

**Appendix 1 - NHS Salford Shadow Clinical Commissioning Board Performance Update (January 2013 Report)**

Decisions Made by the Clinical Commissioning Quality & Outcomes Group at their Meetings held on the 25th of October and 22nd of November 2012.

	Number of Practices	Comments	Decisions Made	
Performance Stage/Update	<b>New Decisions -Engagement</b> 25th of October & 22nd of November 2012	0	No new practices identified.	
	<b>New Decisions - above/below 1 Standard Deviation</b> 25th of October 2012	0	Group members agreed changes to CCG budgets as a result of agreed adjustments to the Salford Royal NHS Foundation Trust Plan and to reflect amendments to the budget methodology for the Care Homes Practice Salford. It was agreed that a rolling twelve month and year to date dashboard would be produced for the next meeting in November to support any new decisions in relation to practice outliers.	Decision regarding newly identified practices was deferred until the next meeting in November 2012.
	22nd of November 2012	2	The Cherry Medical Practice was identified in the year to date dashboard as above 1 Standard Deviation on the Clinical Commissioning Group (CCG) benchmarking graph. Group members queried whether the changes between the rolling twelve month position and year to date dashboard had impacted this practice. When looking at the practices rates per 1,000 head of population figures in comparison with the CCG rates, there did not appear to be any atypical months.  The Heights Medical Practice was identified in the year to date dashboard as above 1 Standard Deviation on the Clinical Commissioning Group (CCG) benchmarking graph. Group members had previously agreed that this practice would not progress along the budget monitoring framework (agreed as part of review undertaken in 2011/12) as the practice is relatively new and there was instability in terms of its list size and growth. The Heights Practice is still reporting a growth in its list size but group members agreed this needed to be reviewed and mapped to understand the impact on its clinical commissioning budget	It was agreed that contracting colleagues would review the impact the changes have made before making any decisions regarding next stage of the Clinical Commissioning Budget Monitoring Process. This would be reviewed at the December meeting of the Clinical Commissioning Quality & Outcomes Group.  It was agreed that work would be undertaken to map the changes in list sizes for all practices over the last twelve months (looking at the average list size change) to enable review of the Heights list size change in comparison with other practices in the CCG. This would be reviewed at the December meeting of the Clinical Commissioning Quality & Outcomes Group.
	<b>Stage 1 Engagement Reports/Feedback</b> 22nd of November 2012	2	The Cornerstones Practice had submitted its report updating group members on systems and governance process developed with the practice to support clinical commissioning. The report highlighted concerns raised by the practice that they have two practices who have Neighbourhood Clinical Commissioning Group Meetings (NCCG) on the same day in different neighbourhoods and as they are small practices it can be difficult to ensure clinical attendance at both meetings. The group recognised concerns around attendance at meetings, but it was highlighted that the practice is recognised and monitored as two distinct practice codes in relation to clinical commissioning budgets and as part of the clinical commissioning incentive scheme. Medicines Management colleagues suggested that as part of correspondence provided back to the practice, information should be provided in relation to prescribing areas of focus and the group agreed this would be provided to the practice.  The Orsdall Health Surgery had submitted its report updating group members on systems and governance process developed with the practice to support clinical commissioning. Group members were happy with the report and its high quality. Medicines Management colleagues suggested that as part of correspondence provided back to the practice, information should be provided in relation to prescribing areas of focus and the group agreed this would be provided to the practice.	The group was reassured in terms of the update provided in relation to clinical commissioning processes in place within the practice and it was agreed that the practice would be returned to normal monitoring. The practice would also be advised that due to separate codes and clinical commissioning budgets, clinical attendance at each of the NCCG meetings would be required (Practice Management attendance required at only one meeting).  The group was reassured in terms of the update provided in relation to clinical commissioning processes in place within the practice and it was agreed that the practice would be returned to normal monitoring.
	<b>Stage 1 Feedback (Update on Disease Registers)</b> 25th of October 2012	1	Dr Levenson's Practice - Group members were advised that following Dr Levenson's Stage 1 report where queries were raised with the practice around low prevalence of Asthma, Learning Disability and Depression, Dr Levenson had advised that they had completed an initial register review and that there are currently issues with their clinical system that are being discussed with the system supplier and data quality team. The practice has been asked to keep the group updated on progress. The group highlighted the importance of maintaining accurate registers and queried whether the practice required additional support from the data quality team to support them ensuring that their registers are accurate.	It was agreed that Dr Levenson would be asked to keep group members updated on work undertaken to review registers (review in 3 months) and that primary care colleagues would be updated on the feedback provided and to establish if the data quality team could offer any support.
	<b>Stage 2 Reports - 3 month reviews/feedback</b> 22nd of November 2012	2	The group reviewed the Nelson Fold practice position, the practice is now Amber in terms of 1 Standard Deviation on the Clinical Commissioning Group (CCG) benchmarking graph. The group acknowledged that analysis of day case spend on chemotherapy costs across the CCG highlighted that this practice had seen a significant shift in spend during the 2011/12 financial year and that this should be considered before any decision made in terms of progress along the budget monitoring framework.  Care Homes Practice - The group reviewed the update provided by the practice in relation to work undertaken auditing non elective admissions, prescribing areas of focus and audit of short stay admissions. Contracting representatives advised that they have made adjustments to the practice budgets based on revisions agreed in relation to their budget methodology and that the practice is currently sense checking the data so that all the anomalies due to their individual practice have been correctly accounted for.	It was agreed that the practice's position would be reviewed at the December meeting on review of the refreshed risk system and updated GP Dashboard.  It was agreed that the practice's position would be reviewed at the December meeting on review of the refreshed risk system and updated GP Dashboard and based on feedback provided by the NHS Salford CCG Shadow Board regarding the escalation process and next stages of the budget monitoring framework.

NB Practices are monitored in line with agreed indicators/measures outlined in the NHS Salford Clinical Commissioning Group Budget Monitoring Framework.

It should be noted that natural variability in practice performance can be expected purely by chance and variability of clinical load. The budget setting procedure can not accurately predict practice spend but seeks to account for a large degree of it.