

DRAFT Framework Master Copy 06.11.2018

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
ENTRY LEVEL	Access	<p>The Practice should either provide telephone access and/or have their doors open for 10 consecutive hours per day between Monday – Friday, with 4 half day closes per year for staff training (with appropriate out of hours cover) starting from October 2019.</p> <p><u>Definition of Access</u></p> <ul style="list-style-type: none"> • Patients should be able to access their surgery, for enquiries / appointments / results • There is no expectation / mandated requirement to provide any stipulated clinical services for the duration of this time • Any practice not providing clinical services during this time must ensure they direct patients appropriately to any clinical assessment service (e.g. Badger cover) appropriately 	N/A	N/A	Beginning and End of Year Practice Self Declaration	'Healthcare Secret Patient'
	All or Nothing Delivery Model	Practices signing up to the scheme must offer registered patients all of the services that are specified within the framework (These can be sourced via approved sub-contracting arrangements. All sub-contracting arrangements must be notified to the CCG and agreed in advance of commencement)	N/A	N/A	Beginning and End of Year Practice Self Declaration	BI Activity Report
	Learning Disabilities Directed Enhanced Service (DES)	<p>Eligibility to participate in the scheme will be based upon sign up to the Learning Disabilities DES.</p> <p>DES payment for activity is NOT included in Universal Offer funding and will be paid separately and based upon National DES Tariff arrangements.</p>	N/A	N/A	Beginning of Year Practice Self Declaration	NHS England

ENTRY LEVEL	Non Complex Patients	Practices should be able to demonstrate that all non-complex patients requiring any intervention detailed within the Universal Offer are not referred into a secondary or community care service as first line treatment (Deduction of secondary care tariff charged if practices do not engage in systems and processes to ensure that patient access is directed to Primary Care Services)	N/A	N/A	Beginning and End of Year Practice Self Declaration	BI Activity Report and audit of 5% outliers
	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
	Extended Access Offer	Eligibility to participate in the scheme will be based upon practices signing up to the Local BSol Extended Access Offer	N/A	N/A	Beginning and End of Year Practice Self Declaration	Internal CCG Audit
	Minimum QoF Points for Entry	<p>Eligibility to participate in the scheme should be based upon practices being awarded a minimum of 500 QoF Points in 2017/18.</p> <p>Practices who were awarded less than this figure in 2017/18 will be required to access support from the CCG to help achieve this entry requirement.</p> <p>For those practices affected by this requirement, confirmation will be required of this partnership approach of working towards this figure in advance of being approved as eligible to sign up to the scheme.</p>	N/A	N/A	Beginning of Year Practice Self Declaration	Primary Care Contracting Team
	Primary Care Networks / Neighbourhoods	Practices signing up to this scheme are agreeing to work together within a primary care network (integrated neighbourhood) as they are trialed and	N/A	N/A	Beginning of Year Practice Self Declaration	Internal CCG Audit

		<p>rolled out over the next 12 months based on approximately 30,000-50,000 populations.</p> <p>As part of this process, practices must be able to demonstrate that they are engaging with and working towards becoming part of their local Primary Care Network/ Integrated Neighbourhood</p>				
Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
NETWORKS	Engagement in Multi-Disciplinary Team (MDT) Meetings	<p>As Networks start to develop and be rolled out across the BSol health economy, practices must be able to demonstrate their engagement and participation in themed MDT meetings with local providers for identified clinical specialties. Examples of this include MDT meetings for Frailty, Diabetes and Respiratory services as they start to form and evolve.</p>	N/A	N/A	Practice End of year Self-Declaration	Internal CCG Audit
		<p>It is the aspiration of future service delivery that practices should support the direction of travel to prototype multidisciplinary team frailty meetings at least quarterly. This should include the organisation of MDT meetings with local providers and the arrangement of diary dates, meeting venues, clinic times and patient lists to be discussed.</p>	N/A	N/A	Practice End of year Self-Declaration	Internal CCG Audit
		<p>As part of this process, it will be the responsibility of the practice to flag to the CCG any issues that are raised through the operational delivery of these MDT</p>	N/A	N/A	Practice End of year Self-Declaration	Internal CCG Audit

