

# Agenda Item No. 2.7 (a)

## Manchester Health and Care Commissioning Board Meeting

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| <b>Agenda Item</b>   | 2.7 (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Date</b> | 29 July 2020 |
| <b>Report Title</b>  | MHCC Primary Care Standards 2020/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |
| <b>Report Author</b> | Fiona Meadowcroft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |              |
| <b>Summary</b>       | <p>MHCC Board has been updated regularly on the impact and progress of the Manchester Standards scheme – the aim of which is for all Manchester GP practices to be supported to ensure that their patients continue to benefit from pro-active, high quality primary care through a consistent population offer- reducing variation across the city and accelerating key areas of quality improvement.</p> <p>The original proposed standards scheme was circulated both in February and April .</p> <p>The full set of standards was delayed to enable additional engagement in light of the impacts of Covid-19 and to focus on Covid response as supported by national guidance</p> <p>The following themes have also been considered in the final proposed Primary Care Standards 2020/21:</p> <ul style="list-style-type: none"> <li>• Ensuring the scheme is attainable</li> <li>• Considering the direct and indirect clinical impact of Covid-19</li> <li>• Supporting Covid-19 recovery requirements</li> </ul> <p>Reflecting the identified priorities of inclusion, reducing inequalities , digital and remote care and the impact of Covid on the population.</p> <p>The attached includes the partial Primary Care Standards 2020/21 issued in May and those that have been reviewed/rewritten as a result of the impact of and guidance around Covid-19.</p> <p>The attached also include the allocation of the remaining £1 per head of population to a Covid-19 specific standard, which has been further supplemented with any remaining unallocated funds for the £10per head total funds for the scheme.</p> |             |              |

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| <b>Strategic Objectives considered in this report</b>                                                                                        | <p>Improve the health and wellbeing of people in Manchester</p> <p>Strengthen the social determinants of health and promote healthy lifestyles</p> <p>Ensure services are safe, equitable and of a high standard with less variation</p> <p>Enable people and communities to be active partners in their health and wellbeing</p> <p>Achieve a sustainable system</p>                                                                                            |
| <b>Risks considered in this report</b>                                                                                                       | <p>748 MHCC workforce capacity and capability</p> <p>749 Local Care Organisation</p> <p>750 Single Hospital Service</p> <p>752 Service capacity</p> <p>754 Inequity</p> <p>755 Community resources</p> <p>756 In year financial position</p> <p>758 Strategic Partnerships</p> <p>801 Financial Pressures in Health and Care Partners</p> <p>820 Population Growth</p> <p>875 Resources not targeted appropriately</p> <p>877 Estates, IT and Digital Assets</p> |
| <b>Confirmation that equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy.</b> | <p>The detail within this report is in line with the Manchester Strategy for Primary Care and the Equality IA completed as part of the multi-year investment approach to Primary Care for 2018/20.</p>                                                                                                                                                                                                                                                           |
| <b>Financial Implications</b>                                                                                                                | <p>The 20/21 Standards have a funding envelope based on £10 per head of population equating to £6,708,853.</p>                                                                                                                                                                                                                                                                                                                                                   |
| <b>Public and Patient Engagement</b>                                                                                                         | <p>The Primary Care Standards have been, and continue to be, implemented with engagement from clinicians, stakeholders and public/patients.</p>                                                                                                                                                                                                                                                                                                                  |
| <b>Recommendations</b>                                                                                                                       | <p>The Board is recommended to:</p> <ol style="list-style-type: none"> <li>1. Note the contents of the report</li> <li>2. Approve the Primary Care Standards 2020/21</li> </ol>                                                                                                                                                                                                                                                                                  |

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## 1.0 Introduction

- 1.1 Primary Care Standards aim for all Manchester GP practices to be supported to ensure that their patients continue to benefit from pro-active, high quality primary care through a consistent population offer.
- 1.2 The original proposed standards scheme was circulated for comment in both in February and again in April so the impacts of Covid-19 could be considered.
- 1.3 Those standards where delivery is unaffected by Covid-19 were issued in May and the issue of the full set of standards was delayed to enable additional engagement in light of the impacts of Covid-19.
- 1.4 The themes from the initial responses have been considered in the final Primary Care Standards 2020/21:
  - Ensuring the scheme is attainable
  - Considering the direct and indirect clinical impact of Covid-19
  - Supporting Covid-19 recovery requirements
- 1.5 Additional engagement has taken place on the completion of the full set of standards and the response received required the supply of additional information on the delivery of Standard 9
- 1.6 The attached is the complete set of 2020/21 Primary Care Standards 2020/21 including those issued in May and those that have been reviewed/rewritten as a result of the impact of and guidance around Covid-19.
- 1.7 The attached also include the allocation of the remaining £1 per head of population to a Covid-19 specific standard, which has been further supplemented with any remaining unallocated funds for the £10 per head total funds for the scheme.

## 2.0

- 2.1 The Board is recommended to:
  - 2.1.1 Note the contents of the report
  - 2.1.2 Approve the Primary Care Standards 2020/21

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### Primary Care Standards Scheme 2020/21

| Standard 1 Inclusion Health |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>Aims</b>                 | <p>There is a stark divide between the richest and poorest groups in society for indicators such as life expectancy, healthy life expectancy and mental wellbeing. Health inequalities therefore exist on a social gradient, with health outcomes being linked to socio-economic status.</p> <p>These have their roots in structural inequalities in education, employment, housing and infrastructure, and are amplified by the intersections of poverty disability, race, gender, age, religion or belief, trans status and sexual orientation. The emerging evidence is that Covid-19 has had a disproportionate impact upon some communities, particularly disabled and BAME people and those living in poverty. The necessary switch to 'digital by default' services is further impacting upon access to primary care by some communities. This is likely to have a longer term impact upon life and health expectancy within these communities unless we embed inclusion within our delivery models.</p> <p>Removing barriers to accessing and take up of health care for those with complex lives will help GPs support those who needs are unmet or unrecognised, reduce increasing pressures on the system, free up much needed time and resources and create better opportunities for early interventions.</p> <p>Practices are encourage to consider how they can work collaboratively with the Neighbourhood, PCN and VCSE to undertake the work and learning involved as a health and care team.</p> <p>This work supports understanding the disproportionate impact of Covid-19 on some communities, particularly BAME, disabled people, people living in poverty including homeless people.</p> <p><i>The evidence on the health impacts of Covid-19 comes from two recent reports by Public Health England (PHE) based on surveillance data. They confirm that COVID-19 has had a disproportionate impact upon black, Asian and minority ethnic (BAME) people, disabled people and people living in poverty. This is both in terms of health and economic impact.</i></p> <p>Public Health England (PHE) released an initial report on Disparities in the risk and outcomes of COVID-19. A second report includes the evidence submitted and a set of 7 recommendations which practices are asked to address within the Covid response strategy.</p> <p><a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf</a></p> |
| <b>Delivery</b>             | <p><b><u>1) Improved Evidence Base - Protected characteristics and Accessible Information Standards (AIS)</u></b></p> <p><b><u>Part a</u></b></p> <p>All practices to undertake self-assessment against their legal requirements using a toolkit / supporting information that will be provided.</p> <p>This will involve action planning around removal of access barriers to meet the legal standard as a minimum. Each practice needs to nominate a champion for the practice to lead on this work and further assessment of practices against the AIS toolkit.</p> <p><b><u>Part b</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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Practices are to embed the collection of protected characteristics and accessibility information within their process and undertake a targeted piece of work to improve the recoding of this information. This will help to improve surgeries' understanding of individual patient cultural or access requirements in accessing general practice and records more accurate data on the make-up of our population enabling us to more accurately target limited resources.

This will be supported by the training provided, by resources made available on the GP clinical systems (EMIS, Footfall and Egton), and by IT training resources (documents and webinars).

### **2) Improved Patient Access**

An inclusion suite of training and awareness-raising will cover the following 5 critical areas which are identified as high risk to either poorer health outcomes and/or legal compliance.

#### **a) Online registration**

To support the process of new patient registration and recording the required information, MHCC has produced a universal registration form and protected characteristics and accessible information form. With the event of Covid-19 and the move to digital first services, practices are encouraged to adapt processes to support the online registration of new patients.

To support the delivery of this standard, practices are asked to attend the available training and use the online version of the universal registration form.

Payment for process of set up for the functionality of online registrations and evidence that this is being used. Details to be confirmed prior to commencement of scheme.

#### **b) Translation and Interpretation Services**

All practices to meet the [NHS Interpreter and Translator guidelines](#) (2018) and any refreshed guidelines which take into account the need to use translation and interpretation services within digital delivery.

#### **c) Safer Surgeries**

All practices to have completed 'Doctors of the World' training, either directly or through their 'train the trainer' model to ensure better understanding of the needs of asylum seekers and refugees in general practice. During Covid, this training will be online.

#### **d) Pride in Practice**

- All practices to have completed Pride in Practice to a minimum of Bronze level.
- Practices to work with the LGBT Foundation to upgrade their Pride in Practice awarded from Bronze to Silver and Silver to Gold (where applicable). Practices that have been awarded Gold status to maintain this support other GP practices and continue to drive best practice.
- All GP practices to ensure they also incorporate Trans specific Pride in Practice accreditation.

Training will be delivered online.

