



## PROBITY COMMITTEE

13 JUNE 2017  
11.00AM, SEMINAR ROOM, WHITE ROSE HOUSE

### AGENDA

No.	Agenda Item	Lead officer
1.	Apologies for Absence – Jo Webster, Melanie Brown, Pat Keane and Jo Pollard	Richard Hindley
2.	Declarations of Interest	Richard Hindley
3.	i) Minutes of the meeting held on 25 April 2017 ii) Action sheet from the meeting held on 25 April 2017	Richard Hindley
4.	Matters Arising	Richard Hindley
5.	Wakefield Premium Practice Contract – Evaluation Update	Liz Blythe
6.	Network Clinical Commissioning Contract (£2 per head)	Liz Blythe
7.	Co Commissioning Update (Verbal)	Liz Blythe
8.	Any Other Business	

The Committee is recommended to make the following resolution:

*“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)*”.

- |    |  |  |
|----|--|--|
| 9. | Date and Time of Next Meeting<br>25 July 2017, 3pm, White Rose House |  |
|----|--|--|

**NHS Wakefield Clinical Commissioning Group**

**PROBITY COMMITTEE**

**Minutes of the Meeting held on 25 April 2017**

**Present:**

Sandra Cheseldine	Lay Member
Dr Greg Connor	Executive Clinical Advisor
Stephen Hardy	Lay Member
Diane Hampshire	Nurse Representative
Richard Hindley	Lay Member (Chair)
Andrew Pepper	Chief Finance Officer
Jo Pollard	Chief of Service Delivery and Planning

**In Attendance:**

Liz Blythe	Acting Head of Co Commissioning
Katherine Bryant	Governance and Board Secretary
Nichola Esmond	Healthwatch Representative
Cllr Pat Garbutt	Health and Wellbeing Board Representative
Hany Lotfallah	Secondary care Consultant
Pam Vaines	Minute Taker

**17/001 Apologies**

Apologies were received from Melanie Brown, Anna Ladd, Hany Lotfallah and Jo Webster.

**17/002 Declarations of Interest**

Cllr Pat Garbutt declared an interest in item 17/005 and 17/006 as Chair of Health and Wellbeing Board.

Stephen Hardy declared an interest in item 17/005 and 17/006 as a member of the Health and Wellbeing Board.

The Chair accepted that they could hear the item and contribute to discussion.

**17/003 (a) Minutes of the meeting held on 28 March 2017**

The minutes from the meeting held on 28 March 2017 were agreed as an accurate record.

**(b) Action sheet from the meeting held on 28 March 2017**

There were no actions.

**17/004 Matters Arising**

There were no matters arising discussed.

**17/005 Probity Committee Annual Report 2016/17**

Katherine Bryant presented the Annual Probity Committee Report providing a summary of the activities of the Committee during the financial year 2016/17. The report will provide the Governing Body with assurance about the effectiveness of the Committee and that the Committee has complied with its terms of reference and fulfilled its duties.

An inconsistency in relation to attendance by Melanie Brown was highlighted and will be corrected.

The Quality and Outcomes Framework (QoF) and Risk Register have not been presented to the Committee during 2016/17 despite appearing on the work plan. It was agreed that Katherine Bryant will identify the reason for this and update the Committee members.

Katherine Bryant was asked to clarify whether the Probity Committee receives Primary Care objectives for information or for approval.

It was **RESOLVED** that:

- (i) The committee recommended the annual report to the Governing Body, subject to the above clarifications.

*Secretary's note:*

*QOF: this was not reported to the committee because there was no data available. It will be presented in July 2017.*

*Risk Register: is not discussed by the Probity Committee, rather it is discussed at an internal management group (the Primary Care Operations Group). As appropriate risks are escalated to the CCG's risk register and included on reports to the Governing Body and Integrated Governance Committee. The committee receives reports about all operational issues presenting risks.*

*Primary care objectives: form part of the GP Forward View updates from Dr Connor. This document was agreed by the Governing Body and also considered by Probity in December 2016.*

**17/006 Probity Committee Work Plan**

Katherine Bryant presented the work plan for 2017/18 to support agenda planning for the committee and help to ensure that all responsibilities delegated by the Governing Body are covered by the committee.

It was noted that the work plan will be brought back to the committee in September to provide an update of the work completed.

It was noted that an additional Probity Committee meeting is currently being arranged for June 2017 and Richard Hindley suggested that a few more meetings should be scheduled for the year.

Andrew Pepper requested the inclusion of the Estates and Technology Transformation Fund to be a regular agenda item at alternate meetings.

Sandra Cheseldine obtained assurance from Dr Connor that the Primary Care Dashboard would be brought to future meetings in addition to being seen at Integrated Governance Committee.

*Action: Governance team to arrange additional meetings.*

It was **RESOLVED** that:

- i) the Committee approved the work plan subject to the above amendments.

#### **17/007 Co Commissioning Update**

Liz Blythe provided a verbal update. She reported that the Wakefield Practice Premium Contract is now at the end of the first year of the two year contract and two minor changes have been made:

- i) Dashboards are to be produced quarterly not half-yearly;
- ii) Minor amendments to the cancer referrals requiring a Significant Event Audit

Meetings with all practices are taking place to review their status and a report will follow.

Discussions are ongoing regarding Park View and Queen Street. Park View will cease to provide services from 16 June 2017 and services will be provided from Queen Street. Discussions are underway regarding contract mergers.

Estates and Technology Transformation Fund bids are being reviewed. A new Group with supporting sub-groups is being established by NHS England to progress this work. Appropriate models have been identified and regular updates will be brought to future Probity Committee.

It was **RESOLVED** that:

- i) the Committee accepted the update provided.

**17/008 Wakefield Premium Practice Contract – Quarter 4 update**

Liz Blythe updated members. She highlighted that there has been improved quality reporting over the last quarter.

The plaques recognising the Youth Approval accreditation are now available and are being distributed to Practices.

One practice has not yet completed their audit and twelve practices are struggling to meet their targets. Four are working through action plans to complete in Quarter 1 2017/18.

Dr Greg Connor assured members that work is underway to ensure 'buy-in' from nurses to the requirement for full care plans to be offered to 100% of relevant patients. The concern raised by staff about this requirement is being reflected on by the team and a paper will be taken to the June or July 2017 Probity meeting identifying learning from this development.

Nicola Esmond raised concerns that not all practices record patients reaching the end of life. She questioned whether the need for a care plan to be produced for each patient reaching this stage is a disincentive to staff to record them appropriately. Dr Greg Connor confirmed that the team are working with Practices on this area.

Richard Hindley sought clarification regarding the sourcing of motivational interview training. Dr Greg Connor and Jo Pollard advised that several options had been identified and were currently being reviewed.

It was **RESOLVED** that:

- i) The Committee noted the progress of the Wakefield Practice Premium Contract (WPPC) Quarter 4 report

**17/009 Additional Patient Access Contract– Quarter 4 update**

Liz Blyth updated members, highlighting that the six GP Practices which had shown shortfalls in patient contacts for previous Quarters had all 'made up' the difference by the end of Quarter 4. All Practices have achieved the target for Quarter 4.

It was clarified that the additional contact opportunities provided are during the standard Practice opening times of 8am to 6:30pm,

Monday to Friday.

It was acknowledged that it is not always possible to identify the impact that the additional patient contacts have had and therefore work is underway to identify how this can be modelled in the wider practice plus review in future. In the meantime it was acknowledged that there is soft intelligence to indicate that the increased contacts are having an overall positive affect.

It was **RESOLVED** that:

- i) the Committee approved the report of the APAC Scrutiny Panel including the proposals for payments to 37 practices.

#### **17/010 Any Other Business**

Katherine Bryant informed members of the Probity Committee that Gemma Reed is leaving Wakefield CCG in May 2017. Richard Hindley asked that her contribution to the running of the Committee be noted and asked Katherine to pass thanks to Gemma.

Richard Hindley then reminded the members that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970).

#### **17/011 Date and Time of Next Meeting**

Tuesday 13 June 2017, 11am, White Rose House

NHS Wakefield Clinical Commissioning Group

**ACTION POINTS FROM PROBITY COMMITTEE  
HELD ON 25 APRIL 2017**

<b>Minute No</b>	<b>Topic</b>	<b>Action required</b>	<b>Who</b>	<b>Date for completion</b>	<b>Progress</b>
17/006	Additional meetings	Additional Probity Committee meetings to be arranged for June and September/October 2017	Governance Team	1 June 2017	



