

*Scottish Government / Primary & Community Care Directorate / Primary Care Division
'Winter' Working Group*

National GMS / Primary Care Programme

**Framework to Support the
QOF Review Process in 2009/10**

(“Winter 5 Guidance”)

CONTENTS

	<u>Page</u>
1. Introduction	3
2. QOF review process	4
3. The QOF review process in NHS Scotland: an overview	5
4. The QOF review visit	8
5. Outline template for the QOF review visit	10
6. QOF review visit - key responsibilities and actions for the NHS Board	11
7. QOF review - roles and responsibilities of the QOF review team	14
8. QOF review visit - responsibilities and actions for the practice	16
Appendix 1: Membership of the Winter Working Group	17
Appendix 2: Grade ' organisational evidence 2008/09	18
Appendix 3: The QOF Plus approach	20
Appendix 4: Example of visit timetable	21
Appendix 5: Outline statement of competencies for QOF reviewers	22
Appendix 6: Background information for Lay reviewers	23
Appendix 7: Sample NHS Board QOF summary report	25

1. INTRODUCTION

1.1 This is the fifth report of the national working group (membership details at Appendix 1) tasked by the NHS Scotland Primary Care Leads Group to provide a framework for NHS Boards to review achievement against the GMS Quality and Outcomes Framework (QOF) in a consistent and robust manner.

1.2 The QOF is a major component of the new General Medical Services (GMS) contract introduced in 2004. It sets out a range of indicators to guide improvement in the services provided to patients in four main areas to include (from April 2006):

- Clinical care in 19 chronic disease areas
- Organisation of the practice
- The patient's experience of care
- The delivery of 'additional services'

The clinical indicators are based on robust evidence and should, over time, lead to an improvement in the health of the population. Achievement against the organisational indicators should similarly lead to improvement in service delivery. The QOF review seeks to ensure that practices have appropriate systems and processes in place to allow the claimed clinical and organisational standards to be met.

1.3 Participation in the QOF is voluntary but the vast majority of practices are choosing to demonstrate achievement against the standards. In addition, evidence from practice feedback indicates that a majority of practices have found the QOF review undertaken in the first 4 years to be helpful and some practices have enjoyed voluntarily participating in visits looking at additional non-QOF areas, with the further challenge this brings.

1.4 It is intended that the QOF review process will continue to promote achievement of quality and encourage further development of services within practices. The QOF review is intended to be delivered with sufficient rigour to ensure compliance with the statutory responsibilities of both the NHS Board and of the providers being reviewed, while respecting the contract principals of high trust and low bureaucracy.

1.5 Further information is available on the GMS Pay Modernisation website:
<http://www.paymodernisation.scot.nhs.uk/gms/index.htm>

2. QOF REVIEW PROCESS

2.1 The QOF Review Process has four main purposes:

- (i) To review the practice's achievement of QOF in the previous year and to consider with the practice their likely achievement in the current year.
- (ii) To review the practice's procedures for data collection in relation to disease management and the other sections of the QOF.
- (iii) To review specific examples of good practice and offer support where improvement might be achieved; where possible the sharing of good practice between GP practices by NHS Boards is encouraged.
- (iv) To facilitate formative discussion on any changes to the QOF agreed as part of the GMS Contract review.

2.2 The QOF review process in Scotland intends to be -

Robust: meeting the needs of NHS Board's corporate governance arrangements

Formative: promoting improvement in delivery of services to patients

Specific: targeting areas for celebration and support in each practice

Efficient: using data already available to practices and Boards

Fair: applying and interpreting the standards used nationally

Consistent: reviewing all practices in a similar and comparative way across Scotland

Developmental: looking forward as well as back

2.3 The development of the QOF review within NHS Scotland is based on a series of principles, namely that the review process:

- (i) Emphasises the importance of making the best use of information through undertaking preparatory work (both Practice and Board) prior to the visit.
- (ii) Is thorough and professional, and meets all requirements in line with the 'high trust' culture explicit within the GMS contract.
- (iii) Is coordinated with other NHS Board visits to practices, if agreed with the practice.
- (iv) Builds on existing good practice, experience and relationships.
- (v) Is robust and sustainable in the long term.
- (vi) Recognises the need to target issues and provide support where necessary.
- (vii) Is developed on a national basis ensuring that any practice in Scotland is assessed to the same standard, irrespective of NHS Board area.
- (viii) Will satisfy the NHS Board's responsibility to meet the requirements of Audit Scotland.
- (ix) Will be separate from the independent process for payment verification carried out by NHS National Services Scotland - Practitioner Services Division (PSD). All practices are subject to random sampling for verification purposes, and any practice may also be visited by the Payment Verification Team at the request of the NHS Board.

3. THE QOF REVIEW PROCESS IN NHS SCOTLAND: AN OVERVIEW

3.1 *Investing in General Practice; the new GMS contract 2003* made it clear that NHS Boards should visit GP practices initially on an annual basis to review their QOF achievement. It was also agreed that any review would be based on principles of 'high trust' with a 'minimum of additional bureaucracy', and to use the evidence base that is already available¹.

3.2 Experience since 2004 has shown that not all GP practices may benefit from an annual QOF review visit and (from 2006/07) the working group considered that less frequent visits were acceptable on the basis of local risk assessment. However, it was emphasised that the QMAS reports of every practice participating in QOF should be reviewed on an annual basis regardless of whether or not a visit is undertaken in a given year.

