

QUALITY & OUTCOMES FRAMEWORK

Attached is a copy of the fourth revision to the Quality And Outcomes Framework^[1], together with a Summary Of The Changes for 2011/2012^[2]. Guidance is still awaited regarding the new prescribing elements within the quality and productivity indicators for QOF.

Bearing in mind the fact that agreement has to be reached between practices and the PCT as to the prescribing areas to be covered, it is expected that agreement will be reached between the GPC and the Department of Health on these matters by the first week in May 2011. This will be circulated as soon as it is published.

Also attached is a GPC "Focus On" document in relation to QOF payments^[3].

PATIENT PARTICIPATION DES & EXTENDED HOURS DES

Nationally, the Extended Hours DES, that has been in place for a few years is being replaced by a less onerous Extended Hours DES, with the payment being reduced from £3.01 to £1.90 per patient.

Liverpool PCT operated an Extended Hours LES which was slightly different to the previous Extended Hours DES, however, it is now considering withdrawing its LES in favour of the new DES. In effect, the new DES allows for concurrent working of any clinician and removes the restriction on pre-booked appointments.

The £1.10 of the *saving* is being re-cycled into a two-year patient participation DES. The details of the DES are clearly laid out within the attached documentation^[4] & ^[5] and colleagues who already have patient participation groups, will find complying with elements of the first year exceptionally easy.

BLUE BADGE

In February 2011, the Government announced its intention to reform the Blue Badge programme^[6]. In essence, responsibility for issuing Blue Badges falls to Local Authorities in England and there is now no requirement for information to be provided by a patient's GP. Accordingly, requests for information in relation to Blue Badges should now cease.

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Electronic Attachments

- * [\[1\] Quality & Outcomes Framework Guidance 2011-2012.](#)
- * [\[2\] Summary of 2011/2012 QOF Indicator Changes.](#)
- * [\[3\] Focus On QOF Payments.](#)
- * [\[4\] Patient Participation DES for GMS Contract.](#)
- * [\[5\] Extended Hours Scheme DES.](#)
- * [\[6\] Blue Badge Scheme.](#)
- * [\[7\] CQC Information Leaflet.](#)
- * [\[8\] The Good Practice Guidelines for GP Electronic Patient Records.](#)
- * [\[9\] The Good Practice Guidelines for GP Electronic Records - Quick Reference Guide.](#)
- * [\[10\] EMIS Web Audit Trail Guidance.](#)
- * [\[11\] Focus On Taking On New Partners.](#)
- * [\[12\] Primary Care QIPP.](#)
- * [\[13\] Clinical Waste - Self Audit Tool.](#)
- * [\[14\] Focus On Clinical Waste Audits.](#)
- * [\[15\] Leadership in GP Commissioning Consortia.](#)
- * [\[16\] Overseas Visitors Accessing NHS Primary Medical Services.](#)
- * [GMC Supplementary Guidance Document - Making & Using Visual & Audio Recordings Of Patients.](#)

CARE QUALITY COMMISSION

Colleagues will be aware that from April 2012, all GP practices will be required to register with the Care Quality Commission. This exercise has already been completed with Dentists and both the CQC and GPC have gleaned much from the process.

It is anticipated that a whole new industry will be created in relation to registration. However, GPC does intend to produce guidance on the process within the next few months. Attached is an information sheet regarding the CQC and registration^[7].

ELECTRONIC PATIENT RECORDS

Many practices in Liverpool successfully completed various parts of the IM & T DES/LES, which is no longer available. As part of the Enhanced Service, many practices are now accredited to be paperlight although the accreditation will be being reviewed by the PCT on a three year rolling programme.

Please find attached a recently published update to Good Practice Guidelines for GP Electronic Records^[8], together with a summary version^[9], both of which have been jointly published by BMA, RCGP and the Department of Health.

EMIS WEB AUDIT TRAILS

With a majority of practices in Liverpool using EMIS and many practices having signed up to various sharing agreements, the LMC has felt it is important that colleagues are aware that it is possible for practices to undertake audits examining outside access to patient records. A guidance document is attached for reference^[10].

GP PARTNERS

Please find attached a GPC Guidance document^[11] on the benefits to practices of taking on new partners as opposed to relying on salaried or locum doctors on a long term basis. Colleagues are respectfully reminded that the HM Revenue and Customs is becoming increasingly interested in practices that appear to employ the same locum, doing fixed sessions on a weekly basis as the Revenue takes the view that such doctors are actually employees rather than being classed as independent locums.

