NHS
Leeds South and East
Clinical Commissioning Group

PAPER E

Agenda Item: PCCC16/49	**FOI Exempt: No**	
NHS Leeds South and East Clinical Commissioning Group Primary Care Commissioning Committee		
Date of meeting: 3rd November 2016		
Title: Primary Care Quality Report		
Lead Governing Body Member: Dr Alistair Walling – Associate Director Primary Care	**Category of Paper**	**Tick as appropriate**
Report Author: Sue Jones *(Senior Locality Manager)*, Hailey Matheson *(Primary Care Portfolio Manager)*	**Discussion and Approval**	
Reviewed by EMT/SMT/Date: N/A	**Information**	✓
Reviewed by Committee/Date: N/A	**Discussion**	
Checked by Finance: N/A		
Approved by Lead Governing Body member- Y		

1. **To improve the health of the whole population and reduce inequalities in our communities.**
2. **To secure continuous improvement in the quality and safety of all services commissioned for our population**
3. **To ensure that patient, public and carer voices are at the centre of our healthcare services from planning to delivery**
4. **To deliver continuous improvement in health and social care systems within available resources**
5. **To develop and maintain a healthy organisation to underpin the effective delivery of our strategy**

EXECUTIVE SUMMARY:

This report provides an update on the Quality Primary Medical Services. The report provides for information and discussion covering activity during May – July 2016.

In relation to General Practices within NHS Leeds South and East Clinical Commissioning Group (LSECCG), the report describes quality themes relating to General Practices at CCG-level and key quality concerns identified at specific practice level.

NEXT STEPS:

The Primary Care Engagement team (PCET) will continue to produce this report until the future of this report has been identified post transition from level 1 to level 3 delegated co-commissioning

RECOMMENDATION:

The Primary Care Commissioning Committee are asked to:

- **NOTE** the contents of this report.

Corporate Impact Assessment: Insert commentary or refer to body of report or N\A	
Statutory/Legal/Regulatory/Contractual	N/A
Financial	N/A
Communication and Involvement	Member practice engagement at July 2016 Clinical Commissioning Members' Meeting
Workforce	Primary care workforce planning tool
Equality	N/A
Environmental	N/A

1. Background

The Primary Care Engagement Team (PCET) holds a number of responsibilities in aiding the CCG to assure NHS England Area Teams of securing continuous improvement in the quality of primary medical services. The purpose of this paper is to assure the Leeds South and East Clinical Commissioning Group Primary Care Commissioning Committee that due diligence is being undertaken to ensure member engagement in initiatives to support development of a primary care fit for the future. It assumes understanding of the tri-partite relationship between CCGs, CQC and the contractual obligations retained by NHSE at Level 3 of the Co-Commissioning agenda.

2. Key Quality and Safety Concerns

CQC Inspections in Leeds South and East CCG

- Leeds South and East continue to work with NHSE and CQC in ensuring quality provision of primary care services to the LSE CCG registered population. Quarterly meeting held with CQC and Lead Nurse for review and update of CQC visits to LSE practices
- CQC on track to achieve full practice visits to LSE in October/November 2016
- In last quarter no practices declared inadequate. Early verbal reports determine that two LSE CCG practice will receive an improvement notice in lateQ2/early Q3. LSE CCG are working with NHSE, PHE and both Practice to determine any remedial action required to be assured of contractual compliance, provide support and ensure patient and public safety.

Sustainability of Primary Care Services

The PCET are working with 2 practices currently to support the resilience and sustainability of primary care. In both sites there is a significant risk to workforce and potentially patients.

The PCET has identified a further practice experiencing workforce difficulties and are aiming to meet with the partners to explore the situation and if possible identify solutions.

The PCET have responded to information from NHSE and other sources to address contract breaches related to:

- Friends and Family test submission
- Accountable GP
- Cervical Screening contractual requirements

In all the above cases Practices have responded positively and taken action immediately and in some cases by action plans that are in place and for review in 3month

3. Quality Themes at CCG level

Primary Care Engagement Schemes to Promote Clinical Quality Development

Primary Care Quality Improvement Scheme (QIS) 2016/17

The Primary Care QIS (appendix A) is a three year tiered approach linked to long- term condition management. The PCQIS further enhances and develops the work Practices commenced in Financial Year 2015/16.
The scheme aims to contribute to reducing the health challenges faced by the LSE population.
In addition, the PCQIS seeks to ensure that Member Practices are also fulfilling their statutory duties as required by The Health and Social Care Act.