The working group therefore recommends that the following approach is taken to QOF review process in 2009/10:

- The NHS Board QOF Review Group (para 6.2) should review the QMAS reports for every practice on an annual basis and consider whether a visit is needed for each individual practice.
- **QOF review visits should routinely be undertaken at an interval determined by experience and local risk assessment** (and in the context of the Board's overall practice visit regime).
- QOF review visits should take place every 1-3 years, with a minimum of a 3 yearly visit. Annual visits should be undertaken where the Board wishes additional assurance, or if additional support is sought by the practice. Three yearly visits would be considered where a practice consistently demonstrates exceptionally high standards of achievement and this may in part be supported by evidence from other sources such as the annual contract review, current Quality Practice Award (QPA) accreditation, or Training Practice status.
- Where a QOF review visit to a practice is undertaken it will be delivered in a manner consistent with the requirements of the UK contract and will be based on the *Framework to Support the QOF Review Process in 2009/10* (Winter 5 guidance).

3.4 It is further suggested that if a practice is identified by random sampling or targeted for a Payment Verification visit by PSD it would not be appropriate for the NHS Board to undertake a standard QOF review in the same annual visit cycle. The NHS Board may still wish to undertake a modified QOF review to review a number of the organisational domains which are not included in PV and to allow the practice the opportunity to be supported in their QOF process.

3.5 The QOF review can be undertaken at any time, but most benefit will be achieved if undertaken at a point in the year which will allow the practice being visited to implement change and improve the care offered to patients before the QMAS report at the end of the financial year.

¹ Investing in General Practice; the new GMS contract 2003, para 3.38;
Revision to the GMS Contract 2006/07 - Delivering Investment in General Practice - Scottish Guidance, April 2006- Chapter 2, para 2.12

- 3.6 It is expected that by 1st August 2009 each NHS Board QOF Review Group will have discussed the requirements of the QOF review process with the GP sub-committee of the Area Medical Committee and with Board/CHPs, and reached agreement on:
- (i) Composition and membership of the QOF review (practice visiting) teams.
 - (ii) The schedule of QOF review visits (and, if locally agreed, contract reviews).
 - (iii) The training programme and local support for QOF reviewers.
 - (iv) Detailed local guidance on the QOF review process (to include notification to a practice and agreement about the visit schedule; confidentiality and advice on preparation for the review, agreement about topics for detailed review).

- 3.7 QOF review is intended to get to the 'story behind the numbers'. The key information available to the NHS Board QOF review team will be the standard QMAS report ie summary of achievement against the clinical and organisational indicators. Under the contract there is a requirement that all 'Grade A' evidence (as described in the contract documentation) is available to the NHS Board. The QOF review team will assess all the core Grade A evidence and may review non-core evidence during the visit.

From April 2006, it was agreed that practices only need to pre-submit core Grade A evidence - the revised list of core (and non core) Grade A evidence is detailed in Appendix 2. The practice may choose to submit additional evidence where they feel a significant change has occurred from the previous year. Full Grade A and Grade B evidence should be held within the practice and be available for review by the QOF review team on the day of the visit.

Please note that all evidence reviewed should relate to QOF achievements during the previous financial year ie for reviews undertaken during 2009/10, the evidence should relate to financial year 2008/09.

- 3.8 A detailed practice specific report will be produced in respect of each QOF review visit. A draft of the report will be agreed with the practice following the visit. All reports within an NHS Board area will be collated and information shared with CHP(s) and the NHS Board. (Note that, as QOF achievement and practice reports will be available to the public under Freedom of Information, NHS Boards may agree to publish these on a routine basis).

3.9 **The QOF review will not:**

- (i) Duplicate the Payment Verification assessment undertaken in a sample of practices.
- (ii) Resolve potential matters of concern - but identified issues may be referred to the NHS Board QOF Review Group for appropriate follow up action (para 4.7).

- 3.10 Within individual NHS Boards and with the agreement with the Local Medical Committee and the practice, QOF review visits may be combined with:
- The annual GMS practice contract review visit to confirm the overall relationship between NHS Board and individual practice.
 - An offer to participate in a 'QOF Plus' review as an alternative to a standard QOF review. This is based on a dynamic analysis of QMAS information and other primary care data (Appendix 3).

- 3.11 The RCGP QOF Reviewers' Handbook is a valuable source of information. This covers all aspects of the QOF review and should be seen as a comprehensive guide to the practice visit. Within any one practice review a limited number of sections will be used. Copies of the handbook can be obtained from the RCGP Scotland website:
<http://www.rcgp.org.uk/default.aspx?page=2118>

4. THE QOF REVIEW VISIT

4.1 Participation in the QOF is voluntary, but, where a practice does claim for activity related to the QOF, they must participate in the review process. The review team must agree with the practice which aspects of their QOF achievement are to be reviewed during the visit. The outcome of the review should provide assurance for the NHS Board and for patients and the public. The review will also assist the practice's plans for further improvement.

4.2 Evidence for QOF Review Visits 2009/10:

During 2008/09 the QOF comprised 129 evidence-based indicators, across 4 domains, allowing a maximum possible achievement of 1000 points.

