

BEST PRACTICE POINTS IN RELATION TO NHS BOARD DELIVERY AGAINST THE CORE STANDARDS WITHIN THE NHS QIS QOF EQA FRAMEWORK

B01

Board QOF Review Group established with clearly defined role, remit and membership:

1. The QOF Review Group has wide and appropriate membership to include eg NHS Board, CHP, LMC GP subcommittee, public health, nursing, pharmacy, and lay representation.
2. The role and terms of reference are clearly defined, documented and routinely updated.
3. The remit covers project management; a decision making reference facility; risk assessment of governance issues; collation of management reports.
4. Frequent meetings are held as appropriate.

B02

Board QOF Review Group links to PCO/CHP GMS implementation structures:

1. QOF Review Group infrastructure, role and remit is firmly embedded within the NHS Board/PCO/CHP GMS implementation framework.
2. Robust leadership and strong accountability arrangements are evident.
3. There are clear linkages across corporate, strategic and operational arrangements.
4. Lines of communication are well established and functional.

B03

Agreement between QOF Review Group and GP-sub re visit arrangements:

1. The GP subcommittee is fully engaged in all aspects of the QOF review process, including key planning and implementation arrangements.
2. Well established communication, consultation and liaison arrangements are evident.
3. A GP subcommittee representative is included as a member of the QOF Review Group.
4. GP subcommittee involvement is fully integrated in QOF and wider PCO activities.

B04

Process for Board to action clinical, financial and staff governance issues:

1. Strong accountability arrangements in relation to the QOF Review Group are in place.
2. Good communication and effective liaison with clinical/financial governance and relevant corporate level groups is evident.
3. Material governance issues are identified/actioned via a robust risk assessment process.
4. The governance controls in place are verified by internal management audit.

B05

QOF review summary report available for NHS Board/CHP management teams:

1. The QOF/contract review report covers contextual and process aspects, highlights best practice, risk assessment to action material governance issues, links with pre/post payment verification, internal audit reports, aspects of benefits realisation and financial implications for the Board.
2. A standard report template will be included in the current year Winter guidance.

B06

Reviewer recruitment process is equitable, open and transparent:

1. An appropriate number of reviewers are recruited to deliver the QOF visit programme.
2. The mix of disciplines, skills, knowledge and competencies within the review team ensures that the review programme is delivered in a robust and sustainable way.
3. Reviewers with previous experience of practice accreditation are used as far as possible.
4. Reviewers are recruited on the basis of personal interviews/competency assessment.

B07

Reviewers provided with supporting information and regularly updated:

1. The QOF Review Group infrastructure is sufficiently developed to provide a high level of support to the review team.
2. A range of support materials and approaches are used, designed and delivered in a way that is accessible and supportive to reviewers from different backgrounds.
3. Frequent communication is established via email, newsletters and seminars as appropriate.
4. Annual reviewer appraisal is used to discuss positive/negative feedback, specific learning points and personal development opportunities.

B08

Multidisciplinary reviewer teams comprise GP, PM, PCO manager:

1. The review team is GP-led wherever possible to encourage peer support from practices.
2. An NHS Board/PCO Manager provides a useful addition to the team if the statutory and contractual review is covered as part of a combined visit.
3. Lay reviewers are used in a high proportion of visits (a target of 70% is recommended).
4. Practice/Community Nurses, Primary Care Pharmacists and AHPs are involved as resource and capacity permits.

B09

Visit specification covers achievements, aspirations, examples of best practice:

1. The visit specification complies with the minimum requirements of the Winter guidance.
2. The RCGP QOF review visit template (standard or customised) is adopted.
3. The precise roles of individual team members and indicative timescales are clearly defined.
4. Consider enhancing the visit specification to provide additional flexibility eg linking QOF outcomes to demographic and prescribing data, use of secondary care referral and admissions data, SPARRA data etc.

B10

Visits informed by analysis of QMAS data, prevalence, exceptions variance etc:

1. A detailed data analysis summary for each visit is provided to support QOF review teams.
2. QOF outcome data presentation is easy to interpret focusing on relevant demographic factors and benchmarked disease prevalence and exception reporting variance.
3. Consider providing direct Board level QMAS access to QOF reviewers.

B11

System in place to ensure quality assured QOF visit reports:

1. A systematic report template is used covering the specific domains reviewed, best practice points, areas for potential development and allows for practice feedback.
2. A specific QA protocol is used to ensure the accuracy and consistency of visit reports.
3. Reports are reviewed by at least two members of the QOF Review Group before sign-off.
4. The report addresses practice concerns and indicates how these will be followed up.

B12**Practice teams provided with local guidance re interpretation of 'Winter' guidance:**

1. A comprehensive briefing paper is produced for practices based on the current year Winter report, highlighting how the national guidance has been interpreted locally.
2. Practice teams are clear regarding their specific obligations under the QOF/contract review process.
3. The guidance is supplemented by presentations at relevant Practice Manager events eg Network & Learning, CHP groups.
4. Updates and in-year revisions to the practice guidance are widely communicated.

B13**Timetable covering clinical/organisational areas agreed with the practice:**

1. A core framework for the planning and timetabling of visits is used; this may be standardised or allow for a degree of discretion by individual review teams.
2. The recommended RCGP visit template is used (standard or customised).
3. NHS Boards may choose to specify particular QOF domains for review at all practice visits and deploy review teams with the same members to maintain consistency.
4. NHS Boards may wish to consider the use of mandatory face to face pre-visit meetings wherever practicable to improve the quality and consistency of practice visits.

B14**Process in place to inform/update practice teams on specific QOF issues:**

1. A comprehensive communication strategy for practices is developed and implemented.
2. Full use is made of all available methods including email, newsletters, conferences and presentations at Practice Manager events eg Network & Learning.

B15**Process to allow practices to comment on report and give suggested improvements:**

1. A robust process is in place to capture reliable feedback from practices in relation to the QOF review process and visit.
2. Practice reports provide a facility for immediate feedback from the visit.
3. The RCGP questionnaire is used for all practice visits (standard or customised).
4. NHS Boards may wish to consider the use of Practice Manager interviews to obtain more candid feedback in relation to the administrative arrangements, reviewer competency, perception of added value from the visit etc.