		meetings as they develop, including occasions when MDT meetings are cancelled by providers.				
ENGAGE & EDUCATE	Engagement: Practice level	<p>Practices must ensure they understand the rationale for service innovation and transformational change at practice, sub locality, locality, CCG and system wide level.</p> <p>Practices must ensure that they disseminate discussions and the outcomes from Locality and wider BSol CCG meetings to the practice team.</p> <p>Practices must also put systems in place where the views of both clinical and non-clinical staff can be fed up into local and strategic discussion</p>	N/A	N/A	End of Year Practice Self Declaration	Minutes of internal practice meetings available upon request
	Engagement: Locality Level / Practice Network or Sub Locality Level	<p>Practices should demonstrate engagement and collaborative working with Locality peers where required, to develop and deliver services that help to improve health and wellbeing outcomes for the local population.</p> <p>Practices must be able to demonstrate that 1 x GP Lead and 1 x PM or Nurse Lead attend a minimum of 2 Locality and 2 Practice Network/ Sub Locality meetings per year. If individual Localities do not have Sub Locality or Network arrangements in place, it will be the responsibility of the practice to demonstrate their attendance at least 4 Locality meetings within the expectation of the Clinical and PM or Nurse attendance requirements as listed above.</p>	25%	75%	End of Year Practice Self Declaration	Minutes or action plan to demonstrate how information is shared amongst practice team is made available to the CCG upon request

ENGAGE & EDUCATE	Engagement: BSol Level	<p>It is essential that all practices have the opportunity to influence the future direction of the CCG and drive continued engagement and ownership in the commissioning agenda. Practices are expected to engage in and participate in a wide range of initiatives so that they are encouraged and feel empowered to become more involved in setting the strategic direction for service delivery across the wider health system. Leads should represent their practice at these strategic meetings and share the outcomes from these meetings with the wider practice team where relevant.</p> <p>Practices must be able to demonstrate that 1 GP Lead and 1 PM and/or Nurse Lead each attend a minimum of 2 meetings per year.</p> <p>Practices will be notified in advance when meeting invitations are sent out whether attendance at the meeting counts towards compliance with this standard.</p>	50%	75%	End of Year Practice Self Declaration	Minutes or action plan to demonstrate how information is shared amongst practice team is made available to the CCG upon request
Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
ENGAGE & EDUCATE	Education BSol Level	Practices should be able to demonstrate their engagement in BSol Education sessions. Practices will be notified in advance when meeting invitations are sent out and whether attendance at the meeting counts towards compliance with this standard.	N/A	N/A	End of Year Practice Self Declaration	Internal CCG Audit against Education and Training registers

ENGAGE & EDUCATE	Education BSol Level	<p>Please note that clinical attendance at additional meetings in specific clinical areas, and evidence of dissemination of relevant information throughout the practice is mandatory in the below areas:</p> <ul style="list-style-type: none"> • CCG led ReSPECT education and training session • CCG led Dementia Identification education and training session • CCG Led Asthma/COPD Training Programme • CCG Led Diabetes Training Programme (GP & PN) • ECG Recording /Interpretation Training <p>(NB: evidence of clinicians holding equivalent recent accreditation, qualification or CPD as detailed in the service specification will be accepted in lieu of attendance at these clinical meetings). It will remain the responsibility of the clinician to ensure that they remain updated in the relevant accreditation, qualification or CPD requirements for service delivery)</p>				Evidence of CPD in line with accreditation requirements
	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Service Standards
ENABLERS	Primary Care Initiated Phlebotomy	Practices to provide a comprehensive non urgent primary care initiated phlebotomy service for registered adults (16 years +). Time frames and location for delivery should be clinically appropriate in accordance with the specific clinical requirements of the patient.	N/A	N/A	Quarterly Activity Submission using CCG Identified READ CODES	Secondary Care Activity