- (i) Clinical - [650 points]
80 indicators covering 19 disease areas, mainly relating to chronic disease management: CHD, Heart Failure, Stroke/TIA, Hypertension, Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Palliative Care, Mental Health, Asthma, Dementia, Depression, Chronic Kidney Disease, Atrial Fibrillation, Obesity, Learning Disabilities and Smoking.
- (ii) Organisational - [167.5 points]
36 indicators in 5 areas: Records and Information, Information for Patients, Education and Training, Practice Management and Medicines Management.
- (iii) Patient Experience - [146.5 points]
5 indicators in 3 areas (Consultation length, Patient Survey and Patient Experience of Access).
- (iv) Additional Services - [36 points]
8 indicators covering 4 areas: Cervical Screening, Child Health Surveillance, Maternity Services and Contraceptive Services.

4.3 Most of the evidence/information required to confirm 'achievement' within each of the QOF domains will be collated electronically by QMAS. This software has been developed nationally (UK) to support implementation of the new contract and has been adapted for Scotland. The main aim of the QMAS programme is to enable, as far as possible, the automatic extraction of data from clinical GP IT systems. This will allow forward planning by the individual GP practice, the CHPs and the NHS Board, based on the report of points attained to date.

4.4 The review will be informed by analysis of QMAS data which includes:

- Clinical domain achievement.
- Organisational data.

4.5 In addition to QMAS, the supporting evidence which may be referred to includes:

- Previous practice QOF review reports.
- Other information relevant to the review provided by the NHS Board, CHP or the practice.

Additional information will already be routinely available in the healthcare system and should not require additional work.

4.6 The visiting team will have the authority to explore any additional aspect of practice work relevant to the delivery of the QOF but normally the agenda will be agreed prior to the visit.

- 4.7 Governance issues:
The QOF review teams will be trained to provide a fair and supportive assessment using a robust methodology, but are not expected to formally 'police' the QOF. Whilst the purpose of the visit is to support best practice, there may be times when valid concerns are identified during the review visit. The QOF review team will sensitively explore such matters with the practice, but are not expected to manage any difficulty. These concerns should be reported to the NHS Board QOF Review Group who will be responsible for further local management action. This will usually involve targeted support to help the practice address the identified concern.
- 4.8 Confidentiality:
NHS Boards and practices will work within the agreed guidance - Code of Confidentiality & Disclosure of Information: General Medical Services (GMS), Section 17c/2c Agreements and Health Board Primary Medical Services (HBPMS): Code of Practice and Directions - PCA(M)(2005)10. This gives an assurance that all staff involved are bound by guidance on maintaining confidentiality on personal health information and no patient identifiable information or data will leave the practice nor will it be used in the visit report. Whether the reviewer has a background as a clinician, manager or lay person, they must have undertaken training to ensure that personal health information will be secure. It is anticipated that most information used in the review process will be anonymised but practices and patients can have confidence that all reviewers will understand their responsibilities in this sensitive area.
- 4.9 The first part of the discussion will give an opportunity to review the practice's systems and processes for collecting and recording information.
- 4.10 Selection of clinical areas for review and on whether individual records need to be reviewed will be influenced by any unresolved concerns or questions raised during analysis of written evidence and by a Board / CHP clinical priority interest. The same clinical topic would not generally be reviewed in subsequent years unless there is a clear indication or request to do so. The review visit will be informed by pre-visit information supplied by both the NHS Board / QMAS and by the practice to ensure that the review will focus on areas of good performance or specific concern. The QOF review team will advise which areas they will wish to review during the visit and the practice will be invited to nominate specific clinical and organisational areas they would like to discuss. The areas to be discussed will be agreed with the practice prior to the review itself.
- 4.11 The second part of the discussion will focus on plans for development of patient care within the QOF framework. The visiting team will facilitate discussion in terms of changes the practice would wish to take forward, and will include the role of the CHP and others in helping address any identified support/development needs of the practice. This should be seen as a 2-way feedback opportunity to allow for closer alignment of practice and NHS Board / CHPs in the development of quality healthcare services.
- 4.12 If the NHS Board wishes to combine the QOF review visit with their annual contract review visit, this must be agreed with the practice and the two reviews should be distinct.

5. OUTLINE TEMPLATE FOR THE QOF REVIEW VISIT

- 5.1 It is expected the QOF review visit will require up to 4 hours in the practice. This can only be achieved if there is a specific focus for the review and adequate preparation has been undertaken. A suggested timetable is included as Appendix 4. This timeline is set out in greater detail in the RCGP QOF Reviewers' Handbook.

The Practice Quality Data Analyser (QDA) developed by Professor Bruce Guthrie and colleagues at the University of Dundee is now available as an online data analysis tool and was widely used by NHS Boards on a pilot basis during 2007/08:
<http://qofanalyser.dundee.ac.uk/>

The QDA software is continually being developed to improve the user interface and provide more detailed graphical analysis and comparison of practice demography and achievements in relation to the clinical QOF indicators. It is highly recommended that QOF review teams make full use of the QDA to support pre-visit data analysis, facilitate clinical discussion during the practice visit itself and in the preparation of practice reports.

