Appendix 1

Dorset Clinical Commissioning Group

Clinical Commissioning
Local Improvement Plan 2015-16

Introduction

1. NHS Dorset Clinical Commissioning Group ("The CCG") is currently undertaking the Dorset Clinical Services Review (CSR), which aims to provide a framework for consultation on a system-wide and sustainable model of care in the County.

2. Developing effective out of hospital models of care is a crucial part of the CSR and a number of CCG localities have been engaged in the CSR process to start thinking about what models of care could look like in a locality based solution.

3. In addition, and building on a number of locality initiatives, the Better Together programme is working with General Practice, community services, social care, third and voluntary sector, and the hospital staff to support the establishment of integrated health and social care locality based integrated multidisciplinary teams. The focus is on improving care and support for people with long term conditions or people who are frail, through the delivery of the following functions: case finding to identify people earlier, who are at risk of unplanned hospital admission and admission to care homes; MDT meetings; case management and care co-ordination; personalised care planning; treatment and support and end of life care.

4. The Shadow Joint Primary Care Committee has agreed a primary care development plan, which will enable general practice to take a leadership role in the development of out of hospital care, following the outcome of the CSR consultation.. The plan includes development of collaborative arrangements in primary care, concerted promotion of innovation, aligning primary care contracting to the needs of out of hospital models of care, developing the primary care workforce and designing an estates strategy for primary care.

5. This is consistent with the vision set out in the NHSE Five year Forward View (Oct 2014), which promotes integration and innovation across primary, community and secondary care.

Principles and Purpose of the Clinical Commissioning Improvement Plan

6. The Clinical Commissioning Improvement Plan ("The Improvement Plan") is designed to support the strategic aim of shifting the delivery of care closer to home, building strong local integration of care and developing the capacity and capability of general practice to deliver transformational change across the whole system of care

7. The Improvement Plan will also continue to support full general practice engagement in CCG commissioning business at locality, cluster and CCG-wide level.

8. Ultimately, the improvement plan will advance the principles of a patient-centred service delivering personalised care though service integration, innovation and collaborative working.

Objectives

9. The objectives of the Improvement Plan are:

- to facilitate general practice engagement in service transformation;
- to enable organisational developments in general practice and primary care as a whole to address the challenges of the NHSE Five Year forward plan and local transformation programmes
- to maintain full general practice participation in CCG localities;
- to support general practice full participation in locality integrated teams, risk stratification and admissions avoidance;
- to incorporate a patient centred outcome to the plan.

Improvement Plan - Key requirements

10. Practice engagement in CCG commissioning activities

- support a practice lead for clinical commissioning who will act as the CCG contact point in the locality and will work to an agreed role including:

    - attendance at locality meetings;
    - attendance at quarterly CCG cluster/membership events;
    - expressing practice views at, and feeding back to, the practice from locality meetings;
    - participation in locality commissioning activities.

11. Primary care development

To enable Practice teams to participate in the design and implementation of the Primary Care Development Plan as agreed by the Shadow Joint Primary Care Committee (see Appendix 2).

Specifically the funding will enable Practices to work collaboratively in one or more of three developmental areas:

- developing primary care collaborative organisations;
- developing workforce roles, recruitment and retention work;
- innovation in primary care.

Each Practice will be asked to designate a primary care development lead and draw up a brief plan of engagement with one aspect of the Primary Care Development Plan identifying how they plan to spend this resource. This may include organisation of a local learning set, participation in primary care development discussions, or participation in a CCG led programme (The CCG will advise what programmes may qualify). The plan will be submitted to the CCG by 30 September 2015 and requires a statement of support from the locality chair.