ENABLERS	Non Complex Wound Management	<p>Managing post-operative wounds, wound infections and minor trauma that would be expected to heal within 6 weeks and simple venous leg ulcer management that would be expected to heal within 6 weeks.</p> <p>District nursing teams will carry out:</p> <ul style="list-style-type: none"> • Home visits for patients under their caseload and patients that are temporarily housebound • Post-Operative wounds, ulcers and trauma that require more specialist assessment (e.g. Doppler) and require more specialist management e.g. compression and are likely to be more long term (requiring over 6 weeks healing. In the case of non-domiciliary patients, DN teams will refer to BCHC wound care clinics. 	N/A	N/A	Quarterly Activity Submission broken down by diagnosis and intervention using CCG Identified READ CODES	District Nursing Team / Secondary Care Activity
	Suture & Clip Removal	Removal of sutures and clips where specified by the surgical discharge letter.	N/A	N/A	Quarterly Activity Submission	District Nursing Team / Secondary Care Activity
	Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements
	Advice & Guidance	In cases of diagnostic uncertainty or when secondary or community care specialist management advice is required	N/A	N/A	End of Year Practice Self Declaration	Secondary Care Activity Reports
	Shared Care Drug Prescribing	A generic requirement for practices to participate in shared care where clinically appropriate and where the practice	N/A	N/A	Beginning and End of Year Practice Self Declaration	Monitoring of decline to

ENABLERS	Shared Care Drug Prescribing	<p>accepts the invitation to share care in line with GMC guidance and the APC ESCA, utilising the APC decline to prescribe forms where needed</p> <p>To help support this process, Practices can facilitate clinically appropriate shared care monitoring and prescribing arrangements with other local practices as an alternative to routinely returning prescribing to secondary care.</p>			<p>Practice achievement / compliance against this service requirement will be signed off by the Medicines Management/ Optimisation Team. Where there is insufficient evidence for sign off, the matter will be escalated to the Head of Medicines Management and Optimisation for arbitration</p>	prescribe forms at APC
DIAGNOSTICS	12 Lead ECG Recording & Interpretation	<p>Practices will provide a non-urgent 12 lead ECG recording and interpretation service for primary care initiated requests to all registered patients over the age of 16 years.</p> <p>The ECG Recording Service is for stable patients only and should not delay any proposed admission to hospital.</p> <p>The service should be delivered and ECGs interpreted in a clinically appropriate time frame according to the specific needs of the patient (normally within 72 hours from referral to ECG recording and interpretation)</p> <p>Practices should be able to demonstrate that they have a process in place for agreed FU and to inform the patient of findings, usually within 5 working days</p>	N/A	N/A	<ol style="list-style-type: none"> 1. Quarterly activity monitoring report split by recording and interpretation and clinical rationale for ECG 2. Beginning of Year Self Declaration to include: <ul style="list-style-type: none"> • Evidence of skills or subcontracting arrangements to deliver 12 lead ECG recording and/or Interpretation • Evidence of practice protocol (including timescales) for delivering ECG recording and Interpretation 	<p>Evidence of skills and date of accreditation to deliver ECG interpretation (if no subcontracting arrangements in place)</p> <p>Secondary Care Activity Reports for stable non-complex ECGs</p>

DIAGNOSTICS	12 Lead ECG Recording & Interpretation				Service and Patient FU to inform them of findings 3. End of Year Self Declaration to confirm that ECG delivery (including recording & interpretation) has been carried out in accordance with service requirements	
	Blood Pressure Monitoring Service	To provide a primary care initiated Blood Pressure Monitoring Service (either through Home Monitoring or 24 hour ABPM Monitoring) for all appropriate patients in general practice in a timely and convenient manner to support the management and control of blood pressure to help bring BP rates down in line with national target levels for all 'at risk' groups. This service is for adults only (16+ years) where the reason for monitoring has been requested by Primary Care.	N/A	N/A	Quarterly Monitoring Activity	Secondary Care Activity Reports
	Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements
	Spirometry	Practices to provide spirometry testing to confirm diagnosis of COPD or Asthma for patients over 16 years by completing a reversibility test and signpost patients to appropriate support services when diagnosed.	N/A	N/A	1.Beginning of Year Self Declaration to include: <ul style="list-style-type: none"> Evidence of skills or subcontracting arrangements to deliver a spirometry diagnostic service 	Evidence of skills and date of ARTP accreditation to deliver a spirometry service (if no