- 5.2 The Working Group recommend that during a QOF / QOF Plus review in 2009/10:

- The visit team will review the achievements of the practice and suggest, by facilitation, improvements that may be taken forward. They will also identify good practice and, with the practice's permission, disseminate this further. The written evidence that they review will pertain to QOF achievement for the financial year from 01 April 2008 - 31 March 2009.
- **Clinical areas:** the visit team should review practice achievements using QMAS/ QDA (and other relevant data sources eg prescribing, referrals data) to identify potential areas for development and examples of best practice. These areas will provide the focus of the clinical discussion which is intended to be interactive. The practice team may also choose to select particular areas for discussion during the clinical review session prior to, or during the visit itself.
- **Organisational areas:** the visit team should read all of the core Grade A evidence pre-submitted by the practice and at the visit identify potential areas for development and examples of best practice. Where a practice has already achieved QPA v7-11 there is no requirement to undertake this part of the review. However, good practice would suggest there is still scope to discuss areas of excellence.
- **Patient Experience:** all indicators for which the practice has claimed should be reviewed in detail, with a specific focus on the new GP access survey indicators introduced in 2008/09 (PE7 & PE8).
- The QOF review team is encouraged to make reference to the previous year's QMAS information and previous QOF practice visit report(s) as this will provide a developmental perspective of the practice and may identify further areas for discussion.

6. QOF REVIEW VISIT - KEY RESPONSIBILITIES AND ACTIONS FOR NHS BOARD

6.1 Each NHS Board should agree which of its Senior Management Committees and which Committee of Governance will oversee the work of the QOF review process. Significant investment is linked to the achievement of QOF and the NHS Board will wish to have confidence this is robustly accounted for, and reports on the benefits achieved are fully assessed.

6.2 Each NHS Board is required to formalise a QOF Review Group to lead this work. It is expected that this will be managed within the Primary Care Organisation, however that is defined, of each NHS Board. Membership of the NHS Board QOF Review Group is not prescriptive but should include managers (both clinical and general) responsible for the GMS contract, finance officers, a nominee from the Local Medical Committee (LMC), a nurse and most particularly a Lay member.

6.3 The NHS Board QOF Review Group will be responsible for:

6.3.1 Organisation of QOF review:

- (i) Acting as a steering group for local QOF reviewers and ensure that the process is effectively managed.
- (ii) Securing agreement on local QOF process with the Local Medical Committee.
- (iii) Ensuring that the overall process satisfies the NHS Board's clinical and corporate governance frameworks.
- (iv) Undertaking the annual review of all practices QMAS returns and directing the need for a standard QOF visit, or a targeted Payment Verification visit on an individual practice basis.
- (iv) Acting as a reference point for any questions which arise during review process.
- (v) Ensuring that practice reports are prepared timeously to an agreed standard with information being fed back to individual practices and Board/CHPs.
- (vi) Collating an annual report on the overall QOF process and achievement, based on individual practice reports, at an appropriately detailed and identifiable level; for the NHS Board, the CHPs and other interested parties, including the public (a suggested template is given at Appendix 7).

6.3.2 Overseeing the appointment and support of reviewers:

- (i) The QOF review visit will generally involve three reviewers. These would normally include a General Practitioner, a Manager from either practice or primary care, and a Lay Reviewer. NHS Boards should give active consideration to recruiting other professional reviewers with appropriate skills and expertise eg Nurses and Pharmacists. At a minimum, the QOF review team will comprise a GP and a Manager.
- ii) The Board QOF Review Group is responsible for appointing and training an appropriate number of individuals to form an adequate number of multidisciplinary QOF review teams. Each reviewer should be offered a clear job description and undertake training relevant to their needs.

- iii) Participation of Lay reviewers is regarded as best practice and every effort should be made to include them. NHS Boards are expected to explore the opportunities to engage Lay representatives as far as possible. On this basis it is recommended that NHS Boards seek to include Lay reviewer participation in 70% or more of QOF review visits during 2009/10.
- iv) The NHS Board QOF Review Group should ensure a process is in place to provide initial mentoring and ongoing support for Lay reviewers - acknowledging their varying degree of awareness and understanding of General Medical Services, the QOF and the QOF review process.
- v) The inclusion of representatives from Nursing or other healthcare professions in the PCO QOF review teams is strongly encouraged because of the significant contribution made by nursing and other health professionals in practice achievement of the QOF. Practice nursing and other health professionals may well be invited to participate in the QOF review by the individual practices. Note however that there is no contractual requirement for nursing or other health professional involvement in the review, and so involvement should be by agreement with the practice. The Working Group believes nursing involvement will strengthen the developmental nature of the visit and encourages the NHS Board QOF Review Group to agree local guidance for practices in partnership with the Local Medical Committee.
- vi) Details of competencies expected of reviewers are noted at Appendix 5. NHS Boards should ensure that individual reviewer competencies are maintained by participation in an appropriate number of visits each year.
- vii) NHS Boards must ensure that each of the reviewers is competent in their role and is performing their role effectively. The Board may gain such assurance in different ways eg through surveys of practices about their experience of the QOF review visit; by undertaking individual supportive appraisals of their reviewers; or by undertaking a more formal assessment of competence. This is for local decision and should reflect the NHS Board's existing policies on staff governance.
- (viii) The NHS Board QOF Review Group is responsible for keeping reviewers updated and informed about changes in local and national issues and related GMS contractual matters that impact on the QOF.

