

GUIDANCE NOTE ON THE QUALITY AND PRODUCTIVITY INDICATORS WITHIN THE QUALITY AND OUTCOMES FRAMEWORK

Introduction

1. The General Medical Services (GMS) settlement for 2011/12 includes a number of changes to the Quality and Outcomes Framework (QOF). This note relates to the 11 new Quality and Productivity Indicators, which are set out in the attached schedule. The relevant UK guidance can be found at <http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/ChangestoQOF2011-12.aspx>

2. This note explains how the amendments to the Statement of Financial Entitlements (SFE) for the Quality and Productivity (QP) indicators will be implemented in Wales. It has been agreed between the Welsh Assembly Government and the General Practitioners Committee (GPC) Wales. The SFE is the prime document and nothing in this note changes that.

Aim

3. The indicators aim to secure the most effective use of NHS resources, through improvements in the quality and productivity of primary care. This work will support the aims of the Service, Workforce and Financial Strategic Framework (SWaFF) which was published last year for the NHS in Wales. The indicators are intended to encourage a more effective and consistent approach to professionally led data analysis and peer review. The key objective is to promote collaborative working and the development of agreed care pathways in order to increase consistency in the delivery of care and to reduce inappropriate emergency hospital admissions and outpatient referrals. This builds upon and rewards the strong culture of reflective practice, comparative analysis and high quality cost-efficient prescribing that already exists in Wales. This will take forward the principles of professional networking and accountability described in "Setting the Direction", the Welsh Assembly Government's primary care action programme which was published last year.

4. The indicators will reward the review of current practice by GPs both within the practice and with external peers. This will be driven by activity data, which will be practice specific and comparative between the small groups of practices. The intention is to seek to understand the reasons for and, if appropriate, address outlier performance by a practice in three areas; emergency admissions, outpatient referrals and prescribing. The indicators will also reward the development or adoption and application of pathways and prescribing action plans.

Referrals and Admissions

5. Data to enable GPs to review their Emergency Admissions and Outpatient Referrals patterns will be provided nationally by NHS Wales Informatics Service (NWIS). There are many benefits to this national approach, including ensuring consistency of data across Wales, which should assist more meaningful comparability.
6. The data for Emergency Admissions will be taken from the Admitted Patient Care dataset as submitted monthly by each Local Health Board (LHB). It will be based on the number of non-elective admissions (excluding transfers) of patients registered to the GP Practice. All Emergency Admissions are included, regardless of whether they were initiated by the GP, an Out of Hours GP, or a direct Admission from an Emergency Department. For practices on the border, data from English hospitals will need to be sought by LHBs.
7. The data for Outpatient Referrals will be taken from the Outpatient Referrals dataset as submitted monthly by each LHB. This dataset is currently undergoing fitness for purpose tests. Professional review of the data will play an important contribution to improvements in quality.
8. This dataset currently captures GP referrals received by LHBs for a first consultant outpatient appointment. It does not include referrals into English hospitals which will need to be captured via local arrangements between the LHB and neighbouring PCTs. Practices may wish to validate the data against data in their own systems and prospectively may wish to agree internal protocols for easy retrieval of such data in the future.
9. The use of the data and value of the analysis will be kept under regular review by Welsh Assembly Government and GPC Wales. Further technical information around the extract criteria and analysis methodologies for Emergency Admission and Outpatient Referrals will be issued as necessary.

Presentation of the data

10. Comparative data will be presented for groups of practices. This means that for most practices, peer review of QP will be undertaken in groupings of 5 to 10 practices. These groups should already have been established as part of the work on "Setting the Direction." Graphs will show age-standardised rates for outpatient referrals and emergency admissions for the GP Practices within each grouping. The graphs will show overall rates for referrals and emergency admissions and the three specialties with the highest volumes within each LHB.
11. These comparator graphs will be issued routinely, probably quarterly, throughout the year 2011/12. Each LHB will also be sent a breakdown of the numbers of patients that are included in the graphs for each GP Practice. These should be disseminated to localities and practices for their own information. The Welsh Assembly Government recognises that adherence to the timetable set out in this guidance is dependent on timely provision of data to practices.

Dissemination of data

12. As described above, all data will be issued by NWIS to LHBs. LHBs will be responsible for the dissemination of data to GP Practices. This allows for other local information and interpretation to be added at LHB or locality level if required.

