

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**

AGENDA ITEM NO:8.....

Date of Meeting:9th July 2021.....

TITLE OF REPORT:	Bolton Quality Contract 2021/22 From 1 st July 2021	
AUTHOR:	Lesley Hardman – Head of Primary Care Development	
PRESENTED BY:	Alan Stephenson/Stephen Liversedge	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	To update the Board on the process for reviewing the BQC and agreed standards, KPIs and contract value as overseen by the Primary Care Commissioning Committee	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	<input type="checkbox"/>
	Ensure compliance with the NHS statutory duties and NHS Constitution.	<input type="checkbox"/>
	Deliver financial balance.	<input type="checkbox"/>
	Regulatory Requirement.	<input type="checkbox"/>
	Standing Item.	<input type="checkbox"/>
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	To approve PCCC recommendations for the BQC 2021/22	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	PCCC Informal LMC Clinical Leads CCG Executive	
REVIEW OF CONFLICTS OF INTEREST:	Considered during PCCC and conflicted members not involved in decision making	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Considered as part of PCCC, where Healthwatch and Councillors present	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	Included as part of the review of the BQC	



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Bolton Quality Contract 2021 – 2022

Proposal – a 9 month BQC (July 2021-March 2022)

PCCC – 13 May 2020

Context

- **February 2020 – suspension of the 2020-2021 BQC due to COVID-19**
 - PCCC agreed to pay practices as per the previous year (March 2019), if this was better than their achievement at March 2020
- **September 2020 – attempt to re-introduce a 6 month BQC**
 - A scaled-down version of the BQC (October 2020 – March 2021)
- **February 2021 – due to the 2nd Wave of COVID-19**
 - PCCC agreed to pay practices 100% of all the KPIs (of the 40%) (except for access and prescribing)
- **April 2021 – EOY data**
 - analysis of 2020-2021 data
- **May 2021 – a proposal to re-establish the BQC**
 - CCG Executive is being asked to consider a 9 month BQC (July 2021 – March 2022) based on the findings of the 2020-2021 EOY analysis
 - Recommend the proposal to the PCCC



The 6 month re-set programme (Sept 2020 –March 2021)

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**



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Q4 data - as at March 2020 and March 2021

Standard	Achievement - 2020		Achievement - 2021	
Access to General Practice	78 contacts per 1000 pop.		69 contacts per 1000 pop.	
Ageing Well 65-74 year olds	F2F Assessments	31.0%	Telephone Assessments	42.1%
Carers All ages	Register -	2.4%	Register -	2.6%
	Health Checks -	70.9%	Health Checks -	43.8%
Defined Patient Groups	Dementia diagnosis -	76.2%	Dementia diagnosis -	75.3%
	Annual reviews -	78.7%	Annual reviews -	43.7%



Q4 data - as at March 2020 and March 2021

Standard	Achievement - 2020	Achievement - 2021
Health Improvement	NHS Health Check 76.3%	NHS Health Check 59.6%
	AUDIT C 64.4%	AUDIT C 57.9%
	Screening Diabetes 87.9%	Screening Diabetes 84.9%
	CVD Annual Reviews 68.0%	CVD Annual reviews 42.5%
	BMI recording 67.2%	BMI recording 65.0%
	Smoking status 80.7%	Smoking Status 82.0%
	Long Term Conditions – Best Care	AF - Target 500 Achieved - 458
Asthma - Target 400 Achieved - 337		Asthma Current status – 211 (Range – 259 Red to 185 Yellow)
Asthma (children) – Target 400 Achieved 344		Asthma (children) Current status - 215 (Range – 276 Red to 163 Indigo)
CKD – Target 400 Achieved 380		CKD Current status - 266 (Range – 307 Blue to 223 Indigo)
COPD – Target 480 Achieved 450		COPD Current status - 201 (Range 251 Red to 192 Indigo)
Diabetes - Target 710 Achieved 669		Diabetes Current status - 450 (Range 496 Blue to 396 Indigo)
HF with LVD - Target 450 Achieved 397		HF with LVD Current status - 221 (Range 366 Red to 176 Indigo)



