

**Primary Care Commissioning Committee**  
**11<sup>th</sup> July 2018**

<b>Report Title</b>	Premium Specification Contracts
<b>Author(s)</b>	Garry Money – Assistant Director of Primary Care
<b>Governing Body/Clinical Lead(s)</b>	Martin Godfrey – Governing Body GP and Clinical Network Lead
<b>Management Lead(s)</b>	Andrew Parker – Director of Primary Care Development
<b>CCG Programme</b>	Primary Care Development
<b>Purpose of Report</b>	For Decision
<b>Summary</b>	<p><b><u>Background:</u></b></p> <p>The CCG successfully negotiated a new Premium Specification as part of the PMS Review that concluded in 2017. The new specification is now being delivered by 39 Practices in Lambeth, most having started on 1<sup>st</sup> January 2018. The specification is designed around a set of KPIs that link to priority areas for improving the health of patients in Lambeth, and are based on a variety of payment mechanisms – some involving performance banding, and others payments based on having delivered the service or not.</p> <p>As part of the successful review it was agreed that the CCG would meet with partners at the Lambeth and Londonwide LMCs quarterly, at the Contract Performance Management Review Group (CPMRG), to assess progress in delivering the new specification, and to ensure Practices were able to do this with the necessary support. The first of these meetings took place on 20<sup>th</sup> June 2018.</p> <p>Following a constructive meeting that reviewed available data since January, considered feedback from the LMC and Practices, and exploration of how to improve the chances of successful delivery, it was agreed that more work was required to increase confidence in the performance data against most KPIs. In particular there were concerns about variations between different EMIS searches, and whether these had been finalised and rolled out uniformly across Lambeth – i.e. that everyone was using the right search, and that this was understood by Practices. Due to the inability to mutually agree performance across KPIs, it was agreed to conduct a time-limited exercise with 2 or 3 Practices to finalise searches and build confidence in the data. As such it was not felt appropriate by either the CCG or LMC to enact all parts of the agreed Contract Management Framework for the new specification, specifically in relation to financially reconciling</p>

Q4 17/18 performance, and asking for KPI improvement plans from Practices. The CPMRG is next due to meet on 26<sup>th</sup> September 2018.

The meeting also reviewed the recent change to the provider of “Healthier You” diabetes prevention programme, and the re-prioritisation of referrals announced due to capacity constraints – specifically the request for Practices to only refer patients with a HbA1c of 44-47mmol/mol (rather than the current criteria of 42-47mmol/mol). The CCG is therefore required to vary the premium specification to avoid any issues in reporting performance. It is not anticipated that any Practices will be affected contractually or financially by this change.

Separately the CCG has also had its 2018/19 primary care budgets confirmed, and these have highlighted a minor discrepancy with what had been budgeted for in respect of the new premium specification contracts. This relates to a 7p per weighted patient difference in the expected MPIG equalisation arrangements. The CCG is therefore also required to re-allocate this 7p to a KPI within the specification.

#### **Items for Decision**

##### **Allocation of 7p per weighted patient:**

For 2018/19, Lambeth CCG made provision for the expected transfer of MPIG from the PMS premium to the PMS baseline, to keep pace with the national GMS MPIG equalisation arrangements. In order to avoid needing to decommission any PMS premium services, it set aside the expected 48pwp not linked to any local service provision requirements. It was not until April 2018 that the final MPIG transfer amount was confirmed at a national level, and this was 41pwp.

This means that Lambeth CCG has an unallocated amount of 7pwp in 2018/19 (approx.. £28,000 based on a weighted registered population of approx. 410,000 as at April 2018) to utilise to either enhance an existing PMS service line, add a new one or increase the payment for an existing service line. The CCG recommends that the money be allocated to the existing care coordination KPI for the following reasons:

- 1) Providing a new KPI or ‘ask’ at this point in the year, with Practices already working on multiple initiatives, is not helpful and unlikely to achieve a worthwhile outcome
- 2) Care coordination remains a major priority for joining up care for Lambeth patients

For the avoidance of doubt 41pwp will not be transferred to GMS practice's baselines as these have already been adjusted at a national level.

**Recommendation:** That 7p pwp be added to the Care Coordination KPI in the Premium Specification, aligning the identified discrepancy, and enacted via a contract variation.

#### Healthier You Contract Change

With the change of the provider of the NHS England-commissioned "Healthier You" diabetes prevention programme, and the re-prioritisation of referrals across South London announced due to capacity constraints – specifically the request for Practices to only refer patients with a HbA1c of 44-47mmol/mol (rather than the current criteria of 42-47mmol/mol) – the premium specification in Lambeth is now worded incorrectly. The CCG is therefore required to vary the premium specification to avoid any issues in reporting performance and reduce confusion to Practices. It is not anticipated that any Practices will be affected contractually or financially by this change.

