

# **FRAMEWORK FOR IMPROVING QUALITY IN PRIMARY CARE PHASE II**

December 2006

Family Practitioner Services  
Northern Health & Social Services Board

## FOREWORD

*“Change cannot be avoided... Change provides the opportunity for innovation. It gives you the chance to demonstrate your creativity”  
Felice Jones*



“It was the best of times, it was the worst of times” – these are the opening lines of “A Tale of Two Cities” by Charles Dickens which encapsulates two view points, the optimistic and the pessimistic. Is the glass half full or is the glass half empty? Do you live according to Murphy’s or Maxwell’s Law?

Aristotle probably hit the nail on the head when he said “We are what we repeatedly do. Excellence then, is not an act, but a habit!” Harry S. Truman is quoted as saying “Men make history, and not the other way around. In periods where there is no leadership, society stands still. Progress occurs when courageous, skilful leaders seize the opportunity to change things for the better.”

The Reform and Modernisation agenda for the HPSS is certainly a very challenging one and on top of that there is the impact of the Review of Public Administration with its new structures, new roles and new relationships. Primary Care, which meets the greatest proportion of peoples’ health and social care needs also, requires reform and modernisation to deal with the many challenges and major issues that must be tackled over the coming years. For example: an ageing population, much better informed with higher expectations; rapidly increasing incidence of lifestyle diseases which need arrested and reversed; technological and therapeutic advances in medicine which provides the capacity and capability to treat, cure or prevent disease; and, a much more mobile and open population which is in turn subject to global threats.

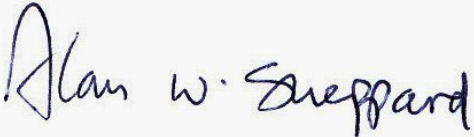
GMS contractors have had a new contract in place for nearly three years providing significant scope and opportunities for reform and modernisation; enabling primary care to more effectively meet the health needs of people and relieve pressure on secondary care. The completion of negotiations on new contracts for mainly Pharmacists and Dental Practitioners can provide similar opportunities.

Primary care will also face the challenge of getting better at user engagement and contributing to the development of multi-sectoral cross-government approaches to improve the health status of the population and reduce health and inequalities. Some of the other major challenges facing primary care lie in the

contribution it can make to: effective intermediate care services; assisting with nurse-led discharge; insuring effective case management with personalised care plans for people with chronic conditions; contributing to effect co-ordinated multi-disciplinary teams specially through a single assessment process; and, enabling the much wider development of non-medical prescribing.

*“The secret of making something work in your life is, first of all, the deep desire to make it work; then the faith and belief that it can work; then to hold that clear definite vision in your consciousness and see it work out step by step, without one thought of doubt or disbelief”*

*Eileen Caddy*

A handwritten signature in black ink on a light grey background. The signature reads "Alan W. Sheppard" in a cursive, slightly slanted script.

Mr Alan W Sheppard  
Assistant Director Primary Care

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A collage of images related to healthcare and fitness. At the top, a doctor in a white coat uses a stethoscope to examine a young child's chest. Below this, a patient is shown in a hospital bed being attended to by medical staff. In the middle, a group of people is jogging outdoors. At the bottom, a newborn baby is being held, and a hand is shown holding several white pills. The overall theme is health, medicine, and active living.

# Section 1

# INTRODUCTION

## 1. INTRODUCTION

As 2006/07 soon draws to a close, the reorganisation of HPSS structures is gathering pace, not least changes to the way in which health and care services will be commissioned from 2008 onwards.

The four Health & Social Services Boards will cease to exist on 31 March 2008 and will be replaced by the Health & Social Services Authority, including seven Local Commissioning Groups. Membership of the LCGs will include representatives from General Practice, Dentistry, Community Pharmacy and Optometry along with User input.

Delivering on Minister Woodward's promise that the views of frontline primary care professionals reflect patients' need and so should shape service design, the Groups will be established by April 2007 as forward planning for 2008/09 needs to get underway.

The BMA and other professional bodies have been involved in developing the new commissioning model. Information workshops in January will explain the potential of the new approach, how decision-making will work and the possible options for service commissioning at regional, LCG and sub-LCG levels.

In November, the Family Practitioner Unit and the Northern Local Medical Committee jointly sponsored a workshop on primary care led commissioning. Participants were updated on developments in England where the establishment of a strong market model is gathering pace: 'commissioner-provider platforms' empower GP practices as both purchaser and provider of services, an interesting twist on the purchaser-provider split.