<b>Title of meeting:</b>	<b>Probity Committee</b>	<b>Agenda Item:</b>	<b>5</b>												
<b>Date of Meeting:</b>	<b>13 June 2017</b>	<b>Public/Private Section:</b>													
<b>Paper Title:</b>	<b>Wakefield Premium Practice Contract (WPPC) Evaluation</b>	Public	✓												
		Private													
		N/A													
<b>Purpose (this paper is for):</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information					
Decision	✓	Discussion		Assurance		Information									
<b>Report Author and Job Title:</b>	<b>Liz Blythe, Head of Primary Care Commissioning Development</b>														
<b>Responsible Clinical Lead:</b>	<b>Dr Greg Connor, Executive Clinical Advisor</b>														
<b>Responsible Governing Board Executive Lead:</b>	<b>Melanie Brown, Director of Commissioning and Integrated Care</b>														
<b>Recommendation (s):</b>															
<p>It is recommended that Probity Committee:</p> <p>a) notes the review of performance and evaluation of the first year of the WPPC and the proposed actions for the second year;</p> <p>supports the decision for the CCG to gain specific assurance from Eastmoor Health Centre that they can deliver on the requirements in the contract in year two and that Probity Committee considers this at its next meeting with a view to termination of the contract if the assurance and performance to date in 2017-18 warrant this.</p>															
<b>Executive Summary:</b>															
<p>The WPPC service specification is divided into four domains (quality of care, access to care, continuity of care and holistic care) which contain requirements over and above the core GMS and PMS contracts which are consistent with the CCG's strategic aim of people-centred primary care. All the requirements of the contract are mandatory but a supportive approach to delivery was agreed for the first year of the contract as it represents a significant development for practices and the CCG.</p>															
<b>Link to overarching principles from the strategic plan:</b>	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td> <td></td> </tr> <tr> <td>New Accountable Care Systems to deliver new models of care</td> <td></td> </tr> <tr> <td>Collective prevention resource across the health and social care sector and wider social determinant partners</td> <td></td> </tr> <tr> <td>Expanded Health and Wellbeing board membership to represent wider determinants</td> <td></td> </tr> <tr> <td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td> <td></td> </tr> <tr> <td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td> <td></td> </tr> </table>			Reduction in hospital admissions where appropriate leading to reinvesting in prevention		New Accountable Care Systems to deliver new models of care		Collective prevention resource across the health and social care sector and wider social determinant partners		Expanded Health and Wellbeing board membership to represent wider determinants		A strong ambitious co-owned strategy for ensuring safe and healthy futures for children		A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
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Transforming to become a sustainable financial economy					
Organising ourselves to deliver for our patients	✓				
<b>Outcome of Integrated Impact Assessment completed (IIA)</b>	Not applicable				
<b>Outline public engagement – clinical, stakeholder and public/patient:</b>	Feedback from patients regarding general practice access and care planning as part of the PCLIF scheme.				
<b>Management of Conflicts of Interest:</b>	This item would present a conflict of interest for GPs and is therefore presented to the Probity Committee. No conflicts of interest are identified for members of the Probity Committee.				
<b>Assurance departments/ organisations who will be affected have been consulted:</b>	The NDF on which this scheme is based was developed in consultation with CCG Planned Care, Care Closer to Home, Finance, Performance and Governance officers, the CCG Clinical Cabinet, the local authority, public health, all Wakefield practices and the Local Medical Committee.				
<b>Previously presented at committee / governing body:</b>	Not applicable				
<b>Reference document(s) / enclosures:</b>	The attached paper and contract documentation summarise the WPPC  <a href="#">WPPC</a>				
<b>Risk Assessment:</b>	Not registered on the CCG risk register				
<b>Finance/ resource implications:</b>	Disbursement of funding from the CCG's primary care budget delegated under co-commissioning.				

# NHS WAKEFIELD CCG

## Wakefield Practice Premium Contract (WPPC)

### First year evaluation and recommendations for 2017/18

#### Background

Probity Committee approved the WPPC in 2016 as part of the CCG's response to the national Equitable Funding Review. The national requirement was to equalise per capita funding between practices on General Medical Services (GMS) contracts and Primary Medical Services (PMS) contracts.

The WPPC is a two year contract with performance requirements in four domains and which is funded by a redistribution pool created by removing £3.21M predominantly from PMS practices and redistributing this at £8.15 per registered patient to all practices undertaking this additional contract. The value of the redistribution pool is fixed and unlike core GMS and PMS contracts is not subject to any uplift.

The WPPC service specification is divided into four domains (quality of care, access to care, continuity of care and holistic care) which contain requirements over and above the core GMS and PMS contracts which are consistent with the CCG's strategic aim of people-centred primary care. All the requirements of the contract are mandatory but a supportive approach to delivery was agreed for the first year of the contract as it represents a significant development for practices and the CCG.

#### Performance and evaluation

The Primary Care Development Team met on 16 May to review practice performance against the WPPC requirements with the following findings:

##### Quality

No performance problems identified in this domain. Fiona Forbes is working with practices to improve the quality of significant event analyses (SEAs) and the dissemination of learning from these.

A change to the cancer staging which triggers an SEA is recommended by the CCG cancer lead Dr Mustafa.

A change to the frequency of updating the quality dashboard to quarterly from annually is recommended.

##### Access

No performance problems identified in this domain apart from Eastmoor Health Centre has not completed and returned the capacity/demand audit.

All practices are now 'Young Person Friendly' and achieved accreditation.

A review of the tool used for the capacity and demand audit is recommended.

#### Continuity of Care

No performance problems identified apart from Eastmoor Health Centre did not return the Spirometry Quality Audit.

Lisa Chandler has made recommendations regarding the spirometry audit (Appendix 1).

#### Holistic Care

Eleven practices did not achieve the 90% target for care planning (Appendix 2). Four of the eleven practices had agreed a remediation plan with the team due to staff shortages and had met the revised plan target. Seven of the eleven practices had not agreed a remediation plan before the year end.

All eleven practices are required to provide a plan for year 2 of WPPC to give assurance that they will achieve the expected level of performance.

Gill Day has completed her audit of care planning in each practice (Appendix 3).

Eastmoor Health Centre however has not submitted on 3 of the 4 domains but as the first year of the WPPC was about supporting practices to deliver, and not intending to apply financial penalties so that they have the ability to take part in year two of the scheme, we would need reassurance that they can get back on track in year two..

#### **Recommendations and next steps**

- a) It is recommended that Probity Committee notes the review of performance and evaluation of the first year of the WPPC and the proposed actions for the second year for care plans.
- b) It is recommended that specific assurance is sought from Eastmoor Health Centre that they can deliver on the requirements in the contract in year two and that Probity Committee considers this at its next meeting with a view to termination of the contract if the assurance and performance to date in 2017-18 warrant this.

It is intended that work will start immediately on scoping out a successor to the WPPC contract from April 2018 based on the experience of year 1, the emerging findings from year 2 and the strategic intent to streamline the number of individual contracts between the CCG and practices, reduce the burden of contract monitoring

for practices and the CCG and contract with practice federations to provide a platform for expanding the role of general practice as part of the virtual MCP system.

Liz Blythe  
23 May 2017

## **Appendix 1: Spirometry audit report**

### **Equipment**

From the print outs some traces and reporting could be improved with newer equipment. 1 Practice reports using a COPD 6 meter. This needs to be investigated further as these machines are not suitable for diagnosis or monitoring of COPD.

### **Results**

There were 38 submissions, Queen Street with Park View and Ryecroft with White Rose made combined submissions.

A total of 793 spirometry results were submitted.

The audit identified a major issue in that many Practices do not record VC as a result of training in the district that negated the need for slow or relaxed vital capacity. If this requirement was included in the audit the results would be much worse with some Practices scoring 0 acceptable spirometry results. As the training was undertaken by a Consultant and acted on in good faith, VC has been excluded from the audit where it has not been performed, but should be included in all further audits as the issue has now been addressed.

Of measures submitted (omitting VC requirement)

- Overall 74% of submissions were acceptable.
- Practice results ranged from 10% to 100%.
- 1 Practice only presented 2 printouts (10%) that were satisfactory (only completing 2 blows for the majority of FVC when standard is 3)
- 9 Practices had results between 40 and 50%
- 7 between 60 and 70%
- 21 over 80% (55%)
  - 6 of these Practices scored 100%

The majority of unacceptable spirometry results contained clear information on the print out that should alert the person performing spirometry that the test was not acceptable.

Common additional issues were not reaching 6 seconds for FVC and poor quality traces.

### **Action**

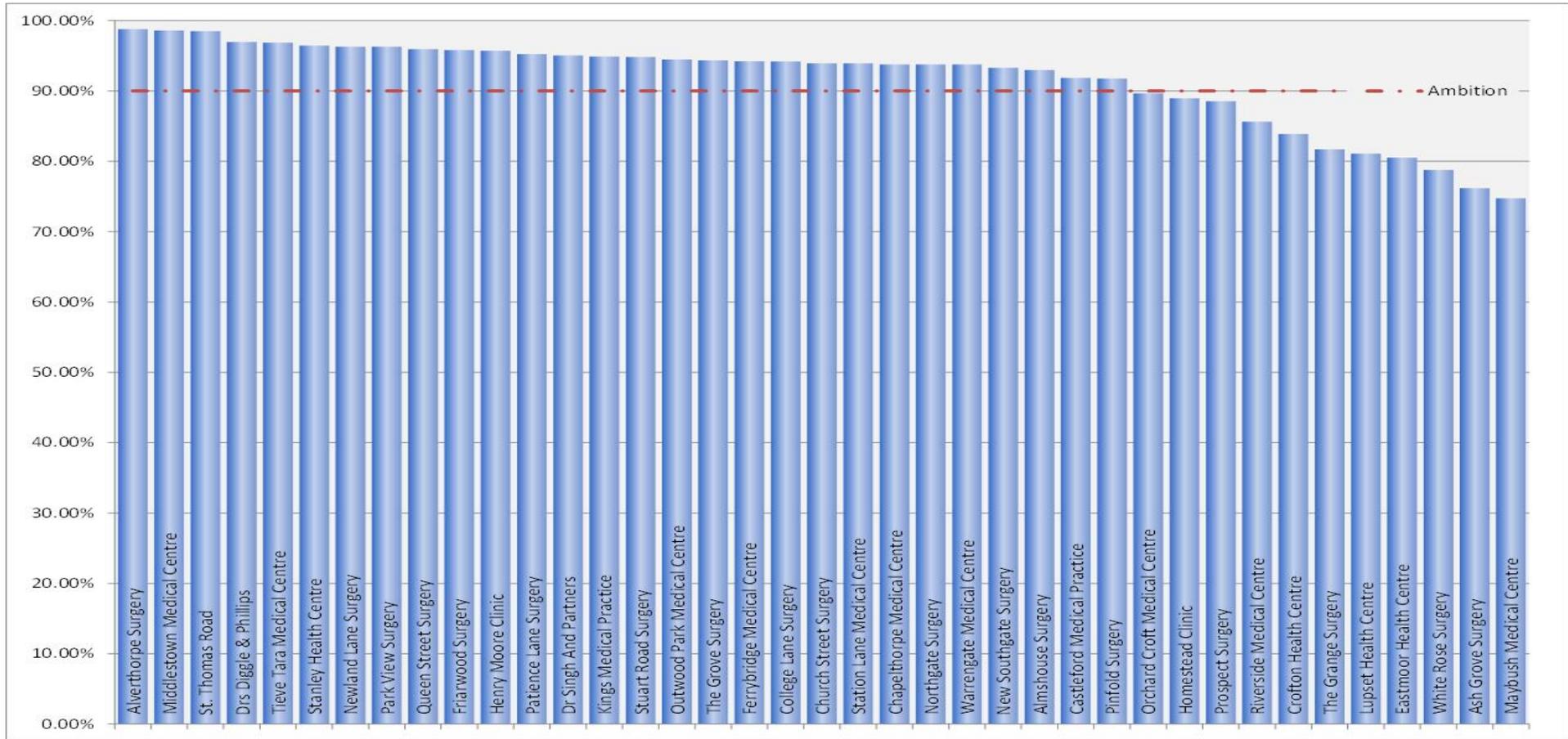
Poor quality spirometry results in misdiagnosis and mistreatment introducing risk to the patients safety and additional unnecessary cost to the CCG. The results of the audit require urgent action.