6.3.3 Providing support to practices:

Ensure that all practices are informed, and are helped to prepare for and understand their role in the QOF review process.

6.4 Quality Assurance

NHS Quality Improvement Scotland (NHS QIS) conducted an external review of how NHS Boards undertook the QOF review process in 2006/07. The national overview report and individual NHS Board reports are available on the NHS QIS website:
<http://www.nhshealthquality.org/nhsqis/1816.140.144.html#300>

It is expected that each NHS Board will use their internal governance systems to ensure that progress against their action plans is maintained. A summary of the best practice points highlighted by the NHS QIS review is attached here for reference:



C:\Documents and
Settings\steve.faulkn

The annual report on achievement of QOF across an NHS Board area and the collation of practice based QOF review visits should form the basis of each NHS Boards' governance QA into the QOF review (outline template, Appendix 7)

7. QOF REVIEW - ROLES AND RESPONSIBILITIES OF THE QOF REVIEW TEAM

7.1 To assist with the review visits it is suggested that the key roles of each of the members is set out in a specific job description provided at the time of appointment. Members of the QOF Review Team would include:

GP Lead role:

- Lead the review team visit (introductions, outline structure of discussion, provide verbal feedback / summing up at the end of the visit).
- Review clinical performance and supporting data in the selected areas.
- Lead role in writing report - with full engagement of all other team members.

Manager:

- May take lead role on some visits
- Lead review of organisational aspects.
- Participate / support the GP in clinical discussion.
- Participate in the verbal feedback and contribute to the report.

Lay Representative:

- Lead review on all Patient Experience aspects.
- May wish to contribute to clinical discussion from a user perspective ensuring discussion focuses on service delivery and improvement .
- Participate in the verbal feedback and contribute to the report.

Other Clinicians:

- Areas where other clinicians on the review team (eg nurses, pharmacists) should lead or participate in the discussion should be agreed at the review team pre-visit meeting.

7.2 Training Requirements for Reviewers

NHS Boards have agreed that for the year 2009/10, training will be continue to be provided at a national level by RCGP Scotland for both the current cohort of reviewers (refresher training) and for new reviewers. While the structure and content of training for these two groups will be different, provision of training at a national level will ensure consistency of approach and content. The training will be informed by feedback sought by RCGP Scotland from NHS Board QOF Co-ordinators and reviewers. Specific consideration of training needs of Lay reviewers, faced with a very wide agenda requires to be considered. In addition to the training provided by RCGP Scotland on behalf of NHS Scotland, NHS Boards are encouraged to ensure that there is additional support including induction and ongoing for lay representatives. Appendix 5 provides an outline of the generic competencies reviewers should be able to demonstrate.

The national QOF training programme will focus on the following areas:

Existing Reviewers:

Refresher training - a half day training session recognising experience of reviewers in attendance and including training on the Quality Data Analyser (QDA) tool (para 7.4).

New Professional Reviewers:

One and a half days training to include generic visiting skills / QOF review.

New Lay Reviewers / Managers new to primary care
Half day orientation session (overview NHS health systems)
One and a half days training to include generic visiting skills / QOF review.

All new reviewers MUST have undergone training prior to conducting review visits; existing reviewers should receive refresher training at some point during the current review year (April 2009 - March 2010) and preferably before undertaking visits.

The national training will not cover certain aspects of local issues or provide a comprehensive description of the GMS contract. This is a responsibility of the individual NHS Board. NHS Boards will be responsible for any additional training related to locally agreed enhancements of the QOF review process eg QOF-plus reviews as described in Appendix 3.

7.3 Resource Implications

Training of reviewers will be delivered as part of a national programme. This will be funded by NHS Boards taking a pro-rata share of the overall costs. Reviewers should be reimbursed by the NHS Board which will also be responsible for providing appropriate support in terms of governance and where required will offer indemnity to members of the QOF review team. It is suggested that 1.5 sessions per GP will be required for each review and for training and review visits. Similar time costs (recommend minimum 1.5 sessions per practice visit) would apply for practice employed staff (eg manager and nurses) who are released to participate in training and reviews of other practices.

It is assumed that the cost of NHS directly employed staff and the NHS Board QOF Review Group will be covered by the central administration costs for GMS implementation. It will be important to ensure that staff time involved in QOF reviews is explicit in job plans, where appropriate.

Although it has been agreed in line with the guidance from NHS QIS that Lay representatives will not be paid, their expenses, including travel, subsistence, any childcare costs and loss of earnings, will be met in full, in addition to the costs of any relevant training.

The cost of preparation and any associated administrative work for the QOF review at practice level should be covered by practice core running costs under the GMS contract.

