Developing a Rotherham primary care quality contract as a catalyst to improving quality, population health outcomes and reducing health inequalities

Authors

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INTRODUCTION

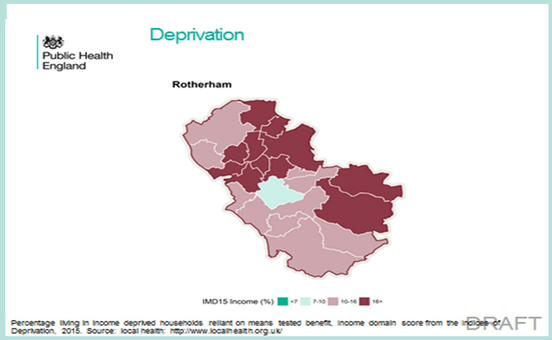
The Quality Contract (QC) is Rotherham's main vehicle of reinvestment of the PMS review monies into primary care. It comprises of 13 standards with clear objectives and KPI's which attract additional payment. Each practice is expected to deliver on every standard.

The Quality contract aims to:

- Ensure consistency of quality in General Practices in Rotherham
- Improve access in General Practice
- Improve health outcomes for the Rotherham population
- Reduce health inequalities

METHODS

To determine individual practice KPI's, a peer cluster methodology was used, taking into account practice demographics using age, ethnicity and depravation IMD scores. By using this method it enables the development of comparable practices to support and encourage performance and improve quality, thus offering the potential to improve health outcomes on a scale that add up to a population-level change.



Deprivation in Rotherham supporting the cluster work for practices

RESULTS

As the Quality Contract became into being in 2016 and standards are being introduced over the 3 years, the results are yet to be evaluated and it may be a number of month/years before the impact can be reviewed. However the aim of the contract and overall results will include:

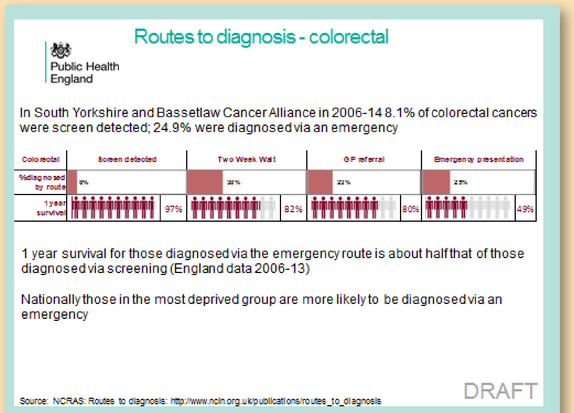


Figure. Evidencing why screening is so important and a vital part of the quality contract

The Standards agreed for Screening and Health Protection Include (examples)

- Returning diabetic eye screening validation with 2 weeks
- Working with the SIT to increase uptake of cancer screening per practice
- Follow up DNAs by personalised contact
- Accessible understandable format of screening information for those with learning disabilities
- Antenatal pertussis and flu - liaise and work with local maternity providers to ensure the estimated date of delivery (EDD) is recorded on the patient's records and ensure all pregnant women have been offered and given or declined vaccinations recorded

Improved health outcomes for the population

- Early identification through screening and health checks
- Optimum care for those already living with long term conditions
- Referrals made at the right time, using evidence based pathways

Reduced health inequalities

- The Key Performance Indicators (KPIs) will reflect Practice population demographics
- Improved support and better care for carers and people with mental health needs and those with protected characteristics.

Along with improving access to GP practices, reducing variation, support for the CCGs Quality, Innovation, Productivity & Prevention Challenge

DISCUSSION

The collaborative working with General Practices, LMC, LA Public health, CCG quality and commissioning, SIT, medicine management, including a consultation process with all stakeholders and sign off by the LMC achieved a set of agreed standards.

General Practices have been provided with the read codes used for coding activity and will receive feedback on their achievement of KPIs on a quarterly basis.

CONCLUSIONS

- The QC has most recently commenced with some standards yet to be implemented.
- The contract will be continuously monitored by the SIT and CCG to ensure practices are meeting the standard s agreed. The CCG aims to provide a framework of support to which the SIT team will link.

Key performance indicators for monitoring will include

- Achieving continuous improvement of the target group for health protection
- Achieving the peer cluster average the programmes as appreciating some practices due to patients demographics will not achieve the PHOF targets

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