Dr Meghjee has agreed to undertake training in Networks, prioritising those with 50% or less of acceptable results.

There should then be a re audit of results 3 months after training to ensure actions have been followed and staff are competent to undertake and interpret the test.

Lisa Chandler

## Appendix 2: Care planning target achievement by practice



## **Appendix 3: Report of the Long Term Condition Care Planning Audit 2016/17**

### **1. Introduction**

Personalised care planning encourages honest conversation about the knowledge, skills and confidence that individuals have to self-manage their condition. From time to time, people may need traditional, specific interventions from care services, but the majority of the time, they will be managing their condition themselves and may need help and support to do this effectively to maintain a good quality of life and to avoid any deterioration in their condition (NHS England 2015). Self –management support is defined as ‘the systematic provision of education and supportive interventions by health care staff to increase patients’ skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem solving support’ (Health Information and Quality Authority 2015).

### **2. Background**

Care planning has been included within the Holistic Care Domain of the Wakefield Premium Practice Contract (WPPC) 2016 2017. The long term conditions to be included in the WPPC has changed from the previous schemes of the Network Development Framework (NDF), Primary Care Local Improvement Framework (PCLIF) and Primary Care Transformation Scheme (PCTS).

The GP Practices are required to provide an annual face to face care planning consultation of at least 20 minutes duration (longer for multiple conditions or where there are barriers to communication) conducted by a suitably qualified and trained professional who is the named care planning lead for the patient. The consultation incorporates all relevant brief interventions and social prescribing together with a review of medications if appropriate. The conditions which are set out in this domain are Diabetes, CKD level 4 and 5, admitted patients with acute kidney disease (AKI), End of Life, Heart Failure, COPD and Asthma at BTS level 2 or above. All patients with these long term conditions must be included except where the patient actively declines to participate, or fails to respond to three invitations within 12 months, or is unsuitable by virtue of his/her clinical condition or where the consultation is provided to the equivalent standard by another NHS service.

The avoiding unplanned admissions enhanced service was continued for 2016/2017. When a patient was included under AUA then a code was attached which the searches used to exclude those patients from the cohort.

Eg. 100 patients on register, 2 of these coded as being managed under the AUA scheme then the number requiring a care plan under WPPC is 98.

Shared decision making is now embedded within care planning using the three questions:

- What are my options?
- What are the possible benefits and risks?
- How can we make a decision together that is right for me?

Care planning activity is monitored on a monthly basis using appropriate searches of the clinical systems.

### **3. Summary**

A peer review of quality has been undertaken which considered 15-20 completed care plans. These were assessed in terms of the quality of content in the care planning template e.g. evidence of:

- goal setting and action planning
- what to do if their long term condition worsens

The reviews were undertaken by those health care professionals involved in the care planning process in order to identify any learning or areas for improvement.

### **4. Findings**

Overall, across the district, there were 44,535 care plans completed which equates to over 90% of the number of patients on the various long term condition registers. Approximately 74% percent of practices achieved the 90% ambition combined across all LTCs (no practice achieved less than 75%).

Overall the practices in the district completed over 93% of care plans for patients on their diabetic register and almost 70% of patients completed a care plan and all eight care processes.

The main cause of the difference appears (from the data collected from clinical systems) to be the difficulty in collecting a sample of urine to complete the micro albuminuria test.

This view was backed up in discussions with many of the practices.

**Number of Practice returns – 38**

**Total number of care plans reviewed – 678**

The peer review showed very similar results to the previous year raising very similar issues and identified learning.

The review demonstrated that the care planning templates continued to be used in all GP practices in Wakefield and were generally completed fully; the care plans reviewed had a new or updated goal in place. Some were more detailed than others and contained clear concise information which was patient centred with the concerns reflected in the goals. It confirmed that the nurses were now all using the same care planning format.

When it wasn't apparent whether or not the entry reflected the patient's perception it was clear that a discussion had taken place as direct statements were included e.g. 'feels good, tried after walking' 'much better' etc. Progress was monitored but if a goal was not achieved the reasons were not always given.

Many of the patients continue to choose not to take a copy of the care plan away although it was felt that this had improved from last year. People with asthma appreciated the self-management plans.

The nurses said that they use care planning consultation as a structure to hang the consultation on and the patients who were well engaged with the process even shared the care plan with their family members

## **5. Issues arising from the Review**

The audit demonstrated that in general the process appears to be working really well with good evidence surrounding shared decision making in accordance with evidence base, for example the use of BTS management plans.

The audit found that one of the main issues was that not all boxes in the care plan are completed, particularly the recording of progress against previous goals and documenting the reasons for why goals are not achieved. The patient's perception of their long term condition was also not always recorded.

Patient engagement in the care planning process appears to be improving but some people still prefer to have all the answers given to them from the clinician. The patients are encouraged to take ownership of their condition but some remain reluctant to set goals or make decisions to enable them to self-manage. Not all patients want a print out of their care plan but they do feel that the COPD and Asthma self-management plans are useful and it was felt that an electronic version of these would be helpful. It is felt that people with

diabetes have the most comprehensive care plans and the standard is high in COPD

It is important to consider what information is given to patients as the survey indicates that a small number feel as though they require more information regarding their condition.

Practices felt that using a whole practice approach would give more credibility to the care planning process with the patients. Where there have been changes to clinical staff and new staff recruited it has been found to lead to some minor inconsistencies but generally staff are becoming more accustomed to the process.

Time constraints remain an issue and although it is important to incorporate care planning within the annual review it was felt that reviews are becoming more complex with more targets to achieve. It is important to ensure the attendance of a face to face consultation when non-compliance has been identified in order to support the patients to understand their condition and how to self-manage.

## **6. Identified Learning**

The identified learning is very similar to previous years and continues to be around the process of care planning, engagement of patients in care planning and the completion of the templates including the setting of goals and actions and the recording of what to do if the patient's condition worsens.

### **6.1 The Process of Care Planning**

The process of care planning has now become part of the routine review and practices are continuing to conduct care planning as part of the annual overall review of the long term conditions. Care plans were generally of a better quality and completeness compared to the previous year. This may well reflect a greater awareness by the clinicians of the necessity and clinical importance of the care plans in the current as well as future management of patients in this group. It was highlighted that all colleagues should be aware of the impact of patients with long term conditions having an up to date care plan to help with the management of their condition.

## **6.2 Patient Engagement**

All clinicians encourage the patients to set measurable goals and to take part in the care planning consultation but some individuals lack the capacity or desire to make decisions.

Not all patients want to have a printed copy of their care plan however this is useful if it includes information regarding their condition such as insulin titration. It was noted that care planning could be improved by having more time for the consultation and patients being more compliant in attending their review appointments.

The audit demonstrated that there is active involvement from some patients which can be shown in the follow up appointments and in the improvement of their health. It is important for patients to voice their concerns even if it doesn't appear to be directly related to their long term condition. The audit does show that patient's engagement is slowly increasing and it has improved over the last two years.

## **6.3 Goal Setting and Action Planning**

The audit identified that the care planning goals need to be SMART – specific and achievable and in some practices it was felt that they needed a better approach to goal setting. This audit has identified the reviewing of progress against previous goals, this is not always evident and a new goal has been documented. It is important to ensure that maintenance goals are acknowledged and evaluated in the progress box. It is difficult to track the goals for people who have a number of long term conditions.

## **6.4 Completion of the Templates**

It was felt that due to time constraints particularly when a person has multi comorbidities the templates were often brief

## **6.4 Team Meetings**

It was felt that doing a peer review was a valuable learning curve and it was important to discuss care panning in team meetings to ensure consistency. This would enable the team to review progress and feedback; it would also make care planning a practice wide commitment. Some practices now feel that the process is well embedded in daily practice with the whole clinical team.

## **7. Key actions for improvement**

Some of the key actions for improvement in care planning are around the time required for people with complex co morbidities and also the recording of the care plan. Recording the progress against previous goals is also an issue which has been raised in this audit. It was felt that clinicians are experienced and possess the consulting skills to undertake care planning consultations but that training should be available on an annual basis. It was stated that they want to continue to promote care planning as a positive improvement for the health and wellbeing of patients.