8. QOF REVIEW VISIT - RESPONSIBILITIES AND ACTIONS FOR THE PRACTICE

- 8.1 It is recommended that every practice should nominate a QOF lead to link with the visiting QOF review team in order to co-ordinate practice preparation for, and participation in, the review visit. This person will usually be the Practice Manager, but this is at the discretion of each practice.
- 8.2 In addition, practices should decide who will form the core membership of the practice QOF team for the purpose of the review visit. This should include the Practice Manager, a GP and Practice Nurse as a minimum. It is expected that at least half of the GP partners attend the clinical review session. Other healthcare professionals and members of the practice's own Patient Participation Group may participate in all or part of the review visit as felt appropriate by the practice. The practice may also invite a representative of the GP subcommittee of the AMC to be present as an observer at the review visit. Agreement will be reached about membership of both the visiting QOF review team and the practice QOF team prior to the review visit.
- 8.3 The QOF review team will have access to the practice's QMAS data. In preparation for the review visit itself, practices should be asked if they wish to submit any additional information as indicated in the contract guidance documents (new GMS Contract 2003 Supporting Documentation - Quality and Outcomes Framework para 1.3). The aim of such additional information is to allow practices to provide evidence of good practice and innovative working. Practices are encouraged to include (or make available during the visit) supporting information they feel would be helpful. It is emphasised that the intention is to review evidence already available to the practice and should require a minimum of additional work.
- 8.4 GP practices must submit core Grade A evidence to the NHS Board QOF Review Group at least 4 weeks prior to the scheduled visit date.

Further Information:

Further general guidance on the QOF review process is available from the following websites:

GMS Pay Modernisation:

<http://www.paymodernisation.scot.nhs.uk/gms/index.htm>

DOH Primary Care Contracting:

<http://www.primarycarecontracting.nhs.uk/77.php>

BMA:

<http://www.bma.org.uk/ap.nsf/Content/Hubthenewgmscontract>

RCGP:

<http://www.rcgp.org.uk/default.aspx?page=2118>

**Winter Working Group
April 2009**

APPENDIX 1

Membership of Winter Working Group 2009/10

Dr Andy Kilpatrick, GP and GMS Lead, NHS Fife (Chair)

Dr David Alexander, GP & BMA Scottish General Practitioner's Committee

Fiona Duff, Primary Care Manager, NHS Highland

Steve Faulkner, GMS Contracts Manager, NHS Lothian & GMS / Primary Care Support Team

Dr Nadine Harrison, Senior Medical Officer (Primary Care), Scottish Government

Dr Bill Taylor, GP & Director RCGP Scotland QOF Reviewer Training

Steven Wilson, Senior Manager, NHS Quality Improvement Scotland

Administrator, GMS / Primary Care Support Team:

Lee Henderson, NHS Lothian

APPENDIX 2

GRADE A ORGANISATIONAL EVIDENCE 2008/09

CORE Grade A evidence:

[for submission to the NHS Board at least 4 weeks prior to the visit]

1. Practice leaflet
2. Survey of notes for MED11, MED12 (medication review)
REC15, REC 18, REC 20 (clinical summaries)
REC19 (new patient summaries)
REC09 (indication for drug)
3. Significant event reviews: ED10, ED7
4. Additional material
 - Consultation length statement or survey PE1
 - Prescribing actions MED6, MED10
 - Review of complaints ED6
 - Survey report and actions PE2, PE6

NON-CORE Grade A evidence to support the following indicators:

[no requirement for submission prior to the visit, but must be available for review at the practice]

REC 11	The blood pressure of patients aged 45 and over is recorded in the previous 5 years for at least 65% of patients. [nb data available via QMAS]
REC 17	The blood pressure of patients aged 45 and over is recorded in the previous 5 years for at least 80% of patients. [nb data available via QMAS]
REC 21	Ethnic origin is recorded for 100%of new registrations. [nb data available via QMAS]
REC 23	The percentage of patients aged over 15 years whose notes record smoking status in the past 27 months, except those who have never smoked where smoking status need be recorded only once. [nb data available via QMAS]
INF 05	The practice support smokers in stopping smoking by a strategy which includes providing literature and offering appropriate therapy.
MAN 02	There are clearly defined arrangements for backing up computer data, back-up verification, sage storage of back-up tapes and authorisation for lading programmes where a computer is used.
MAN 05	The practice offers a range of appointment times to patients, which as a minimum should include morning and afternoon appointments five mornings and four afternoons per week, except where agreed with the PCO.
MAN 09	The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment.
MED 04	The number of hours from requesting a prescription to availability for collection by the patient is 72 hours or less (excluding weekends and bank/local holidays).

MED 08	The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/local holidays).
CS 01	The percentage of patients aged 25 to 64 (in Scotland 21-60) whose notes record that a cervical smear has been performed in the last 5 years. Standard 40-80%. [nb data available via QMAS]
CS 06	The practice has a policy for auditing its cervical screening service, and performs an audit of inadequate cervical smears in relation to individual smear takers at least every 2 years.
CS 07	The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates.
MAT 01	Ante-natal care and screening are offered according to current local guidelines.
CON 01	The team has a written policy for responding to requests for emergency contraception.
CON 02	The team has a policy for providing pre-conceptual advice.

APPENDIX 3

THE QOF PLUS APPROACH

Since the inception of the new GMS contract in 2004 the quality of clinical care delivered to patients has consistently proven to be exceptionally high across Scotland. Although the standard QOF review process remains essential in providing NHS Boards with assurance, it has increasingly proved a challenge for QOF review teams to identify significant areas of clinical improvement for many practices.

PCA(M)(2008)12 - GP contract agreement for 2008/09 included an allocation for NHS Boards designed to encourage 'closer working' between GP practices and the Board/CHPs on meeting the range of HEAT (Health/Efficiency/Access/Treatment) targets and driving forward the agenda of Shifting the Balance of Care. A potential area of activity under this allocation relates to developing use of the QOF Plus process.