#### **e) BAME Patients**

All practices to ensure that they understand and meet the different cultural and

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|                  | <p>health needs of their populations. The impact of Covid has had varying impact on different neighbourhoods.</p> <p>As a system we are aware of Manchester's diverse communities and this element of the standard has a particular focus on engaging BAME communities in health services where there are known inequalities in terms of access, outcomes and higher prevalence of long term conditions in some communities e.g. diabetes .</p> <p>This will be supported with education and learning</p> <p>Practices will be required through a neighbourhood session to understand the existing data, neighbourhood level Covid data, gaps in data and to ensure that improved coding can be used to address the disproportionate impact of Covid on BAME communities within the Manchester Covid response.</p> <p>Practices will be asked to</p> <ul style="list-style-type: none"> <li>• Provide evidence that patients who have communication or other barriers are coded appropriately to highlight access and support needs.</li> <li>• To ensure that known access barriers are shared with relevant partners across health and social care.</li> <li>• To work with wider partners to refresh the neighbourhood plans to promote recovery post Covid and further response if needed</li> <li>• To work with patient participation groups to share actions taken</li> </ul> <p><b><u>f) Homeless Patients</u></b></p> <p>All GP practices to be aware of the needs of patients who are or become homeless and how they can support them by ensuring their health outcomes are not worsened by barriers to their service.</p> <p>To ensure patients who have communication or other barriers are coded appropriately to highlight access priorities and known access barriers are shared with relevant partners across health and social care.</p> <p>This will be supported by a session to look at needs of homeless people and how to support them, connected to the city's homelessness strategy</p> <p><b>All elements to be completed by 31 March 2021</b></p> |
| <b>Reporting</b> | <p><b><u>1) Improved Evidence Base - Protected characteristics and Accessible Information Standards (AIS)</u></b></p> <p><b><u>Part a</u></b></p> <p>Self-reporting : completion of toolkit</p> <p><b><u>Part b</u></b></p> <p>Demonstrated increase in recording of AIS and protected characteristics coded on clinical system</p> <p><b><u>2) Improved Patient Access</u></b></p> <p><b>a) Online registration</b></p> <p>Demonstrated increase in recording of AIS and protected characteristics coded on clinical system for newly registered patients.</p> <p><b><u>b) Translation and Interpretation Services</u></b></p> <p>Self-reporting</p> <p><b><u>c) Safer Surgeries</u></b></p> <p>Completion of training</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|                     | <p><b><u>d) Pride in Practice</u></b><br/>Completion of training and self-assessment.</p> <p><b><u>e) BAME Patients</u></b><br/>Commitment to training and self-reporting around addressing inequalities within neighbourhood plan.</p> <ul style="list-style-type: none"> <li>• on Covid 19 impact at neighbourhood and practice level</li> <li>• Peer assurance that all practices are operating best practice</li> <li>• Feedback report from Practice / PCN PPAC</li> </ul> <p><b><u>f) Homeless Patients</u></b></p> <ul style="list-style-type: none"> <li>• <u>Evidence of completion</u></li> </ul> |
| <b>Target</b>       | <b><i>Increase in recoding of AIS and protected characteristics TBC</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Remuneration</b> | Remuneration will be based on the following:<br>£0.70 for the standard, breakdown TBC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| Standard 2 (a) – Learning Disabilities |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <b>Aims</b>                            | <ul style="list-style-type: none"> <li>• To improve the uptake of the Learning Disability Annual Health Check to 75%</li> <li>• To provide accessible healthcare that meets the needs of people with learning disability through the provision of reasonable adjustments.</li> <li>• <u>Revised Aims due to Covid-19:</u></li> </ul> <ol style="list-style-type: none"> <li>1. To contact all patients on LD register to ensure each person (or carer) understands and is able to safely access healthcare during COVID-19 crisis</li> <li>2. To perform LD annual health checks via remote consultation, without the need to perform routine bloods or routine physical examination during COVID-19 period.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Delivery</b>                        | <p><b>Covid-19 Additional contact with patients on LD register:</b></p> <ul style="list-style-type: none"> <li>• Due to current Covid-19 restrictions on face to face healthcare and the move towards digital access and remote consultation, it is imperative that patients with Learning Disability understand that primary care is still open, know how to access their GP and have reasonable adjustments in place to help overcome access and communication barriers.</li> <li>• Therefore, this standard is asking for 2 contacts with your LD patients. The first contact is with ALL patients on the LD register is to ensure each person understands, and is able, to safely access healthcare during COVID-19 crisis.</li> <li>• For this first contact, please contact the patients on your LD register as soon as possible and by <u>31<sup>st</sup> August 2020</u>.</li> <li>• Use the following code to document this contact with patients: <b><i>Advice given about 2019 novel coronavirus infection</i></b></li> </ul> <p><b>LD Annual Health Check:</b></p> <ul style="list-style-type: none"> <li>• The second contact is the Annual Health Check, to be completed by 31<sup>st</sup> March 2021.</li> <li>• Each practice to offer a Learning Disability Annual Health Check to patients with a Learning Disability who are 14yrs of age and above.</li> <li>• Health checks to be with a nurse and doctor with reasonable adjustments where required.</li> <li>• A medication review to be conducted as part of each annual health check, with a particular focus on stopping/reducing unnecessary medications and appropriate monitoring of medications <sup>[1]</sup>.</li> </ul> <p><b>Registers:</b><br/>Practices asked to hold:</p> <ul style="list-style-type: none"> <li>• QOF Learning Disability register</li> <li>• Autism Register</li> <li>• ADHD Register</li> </ul> <p>Please note, there is <i>not</i> a requirement of practices to perform health checks for people with Autism Spectrum Disorder (ASD) or ADHD, unless they also have a learning disability.</p> <p><b>Accessible Information and Reasonable Adjustments:</b></p> <ul style="list-style-type: none"> <li>• Identify &amp; record any reasonable adjustments required for patients with LD <sup>[2]</sup> (Equality Act 2010).</li> <li>• Practices to use accessible information, for example easy read materials and health action plans, for people with learning disabilities to aid understanding.</li> </ul> <p><b>LD Champion:</b></p> |



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|                                                                                                       | <ul style="list-style-type: none"> <li>Each practice will nominate a LD champion from their clinical staff who has an interest in healthcare for people with learning disabilities</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                                                       |
| <b>Reporting</b>                                                                                      | <ul style="list-style-type: none"> <li>Sign up to Learning Disability DES<sup>[3]</sup> - NOTE: the DES is <b>paused</b> during COVID-19 period</li> <li>Coding of two contacts and a completed Annual Health Check template in the clinical system.</li> <li>Nomination of an LD Champion</li> <li>Appropriate usage of defined codes for Learning Disability, Autism and ADHD register in the clinical system</li> </ul>                                                                                                                                                                                                                                                                                 |                         |                                                                                                       |
| <b>Target</b>                                                                                         | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><b>Target 2020-2021</b></td> </tr> <tr> <td>75% of eligible<sup>[4]</sup> patients with learning disabilities to have had an annual health check</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Target 2020-2021</b> | 75% of eligible <sup>[4]</sup> patients with learning disabilities to have had an annual health check |
| <b>Target 2020-2021</b>                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                       |
| 75% of eligible <sup>[4]</sup> patients with learning disabilities to have had an annual health check |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                       |
| <b>Remuneration</b>                                                                                   | <p>Remuneration will be based on the following:</p> <ul style="list-style-type: none"> <li>LD COVID Contact: A block payment of £16 per Learning Disability patient on the register at the end of the scheme (31st March 2021), based upon 90%+ of Learning Disability patients receiving a COVID related telephone contact.</li> <li>LD Health Check: £30 per eligible Learning Disability patient receiving a full health check</li> <li>£140 per annual health check from the National DES payment (external to Standards, and paused during Covid-19)</li> <li>£400 per practice to support coding of the Autism register</li> <li>£400 per practice to support coding of the ADHD register</li> </ul> |                         |                                                                                                       |

<sup>[1]</sup> <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

<sup>[2]</sup> There is a section for this to be documented on the EMIS LD Annual Health Check template.

<sup>[3]</sup> <https://digital.nhs.uk/services/general-practice-gp-collections/service-information/learning-disabilities-health-check-scheme>

<sup>[4]</sup> Eligibility being over the age of 14yrs

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| Standard 3 Cancer: Participation in Gateway-C |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Aim / Outcome</b>                          | <ul style="list-style-type: none"> <li>• Increase cancers detected at an earlier stage; Improve 1yr survival rates</li> <li>• Achievement of 2WW CWT standard and 62d CWT treatment standard (Constitutional standards and CCG IAF measures)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Delivery</b>                               | <p>Gateway C modules completed by each GP and included as part of GP appraisal process</p> <p>The criteria for suspected cancer referrals (SCR) were amended in 2015 with a refresh of NICE guidelines to encourage earlier referral with a view to diagnosing more cancers at an earlier stage.</p> <p>The number of (SCR) made by Manchester CCG GPs has increased from 13,000 in 2013 to 24,000 in 2018. This has resulted in significant impact on secondary care diagnostics services, and has led to an increase in pathways for patients with a cancer diagnosis.</p> <p>Gateway-C is an on-line learning platform that can support referral decision making and access to the correct pathway for patients with symptoms that may suggest cancer. Figures from both our Lung Cancer and Brain Tumour- Early Diagnosis Course found participants increased their confidence in knowing when to refer; from somewhat confident (4) to very confident (5) following course completion.</p> <p>GPs can be supported to access modules on Gateway C, which also carry 2 CPD points per module.<br/>Registration &amp; access can be found here:<br/><a href="https://www.gatewayc.org.uk/">https://www.gatewayc.org.uk/</a></p> |
| <b>Reporting</b>                              | Practices to submit evidence of completion of Gateway C training via Tableau by 31 <sup>st</sup> March 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Target</b>                                 | <ul style="list-style-type: none"> <li>• GPs and referring clinicians to complete “Quality of Referrals” module in Gateway C, <u>plus</u> one other module (GP choice) during 2020-21</li> <li>• If “Quality of Referrals” module has been completed, GPs should choose 2 modules in Gateway C during 2020-21</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Remuneration</b>                           | <p>Remuneration will be based on:</p> <ul style="list-style-type: none"> <li>• Sessional rate per each clinician completing training:               <ul style="list-style-type: none"> <li>○ £75 per GP, £30 per ANP / practice nurse</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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### Standard 4 Winning Hearts and Minds 'Healthy Hearts'

#### Aims

Contribute to the delivery of Winning Hearts and Minds outcomes, specifically by:

1. Reducing inequalities associated with cardiovascular disease
2. Improving detection of modifiable risk factors cardiovascular disease
3. Optimising care and support for people at high risk of cardiovascular disease
4. Supporting and enabling Self care

As cardiovascular disease and diabetes are long term conditions that can lead to increased morbidity and mortality due to COVID-19, along with the existing inequalities in Manchester, it has been vital to adapt this standard to maintain clinical care where possible, whilst promoting self-care.

Carrying out any checks will be dependent on working with the patient in line with changing guidance and emphasising the importance of self-monitoring. The standard may need to be adapted if further lockdown impedes delivery

Whilst we are not in lockdown practices will be required to see patients for appropriate Blood pressure / Blood tests. Practices should ensure they are targeting the highest risk / poorly controlled patients in the first cohort

New models of care can be considered to support practices to deliver across wider footprints

To consider how LTC review can be aligned to "Flu" delivery for this cohort making "every contact count"

Where self-monitoring or face to face reviews are not possible, practices will be encouraged to create 'waiting lists' of patients that can be reached /targeted, pandemic conditions permitting and follow patients with advice and guidance to best manage their health and wellbeing.