### **7.1 Care Planning Consultation**

- To review the care plans more regularly and share the results with the nursing team to ensure consistency
- May be better to see complex patients in a specified clinic with a nurse and a health care assistant in order to cover all aspects of care.
- New starters to the Practice to attend care planning events to ensure they have a greater understanding and be more familiar with the process
- Improved communication within the nursing team
- To arrange a repeat peer review to identify actions for improvement
- Continue to strive to make care planning a useful tool
- Better approach re goal setting

### **7.2 Recording/Documentation of the Care Planning Consultation**

- The care planning template layout needs adapting to be useful for patients
- Continue with the progress of care planning and encourage all health care staff to use the template
- Keep the information simple
- Encourage staff to review the progress against previous goals and document the patients perception of their condition

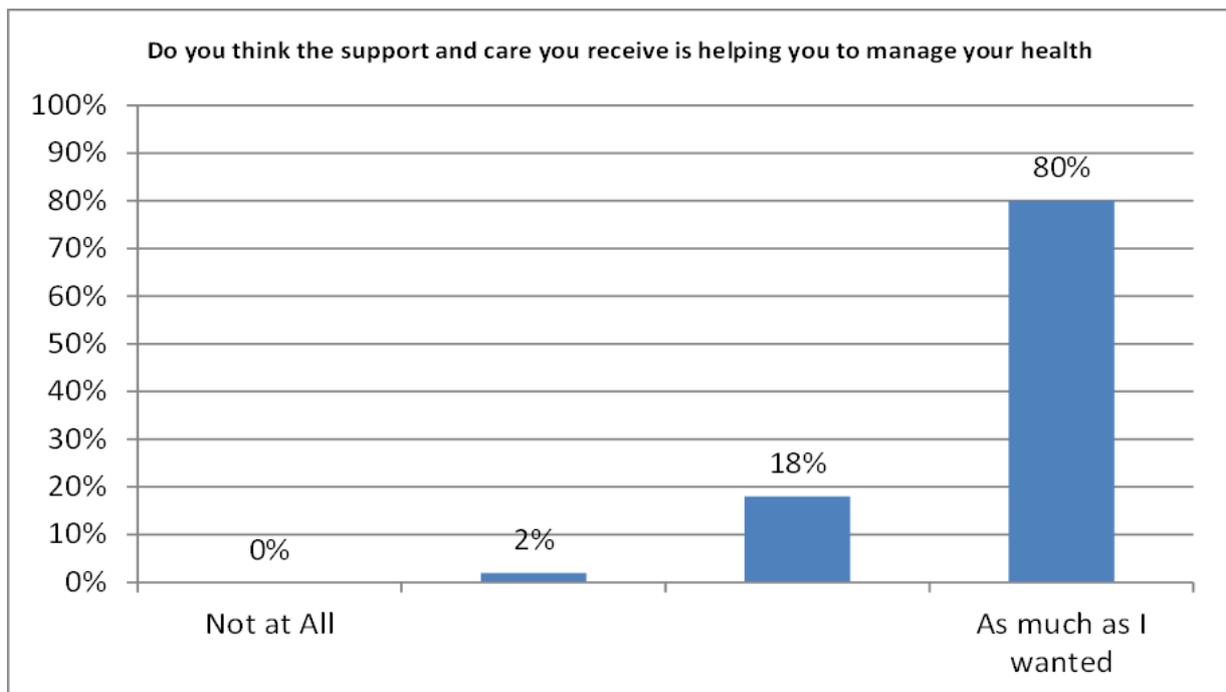
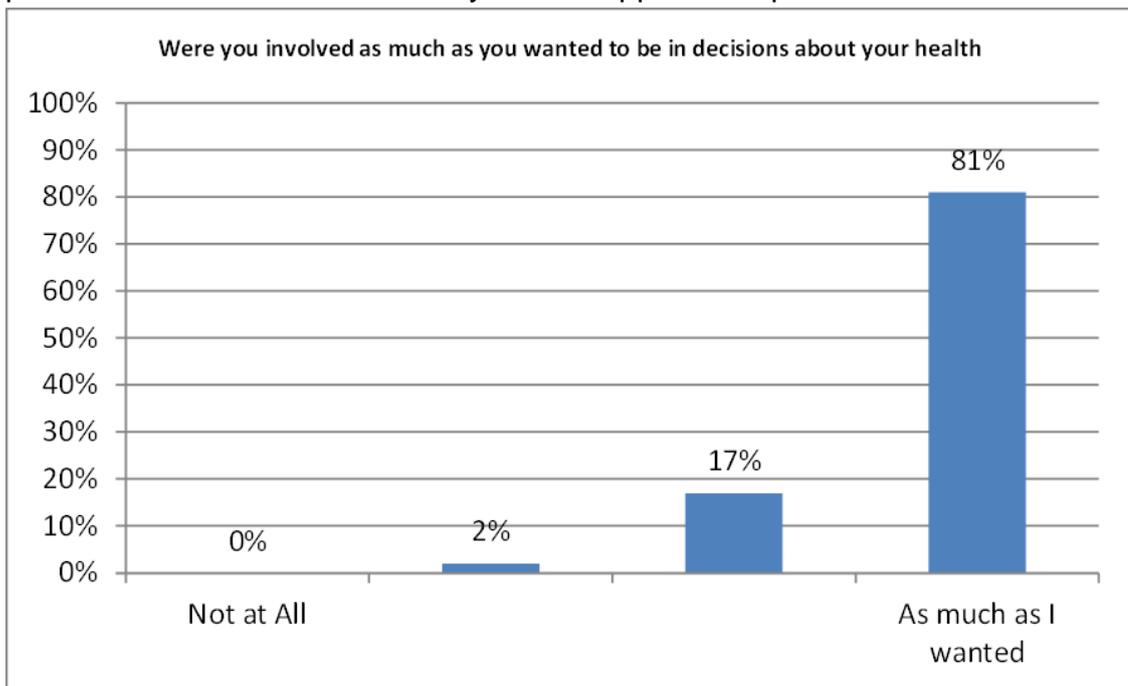
## **8. Patient Survey**

Overall the patient survey demonstrated that the majority of patients feel that they are included and engaged in the care planning process and feel happy overall. They feel supported by the health care professionals and the input empowers them to self-manage their long term condition.

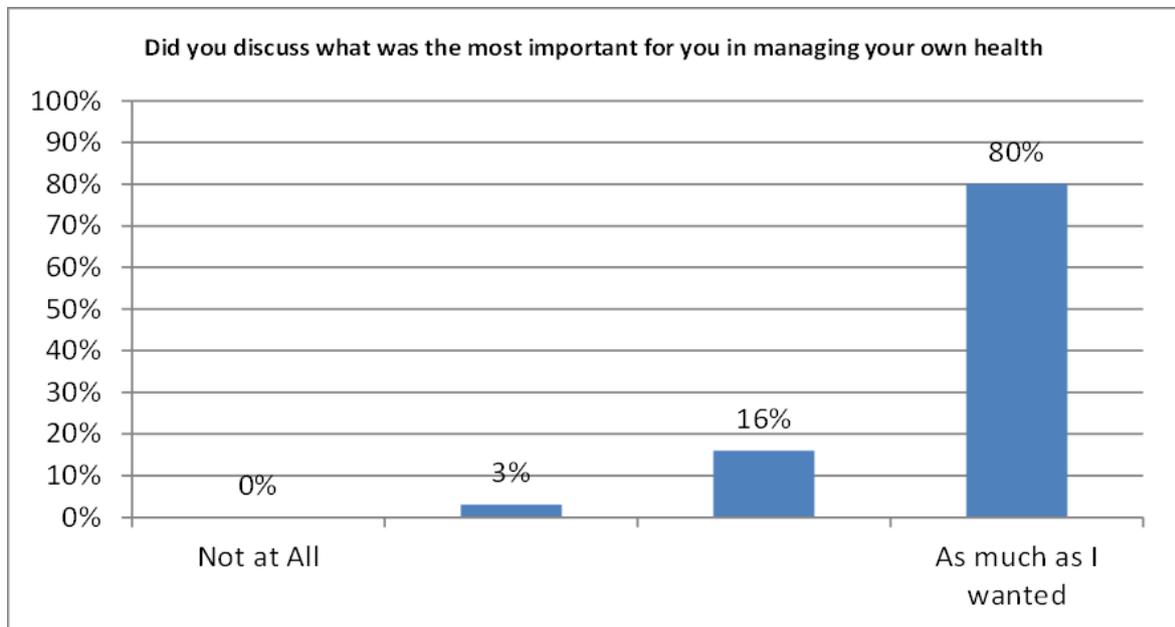
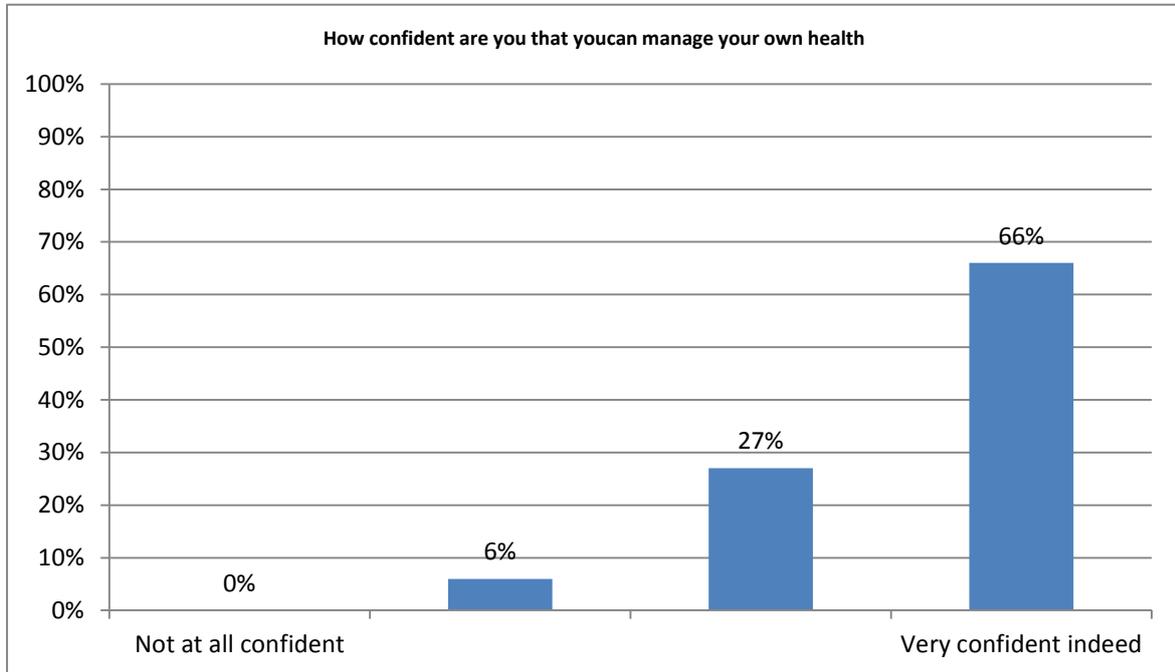
Most patients feel that their care has improved over the last three years but not all feel confident in managing their condition and in some areas confidence levels have reduced slightly.

