

West Yorkshire Area Team
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Publications Gateway Reference 00268

Dear Colleague

RE: A National Approach to Improve Quality and Outcomes in General Practice

Introducing the Assurance Management Framework and Primary Care Web Interface

As a single national organisation, NHS England is committed to ensuring that services are commissioned in ways that support consistency not centralisation. Primary care has a key role to play in the future of health care. We know robust primary care has a positive impact across the whole of the health and social care system. Evidence shows strong and effective primary care services are vital for health economies and for delivering high-quality health systems and healthy populations.

Our ambition is to help achieve excellence in primary care provision through excellent commissioning which:

- Delivers a consistent offer to patients of high quality, patient centred services; and
- Builds on the very best practice to deliver continuous improvements in health and care outcomes.

The Assurance Management Framework for Primary Medical Services introduces high level indicators, supported by outcome standards which are a set of measurable indicators for general practice. The aim is to inform practices and commissioners on a range of measures that are evidence based, outcome not process focused and are appropriate measures to use for any practice. The measures are all GP contract compliant and deliverable. They have been developed through considerable engagement and working across a range of key stakeholders that include LMCs, GPs, other primary care clinicians, patients, commissioners and other health care professionals.

The assurance framework high level indicators and outcome standards will together replace PCT arrangements.

The Web interface and Your Data

The General Practice High Level Indicators (GPHLIs) and General Practice Outcome Standards (GPOS) data is presented as a web interface, comprised of two modules. The web interface www.primarycare.nhs.uk became live on 2nd April 2013. We encourage you to use the tool to navigate through your practice's data. The web interface allows you to compare yourself to other practice within your CCG, AT, region and also to practices with similar demographics.

In order to make best use of this quality improvement tool, you should review and familiarise yourself with the documentation attached. It would be beneficial to share it with partners, practice managers and all other colleagues that have a role in improving quality within your practice and the CCG.

Next Steps

The web interface is being shared with all practices across England for benchmarking, peer review and to support assurance and quality improvement purposes. Whilst every effort has been made to ensure the quality of data is optimal, it is recognised that errors or anomalies may be uncovered. Practices are invited to provide feedback.

Please note this is version one of the web interface. Suggestions on how the tool can be improved so it supports you to progress your service for patients are also welcome. This will help inform and shape future iterations of the web interface.

You will receive an alert quarterly to inform you of updates to the data.

Opportunities will be made available for practices to access a webinar on how to use the web interface and use the data as a measure with which to seek to improve patient care. This will take place on Thursday 15th August 2013. We would encourage practices to join this webinar and further details will follow. In addition, the webinar will be recorded and made available via a link on the web interface for future reference. Further details on how to access this webinar or details of any other training opportunities will follow but is being organised by the national team.

The Area Team is currently developing a local approach for implementation of the National Framework, which will provide additional information on a dashboard methodology which will include other local intelligence such as complaints. This will be developed with CCGs and include wider stakeholder involvement with West Yorkshire Local Medical Committees.

As supporting documentation you have received alongside this letter:

- Primary Medical Services Assurance Management Policy
- Guidance to Support Good Assurance Management
- A 'Getting Started' guide for the web interface
- An Introduction to an approach to improve Quality, Access and Patient Experience in General Practice

We look forward to working with you over the coming months to deliver world class general practice for patient now and for future generations.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Alison Knowles', enclosed within a faint, light-colored diamond-shaped border.

Alison Knowles
Commissioning Director – West Yorkshire

A handwritten signature in black ink, appearing to read 'Damian Riley', written in a cursive style.

Dr Damian Riley
Medical Director – West Yorkshire

cc West Yorkshire CCGs
West Yorkshire LMCs

Additional Information : Q&A (Version 1)

1. What is the benefit of a National approach rather than looking at Primary Care performance at a local level?

- Through the transition, it is important to ensure there is a focused method of ensuring all patients continue to receive quality, access and a positive experience of general practice.
- Clinicians have called for a consistent mechanism to be able to benchmark across West Yorkshire.

2. Why are there two separate sets of indicators, GPHLI and GPOS?

- These two sets of indicators were initially developed independent of each other. The GPHLIs were developed by a national clinical reference group, during 2012/13. GPOS were originally developed in London in 2010/11 and have been widely used and embedded in the region since, with demonstrable improvements in quality and outcomes.
- It was decided to retain the valuable work that had been achieved through both of these pieces of work
- The GPHLI form part of the assurance management framework for primary medical services.
- The GPOS have been provided to support quality improvement. They can be used for peer review and benchmarking and also to provide a consistent platform for CCG to identify local areas for quality improvement
- Whilst there is some cross over of indicators between the modules, there are different statistical applications to the data in each, which are explained in the technical documentation and guidance

3. How were the indicators chosen?

- A national reference group has undertaken a robust process to develop a comprehensive set of standards and with engagement from a wide range of stakeholders.
- The indicators that have been chosen represent the key areas identified in 'Liberating the NHS: Transparency in outcomes – a framework for the NHS'
 - Domain 1: Preventing people from dying prematurely
 - Domain 2: Enhancing quality of life for people with long-term conditions
 - Domain 3: Helping people to recover from episodes of ill health or following injury
 - Domain 4: Ensuring people have a positive experience of care
 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
- During this time of transition, it was agreed not to burden the GP practices or commissioners so the indicators have been developed with existing data sets.
- The indicators present a minimum level of service and outcomes patients can expect from general practice.
- The outcome standards are not process based indicators, representing a good measure of practice achievement.