#### **Background**

Current UK wide guidance is still being developed on how to manage chronic disease checks.

These standards have been developed in accordance with the latest guidance from the European Society of Cardiology <https://www.escardio.org/Education/COVID-19-and-Cardiology/ESC-COVID-19-Guidance#p09> , the Greater Manchester Diabetes Network, the Winning Hearts and Minds Team, the British Heart Foundation Guidance and the Primary Care Diabetes Society.

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### Delivery

### 1. Hypertension

Practices and Neighbourhoods to take a targeted approach to optimisation of high blood pressure treatment to improve neighbourhood outcomes and address variation within the neighbourhood/PCN.

Practices will be required to meet the QOF criteria, but excluding non-clinical appropriate exception reporting to reflect the increased ask of standards;

- 1a - Hypertension patients < 80:
  - Last blood pressure reading (in the preceding 12 months) is 140/90 or less
- 1b- Hypertension patients > 80:
  - Last blood pressure reading (in the preceding 12 months) is 150/90 or less

For diabetes target see below

How, and adaptation for COVID-19

- Search the number of patients that fall into the category as needing the intervention
- Send correspondence to the patients to ascertain whether they have a home monitor. For those without monitors, state the benefits during COVID of being able to self-monitor. **code** Correspondence to promote self-care e.g. link to BHF website <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home>
- Schedule remote reviews of those patients with home monitoring and **record via a code that review carried out with home monitoring**
- Patients that are unable to access home monitoring to be placed on a practice waiting list – keep a list **as awaiting review and recorded as not having a home monitor. To be prioritised at the discretion of the practice, dependant on shielding, pandemic status etc.**
- To include the “safe and well” check where appropriate – signposting to support as needed
- To note the guidance to support management during periods of Covid lockdown

Figure from European Society of Cardiology Guidelines. **Note emphasis on home monitoring – face to face review not prioritised.**

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Figure 15 Hypertension management in the COVID-19 context



- Continue treatment with antihypertensive medication according to ESC-ESH guidelines 2018
- No need to adjust medication or stop ACE-inhibitors or ARBs because of COVID-19 pandemic

- Continue to monitor blood pressure at home if possible
- No need for routine clinical review at clinical during the COVID-19 pandemic
- Use video or phone consultation with patient if required

Source: [https://www.escardio.org/static\\_file/Escardio/Medias/education/covid-19/Guidance-Document/Figure\\_15.jpg](https://www.escardio.org/static_file/Escardio/Medias/education/covid-19/Guidance-Document/Figure_15.jpg)

## 2. Diabetes

AIMS:

- To promote self-care through home blood pressure monitoring and working in collaboration with the clinician to achieve the treatment targets.
- This part of the standard also wishes to take advantage of the opportunity to allow people with diabetes access to education programmes. Nationally uptake of diabetes education is very poor, and this standard aims to improve our patients' opportunities for self-care through the support of an online platform as the pandemic continues, and for the long term.

### 2a) Diabetes Treatment Targets

Practices will review patients in the last 12 months to provide holistic support to achieve three localised treatment targets for people with Type 2 diabetes, with a focus on blood pressure:

- **For patients without moderate or severe frailty** - BP less than 140/80 mmHg, Cholesterol less than 4 and HbA1C less than 58 mmol/mol

How, and adaptation for COVID-19

- Search the number of patients that fall into the category as needing the intervention
- Inform patients of the importance of self-monitoring and record the number of patients in that group in possession of a home blood pressure monitor (cuff monitor as opposed to other un-validated devices such as mHealth apps) – **CODE – has a home monitor**
- Schedule reviews of those patients with home monitoring and **record via a code that review carried out with home monitoring**
- Patients that are unable to access home monitoring to be placed on a waiting list –

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### **coded as awaiting review and recorded as not having a home monitor**

- Assessing frailty and individualising targets is vital to ensure reduction in morbidity and mortality and improve quality of life. Patients with moderate / severe frailty are excluded from this standard. Practice to ensure frailty coding is up to date in line with QoF.
- During periods of non-lockdown – to bring patients in as needed in accordance with prioritisation – with those poorly controlled as the priority

### **2b) Diabetes My Way (patient education)**

National reports published recently highlighted the increased risk of individuals with diabetes dying from coronavirus. The increased risk is influenced by being overweight and having poorly controlled blood glucose levels, highlighting the importance of people controlling their weight through diet and exercise and maintaining good control of blood glucose levels. Accredited structured education has been shown to drive improved patient outcomes in these regards.

Face to face diabetes structured education has been paused nationally in light of the risk of contracting CoViD-19, and this has created a problem for those at risk, newly diagnosed or living with diabetes in accessing education and reliable information. The digital platform **Diabetes My Way** (DMW) now hosts a range of free online QISMET accredited structured education courses. These are available to all people living with diabetes in GM.

To support patients with Type 2 diabetes to self-care, practices will be required to:-

1. Identify patients requiring T2 diabetes structured education (include patients that may have been referred or accessed education previously. Exclude end of life patients)
2. Register Patients for Online Services
3. Enable detailed patient coded records so a patient can complete DMW registration
4. Practices to follow up surveys /correspondence to be sent to encourage engagement, 1 per quarter.
5. Discuss patient experience of education during diabetes review (this may take place remotely) encourage patient to sign up if has not done so. –**Code needed**

*An ideal scenario for a patient would be that they are already registered for online services and have their digital care record (DCR) enabled before they try and register as they should be able to complete first time. For a GP practice this would mean enabling DCR records before sending text, email or letter. If a patient registers for online services because they want to access to Diabetes My Way (or have attempted to access DMW) then good patient experience would be for GP practice to enable DCR at the same time as creating their online access.*

Training videos, instructions, templates and searches will be developed for practices and included on Tableau.

### **2c) National Diabetes Prevention Programme**

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Practices to continue to make referrals to the Healthier You; National Diabetes Prevention Programme (NDPP). Due to Covid 19, the programme offers a temporary remote and digital offer for those at risk of developing Type 2 diabetes. Practices will be expected to;

- Work with CCG, GMSS Data quality team and provider to identify patients at risk of developing diabetes and make timely referrals
- Cleanse register
- Invite patients to programme via letter and SMS
- Make opportunistic referrals
- Conduct yearly review of patients of NDH register in concordance with NICE guidelines

Searches, templates and instructions will be provided by the data quality team. Practices will be mobilised in cluster groups and will be notified by data quality team.

### **3. CVD Risk assessment and support (NHS health checks, Physical Health Checks for SMI)**

Practices to take a targeted approach to identifying people most at risk of CVD event using the QRISK tool. To provide targeted Health checks for patients with QRISK over 10%, provide Physical Health assessment for people with SMI and review high risk patients not meeting Health Check criteria for statins and lifestyle advice.

Practices will be required to:

#### **3a) Targeted NHS Health Checks**

Identification of priority groups for health check including:

- People aged between 40-74 identified **10% or more** risk of CVD event using the agreed QRISK as a search tool of practice list.
- People, communities or venues/locations that have been identified by Neighbourhoods (supported by Health Development Coordinators and Community Health Check Team)<sup>1</sup>. This is to allow practices and neighbourhoods to target other communities that might be at risk as determined locally, but not have not been captured through the QRISK search and/or are less likely to have visited the GP using the community health check model.

Practices/Neighbourhoods to systematically **invite** targeted eligible patients to receive a Health Check remotely and followed up for bloods and BP when guidance allows. Practice will be asked to prioritise the groups above/most likely to be at risk

Elements of health checks that can be provided remotely.

- Smoking

<sup>1</sup> In practice this would mean sending invitations out to eligible people when community health check team are going to be in the area that covers the practice's registered population at a time that has been mutually agreed, and community engagement activity has taken place.

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|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• GPPAQ –exercise</li> <li>• Ethnicity</li> <li>• Family history</li> <li>• BMI</li> <li>• BP –if BP home monitor is available and validated after</li> </ul> <p><i>(All above can be collected remotely. Clinicians will be expected to make contact with the patient with this information via telephone or video to provide tailored lifestyle advice)</i></p> <p><u>Note: QRISK must be used prior to systematically inviting targeted eligible patients to receive a Health Check for payment to be achieved. Q Risk must be run within Q2 2020.</u></p> <p><b>3b) SMI Physical Health Assessments ('Health Checks')</b></p> <p>Primary care teams are responsible for ensuring that people with a SMI receive an annual physical health assessment. This is essentially an “NHS Health Check” with additional assessments of nutrition, diet &amp; physical activity, alcohol consumption, substance misuse and appropriate follow-up care.</p> <p>This applies to:</p> <ul style="list-style-type: none"> <li>• patients with SMI who are not in contact with secondary mental health services, including both those whose care has always been solely in primary care, and those who have been discharged from secondary care back to primary care</li> <li>• patients with SMI who have been in contact with secondary care mental health teams (with shared care arrangements in place) for more than 12 months and / or whose condition has stabilised.</li> <li>• Patients with schizophrenia, bipolar affective disorder &amp; nonorganic psychosis</li> <li>• Secondary care teams are responsible for carrying out annual physical health assessments and follow-up care for:             <ul style="list-style-type: none"> <li>○ patients with SMI under care of mental health team for less than 12 months and / or whose condition has not yet stabilised</li> <li>○ inpatients</li> </ul> </li> <li>• Practices should cleanse their register ensure this cohort of patients are not included, which would affect the baseline</li> </ul> |
| <b>Reporting</b>         | Coded activity will be extracted from the GP practice clinical system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Baseline / Target</b> | As outlined above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Remuneration</b>      | Remuneration for 2020/21 will be based on: <ul style="list-style-type: none"> <li><b>1)Hypertension</b></li> <li><b>2a) Diabetes Treatment Targets</b></li> <li><b>2a) Diabetes My Way (patient education)</b></li> <li><b>2c) National Diabetes Prevention Programme</b></li> <li><b>3a) Targeted NHS Health Checks - £16 per eligible patient that receives all elements of the</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |




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|  | <p>health check, that are coded within the clinical system. Where elements cannot be fulfilled safely during Covid19 a payment will be received for elements delivered up to a maximum of £16 per patient</p> <p><b>3b) SMI Physical Health Checks</b> - £40 per eligible patient that receives all elements of the SMI health check, that are coded within the clinical system. Where elements cannot be fulfilled safely during Covid19 a payment will be received for each element delivered up to a maximum of £40 per patient</p> <p><b>The above payments are subject to QRisk being run and coded over the eligible population by the end of the 2<sup>nd</sup> quarter of the scheme</b></p> |
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### Standard 6 Respiratory

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|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aims</b>     | <p><b>Patient outcomes:</b></p> <ul style="list-style-type: none"> <li>➤ Increase prevalence</li> <li>➤ Increase flu / pneumonia uptake</li> <li>➤ Decrease smoking rates in COPD and asthma patients</li> <li>➤ Decrease the number of exacerbations</li> <li>➤ Decrease the number of hospital admissions</li> <li>➤ Decrease the number of A&amp; E attendances</li> </ul> <p><b>Collaborative working:</b></p> <ul style="list-style-type: none"> <li>• Primary Care - Practice</li> <li>• Primary Care Networks</li> <li>• Neighbourhood</li> <li>• Manchester Local Care Organisation</li> <li>• Hospital Trusts</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Delivery</b> | <p><b>6.1 COPD Patient Review (CAT Score)</b></p> <ul style="list-style-type: none"> <li>• Assessment of clinical symptoms using COPD assessment tool (<a href="http://www.catestonline.org">www.catestonline.org</a>) and risk of exacerbation. <i>Payment will be made per patient on achievement of a minimum of 60% of the COPD practice population.</i></li> <li>• Consider referral to Manchester Integrated Lung Service (community specialist respiratory team) if patient has had three or more courses of steroids or antibiotics in the previous 12 months. (See referral guidance as per GMMMG Greater Manchester COPD Management Plan). <i>(This is best clinical practice but will <b>not</b> be monitored as part of the Standards).</i></li> </ul> <p><b>6.2 Smoking</b></p> <p>1 in 2 patients with a diagnosis of COPD in Manchester continue to smoke and this is a targeted approach to ensure that we do our best to enable the patient to have access to tobacco addiction treatment and increase the quit rate for the COPD patient cohort. <i>Payment will be made per patient on achievement of a minimum of 80% of the COPD practice population.</i></p> <ul style="list-style-type: none"> <li>• Patients on COPD register to have smoking status recorded.</li> </ul> |

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|                               | <ul style="list-style-type: none"> <li>• Current Smokers to be offered personalised brief intervention and offered a referral to the community Tobacco Addiction Treatment Service.</li> <li>• If a patient declines this referral, an internal offer of smoking cessation should be offered.</li> </ul> <p><b>6.3 Paediatric Asthma Reviews</b></p> <ul style="list-style-type: none"> <li>• Establish and maintain a paediatric register for children aged 2 years and over up to their 8<sup>th</sup> birthday.</li> <li>• All children (aged 2 – 17) with a diagnosis of asthma to have an age appropriate personalised care plan (Asthma UK Plan) that is written, documented and shared as appropriate and to have review of inhaler technique.</li> </ul> <p><i>Payment will be made per patient on achievement of a minimum of 60% of the paediatric asthma practice population.</i></p> <p><b>6.4 Education and Training</b></p> <p>The tobacco addiction treatment e-learning is available on the Gateway C platform. Staff from all disciplines in Primary care will be able to register and complete the modules. The link to register for the e-learning is: <a href="https://www.gatewayc.org.uk/register/">https://www.gatewayc.org.uk/register/</a></p> <ul style="list-style-type: none"> <li>• As a minimum one GP and one member of the Nursing Team within practice to complete Education and training on Tobacco Addiction Treatment available on Gateway C.</li> <li>• Promote and Refer to the Tobacco Addiction Treatment Service.</li> </ul> <p><b><u>Supporting documentation</u></b></p> <p><b>Asthma UK – My Asthma Plan.</b> This is a personalised asthma action plan to be used by healthcare professionals for children and parents/ carers.</p> <p><b>What to do if my child is wheezy (age 2 and over)</b> - This is to be used <b>WITH</b> the My Asthma Plan <b>NOT</b> instead of. Parents/ carers <b>MUST</b> be considered competent to follow the additional steps that are included in the guide through an asthma educational session delivered by a healthcare professional.</p> <p><b>Step Down Plan</b> – To be used as a guide for reduction in salbutamol following an</p> <div style="text-align: center;"> <br/>       My Step Down Plan - Primary care V3.docx     </div> <p>acute exacerbation.</p> |                 |                 |                 |                           |     |     |             |     |      |                               |     |     |
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| <b>Reporting</b>              | Coded activity will be extracted from the clinical system. Spirometry requirements to be determined by April 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                 |                 |                           |     |     |             |     |      |                               |     |     |
| <b>Target</b>                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Standard</th> <th style="width: 25%;">Lower Threshold</th> <th style="width: 25%;">Upper Threshold</th> </tr> </thead> <tbody> <tr> <td>COPD Patient Review (1.1)</td> <td>60%</td> <td>80%</td> </tr> <tr> <td>Smoking (3)</td> <td>80%</td> <td>100%</td> </tr> <tr> <td>Paediatric Asthma Reviews (4)</td> <td>60%</td> <td>80%</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Standard        | Lower Threshold | Upper Threshold | COPD Patient Review (1.1) | 60% | 80% | Smoking (3) | 80% | 100% | Paediatric Asthma Reviews (4) | 60% | 80% |
| Standard                      | Lower Threshold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Upper Threshold |                 |                 |                           |     |     |             |     |      |                               |     |     |
| COPD Patient Review (1.1)     | 60%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80%             |                 |                 |                           |     |     |             |     |      |                               |     |     |
| Smoking (3)                   | 80%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100%            |                 |                 |                           |     |     |             |     |      |                               |     |     |
| Paediatric Asthma Reviews (4) | 60%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80%             |                 |                 |                           |     |     |             |     |      |                               |     |     |
| <b>Remuneration</b>           | <p>Remuneration will be based upon:</p> <ul style="list-style-type: none"> <li>• <b>6.1 COPD Patient Review (CAT Score)</b> - A QoF style payment for achievement of COPD patients being assessed using the CAT tool and coded in the clinical system, as outlined above. The lower and upper thresholds are 60% and 80% respectively. A practice will receive their share of total funding for this element of the Standard (£67,090). The practice share is determined by the dividing the number of eligible COPD patients registered in the practice by the number of COPD patients in the city, at the end of the scheme (31st March 2021).</li> <li>• <b>6.2 Smoking</b> - A QoF style payment for achievement of COPD patients having</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                 |                 |                           |     |     |             |     |      |                               |     |     |

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their smoking status recorded and being referred to the community Tobacco Addiction Treatment Service, or internal offer of smoking cessation, as outlined above. The lower and upper thresholds are 80% and 100% respectively. A practice will receive their share of total funding for this element of the Standard (£67,090). The practice share is determined by the dividing the number of eligible COPD patients registered in the practice by the number of COPD patients in the city, at the end of the scheme (31st March 2021).

- **6.3 Paediatric Asthma Reviews** - A QoF style payment for achievement of paediatric asthma patients receiving an age appropriate management plan, as outlined above. The lower and upper thresholds are 60% and 80% respectively. A practice will receive their share of total funding for this element of the Standard (£201,270). The practice share is determined by the dividing the number of eligible paediatric asthma patients registered in the practice by the number of paediatric asthma patients in the city, at the end of the scheme (31st March 2021).
- **6.4 Education and Training** - Sessional rate per each clinician completing training:
  - £75 per GP, £30 per ANP / practice nurse

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| Standard 7 (a) Antimicrobial Resistance (AMR) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>Aims</b>                                   | <ol style="list-style-type: none"> <li>1. To encourage appropriate prescribing of antimicrobials in primary care, in particular broad spectrum antibiotics.</li> <li>2. To support national action plan to tackle AMR.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Delivery</b>                               | <p>The World Health Organization has described AMR as one of the biggest threats to global health, food security and international development. It is estimated that currently 700,000 people die of resistant infections every year. If AMR is not tackled, it is estimated that antimicrobial resistant infections could kill 10 million people per year globally by 2050 - more than cancer and diabetes combined.</p> <p>The <a href="#">government 5 year action plan</a> sets out the UK's 2019–2024 national action plan to tackle AMR. It outlines the steps needed to make sure current antibiotics stay effective by reducing the number of resistant infections and supporting clinicians to prescribe appropriately.</p> <p>The majority of antibiotics in England are prescribed in the GP setting (74%), followed by hospital inpatients (11%), hospital outpatients (6%), patients seen in dental practice (5%) and patients in other community settings (3%). This reflects the patient use of NHS services, where primary care services see 90% of NHS contacts daily.<sup>5</sup></p> <p>There are many good reasons why antibiotics are prescribed in general practice. Many of these prescriptions are appropriate and in line with guidelines and best practice. However, evidence suggests AMR is driven by over-using antibiotics and prescribing them inappropriately. Reducing the inappropriate use of antibiotics will delay the development of antimicrobial resistance that causes patient harm from infections that are harder and more costly to treat. Reducing inappropriate antibiotic use will also protect patients from healthcare acquired infections such as Clostridium difficile infections and reduce the risk of Gram-negative blood stream infections<sup>2</sup></p> <p>The ask:</p> <ol style="list-style-type: none"> <li>1) Broad spectrum antibiotics should be prescribed in line with <a href="#">GMMM3</a> prescribing guidelines and local microbiology advice to achieve reduction in prescribing rates. (Co-amoxiclav, quinolones and cephalosporins)</li> <li>2) Appropriate use of nitrofurantoin as first line choice for the empirical management of UTI in primary care settings. This will support a reduction in inappropriate prescribing of trimethoprim<sup>4</sup> and start to reduce the rising rates of trimethoprim resistance.</li> <li>3) Overall reduction in consumption of oral antibiotics, in line with national target.</li> <li>4) Promote use of the TARGET toolkit in practices<sup>6</sup></li> </ol> <p>Delivery:</p> <ol style="list-style-type: none"> <li>1. Antimicrobial prescribing in line with culture sensitivities where available and GMMM3.</li> <li>2. Peer review of antimicrobial data at PCN level and PCN to generate action plan on next steps required. (Peer review completed and action plan to be in place by 30<sup>th</sup> of September 2020).</li> </ol> <p>References:</p> <ol style="list-style-type: none"> <li>1. Tackling antimicrobial resistance 2019–2024 The UK's five-year national action plan Published 24 January 2019</li> <li>2. NHS Oversight Framework 2019/20 annex 3: CCG metrics technical annex</li> <li>3. <a href="#">GMMM3 antimicrobial guidelines Aug 2019</a></li> <li>4. Technical guidance for refreshing NHS Plans 2018/19 Annex B: Information on Quality</li> </ol> |

