

Subject:	eDec report February 2019
Presented By:	Fiona Theadom, NHS E (EAST)
Submitted To:	Primary Care Delegated Commissioning Committee 28th February 2019
Purpose of Paper:	Discussion and Information
Summary: <p>Commissioners of Primary Medical Care are responsible for the quality, safety and performance of services delivered by providers, within their area of responsibility. This can be directly by NHS England (NHSE) local teams or CCGs through the delegation agreement. However, Commissioners have a statutory duty to conduct a routine annual review of every primary medical care contract it holds. Legal responsibility for this sits with NHS England.</p> <p>This is covered through the annual GP Practice self declaration (eDec) mandatory collection which NHS England has established with providers.</p> <p>All GP practices were required to submit their eDEC electronically during a six week period ending 5 December 2018 through the primary care website: www.primarycare.nhs.uk.</p> <p>The 2018/19 eDEC was prepopulated with responses provided from 2017/18 GP practice collection. A number of questions are voluntary but all practices were encouraged to respond to these in addition to the mandatory questions.</p>	
Recommendation: <p>The Primary Care Commissioning Committee is asked to note the report.</p>	

1 Introduction

- 1.1 In accordance with NHS England's Primary Medical Care Policy & Guidance Handbook (published Nov 2017) ("PGM"), commissioners of Primary Medical Care are responsible for the quality, safety and performance of services delivered by providers, within their area of responsibility. Commissioners have a statutory duty to conduct a routine annual review of every primary medical care contract it holds. This is covered through the annual GP Practice self declaration (eDec) collection which NHS England has established with providers. In Norfolk and Waveney, this is being undertaken directly by the NHS England (NHSE) local team on behalf of CCGs through the delegation agreement.

2. Background

- 2.1 As set out in the NHS England's PGM, excellent service provision cannot be discerned from a single set of measures or indicators, NHS England primarily provide three sources of data and intelligence. Used alongside local knowledge, these may assist the Commissioner in assessing risk to service provision and patient safety and therefore adherence to the contract.

This intelligence is provided through NHS England's Primary Care website tool at www.primarycare.nhs.uk . This information can be accessed by both CCGs and NHSE.

- A Practice profile which describes the characteristics of each practice e.g. the demography of the population served. This information is updated annually and whilst it is unlikely to change significantly over time, it may contain specific information which when presented alongside clinical indicators, would provide a more complete picture and potential impact on achievement of certain standards e.g. the effect of student practices or those that serve more discreet populations (homeless, high BME, highly deprived etc).
- An annual GP practice electronic self-declaration (eDec). This includes information such as, operating policies, opening times and assurance of good workforce planning. This information will link with contractual requirements and may also contain responses to 'reasonable requests for information' e.g. from other governmental departments and bodies, parliamentary questions or freedom of information requests. The information declared will be shared with CQC, reducing the burden of separate information returns across organisations e.g. as part of pre-inspection information requests.
- A suite of general practice measures and indicators supporting quality improvement, assurance and enabling benchmarking as these are shared transparently with all practices. This indicator set will apply to all GP practices in England, in order to allow for benchmarking comparisons to be made, within a CCG or wider regional areas, for example by grouping practices of other similar characteristics such index of multiple deprivation and list size, etc.

- 2.2 It is acknowledged that these sources of data do not capture the full range of services provided by general practice, they are however an important starting point in helping individual practices, Commissioners and other stakeholders to build a rounded view of performance with a focus on objective service improvement and outcomes.
- 2.3 This paper focuses on the Annual eDec return. It is however our intention to present further proposals before April 2019 about managing GP contract performance and practice visits, following discussion and consultation with the CCGs and Norfolk & Waveney LMC.

3 Annual E-Dec Return for 2018/19

- 3.1 All GP practices were required to submit their eDEC electronically during a six week period ending 5 December 2018 through the primary care website: www.primarycare.nhs.uk. There was 100% compliance by GP practices in the Norfolk and Waveney STP area.
- 3.2 The 2018/19 eDEC was prepopulated with responses provided from 2017/18 collection. Compared to last year, 10 questions were removed, there are 8 new questions and 6 were revised. A number of questions are voluntary but all practices were encouraged to respond.
- 3.3 It was necessary for practices to check prepopulated responses, amend responses where necessary and also respond to the new mandatory questions in order to submit their eDEC.
- 3.4 Commissioners should ensure they review the practices eDec returns following submission and any subsequent national analysis produced (e.g. NHS England's eDec outlier report which will be made available 6-8 weeks following eDec close). It is important to note that whilst exercising of the functions passes to the CCG, the liability for the exercise of any of its functions remains with NHS England.
- 3.5 In maintaining NHS England's commitments towards transparency and supporting patient choice, specific sections and items submitted in the eDEC could be shared either with public facing NHS websites (e.g. NHS Choices) and/or other modules visible to all users of the primary care website. The information is also shared with the CQC.
- 3.6 Information shared includes the practice's inner catchment area; it is therefore important that practices check that it represents a 'reasonably accurate' reflection of their contractual boundary (inner boundary). The website provides a prompt to users where data quality checks has identified the catchment area could benefit from improvement. Practices are encouraged to improve the quality of their boundary if seeing this prompt when opening the catchment area during the declaration.
- 3.7 The Primary Care website tool, described above, contains a function that practice can use to link their e-catchment to their practice website, to support patient choice and administrative functions in the practice (e.g. checking whether a potential patient postcode is within the practice catchment area).

- 3.8 An anonymised example of an eDec return for 2018/19 is attached at Appendix A*. The returns for 2018/19 will be downloaded on an individual CCG basis and analysed, this is a resource intensive exercise which will take a few weeks to complete as the data has only recently become available.
- 3.9 Individual practice declarations for 2018/19 will be reviewed by NHS England's primary care team, information shared with CCGs including any outlier data.
- 3.10 An example of where eDec data has been used previously is NHS England's analysis of practice opening times in 2017/18. The data identified practices with regular ½ day closing each week, those that suggested a closure of 4 hours or more on at least one day per week (M-F) and those that showed they are open for a total of 45 hours or less (7.5 less than total core hours of 52.5) across the week (M-F). Outlier practices were contacted by NHS England and CCG teams where applicable to ensure practices could evidence that they were meeting the reasonable needs of their patients and that Patient Participation Groups had been consulted.

4. Recommendation

- 4.1 Committee Members are asked to note the report

***Note:** Appendix A, the anonymised practice report is "Restricted" and therefore shared in Part 2 of the Committee Meeting.