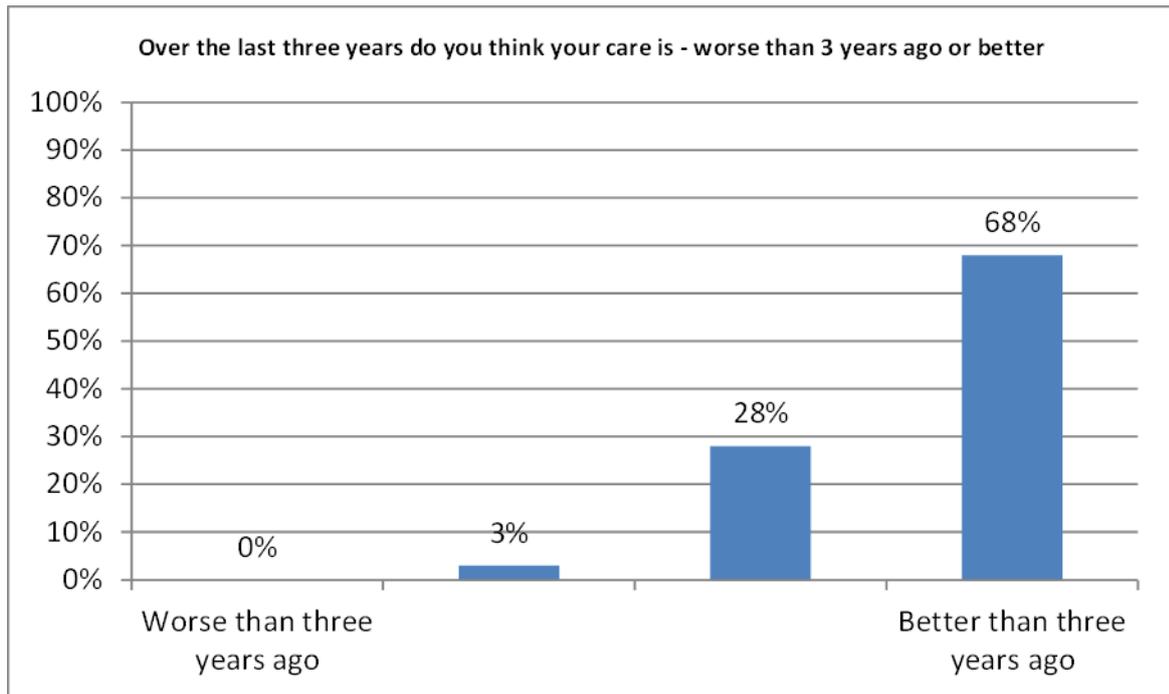
Some patients continue to be led by the health care professional's advice and prefer to take advice rather than make their own decisions and set goals. The advice and knowledge of what to do towards their care is not always understood and different forms of information and communication would be beneficial.

Overall patients are very satisfied with their care and all practices have had positive feedback from the survey which supports the peer review.

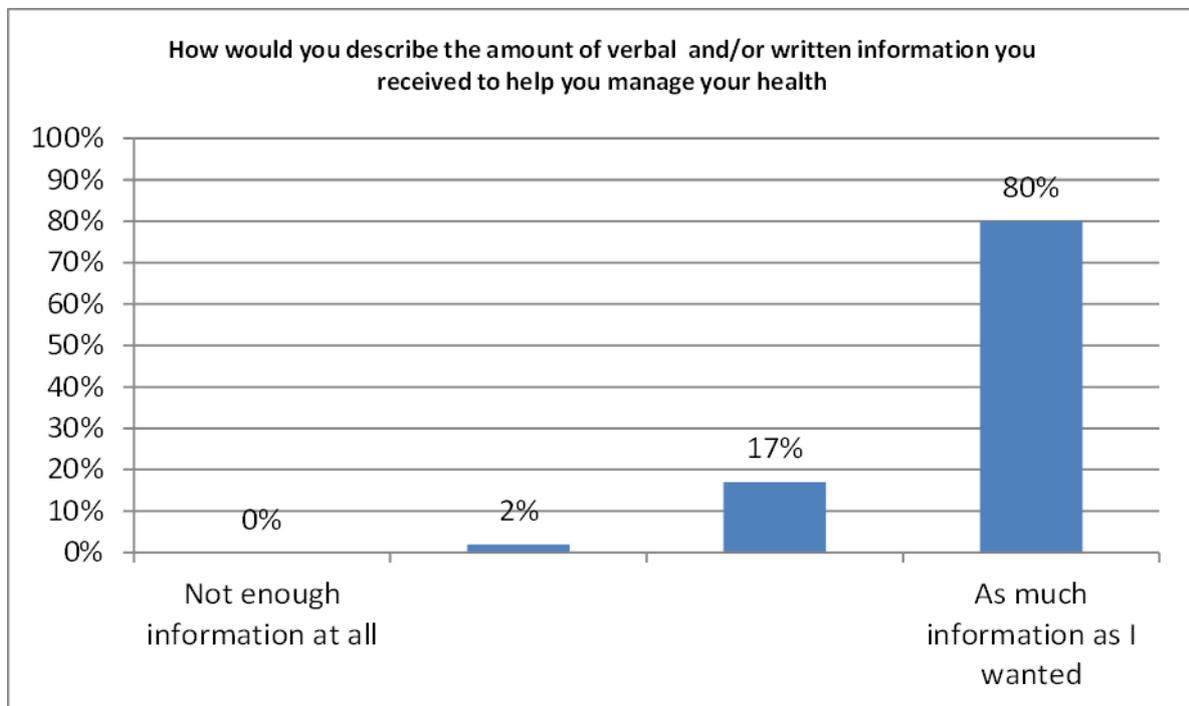


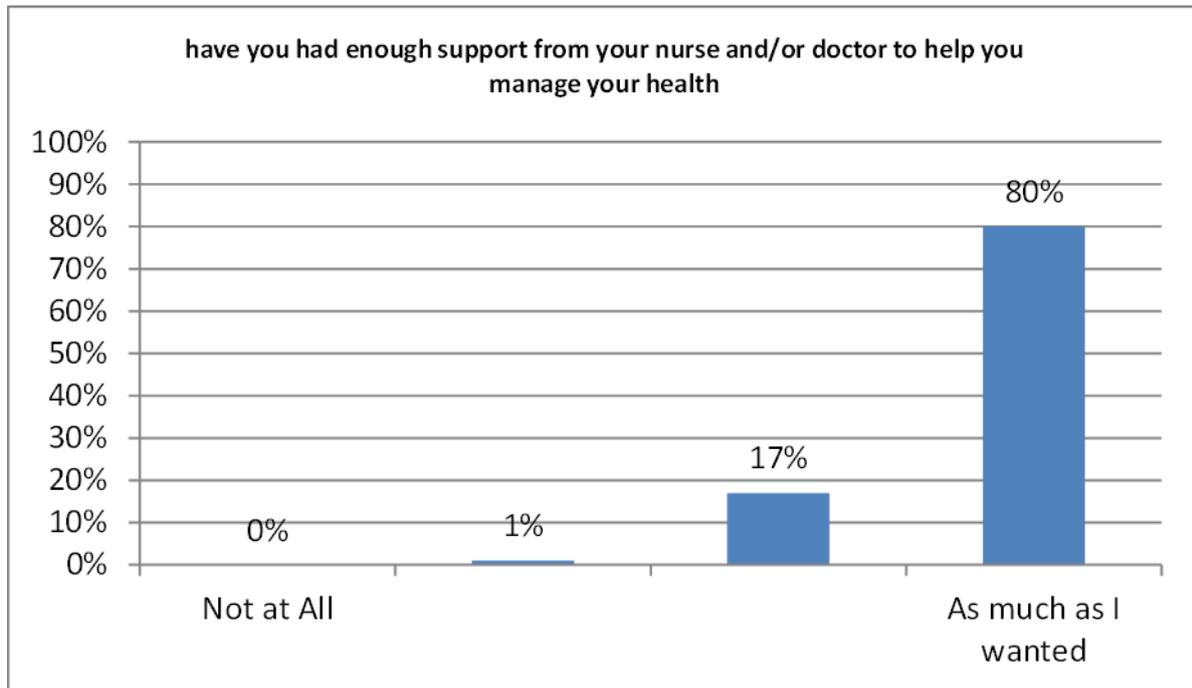
The patient survey supports the overall belief that the completion of the care plan is good however areas for the practice to consider are that not all patients feel confident in managing their LTC





Patients know who to go to for advice and support and find they have sufficient knowledge and understanding to self-care with good results





## 9. Conclusion

The peer review is saying very similar things to previous years although staff state that the process is useful in ensuring that all clinicians are using the same approach.

The peer review demonstrated evidence to show that patient engagement is happening and patients are feeling more involved in the care planning process. Goal setting in negotiation with the patients has improved their understanding of their LTC and people who have been newly diagnosed with a LTC feel more engaged. The patients do not always want a printed copy of their care plan but they do like the fact that they are in more control of their condition and are more aware of what to do if their condition worsens. Care planning also increases confidence in self-management which leads to better health outcomes. Patients are generally happy with their health and how it has improved since having care plans in place.

There are still a number of patients who do not want to be involved in care planning and making decisions about their care as they would rather take the risks than make lifestyle changes and prefer to be told what to do.