Forty practices (95% of LSE Practices) signed up for Level 1, 39 (93% of LSE Practices) signed up for Level 2 Practices were given the deadline date for sign up and last date for submission of Action Plans 22nd July 2016. CCG Support has included:

- PCET are reviewing and RAG rating all action plans and feedback is being given to all providers to ensure compliance with scope and spirit of Level 1 and Level 2
- In quarter – ongoing QIS workshops focusing on Electronic Palliative Care Co-ordination Systems (EPaCCS) and End of Life Care, Year of Care Goal Setting with Practices, Patient Engagement, and workshop for Action Planning for Level 1 and Level 2
- Release of searches to support hypertension diagnosis, release of hypertension dashboard, release of Long Term Conditions Dashboard
- BP/ Machines ordered for practices with technology to detect arrhythmias and will be delivered to practices in September 2016

QIS Level 3

Each collaborative project was given approval to commence in Quarter 1. Due to recruitment issues there has been some delay in commencing this work and so collaboratives have not yet requested funding for quarter 2, though the CCG have been assured progress is being made

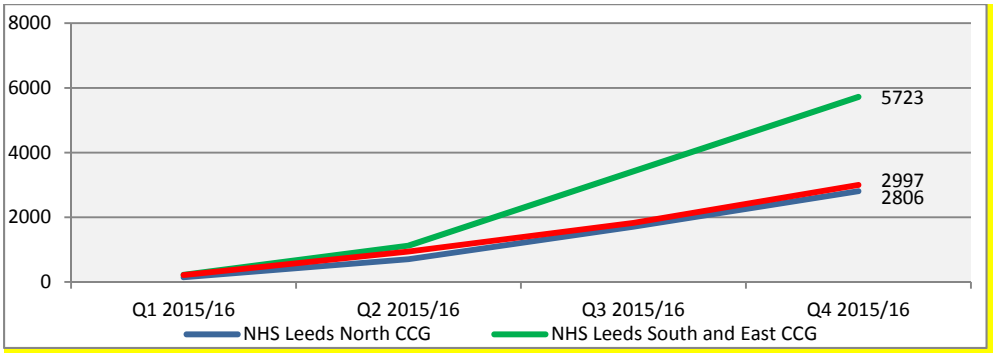
- **East Leeds Collaborative Home Visiting Service** – have reported difficulties with recruiting to their project and are subsequently reshaping the scale of the project and staggering the rollout.
- **Leeds 9 Collaborative** – Work streams had been revised and commenced. Recruitment of staff had begun which will support project management going forward.
- **Colton Mill Collaborative** – Continue to progress plans, final panel approval for all scheme elements was achieved in June 2016.
- **Shared Care Collaborative** – currently developing new proposals learning from other collaborative group, appointed a project manager revising a focus on Frailty/ Falls and Mental Health

Care Homes

SystmOne Pilot: We are in the early stages of implementing SystmOne (clinical system) into five care homes with nursing in the LSE area to support improved patient care, reducing duplication where possible.

Year of Care in Primary Care

The CCG has invested in the role of a Year of Care (YoC) facilitator dedicated to developing year of care in practices, training is provided and the uptake to these sessions is high.
The YoC approach to the Long Term Condition annual review continues to progress. As part of the Level 2 QIS practices have been asked to deliver the YoC approach to 4 or more Long Term Conditions, these include; Diabetes, COPD, High Risk of Diabetes. The graph demonstrates quarterly cumulative enrolments by CCG, full year position, April 2015-March 2016.