Queries

13. As the data that NWIS has used to create this analysis has been submitted by the LHBs through their regular data submissions, any queries relating to the data should be addressed to the locality or LHB in the first instance.

14. All parties recognise that the data may require improvement. One of the key objectives of QP should be to seek opportunities to improve data quality. The need for refinement should not prevent purposeful discussion of available data to inform service improvement. Genuine concerns about accuracy of the data will be addressed. Given the scale of the initiative, initially it may not be possible to investigate minor discrepancies that are not material to the debate. NWIS aims to provide LHBs with data as soon as possible and is working closely with GPC Wales on this.

Internal Review Meetings

15. Review meetings will be an important feature of these arrangements. The spirit in which the meetings are conducted will be crucial: they are intended to be formative. There should be no assumption that it is necessarily appropriate to regress to the mean: the aim should be to encourage moves towards best practice.

- internal reviews should be arranged and conducted by practices by 30 June. They should involve as many relevant personnel as possible e.g. referrers and prescribers, including sessional staff where possible.
- meetings should review absolute and relative activity within the practice and should compare with other practices. Discussion should explore the possible internal (practice) or external factors influencing variations in referral/admission or prescribing patterns. It will be important to identify actions and learning points.
- the meeting should be minuted and a report sent to LHBs.

External Reviews

16. External reviews must be attended by at least 2 representatives (including 1 GP), from each practice. These will be convened and facilitated by the LHB.

17. The process of peer review fits well with "Setting the Direction." LHBs have worked with practices and there are now 60 practice groupings across Wales, comprising around 5 to 10 practices. These groupings should be suitable for the discussions required to satisfy the QOF indicators. Clinical leads and administrative support are being arranged by each LHB to support

this work. Wherever possible, LHBs will arrange attendance by an external clinician, ideally from the relevant secondary care specialities.

18. External review meetings should have taken place by 30 September. The purpose of reviews will be to allow practices to compare their data with those of other practices in their grouping; to reflect on the possible reasons for any variation; to agree actions for individual practices; and to highlight to LHBs the areas for service design improvements.

19. A template for reporting these reviews will be developed in the first quarter of the year. This will assist practices to structure and agree a report from the review meeting. These reports will be an important source of information for local service redesign.

Prescribing

20. The SWaFF sets out a plan to tackle the financial challenge faced by the NHS in Wales. To deliver the objectives set in the SWaFF, 11 National Programmes have been established. One of those programmes is the Medicines Management National Programme (MMNP). The MMNP is establishing an agreed strategy to the management of medicines in Wales. This builds on the strong history of cost and quality management in prescribing practice. The Programme is run by a stakeholder board, which includes representation from GPC Wales.

21. GP Practices will be familiar with the regular feedback of data and the support available from LHB Prescribing advisors. This work will be supported by a web based information system, CASPA.net. With the right permissions this will provide detailed prescribing data down to practice level. Data is available to practices via an online portal on HOWIS. Further guidance on the administration of the prescribing QP indicators will be issued via the MMNP.

22. By 30 June practices will identify, in consultation with neighbouring practices if they wish, 3 areas in which to bring about improvement in quality and cost-effective prescribing. The areas for practices to select from will normally be from a list agreed between prescribing advisors and the LMC. The 3 improvement areas will be in addition to, and not the same as, those agreed for existing QOF indicators Medicines 6 and 10. By 30 September practices should have agreed with LHBs, action plans for the 3 areas. The plans should properly describe how achievement will be measured. In many cases this may involve comparisons with upper quartile behaviour on a sliding scale. Criteria cannot be more onerous than the requirements set out in the SFE.

Pathways

23. The 6 pathways (3 referral and 3 emergency admissions) to be agreed and followed, will be determined at LHB level. LHBs will make proposals to LMCs for discussion and agreement. LHBs will ensure the appropriate involvement of secondary care and relevant stakeholders. Whilst the choice of pathway is for local decision, LHBs with practice peer review groups may wish to focus on pathways:

- where there is already wide consensus around existing material

- which have the greatest potential for improvement
- which will make the biggest impact on care.