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|                                 | <p>Premium )</p> <p>5. <a href="#">Adults and Older People- Joint Strategic Needs Assessment – Antimicrobial Resistance</a></p> <p>6. <a href="https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit.aspx">https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit.aspx</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
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| <p><b>Reporting</b></p>         | <p>The Medicines Optimisation team will obtain data from NHS Business Services Authority: The Electronic Prescribing Analysis and CosT tool (ePACT) provided by NHS Business Services Authority which cover prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK.</p> <p><a href="http://www.nhsbsa.nhs.uk/PrescriptionServices/3607.aspx">http://www.nhsbsa.nhs.uk/PrescriptionServices/3607.aspx</a></p> <p><a href="http://www.nhsbsa.nhs.uk/3230.aspx">http://www.nhsbsa.nhs.uk/3230.aspx</a></p> <p>(Reporting runs 6 weeks behind, can be collected e.g. quarterly)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| <p><b>Baseline / Target</b></p> | <p>Achieving the national prescribing standard for primary care antibiotic volume for each practice.</p> <ul style="list-style-type: none"> <li>• Oral antibacterial items per STAR-PU* equal to or below 0.965 items per STAR-PU for the financial year April –March. As per the NHS Oversight framework 19/20.</li> <li>• Number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of antibiotics prescribed in a practice to be 8.6% or below. (8.6% Manchester average, 8.2% Greater Manchester average).</li> <li>• 30% reduction in number of trimethoprim items prescribed for UTI in patients over 70 years of age, from June 15-May 16 baseline data. (No longer part of national requirements to specifically reduce trimethoprim in over 70 but MHCC still has work to do. Data still on BI portal).</li> </ul> <p>*STAR-PU (Specific Therapeutic Group Age-sex weightings Related Prescribing Units) allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who are receiving treatment. This weighting is designed to weight individual practice populations for age and sex to allow for better comparison of prescribing patterns.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| <p><b>Remuneration</b></p>      | <p>Overall antibiotic items targets:</p> <table border="1" data-bbox="363 1339 1401 1525"> <thead> <tr> <th>Tiers</th> <th>Target (WI)*</th> <th>Remuneration (£)</th> </tr> </thead> <tbody> <tr> <td>Target tier</td> <td>0.820 and below</td> <td>100% of £0.15 per head of practice population</td> </tr> <tr> <td>Tier 2</td> <td>0.965</td> <td>80% of £0.15 per head of practice population</td> </tr> <tr> <td>Tier 1</td> <td>1.2</td> <td>60% of £0.15 per head of practice population</td> </tr> </tbody> </table> <p>Coamoxiclav, cephalosporins and quinolones targets as a percentage of the total number of antibiotics prescribed in a practice:</p> <table border="1" data-bbox="363 1630 1401 1816"> <thead> <tr> <th>Tiers</th> <th>Target (WI)*</th> <th>Remuneration (£)</th> </tr> </thead> <tbody> <tr> <td>Target tier</td> <td>6.3%</td> <td>100% of £0.15 per head of practice population</td> </tr> <tr> <td>Tier 2</td> <td>7%</td> <td>80% of £0.15 per head of practice population</td> </tr> <tr> <td>Tier 1</td> <td>8.6%</td> <td>60% of £0.15 per head of practice population</td> </tr> </tbody> </table> <p>Reduction in number of trimethoprim items prescribed for UTI in over 70 age group target:</p> <table border="1" data-bbox="363 1888 1401 2029"> <thead> <tr> <th>Tiers</th> <th>Target (WI)*</th> <th>Remuneration (£)</th> </tr> </thead> <tbody> <tr> <td>Target tier</td> <td>30% reduction</td> <td>100% of £0.15 per head of practice population</td> </tr> <tr> <td>Tier 2</td> <td>20%</td> <td>80% of £0.15 per head of practice population</td> </tr> <tr> <td>Tier 1</td> <td>10%</td> <td>60% of £0.15 per head of practice population</td> </tr> </tbody> </table> | Tiers                                         | Target (WI)* | Remuneration (£) | Target tier | 0.820 and below | 100% of £0.15 per head of practice population | Tier 2 | 0.965 | 80% of £0.15 per head of practice population | Tier 1 | 1.2 | 60% of £0.15 per head of practice population | Tiers | Target (WI)* | Remuneration (£) | Target tier | 6.3% | 100% of £0.15 per head of practice population | Tier 2 | 7% | 80% of £0.15 per head of practice population | Tier 1 | 8.6% | 60% of £0.15 per head of practice population | Tiers | Target (WI)* | Remuneration (£) | Target tier | 30% reduction | 100% of £0.15 per head of practice population | Tier 2 | 20% | 80% of £0.15 per head of practice population | Tier 1 | 10% | 60% of £0.15 per head of practice population |
| Tiers                           | Target (WI)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Remuneration (£)                              |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Target tier                     | 0.820 and below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100% of £0.15 per head of practice population |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tier 2                          | 0.965                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 80% of £0.15 per head of practice population  |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tier 1                          | 1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60% of £0.15 per head of practice population  |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tiers                           | Target (WI)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Remuneration (£)                              |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Target tier                     | 6.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100% of £0.15 per head of practice population |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tier 2                          | 7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 80% of £0.15 per head of practice population  |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tier 1                          | 8.6%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60% of £0.15 per head of practice population  |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tiers                           | Target (WI)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Remuneration (£)                              |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Target tier                     | 30% reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100% of £0.15 per head of practice population |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tier 2                          | 20%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 80% of £0.15 per head of practice population  |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |
| Tier 1                          | 10%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60% of £0.15 per head of practice population  |              |                  |             |                 |                                               |        |       |                                              |        |     |                                              |       |              |                  |             |      |                                               |        |    |                                              |        |      |                                              |       |              |                  |             |               |                                               |        |     |                                              |        |     |                                              |

## **Agenda Item No. 2.7 (a)**

## Agenda Item No. 2.7 (a)

| Standard 7 (b) Safe and evidence based prescribing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>Aims</b>                                        | To support commissioning of patient orientated outcomes by viewing medicines and treatments as an investment in improving health and wellbeing of the population of Manchester by promoting safe and evidenced based prescribing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Delivery</b>                                    | <p>Adherence to Greater Manchester Medicines Management Group (GMMMGM) prescribing recommendations ensures the most appropriate choice of clinically and cost-effective medicines are used. The GMMMGM formulary ensures that patients receive seamless care across the primary-secondary care interface and reduces the need for switching programmes. GMMMGM formulary can be found <a href="#">here</a>.</p> <p>The practices will be asked to demonstrate quality improvements and best practice in prescribing through adherence to the GMMMGM formulary and associated guidance, this includes:</p> <ol style="list-style-type: none"> <li><b>1. Do Not Prescribe (DNP) list</b><br/>‘DNP’ medications are not recommended for prescribing by GMMMGM either due to safety concerns, lack of clinical evidence or limited cost effectiveness data. Those products have been reviewed by the GM Formulary and Managed Entry Subgroup and have been deemed not suitable for prescribing for adults and children in both, primary and secondary care within Greater Manchester. DNP list for adults found <a href="#">here</a> and for children <a href="#">here</a>.</li> <li><b>2. Grey list</b><br/>Items which are listed as ‘Grey’ are deemed not suitable for routine prescribing but may be suitable for a defined patient population. Whilst prescribers should think very carefully before prescribing or recommending any of the products on the grey list, there may be exceptional instances when the use of one of these products is necessary for a particular patient. Grey list for adults found <a href="#">here</a> and for children <a href="#">here</a>.</li> </ol> <p>Review of patients prescribed drugs included on DNP and Grey lists support implementation of the national recommendation on ‘Items which should not routinely be prescribed in primary care’.</p> <ol style="list-style-type: none"> <li><b>3. Medicines Safety</b><br/>The Central Alerting System (CAS) is the national system for issuing patient safety alerts, important public health messages and other safety critical information to all providers, including GP practices. From 1 October 2019, NHS England and NHS Improvement sends CAS alerts directly to GP practices taking over existing local patient safety CAS alert email cascade mechanisms. It is a contractual requirement to register GP practice to receive the CAS alerts.</li> </ol> |
| <b>Reporting</b>                                   | <p><b><u>DNP and Grey list</u></b></p> <p><u>Available resources:</u></p> <ul style="list-style-type: none"> <li>• Baseline reports will be shared with practices.</li> <li>• The practices are alerted to any DNP and Grey drug that they are prescribing through Scriptswitch. Further reports on compliance are available from the Medicines Optimisation Team.</li> <li>• Audit template.</li> </ul> <p><u>Requirements:</u></p> <p>Practices will be asked to develop an internal documented process to enable demonstrable quality improvements in prescribing through GMMMGM adherence,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## Agenda Item No. 2.7 (a)

