NHS

West Norfolk Clinical Commissioning Group

# WEST NORFOLK CLINICAL COMMISSIONING GROUP

# DMPA 2017/18

## (Demand Management in Primary Care Agreement)

**Draft V1 – 27.04.17**

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## 1. Introduction and Aims of the Agreement

The PDMA has predominantly been utilised to support engagement in the commissioning agenda and for successfully supporting CCG wide schemes. The proposed approach for 2017/18 recognises the current pressures on Primary Care and is intended to support Practices and facilitate the continuance and development of certain CCG initiatives and NHSE expectations.

These areas are not covered by core funding nor are enhanced services in place to recognise the commitment required from practices to fully engage in the processes. As such, the CCG, through this agreement agrees to fund the objectives contained in the PDMA.

Objectives have been designed in such a way to minimise the time commitment for practices in successfully achieving them. The CCG wishes to work in collaboration with practices to address potential areas of efficiency and cost saving throughout the healthcare system.

In the spirit of the agreement, Practices are expected to fully engage with **all** of the objectives of the agreement.

## 2. Practice representatives

**Practices are requested to complete the table below before returning the signed agreement**

The Practice leads for the delivery of this agreement are:

| | |
|---|---|
| **GP Clinical Lead** | |
| **Practice Management Lead** | |

## 3. Funding available

It has been agreed that PDMA funding in 2017/18 will be made available at a remuneration level of £1.20 per registered patient. The registered list used for contractual payments as per the 1st April 2017 will apply throughout the year.

**i.** Payment will be split into four equal payments made in arrears on receipt of quarterly reports.

**ii.** The CCG will monitor progress towards achievement of the PDMA using the completed quarterly monitoring templates submitted by the Practice.

| Objective | Annual Cost Per Patient |
|---|---|
| Objective 1 – Use of the e-referral system | £1.20 |
| Objective 2 – To undertake audits relating to referral activity / peer review | |
| Objective 3 – Adherence to the referral thresholds identified for prior approval activity | |
| Objective 4 – Participation in the National Diabetes Audit | |

## 4. General Membership Requirements of the PDMA

**The GP Practice agrees to:**

**i.** Abide by this agreement and declare any conflicts of interest.

**ii.** Engage fully with the CCG to review performance in respect of the PDMA objectives.

**iii.** Work collaboratively with colleagues in Acute / Community / Practice and Voluntary sectors within the locality and beyond to support and deliver best outcomes for patients and the system.

**iv.** Receive and regularly review practice specific referral, activity and budget monitoring reports and make every effort to address any areas of variation identified from these reports.

**v.** Follow due process for reporting against this agreement to the Clinical Commissioning Group and adhere to practice responsibilities under this agreement.

**The Clinical Commissioning Group agrees to**:

**i.** Be accountable for the discharge of our duties under this agreement.

**ii.** Abide by this agreement and declare any conflicts of interest.

**iii.** Keep Practices informed and engaged in any discussions regarding service re-design, Acute and Community Contract or performance issues.

**iv.** Support Primary Care to think about and develop plans to support new ways of working to ensure Primary Care remains sustainable and "fit for purpose" into the future.

**v.** Work with practices to reduce inappropriate variation in referrals and support them to understand the budgetary implications of this.

**vi.** Provide the practice with regular performance reports in respect of Referrals and A&E.

**vii.** Be responsible for all contract administration and processing of all practices invoices and payments associated with the PDMA agreement.

## 5. Objectives 2017 / 2018

### Objective 1 – Use of the e-referral system

The CCG wishes to both acknowledge and support practices in the continued use of the e-referral system. Under this agreement, the Practice agrees to:

- Use the e-referral system to send referrals wherever the system allows.
- Use the Advice and Guidance module of the e-referral system.
- To feed back to the CCG regarding any issues faced with the e-referral system or Advice and Guidance through the template included at Appendix A.

### Objective 2 – To undertake audits relating to referral activity / peer review

Demand Management is a key area of work for the CCG. Nationally the NHS is under pressure The CCG aims to, where clinically appropriate, reduce the level of referrals leading to first outpatient activity. In order to achieve this aim, it is vital that the CCG gains an understanding of why variation in practice referral patterns exists and is able to react appropriately based upon this understanding. As such, the CCG, through this agreement, will work with practices to identify and address the causes of variation.