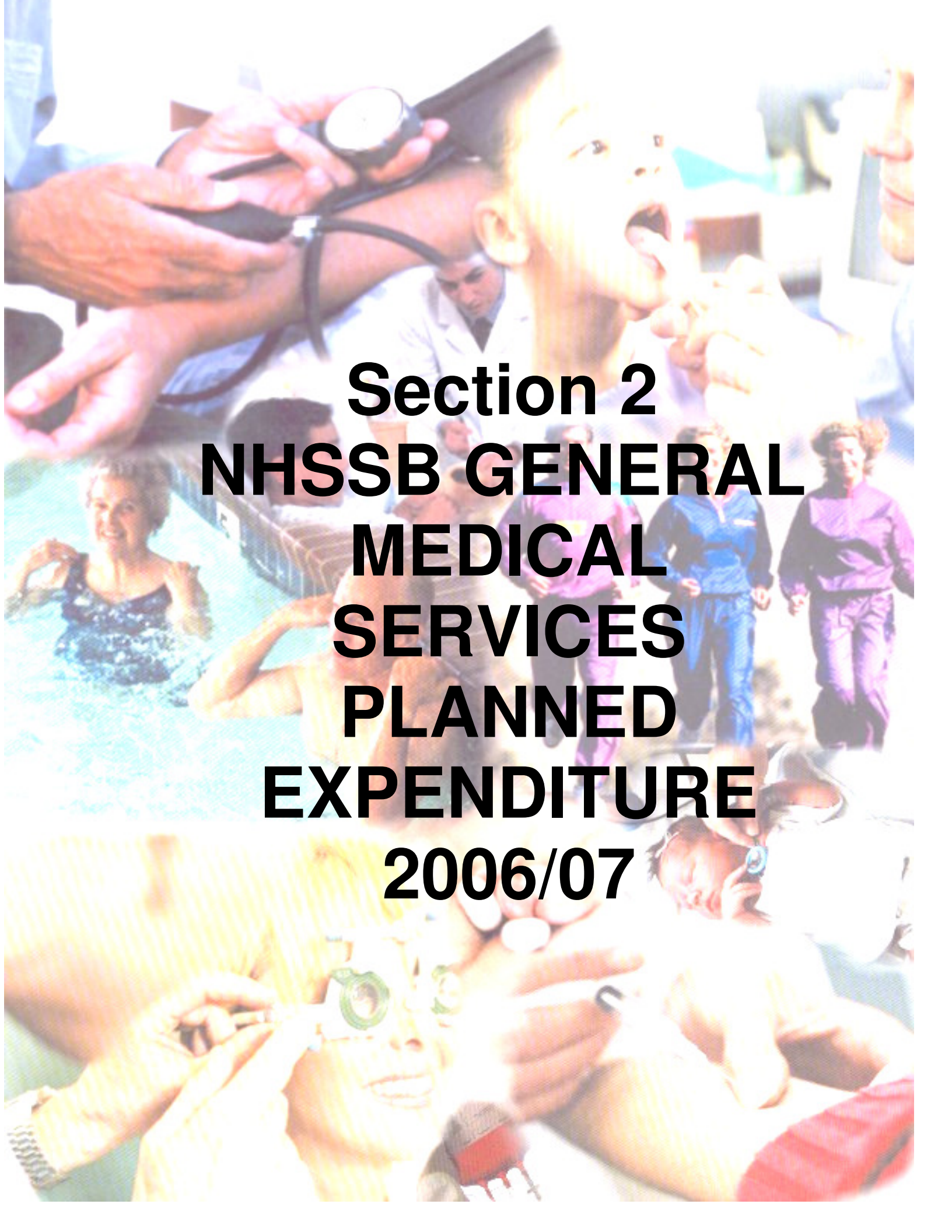
The workshop heard from Mary Burrows, 'lead' on system planning for the new commissioning structures, on the potential for developing clinical leadership across primary and secondary care, essential if we are to integrate health and care pathways, designed by clinicians for the benefit of patients.

During the period to April 2008, many challenges lie ahead, both for Northern Board staff and for local practitioners; LCGs and their sub-locality groupings will only be successful with the enthusiastic participation of primary care clinicians. GPs in particular have long expressed the view that the quality of service provision would be enhanced through their involvement in purchasing. Now is the time to 'step up to the plate' and prove the point. Opportunities like this don't come along every day!

Primary care staff at the Board will be pulling out all the stops to support practitioners who put themselves forward for the Groups. Recent local initiatives in FPU around information management, service reform and modernisation, have been designed with this end in mind and take the work of the Unit beyond the GMS contract, building a strong commissioning base for the provision of services outside hospital.

Looking back at 2006, a number of highlights merit recognition: the opening in August of the new out of hours centre in Ballymena by the Minister, Paul Goggins; the production of the Board's first Quality & Outcomes Framework report; the most successful winter flu vaccination programme ever; the regional rollout of networked GP practices and registration links; clinical governance visits to all GP practices across N Ireland.

The success of these and other initiatives is down to the foresight and hard work of committed individuals in the Department, Boards, Trusts and primary care practices, who over the years have developed values and built relationships and networks which are now realising their potential.



**Section 2  
NHSSB GENERAL  
MEDICAL  
SERVICES  
PLANNED  
EXPENDITURE  
2006/07**

## **2. NHSSB GENERAL MEDICAL SERVICES PLANNED EXPENDITURE 2006/07**

### **INITIAL FINANCIAL PLANS**

Boards have been advised by DHSSPS that £211m is being made available regionally in 2006/07, including £5.5m for the 6% Out-of-Hours opt-outs. The Northern Board's share of the £211m is £50.049m, which must be spent on General Medical Services (GMS).