**Recommendation:** That the CCG issues contract variations to modify the wording against the Diabetes Prevention KPI to match the new prioritisation for the Healthier You service, and backdates this to 1<sup>st</sup> April 2018.

#### PMS Contract Management Framework:

The current agreed contract and performance framework sets out that the CCG will aim to undertake monthly practice support visits in instances where performance is projected to fall below Band B level, where practices request this. Support visits will be offered to practices where performance falls below Band C, on a bi-monthly basis, again if practices request this. Specifically the negotiated framework sets out that:

*"For 2017/18, to allow for sufficient time for any agreed Improvement Plan to be implemented, the delivery of the Improvement Plan will run to end June 2018, at which point the practice's delivery against respective KPI targets will be assessed, i.e. at end of Q1, 2018/19. Where this applies, practices will be paid at the next banding, i.e. if delivery is near to Band B, the practice will be paid at Band B level. Practices are advised to act promptly if they are required to produce an Improvement Plan in 2017/18, to allow*

*themselves sufficient time to deliver against it before end of June 2018, to avoid losing their advance payments of 75% for the respective indicators.”*

*“For 2018/19, it is expected that any Improvement Plan can be implemented with sufficient time to recover performance, to enable any assessment of delivery to occur by year end, i.e. 31st March 2019”.*

Having undertaken the first review of practice data with Lambeth LMC, in line with the first milestone of end June 2018, it is clear that further data validation is needed before data can be used to reliably evidence what achievement band a practice has reached for the majority of indicators. This has arisen for a number of reasons, as described above. The implications of implementing the process set out in 2017/18 are multiple improvement plans and visits for the CCG, and likely concerns raised by practices as a result of reduced confidence in the process. The LMC has agreed to work with the CCG on reviewing searches and ensuring that by the end of September 2018, the correct data is being captured for KPI monitoring and payment purposes for relevant indicators for the remainder of 2018/19.

The following pragmatic workaround is proposed, subject to agreement by the LMC:

- As the PMS premium revised arrangements were only implemented from 1st January 2018, that the review of practice performance against KPIs is considered over 5 and not 4 quarters (i.e. 17/18 performance is reviewed as part of 18/19)
- That all KPIs over the 5 quarters are reconciled at 2018/19 year end, including those originally planned to be measurable and payable quarterly, based on the practice performance in the last quarter of 2018/19, to give maximum time for practices to achieve the highest performance level.
- That the framework arrangements for support visits and KPI improvement plans only applies from 1st October 2018, when the data has been validated, and not from 1st July 2018, as planned, so that Practices still receive targeted support where it is clear there are issues with delivery.

**Recommendation:** That the committee endorse these three proposals so that the CCG can balance performance management of Practices against building confidence in the new specification and supporting systems.

In addition to these decisions, the CCG will also work with the LMC and Practices to re-confirm the EMIS searches and other

	support materials so these are better understood by Practice staff; provide more support in understanding how the payments work for the Premium Specification as remittance notes are difficult to follow (significantly influenced by the recent errors made by Capita); and 3) provide the first dashboard of performance against the KPIs to reconcile achievement, and also for inclusion in the monthly Practice Support Packs. The dashboard is near completion, albeit there have been some unforeseen issues with reporting on measures such as the 8 Care Processes for Diabetes.				
<b>Recommendation(s)</b>	Members of the Committee are asked to receive the report and endorse its recommendations				
<b>Does this report provide assurance to support the vision for the CCG?</b>					
<b>People centred</b> <input checked="" type="checkbox"/>	<b>Prevention focused</b> <input checked="" type="checkbox"/>	<b>Integrated</b> <input checked="" type="checkbox"/>	<b>Consistent</b> <input checked="" type="checkbox"/>	<b>Innovative</b> <input checked="" type="checkbox"/>	<b>Deliver best value</b> <input checked="" type="checkbox"/>
<b>Does this report provide assurance in relation to the following areas of responsibility for the CCG</b>					
<b>Legal</b> <input checked="" type="checkbox"/>	<b>Engagement</b> <input checked="" type="checkbox"/>	<b>Risk</b> <input checked="" type="checkbox"/>	<b>Financial</b> <input checked="" type="checkbox"/>	<b>Inequalities</b> <input checked="" type="checkbox"/>	

All legal, engagement, inequalities, financial and resource implications and any potential or actual risks are set out in detail in the body of this report.