NHS LSE CCG have seen significantly higher cumulative enrolments than the North and West CCGs. EMIS data is included in the data extraction, although there is still work to do to ensure the CCG data reflects accurately the uptake

of the YoC reviews The recommended code, (Keep Well Health Check), is vital for data extraction and practices are being supported to ensure this code is applied. This will enable quarterly reporting on progress and health outcomes of the YoC programme in Leeds

- Three practices are currently not engaged with the YoC scheme for internal management reasons
- The clinical template and results letters have been updated based on practice and patient feedback

Bowel Screening

Whilst LSE CCG has evaluated bowel screening as a CCG wide work stream the PCET has reviewed the outcomes of GP Practices being involved in targeting patients known to have DNA'd from the national bowel screening programme. Year 1, early indicators show that on a group basis those practices participating have influenced patients to engage and take part are in line with research. Year 2, of the project came to an end in August 2016.

Table 1 August 2014 to July 2015

Eligible patients who DNA'd screening	3772
Number contacted by practice	2937
Number that then went on to complete screening	341
% Converted to screening after contact	11.6%
% Converted to screening from all eligible	9.1%

A short scheme is to be rolled out to the end of March 2017, to build on progress.

Peer Reviews

The 2016/17 Peer Review has been co-designed with practices:

- Children's mental health
- Hypertension (in support of the Quality Engagement Scheme 2016-17)
- Year of Care (with practice nurses taking the lead in examining this work and feeding back to other clinicians and administrative staff)
- Cancer care (screening uptake, 2 week wait referrals/DNAs, end of life care, review of pathways)

All peer reviews have been returned to practices allowing them to plan their year. Information gleaned from the peer reviews is used to share best practice, reduce variation in approach between and within practices and to feedback to providers to highlight any procedural failings or glitches.

Co-commissioning of Primary Care

Further to the last report and the advent of delegated responsibility for primary care commissioning, the PCET continue to develop systems, processes capability and capacity to support and deliver this function. An external consultant was brought in to the team in June to fulfil the role of Interim Deputy Director of Primary Care.

They have completed a review of the team and potential future requirements, it identifies the need to increase the current compliment of staff, and these changes are in the process of being implemented. Areas of work the team has been involved in relating to quality, safety of patients and staff and provision of service requirements includes:

York Street Procurement: the current contract has been extended to 31 March 2017, enabling a commissioned stakeholder engagement, which Leeds Involving People and Voluntary Action Leeds have delivered. The report identifies positive areas, whilst identifying key areas for discussion at the next contract review meeting. The procurement process commenced in September 2016.

Equitable funding: the CCG has discussed the Personal Medical Services (PMS) premium funding with members at

a recent meeting. The proposed approach will see the equality of funding which facilitates the provision of equal funding for those PMS practices below the current General Medical Services (GMS) global sum, extensive roll out of domiciliary phlebotomy to all practices and the introduction of recording of ethnicity and 1st language.

Quality in Recording for Service Improvement

Leeds Care Record

Leeds Care Record provides the most up-to-date patient information to those directly involved in patient care. Leeds Care Record is a requirement of the QIS Level 1 2016/17. Practices are required to activate logins within the Practice with minimum login requirements of one GP, one practice nurse and one practice manager.

Table 2 the latest Leeds Care Record usage figures for NHS LSE CCG - August 2016

Active Users	Live Users	Active GPS
259 (up 25)	418 (up 27)	89 (up 8)

Active Users: Those members who have logged into their LCR account within the last 30 days.
Live Users: Number of accounts created and are available to use (excluding disabled accounts).
Active GP's: Total number of GP's who have logged in LCR in the last 30 days

Friends and Family Test

Table 3 May 2016 Data

Total LSE population	Total responses	Recommend	Not Recommend	Average response rate for LSE	Average response rate for England
273,881	986	86%	6%	0.36%	0.29%

Thirteen practices had not submitted data for this month; this constitutes a remedial breach of the contract and is raised as a matter of course with the practices

MJog *(The automated appointment reminder system)*

NHS LSE CCG will continue to fund this patient messaging service for a further 12 months post August 2016