The expenditure proposals for 2006/07 are outlined below and the major underlying assumptions included are:

- that the cost to the Board of the new three-part Long-Term Condition Management Scheme Directed Enhanced Service comprising Asthma/COPD/ Obesity at the maximum level of achievement by practices has been costed by DHSSPS so as not to exceed the funding available of £0.97m.
- that the cost to the Board of the new Improved Access Directed Enhanced Service at the maximum level of achievement by practices has been costed by DHSSPS so as not to exceed the funding available from the removal of the 50 Access points from the Quality and Outcomes Framework and the existing spend on the current Access Directed Enhanced Service
- the Board has not yet received formal notification from DHSSPS regarding its allocation for the Influenza/Pneumococcal Immunisation Programme (£259k in 2005/06) and therefore the related expenditure has been excluded from the costings at this stage.

It should be noted that the total expenditure proposals of £50.974m in the table below significantly exceed the funding available from DHSSPS of £50.049m by approximately £925,000. This has been funded through additional funding from NHSSB, including the Board's share of savings from the regional Prescribing Incentive Scheme.

It is recognised that there will be slippage on these projected costs during 2006/07 and the Board will continue to monitor expenditure to ensure that potential underspends are identified at an early stage to enable funds to be reinvested in GMS services.

However, with regard to the early identification and use of underspends, the Board raised concerns with DHSSPS, on behalf of the four Boards, in relation to underspends which may accrue under the new Long-Term Condition Management Scheme DES. As the Statement of Financial Entitlement and the service specification currently stand, measurement of practices' achievement against the various targets does not take place until 31 March 2007. This will leave Boards no opportunity to reinvest the underspends in GMS services during 2006/07 and could result in significant underspends having to be returned to DHSSPS.

**TABLE 1 - GMS ACTUAL SPEND 2005/06 and PLANNED EXPENDITURE 2006/07**

<b>Deployment of Funds</b>	<b>Actual 2005/06</b>	<b>Planned 2006/07</b>
Global Sum and Correction Factors (Note 1)	23,089	23,013
Premises (Note 2)	3,832	3,566
Quality and Outcomes Framework	10,948	10,442
IM&T Revenue	1,034	1,182
Directed Enhanced Services (Note 3)	2,793	4,273
National Enhanced Services	594	621
Local Enhanced Services (Note 4)	667	342
PCO Administered Funds including Seniority and Locum Payments	1,649	1,878
GP Locum Superannuation	157	159
Out-of-Hours (Note 5)	5,194	4,978
Other Services, including:		
Prescribing Support Team	279	300
Clinical Governance	23	120
Practice Training (Note 6)	119	100
<b>TOTAL</b>	<b>50,378</b>	<b>50,974</b>

## **NOTES TO TABLE 1**

1. Global Sum – adjustments in the Global Sum funding is carried out by the DHSSPS at the year end, so that the Board's expenditure in this area is fully met.
2. Premises – 05/06 includes £274k in respect of OOH Premises work to the Arena premises excluding Dental/Violent Patient secure area; and, Improvement Grant of £35k for DDA/Statutory improvements.
3. DES – 06/07 includes £971k for Long Term Condition Management DES plus £984k for ACCESS DES of which £525k was formerly included in QOF.
4. LES – 05/06 includes non-recurrent expenditure of £240k relating to Enhanced GMS Support for Domiciliary Care plus £100k for MUMPS. A number of LES's which were for 9 months (wef 1 July 2005) in 05/06 are shown in the planned amount for the full 12 months. Minor Injuries scheme evaluated and new banding included wef 1 July 2006.
5. Out-of-Hours – 05/06 includes: overspend of £184k; spend on OOH registrar training of £20k; and, spend in respect of 13 July cover of £12k.
6. Practice training – 05/06 includes Practice Development Planning Training of £25k.

## **GMS IM&T CAPITAL ALLOCATION**

The DHSSPS in its allocation letter of 6 July 2006 has identified £1.4m (2005/06 - £0.941m) to meet GMS capital requirements. Visits to GP practices, to identify IT requirements, have been completed and orders will be placed with suppliers.

## **FINANCIAL STRATEGY REVIEW**

The Board reviewed its Financial Strategy in November 2006 and the revised estimated expenditure for each of the elements of funding contained in the 2006/07 Financial Strategy is detailed below and in Table 2.

On a recurrent basis the total of £407k is shown as committed in progress. These funds have been released to slippage in-year.

The main areas which have contributed to the total of £407k Committed in Progress are Quality and Outcomes, Directed Enhanced Services, Premises and Seniority & Locum Payments. The balances have largely arisen because of changed circumstances, e.g., revised specifications since April 2006 and resultant changes in estimates. These movements have been contained within the overall GMS budget.

