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| Subject: | General Practice Dashboard |
| Presented By: | Carl Gosling, Primary Care Commissioning Manager |
| Submitted To: | Primary Care Delegated Commissioning Committee 28 th February 2019 |
| Purpose of Paper: | To provide the Primary Care Commissioning Committee with an overview of the Primary Care Dashboard |

Summary

NHS Norwich CCG Primary Care Team are provided with a GP Practice dashboard (item 14.1) on a monthly basis from the Business Information (BI) Team and this information plus more detailed individual data is shared with the practices. The dashboard is produced collaboratively between the BI and Primary Care Teams. The dashboard has evolved over the last eighteen months and information provided within the document both informs and reflects practice demographics, growth, performance, spend and variation within the CCG.

The dashboard is a tool for the CCG to review practice performance and the more detailed packs enable practices to compare their performance with other practices and the CCG average.

The Primary Care Dashboard contains information on :

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| Practice List Size | CQC Rating |
| 1 st GP Referrals | QOF |
| Emergency Admissions | Workforce |
| A&E Attendances | Flu Jab |
| Pathology Requests | Deprivation score |
| Prescribing | Life expectancy |
| GP Survey | Disease Prevalence |
| Friends and Family Test | |

Recommendation:

The Primary Care Commissioning Committee is asked to note the information contained in this report and comment on their assurance from the approach being undertaken to review practice performance.

Introduction

The dashboard and practice packs are produced on a monthly to provide the CCG and practices with information to evidence areas of good practice, concern and variation with other practices within their locality. The information is used by the Primary Care Team to prioritise practice visits which may include attendees from the following:

- CCG retained GPs
- Primary Care Team
- Transformation Team
- Business Intelligence Team
- Quality Team

Although practice managers meet regularly, each practice tends to work in isolation (with the exception of a provider that manages a number of practices) – therefore due to the commercial aspect sharing good practice can be contentious. The practice pack is therefore the conduit to share practice variation and compare practices with similar demographics to their own. It is also important to note that in the case of variation neither high nor low activity may be best practice. An example of this may be high activity in pathology testing which has on investigation shown a correlation to low admission rates, better patient outcomes.

Background

The addition of the demographic and resilience/quality summary has been pivotal in taking the variation discussions to a new level and provides the CCG with a more holistic overview. For example one practice had a higher comparative number of hip and knee replacements, all appropriate under the procedures of limited clinical value process, and when you add in the information that 30% of the practice list size is over 65 years of age this is then potentially not an unreasonable variation.

Functionality

Historically the information within the packs is also dependent upon the soft intelligence of the CCG Primary Care Team and an element of that still exists. The additional information provided in the monthly packs helps to illustrate the demands, pressures and factors that influence the activity and performance of the practices. The packs enable the CCG and practices to understand and act upon any actions or changes required to ensure the most appropriate quality care is provided to the patient.

The Demographic Summary provides:

- Population, list size, weighted list size and list v weighted list size as a percentage. This is produced quarterly with comparisons to other CCGs and N&W STP.
- List Size Age, over 65 years and percentage of those who are over 75 years
- Deprivation Score, RAG rated

- Life Expectancy (Female & Male separately), RAG rated youngest to oldest
- Disease Prevalence (% of the list size) Not RAG rated – this is extremely useful in identifying a high disease prevalence with high admission rates for specific conditions i.e. High numbers of patients registered with respiratory illness and high numbers of respiratory admissions.

The demographic information is unable to provide the growth predicted within the practice boundaries or the ability to absorb the growth within the practice.

National Quality Surveillance Data Summary issues to note:

- The GP survey results could be considered subjective however it is a good indicator regarding accessibility to a practice.
- The Family & Friends Test may also be an indication however it is an opinion as opposed to potential actual.
- List size growth is available however the de-registration rate is not so it is more difficult to identify if patients are moving between practices if they are unhappy.
- Patient to GP numbers are more difficult to interpret using data as a number of practices are recruiting Nurse Practitioners as an alternative and we will refine this measure as we learn more.
- An NHS England pro forma regarding staffing is now requested from the practices however it appears to lack correlation to the data supplied, therefore the visiting team are now validating this data when visiting.

Method

The CCG prioritises a programme of practice variation visits based on the dashboard, practice packs and any other intelligence. Relevant team members work with practices to resolve pressures that may be highlighted through the dashboard including high areas of activity which are not supported by the demographics. Practices who are performing well are often more reluctant to engage however best practice gained from their visits is invaluable.

Any issues raised through the QIR or complaints process are discussed with the Primary Care team who then work together with the Quality Team to address and resolve the issue with the practice.

Work is being undertaken to coordinate the current practice visits with more contractual reviews by the NHS England primary care contracts team. A key part of this process will be to ensure we don't put unnecessary burden on the practices.