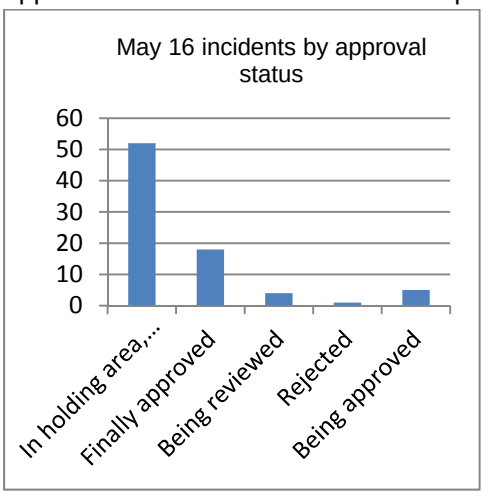
Datix

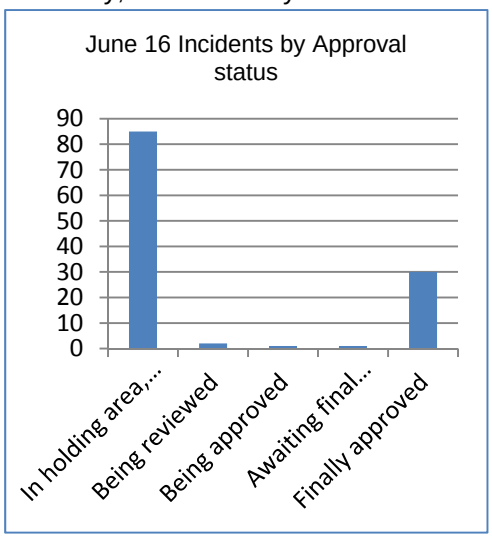
Datix reporting on a minimum number of incidents 3/1000 of population for medicines and 3/1000 for non-medicine incidents is a requirement of the QIS 2016/17 Level 1. Member practices have recorded the following number of incidents on Datix. There have been 0 serious incidents reported in May 2016 by a GP Practice which related to services at a provider.

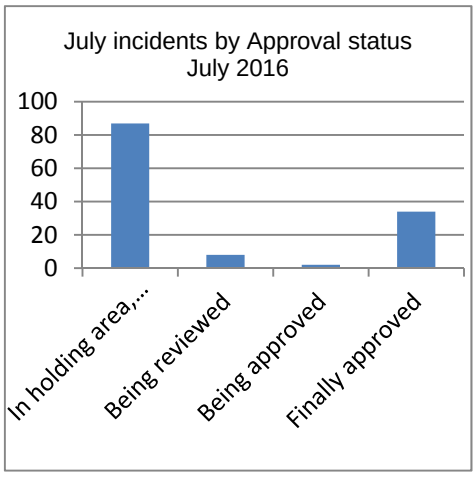
Table 4 NHS LSE CCG Recorded Incidents

Recorded Incidents	May 16	June 16	July 16
All Incidents	89	131	130
Medication Incidents	32	64	Unknown
Number of practices recording incidents	22	25	Unknown

We are currently reviewing how the Primary Care Engagement Team should act upon this data once received and monitor practice progress with actions. Identifying any key themes where further support may be required. The approval status of the 256 incidents reported in May, June and July is summarised in the graphs below







The CCG governance manager will be presenting a workshop to LSE practices 8 September on Datix reporting to raise the profile of the need to report on Datix Healthcare-associated infections (HCAI) (Methicillin-resistant Staphylococcus aureus [MRSA] and Clostridium difficile [C. diff] etc.) incidents. It will give an opportunity to address any issues/concerns that practice managers may have with logging and reviewing incidents on Datix and the benefit and value of completing significant event audits/investigations on Datix. This will help the Primary Care Engagement Team to record the numbers of these cases and any actions which the practices are progressing to ensure that lessons are learnt.

Workforce Planning Tool

It is a requirement of the QIS Level 1 that Practices submit data on their staff complement on a quarterly basis.

