West Norfolk Clinical Commissioning Group

WEST NORFOLK CLINICAL COMMISSIONING GROUP

DMPA 2017/18

(Demand Management in Primary Care Agreement)

Draft V4 – 10.08.17

CONTENTS

1. Introduction and Aims of the Agreement

The Demand Management in Primary Care Agreement (DMPA) 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 will provide funding as specified in relation to the objectives contained in the DMPA.

Objectives have been designed in such a way as 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 detailing allocated leads before returning the signed agreement.

The Practice leads for the delivery of this agreement are:

GP Clinical Lead	
Practice Management Lead	

3. Funding available

The DMPA funding in 2017/18 will be made available at a remuneration level of £0.70 per registered patient. The registered list used for contractual payments is as per the 1st April 2017 list. This is a seven month agreement, and applies from 1st September 2017, to 31st March 2018.

i. Payment will be split into 7 equal payments made in arrears on receipt of monthly reports.

ii. The CCG will monitor progress towards achievement of the DMPA using the completed monthly monitoring templates submitted by the Practice.

Objective	7 month Payment Per Patient
Objective 1 – Use of the e-referral system	£0.70
Objective 2 – Internal prospective clinical peer review	
Objective 3 – Adherence to the referral thresholds identified for prior approval activity	
Objective 4 – Participation in the National Diabetes Audit and coding of attendance at education	

4. General Membership Requirements of the DMPA

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 DMPA 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.

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

5. Objectives 2017 / 2018

5.1 Objective 1 – Use of the e-referral system

West Norfolk 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 seek expert advice before making a referral.
- 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.

West Norfolk CCG will monitor use of the e-referral system, including the frequency of utilising Advice and Guidance, through reporting from the E-Referral team, so practices do not need to monitor this.

5.2 Objective 2 – Internal prospective clinical peer review

Demand Management is a key area of work directed from NHS England. Recently issued advice explains how clinical peer review sees GPs reviewing each other's new referrals, to provide constructive feedback in a safe learning environment.

Prospective models (review before referral) deliver real-time qualitative benefits in referral quality, experience for patients and demand in secondary care. Delivering prospective internal peer review will ensure that all options are explored. It is not an approval process, and the referring GP retains responsibility for the patient, making the final decision.

Clinical peer review should happen weekly as an absolute minimum, but some successful models have found daily reviews easier to manage, and support faster outcomes for patients.

A majority of referrals should be reviewed after excluding:

- 2WW Cancer Referrals
- Urgent referrals
- Referrals to a triage service – where within the criteria for directing to that service
- Referrals following Advice and Guidance received from hospital consultant

Single handed and small practices should consider working in clusters to share learning and increase the specialist knowledge pool.

A data pack will be provided to practices to assist with targeting which areas to review. This agreement requires that practices:

- Carry out prospective peer review of practice referrals – at least weekly
- Review a majority of referrals (after exclusions)
- Record that the review has taken place, and capture any particular learning
- Record where the outcome was an alternative to the original referral, and briefly what/why this was. Record all examples, and report common reasons. Full detail should be available on request from the CCG.
- Report monthly feedback to the CCG through the template included at Appendix A.

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

Under this agreement, Practices:

- Should comply with clinical thresholds and policies as advised by West Norfolk CCG, using clinical pro-forma where required. This may include Norfolk and Waveny STP-wide standards.

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

5.4 Objective 4 – Diabetes Engagement

Under this agreement, Practices:

- Agree to undertake the actions required on their clinical system to allow for the required data to be extracted for the national diabetes audit. Where clinical systems do not allow this, data will be otherwise provided as appropriate.

- Will code patients completing/attending structured education in diabetes – QOF measures a code for "referred to structured education" but not for having attended or completed structured education. Education providers will be obliged to feedback information on attendance.

  The recommended approach and codes to use for recording this can be found at: https://www.diabetes.org.uk/NDA-structured-education-data

6. Dispute Resolution and Termination

- This agreement is made between the GP Practice and West Norfolk 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 West Norfolk 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 DMPA objectives. This should be done using the DMPA monthly reporting pack, found in Appendix A. This should be submitted to the CCG to the Primary Care Commissioning Support Officer, within 7 days of the end of the month.

Regular reviews of Practices progress against the DMPA will be undertaken remotely by West Norfolk 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 DMPA between West Norfolk CCG and

Practice: .....

Signed: .....

Name: ……..

Date: ……..

Signed on behalf of West Norfolk Clinical Commissioning Group

Signed:

Name:

Date: ……

APPENDIX A – DMPA Monthly reporting template

Please complete all fields on the template.

Practice Name	
Month that this report relates to	

Objective 1 – Use of the e-referral system	
Please record any difficulties experienced with use of the e-referral system?	
When using the Advice and Guidance service, have any problems been experienced or concerns identified? Please be specific if your concern relates to a particular speciality.	

Objective 2 – Undertake internal prospective clinical peer review	
How many prospective peer review meetings/events have taken place in this month?	
On average, what % of practice referrals (after exceptions) has been reviewed?	
In how many instances over the month was the result of the review a change to the original referral?	
What were the common reasons/alternative outcomes to the original referrals where a change was made?	
What areas of learning have been identified through this process:	

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

Objective 4 – Participation in the National Diabetes Audit	
Can the Practice confirm that appropriate action had been taken to participate in the national diabetes audit?	
Can the Practice confirm that coding is being applied with regard to patients attending Diabetes educational sessions?	

Please submit this return to the WNCCG Primary Care Commissioning Support Officer, within 7 days of the end of the month.