



**Meeting:** Well Being Strategic Partnership Board

**Date:** 5 October 2010

**Report Title:** NHS Haringey and Council: Approach to Performance Management

**Report of:** Arshiya Khan, Director of Professional Standards, NHS Haringey.

<b>Purpose:</b> To update the Board on the approach to performance management taken by NHS Haringey and the Council.
<b>Legal/Financial Implications</b> N/A
<b>Recommendations:</b> That the report be noted.
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## Background

NHS Haringey is responsible for managing independent contractors (General Practitioners, Dentists, Pharmacists and Optometrists) against their contracts. This is carried out through a number of established methods: regular contract review visits, audits and dashboards.

Queries have been raised about access to general practitioners (GPs) so this paper focuses on performance management of general practice.

## **Access and Targets**

There have been well established targets around access to GPs which all practices in Haringey were meeting. These were:

- access to a GP within 48 hours, and
- access to a primary care professional within 24 hours.

Since June 2010 these are no longer targets for GP practices following the revisions to the Operating Framework for the NHS in England 2010/11 published by the Department of Health. These revisions are to reflect the government's ambition to move towards a health service focusing on quality and outcomes not processes, and with more devolved responsibilities.

Under access, the revised NHS Operating Framework for 2010/11 states:

“We intend to remove some process targets. This is not a signal that clinically unjustified waits are acceptable. Patients should still be able to expect the NHS to continue to deliver improvements in access and quality. It will remain important, for example, for patients with cancer or its symptoms, to be seen by the right person, with appropriate expertise, within the current performance standard timescales.

The Vital Sign and Existing Commitment relating to access to primary care will no longer be performance managed. This is not a signal that a deterioration of patients' experiences is acceptable and commissioners must ensure access reflects local need. “

Whilst there is no longer a target for access against which practices are being monitored, information on access is still being collected via the national GP Patient Survey. Practices who underachieve on the patient survey are monitored against individual action plans to demonstrate improvements.

Practices also have the opportunity to participate in a directed enhanced service for extended hours opening; this means that if they open additional hours outside the core hours of 8.30am – 6.30pm they can receive additional payments. The majority of practices in Haringey have opted in to this scheme.

## **Performance Monitoring**

As referred to above there are a number of tools used for monitoring performance of practices.

All practices in Haringey have signed up to the General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contracts. There are certain standards in the contracts to which the contract holder must adhere, and these are reviewed through contract review meetings with the contract holder (usually a GP at the practice). If a practice is not meeting their contractual obligations they may be service a breach or remedial notice, or in severe situations a contract may be terminated.

A number of practices each year are audited against points claimed for their Quality and Outcomes Framework (QOF) by the North Central London Audit Service. If practices cannot produce evidence of points claimed then monies paid to them may be clawed back.

A dashboard has been developed to show how each practice is performing against national targets and local priorities. These are produced each quarter and shared with practices. They may be used as the basis for discussions with practices where NHS Haringey has concerns about performance, and support the contract review visits. Information from these dashboards will be published by NHS Haringey on our internet.

NHS Haringey has an escalation process for primary care performance where issues have been raised or concerns identified through any route, including the above routes. This is attached at Appendix 1.

## APPENDIX 1

### **NHS Haringey Primary Care Escalation Process**

NHS Haringey has developed a Primary Care Escalation Process as follows:

#### **Identifying Under Performance:**

- ❖ Regular monitoring and active contract management should allow NHS Haringey and Primary Care providers to work together and identify early signs of underperformance and consequently target where remedial action is required.
- ❖ Any concerning outcomes from contract reviews should be reported to the Independent Contract Performers Review Group (ICGRP) in the first instance, unless they are serious enough to warrant reporting to the Reference Committee (Ref Com).
- ❖ When a provider underperforms systematically or persistently then it may be appropriate for intervention under the contract.

#### **Intervening to Support Recovery:**

- ❖ Interventions should firstly be aimed at supporting recovery and actions taken should be proportionate to the risk presented.
- ❖ The main aim of intervention is to achieve recovery and it is assumed that with the correct level and method of intervention that this can be achieved in the majority of cases.
- ❖ If there is a repeated failure to meet targets or co-operate with the PCT, then intervention may be aimed at safeguarding patient safety and/or initiating action to procure services from elsewhere.
- ❖ The actions and measures taken should be proportionate to the scale of the underperformance.
- ❖ The type of interventions will vary, dependent upon the type of contract held with the provider, such as GMS, PMS, APMS. However, common themes throughout are likely to include:
  - ❖
    - Meetings with Practice Managers/ all relevant staff to discuss targets and appropriate dispute resolution/escalation methods to adopt such as development and monitoring of action plans
    - Serving of a contract remedial notice and the required steps to take within a specified time period
    - Service of a breach notice; and
    - In more extreme circumstances a suspension or termination of all or part of the contract may be invoked.
- ❖ The appropriate type of intervention will also be dependant upon the level of underperformance. If a provider is underperforming in one area or against a specific target then the root of the issue is likely to be at a service level. However, if the underperformance is persistent or

systematic then this is likely to be as a result of a problem at an organisational level.

- ❖ A contract remedial notice will detail the improvements the PCT expects the Practice to make, sets out clear timelines for this to happen and details any contractual sanctions. An effective remedial plan may include responsibilities for both the provider and the commissioner. The plan could look to include offering external support organisations to address specific areas of underperformance concerning a provider.

### **Identifying and Recognising High Performance:**

- ❖ NHS Haringey will place an emphasis on recognising and celebrating high performers who consistently reach standards across the dashboard.
- ❖ High performance providers may be asked to be role models and can provide peer support to other primary care providers.

### **Managing Provider Failure:**

- ❖ In line with the recurrent theme throughout this framework NHS Haringey will develop a more consistent and transparent approach to managing failure through the performance management process.
- ❖ This will be supported by the PCT developing defined clear thresholds for intervention and taking action against providers that fail to address underperformance within a reasonable time frame.
- ❖ As part of the process the PCT will consider a range of options to ensure that patients are able to access high quality primary care services.
- ❖ Where a provider is unable to demonstrate recovery, the commissioner will need to consider disinvesting.

Non achievement of minimum performance standards or key metrics (identified through dashboard, data returns or other mechanism)

Referral to:  
ICGRP

Develop action plan and agree review period, to be monitored by primary care manager

Non compliance

Refer to:  
Clinical Director  
Commissioning Executive Committee  
Medical Director

Non compliance

Contractual route:  
breach notice

Lack of contractual/ statutory compliance

Inform Reference Committee

Remedial notice

Review actions to remedy lack of compliance within appropriate timescale

Non compliance

Breach notice

Review at appropriate point

Non compliance

Reference Committee decision to refer to Panel

Poor clinical performance

Refer to Reference Committee

Consider GMC/ GDC/ NCAS referral

Fraud

Refer to Counter Fraud

Consider de-commissioning or termination of contract