- There are currently **38/41** general practices using the tool (logged on and/or modified their return in the last 6 months
- **11** practices who submitted data in the last Quarter (Q1 April – June) and **25** since January 2016 (Q4 and Q1)
- Leeds South and East CCG has a participation rate of **93%**, compared with **88%** in West Yorkshire and **75%** across all the Yorkshire and the Humber

Citywide Quality Dashboard

In the absence of a city wide dashboard LSE CCG are working with NHSE to review process for Quality Assurance in Primary Care and subsequently any needs/requirement to risk profile in Primary Care. In the absence of the citywide dashboard LSE CCG continue to review performance indicators via GPOS, on the NHSE Assurance Tool. This currently demonstrates that:

- Total No. of Practices: **42**
- Higher Achieving Practice: **2**
- Achieving Practice: **20**

<u>NHSE Infrastructure bid</u>

Primary Care Transformation Fund (PCTF) Estates and Technology Fund (ETTF)

13 Practices submitted bids to the CCG for consideration and prioritisation. In May 2016 a CCG panel reviewed the bids against the national criteria. Individual responses were provided to the Practices who were able to re-present their submissions for final review against CCG criteria. The panel utilised the prioritisation framework to consider the

bids and were able to prioritise each bid and submit the CCG proposals within the timescales (30th June 2016). We await feedback

Primary Care Strategy Quality Developments

Primary Care Education (Target)

Building on previous reports, the citywide group for the development of education, including Target met in May and July. It has been agreed that a Project Manager will be appointed to lead the development, implementation and evaluation of the citywide based events, and incorporate the some functions around the practice based events. The post and job description are currently being reviewed by HR.
The group has strengthened links with clinical directors who will be instrumental in the development and delivery of the clinical sessions. The Centre for Innovation in Health Management (CIHM) and Leeds Institute for Quality Healthcare (LIQH) have also been identified as key partners in this process.

Supporting relocation of migrant and refugees

The Voluntary resettlement programme for Syrian families continues with approximately 25 people in families relocated to Leeds every three months. The last cohort arrived in July and York Street Practice provided the immediate registration and assessment of each person, ensuring they are referred into the system as quickly as possible.

Immunisation & Screening

Latent TB screening

The LSE pilot commenced in March 2016 and will run until September 2016, staffed by LCH staff based at two GP practices in the Leeds South and East area. Post September 2016, practices will have the opportunity to pilot screening in primary care.

HIV/ BBV

Leeds Public Health (PH) team are leading this area of work with the support of the Primary Care team in each CCG. Cumulative data for the city (up to April 2016):

- 1,405 screens completed (16.72% of eligible population) and 948 declined
- 5 patients testing positive for HIV
- 9 patients testing positive for HBV
- 4 patients testing positive for HCV

Ten practices in LSE CCG are meeting or exceeding target screening rates and one Practice in LSE CCG is leading the way; this practice has also had 14 positive results (1 for HIV, 9 for Hep B and 4 Hep C).

4. Recommendation

The Leeds South and East Clinical Commissioning Group Primary Care Commissioning Committee is asked to note the contents of this report relating to quality of General Practice providers within NHS LSE CCG

Activities planned for next reporting period	
Dates	**Activity**
8th September 2016	Primary Care Quality improvement Scheme Workshop
28th September 2016	NHS LSE CCG Members Meeting
6th October 2016	Primary Care Quality improvement Scheme Workshop

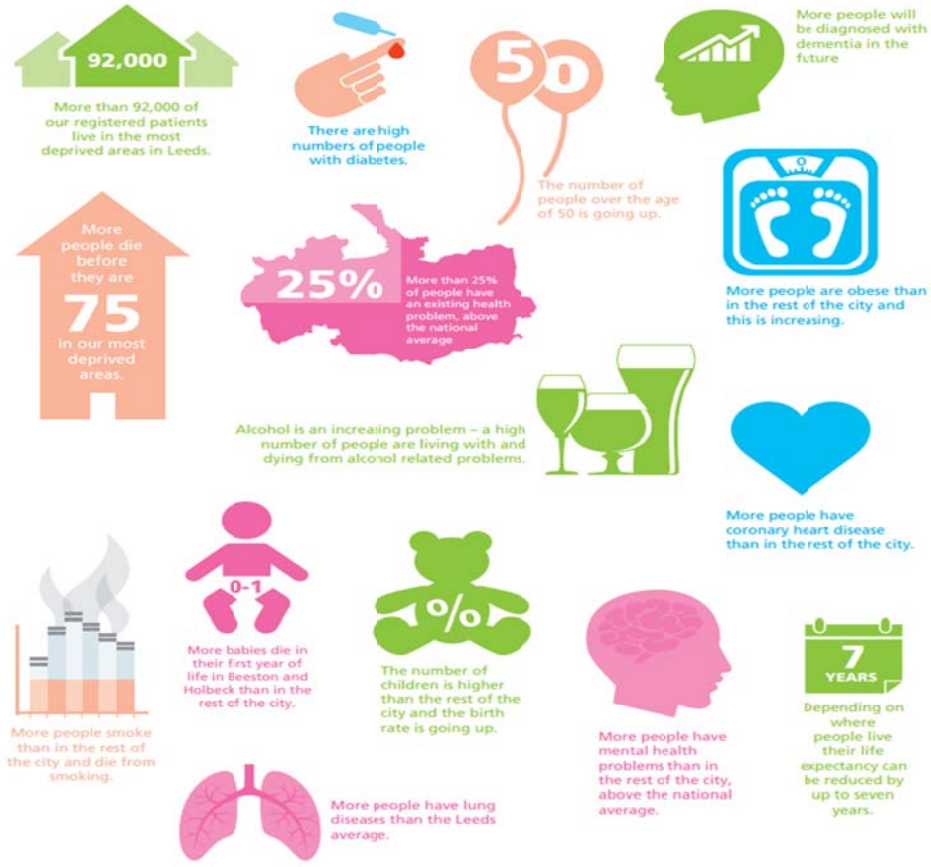
Appendix A
Primary Care Quality Improvement (PCQI) Scheme 2016/17

