



## Dr Kilpatrick & Partners

Kibworth, Market Harborough & Fleckney

In January this year, discussions between the LMC, the NHS England Area Team and the Leicestershire CCGs resulted in a proposal for an innovative opt-in initiative to support the early introduction of the nationally negotiated contract changes due to come into effect on 1<sup>st</sup> April 2014. Our practice decided to opt in, and this report describes what we did in support of the initiative.



### Lincolnshire, Leicester, Leicestershire & Rutland Primary Care Quality Initiative 2014

Collaborative discussions between the LMCs, the Area Team and CCGs has resulted in a proposal for an innovative opt in initiative to support the early introduction of the nationally negotiated contract changes due to come into effect on 1st April 2014.

#### Rationale for the scheme

NHS Employers has agreed with the GPC, significant changes to the GMS contract for 2014/15. This includes the retirement of 351 QOF points from April 2014, in order to redistribute resources to activities that will improve outcomes for patients and will recognise those elements that have become routine clinical practice.

This scheme seeks to provide breathing space for your practice to put in place specific measures that are part of the core contract from April and the new DES. This is supported by full payment for the retiring QOF points without the need for further evidence gathering.

The scheme will enable your practice to deliver co-ordinated care for vulnerable patients, to progress your approach to integrated services for patients and carers to improve outcomes. We must work together to address the significant challenges that we face to ensure patients and carers get the care and support they need.

Please note that if you opt in to the scheme, you must continue as usual with the remaining QOF indicators. These points will be paid on actual achievement in the normal way at year end. Achievement will be calculated as per the 2013/14 QOF indicators and thresholds.

Practices that do not choose to opt in must continue as normal with their 2013/14 QOF.

This scheme is offered to all general practices on a voluntary basis. Practices are free to remain with the existing national framework and await the negotiated QOF changes in April, but may choose to opt into this initiative.

#### Key Elements

The initiative will commence on 1<sup>st</sup> February 2014 and will end on 31<sup>st</sup> March 2014.

The 351 QOF points identified nationally for retirement in April will be paid in full at the end of April, based on 2013/14 point values but 2012/13 prevalence rates. The payment will be offset by changes in CPI and net of 70% aspiration already received by the practice.

Practices will need to declare that they have worked towards the implementation of the Avoiding Unplanned Admissions and Proactive Case Management DES and specific elements of the core contract in readiness for April. In particular:

1. Practices to have in-house meetings to agree their plans and undertake preparatory actions for:

- a. Delivering named doctor for patients aged 75 and over;
  - b. Providing a direct and dedicated phone number for other clinicians and providers e.g. A & E clinicians, ambulance services, nursing and residential care homes, to access a GP;
  - c. Identifying vulnerable adults on their patient list in order to deliver focussed care;
  - d. Agreeing the second question for the Friends and Family Test – there will be one standard question for the Friends and Family Test and one follow up.
2. Practices to participate in practice, network/federation or CCG level meetings to consider initiatives to deliver the unplanned admission and proactive case management DES.

Evidence required for payment for the 351 indicators will be a one page summary for your patients of the progress you have made, which should be made available to your PPG and/or on practice notice boards and copied to the area team by 10<sup>th</sup> April 2014. Payment will be made at the next available payment run in advance of the rest of the QOF payments.

#### **Assurances**

The ethos of this work is high trust, light touch, to encourage committed professional engagement from general practice to deliver this improvement to patient care in advance of the rest of England.

#### **Next Steps**

To join the scheme simply complete the sign-up form below, and scan it and return it as an attachment to: [england.leiclincs-qof@nhs.net](mailto:england.leiclincs-qof@nhs.net), or by post to Sarah McMillan, Leicestershire and Lincolnshire Area Team, Cross O'Cliff, Bracebridge Heath, Lincoln LN4 2HN, by close of play on Monday 3<sup>rd</sup> February 2014 at the latest. This must be signed by a signatory to the contract.

If we have not received your sign-up form by close of play on Monday 3<sup>rd</sup> February 2014 then it will not be possible to join the scheme beyond this deadline.

