

30 January 2013  
Agenda Item No 6 (d)

**NHS SALFORD SHADOW CLINICAL COMMISSIONING GROUP BOARD  
AGENDA ITEM NO 6 (d)  
30 January 2013**

<b>REPORT OF:</b>	Performance Clinical Lead
<b>DATE OF PAPER:</b>	8 January 2013
<b>SUBJECT:</b>	Practice Commissioning Performance (NHS Salford Clinical Commissioning Quality & Outcomes Group)
<b>IN CASE OF QUERY PLEASE CONTACT:</b>	Dr Jeremy Tankel (0161-212 4465)
<b>ACTION REQUIRED:</b>	Discussion/Decision/ <b><u>Information</u></b> /Assurance (Please highlight in bold and underline)
<b>STRATEGIC AIMS:</b>	Please tick which strategic aims the paper relates to:
<b>Prevent ill health</b>	√
<b>Reduce health inequalities</b>	√
<b>Improve healthcare quality:</b> - safety - experience - effectiveness	√
<b>Improve health and wellbeing outcomes</b>	√
<p><b>PURPOSE OF PAPER:</b></p> <p>This paper has been submitted to provide an update on decisions made by the NHS Salford Clinical Commissioning Quality and Outcomes Group at their October and November 2012 meetings, in relation to potential revisions to the Clinical Commissioning Budget Monitoring Framework for 2013/14.</p> <p>In addition, Appendix One provides an overview of the current practices that have been identified as outliers in relation to the performance triggers agreed within the NHS Salford Clinical Commissioning Budget Monitoring Framework and how these practices are currently being progressed and supported through the performance process by the NHS Salford Clinical Commissioning Quality and Outcomes Group.</p> <p>(Please see further explanatory requirements overleaf)</p>	

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**Further explanatory information required**

<p><b>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP:</b></p>	<p>The NHS Salford Clinical Commissioning Budget Monitoring Framework provides a consistent and agreed approach in terms of monitoring and supporting practices identified as outliers in terms of clinical commissioning budgetary spend.</p>
<p><b>AIMS:</b></p>	<p>To provide an update to the NHS Salford Shadow Clinical Commissioning Board on decisions made at the October and November meetings of the Clinical Commissioning Quality and Outcomes Group.</p>
<p><b>ARE THERE ANY POTENTIAL CORPORATE RISKS TO THE ORGANISATION THAT MAY ARISE AS A RESULT OF THIS PAPER? IF SO WHAT ARE THEY AND HOW CAN THEY BE MITIGATED?</b></p>	<p>Financial risks in terms of overspend against Clinical Commissioning Budgets may represent a risk to the NHS Salford Shadow Clinical Commissioning Group.</p> <p>The implementation of the NHS Salford Clinical Commissioning Budget Monitoring Framework will help to mitigate these risks as practices identified as outliers will be supported with the development of action plans to help address budgetary variance.</p>
<p><b>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</b></p>	<p>See above.</p>
<p><b>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST THAT COULD OCCUR:</b></p>	<p>N/A</p>
<p><b>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</b></p>	<p>N/A</p>

Footnote: Members of NHS Salford Shadow Clinical Commissioning Group Board will read all papers thoroughly. Once papers are submitted no amendments are possible.

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Document Development					
Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail in the Comments and Date column the method ie survey, event, consultation)			N/A		
Clinical Engagement (Please detail in the Comments and Date column the method ie survey, event, consultation)	Y			NHS Salford Clinical Commissioning Performance Leads involved in the development of the Clinical Commissioning Budget Monitoring Framework.	The framework was approved by the NHS Salford Operational Board in 2011/12.
Equality Impact Assessment		N			
Legal Advice Sought		N			
Presented to the Programme Management Group		N			
Presented to the Health and Wellbeing Board		N			
Presented to the Integrated Commissioning Board		N			
Presented to any other groups or committees, including Partnership Groups (Please specify in comments)		N			
Is this report expected to be submitted to the Cluster Board?					

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

## Practice Commissioning Performance

### 1 Executive Summary

- 1.1** *This paper has been submitted to provide an update on discussions held and decisions made by the NHS Salford Clinical Commissioning Quality and Outcomes Group at their October and November meetings in relation to items reviewed under the development section of the agenda which is tabled as a standing item each month to allow the group to consider potential revisions to the thresholds and criteria used within the Clinical Commissioning Budget Monitoring Framework for 2012/13.*
- 1.2** *In addition, Appendix One provides an overview of the current practices that have been identified as outliers in relation to the performance triggers agreed within the NHS Salford Clinical Commissioning Budget Monitoring Framework and how these practices are currently being progressed and supported through the performance process by the NHS Salford Clinical Commissioning Quality and Outcomes Group.*