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|                                               | <p>managing DNP and Grey List.</p> <p><b><u>CAS alerts</u></b></p> <p><u>Available resources:</u></p> <ul style="list-style-type: none"> <li>• Information regarding implementation of CAS alerts is included in the CAS alerts.</li> <li>• Medicines Optimisation Team can support development of auto reports if needed.</li> <li>• Audit template.</li> </ul> <p><u>Requirements:</u></p> <p>The practices will be asked to evidence they have effective systems in place to act on drug alerts. This would include nominating a dedicated health care professional who would lead on patient safety and report to the practice GP lead, PCN and CCG as needed. They would ensure that there is an action plan on how to implement the recommendations from the alert and that there is a record of the actions taken. They would make sure that the patients affected by the alert are identified and reviewed in the timely manner and periodically monitor for any potentially affected new patients. They would be responsible for sharing the information included in the alert with other health care professionals within the GP practice and support any additional learning required to implement the recommendation from the alert.</p> <p>The process of dealing with managing DNP, Grey List and CAS alerts and patient safety lead details should be included in the practice prescribing policy.</p> |
| <p><b>Baseline / Target/ Remuneration</b></p> | <p>Remuneration requirement is based on:</p> <ul style="list-style-type: none"> <li>• Development of a documented local process to improve prescribing and medicines optimisation: <ul style="list-style-type: none"> <li>○ The process should be integrated in to the prescribing policy in the form of guidance that can be utilised by practice staff to improve adherence to GMMMG guidance which needs to include DNP, Grey list and management of CAS alerts. The practice will be required to submit the practice prescribing policy for review and evidence that the staff read and understood the policy.</li> <li>○ The process needs to in place and be auditable by 31<sup>st</sup> October 2020</li> <li>○ £400 per practice for the setup of systems and processes around Do Not Prescribes</li> <li>○ £400 per practice for the setup of systems and processes around Grey Items</li> <li>○ £400 per practice for the setup of systems and processes around CAS Alerts</li> </ul> </li> <li>• Six monthly submission of an audit describing processes enabling implementation of CAS alerts, DNP and Grey listed drug reviews and examples of the implementation of them.</li> <li>• Evidence for that standard can be submitted <a href="#">here</a>. Please note that two submissions are required over the standard period.</li> </ul>                                                              |



## Agenda Item No. 2.7 (a)

### Standard 7 (c) Medicines Optimisation – Transfer of Care

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| <b>Aims</b>     | To commission high-quality and safe provision of Disease Modifying Anti-Rheumatic Drugs (DMARDS), gonadorelin analogues and depot antipsychotics, close to the patient's home, where the prescriber has available all the necessary information from secondary-care plus current information from their own records including medication details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Delivery</b> | <p>Within Greater Manchester a <b>Red/Amber/Green</b> list has been developed to clarify which medicines GPs could be asked to prescribe and which medicines should remain the responsibility of hospital specialists.</p> <p><b>Red Amber Green (RAG) adults and paediatric list</b></p> <p><b>Red drugs</b> are considered to be specialist medicines and prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician. These drugs should not be initiated or prescribed in primary care. It is recommended that the supply of these specialist medicines should be organised via the hospital pharmacy.</p> <p><b>Amber drugs</b> are suitable to be prescribed in primary care under a shared care protocol (SCP). Those protocols have undergone a robust clinical assessment and governance process and have been deemed to be appropriate to be used in primary care. Prescribing may be transferred from secondary to primary care once the patient is stabilised and agreed shared care arrangements have been established. Alternatively primary care may initiate under the supervision of secondary care if this option is given in the shared care document. It is secondary care responsibility to provide shared care protocols. If the GP considers him- or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that additional information or support can be made available, or alternative arrangements made.</p> <p>The GP practices will be asked to accept SCPs that have been approved by both the Greater Manchester Medicines Management Group and MHCC Area Prescribing Committee; including those that were previously managed through the locally commissioned services (LCSs).</p> <ul style="list-style-type: none"> <li>• LCSs for DMARDS, gonadorelin analogues and depot antipsychotics will cease on the 31/03/2020 and will be replaced by arrangements outlined in the Manchester Primary Care Standards.</li> <li>• Management and prescribing of DMARDS, gonadorelin analogues and depot antipsychotics will be reimbursed as per previous LCS arrangements (Note: these SCPs are currently under review from GMMM).</li> </ul> <p><b>Green drugs</b> are suitable for initiation (unless specified otherwise) and ongoing prescribing within primary care.</p> <p>List of the SCPs currently covering management of DMARDS, gonadorelin analogues and depot antipsychotics is following:</p> <p>First generation (Typical) antipsychotic depots in adults<br/> Aripiprazole Long Acting Antipsychotic injection in Adults<br/> Azathioprine for IBD in paediatrics<br/> Azathioprine and 6-Mercaptopurine for the treatment of IBD in Adults<br/> Azathioprine in Rheumatological Conditions in Adults<br/> Azathioprine in Dermatology in Adults<br/> Azathioprine in Neurological Conditions in Adults<br/> Azathioprine for Interstitial Lung Disease in Adults<br/> Ciclosporin for use in childhood nephrotic syndrome</p> |

## Agenda Item No. 2.7 (a)

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|                          | <p>Ciclosporin in Rheumatological Conditions in Adults<br/> Ciclosporin in Dermatology in Adults<br/> Goserelin in breast cancer in Adults<br/> Hydroxychloroquine in Dermatology<br/> Hydroxychloroquine for Rheumatological Conditions<br/> Leflunomide for Rheumatological Conditions in Adults<br/> Oral Methotrexate for Sarcoid in Adults<br/> Oral Methotrexate for Rheumatological Conditions in Adults<br/> Oral Methotrexate in Dermatology in Adults<br/> Oral Methotrexate for IBD in Adults<br/> Penicillamine for the treatment of rheumatoid arthritis or Wilson’s disease in adults<br/> Mycophenolate for Interstitial Lung Disease in Adults<br/> Mycophenolate Mofetil for Rheumatological Conditions in Adults<br/> Mycophenolate mofetil in Dermatology in Adults<br/> Paliperidone Long-acting antipsychotic injection<br/> Risperidone Long-acting antipsychotic injection in Adults<br/> Sodium Aurothiomalate (Gold) for Rheumatological Conditions in Adults<br/> Sulfasalazine in Rheumatological Conditions in Adults<br/> Sulfasalazine for inflammatory bowel disease in adults<br/> <i>(please note that this list may change due to the development of new SCP)</i></p> <p>Details of the SCPs requirement can be found <a href="#">here</a>.</p> <p>The following drugs are included:<br/> <b>DMARDS:</b> Methotrexate (oral 2.5mg tablets only), Hydroxychloroquine, Azathioprine<br/> Penicillamine, Sulfasalazine, Leflunomide, Ciclosporin, Gold (oral or injection),<br/> Mycophenolate, Mercaptopurine<br/> <b>Depot antipsychotics:</b> Aripiprazole, Flupentixol, Fluphenazine, Haloperidol, Paliperidone ,<br/> Risperidone, Zuclopenthixol<br/> <b>Gonadorelin analogues:</b> Goserelin, Leuprorelin, Triptorelin</p> |
| <b>Reporting</b>         | Acceptance and following SCPs for DMARDS, gonadorelin analogues and depot antipsychotics.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Baseline / Target</b> | <p>Requirements:</p> <ul style="list-style-type: none"> <li>• The practices will be asked to accept GMMM and MHCC APC approved shared care protocols that were previously managed through LCSs. This includes SCPs for depot antipsychotics, DMARDS and Gonadorelin analogues.</li> <li>• The process of the transfer of care and management of the SCP should be described in the practice prescribing policy.</li> <li>• The practices will be expected to follow recommendations of the SCP in respect to monitoring, patient review process and other specification as outlined in the SCP.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Remuneration</b>      | The claim process will remain as per the current LCSs claim process. Practices will be asked to submit invoices on a quarterly basis by emailing the invoice to <a href="mailto:manchesterlcs@nhs.net">manchesterlcs@nhs.net</a> . The invoice will be emailed to the GP practices later in the year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## Agenda Item No. 2.7 (a)

| <b>Standard 7 (d) Safeguarding</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>Aims</b>                        | <ul style="list-style-type: none"> <li>To continue to improve the quality of safeguarding arrangements for Children, Young People and Adults at risk across Primary care.</li> <li>To promote multiagency working.</li> <li>To share information appropriately with health care professionals and social services.</li> <li>To develop an awareness of adverse childhood experiences and their effect on the practice population.</li> <li>To develop an awareness of suicide prevention and increase the capacity of individuals and organisations to respond to and engage proactively with individuals in distress, and individuals who are perceived to be at high risk of suicide.</li> <li>Having a family focus when registering patients or removing patients from the practice list</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Delivery</b>                    | <ol style="list-style-type: none"> <li>1. Practices to provide access to safeguarding training for all staff at a level appropriate to their role and in line with current intercollegiate guidance and submit training log within the audit tool* below (2). The training log to include:               <ul style="list-style-type: none"> <li>Total staff list and designation</li> <li>Level and amount of training required</li> <li>Date of training, type and subject of training</li> <li>Training review date</li> </ul> </li> <li>2. Practices to update/complete the Virtual Collegesafeguarding self-assessment audit tool and respond to any advice/feedback received from Named GP or MHCC safeguarding team. The completion of the tool should be overseen by the Safeguarding Lead for the practice.</li> <li>3. Practices to produce reports as requested by Children's social care for initial and review and case conferences</li> <li>4. Practices to provide health information for Looked After Children (LAC) as requested for Initial Health assessments for children entering care</li> <li>5. Practices to contribute to the information sharing process and reviews in the event of death or significant harm of a child or adult on their practice list.</li> <li>6. Practices to be responsive to appropriate safeguarding information sharing with community partners- health visitors, school nurses and social care.</li> <li>7. Practices to have systems and processes in place to ensure appropriate follow up of missed appointments for children and adults with care and support needs.</li> <li>8. ACE awareness training to be undertaken by a minimum 80% of practice workforce. Clinicians to be aware of the importance of early recognition of ACE within families, and appropriate referral to other services for children affected by ACE. To gain awareness of working in a trauma informed way, and have better understanding of the impact of trauma on coping responses, and influence on help seeking behaviour and engagement with services .</li> <li>9. Suicide prevention training to be undertaken by a minimum 80% of practice workforce. Clinicians to be aware of the safety plan tool available for use within primary care.</li> <li>10. Promotion of 'family/household registrations with the same GP practice. Identification of discrepancy at registration of children of parents/carers being registered elsewhere, and appropriate subsequent actioning. When parents or carers are removed by the practice additional removal of family members must be considered to resume 'family registration'.</li> <li>11. In 2020/21, practice clinical staff to have completed safeguarding training on the prevention of abusive head trauma and give advice to parents about sleeping position and ICON during the baby check or post-natal consultation.</li> </ol> <p>Other safeguarding risk factors should be recorded and shared with agencies appropriately.<br/>           ICON training should continue to be undertaken by clinicians working in primary care that see</p> |