Q4 data - as at March 2020 and March 2021

Standard	Achievement - 2020	Achievement - 2021
Prescribing	<p>Reduce waste and spend by 5% or maintain Target – reduce to £45,183,556 Achieved - £46,707,724 Gap £1,524,168</p>	<p>Last years outturn plus 3.7% uplift Awaiting final data Target – £48,473,282 Forecast - £ 47,542,914 £930k</p>
	<p>Reduce number of antibiotic items by 4% Target – reduce to 160,824 items Achieved – 164,458 items Gap 3,634 items</p>	<p>Antibiotic prescribing Awaiting final data Target – 157,880 Forecast – 143,811 14,069 items under</p>
	<p>Reduce number high risk antibiotics by 10% Target – 6.0% Achieved – 6.2% Gap 0.2%</p>	<p>Reduce high risk antibiotics Awaiting final data Target 5.6% Forecast – 7.9% Gap 2.3%%</p>



General Principles for the setting the 2021 – 2022 (9 months BQC)

- **This is a ‘re-set’ BQC**
 - a full BQC will be organised for 2022-2023
- **Consideration of general practice workload**
 - Including the vaccination programme
- **Setting achievable KPIs**
 - We have a lower starting point now. However, we do need to be realistic about what can be achieved in 9 months
- **Consultation with member practices**
- **Agreement from the PCCC**



The proposed BQC Standards 2021-2022

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

No changes to the number of Standards



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Proposed KPIs and rationale for 2021 - 2022

Standard	2021-2022 9 month targets	Rationale for change
Access	<p>Access to general practice – currently 69 contacts per 1000 pop</p> <p>Target - 75 contacts per 1,000 pop</p> <p>Target – 22.5 contacts face to face (GP and ANP)</p> <p>Undertake 2 Access Audits</p>	Improving access to general practice
Ageing Well	<p>Ageing Well Assessments - 42% currently (Range – 58% Red to 32% Indigo)</p> <p>Target - 50%</p>	To prevent frailty in later life
Carers	<p>Register size – 2.6% currently (Range – 2.8% Indigo to 2.1% Red)</p> <p>Target - 2%</p> <p>Health Checks - 44% currently (Range – 63.4% Orange to 33% Yellow)</p> <p>Target - 60%</p>	Carers contribute to savings in the NHS in both monetary and manpower terms. It is vital that primary care supports carers to keep them safe and well.



Proposed KPIs and rationale for 2021 - 2022

Standard	2021-2022 9 month targets	Rationale for change
Defined Patient Groups	<p>Dementia - expected prevalence Bolton total 75.3% currently (Range – 100% Red to 64% Indigo) Target - 80%</p> <p>Dementia - reviews – currently 43.7% (Range – 67% Orange to 30% Blue) Target - 60%</p> <p>Military Veteran Annotate in the patient care record</p>	<p>The social costs of caring for people with dementia will be huge, and health outcomes will be catastrophic, if dementia care isn't proactively addressed.</p> <p>Primary Care is a key setting for dementia diagnosis and care.</p>



Proposed KPIs and rationale for 2021 - 2022

Standard	2021-2022 9 month targets	Rationale for change
Health Improvement	<p>AUDIT C – 57.9% currently (Range - 71.5% Orange to 51% Indigo) Target - 60%</p> <p>Record BMI – 42.5% currently (Range - 70% Orange to 60.7% Indigo) Target - 65%</p> <p>NHS Health Checks – 59.6% currently (Range – 63.4% Orange to 57% Indigo) Target - 75%</p> <p>High Risk CVD – 42.5% currently (Range – 58% red to 36% Yellow) Target - 60%</p> <p>Screening Diabetes – 84.9% currently (Range – 86.9% Red to 82.9% Green) Target - 85%</p> <p>Record smoking status – 82% currently (Range – 89.2% Blue to 74.7% Indigo) Target - 84%</p>	<p>Preventing premature mortality, and tackling the inequalities which exist in Bolton’s deprived communities is a key strategic priority for the Bolton system.</p>