12. Participation in Integrated Teams

To develop, sustain and fully participate in the key functions of the integrated teams including:

- participation in MDT meetings;
- risk profiling/case finding (including the use of tools such as frailty assessments);
- case management and care co-ordination;
- personalised and anticipatory care plans;
- working protocols with the hospitals (working with them to agree how they can feed into the MDT's case finding intelligence, comprehensive geriatric assessment and shared care planning for highest risk patients);
- Support participation in the in the Better Together Culture Change Programme organised by the CCG (Annex B).

The Practice will be expected to draw up a brief implementation plan including a statement of support from the locality chair by 30 September 2015.

13. Medicines management and prescribing QUIPP plan

(a) The medicines optimisation group has recommended the following audits for inclusion in the Clinical Commissioning Improvement plan

- non-Steroidal Anti-inflammatory Drugs (NSAIDs): audit of appropriate use with aim of CCG moving in line with national and Wessex benchmarks;
- Pregabalin: audit against local and national guidance, taking into account recent safety alerts;
- antibiotic volume and broad spectrum reductions, using national resources and audits to enable CCG to achieve quality premium.

(b) The second element of this payment will include the implementation of the prescribing QUIPP plan issued by Medicines team and demonstrate activity to achieve the measures as per individual practice plan.

Payments

14. The payment structure set out below aims both to incentivise practice and locality engagement in commissioning as well as rewarding achievement.

	Improvement Plan –Aspiration element	**Proposed Funding**	
1	Practice Lead attendance at locality meetings	£1500[1]	Per practice
2	Practice Lead attendance at cluster/membership events	£1000[2]	Per practice
3	Practice participation in primary care development	£0.25[3]	Per patient
	Improvement Plan Elements Outcomes		
4	Practice participation in integrated teams working at practice level: MDT meeting, case finding, risk stratification, information sharing and follow up	£2.00	Per patient
5	Completion of three audits as set out by the Medicines Optimisation Group, with sample size to be 5 per 1000 registered patients.	0.25	Per patient
6	Implement prescribing QIPP plan issued by Medicines team	£0.15	Per patient

Performance Reporting and Payment Arrangements

Aspiration Payment

15. Payments for the aspiration items 1 and 2 will be made to each practice on a quarterly basis. Claims will be made through the improvement plan claim sheet. Practices will need to specify the meetings attended on the sheet.

16. However, where a locality, through its agreed decision-making process, determines a different method of allocation to practices – for example, pooling resources at locality level – then this should be notified to the CCG.

17. The final aspiration quarterly payment will be made at the end of the financial year upon receipt of an end of year report from the practice, signed off by the Practice commissioning lead, which summarises:

    - the actions taken against each element of the Improvement Plan input section (using template for end of year report provided by CCG and agreed with the LMC).

18. Payments for the aspiration item 3 will be made to each practice on a quarterly basis. Claims will be made through the improvement plan claim sheet. Final payment will be subject to the reception of an end of year report setting out how the Practice utilised this payment for the purpose of participating in a primary care development activity. The template for this report will be agreed with the LMC.

[1] Up to six meetings/events funded at £250 per event attended by a GP and/or any other member of the Practice team including practice manager, nurse etc.

[2] Up to four meetings/events funded at £250 per event attended by a GP or any other member of the Practice team.

[3] This funding may be used for engagement of any member of the practice team including GPs, practice managers, practice nurses etc. This funding goes to individual practices but they may choose to pool together subject to notification to the CCG

This will include:

- Objectives
- How many members of staff have participated
- Achievements
- Lessons learnt

Practices may choose to pull resources together subject to notification to the CCG. In these circumstances a single report would be made on behalf of all the participant practices in the pooling scheme.

19. For the purposes of item 3 of the aspirational payments of this Improvement Plan the practice population will be as at 31st of March 2015

Outcomes

20. Payment of the outcome element requires practices/localities to implement the actions required in the Improvement Plan. The payment is made in acknowledgement of the effort required by practices to work towards or maintain expenditure/activity within their indicative budget. The practice will need to demonstrate implementation and activity against the measures outlined in the plan.