DIAGNOSTICS	Spirometry	The service should be delivered by providers who have completed training under the Association of Respiratory Technology and Physiology (ARTP) accredited training programme (or equivalent).			<ul style="list-style-type: none"> Evidence of practice protocol (including timescales) for delivering Spirometry Service and Patient FU to inform them of findings <ol style="list-style-type: none"> End of Year Self Declaration to confirm that spirometry has been carried out in accordance with service requirements Quarterly Monitoring Activity 	sub-contracting arrangements in place) Secondary Care Activity Reports
Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
MEDICINES MANAGEMENT	Antimicrobial Resistance	<p>Practices should demonstrate the following:</p> <ul style="list-style-type: none"> Adherence to local antimicrobial guidelines Practice targets for prescribing in line with national policy Appointment of antibiotic guardians All prescribing supported by a recorded indication and rationale (subject to technical impact assessment) Specific antimicrobial therapy audit <p>Specific Objectives</p> <ol style="list-style-type: none"> Work with the appointed Antibiotic Guardian (AG) to ensure that the 	N/A	50% of practice staff have also pledged to be AGs on behalf of the practice	<p>End of Year Practice Self Declaration</p> <p>Practice achievement against this service requirement will be signed off by the Medicines Management/ Optimisation Team. Where there is insufficient evidence for sign off, the matter will be escalated to the Head of Medicines Management and</p>	MMO Team Audit

MEDICINES MANAGEMENT	ANTIMICROBIAL RESISTANCE	<p>practice has signed up as AG on behalf of its organisation</p> <ol style="list-style-type: none"> 2. Participate actively in the CCG-wide audit of antimicrobial prescribing, and share learning 3. Contribute as a practice to the CCG achievement of national antibiotic prescribing targets through implementation of local antimicrobial prescribing guidance 4. Where penicillin allergy status is recorded in clinical communications from secondary care, ensure that the patient record is updated to reflect that status 5. Participate in Antibiotic Awareness Week and World Antibiotics Awareness Day 6. TARGET antibiotic leaflets used routinely where appropriate to do so 			Optimisation for arbitration	
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Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement	
MEDICINES MANAGEMENT	Cost Management	<p>To demonstrate the efficient use of prescribing funds:</p> <ul style="list-style-type: none"> Locally implement a programme of cost improvement measures involving initiation of the most cost effective medicines, and where appropriate, switch programmes to maximise cost effectiveness and meet individual practice cost improvement target Target objective use of ScriptSwitch Implementation of local policies: <ul style="list-style-type: none"> Medicines that should not routinely be prescribed in primary care Gluten free products Conditions for which over the counter items should not routinely be prescribed in primary care Glucose monitoring in primary care (specifically flash glucose monitoring) Generic prescribing 	N/A	N/A	<p>End of Year Practice Self Declaration</p> <p>Practice achievement against this service requirement will be signed off by the Medicines Management/Optimisation Team.</p> <p>Where there is insufficient evidence for sign off, the matter will be escalated to the Head of Medicines Management and Optimisation for arbitration</p>	MMO Team Audit	
	Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
	Quality & Safety	<p>Processes to ensure safe prescribing and Clinical Audit:</p> <p>1. Processes to ensure safe prescribing</p> <ul style="list-style-type: none"> [TBC placeholder for the WHO Meds Safety initiatives] 	N/A	N/A	End of Year Practice Self Declaration	MMO Team Audit	

MEDICINES MANAGEMENT	Quality & Safety	<ul style="list-style-type: none"> • Practice should demonstrate that there is a process in place to undertake an audit of any significant event relating to medicines, and shares any learning(anonymised) with the CCG (email address to be confirmed) ▪ Practice should demonstrate that there is a process in place for responding to medicines related alerts ▪ Practice should conduct and act upon the audit of prescribing of high risk drugs every 6 months <p>2. Clinical Audits</p> <p>Practices should undertake one specific quality and safety focussed audits which help to identify patients that will benefit from a specific intervention in terms of reduced adverse events.</p> <p>Practices can choose an audit from the list below or agree any other relevant audit in conjunction with their practice support pharmacist.</p> <ul style="list-style-type: none"> • National Review of Asthma Deaths (NRAD) • Stopping Over Medication of Patients with Learning Difficulties (STOMP-LD) • Monitoring of antipsychotics • Audit of anticoagulation in AF • PINCER searches • Anticoagulation safety monitoring • Acute kidney Injury audits – likely to be organisational Q&S priority 			Practice achievement against this service requirement will be signed off by the Medicines Management/ Optimisation Team. Where there is insufficient evidence for sign off, the matter will be escalated to the Head of Medicines Management and Optimisation for arbitration	
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Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
MEDICINES MANAGEMENT	Polypharmacy and De-prescribing	<ul style="list-style-type: none"> • Post discharge medication reconciliation <p>Securing practice co-operation to action recommendations in a set time frame</p> <ol style="list-style-type: none"> 1. All medication reviews undertaken by pharmacists on behalf of the practice to be actioned by a prescriber within 10 working days if paper-based, or 20 working days if face-to-face discussion with the pharmacist is required.) 2. All sip feed reviews undertaken by the dietetic service on behalf of the practice to be actioned by a prescriber within 10 working days if paper-based, or 20 working days if face-to-face discussion with the dietician is required. 3. Practices should undertake medication reviews in a population that has been agreed in advance between the practice and pharmacy support team (the population audit base should be between 0 and 2% of total list size) 4. Practices should undertake specific reviews of cohorts of patients found to be at higher risk of harm from their medication using nationally derived ePACT data 	N/A	N/A	<p>End of Year Practice Self Declaration</p> <p>Practice achievement against this service requirement will be signed off by the Medicines Management/ Optimisation Team. Where there is insufficient evidence for sign off, the matter will be escalated to the Head of Medicines Management and Optimisation for arbitration</p>	MMO Team Audit