Leeds South and East Clinical Commissioning Group
Executive Leads Name: Mark Bradley (Chief Finance Officer) Name: Alistair Walling (Director of Primary Care)
Paper Authors Sue Jones and Deborah McCartney – Senior Locality Managers
Paper Title Primary Care Quality Improvement Scheme 2016/17
Summary This paper outlines the Level 1 and Level 2 PCQIS improvement scheme for 2016-2017

Introduction

The Primary Care Quality Improvement Scheme (PCQIS) is a three year tiered approach linked to long-term condition management. The PCQIS further enhances and develops the work practices commenced in Financial Year 2015/16.

The scheme aims to contribute to reducing the health challenges faced by the population of Leeds South and East Clinical Commissioning Group.



In addition, the PCQIS seeks to ensure that Member Practices are also fulfilling their statutory duties required by the Health and Social Care Act. Under the act, practices have a duty to:

- engage the patient's experience in formulating service provision
- promote the improvement of quality of primary care
- engage and influence the transformation of patient services through commissioning

Participation in the PCQIS is offered to practices who commit to maintaining and improving the quality of primary care. This document describes the requirements of practices for Level 1 and Level 2 of the PCQIS.

Remuneration is based on practice total weighted population. The LSE CCG population at time of writing is 273,245.00 (raw data) and 286,359.00 (weighted size, via use of the Carr Hill Formula).

1 Practice Requirements for Level 1 Primary Care Quality Improvement Scheme

Level 1 requirements of the Scheme

1.1 – Use of Workforce Planning Tool

The GP Tool collects detailed information from practices at an individual staff level. The data is then anonymised and aggregated before being analysed. The aim of the analysis is to examine General Practices' workforce structure in West Yorkshire. It includes aggregated workforce profiles, as well as information on age profiles, skill mix, gender splits, time with patients and full time equivalent staffing ratios to the registered list size. It also includes information on General Practitioners with Special Interest (GPwSI) accreditation, practice nurse qualifications and areas of special interest. Finally, it includes an analysis of the retirement risks by staff group. Use of this tool supports commissioning of primary care education, national census data and CCG understanding of workforce issues.

Practices are required, on a quarterly basis, to:

- Review contents of Workforce Planning Tool
- Update information held on the Workforce Planning Tool
- Submit updates through the Workforce Planning Tool

1.2 – Use of Datix Incident Reporting Tool

Datix software enables incident reports to be submitted from GP practices greatly promoting ownership of risk. Datix reporting also enables thematic review of incidents and promotes collaborative learning.

Practices are required on an annual basis to:

- Report a minimum number of incidents 3/1000 of population for medicines*
- Report a minimum number of 3/1000 non-medicine incidents*
- Investigate all registered incidents for medicines and non-medicines, recording investigation on Datix
- Evidence practice discussion about incidents and learning outcomes

*NB: If Practices achieved minimum requirements in 2015/16 – it is expected that this will be maintained in 2016/17 or improved upon.