4. Practices will have varied populations, how can this tool be used consistently?

- The outcome standards represent a set of standards that all patients can expect from general practice.
- The tool will aid quality improvement across primary medical care if it is used with an understanding of the demographics of the local population, ideally at practice level.
- The outcome standards should be used as a reflective tool to identify issues and encourage peer review. The NHS England approach facilitates comparing like-for-like practices.
- The tool has the potential to ensure that care pathways that may span across practices, clinicians, local authority, pharmacies, etc, are appropriate to meet local health needs.
- The data presented will help to identify local strategic priorities which can inform the joint strategic needs assessment and be shared with other stakeholders.

5. What added value will this provide to other clinical professions other than GPs, i.e. Practice Managers, Nurses, etc?

- The high level indicators and outcome standards will provide insight that can contribute to the planning and implementation of prevention strategies, and QIPP savings by increasing clinical productivity, therefore all clinical professions play a part in this.
- The information that the web interface collects will reflect standards in the whole practice not individual GPs, i.e. patient survey questions on satisfaction of overall care received at the surgery.

6. How frequently will the data in the web interface be updated and how accurate will this information be? Will practices have the opportunity to quality assure the data and, if so, how long will they have?

- It is the intention that the GPOS data will be updated at quarterly intervals where information is available. At present, GPHLIs are scheduled to be updated annually, but if it becomes possible to update them more frequently, then we will.
- The GPOS went through a robust validation period in 2011/12 and practices in London were given the opportunity to validate their data. This process ensured that going forward, there is a high level of confidence that the data is accurate across all practices in England
- Identified staff at area team level will have responsibility for communicating with and supporting practices in respect of enquiries they may have in relation to the data. A member of the primary care team will be able to assist in any queries. There is also support and help email links embedded within the website.

7. Why have patient experience survey indicators been included in the suite of standards?

- These indicators were used based on the survey questions as this is an important area for patients when visiting a surgery.
- The Patient Experience Survey indicators are intended to be reviewed along other indicators and patient reported experience.

- The data is extracted through this survey to avoid further burden on practices to collect data.
- In GPOS, the data is presented through trends so that it is more robust. However, there have been changes to the way in which the data was standardised in 2011/12, and therefore we need time to build up time series data using this new approach.

8. Will there be the opportunity for the web interface to be developed further?

- NHS England will continue to develop the web interface to make it as user-friendly as possible.
- GP practices, CCGs and area teams have a key role to play in ensuring that the web interface is developed to reflect the changing health needs of patients.
- The implementation of the GP assurance framework is being overseen by Kathryn Hilliam – Head of Primary Care.

Additional Information 4: An Introduction to the web interface and the data

Introduction

During the development stage of the outcome standards web interface for primary care, it was important to recognise the need to minimise the burden of data collection. With this in mind, where possible data has been extracted from existing sources.

The data sources used are listed below and also referenced in the technical guidance.

Secondary Uses Service (SUS)

<http://www.connectingforhealth.nhs.uk/systemsandservices/sus>

NHS Comparators

<https://www.nhscomparators.nhs.uk/NHSComparators/About.aspx>

The GP Patient Survey

<http://www.gp-patient.co.uk/>

The National Cancer Intelligence Network (NCIN)

http://www.ncin.org.uk/about_ncin/default.aspx

The NHS Information Centre

<http://www.ic.nhs.uk/statistics-and-data-collections>

The Health Protection Agency

<http://www.hpa.org.uk/>

NHS Business Services Authority (ePACT)

<http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx>

The NHS Information Centre (QOF)

<http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/audits-and-performance/the-quality-and-outcomes-framework/qof-2009-10/data-tables>

Using the web interface

A 'Getting Started' guide has been provided to enable practices to begin using the site. There is also a full guidance document available on the web interface which will help to support users to gain the most benefit from all of the functionality available.

There is also 'in-line' help which is instantly accessible directly on most of the web pages.

Look out for the.



The Data

Whilst every effort has been made to ensure the quality of data is optimal, it is recognised that errors or anomalies may be uncovered. Practices and CCGs are invited to provide feedback or notify us if they believe that their data may be inaccurate.

For instances where an error/anomaly has developed as a result of source data, it may be necessary for the reporting organisation (practices or CCG) to resolve the issue directly with the original data source provider, e.g. NHS Comparators, but this will be notified to you.

CCG scores for reported vs. expected indicators have been derived from aggregated practice level data.

For all indicators which relate to the GP patient survey data, the specific data sets for practices and CCG have been extracted to populate the score (i.e. aggregated practice level data has not been used to derive CCG level data).

Not all indicators are fully populated with data for each year. This is a result of data availability or access to data issues

Contact Us

Finally, any further comments / suggestion / observations following roll out of the dashboard are openly welcomed. Please forward these to a member of the primary care team.