Gill Day

Public Health Manager

May 2017



<b>Title of meeting:</b>	<b>Probity Committee</b>	<b>Agenda Item:</b>	<b>6</b>																
<b>Date of Meeting:</b>	<b>13 June 2017</b>	<b>Public/Private Section:</b>																	
<b>Paper Title:</b>	<b>Network Clinical Commissioning Contract (£2/head)</b>	Public	✓																
		Private																	
		N/A																	
<b>Purpose (this paper is for):</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information									
Decision	✓	Discussion		Assurance		Information													
<b>Report Author and Job Title:</b>	<b>Liz Blythe, Head of Primary Care Commissioning Development</b>																		
<b>Responsible Clinical Lead:</b>	<b>Dr Greg Connor, Executive Clinical Advisor</b>																		
<b>Responsible Governing Board Executive Lead:</b>	<b>Melanie Brown, Director of Commissioning and Integrated Care</b>																		
<b>Recommendation (s):</b> It is recommended that the Probity Committee approves the report of the Scrutiny Panel including the proposals for payments to 38 practices.  Eastmoor Health Centre and Kings Street did not submit any evidence to contribute to end of April deadlines so no payment to be made to these practices. (Kings Street registered patient contract ceased 31 March 2017)																			
<b>Executive Summary:</b> The Scrutiny Panel reviewed the revised NCCC performance of each of the 40 eligible practices.  Thirty eight practices have met or exceeded the KPI targets as set out in the paper.																			
<b>Link to overarching principles from the strategic plan:</b>	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td> <td></td> </tr> <tr> <td>New Accountable Care Systems to deliver new models of care</td> <td>✓</td> </tr> <tr> <td>Collective prevention resource across the health and social care sector and wider social determinant partners</td> <td></td> </tr> <tr> <td>Expanded Health and Wellbeing board membership to represent wider determinants</td> <td></td> </tr> <tr> <td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td> <td></td> </tr> <tr> <td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td> <td></td> </tr> <tr> <td>Transforming to become a sustainable financial economy</td> <td></td> </tr> <tr> <td>Organising ourselves to deliver for our patients</td> <td>✓</td> </tr> </table>			Reduction in hospital admissions where appropriate leading to reinvesting in prevention		New Accountable Care Systems to deliver new models of care	✓	Collective prevention resource across the health and social care sector and wider social determinant partners		Expanded Health and Wellbeing board membership to represent wider determinants		A strong ambitious co-owned strategy for ensuring safe and healthy futures for children		A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health		Transforming to become a sustainable financial economy		Organising ourselves to deliver for our patients	✓
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Transforming to become a sustainable financial economy																			
Organising ourselves to deliver for our patients	✓																		

<b>Outcome of Integrated Impact Assessment completed (IIA)</b>	Not applicable
<b>Outline public engagement – clinical, stakeholder and public/patient:</b>	Not applicable
<b>Management of Conflicts of Interest:</b>	This item would present a conflict of interest for GPs and is therefore presented to the Probity Committee. No conflicts of interest are identified for members of the Probity Committee.
<b>Assurance departments/ organisations who will be affected have been consulted:</b>	Not applicable
<b>Previously presented at committee / governing body:</b>	Not applicable
<b>Reference document(s) / enclosures:</b>	The attached paper and contract documentation summarise the Network Clinical Commissioning Contract
<b>Risk Assessment:</b>	Not registered on the CCG risk register
<b>Finance/ resource implications:</b>	Disbursement of funding from the CCG's primary care budget delegated under co-commissioning.

# NHS WAKEFIELD CCG

## Network Clinical Commissioning Contract (£2/head)

### Scrutiny Panel Report

#### Background

The Network Clinical Commissioning Contract was approved by the Probity Committee in 2016. It provided a payment of 50p per patient for the quality domain and up to £1.50 per patient for the remainder of the scheme provided that this was paid for by savings in unnecessary secondary care activity. So far practices have received the 50p payment and a second payment of 30p (25p in Network 5 where the e-consultation rate was off target) will be with practices at the end of the month.

Difficulties with access to outpatient and pathology data meant that practices were unable to start work on the other domains of the scheme so Probity Committee approved a variation to the scheme paying 60p per patient (65p for Network 5 provided the e-consultation target is met) provided that the following conditions were met by 30 April 2017:

- achieving the existing e-consultation target at network level;
- analysing a list of patients on the follow-up waiting list at Mid Yorkshire Hospitals in orthopaedics, dermatology, ENT and gastroenterology and by reference to their last clinic letter recommend to the hospital consultant which patients could safely be discharged back to GP follow-up;
- establishing whether patients with diabetes who are prescribed GLP-1 injections meet NICE guidance on continuing this treatment using a CCG audit tool and reviewing those patients for whom the treatment is not achieving the expected benefit;
- analysing practice use of lab tests (from a provided dataset) and determining network level actions to minimise unnecessary testing in 2017/18.

The maximum payment to practices under the revised scheme is £1.40 per patient (down from the £2.00 of the initial scheme).

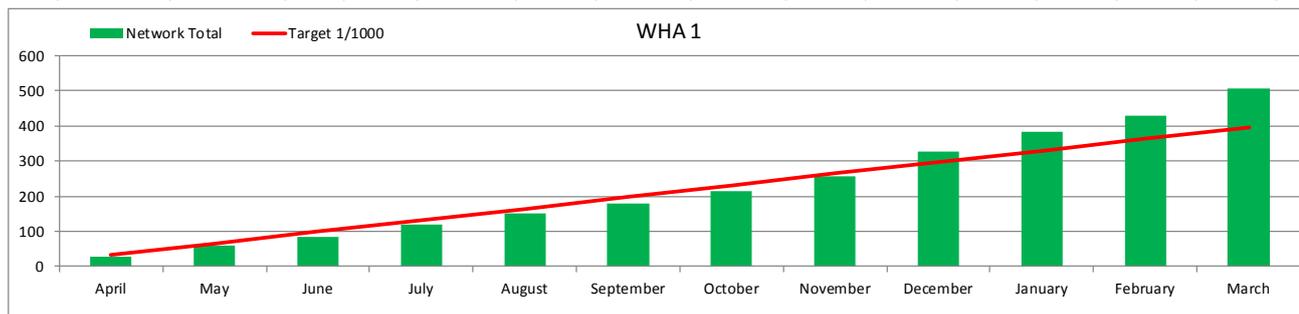
#### Practice performance and recommendation regarding payment

The Scrutiny Panel reviewed the Q3/4 performance of each practice. All practices except Eastmoor and Kings Street achieved all the requirements of the scheme at practice and network level (summarised at Appendix 1).

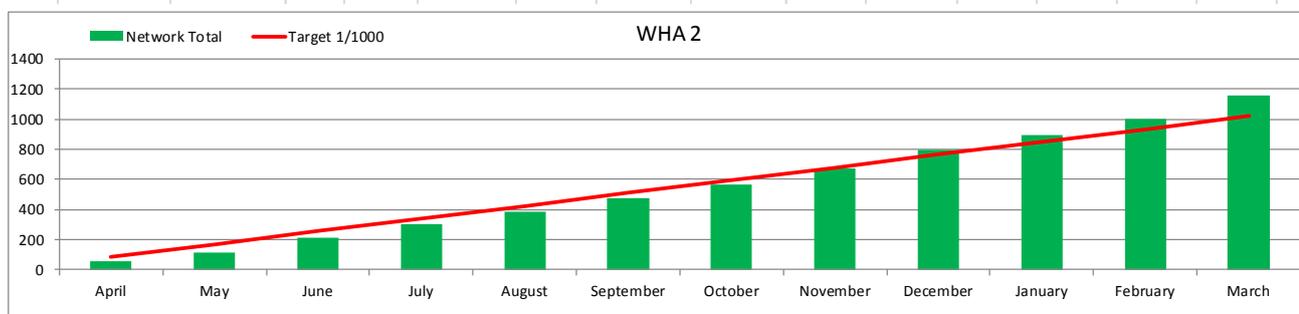
#### ***The Scrutiny Panel recommends:***

That the final payment of 60p per patient is made to 33 practices and 65p per patient to 5 practices in network 5 (exception of Eastmoor Health Centre and Kings Street) as they achieved the e-consultation target following the withholding of 5p per patient at Q2.

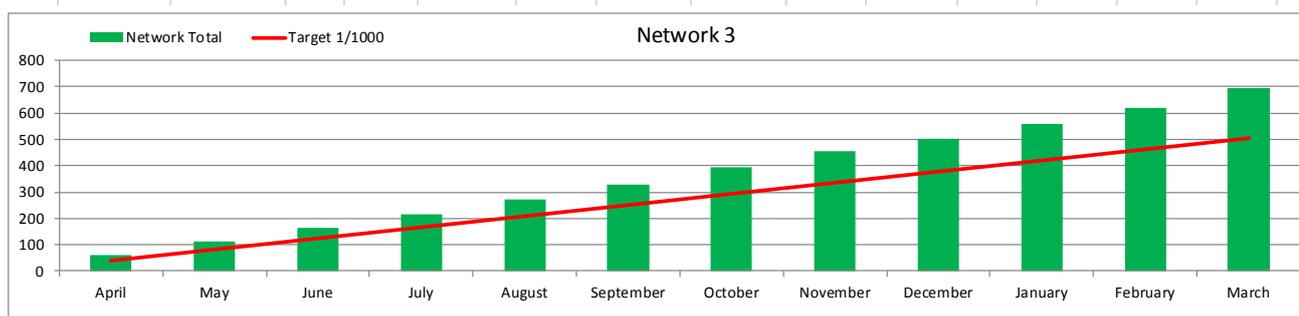
# Appendix 1: e-consultation activity outturn 2016/17