In September 2006, the NHSSB approved £200k of slippage funds from the £407k for Primary Care schemes, these have been utilised as follows:

- (a) £51k to support GMS practices in their development of governance structures and systems, through further phases of successfully evaluated schemes, in the area of audit and development planning;
- (b) £24k will be used to support the roll out of a pilot of the National Interpreting Service across the 77 remaining practices;
- (c) £20k to underpin NHSSB responsibilities under the new Long Term Conditions DES to support practices in the purchase of oximeters and spirometers;
- (d) £17k to fund practices for exceptional cover for General Medical Services;
- (e) £62k improvement grant has been approved to assist a Practice in a major extension of its premises which are currently significantly undersized and requiring Disability Discrimination Act (DDA) modifications;
- (f) £26k to establish a Virtual Cognitive Behaviour Therapy Clinic to support internet based self help for patients with depression and anxiety within Primary Care;

The balance of slippage (£207k) has been re-utilised for in-year pressures and priorities.

## **IM&T CAPITAL ALLOCATION UPDATE**

An additional GMS capital allocation of £1.4m was received on 6 July 2006. The estimated GMS capital requirements for 2006/07 are £760k and the uncommitted balance of £640k was returned to DHSSPS on 9 October 2006. This has arisen partly as a result of earmarked capital funding of £200k, in respect of an out of hours upgrade, being resourced from revenue funds, significant price reduction in IT equipment and the increase in replacement lifespan which has arisen from the high level specification of servers now in GP practices.

TABLE 2 – GMS EXPENDITURE 2006/07 REVISED (NOVEMBER 2006)

Funding Requirements	Funds Available	Committed	Committed in Progress
	£k	£k	£k
<b>DHSSPS Funds Available</b>			
GMS Total Funding	51,547		
Less Non-Recurring Slippage Position (Section 2)	-573		
<b>Total GMS Funding</b>	<b>50,974</b>		
<b>Deployment of Funds</b>			
Global Sum and Correction Factors, etc	23,013	23,013	0
Premises	3,566	3,537	29
Quality and Outcomes	10,442	10,312	130
IM&T	1,182	1,182	0
National Enhanced Services	621	615	6
Directed Enhanced Services	4,286	4,091	195
Local Enhanced Services	330	350	-20
Seniority & Locum Payments	1,878	1,768	110
GP Locum Superannuation	159	159	0
Out of Hours	4,978	4,985	-7
Prescribing Support Scheme	299	288	11
Practice Training	100	97	3
Clinical Governance	120	170	-50
<b>Total</b>	<b>50,974</b>	<b>50,507</b>	<b>407</b>



## Section 3

# Improving Quality in Primary Care Initiatives 2005/06

**QUALITY IN PRIMARY CARE**

Current Activity	Future Action	Timescale & Resources
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**Reducing Inequalities – GMS**

<p><b>Influenza Immunisation</b>                      NHSSB has again achieved a level of immunisation greater than that required by the Department’s target both for those patients over 65 and those “at risk”. This was achieved despite the additional of two further groups to those applied in 2004. 78.8% patients aged 65 and over and 81.4% of at risk patients aged under 65 years were vaccinated (source CDSC March 2006).</p>	<p>Maintain uptake levels in 2006/07</p>	<p>October 2005 – January 2006</p>
<p><b>Pneumococcal Immunisation</b>                      Further significant progress made in providing vaccination in this area. 83% patients were vaccinated (4071 aged 65 and over).</p>	<p>Continue programme in 2006/07</p>	<p>2005/2006</p>
<p><b>Childhood Immunisations</b>                      Figures of childhood immunisations are available through FPU. Currently reviewed regularly by the Board’s Area Vaccination Committee. NHSSB Practices continue to achieve all the higher targets in relation to this work.</p>	<p>Implementation of amended DES in 2006/07</p>	<p>2005/2006</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Reducing Inequalities – GMS**

<p><b>Chronic Disease Management</b>                      In 2005/06 the Northern Board appointed an ICATS Manager supported by an ICATS Project Team. Along with Northern Board GPs this group is developing implementation plans for ICATS projects in the 2006/07 year.</p>	<p>The Project Design Teams on the 4 core projects: Orthopaedics, Ophthalmology, Urology and Plastics commenced in February and were completed by the end of April 2006. It is intended to have these operational by October 2006. The 7 non core projects Cardiology, ENT, General Surgery, Gynaecology, Pain Management/Anaesthetics, Rheumatology and Dermatology commenced their design phase in March 2006.</p>	<p>October 2006</p>
<p><b>Treatment Room</b>                      The Board has worked with Trust and NLMC to identify an agreed secure system for managing workload in practice treatment rooms, ensuring appropriate use of staff and developing funding streams that allow the clinical need to be met. This work is currently on hold to allow a regional solution to be agreed and implemented.</p>	<p>The local team will remain in contact to attempt to minimise the impact of further delay on patients, practices and staff working in Treatment Rooms. The team will be available to support and facilitate the implementation of regionally agreed plans.</p>	<p>Timescale currently ongoing</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Reducing Inequalities – Causeway LHSCG**