1.3 - Use of Leeds Care Record

Leeds Care Record provides the most up-to-date patient information to those directly involved in patient care.

It does this by sharing appropriate information from medical and care records between health and social care services in Leeds.

Practices are required to:

- Activate practice logins within the Practice. Minimum login requirements are: one GP, one practice nurse and one practice manager.
- Demonstrate application of Leeds Care Record in Practice at least by staff cited above and on at least a quarterly basis.
- Roll out use of LCR to all professional and relevant admin staff. Undertake a learning outcomes event with practice staff e.g. review of use of LCR at internal practice target.

1.4 - Use of Electronic Palliative Care Co-ordination System (EPaCCs)

LSE CCG and Member Practices recognise the importance of patients achieving their end of life (EOL) aspirations. To support this, LSE CCG recognises that patients registered on the EPaCCs tool receive better focused EOL care. To increase the number of patients supported in this way, the CCG aims to see a greater number of patients identified as being in the last 12 months of life, and their care supported by use of EPaCCS.

Practices are required to:

- Review quarterly practice EPaCCs report.
- Aim for a minimum of 40% of those who die within a practice to be registered on EPaCCs. (For Practices at 40%, the requirement is to maintain and/or show an improvement).
- Have recorded a preferred place of death for 75% of patients, and to be able to evidence discussions with the patient about their End of Life care.
- Record an actual place of death for 90% of patients.
- Use SPICT tool to enable them to determine risk of death – in last 12 months of life
- Determine an audit that shows patients on EPaCCs as having a diagnosis of cancer or non-cancers (e.g. those with Long Term Conditions) over 2016/2017.

1.5 - Peer Review

In 2015/16 LSE Member Practices chose to continue to examine variation in cancer care. For 2016/17 a split peer review will be introduced to continue to maintain the focus on cancer care, but also to begin exploring new topics.

As part of the Peer Review process, practices will be provided with data and asked to:

- Internally review their referrals/area for discussion, monitor for quality within the practice and agree action plans for service development.
- Share findings of peer reviews at members' meetings/Target
- Contribute to a summary of actions to inform commissioning decisions
- Detail end of year outcomes from 2016/17 peer review with a summary of actions taken.

1.6 – Moving from Integrated Care to Population Health Systems (New Models of Care)

Leeds South and East CCG recognise the membership engagement with IHSC teams to date*. It is acknowledged that the main focus of integrated care has been on bringing different parts of the NHS closer together, as well as building bridges between health and social care. These efforts have centred on co-ordinating care services for older people, and those with long-term conditions, in line with international evidence and national policy initiatives. In England, making the shift from integrated care to population health

requires NHS organisations to work much more closely with local authorities, third sector organisations and the private sector, as well as patients and the public. This requires alignment at all levels, from central government to localities and neighbourhoods.

In 2016/17 LSE CCG requires Member Practices to work collaboratively to understand and represent the needs of their populations, shape the community services commissioned for their population; and recognise the role they will play in this future scenario.

Working in defined "Collaboratives", with Lead Clinicians Practices are required to:

- Attend quarterly collaborative meetings led by the GP Clinical Lead for New Models of Care Clinical Lead and/or GP Associate for Long Term Conditions and Elderly Care, and participate actively in discussions regarding the populations.
- Facilitate attendance of other members of the practice team as required. (Attendance requirements will be determined ahead of each meeting.)
- Review relevant population data at individual practice level and collaborative level to facilitate meaningful conversations and decisions.
- Feedback to colleagues within individual practice teams to ensure system wide involvement and ownership of collaborative working

It should be noted that the first Meeting was held at Members Meeting (May 2016) to discuss and define populations and potential collaborative groups. Subsequent quarterly meetings will be planned with Collaboratives and appropriate agencies and communicated to practices.