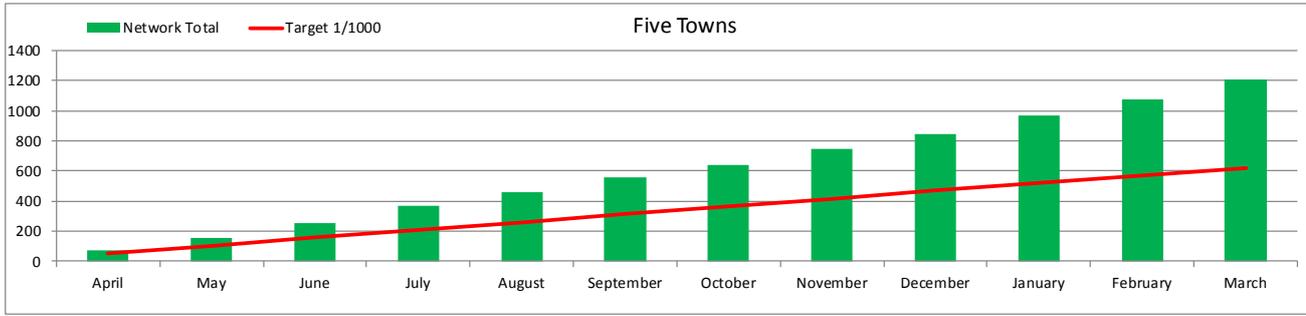
	April	May	June	July	August	September	October	November	December	January	February	March
Target 1/1000	33	66	99	132	165	198	231	264	297	330	363	396
Network Total	27	59	85	119	152	179	214	258	327	382	431	506



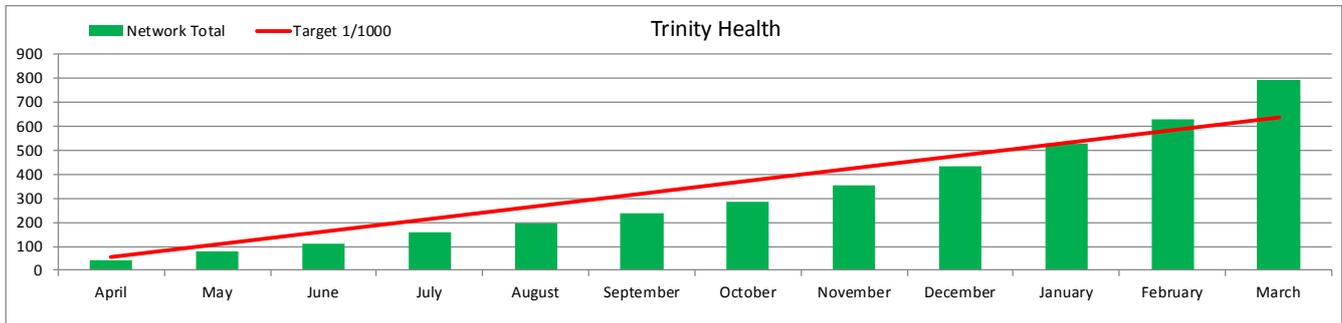
	April	May	June	July	August	September	October	November	December	January	February	March
Target 1/1000	85	170	255	340	425	510	595	680	765	850	935	1020
Network Total	55	112	210	304	384	473	563	675	794	891	1000	1162



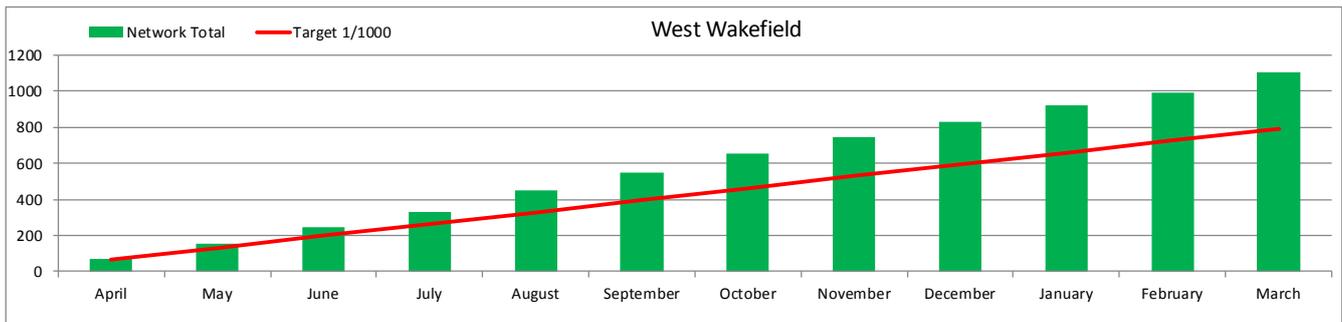
	April	May	June	July	August	September	October	November	December	January	February	March
Target 1/1000	42	84	126	168	210	252	294	336	378	420	462	504
Network Total	63	111	163	215	274	328	393	455	500	558	621	694



	April	May	June	July	August	September	October	November	December	January	February	March
Target 1/1000	52	104	156	208	260	312	364	416	468	520	572	624
Network Total	71	155	252	368	460	558	643	747	845	968	1074	1209



	April	May	June	July	August	September	October	November	December	January	February	March
Target 1/1000	53	106	159	212	265	318	371	424	477	530	583	636
Network Total	41	81	112	157	193	235	283	354	433	529	626	794



	April	May	June	July	August	September	October	November	December	January	February	March
Target 1/1000	66	132	198	264	330	396	462	528	594	660	726	792
Network Total	67	152	244	333	448	550	657	748	834	920	995	1106

## Appendix 2: Mid Yorkshire waiting list exercise

The medical records of just over 1000 patients who were overdue a follow-up appointment on the Mid Yorkshire Hospitals (MYHT) waiting list were reviewed by their practice. Overall practices recommended that 36% of patients reviewed could be safely discharged back to GP follow-up and have identified these patients to MYHT.

<b>GP Practice Code</b>	<b>No.</b>	<b>%</b>
1 - Discharge to primary care	332	36%
2 - Cannot discharge – ‘error on demographic’ eg patient deceased; no longer registered with the Practice	36	4%
3 - Cannot discharge – insufficient evidence to clinically review eg absence of most recent clinic letter in the GP record	180	19%
4 - Do not discharge – continue follow-up at Mid Yorks	385	41%
<b>Grand Total</b>	<b>933</b>	

### Appendix 3: Results of GLP-1 diabetes prescribing audit

The aim of the audit was to identify patients who are not achieving benefit from the use of GLP 1 agonist therapy and review therapy.

The practices were then asked that 100% of patients using GLP 1 agonist therapy are either achieving the benefits in NICE CG28 (a reduction in HbA1c of 11 or more and a 3% weight reduction) or will have had their GLP 1 therapy reviewed and where appropriate discontinued by an appropriate clinician by 30 June 2017.

Thirty eight practices returned the results of their first audit of patients using the following therapies.

- Exenatide
- Liraglutide
- Lixisenatide
- Dulaglutide
- Albiglutide

One of the practices failed to give the name of the therapies used and a small number of individual rows of the returns did not show either the start or end measurements and so the following results are based on the usable rows of the remaining thirty seven returns.

Of the 816 patients audited;

- 125 (15.32%) were using a Dulaglutide therapy
- 161 (19.73%) were using an Exantide therapy
- 443 (54.29%) were using a Liraglutide therapy
- 87 (10.66%) were using a Lixisenatide therapy
- None of the returns indicated any use of the Albiglutide therapy.

24.80% of those patients on the Dulaglutide therapy achieved the NICE CG28 benefits

31.68% of those patients on the Exanatide therapy achieved the NICE CG28 benefits

39.50% of those patients on the Liraglutide therapy achieved the NICE CG28 benefits

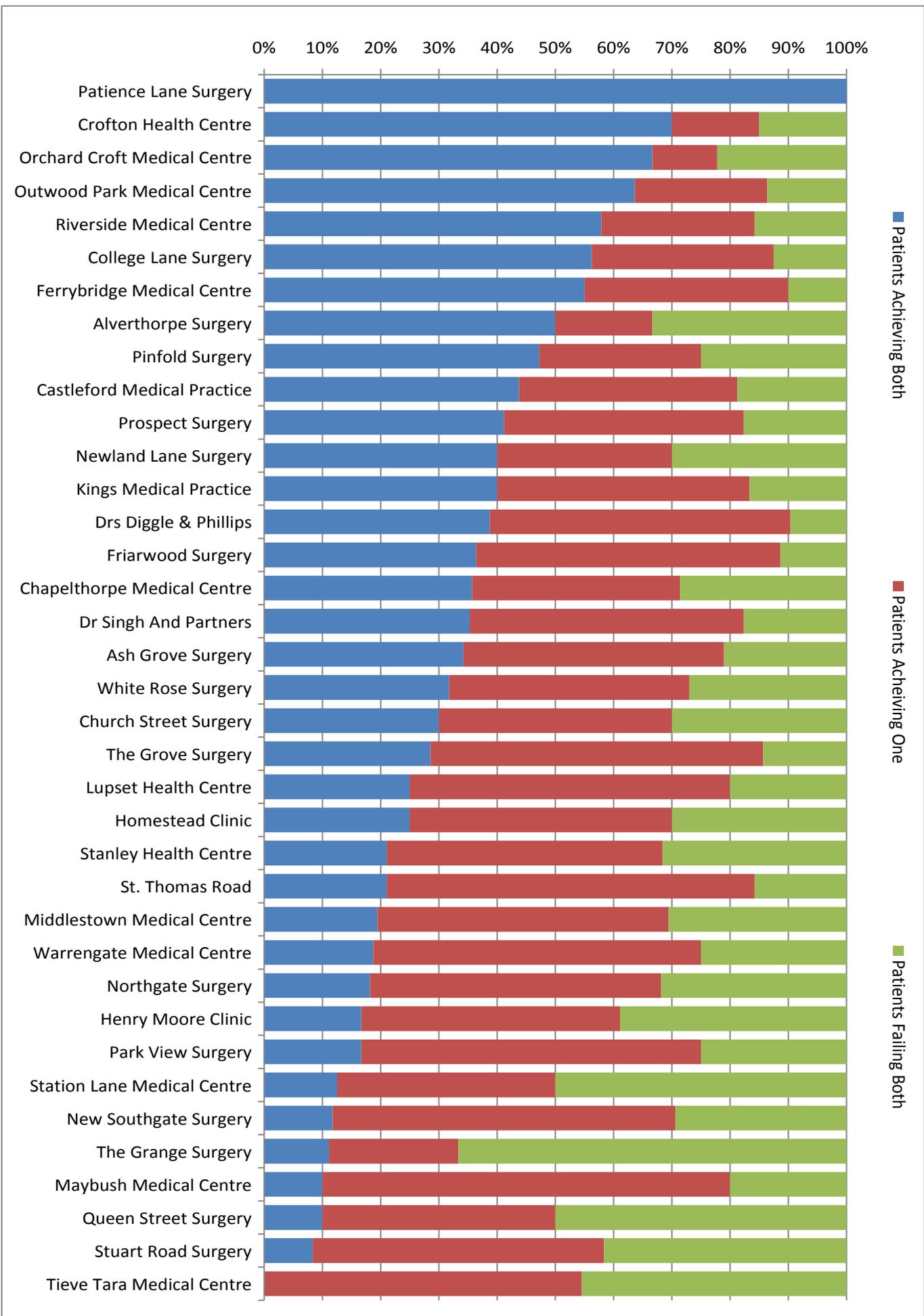
21.84% of those patients on the Lixisenatide therapy achieved the NICE CG28 benefits

Overall 33.82% of patients on one of the therapies achieved the NICE CG28 benefits.