<p><b>Needs Assessment</b>                      During 2005/06 LHSCG have commissioned Carers NI to undertake assessment of needs of carers of young people with dementia in the Causeway area. Other needs assessments, focus groups and reference groups relate to the provision of service for older people.</p>	<p>Production of report outlining conclusions and recommendations.</p>	<p>March 2006                      LHSCG staff                      Carers NI Service User and Carers NI Ethics Committee                      £5,000.</p>
<p><b>Counselling Services</b>                      Following the LHSCG’s Review of Practice-based Services, the LHSCG provided funding for the continuation of a CBT Counselling service to provide equality of access to Causeway patients.</p>	<p>Funding allocation on both a recurrent and non-recurrent basis to support part-time CBT post.</p>	<p>2005/2006                      LHSCG £16812 (R) and                      £17212 (NR)</p>
<p><b>Community Waiting Lists (Physiotherapy Services)</b>                      LHSCG provided NR funding for 2 x Basic Grade Physiotherapists.</p>	<p>This initiative is the LHSCG’s project for in-depth monitoring during 2005/06.</p>	<p>2005/2006                      LHSCG                      £46,688</p>
<p><b>H-Pylori Breath Testing</b>                      Service provided in Community Pharmacy setting. Continuation of 2004/05 project.</p>		<p>2005/2006                      LHSCG £10,000 (NR)</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Reducing Inequalities – Causeway LHSCG**

<b>Chronic Disease Management – COPD</b> Implementation of COPD in Causeway Trust area.	Evaluation of benefits.	Incremental approach (progression constrained by moratorium 2004/05) LHSCG £61,164 (R)
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Reducing Inequalities – Cancer Screening FPU/Public Health Medicine**

<b>Cancer Screening</b> Cervical Screening Co-ordinating Group monitors quality of programme.	PFA target for 2005/06 – 75% and especially in geographical areas where coverage is noticeably low.	Ongoing CSF Fund.
NHSSB Breast Screening Co-ordinating Group monitors quality of Programme.	PFA target for 2005/06 – 75% and especially in geographical areas where uptake is noticeably low.	Ongoing CSF Fund
Cancer Screening Facilitator has been in post with support of (BLF) since February 2004.	An agreed action and work plan has been implemented during 2004/05 and will be updated for 2005/06.	2005 – February 2007. CSF Fund.
Work to support Primary Care Teams and in local communities to increase participation in cancer screening programmes is in progress.	An agreed action and work plan has been implemented during 2004/05 and will be updated for 2005/06.	
Regional working group development of information DVD about breast screening, inc provision for hearing impairment – subtitles, ethnic minority languages, and next best practice guidance for disabled women who cannot be screened.	Further consultation, planning, costing and development of DVD project.	2005 – 2006 Funding to be identified from within each Board.
Cancer screening awareness campaign with media and locality specific to areas of low uptake/coverage.	Ongoing campaign.	2005 – 2007 Media Support & CSF Fund.

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Organisational Quality – Causeway LHSCG**

<p><b>Controls Assurance Standards – Financial Management and Governance</b> LHSCG Governance Policy and specific policies and procedures approved by NHSSB in January 2006.</p>	<p>Compliance with statutory requirements. Contribute to NHSSB controls assurance standards agenda.</p>	<p>Ongoing LHSCG Management Board LHSCG Corporate Governance Sub-Group LHSCG Staff NHSSB</p>
<p><b>Controls Assurance Standard – Records Management</b> LHSCG Administrator participates on NHSSB Working Group.</p>	<p>Contribute to development of NHSSB Records Management Policy. Adherence with statutory requirements.</p>	<p>Ongoing LHSCG NHSSB</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Clinical Governance - GMS**