Proposed KPIs and rationale for 2021 - 2022

Standard	2021-2022 9 month targets	Rationale for change
Long Term Conditions – BEST CARE	<p>AF - Score 248 currently (Range – 276 red to 163 Indigo) Target 400</p> <p>Asthma (adult) - Score 211 currently (Range 259 Red to Yellow 185) Target 300</p> <p>Asthma (children) – Score 215 currently (Range 276 red to 163 Indigo) Target 300</p> <p>Asthma : (excluding peak flow, apply additional for LTC completed)</p> <p>CKD – Score 266 currently (Range 307 Blue to 233 Indigo) Target 350</p> <p>COPD – Score 201 currently (Range 251 Red to 192 Indigo) Target 400 (excluding spirometry, apply additional for LTC completed)</p> <p>Diabetes – Score 450 currently (Range 496 Blue to 396 Indigo) Target 600</p> <p>HF with LVD – Score 221 currently (Range 366 red to 176 Indigo) Target 350</p>	<p>The provision of annual reviews has been very disappointing – there’s alot of catch up work to be done.</p> <p>If we are to prevent Bolton people from dying early management of people with long term conditions must be optimised and a high priority in primary care.</p> <p>Peak Flow high risk AGP</p> <p>Spirometry high risk AGP</p>

Proposed KPIs and rationale for 2021 - 2022

Standard	2021-2022 9 month targets	Rationale for change
Prescribing	<p>Waste and spend Reduce to, or maintain below 75th centile OR Reduce by 5% (Whichever is best)</p> <p>Overall antibiotic prescribing 20/21 levels OR Reduce to peer cluster average (Whichever is best)</p> <p>High risk antibiotics Reduce % high risk antibiotic prescribing by 10% OR Reduce to peer cluster average (Whichever is best)</p> <p>PINCER indicators – NEW KPI Reduce the number of patients affected by the 13 PINCER indicators in SMASH dashboard from baseline OR be below CCG average at the end of Q4 21/22 for all indicators combined.</p>	<p>Although prescribing spend has become closer the national average, Bolton still has an above average weighted prescribing spend.</p> <p>Antibiotic prescribing has fallen significantly in 20/21. Maintaining this position may be challenging due to removal of shielding and social distancing.</p> <p>Continued from previous years to reduce the incidence of C.Diff infections. It also supports prudent use of antibiotics in line with formularies.</p> <p>Medication safety is a key priority. The SMASH dashboard now allows both identification and monitoring of patients at risk from a number of evidence based prescribing safety indicators. This indicator will help drive improvements in safer prescribing.</p>



KPI % for 2021 – 2022

	KPI% - 9 months BQC July 2021 – March 2022
1. Access to General Practice	5%
2. Ageing Well	20%
3. Carers	5%
4. Defined Patient Groups	3%
6. Health Improvement	20%
7. Long Term Conditions – Best Care	15%
8. Membership Engagement	Mandated
9. Prescribing	32%
TOTAL	100% (of the 40%)



Further consideration – contract basis

Current principle is:

- **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**



Further consideration – penalties

2021 – 2022 penalties

1. **5% penalty** - Non-compliance of mandated elements
2. **5% penalty** - Achievement of less than 50% of the total KPIs/available finance

Practices will be subject to 10% overall penalty, in the event they fail both of the above criteria.



Financial Consideration

The Primary Care Commissioning Committee (PCCC) were asked to consider four options with regards to the financial uplift of the BQC:

1. Maintain the rate at the 2020/21 rate of £110.91.
2. Apply a 2% inflationary uplift on the 2020/21 rate to give a rate of £113.13.
3. Apply the Global Sum increase of £3.82 to the 2020/21 rate to provide a rate of £114.73.
4. Apply the Global Sum uplift of 4.09% to the full value to propose a rate of £115.44.

The PCCC approved option 2 which ensured an increase in investment into practices.