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|                                        | <p>babies, or parents/carers of babies. Practices should ensure that all relevant clinicians have undertaken this training and review the need for training of any new staff working within the practice in this role.</p> <p>Discussion of safe sleeping and ICON at the 6-8 week 'touch point' when babies or families are seen within primary care. Relevant codes and a link to ICON information leaflet is available on the standards baby check template.</p> <p><a href="https://www.manchesterlco.org/icon">https://www.manchesterlco.org/icon</a><br/> <a href="https://static1.squarespace.com/static/5a9ed9c55ffd20ecbd810ba7/t/5da07c2b5d0b280255def803/1570798680717/ICON+leaflet">https://static1.squarespace.com/static/5a9ed9c55ffd20ecbd810ba7/t/5da07c2b5d0b280255def803/1570798680717/ICON+leaflet</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Support / training tools</b></p> | <ol style="list-style-type: none"> <li>1. Named GP safeguarding provide summary current training guidance requirements for children/adult intercollegiate guidance</li> <li>2. Funding for Virtual College Audit Tool to be provided for further year by NHSE</li> <li>3. MHCC Missed appointment policy to be provided for practices to use/adapt as necessary.</li> <li>4. ACE Training for practices: <ul style="list-style-type: none"> <li>• Non clinical staff to be provided with access to online training (40mins)</li> <li>• Face to face training for clinicians to be provided by Manchester Population Health Team</li> </ul> </li> <li>5. Suicide prevention training: <ul style="list-style-type: none"> <li>• Non clinical staff to complete recommended appropriate online training (final choice to be confirmed)</li> <li>• Clinical staff to take part in Webinar hosted by Clinical Lead for Mental Health, or to complete RCGP training module (final choice to be confirmed)</li> </ul> </li> <li>6. Practices to be given information on tool useful in primary care for suicide prevention plans for patients:<br/> <a href="https://www.stayingsafe.net/ST/">https://www.stayingsafe.net/ST/</a> </li> <li>7. Information to be sent to practices by safeguarding team about recommendations for registering children.</li> </ol>                                                                                                                                                       |
| <p><b>Remuneration</b></p>             | <p>Remuneration will be based on:</p> <ol style="list-style-type: none"> <li>1. £0.05 per head of practice population for submission of the audit tool and training log as outlined above</li> <li>2. £0.15 per head of practice population for participation in the Virtual College Safeguarding Self-assessment audit tool as outlined above</li> <li>3. A practice will receive their share of total funding for this element of the Standard (£167,725) for completing the requirements outlined above. The practice share is determined by the dividing the number of patients under 18 registered in the practice by the number of patients under 18 in the city, at the end of the scheme (31st March 2021)</li> <li>4. £0.05 per head of practice population for providing health information for Looked After Children as outlined above</li> <li>5. £400 per practice that contributes to information sharing processes and reviews in the event of death or significant harm as outlined above</li> <li>6. £0.05 per head of practice population for practices to be responsive to appropriate safeguarding information sharing as outlined above</li> <li>7. £0.45 per head of practice population for practices to have systems and processes in place to ensure appropriate follow up of missed appointments as outlined above. These must be reported via a bi-annual report to Safeguarding.</li> <li>8. £0.15 per head of practice population, upon 80% or more of practice workforce</li> </ol> |

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undertaking ACE awareness training

9. £0.15 per head of practice population, upon 80% or more of practice workforce undertaking suicide prevention training

10. £0.05 per head of practice population for the promotion of family or household registrations with the same GP practice as outlined above

11. £10 per eligible patient that receives Safe Sleeping and ICON Advice that is coded within the clinical system

Practice self-reporting through Tableau

## Agenda Item No. 2.7 (a)

| <b>Standard 8 Improving Outcomes for Children (June version 2)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Aims</b>                                                        | <ul style="list-style-type: none"> <li>• To improve outcomes for children and young people</li> <li>• To support the Healthy Child Programme</li> <li>• To contribute towards reducing infant mortality</li> <li>• To promote Self Care</li> <li>• To promote the uptake of childhood immunisations</li> <li>• To promote neighbourhood and multi-agency working</li> <li>• To share information appropriately with health care professionals and social services</li> <li>• To reduce inappropriate paediatric attendance at Accident &amp; Emergency departments</li> <li>• To support children who have complex long term conditions with personalised care plans and reduce crises that lead to unplanned hospital care</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Delivery</b>                                                    | <p><b>In 2020/21, the PCN will work towards reducing avoidable paediatric attendances at PED and preventing avoidable admissions.</b></p> <p><b>Up to two networking sessions will be held throughout 20-21 to support the understanding and development of improved outcomes for Children</b></p> <p>MHCC will provide the relevant PCN demographic data, children's immunisation uptake, morbidity data, referral rates, non-elective activity and frequent flyer data to Paediatric Emergency Departments.</p> <p>The PCN will develop a plan to be submitted to the CCG to operate from Q3 (at the latest)</p> <ul style="list-style-type: none"> <li>➤ to include increasing the uptake of children's routine and flu immunisations (aiming for the national targets) and</li> <li>➤ to reduce the number of children attending A&amp;E who require no investigation nor significant treatment (HRG code VB11Z)</li> </ul> <p>This Standard 8 plan to improve the network performance may include for example</p> <ul style="list-style-type: none"> <li>• sharing successful practice immunisation strategies</li> <li>• working with parents and carers of the frequent flyers to paediatric emergency departments and offering support for self-care</li> <li>• working with parents and carers of those children with complex LTCs to co-produce or update care plans with the relevant community and specialist input.</li> <li>• optimising the support available from the LCO Children's Community Nursing Team</li> <li>• keying into local community resources such as signposting to the NHS Minor Ailment Services offered by some community pharmacies</li> </ul> |

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|                          | <p>The above list offers examples only.</p> <p>The aim of the network plan is to reduce avoidable attendances at PED and prevent avoidable paediatric admissions. It will be assumed that the PCN clinical director is the CCG link for Standard 8 or will identify a specific PCN clinician.</p>                                                                                                                       |
| <b>Reporting</b>         | <p>Will be determined by</p> <ul style="list-style-type: none"> <li>• the increase in PCN childhood immunisation rates from 2019-20 Q3 (baseline) to 2020-21 Q3 and</li> <li>• the reduction in PCN avoidable A&amp;E attendances using HRG code VB11Z from 2019-20 Q3 (baseline) to 2020-21 Q3.</li> </ul> <p>Immunisations will be monitored through GPES/ImmForm and movement to national targets from baseline.</p> |
| <b>Baseline / Target</b> | As outlined above                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Remuneration</b>      | <ul style="list-style-type: none"> <li>• <i>Sessional payment for attendance at the 2 networking sessions</i></li> <li>• <i>Sessional payment for a session to produce network plan</i></li> <li>• <i>Sessional payment upon submission network plan</i></li> </ul>                                                                                                                                                     |

## Agenda Item No. 2.7 (a)

| Standard 9 Supporting Out Patient Recovery |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Aims</b>                                | <p>This Standard is aiming to support Outpatient Recovery.</p> <p>Many patients have had their appointments paused over the last 6 months. Rapid innovation, the introduction of Advice and Guidance and improved Primary and Secondary care communication has provided different opportunities to provide care for those requiring specialist advice</p> <p>This review will look for opportunities to reduce the number of patients requiring a Secondary Care Outpatient appointment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Delivery</b>                            | <ol style="list-style-type: none"> <li>1. The Practice will be required to review a specified number of patients (depending on list size) who are currently on a Secondary Care waiting list. Patients will be reviewed by either telephone or face to face consultation as appropriate. An approach to next steps will be agreed with the patient, this may include escalation/support via A&amp;G, additional diagnostics or management by the GP.</li> <li>2. Prior to referring patients for a 1st Outpatient appointment GP's will be expected to utilise Advice &amp; Guidance (A&amp;G) and consult with their peers where clinically appropriate. This does not need to include definitive 2WW referrals; however it may be appropriate when deciding if the referral warrants a 2WW referral versus routine.</li> <li>3. Practices will be asked to choose 2 Specialities from a number of options which they feel the Practice would benefit from managing patients differently. MHCC will work with MFT to deliver virtual education/training sessions which a clinical representation from the Practice would be required to attend. Following the educational session Practices would be expected to review their current clinical management and undertake an audit of their referral patterns and then make recommendations as to how they might deliver care differently.</li> </ol> |
| <b>Reporting</b>                           | <ol style="list-style-type: none"> <li>1. Submission of a report on the outcomes of the outpatient waiting list review by November 2020.</li> <li>2. Evidence that the Practice has increased their utilisation of A&amp;G over 20/21.</li> <li>3. Notification to MHCC of which 2 specialities they have prioritised by September 2020.</li> <li>4. Attendance at the MHCC organised clinical educational sessions.</li> <li>5. Submission of a report on the 2 priority specialities which makes recommendations and quantifies the actions the Practice has taken as a result of the audit.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Baseline /</b>                          | As outlined above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



## Agenda Item No. 2.7 (a)

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| <b>Target</b>       |                                                                                                                                                                                                                                                                                                                                               |
| <b>Remuneration</b> | Remuneration will be £1.50 per head of population based on: <ul data-bbox="389 344 1283 461" style="list-style-type: none"><li>• submission of the reporting requirements as outlined above</li><li>• data demonstrating increased practice use of A&amp;G</li><li>• Attendance at the MHCC organised clinical educational sessions</li></ul> |