Initially piloted by NHS Lothian and NHS Tayside during 2006-08, it is apparent that a number of NHS Boards now have some experience of including a QOF Plus element within their routine QOF review programmes. In essence participating Boards are seeking to use the opportunity afforded by a scheduled QOF visit to facilitate a wider discussion with the practice team to include eg detailed demographic profiling, comparative QOF indicator achievements / exception reporting, relevant prescribing data, secondary care referral information, and patient-level Scottish Patients at Risk of Readmission and Admission (SPARRA) information. The QOF Plus approach allows a far more interactive and value added discussion intended to focus on a range of specific and deliverable actions to improve quality of care and primary/secondary care working.

All NHS Boards may wish to consider introducing or developing the QOF Plus methodology during 2009/10 either on a selective basis, engaging with specific practices likely to benefit most from an enhanced review, or by establishing a more formal programme across the Board area or within individual CHPs.

As the QOF Plus element may only be offered to practices on a voluntary basis, the NHS Board must first secure local agreement and support for this approach in partnership with their Local Medical Committee.

Please note that where Boards choose to substitute QOF Plus for standard QOF reviews, they must ensure that the full governance requirements of the Winter 5 guidance apply.

It is also emphasised that the QOF Plus approach may be highly resource intensive for NHS Boards eg in terms of the preparation of practice reports and additional training of reviewers.

Further information and practical support in relation to QOF Plus is available from:

Lizzie McGeechan, Quality Manager, Primary Care Contracts, NHS Lothian
[*lizzie.mcgeechan@nhslothian.scot.nhs.uk*](mailto:lizzie.mcgeechan@nhslothian.scot.nhs.uk)

Susan Ross, General Manager, Primary Care, NHS Tayside
[*susan.ross@nhs.net*](mailto:susan.ross@nhs.net)

APPENDIX 4

EXAMPLE OF VISIT TIMETABLE

The timetable may need to be adjusted for the needs of the practice or the review. If a nurse or member of the professions allied to medicine are part of the review team, they would join the doctor for the majority of the visit. If there was no lay reviewer then the observation of the reception and waiting areas would be done by the manager. Those practices that have done RCGP QPA versions 7-11 can be exempted from the Organisational Domain review.

TIME-SCALE	<u>MANAGER</u>	<u>LAY</u>	<u>DOCTOR</u>
20 min	Agree submitted material meets indicators Review Documentation available on visit	Agree submitted material meets indicators Review Documentation available on visit	Agree submitted material meets indicators Review Documentation available on visit
15 min	Tour of Premises	Tour of Premises	Tour of Premises (or Record review if required)
30 min	Review of Organisational Domain & Patient Experience Domain	Review of Organisational Domain & Patient Experience Domain	Review of Organisational Domain & Patient Experience Domain (or Record Review continued if required)
15 min	Reviewers' Meeting - Coffee	Reviewers' Meeting - Coffee	Reviewers' Meeting - Coffee
75 min	Review of Clinical Domain (using QDA and/or QMAS)	Observation of reception and waiting areas and interview receptionists	Review of Clinical Domain (using QDA and/or QMAS)
20 min	Feedback Agreed	Feedback Agreed	Feedback Agreed
15 min	Feedback Delivered	Feedback Delivered	Feedback Delivered
5 min	Debrief	Debrief	Debrief

If the lay reviewer wishes to be present at all or part of the clinical review then the tour of premises can be extended to include reception area and receptionists' interview.

APPENDIX 5

OUTLINE STATEMENT OF COMPETENCIES FOR QOF REVIEWERS

Knowledge	Competency	Describe how you think you meet this criteria
K1	Overall understanding of the NHS in general and in particular general practice	
K2	Understanding of the local health community	
K3	Knowledge of new GMS contract	
K4	Clear understanding of the principles, purpose and processes included in quality review visits	
K5	Awareness of commitment to confidentiality	

Skills	Competency	Describe how you think you meet this criteria
S1	Personal skills in interviewing, listening and giving feedback	
S2	Group skills - time management, team working	
S3	Numerical and data analytical skills	
S4	Note making, summarising and reporting	

APPENDIX 6

BACKGROUND INFORMATION FOR LAY REVIEWERS

In 2004 the contract for General Practitioners in the United Kingdom was changed, with a greater emphasis being placed on various clinical and organisational standards that General Practitioners and their teams have to meet. These are called collectively the Quality and Outcome Framework (QOF) and it is planned that each practice in Scotland will be visited on a regular basis to review their progress against these standards. As more lay reviewers have been recruited and trained the number of visits with lay reviewers present has increased with the plan that the majority of visits will eventually include lay reviewers

Lay reviewers play a key and fundamentally important role in the QOF review process and bring objectivity and patient focus to the visiting process. No prior medical knowledge or understanding about how general practice works is needed as full training is provided.

As a lay reviewer, you will work with a review team that will include General Practitioners, managers from practices or NHS Boards. You will concentrate on areas from the QOF Framework where a lay perspective is particularly important. Several standards lend themselves to review by lay persons: these include questions discussions around patient satisfaction surveys and processes of care for patients with chronic diseases, eg monitoring clinics, repeat prescription arrangements. To avoid difficulties, you will probably not visit a practice in your immediate area.