**NB On a day to day basis LSE CCG strongly encourages member practices continue developing and enhancing their individual working relationships with all stakeholders within the neighbourhood team. Embedding this practice will enable joint working to carry on enriching patient care and outcomes.*

1.7- Cardio–Vascular Disease Prevention – New for 2016/17

The Right Care organisation has published data that suggests that the projected years of lives lost to cardio vascular disease could be reduced in LSE through preventative medicine. This includes prevention of CVD events including Myocardial Infarction and Stroke. Primary Care is ideally placed to support this aspiration and to facilitate early detection and risk reduction in the physical and mental health care pathways. This element of the scheme builds upon work undertaken in previous years.

Practices are required to:

- Provide an annual review for those identified by the NHS Health Check as >20% risk of Cardiovascular Disease. Focusing on working with patients to review known risk factors and work with patients to prioritise and reduce risk factors. A year of care approach can be adopted to achieve this.

- Interrogate clinical systems to determine those receiving anti-hypertensive medications – specifically amlodipine but not diagnosed hypertensive. In addition, coding of patients that are found to be stage 1 hypertensive as defined in NICE guidance (CG127).

- Review outcomes and work with patients appropriately to determine a definitive clinical diagnosis.

- Increase diagnosis of atrial fibrillation within registered list sizes utilising NICE guidance and recommended clinical tools and ensure appropriate treatment is instigated in line with local and national guidance.

1.8 – Engagement In Clinical Commissioning – Medical and Management

To enable the LSE CCG to commission effectively and influence population health appropriately, each Practice will nominate a Commissioning Lead GP* who will:

- Ensure that CCG updates and priorities are shared with the practice team
- Attend all bi-monthly members meetings (or send clinical deputy if unavailable) to ensure that developments discussed and actions agreed are fed back to the practice
- Facilitate practice manager/equivalent attendance at all bi-monthly members' meetings
- Regularly review LSE CCG finance and activity reports, including the Primary Care Quality Improvement Scheme Dashboard, to inform practice and clinical decision making, which will influence commissioning priorities. (NB Primary Care Quality Improvement Dashboard is currently under development and date of publication will be released by the CCG in due course).
- Promote the patient voice within the CCG

*Role outline is available if required

1.9 Engagement in Clinical Commissioning - Nursing

Each practice will nominate a Lead Nurse who will:

- Ensure that CCG updates and priorities are shared with the practice nursing team
- Attend all bi-monthly Members Meetings (or send clinical deputy if unavailable) to ensure that developments are fed back to the practice and taken forward
- Work with Lead Primary Care Nurse and Board Executive Nurse to influence nursing objectives and reduction in variation in practice
- Promote the patient voice within the CCG

2 Practice Requirements for Level 2 Primary Care Quality Improvement Scheme

2.1 – Year of Care in Primary Care for Long Term Condition Management

The Year of Care model supports patient self-management recognising that people with long term conditions (LTCs) are in charge of their own lives, and are the primary decision makers about the management of their condition.

Building on the 14/15 and 15/16 schemes, practices are required to implement the Year of Care approach for four long term conditions. The four conditions should include: diabetes, high risk of developing Diabetes, COPD and one other*. Practices should choose a long term condition that is pertinent to their population. This can include continuing with a LTC implemented in 2015/16. We encourage Practices who have implemented this approach across a variety of LTCs to continue to do so.

If practices are unable to implement YoC approach for four long term conditions, payments will be made pro rata.

*Please note for practices choosing cardiovascular disease this will incorporate Hypertension, Atrial Fibrillation, Heart Failure and Hypercholesterolemia

2.2 – Systematic Patient Review for Long Term Condition Management

Long term condition management can be seen as a continuum which offers the opportunity to influence the health and well-being of the LSE CCG's population at different life stages, as highlighted below.

Within the Primary Care Quality Improvement Scheme, practices are asked to produce an action plan showing how they will action changes linked to the systematic approach, increase service provision, and contribute to the key objectives outlined for Diabetes, Pre Diabetes, COPD and one other Long Term Condition.

Practices should utilise appropriate clinical audit tools such as risk stratification, GRASP-AF, GRASP-COPD, GRASP-HF to support effective management. The CCG can offer training and support to practices in setting up these tools (DQT re GRASP). This can be accessed via the Leeds South and East Primary Care Engagement Team. Practices will be provided with data to determine the level of improvement required. A Quality Improvement Dashboard will also be made available to practices to support areas of work.