## Agenda Item No. 2.7 (a)

| Covid Response – Standards funding – (extra £1) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Aims</b>                                     | <ul style="list-style-type: none"> <li>• To support practices to deliver a robust Covid19 response to national guidance and priorities</li> <li>• To support proactive and co-ordinated care for vulnerable and at risk populations</li> <li>• To support delivery of Flu Vaccination in all appropriate age groups – working across the system and ensuring new models of delivery where needed</li> <li>• To design and engage with new models of care required in relation to Covid Response and Recovery</li> <li>• To provide up to date assurance information on a regular basis in line with local , GM and national requests to support delivery of the Primary Care Covid Response</li> <li>• To complete the daily Primary care SitRep</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Delivery</b>                                 | <p><b>Flu Plan</b></p> <ul style="list-style-type: none"> <li>• To work with neighbourhood teams and across PCNs to design a comprehensive Flu plan. ( template to be provided)</li> <li>• To support the training of all available staff to be able to deliver vaccines to support workforce resilience ( virtual training to be provided)</li> <li>• To work with partners to ensure “ every contact counts” to deliver vaccines where a patient attends and across systems</li> <li>• To support appropriate data sharing where applicable in your design</li> <li>• To support new models of delivery as a Primary care system – Drive thru / Outreach/ Mobile as agreed at Neighbourhood level e.g. releasing staff to work across the system as needed</li> </ul> <p><b>Clinically Extremely Vulnerable ( shielded)</b></p> <ul style="list-style-type: none"> <li>• Maintain a validated SPL (shielded patient) with proactive contact to CEV, as per National Guidance</li> <li>• Practices to work with Integrated Neighbourhood Team to support neighbourhood model of care coordination of the CEV</li> <li>• Digital: To use a shared care plan for the CEV, to be developed within the Manchester Care Record, and support associated data sharing and Information Governance aspects (TBC).</li> <li>• Care planning: prioritise and optimise LTCs of the CEV before Autumn</li> <li>• Delivery of safe care: remote consultation first, with f2f care at home or in surgery (depending on phase of government guidance)</li> <li>• Mental Health: proactive mental health conversations especially as people come out of lockdown</li> <li>• Flu: ensure all CEV group receive flu vaccination</li> <li>• Focused use of protected characteristics data form for the CEV (to be discussed)</li> <li>• Support future phases of shielding (including identification of the CEV and validation of SPL).</li> </ul> <p><b>Reporting and SitRep</b></p> <ul style="list-style-type: none"> <li>• To ensure the practice reports regularly to the Primary care SitRep (minimum 3/5 days a week)</li> </ul> |

## Agenda Item No. 2.7 (a)

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|                     | <ul style="list-style-type: none"> <li>• To support completion of GM/ National and local Covid assurance requests to support changing guidance</li> </ul> <p><b>Management of COVID</b></p> <ul style="list-style-type: none"> <li>• Aim: To facilitate virtual follow up for patients with suspected COVID or Covid positive who have been managed in the community and haven't needed hospital admission, to identify patients with potential long-term sequelae of Covid who may need ongoing surveillance and follow up.</li> <li>• Time frame for searches : From February 2020</li> <li>• Review of the patient record:</li> <li>• Has a clinical review by the GP taken place within 4- 6 weeks of diagnosis? The cohort of patients who had symptoms of COVID from February onwards and are past 6 weeks after diagnosis would still benefit from follow up and we suggest this backlog is completed by December 20</li> <li>• <b>Outcome:</b></li> <li>• Patients who have <i>not</i> had review should be offered a telephone/video GP consultation, ideally within 6 weeks of diagnosis.</li> <li>• If the person has returned to normal activity levels without shortness of breath, no further action is required.</li> <li>• Organise CXR/bloods/ECG if still symptomatic? (FBC, UE, LFT, CRP, D-dimer, Troponin, Ferritin, BNP)Further guidance will be provided on auctioning abnormal results</li> <li>• At review, elicit psychological history</li> </ul> |
| <b>Reporting</b>    | <ul style="list-style-type: none"> <li>• Submission of a flu plan by August 2020</li> <li>• Appropriate completion of assurance requests</li> <li>• Appropriate submission of SitRep</li> <li>• Completion of Covid Reviews</li> <li>• Completion of CEV care plans at 75%</li> </ul> <p>FINAL MONITORING TO BE CONFIRMED</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Target</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Remuneration</b> | <ul style="list-style-type: none"> <li>• £1 per head of population + 38p per head from cessation of previous standards due to Covid</li> <li>• <b>Flu Plan</b> <ul style="list-style-type: none"> <li>○ £1,200 per practice for the requirements as outlines above</li> </ul> </li> <li>• <b>Clinically Extremely Vulnerable</b> <ul style="list-style-type: none"> <li>○ £20 per CEV (shielding) patient that achieves the requirements as outlined above</li> </ul> </li> <li>• <b>Reporting and Sit Rep</b> <ul style="list-style-type: none"> <li>○ £9,350 per practice that completes the weekly Sit Rep and monthly assurance process (equivalent to £10 per submission)</li> </ul> </li> <li>• <b>Management of COVID</b> <ul style="list-style-type: none"> <li>○ A QoF style payment for 75% of more of suspected COVID or confirmed COVID patients who achieve the requirements outlined above. A practice will receive their share of total funding for this element of the Standard (£281,778). The practice share is determined by the dividing the number of eligible patients registered in the practice by the number of eligible patients in the city, at the end of the scheme (31st March 2021).</li> </ul> </li> </ul>                                                                                                                                                                                                                                   |

## **Agenda Item No. 2.7 (a)**

## Agenda Item No. 2.7 (a)

| Member Practice Engagement Scheme |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <b>Aims</b>                       | <ul style="list-style-type: none"> <li>• To promote two way engagement between MHCC and its Member Practices</li> <li>• To enable further integrated working in neighbourhoods, to support the development of Manchester Local Care Organisation (MLCO) and further development of the Primary Care Networks (PCNs).</li> <li>• To provide capacity for practices to focus on quality improvement, including time for achievement and delivery of Manchester’s Primary Care Standards</li> <li>• To support sharing of information across the system to support improved communication, outcomes and patient experience.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Delivery</b>                   | <p>Funding will be made available to all practices on the following basis:</p> <p><b>Engagement with MHCC and partners</b></p> <ul style="list-style-type: none"> <li>• Attendance and active participation in neighbourhood level meetings</li> <li>• Involvement in MHCC arrangements and processes to support the integration of practices into the MLCO</li> </ul> <p>The neighbourhood meetings will support the delivery of MHCC priorities and programmes at neighbourhood level, including:</p> <ul style="list-style-type: none"> <li>• Primary Care Standards – delivery and achievement, peer review and assurance, sharing best practice and a full population offer</li> <li>• Neighbourhood plans and innovation proposals – meeting population health needs and improving service integration at the local level</li> </ul> <p>Needs to ensure alignment to Primary Care Networks (PCN) and the development of close working relationships between PCNs and the partners within the MHCC neighbourhoods arrangements.</p> <p>As above, MHCC will fund attendance at 6 meetings. This is based on:</p> <ul style="list-style-type: none"> <li>• 3 Neighbourhood-level meetings</li> <li>• 3 Citywide Meetings (as per MHCC Constitution)</li> </ul> <p>A revised schedule will be circulated to all practices</p> <p>Neighbourhoods wanting to meet more frequently than above are encouraged to do so by their own arrangement and in accordance with the delivery requirements of the PCN DES contract. There will be no additional funding in standards above the meetings listed above.</p> <p><b>To note - In order to support information sharing and effective integrated care, all GP practices are also asked to sign up to the current version of the Manchester Care Record Data Sharing Contract (this is essential for practices to achieve and be remunerated for the Engagement Scheme 2020/21).</b></p> |
| <b>Reporting</b>                  | <p>Practices to engage with MHCC through:</p> <ul style="list-style-type: none"> <li>• Attendance at neighbourhood meetings and involvement in MHCC arrangements and processes</li> <li>• Delivery and achievement of Primary Care Standards</li> <li>• Engagement of neighbourhood plans and innovation proposals where appropriate</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Remuneration</b>               | <p>Remuneration will be based on:<br/>           Sessional payment of £300 for 1 GP from each practice to attend each of the 6 MHCC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|  | meetings. A maximum of £1,800 per practice. |
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| Data Quality Scheme - Improving Data Quality Across Primary Care |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>Aims</b>                                                      | <ul style="list-style-type: none"> <li>To provide capacity for practices to focus on quality improvement, including time for achievement and delivery of Manchester's Primary Care Standards.</li> <li>To support sharing of information across the system to support improved communication, outcomes and patient experience.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Delivery</b>                                                  | <p>The Practice will be asked to designate an accountable lead for data quality and Standards delivery, who will lead the practice in:</p> <ul style="list-style-type: none"> <li>Engaging / liaising with their relevant GP practice colleagues; including identification of clinical leads for applicable areas of work</li> <li>Engaging with the neighbourhood Clinical Lead and take part in practice reviews of Standards achievement</li> <li>Standardising and reconciling coding</li> <li>Undertaking of relevant searches</li> </ul> <p><b>Each practice lead for data quality will be required to meet with their MHCC Neighbourhood Clinical Lead on a monthly basis to improve data quality and standards improvement.</b></p> <p>Note that for this element, as per previous arrangements, it is proposed to put in place a pro-rata arrangement for larger Practices (registered list size &gt;10,000 patients) where it is considered that there is, as a result of list size, more work required to achieve delivery.</p> |
| <b>Reporting</b>                                                 | <p>Practices to engage with MHCC through:</p> <ul style="list-style-type: none"> <li>Delivery and achievement of Primary Care Standards</li> <li>Participation in data quality sessions will be reported through Tableau on a monthly basis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Remuneration</b>                                              | <p>Remuneration is based on a sessional payment of £300 for each data quality session completed. For all practices with a registered list size &lt; 10,000 the maximum number of sessions is 12 (1 per month for the year).</p> <p>For all practices with a registered list size &gt; 10,000 the maximum number of sessions is scaled according to list size.</p> <p>All Practices will be advised of their maximum number of sessions for the year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## Agenda Item No. 2.7 (a)

### Funding

The Table summarises the funding aligned to each Standard expressed in £/per head. Practice reimbursement and the exact way it is calculated is described within each individual Standard.

| Standard                                       | Total Funding (pph) | Total Funding (£)  |
|------------------------------------------------|---------------------|--------------------|
| 1 - Inclusion                                  | £ 0.700             | £ 469,629          |
| 2 Mental Health                                | £ 0.287             | £ 192,787          |
| 3 - Cancer                                     | £ 0.080             | £ 53,672           |
| 4 - Winning Hearts and Minds                   | £ 2.098             | £ 1,407,546        |
| 6 - Respiratory                                | £ 0.580             | £ 389,121          |
| 7a - Antimicrobial Resistance (AMR)            | £ 0.450             | £ 301,905          |
| 7b - Safe and Evidence Based Prescribing       | £ 0.152             | £ 102,000          |
| 7c - Medicines Optimisation – Transfer of Care | £ -                 | £ -                |
| 7d - Safeguarding                              | £ 1.501             | £ 1,006,804        |
| 8 - Childrens                                  | £ 0.152             | £ 102,000          |
| 9 - System Review and Redesign                 | £ 1.500             | £ 1,006,349        |
| 10 COVID                                       | £ 1.380             | £ 925,841          |
| Engagement                                     | £ 1.120             | £ 751,200          |
| <b>Total</b>                                   | <b>£ 10.000</b>     | <b>£ 6,708,853</b> |