QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION SCHEME

Introduction

The Quality, Innovation, Productive and Prevention scheme is an interim scheme for Leeds West member practices which aims to provide support, engagement and leadership in changing care pathways and redesigning care to support the development of services in primary care settings.

One of the outcomes of the scheme is to support the wider system pressures by continuing to identify variation amongst practices and focusing on several key areas. The scheme should be seen in addition to the Primary Care Scheme which has an element on resource utilisation and looking at variation amongst localities.

Work will also continue throughout the next few months on developing the agreed pathway amendments in relation to DVT and further information will be provided as the detail emerges.

The scheme is worth up a maximum of £3 per patient, with practices receiving an initial payment of £1 for signing up to the QIPP scheme delivery principles and providing details of how they will be implementing the scheme and specifically the set up costs that they will need supporting in order to participate in the scheme(s). A further payment will be made on delivery of the expected outcomes. These will be benchmarked from the implementation of the RAIDR scheme from Q3 of 2016/17, using this as the reference period.

Service Expectations and Payment

Quality and Prevention

The aim of this element of the scheme is to identify patients who may have a diagnosis of hypertension or COPD but are not currently coded.

For Leeds West CCG, there are:

- 380 patients identified as having a BP >160/100 but not coded as hypertensive.
- 1559 smokers aged >35 who have had an exacerbation over the last 12 months but not coded as COPD.

Practices will be requested to undertake a review of patients by 30 September 2017 to increase the number of patients diagnosed with hypertension and COPD and provide any feedback to the CCG around the findings of the review.

Respiratory

Respiratory is a key priority for the city and general practice actions are a critical part of improving care and outcomes. There is scope for practices to introduce a greater level of proactive care and prescribing of prophylactic ‘rescue’ medication. This will have a positive impact on quality of care for patients and also reduce hospital admissions. Practice can use RAIDR to identify people who have had a recent emergency admission for a respiratory condition and who would benefit from a review and rescue meds. Further detail will be provided to practices / localities.

Innovation and Productivity

This element of the scheme aims to utilise opportunities to improve services for patients to deliver the financial efficiencies required to be able to sustain ongoing investment on a longer term basis. This can only be achieved through devolving responsibility for commissioning decisions and budgetary management to those who know their populations and carry out those transactions on a daily basis.

Historically under Practice Based Commissioning, practices or groups of practices had the right to hold responsibility for a devolved indicative budget.
The benefit of devolved budgets was that practices or groups of practices would take on additional responsibilities for managing resources and redesigning services for patients and for achieving best value for the overall healthcare system.

Principles of devolved budgets are:

- Practices work on a collaborative basis to manage risk and offer clinical leadership for service redesign at a group and CCG level
- Collaborative groups will be responsible for accepting an indicative budget and managing activity within this
- Collaborative groups work closely with the CCG to ensure conflicts of interests and procurement rules are managed transparently
- Where appropriate collaborative groups involve patients and healthcare partners
- Collaborative groups understand their responsibility as commissioners to take account of how actions might impact upon providers and the wider healthcare system
- The indicative budget is set based on CCG plan adjusted for PbR changes

Localities have already identified pathology and medicines optimisation as potential areas for devolved responsibility focusing on improving GP expertise in locality and by:

- Reviewing expensive frequent tests – Vitamin D, MSU, wound swabs
- Use of panels of investigations e.g. tired all the time, panel of tests to not include Vitamin D
- Discuss rheumatological tests e.g. autoantibodies and how appropriate are they in primary care

Practices will be supported by the CCG in this aspect by:

- Provision of activity and pricing information
- Development of best practice
- Educational support through TARGET

**Financial management and management of financial risk**

Regular financial monitoring information will be providing to all practices and locality showing performance against CCG, locality and individual practice level to enable pressures to be identified at an early stage and any remedial plan agreed.

The management team in the CCG will provide regular updates on the financial risk in the system and will continue to work with the locality and practices to understand the financial impact of clinical decisions

**Use of Freed Up Resources (FUR)**

The principle of freed up resources has been used to support activities relating to medicines optimisation and historically under practice based commissioning, practices were entitled to freed up resources from efficiencies from within the overall health care budgets.

Localities will be entitled to freed up resources for reinvestment in patient care based against their indicative budget for prescribing and pathology. FUR is not income but a non-recurrent commissioning budget that can be used to commission patient care under the following key principles:-

- First call on FUR should be on reinvestment in primary care schemes across the locality/CCG (not individual practices)
- Any spend against freed up resource must have prior approval from the CCG
- FUR can be used to fund investment plans included in the commissioning plan i.e invest to save plans (but again must have prior approval)
- FUR are to be used to commission new or enhanced patient services
- FUR released to practices must be committed within 2 years

Any award made to practices is subject to:

- The total LWCCG prescribing and pathology budget being underspent, (taking into account the contingency fund used e.g. for high cost medicines and the fixed costs agreement within pathology )
- The CCG not needing to use the underspend to off-set other areas of overspend