<p>NHSSB Medical Advisers actively involved with a Departmental Group set up to help with the implementation of a directive sent by Permanent Secretary to both Boards and Practices in February 2005. Template produced and used in conjunction with the annual Contract Practice Visits throughout the winter of 2005/2006. Prior to the visits a series of Workshops run by NIMDTA with active involvement of the Board Medical Advisers and attended by all Practice Clinical Governance Leads and/or Practice Managers. The results of the assessment via the template process to be collated by Medical Advisers and subsequently in a similar fashion by DHSSPSNI at regional level.</p>	<p>Board Medical Advisors continue to be involved in the evolution of Clinical Governance in Primary Medical Care at regional level. Specifically within NHSSB however, a Primary Medical Care Clinical Governance Facilitator to advance the progress of Clinical Governance generally throughout Board Practices in the future.</p>	<p>2005/2006 onwards</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
<b>Clinical Governance - GMS</b>		
<p><b>Audit and Standards Setting</b>  <b>Monitoring of Anticoagulant Management</b>                      As part of a QI initiative FPU has been engaged in carrying out a baseline assessment of Practices, monitoring relevant data and sending to Practices on a regular basis. In addition, a workshop was held in May 2005 covering the Guidance to Practices and Hospitals produced in 2002. This has been updated by an appropriate expert group.</p>	<p>Once finalised this will be disseminated to Practices with the assistance of the Board's Prescribing Advisers from February 2006 onwards with a final further assessment of practice activity data in May/June 2006 for completion purposes.</p>	<p>2005/2006</p>
<p><b>Drug Misuse</b>                      The LES continues to operate in the Antrim/Ballymena area for those patients addicted to Heroin and adjudged appropriate for the provision of substitute medication in the form of either Methadone or Subutex. Approximately 110 patients are currently registered under this Scheme receiving care from the twelve accredited practices on a shared basis with Community Addiction Service.</p>	<p>The Board monitoring group continues to meet regarding the operation of the Scheme.</p>	<p>2005/2006</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
<b>Clinical Governance - GMS</b>		
<p>It is Departmental policy to develop Clinical Governance at practice level with Board support. GPAAC has been stood down. A Regional assessment tool has been used to assess Clinical Governance activity in all 82 practices.</p>	<p>A new post of Clinical Governance Facilitator is being created. A new committee to oversee and promote Clinical Governance in practices will be set up, known as the Primary Medical Care Clinical Governance Partnership (PMCCGP).</p>	<p>2005/2006 onwards</p>
<p><b>Continuing Professional Development</b> Local Education and Training Scheme has been established to introduce the concept of educational networking to practices and allow protected time for Practice based learning.</p> <p>The Northern GMS Training Forum has been established to provide cross organisational input to training needs and provision for GMS practices.</p>	<p>This forum will map out current provision and assess all training needs for all PHCT staff (inc. Trust staff). It is co-ordinating training provision by:</p> <ul style="list-style-type: none"> <li>• Filling in gaps and avoiding duplication;</li> <li>• Acting as a forum for feedback on the quality of training provision in the Northern Board area;</li> <li>• Acting as a link to the new Regional Primary Care Education Consortium set up under the auspices of NIMDTA.</li> </ul>	<p>2005/2006 onwards</p>
<p><b>Audit 2005/06</b> An audit from each of the 82 Practices has been assessed at the Annual Review Visit.</p>	<p>Training and Audit facilitation will come under the remit of the new Clinical Governance Facilitator and the PMCCGP.</p>	<p>2005/2006 onwards</p>

**QUALITY IN PRIMARY CARE**

Current Activity	Future Action	Timescale & Resources
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**Clinical Governance - GMS**

<p><b>Risk Assessment</b> FPU as a Directorate participates in the Board's risk management activities. Risk Management within Practices has been assessed at the Annual Review visits.</p>	<p>Training and Audit facilitation will come under the remit of the new Clinical Governance Facilitator and the PMCCGP.</p>	<p>2005/2006 onwards</p>
<p><b>Complaints</b> A report on the number of official complaints received by Practices is returned to FPU on an annual basis.</p>	<p>Complaints policies and procedures are assessed at the Annual Review Visit by the Patch Manager and a Lay Assessor.</p>	<p>2005/2006 onwards</p>
<p><b>User Involvement</b> FPU have used a Lay Assessor as part of the Annual Review Visit team. These assessors look at Practice environment, complaints procedures and the Patient survey at the visit. Every Practice in the Board has undertaken an approved Patient Satisfaction questionnaire under the QOF.</p>	<p>From April 2006 under the new Access DES Practices achievement will be monitored using patients' EODs. FPU is intending to have a user representative on the Enhanced Services Group and PMCCGP.</p>	<p>2005/2006 onwards</p>
<p><b>Significant Event Analysis (SEA)</b> Under QOF Practices are required to submit up to 12 SEA reports. The quality and range of these reports is assessed at the visit along with the procedures involved in reporting and assessing SEAs.</p>	<p>SEA will be a significant part of activity for the PMCCGP and the new Clinical Governance Facilitator. Practices are required to report Serious Adverse Incidents where there may be implications for other parts of the service to the Board.</p>	<p>2005/06 onwards</p>

**QUALITY IN PRIMARY CARE**

Current Activity	Future Action	Timescale & Resources
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**Clinical Governance - GMS**

<p><b>Minor Surgery</b>                      The NHSSB has commissioned a DES for minor surgery provision from all 82 Board GMS practices in the Board area. Practices have contracted to work to agreed National and Regional standards and guidelines.</p>	<p>Individual doctors providing minor surgery services are required through the processes of appraisal and revalidation to detail their involvement in minor surgery and identify their training needs to maintain competency and how they will achieve their learning goals in this area.</p>	<p>April 2006 onwards responsibility for appraisal moves to NIMDTA.</p>
<p><b>Child Health (Standard setting)</b>                      Under the QOF (additional services domain) GMS practices are rewarded for adhering to local Child Health guidelines. Routine Child Health services are funded through the Global sum.</p>	<p>Standards for doctors providing child health services to be determined by the process of appraisal and revalidation.  <b>NB:</b> In Northern Ireland Personal Development Plans (form 4 of appraisal papers are not available to Boards (PCOs).</p>	<p>April 2006 onwards responsibility for appraisal moves to NIMDTA.</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Clinical Governance - GMS**