The chart on the next page shows how this achievement was made by each practice.

The Queen Street result included both Queen Street and Park View patients. Eastmoor Health Centre did not submit the information.

The results from the practice that did not display the individual therapies have been included in the chart as it is a summary only.



## Appendix 4: Network Pathology Action Plan

Network	Practices	Actions
1	Henry Moore Clinic Riverside MC Tieve Tara MC St Thomas Road Surgery Station Lane MC Newland Surgery	<ul style="list-style-type: none"> <li>• Reduction in MSU tests, unless clinically indicated. One practice has completed an audit of MSU, and as a result a protocol for requesting MSU has been produced. The audit and findings has been shared with the Network.</li> <li>• Routinely check pathology orders on ICE to make sure they are up-to-date, prior to requesting further tests.</li> <li>• To ensure testing request are uniform within the network, it is suggested Lesley Chin is approached to develop templates for ICE to ensure extra tests are not selected when not necessary</li> <li>• To discuss pathology at regular practice meetings, to act as a refresher/reminder for all staff.</li> <li>• Apply standard tests for long-term conditions' annual reviews, as per a piece of work undertaken by a practice linked to NICE Guidance and research journals.</li> <li>• Practices to reduce number of TFT requests for monitoring of thyroxine, requesting TSH instead.</li> <li>• Reminder for practice staff to regularly advise locums on practice protocols, such as not doing FSH to diagnose menopause</li> <li>• Not routinely check ESR and CRP on DMARD patients; check the shared care guidelines for drug monitoring.</li> <li>• Practices to follow Wakefield Diabetes Guidelines for blood glucose management to ensure HbA1c levels are only checked at recommended intervals, or when indicated</li> <li>• One practice to audit Vitamin D results to ensure appropriate requests. Findings will be shared with the Network</li> </ul>
2	Ashgrove MC Friarwood Surgery Northgate Surgery Stuart Road Surgery College Lane Surgery The Grange MC (to follow) White Rose MC (to follow) Drs Diggle & Phillips Dr Singh & Partners Rycroft Primary Care Centre (to follow)	<ul style="list-style-type: none"> <li>• D-Dimer: the meeting discussed and agreed how these would only be initiated in primary care in exceptional circumstances, as cases should be referred to Ambulatory Care at MYHT with treatment starting there, rather than requesting the test from primary care</li> <li>• Practices to review annual routine blood requests for chronic disease management, to see if these can be clinically reduced. This should indicate a reduction in FBC and LFT. Hb requests could be reduced by determining if necessary for patients other than those with renal disease. One practice ensure blood test requests are checked to ensure the same has not already been requested in the past six months; only those not tested are requested at this point (excepting HbA1c)</li> <li>• TFT requests are being reduced by practices only requesting TSH as per recommendations, with MYHT laboratory possibly being responsible for measuring T4 when felt appropriate</li> <li>• Gamma GT – Network aiming to reduce, with one practice reviewing the Bradford Guidelines in order to update their practice policy.</li> <li>• Reduce fasting and random glucose tests, using recommended HbA1c instead</li> <li>• Practices to aim in reducing/ceasing CEA requests, although it was felt that Ca125 levels were an appropriate request from Primary Care by some practices in line with NICE Guidance</li> <li>• One practice to trial ANPs visiting care/nursing homes to educate staff on</li> </ul>

		<p>appropriateness of urine testing and antibiotic requests – often due to asymptomatic bacteriuria not requiring treatment. Discussed MSU testing for UTIs (three or more symptoms of UTI treat with antibiotics, do not test MSU), with guidance referred to as evidence <a href="http://www.gov.uk/government/publications/urinary-tract-infection-diagnosis">www.gov.uk/government/publications/urinary-tract-infection-diagnosis</a></p>
3	<p>Outwood Park New Southgate Homestead Stanley HC Alverthorpe</p>	<ul style="list-style-type: none"> <li>• Routinely check pathology orders on ICE to make sure they are up-to-date, prior to requesting further tests.</li> <li>• Review pathology data within practices at clinical meeting</li> <li>• Review Vitamin D guidelines</li> <li>• IM Screen – High for the network. At this point unexplained. Plan to review data in more detail to find out why</li> <li>• MSU above average. Variation amongst practices. Practices to look at own data and discuss at a review meeting.</li> <li>• Follow Lab advice TSH only for routine bloods rather than full TFTS.</li> <li>• Monitor Nice Guidelines</li> <li>• Reduce test in line with Quick tips.</li> </ul>
4	<p>Castleford Park View Queen Street Patience Lane Ferrybridge Pinfold Kings</p>	<ul style="list-style-type: none"> <li>• The use of TFT's – Currently full TFT's are being requested for patients. We have recommended changing to requesting TSH only for thyroxine monitoring.</li> <li>• TFT's were being done annually as part of Hypertension and CHD reviews in some practices. The practices will look at making changes so TFT's are no longer needed for routine annual reviews of above conditions unless being done for any other purpose</li> <li>• Diabetes patients may be being over assessed beyond the requirements of the diabetes local contract for bloods beyond those clinically indicated for review. Practices will look at moving to a more individualised approach that still meets the contract requirements.</li> <li>• Urine ACR – Urine ACR was being done annually for Hypertension and CHD reviews in some practices. The practices will look at amending processes such that ACR is to be done only at the time of new diagnosis of hypertension or when clinically indicated.</li> <li>• DMARD Monitoring – CRP and ESR was being done for Methotrexate monitoring. As part of shared care guidance, CRP and ESR are not required routinely along with FBC, UE's and LFT's.</li> <li>• Vitamin D guidelines will be looked at as part of education events to be consistent on indication to request.</li> </ul>
5	<p>Maybush Medical Practice Almshouse Medical Centre Grove Medical Centre Crofton Health Centre Warrengate Medical Centre</p>	<ul style="list-style-type: none"> <li>• No D-Dimer tests to be initiated in Primary Care, patients presenting with suspected DVTs should be referred to the Ambulatory Care Unit where they can have the test done, wait for the result and be started on treatment as necessary should the test be positive for DVT</li> <li>• When monitoring thyroid function request TSH levels only, rather than TSH and TA levels</li> <li>• Practices to reduce the number of fasting and random glucose tests performed in Primary Care and use HbA1c instead</li> <li>• Increase the use of scheduled tasks within S1 for future bloods, it was noted that when tests are put on ICE for future tests often when patients present for bloods the HCA / phlebotomist will send off for all outstanding</li> </ul>

		<p>tests when some aren't due. Scheduled tasks allow you to talk to a group of people with a specific date. This is used currently at Crofton and works very well.</p> <ul style="list-style-type: none"> <li>• Refer to ICE to see if tests have been done recently, where they have and the result is reliable then download these to S1 rather than repeating. Also check SystemOne to see if the test has been done recently</li> <li>• Consider whether an abnormal result is "normal" for that particular patient rather than repeating unnecessarily</li> <li>• Apply standard lists of blood tests for particular conditions, ie dementia, diabetes – Crofton have already developed a list for their own internal use and would be happy for other Practices to adopt this or tweak as appropriate to each practice and Pravin will share the DMARD protocol showing tests required for monitoring of each individual drug (see separate documents)</li> <li>• Training practices to ensure GP Registrars and FY2s are encouraged NOT to tick every box "just in case" and to ensure this is discussed at their initial practice induction and understand the reasons and rational behind this.</li> <li>• Sharing this joint network plan with all clinicians and attached staff to each practice (eg in house pharmacists) to encourage better use of ICE requests and reduce unnecessary testing.</li> </ul>
6	<p>Church Street  Middlestown  Chaplethorpe  Lupset  Prospect  Orchard Croft</p>	<ul style="list-style-type: none"> <li>• Check drugs in BNF for routine monitoring and associated tests.</li> <li>• Raise pop up messages at ICE WG with request that they are more explicit in guidance.</li> <li>• Re-organise review process where required (? Review in month and year of birth).</li> <li>• Reduce urine dip tests in line with current guidance (quick tips).</li> <li>• Don't repeat tests and always check on ICE for previous tests.</li> <li>• Reduce test in line with Quick tips.</li> <li>• Use shared care guidance once this is published. "Think before you tick".</li> <li>• Educate GPRs to be confident in use of tests and not over use.</li> <li>• Only use the Vit B test when necessary or when advised to do so. Always use guidance.</li> <li>• Be pragmatic on the sensitivity and specificity of tests.</li> <li>• Request clearer guidance of test values.</li> <li>• Ensure a good and robust medication review process to ensure tests are not over-ordered.</li> <li>• Routinely look at hospital tests on ICE before requesting.</li> <li>• 'Named GP' does monitoring of pts (eg DMARDs).</li> <li>• Need reliable guidance for anti-psychotic drugs (? MOT).</li> <li>• Use NICE and Shared Care guidance.</li> </ul>