24. LHBs will be aware of the extensive work available on the 'Focus on' areas which can support referral management initiatives:

<http://wales.gov.uk/topics/health/nhswales/healthstrategy/ccm/ccmdocuments/changes/?lang=en>

and the High Impact Change proposals which would be relevant for emergency admission analysis:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=478&pid=13959>

Reporting

25. Practices are required to provide reports to their LHB:

- on the internal review by 15 July, in order to be available in time for the external review meetings; and
- on the application of pathways/action plans by 15 March, in order to inform payments.

26. These reports will cover QP activity on prescribing, referrals and emergency admissions. The end of year report will include the pathways/action plans chosen, actions taken and an analysis of the lessons learnt from reflective practice.

27. The reflective practice may be conducted using the guidance in the GP appraisal documentation for Significant Event Analysis, <https://nhswalesappraisal.org.uk>, thereby allowing submission for individual appraisal purposes as well as for documentation of the internal reflective practice. This approach will be of particular value for the analysis of emergency admissions. There will, in addition, be a need for LHBs to agree a composite report from each external review meeting.

Monitoring and Future Development

28. Welsh Assembly Government, LHB representatives and GPC Wales will meet regularly to discuss progress on QP and to plan for future years. Future development will depend on satisfactory levels of participation and the achievement of greater efficiency, meeting the objective of improving quality and productivity across the NHS. The Welsh Assembly Government is committed to developing locality working and encouraging GPs to play a greater leadership and management role in the NHS in Wales. The new QP indicators support this change.

Quality and productivity

	Indicator	Points
QP1	The practice conducts an internal review of their prescribing to assess whether it is clinically appropriate and cost effective, agrees with the PCO 3 areas for improvement and produces a draft plan for each area no later than 30 June 2011	6
QP2	The practice participates in an external peer review of prescribing with a group of practices and agrees plans for 3 prescribing areas for improvement firstly with the group and then with the PCO no later than 30 September 2011	7
QP3	The percentage of prescriptions complying with the agreed plan for the first improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 (Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5
QP4	The percentage of prescriptions complying with the agreed plan for the second improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 (Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5
QP5	The percentage of prescriptions complying with the agreed plan for the third improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 (Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5
QP6	The practice meets internally to review the data on secondary care outpatient referrals provided by the PCO	5
QP7	The practice participates in an external peer review with a group of practices to compare its secondary care outpatient referral data either with practices in the group of practices or with practices in the PCO area and proposes areas for commissioning or service design improvements to the PCO	5

QP8	The practice engages with the development of and follows 3 agreed care pathways for improving the management of patients in the primary care setting (unless in individual cases they justify clinical reasons for not doing this) to avoid inappropriate outpatient referrals and produces a report of the action taken to the PCO no later than 31 March 2012	11
QP9	The practice meets internally to review the data on emergency admissions provided by the PCO	5
QP10	The practice participates in an external peer review with a group of practices to compare its data on emergency admissions either with practices in the group of practices or practices in the PCO area and proposes areas for commissioning or service design improvements to the PCO	15
QP11	The practice engages with the development of and follows 3 agreed care pathways (unless in individual cases they justify clinical reasons for not doing this) in the management and treatment of patients in aiming to avoid emergency admissions and produces a report of the action taken to the PCO no later than 31 March 2012	27.5

SUMMARY OF QP KEY DATES

Indicator	Activity	Timing
Prescribing		
QP1	Practice conducts internal review of prescribing and agrees with LHB draft plan for 3 areas of improvement.	30/6/11
QP2	External peer review of prescribing and agree plans for 3 areas of improvement with group and LHB.	30/9/11
QP3, QP4, QP5	Practice achievement in complying with agreed plans in 3 prescribing improvement areas will be determined end of Q4 of 2011/12.	31/3/12
Outpatient Referrals		
QP6	Internal review of referrals	
QP7	External review peer review of referrals with LHB and other practices and proposal to LHB for areas for commissioning or service design improvement.	
QP8	Agree and follow 3 care pathways and submit report.	31/3/12
Emergency Admissions		
QP9	Internal review of emergency admissions.	
QP10	External review of emergency admissions with LHB and other practices and proposal to LHB for areas for commissioning or service design improvement.	
QP11	Agree and follow 3 care pathways and submit report to PCO.	31/3/12