**Lincolnshire, Leicester, Leicestershire & Rutland  
Primary Care Quality Initiative 2014**

<b>Practice Name:</b>	Dr Kilpatrick and Partners	<b>Practice Code</b>	C82036
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**Meetings Details**

<b>Date of Meetings:</b>	Practice Business Meeting 25/02/2014		
<b>Meetings Attendees:</b>	<b>Name</b>	<b>Role</b>	
	Dr Kilpatrick , Dr White, Dr Hardman, Dr Montgomerie, Dr Hogrefe, Dr Spencer, Dr Mistry Lynne Emmingham David Winter Ruth Smith-Canham Christine Buxton	GPs  Nurse manager Practice Director Practice Manager Assistant Practice Manager	

**Progress Achieved**  
**Please give details of the progress achieved in working towards the following areas;**

**Named doctor for all registered patients aged 75 and over**

The practice has decided to allocate named GPs to patients over 75 on the following basis;

- a) A list of patients to be circulated amongst the GPs
- b) GPs will identify patients aged 75 & over who they normally consult with within the practice
- c) If a patient is newly registered or does not have a usual GP they consult with, they will be allocated a GP
- d) Staff will ensure that named GPs are allocated on a pro rata basis to ensure no one GP is over-burdened
- e) As patients reach the age of 75 years the admin team responsible for registrations will assign a named GP
- f) The named GP will be noted on the Patient Home screen on SystemOne
- g) Patients will be notified by letter about their named GP and their role and responsibilities

**Direct and dedicated phone number for other clinicians and providers e.g. A & E clinicians, ambulance services, nursing and residential care homes, to access a GP**

As we work on three sites, and as we are shortly to install a new telephone system linking all three surgeries, we decided upon a single direct dial, dedicated telephone number for other clinicians & providers to use. We will allocate a duty doctor to take any calls from ambulance teams, and if consultants wish to speak with a specific doctor the call can be transferred anywhere within the practice, or even to a mobile phone. We already have a good relationship with the care homes in our area, and they have a direct line to our practice employed community matron, and we propose to continue this arrangement.

**Identifying two per cent of my/our adult registered list whom may be considered vulnerable in anticipation of an Avoiding Unplanned Admissions and Proactive Case Management DES**

Our practice has used the risk stratification tool to identify groups of patients at risk of hospital admission. We will continue to use this tool to consider within a multi disciplinary team those patients with complex co-morbidities who may benefit from proactive case management. We are also discussing with our neighbouring practice whether there is any scope for joint working on this project.

**Agreeing the second question for the Friends and Family Test**

The first question for the Friends & Family test is fixed by government, but the second question is left to be decided locally, and this was discussed at the practice meeting. The practice decided to run a pilot using the second question "What is the main reason for the answers you have chosen?", with space for patients to give unstructured answers. We believe this will give some qualitative information to complement the tick boxes of the first question. However the practice is prepared to be quite flexible on this question and will canvass opinion on a CCG wide basis as to the types of questions being asked and as to whether a CCG/locality wide approach would be more useful.

**Meeting with other practices, to support my/our preparation for the changes**

**Date of Meeting:** Practice managers meeting 20/02/2014  
MRH Locality meeting 26/02/2014

**Meetings Attendees Practice Names**

	Practice Managers from ELR CCG GPs from other practices in the MRH Locality of ELR CCG: Oakham MP/Market Overton South Wigston Health Centre Bushloe End Surgery Central Oadby Surgery Wycliffe Medical Centre Glenfield Surgery Northfield Medical Centre Blaby Station Road Surgery Jubilee Medical Practice Severn Surgery Hazelmere Medical Centre Latham House Medical Centre	Countesthorpe Medical centre Long Clawson Medical Practice Kibworth Health Centre Syston County Practice Uppingham Surgery Oakham Medical Practice Empingham Medical Practice Lutterworth Medical Centre Kingsway Medical Centre Forest House Medical Centre Wigston Central Surgery Market Harborough Medical Centre Dr Kilpatick and Partners, Kibworth Billesdon Surgery
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**Date information shared with Patient Participation Group (PPG) and/or to display on Practice notice**

31/03/2014