2WW REFERRALS

Colleagues are respectfully reminded that if referrals are made under the 2 Week Rule, patients should be aware of the nature of the referral, and that they will receive an appointment for attendance within 2 weeks. If the referral is made via Choose and Book, the patient may actually leave the surgery with an appointment date and time.

GP SPECIFICATION

The LMC has been advised that almost every practice has signed up to the Liverpool GP Specification LES, however, all practices are working towards the aspirations of the LES.

The LMC is aware that a few practices had difficulty meeting the deadline in relation to providing implementation plans. Practices that feel that they have been unfairly treated by the PCT should seek advice from the LMC.

Over the coming months, the PCT working with the emerging commissioning consortia, and the LMC, will be reviewing the implementation of the Specification with a view to understanding if there are any anomalies and glitches within it, and the KPIs.

In that respect, colleagues are reminded that whilst they are receiving monies up front, they may be subject to a claw back of resources if they fail to meet the KPIs and are unable to demonstrate working towards meeting the aims of the specification. Although only certain aspects of the Specification attract a KPI, colleagues are reminded that the PCT will be reviewing a practice's efforts in relation to the whole Specification.

Discussions have been ongoing in relation to an Adult Nursing Specification with Liverpool Community Health NHS Trust. As some of the KPIs within the GP Specification will rely upon close working between GPs and Community Nurses, LCH's KPIs will dovetail with the GP Specification KPIs.

Within QIPP, there is a Primary Care element and the North West SHA has recently produced a Primary Care QIPP. Many aspects of that QIPP, (copy attached^[12]), are covered within the GP Specification.

CLINICAL WASTE

As a result of legislation introduced in 2006, all producers of clinical waste will be required, by the Environment Agency, to undertake an audit of health care waste by July 2011.

GPC has been working closely with the Environment Agency to provide a self audit tool for practices to complete for their waste contractor. Attached is a copy of the tool ^[13], in Microsoft Word, to enable practices to comply with the legislation. Colleagues having any queries regarding this should contact the LMC.

Attached is a GPC "Focus On" document which provides an easy to follow guide on how to undertake such an audit^[14].

HPV VACCINATION PROGRAMME

Recent figures on the vaccination programme for England have suggested that the uptake of vaccination, especially in 16-18 year olds in Liverpool, has been lower than expected. Colleagues are reminded that they should continue to strive to vaccinate females in school year 12 and 13 age groups (corresponding to ages 16-18 year old).

HEALTH & SOCIAL CARE BILL 2011

Colleagues will be aware that there has been a pause to the legislative process in relation to the Health & Social Care Bill to enable politicians to better understand the concerns of Health Care Professionals, and others, in relation to the proposed changes for commissioning health care in England.

As a result of the pause, it is difficult to assess at this time, exactly what changes will be made to the commissioning process, however, it does seem likely that GPs' influence on commissioning will be reduced as it is anticipated that other Health Care Professionals are likely to become Board members of Commissioning Boards.

In the mean time, Liverpool, which has had its pathfinder application accepted, is continuing with its consortia developments. At the present time it would appear that Liverpool is likely to have three shadow consortia roughly covering the North PBC practices the Matchworks PBC practices and a single consortium covering the South Central and Liverpool Health Care practices.

Attached is a recently produced guidance document on leadership in clinically-led consortium^[15].

MERSEY CARE HEALTH FACILITATORS

Mersey Care has recently appointed two health facilitators who are able to assist practices with Learning Disability awareness training and the Learning Disability DES annual health check (the DES has been extended for 2011/2012).

Please contact Suzanne Robinson at Mersey Care if you require further information. Her telephone number is 737 4850.

SEASONAL INFLUENZA VACCINATION

Colleagues are reminded that the CMO has recently revised the proposed target for uptake of Flu immunisation in at risk patients under 65 years. The targets for 2011/2012 are :

[75% of patients aged 65 or over and at least 60% of patients in clinical at risk groups \(including pregnant women\), under the age of 65 years, are expected to be vaccinated.](#)

Colleagues are asked to ensure that they have ordered sufficient vaccine for their practices to enable them to reach these targets.

OVERSEAS VISITORS

Attached is a GPC guidance document on overseas visitors accessing primary care services^[16].