### 2 Introduction and Background

- 2.1.** In 2011/12 NHS Salford Clinical Commissioning Group developed and agreed a clinical commissioning budget monitoring framework to enable the NHS Salford Operational Board to measure and monitor Salford GP practice performance in relation to their utilisation of clinical commissioning budgets against a range of indicators and metrics that are used in the budget monitoring review process.
- 2.2** A copy of the 2011/12 NHS Health Salford Clinical Commissioning Budget Monitoring Framework was appended with the papers for the May meeting of the NHS Salford Shadow Clinical Commissioning Group Board and this provided detailed information on the scope and purpose of the framework and outlined the current triggers that would instigate a performance review and the broader range of metrics that would be used once a practice is identified as an outlier in relation to these triggers.
- 2.3** The NHS Salford Clinical Commissioning Budget Monitoring Framework was approved by members of the NHS Salford Operational Board in 2011/12 and has been utilised by the NHS Salford Shadow Clinical Commissioning Group since approval to support and progress practices through the various stages of the budget monitoring review process.

### 3 NHS Salford Clinical Commissioning Group Performance Report January 2013

- 3.1** Members of the Clinical Commissioning Quality and Outcomes Group agreed at their first meeting in January 2012, that a regular standing item would be included on the agenda to discuss development issues. This has been included to facilitate

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discussion regarding any potential revisions to the Clinical Commissioning Budget Monitoring Framework and revisions to the monitoring triggers it contains.

- 3.2** The October and November meetings of the group were utilised to discuss three items under the development section of the agenda, further detail regarding each of these items is included in the paragraphs below.
- 3.3** Amendments to the prescribing Quality, Innovation, Productivity and Prevention Programme (QIPP) Dashboard – there are currently a range of local prescribing indicators in the dashboard developed by the Medicines Management Team which include monitoring of:-
- Statins
  - ACE 1
  - Blood Glucose Testing Strips
  - Soluble Analgesics
  - Ezitimibe
  - Fentanyl Patches
  - Ivabradine
  - Omacor
  - Pregabalin
  - SIP Feeds
  - Leukothrene RA
  - NSAIDS
  - Triptans
  - Orlistat
  - PPI's.
- 3.4** This dashboard is utilised and reviewed by members of the Clinical Commissioning Quality and Outcomes Group (once a practice is identified as an outlier in relation to the primary triggers outlined in the clinical commissioning budget monitoring framework), to provide areas of focus or review as part of any agreed action plan with the practice.
- 3.5** The Deputy Head of Medicines Management advised that she would liaise with the Head of Medicines Management and the Clinical Prescribing Lead for NHS Salford Clinical Commissioning Group (CCG) regarding potential indicators to be included on the dashboard moving forward into 2013/14 and that she would feedback at the December meeting on this to allow amendments to be made to the 2013/14 budget monitoring framework.
- 3.6** Amendments to the NHS Salford CCG Constitution for 2013/14 – group members agreed that there needed to be a review of the budget monitoring process outlined in the constitution to consider and amend the monitoring stages and clarify issues such as escalation levels (for example in relation to financial and other risks) and what happens to the practices as they progress along each stage (attendance at Board, reporting requirements etc). This will be reviewed by the Head of Clinical Commissioning, Lead Business Manager and the NHS Salford CCG Performance Leads in January 2013.

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- 3.7** Amendments to the contracting GP Dashboard – the contracting representative on the Clinical Commissioning Quality and Outcomes Group advised that the Dashboard had been updated to reflect amendments to general practice budgets in line with the allocation of £2.4m additional funds agreed to reflect changes to the Salford Royal NHS Foundation Trust plan for 2012/13 and agreed changes to the budgetary methodology for the Care Homes Practice in Salford.
- 3.8** Members of the Clinical Commissioning Quality and Outcomes Group had agreed at their meeting on 13 September 2012 that the clinical commissioning budget methodology would be revised for the Care Homes Practice to resolve issues in relation to costing and incorrect allocation of activity to the practice.
- 3.9** The issue related to a change in a patient's registered practice (during their hospital admission) to the Care Homes Practice which conversely resulted in the charge for that stay being charged to the Care Homes Practice clinical commissioning budgets.
- 3.10** Contracting colleagues advised that the impact in terms of costs on the practices budget have now be clarified and that adjustments have been made to the GP Dashboard to reflect this. However, the Clinical Commissioning Quality and Outcomes Group needed to agree how to take this issue forward as the responsible commissioner guidance (provided by the Department of Health) states that the chargeable Primary Care Trust/ GP Practice is determined on discharge.
- 3.11** The group agreed that this practice is unique in terms of its remit and that the recommended guidance would not be appropriate in these circumstances. On this basis, the group agreed that the methodology would be changed for this practice.

#### **4 Recommendations**

- 4.1** The NHS Salford Shadow Clinical Commissioning Group Board is asked to note the content of this report and appendices.

**Dr Jeremy Tankel**  
**Performance Lead**  
**NHS Salford Clinical Commissioning Group**