021

- **60% guaranteed payment – allocated for**
  - **Signing up to the contract**
  - **Implementation of delivery aspects**
  - **Delivering the mandated standard**
  
- **40% - achievement of the KPIs – allocated to**
  - **Reflect the triple aim of value for money, improved population health and better quality and patient experience of care**

### Proposal –

- **the 40% to be largely monitored and awarded**
- **Except for Prescribing and Access Audit which will be assessed**



# Penalties

**The only penalty will be:**

**5% penalty** – for not attending at least 5 out of 6 virtual Clinical Lead meetings



**Better Bolton.**

# Finance

- It is being proposed that the total resource allocated to member practices for the 12 month Bolton Quality Contract 2020-2021, will be available for the re-modelled work programme.



# Finally...

**This process has been difficult.**

These are the initial thoughts of the Primary Care Directorate, taking into account the views of trusted primary care colleagues.



**Better Bolton.**