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
MEDICINES MANAGEMENT	Waste Management	<p>An NAO report from 2010 indicated in excess of £300M per annum of wasted medication with more recent initiatives demonstrating a high level of waste due to inefficient practice and pharmacy systems.</p> <p>1. Practices should participate in at least 2 of the following interventions to help reduce drug wastage:</p> <ul style="list-style-type: none"> • Continued focus on rationalisation of Repeat Prescription Ordering Systems and promotion of web based initiatives to support repeat prescribing • MMO Team Technician based waste audits to focus on inhalers, insulins, GTN, diabetes strips / needles / lancets, creams, dressings, stoma, appliances • Appliance Waste Reduction Scheme as appropriate • Alternative scheme, either CCG-led or locally devised and agreed 			<p>End of Year Practice Self Declaration</p> <p>Practice achievement against this service requirement will be signed off by the Medicines Management/ Optimisation Team. Where there is insufficient evidence for sign off, the matter will be escalated to the Head of Medicines Management and Optimisation for arbitration</p>	MMO Team Audit

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
CANCER	Management of Stable Prostate Cancer and GnRH Injection Therapy Management of Stable Prostate Cancer and GnRH Injection Therapy	<p>Practices should accept all stable prostate patients deemed suitable for ongoing management and GnRH injection therapy in primary care following receipt and sign up to transfer of care (TOC) form for all new patients discharged to their care from April 2019</p> <ol style="list-style-type: none"> 1. All drugs should be administered as per clinical protocols. 2. Post April 2019, stable prostate patients should only be accepted for management in primary care if a Patient Transfer of Care (TOC) form has been raised by the consultant specialist 3. All TOC forms should be receipted by GPs to ensure that all transfers are acknowledged and confirmed to the consultant specialist to be suitable and accepted for ongoing primary care management. 	20% of Stable Prostate Register	100% of patients suitable for primary care management post April 2019 have a TOC form in place	<p>Quarterly submission of patient register</p> <p>Beginning and End of Year Practice Self-Declaration</p> <p>Evidence of practice protocol for patient management and recall at the beginning of the Year</p>	<p>Secondary Care Activity Reports</p> <p>Practice Protocol is made available to the CCG upon request</p>

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
CANCER	Re-Engagement of Patients to National Screening Services for Breast, Bowel and Cervical Cancers	Practices undertake a local promotion campaign and read code all DNAs and opportunistically re-engage patients back into the 3 national cancer screening programmes	N/A	N/A	Practice End of Year Self Declaration Submission of an End of Year Report that includes promotional interventions that have taken place and numbers re-engaged onto the 3 National Cancer Screening Programmes	Evidence from the 3 National Cancer Screening Hubs
FRAILITY	Frailty	1. Patients with a diagnosis of severe frailty should have an alert/flag put on their medical records in order to alert clinicians and practice staff to the fact the patient should receive urgent triage, e.g. access to urgent appointments, prescriptions and home visits.	N/A	100%	Practice End of Year Self Declaration	CCG Audit
		2. Patients with a diagnosis of severe frailty should have an annual frailty assessment* to include dementia screening, mobility assessment** and social circumstances and signpost to appropriate services. This is over and above the national GMS requirements. * Holistic frailty assessment guidelines to be provided. ** Mobility assessment does not have to be formal review of mobility	20%	80%	Read coded on practice clinical template and quarterly remote data extraction	CCG Audit