A data pack will be provided to practices. This agreement requires that practices:

- Review the specialty areas identified to them as being high and provide quarterly feedback to the CCG through the template included at Appendix A.
- Participate in an annual review meeting with the CCG, if requested.
- Engage with and fully support any further demand management initiatives that may be developed in the year.
- Should fully engage in any appropriate CCG supported IT referral improvement solutions and local referral triage services if available

### Objective 3 – Adherence to the referral thresholds identified for prior approval activity

Under this agreement, Practices:

- Should comply with the CCG clinical thresholds policies, using clinical pro-forma where required.

- To develop pro-active plans to appropriately support and manage this cohort of patients.

### Objective 4 – Participation in the National Diabetes Audit

Under this agreement, Practices:

- Agree to undertake the actions required on their clinical system to allow for the required data to be extracted .

## 6. Dispute Resolution and Termination

- This agreement is made between the GP Practice and the CCG.

- Disputes relating to this agreement should be resolved through local mediation. If local resolution cannot be reached then an arbitration group will be established with representation from the CCG and an LMC representative. The decision of the arbitration group will be binding upon the parties involved.

- Either party may terminate this agreement serving one month's written notice. Either party may terminate it with immediate effect in the event of a serious breach of the terms of the agreement.

## 7. Monitoring Arrangements

Practices will need to demonstrate that they have achieved or made progress against achieving the outcome measures for each of the components of the PDMA objectives. This should be done using the PDMA reporting pack, found in Appendix A.

Regular reviews of Practices progress against the PDMA will be undertaken remotely by the CCG and any concerns with progress of risk to achievement discussed with the Practice.

## 8. Parties to the Agreement

We agree to abide to the PDMA between West Norfolk CCG and

**Practice:** .....

**Signed:** .....

**Name:** ……..

**Date:** ……..

**Signed on behalf of West Norfolk Clinical Commissioning Group**

**Signed:**

**Name:**

**Date:** ……

## APPENDIX A – PDMA Quarterly reporting template

Please complete all fields on the template.

| | |
|---|---|
| Practice Name | |
| Quarter that the report relates to* | |

| **Objective 1 – Use of the e-referral system** | |
|---|---|
| Has the practice had any difficulties in the quarter using the e-referral system? | |
| When using the Advice and Guidance system in the quarter have any problems been experienced or concerns identified? Please be specific if your concern relates to a particular speciality. | |

| **Objective 2 – To undertake quarterly audits relating to referral activity / peer review** | |
|---|---|
| For each of the specialities identified, please identify what actions have been undertaken to:<br><br>1. Understand why rates might be high<br>2. What actions might be taken to reduce referrals (this might include actions within the Practice or ideas for pathway redesign etc) | |
| Speciality 1 – Please note which speciality is being addressed | |
| Why might referral rates be high in this speciality compared to the CCG average? | |
| What actions will the practice take to potentially reduce referral rates? | |
| | |
| Speciality 2 – Please note which speciality is being addressed | |
| Why might referral rates be high in this speciality | |

| | |
|---|---|
| compared to the CCG average? | |
| What actions will the practice take to potentially reduce referral rates? | |
| | |
| Speciality 3 – Please note which speciality is being addressed | |
| Why might referral rates be high in this speciality compared to the CCG average? | |
| What actions will the practice take to potentially reduce referral rates? | |
| | |
| Speciality 4 – Please note which speciality is being addressed | |
| Why might referral rates be high in this speciality compared to the CCG average? | |
| What actions will the practice take to potentially reduce referral rates? | |
| | |
| Speciality 5 – Please note which speciality is being addressed | |
| Why might referral rates be high in this speciality compared to the CCG average? | |
| What actions will the practice take to potentially reduce referral rates? | |

| **Objective 3 – Adherence to the referral thresholds identified for prior approval activity** | |
|---|---|
| Can the Practice confirm that it is completing the paperwork for prior approval activity? | |
| Does the Practice have any suggestions or issues with the prior approval process? | |

| **Objective 4 – To undertake reviews of A&E frequent flyers** | |
|---|---|
| How many patients has the practice identified as frequent flyers (More than 3 attendances in the quarter)? | |
| Have action plans been developed for each of the frequent flyers? | |
| Are there any actions that the CCG could undertake to help practices address the issue? | |

| **Objective 5 – To identify at least 66.7% of dementia patients** | |
|---|---|
| There are no specific quarterly reporting requirements for this objective. The CCG will use the nationally produced data to ascertain success against this objective.<br><br>Please indicate if there is any support you require to meet this objective. | |

*Notes

Q1 – 1/4/17 – 30/6/17
Q2 1/7/17 – 30/9/17
Q3 – 1/10/17 – 31/12/17
Q4 – 1/1/18 – 31/3/18