Each visit lasts for half a day, but in addition to this, you will need time prior to the visit to read and discuss some information that the practice supplies and similarly some time after each visit to assist with writing and reading the practice report. It is important to understand that practices do not “pass or fail “at the end of a review visit. Visits are designed to help practices to improve and develop what is likely to be already an excellent service; it is the job of reviewers to highlight to practices what they already do well and where they might improve. This is done using verbal and written feedback.

The Royal College of General Practitioners (Scotland) will provide training which will include a half day orientation session, which outlines how general practice works, a half day session on generic skills, such as interview techniques, and a full day session on the QOF process - this is a detailed day to provide information on the process and policies of the review process including report writing.

If you are interested in becoming involved you must make yourself available to attend all three training sessions which are usually delivered on two separate days. Prior to the training you will be provided with a manual, which gives guidance on the review visit and on most of the indicators. This will be discussed on the training days and your expertise in its use will build up gradually so do not think you have to understand it straightaway. It is however essential to have looked at it before the training starts.

Before you start visiting practices you will have become competent in the knowledge and skills required as a reviewer. These competencies are listed below. Some of these competencies you will possess already but the majority will be acquired through training.

Knowledge:

- Overall understanding of the NHS in general and in particular general practice
- Understanding of the local health community
- Knowledge of new GMS contract
- Clear understanding of the principles, purpose and processes included in quality review visits
- Awareness of commitment to confidentiality

Skills:

- Personal skills in interviewing, listening and giving feedback
- Group skills - time management, team working
- Data analytical skills
- Note making, summarising and reporting

If you are interested then further information on General Practice and on the QOF can be obtained at the following sites:

http://www.rcgp.org.uk/pdf/ISS_INFO_04_MAY05.pdf

This site gives information on General Practice and on the Primary Care Team.

<http://www.rcgp.org.uk/default.aspx?page=2118>

This site has information and materials that will be further explained at the training.
[nb this link may change: contact Diane Rich drich@rcgp-scotland.org.uk]

<http://www.rcgp-scotlandqof.org.uk/>

Practice-specific QOF website.

http://www.paymodernisation.scot.nhs.uk/gms/natref/qual_def/faqs_index.htm

This site is the 'QOF Queries' portal for Scotland and provides updated guidance to the contract and answers to frequently asked questions (FAQs) on the QOF.

APPENDIX 7

NHS BOARD QOF SUMMARY REPORT (suggested template)

The annual QOF review summary report is a key document for NHS Boards to support their primary care governance arrangements. The report should outline the process aspects of QOF/contract review programme delivery and provide assurance that governance issues are being effectively risk controlled and managed. The NHS QIS QOF EQA review (2007) highlighted that both the length, content and format of Board QOF reports vary considerably and it was thought helpful to include an outline of the main sections which should be covered to help improve consistency in this area in the future. The following sections should be considered for inclusion in the annual report:

1. Background information

Concise statement of the contractual requirement for the QOF/contract review process (include weblink to current year 'Winter' guidance).

2. Practice visit programme

- Outline the local arrangements for QOF review programme delivery:
 - : QOF Reference Group and links to Board/CHP management structures
 - : Dates for programme start & completion
 - : Number of practices visited (GMS/17C-2C)
 - : Structure and format -
 - composition of Board review teams
 - lay reviewer participation
 - composition of practice review teams
 - visit specification
 - supporting information (QMAS/QDA, demography, prescribing data etc.)
 - use of systematic tools/templates
 - practice reports

Feedback from practices:

- Perception of added value
- Summary of outcomes from additional questionnaires or PM interviews eg % practices:
 - reviewers work well as a team
 - feedback handled sensitively
 - receipt of pre-visit documentation on time
 - suggestions of how practice visits might be improved
 - additional practice comments (positive & negative)

Best practice highlighted :

- List key examples

Material governance issues identified :

- List key examples
- Description of how generic (eg IM&T, Premises, Health & Safety) and practice specific issues were handled within the system

3. Links to internal management audit

- Describe outcomes from internal audit of QOF review process (where applicable)
- Outline action plan in response to report recommendations

4. Pre and post payment verification

- Outline the pre-payment verification process undertaken
- Review of clinical and organisational domains; prevalence & exception reporting outliers
- List criteria for targeted PV visits
- Summarise outcomes from post payment verification visits

5. Forward planning - QOF review arrangements for 2009/10

- Management arrangements
- Indicate basis that practices were selected for review
- Describe the system for the contractual review - separate or combined with the QOF review?

6. Benefits realisation - clinical/financial/corporate

- Describe how the QOF review process links to the wider clinical governance framework ie what degree of assurance does the Board have that practices are delivering high quality, safe and effective services to their patients?
- How does the QOF review process inform the wider primary care modernisation strategy/agenda?
- Degree of assurance re financial probity?
- Indicate the direct costs associated with QOF review programme

7. Individual practice reports

- Describe how these have been made available/communicated within the system
- How have best practice ideas and material governance issues been disseminated within the system?
- If appropriate, include a 'risk assessment spreadsheet' indicating the range of issues highlighted by QOF review teams as an appendix

Appendices -

A. Technical information:

- Investment associate with the QOF
- QOF Reference Group: remit & membership
- Outline of Board QOF monitoring process (referenced to current year 'Winter' guidance)
- QOF review training / appraisal arrangements

B. Sample practice review report

C. Areas of good practice highlighted