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
FRAILITY	Frailty	<p>3. Practices to maintain their Severe Frailty Register as required by GMS by undertaking case finding of new patients on a bi-annual basis using an evidence based tool, e.g. Electronic frailty index. Patients confirmed through clinical judgement.</p>	20%	100%	Bi-Annual Audit Submission	CCG Audit
		<p>4. All severe patients with a new diagnosis of frailty from 1st April 2019, should receive a falls risk assessment, all appropriate primary care interventions and be signposted to support services where required</p>	20%	80%	Read coded on practice clinical template and quarterly remote data extraction	CCG Audit
	End of Life	<p>1. Practices to agree advance care plan for end of life patients. This should include completion of the ReSPECT form</p>	20%	80%	Read coded on practice clinical template and quarterly remote data extraction	CCG Audit
		<p>2. Practices to ensure that Patients on Gold Standards Framework/Palliative Care Register are discussed as a minuted agenda item at a minimum of 6 meetings per year. The meetings should include evidence of an invitation made to appropriate Community or End of Life health professionals to support this discussion.</p>	20%	100%	Practice End of Year Self Declaration	CCG Audit

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
LONG TERM CONDITIONS	Atrial Fibrillation	1. Opportunistically case finding AF patients though carrying out regular manual pulse checks to increase diagnosed prevalence of AF (e.g. flu clinics or other local or national health promotion campaigns)	N/A	N/A	Quarterly submission of patient register End of Year Practice Self Declaration to confirm engagement in the case finding and ongoing holistic monitoring of AF patients	Work with West Midlands Strategic Network to identify baseline prevalence at April 2019 and prevalence at March 2020
		2. Carry out a review at diagnosis and then annually thereafter using the West Midland Strategic Clinical Network Template. This should include an assessment of rate control	20%	80%	Quarterly submission of diagnosed AF patients who have an initial assessment and are reviewed for rate control	CCG Audit
		3. Carry out an annual review using the WMSCN Template	20%	80% of patients on AF register receive annual review	Quarterly audit submission of patients on AF Register who receive an annual review	CCG Audit
	CHD	1. Offer a statin to all CHD Patients over 18 years if not contra-indicated	20%	80%	Quarterly Activity Submission	CCG Audit
		2. Patients diagnosed with CHD who are over 18 years should receive lifestyle counselling following diagnosis and be signposted to lifestyle services where required	20%	80%	Quarterly Activity Submission	CCG Audit

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
LONG TERM CONDITIONS	Diabetes	<p><u>Pre-Diabetes</u></p> <p>1. Deliver the National Diabetes Prevention Programme</p> <ul style="list-style-type: none"> All patients who meet the clinical criteria to be tested for pre-diabetes will be identified by the practice and managed accordingly. Identify patients with a HbA1c of 42 – 47 mmol/mol (6.0 – 6.4%) or who have a Fasting Plasma Glucose (FPG) of 5.5 – 6.9 mmol/l within the 12 months, including those who have been identified via the Health Checks and opportunistic screening programmes If the HbA1c is within the 42 – 47 mmol/mol range the practice will refer the patient to their NDPP provider service for lifestyle intervention 	20%	N/A	Quarterly Activity Submission	CCG Audit on NDPP Provider Activity Review top 5% and bottom 5% outliers
		<p><u>Diabetes</u></p> <p>1. Complete an annual review to include an HbA1c.</p> <p><i>NOTE: Adults aged 18-74 with hereditary anaemias (sickles cell, thalassaemia) should be offered an FPG test to avoid any elevation or false HbA1c.</i></p>	20%	70%	Quarterly Activity Submission	CCG Audit
		<p>2. Deliver the NICE Eight Care processes as a minimum standard of care (for</p>	20%	50%	Read Codes on Clinical Template and Remote Data Extraction	Practices to be measured against the