<p><b>Professional Regulation and LAIP</b></p> <p>In common with other Boards clinical governance activity was assessed during the annual Contract Visits to Practices of which part related to the requirement to ensure that all Practice personnel engaged in clinical activity were correctly registered and indemnified. Some issues arose in connection with Locums position vis-à-vis Primary Medical Services Performers list otherwise results were generally satisfactory.</p> <p>In relation to LAIP two Practices were reported and appropriate action agreed in conjunction with GMC.</p>	<p>Finalisation of an agreed Regional approach to the processing of applications to join PMSP list is due during 2006/07 and cross-referencing this with that of annual Appraisal from NIMDTA should ensure that area is properly addressed. The Board is participating in a DHSSPS led Group drawing up guidance in connection with legislation due to be enacted in 2006/07 relating to the management of serious performance issues for General Medical (and Dental) Practitioners.</p>	<p>Professional regulation by 31 February 2006, LAIP ongoing.</p> <p>Resources as 2005/2006</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Clinical Governance - GOS**

<b>Compulsory Continuing Education and Training (CET)</b> (12 hrs annually) mandatory since June 2003	Yearly monitoring to allow re-registration.	First compulsory check April 2006.
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Clinical Governance – Mid Ulster LHSCG**

<b>Magherafelt Outreach Low Vision Clinic</b> Patient Currently have to attend regional centre in Altnagelvin.	New clinic to begin in Mid Ulster Hospital will make it easier for Mid Ulster patients to access Low Vision Services.	Beginning January 2006. LHSCG Mid Ulster.
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Clinical Governance – Causeway LHSCG**

<p><b>Controls Assurance Standard – Risk Management</b>                      Process in place to identify and manage risk.                      LHSCG Lead participates on NHSSB Clinical and Social Care Governance Task Group.</p>	<p>Identification and continued management of risks.</p>	<p>Ongoing                      LHSCG                      Management Board                      LHSCG Corporate Governance Sub-Group                      NHSSB</p>
<p><b>Controls Assurance Standard – Decontamination of Re-usable Medical Instruments</b>                      All Service Agreements and letters of offer now include notification of this standard and a disclaimer clause.</p>	<p>Continue to promote and support this standard in all service level agreements.</p>	<p>Ongoing                      LHSCG                      Management Board                      LHSCG Staff                      NHSSB</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Clinical Governance – Cancer Screening FPU/Public Health Medicine**

<p><b>Cervical screening eligible population coverage</b> Liaison with information &amp; QOF leads to produce disseminated report on exception reporting of eligible women within GP Practices</p>	<p>Utilise disseminated information to accurately assess cervical screening coverage rate, and agreed on an acceptable range for exception reporting. Continue to monitor and review coverage rates, and to identify good practice.</p>	<p>Mid 2006 -2007 CSF Fund</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
<b>Better Access - GMS</b>		
<p><b>GP Availability</b> As part of the QOF review process surgery hours and length of appointment are reviewed.</p>	<p>A new DES Access is planned in the 2006/07 contract costing £984K.</p>	<p>2005/2006 onwards</p>
<p><b>Removals</b> Practices are required to submit a list of removals of patients from their list with written reasons. This is verified at Practice visits.</p>	<p>Board will continue to monitor in 2006/07.</p>	<p>2005/2006 onwards</p>
<p><b>Patient Registration</b> Practices are required to keep a register of any refusal of application to join their list and to provide the applicant with a written reason for doing so. This is verified at Practices visits. All Practices have confirmed that they have a register.</p>	<p>Board will continue to monitor in 2006/07.</p>	<p>2005/2006 onwards</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
<p><b>Interpreter Services</b> The Regional Interpreting service is now operational and provides interpreters across a range of languages to accompany patients to GP appointments.</p>	<p>A pilot project has operated from December 2005 to June 2006 in the Cookstown area has allowed the introduction of a telephone based interpreter service giving patients and GPs instant access to interpreter services. Scheme being rolled out across NHSSB in early 2007 at a cost of £24K.</p>	<p>2005/2006 onwards subject to availability of funding. Project evaluated Summer 2006.</p>

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Better Access – Causeway LHSCG**

<b>Local access to Primary care services</b> Innovative primary care projects. Examples include, Low Vision pilot project, Dental INR pilot, ENT initiatives, etc.	Continue to support initiatives within available resources.	2005/2006 LHSCG NR slippage.
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Better Access – Cancer Screening Family Practitioner Unit/Public Health Medicine**

<p><b>Cancer Screening Information</b> Assessment of appropriateness of available information resources for marginalized women</p>	Ongoing	CSF Fund
Production of pictorial story book for preparation of learning disabled women attending for breast screening	Completed	CSF Fund
Purchase and supply of illustrated teaching packs for breast awareness and cervical screening.	Ongoing	CSF Fund
<p><b>Breast Screening Services</b> Regular information updates for marginalized groups and those who work with them</p>	Will continue to be facilitated on request following reintroduction of breast screening locally.	CSF Fund
Arrangement of transportation, supported attendance of learning disabled women, choice of screening venue and pro attendance	Will continue in response to need, depending upon the good will of CLDNs.	Homefirst/Causeway Trust and CLDNs.