21. Outcome payments for item 4 and 5 will be expected to be used towards enhancing patient care/services with the practice or locality in 2015-16. An end of year report will be submitted in a template provided by the CCG and agreed with the LMC. The reports will include:

    (a) Integrated care report:

    - description of functioning status of MDT meetings and professional participation in these meetings including a survey of members' views using an agreed questionnaire;
    - selected patient and carer-based outcome measure agreed with locality chair as part of the plan and linked to anticipatory care;
    - self-certification of practice participation in the Better Together Culture Change programme organised by the CCG (One locality based workshop);
    - Lessons learnt and recommendations.

    (b) Medicine management audit reports

22. The payment for item 6 is made in acknowledgement of the effort required by practices to work towards or maintain expenditure/activity within their indicative budget; this will be in the form of a prescribing QIPP plan to manage prescribing growth and improve quality in prescribing. The practice will need to demonstrate implementation and activity against the measures outlined in the QUIPP plan and this will be assessed using prescribing data

23. Payments for all the outcomes items will be made to each practice on a quarterly basis.

24. For the purposes of the outcomes elements of the Improvement Plan the practice population will be as at 31st March 2015.

General

25. The CCG reserves the right to undertake post payment verification of any aspect of the Improvement Plan, including those aspects not explicitly monitored. Practices/localities are advised to retain minutes of meetings/action plans to provide evidence or other aspects of the Improvement Plan.

26. Practices should be aware that, if they receive a payment under this Improvement Plan but cannot demonstrate that they are participating fully in all aspects of it, the CCG reserves the right to withhold and/or request return of payments.

27. Before taking such action, the CCG will give appropriate notice and seek to agree an action plan with the practice concerned to address the CCG's concerns.

28. No claims will be considered if they are submitted more than 1 quarter in arrears.

29. If the practice breaches any of the conditions in this specification, the CCG may, in appropriate circumstances, withhold payment of any, or any part of, any payment that is otherwise payable.

30. It is the practice's responsibility to ensure that payment claims are accurate. The CCG will not normally make any backdated payments in relation to inaccurate claims except at its discretion where the provider can demonstrate exceptional circumstances.

Disputes – Conciliation, Arbitration, and Appeals

31. In the event of disagreement or dispute, the CCG and the GP practice will use best endeavours to resolve the dispute without recourse to formal arbitration. The parties may request informal mediation from the Wessex LMC. If unsuccessful, the matter will be determined in accordance with the normal contractual dispute resolution procedure.

Variations

32. Both parties may agree to vary the terms of this Agreement by mutual consent.

33. No variation to the terms of this Agreement shall have effect unless set out in writing and signed by both parties.

Termination

34. The CCG or practice may terminate this Agreement immediately if they consider, and can demonstrate, that the other party is in serious and major breach of any term of this Agreement.

35. Either party may withdraw from the arrangements entered into as part of the CCG's Clinical Commissioning Improvement Plan by giving 28 days notice in writing to the other party. The Practice will be entitled to the pro rata payment of any quarterly claims due before the expiration of the termination notice.

36. The termination provisions in relation to this scheme are in addition to any other termination provisions under the practice's contract with the NHS Commissioning Board.

Duration

37. The Clinical Commissioning Improvement Plan shall commence on 1 April 2015 and continue to subsist until 31 March 2016 unless terminated earlier in accordance with the terms of this Agreement.

Local Enhanced Service for Clinical Commissioning 2015/16: Practice Signature Sheet

Name of Practice:
(please print) .....

Name of Clinical Commissioning Lead

Signature on behalf of the Practice:

I confirm that the above practice is capable of meeting its obligations under the Clinical Commissioning Improvement Plan 2015/16 and will adhere to all requirements of the service specification.

Practice Signature	Name	Date

Signature on behalf of the NHS Dorset Clinical Commissioning Group:

Signature	Name	Date

Date of Improvement Plan 1st April 2015 to 31st March 2016