

Quality Improvement scheme 2018-19

Non –Medicine questions

Please refer to the questions and answers below

1. When does the scheme commence? (Answered 07/08/2018)

The scheme commences immediately, whilst we are aware that for some of the workstreams within the QIS the practices require baseline data to enable them to understand the minimum number of people they are required to identify or who they can focus on initially. RAIDR does provide information to practices to support the identification/ case finding for Atrial Fibrillation, COPD

2. When will Locality baseline data be available to practices to support the targeted prevention workstream? (Answered 07/08/2018)

We anticipate that the locality baseline data and numbers for each locality will be available in August for Atrial Fibrillation, Hypertension and COPD. Further work is being undertaken to provide data to support the Frailty workstream.

3. What read codes will be released? (Answered 07/08/2018)

The CCG is developing a Business information guidance pack which will provide information on the read codes being used to extract the data and supporting information relating to the templates. This will be released as soon as possible. In the interim, we would encourage all practices to utilise QOF diagnostic codes for the targeted prevention aspect and in relation to the long term conditions management, the CCSP template was released to practices earlier in the year and we would encourage all practices to review this and commence the use of it, if they haven't already.

4. Coding of Stage 1 Hypertension- how should this be coded? (Answered 07/08/2018)

Practices are required to code Stage 1 hypertension, in line with NICE recommendations. The read codes for this are:

SystemOne	Stage 1 hyperten (NICE 2011) with evidence end organ damage Xab9M Stage 1 hypertension (NICE - Nat Ins for Hth Clin Excl 2011) XaZWm Stage 1 hyperten (NICE 2011) without evidence end organ damage Xab9L	
EMIS		

5.What grounding would the CCG use to either withhold or claw back funding?
(Answered 07/08/2018)

As outlined in all the discussions and in the QIS, the CCG are making quarterly payments for the scheme practices to support cash flow and employment of staff for aspects of the QIS. We are holding back 20% of the funding based on the end of year achievement position linked to the outcomes and measures in the document.

The CCG will throughout the year review the data available to use, if at any point a practice does not appear to be progressing with aspects of the scheme we will highlight this and explore with the practice areas of action to support end of year achievement. A similar situation will occur at mid-year review point, with the offer of support to practices. At the end of the year the CCG, through a panel, will review the data and contact any practice whose does not appear to have fulfilled the requirements. This will be an opportunity for the practice to provide information to outline the work they have completed and demonstrate progress against the baseline data along with any additional information they wish the CCG to consider. Achievement funding will be awarded where progress has been demonstrated or appropriate mitigation agreed.

6.CVD >20% risk: Is this for patients who have no other co morbidities (eg hypertension etc)? (Answered 07/08/2018)

For patients identified with a CVD risk >20%, these people should be invited for an annual review. However if as part of that identification of the CVD risk they have been diagnosed as having a long term condition such as hypertension, High risk of Diabetes, Diabetes etc, they should be reviewed through the long term condition management route.

7.COPD e- learning programme- what is the how do we access it? (Answered 07/08/2018)

The CCG has purchased the Institute of Clinical Science and Technology Respiratory package. This E learning package is available for 12 months and provides the following e-learning packages with the Respiratory Programme: COPD Management, Asthma Management, OSA Management and Smoking Cessation.

The programme also has a Quality Improvement platform that will be available to clinicians to share and learn for other areas. For the purpose of the scheme, clinicians are required to complete the COPD management element; this is expected to take approximately 4-6hrs CPD.

The E learning platform will be available from September and the link will be shared with practices shortly.

8.Bradford Healthy Hearts Programme (BHH): what are practices required to do?
(Answered 07/08/2018)

We would encourage Practices to:

- promote the messages within it
- include the link in health portals in use within the practice and where possible include a link on the practice website

We can confirm that BHH are supportive of this use and there are no copyright issues, we are aware there are some links to Bradford, these are small. The information is generic and it uses national sources

9.EpaCCs reports: when will these be available? [\(Answered 07/08/2018\)](#)

We are seeking confirmation at present and will share the details as soon as these are available.

10. Can you please provide clarification on EPaCCs requirements for 18/19 around the preferred place of death/ those patients who have a LTC. [\(Answered 28/08/18\)](#)

The Preferred place of death is not in this year's QIS, as other parts of the city had not been working on this to the same level as LSE CCG practices. Although it might be regarded as good practice to actually continue recording this information

The actual position relating to those people who have a LTC should be capturing those people who die as a result of a LTC rather than who have a LTC and die due to other circumstances.