LONG TERM CONDITIONS	Diabetes	Retinopathy the practice will advise the patient of the nearest Diabetic Digital Retinopathy Screening (DRRS), and will be monitored via a call and recall service				National Diabetes Audit Data Extraction
		<p>3. Manage patients on insulin or non-insulin therapies</p> <p>4. Patient initiation and titration of insulin or non-insulin therapies.</p> <p><i>(Practices delivering this level of service will be required to be accredited and maintain accreditation. Practices signing up to this level of service will need to evidence completion of and maintenance of accreditation).</i></p>	20%	N/A	Read Codes on Clinical Template and Remote Data Extraction	Audit of Community & Secondary Care Provider Activity
			N/A	N/A	Quarterly activity submission split by the number of insulin initiations and non-insulin initiations completed per quarter	<p>Audit of Community & Secondary Care Provider Activity</p> <p>Evidence of completion of and maintenance of accreditation to be made available upon request if this service is not being subcontracted out</p>
Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
LONG TERM CONDITIONS	Heart Failure	1. Correct use of the BNP diagnostic pathway to support referral process (where no previous evidence of MI)	N/A	N/A	N/A	Review of Secondary and Community Care Activity
		2. Up titration of ACE/ARB and beta blockers to maximum tolerated doses	20%	80%	Quarterly Activity Submission	CCG Audit

LONG TERM CONDITIONS	Heart Failure	<p>in all patients with newly diagnosed LVSD/heart failure within 6 months of diagnosis.</p> <p>3. Annual monitoring – To Include:</p> <ul style="list-style-type: none"> • Assessment of symptoms • Review of medication, including consideration of up titration of ACE/ARB and beta blockers, need for changes and possible side effects • The opportunity to discuss the palliative care/end of life needs of patients and carers with referral to palliative care services if required • Case management and care planning - review of any annual lifestyle plan or a decompensation plan • Referral to specialist heart failure services if required 	20%	80%	Quarterly Activity Submission	<p><i>Measurable read code 'on max tolerated dose'</i></p> <p>CCG Audit</p> <p>Measurable read code 'annual heart failure review'</p>
Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
LONG TERM CONDITIONS	Respiratory COPD	<p>1. Practices to complete an Annual Review for each patient diagnosed with COPD to include the following:</p> <ul style="list-style-type: none"> • Patients should be provided with a written self-management plan and this plan should be filed electronically within the patient's clinical record • The severity of COPD should be stratified and recorded within the 	20%	70%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	<p>CCG Audit</p> <p>Review of top 5% and bottom 5% of outliers</p>

LONG TERM CONDITIONS	Respiratory COPD	<p>patient's clinical record. Severity could be stratified using the COPD Assessment Test (CATest) and a copy should be filed electronically within the patient's clinical record.</p> <ul style="list-style-type: none"> • A minimum of one measure of oxygen saturation (SaO2) should be taken annually, and recorded within the patient's clinical record (SaO2 should be recorded more frequently where clinically indicated) • A referral for Long-term Oxygen Therapy (LTOT) should be made for stable COPD patients where the patients SaO2 level is below 92% on 3 or more occasions between April 1st 2019 and March 31st 2020 • A depression screening assessment should be conducted for all COPD patients. • Rescue medication pack prescribed where appropriate (rescue packs should NOT include antibiotics) 				
		<p>2. A referral for Pulmonary Rehabilitation should be made for stable COPD patients where they have an MRC breathlessness scale score of 3 or more</p>	N/A	N/A	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit
		<p>3. COPD related hospital admissions taking place during the period April 1st 2019 and March 31st 2020 should</p>	20%	70%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit

LONG TERM CONDITIONS	Respiratory COPD	be recorded and monitored by an in-practice follow-up appointment within 2 weeks of receipt of discharge letter				
		<p>4. Patients who have had an exacerbation but not admitted to hospital should be monitored by an in-practice follow-up appointment within 2 weeks of the exacerbation (can include telephone consultation)</p> <p>5. Diagnosis of new COPD confirmed by clinician and spirometry findings</p>	20%	70%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit
			N/A	N/A	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit

Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
LONG TERM CONDITIONS	Respiratory Asthma	<p>1. Practice to complete an Annual Review for each patient diagnosed with moderate to severe Asthma with a classification of BTS STEP 2. This should include the following:</p> <ul style="list-style-type: none"> • Patients should be provided with a written self-management plan and a copy of this plan should be filed within the patient’s clinical record • The asthma control test (ACT) should be conducted at least once annually and a copy should be filed electronically within the patient’s clinical record • History of allergies (if present) or any history of allergic rhinitis should be recorded electronically within the patient’s clinical record • Occupation history recorded in newly diagnosed asthma patients where relevant • Rescue medication pack prescribed where appropriate (Rescue packs should NOT include antibiotics) 	20%	60%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit
		<p>2. Asthma related hospital admissions taking place during the period April 1st 2019 and March 31st 2020 should be recorded and monitored by an in-practice follow-up appointment within 2 weeks of receipt of discharge letter</p>	20%	70%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit

		3. Patients who have had an exacerbation but not admitted to hospital should be monitored by an in-practice follow-up appointment within 2 weeks of the exacerbation (can include telephone consultation)	20%	70%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit
Service Standards	Clinical Indicator	Interventions	% Evidence of Engagement	Target Thresholds for Delivery	Reporting Requirements	Assurance Requirement
LONG TERM CONDITIONS	GnRH Injection Therapy for the Management of Endometriosis and Breast Cancer in Pre-Menopausal Women	1. Stable patients with diagnosed with Endometriosis or Breast Cancer and assessed as suitable for ongoing management through GnRH Injection Therapy in Primary Care are accepted by General Practice and receive injections in accordance with specialist advice	20%	80%	Read Codes on Clinical Template and Quarterly Remote Data Extraction	CCG Audit Monitoring of Secondary Care Activity
	* This service should not be included in any primary care returns for the Minor Surgery DES	2. Post April 2019, all stable patients assessed as suitable for ongoing primary care management should have a TOC document in place that outlines the rationale for continuing GnRH Injection Therapy in Primary Care and information regarding initiation and discontinuation post April 2019	N/A	100%	Annual Practice Self Declaration	MMO Team Audit
MENTAL HEALTH	Annual Physical Health Checks for Patients on SMI Registers This service requirement	Practices are expected to offer personal annual physical and mental health checks, based on the Lester cardio metabolic toolkit and NICE guidelines to all SMI patients	20%	60%	Read Codes on CCG Approved Template and Quarterly Remote Data Extraction	CCG Audit of above and below 5% target outliers. Work with these identified practices to

	aligns to QOF and includes 3 additional interventions to the current QOF Review	<p>1. Patients on the GP SMI register should receive a complete annual physical health assessment using CCG identified template and appropriate signposting and follow up care.</p> <p>Additional details to QOF should include:</p> <ul style="list-style-type: none"> • Sexual health assessment • Oral health assessment • Engagement and signposting access to National Screening Programmes 				review service delivery and support development of action plan
SAFEGUARDING	Safeguarding and Promoting the Welfare of Children and Adults	<p>The practice to engage with the CCG in an external evaluation of safeguarding processes within the practice.</p> <p>This will involve the completion of the BSOL CCG Safeguarding (adults and children) Assurance Tool, engagement with lessons learnt arising from safeguarding case reviews and educational activity required to ensure the practice is fully compliant with the new legislation and guidance for safeguarding which will be required by all practices to comply with in the forthcoming year.</p>	N/A	100%	Annual Practice Self Declaration	Safeguarding Audit of completion of Assurance Tool & Action plans
CLINICAL AUDIT	Significant (Learning) Event Reviews	Significant (learning) event analysis can be used to show quality improvement in the 'safety' key question of CQC GP inspections. SEA uses case analysis to encourage the whole healthcare team involved in a case or incident to have a supportive discussion. The aim is to use this as a process to allow reflection and	N/A	N/A	Annual Practice Based Self Declaration	CCG Audit Information should be kept on file and made available

<p>CLINICAL AUDIT</p>	<p>Significant (Learning) Event Reviews</p>	<p>learning from the incident and so improve care.</p> <ol style="list-style-type: none"> 1. Practices should be able to demonstrate that they are engaged in peer review discussion of a practice based significant / learning event at a Neighborhood and practice level. 2. Information must be captured to demonstrate the reflection and learning form the incident and this has improved patient care 3. Using the national significant event form uploaded onto the practice clinical system, practices should complete a significant event form for all patients that have had an E. coli blood stream infection / clostridium difficile diagnosed (community cases). 				<p>to commissioners upon request</p>
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