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Patient/Client Involvement – Causeway LHSCG**

<p><b>User/Carer involvement in commissioning process</b> Causeway LHSCG has formed a Planning Reference Group for older people, ensuring representation from Voluntary and Community Groups, statutory sector, Independent Contractors, local elected representatives, service users and NHSSC.</p>	<p>Continue to engage with community organisations, users and members of the public.</p>	<p>Ongoing LHSCG Management Board CTOP Chair NHSSB User Panel Local Voluntary and Community Groups Local Councils NHSSC.</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Patient/Client Involvement – Cancer Screening Family Practitioner Unit/Public Health Medicine**

<p><b>Breast Screening Experience for Women with Learning Disability</b> Clients/Carer evaluation of experience and suggestions for improvement summarised and feedback discussed with service providers.</p>	<p>Satisfaction surveys following clinic visits. Recommendations for improvement will be highlighted with service providers.</p>	<p>2005 - 2007 NHSSC CSF Fund</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Seamless Service – GMS**

<p><b>Domiciliary Care</b> In 2005/06 Northern Board provided the funding for Enhanced Services to patients maintained at home through United and Homefirst Acute Care at Home and Rapid Response Nursing Team. The aim of it was to enable practices to support the patient and the Trust in delivering their targets of maintaining people at home when it is clinically appropriate to do so.</p> <p>Northern Board also provided funding for a number of practices to offer extended opening hours.</p>	<p>As part of the role of the FPU's in the health service group we should be able to identify projects that would be of benefit to patients in advance of the slippage becoming available.</p>	
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Seamless Service – Ophthalmic (GOS)**

<p><b>Children’s Refraction Services</b> Now operating in conjunction with orthoptic care and liaising with school nurses and health visitors. This service became fully operational in March 2005.</p>	<p>Monitoring of service.</p>	<p>2005/2006 One dedicated senior Optometrist employed by RVH for this service.</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Seamless Service – Causeway LHSCG**

<p><b>Bridging the gap between primary care services and care in the community.</b>            Improved care pathways.            Service redesign and modernisation projects.            LHSCG and CTOP representation at monthly Service Performance Meetings.            LHSCG involvement in NHSSB and Causeway Trust Patient Flows and Access Group.</p>	<p>Address local priorities in locally appropriate ways within the resources available.</p>	<p>Ongoing            LHSCG            Management Board            CHSST            NHSSB            Users            GPs            Voluntary and Community Groups            LHSCG Manager and Business Support Manager            CTOP Chair</p>
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**QUALITY IN PRIMARY CARE**

Current Activity	Future Action	Timescale & Resources
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**Developing Out of Hours – GMS**

<p><b>OOHs Provision</b> Dalriada Urgent Care – mutual organisation established November 2004.</p> <p>Funding was agreed for the establishment of a new out-of-hours and telephone triage centre in Ballymena.</p> <p>FPU staff are involved in Regional Groups to consider options for dealing with reduced budget for OOHs in 2007.</p>	<p>Ensure DUC completes its move to the new premises.</p> <p>Commission services to violent patients for the whole Board area through DUC.</p> <p>Obtain Board endorsement of the Regional Proposals for reducing costs in OOH services, partially through greater co-operation across providers regionally.</p> <p>Confirm Board acceptance with colleagues in other Boards and refer final plan to DHSSPS for consideration.</p> <p>Ensure implementation of DUC IT project to enable links to practices, improved call handling through nurse triage and recording of clinical information directly onto linked IT network.</p>	<p>August 2006</p> <p>Autumn 2006</p> <p>July 2006</p> <p>July/August 2006</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Developing Out of Hours – Causeway LHSCG**

<p><b>Out-of-Hours Nursing Team</b> Causeway LHSCG have partially funded a Rapid Response Nursing Team, on a recurrent basis. This initiative complements the Out-of-Hours Service in the Causeway area.</p>	<p>Monitoring and evaluation of LHSCG investment.</p>	<p>Ongoing LHSCG £69,305 (R)</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**Developing Out of Hours – Cancer Screening Family Practitioner Unit/Public Health Medicine**

<b>Access/Information – Cancer Screening</b> Offer of OOHs information sessions for professional, community and voluntary groups, advertised in local press.	Will recommence following reintroduction of breast screening locally.	Ongoing 2006/2007. CSF Fund
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**QUALITY IN PRIMARY CARE**

Current Activity	Future Action	Timescale & Resources
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**Premises – GMS**

<p><b>DBS – Primary Care Plans</b>                      The initial phase of DBS has been completed, with the production of the Outline Business Cases (OBS) for the Board.</p> <p>Three Locality meetings organised by NLMC have been held with practices to provide further information and to allow discussion about the proposals. (East Antrim, Antrim/Ballymena and Causeway). A fourth meeting (Mid-Ulster) is pending.</p>	<p>A roll out programme is to be developed in consultation with GP representatives and local practices. This will be a continuing process over the next few years as the OBC is expanded to a detailed Business Case for each development.</p> <p>The detailed Business Case will reflect the accommodation needs for Community and Primary care services at the time of development but will also have to reflect the future accommodation needs and patterns of service in these areas. It is likely that the initial development proposals will be somewhat different to those planned in detail towards the end of the programme, which is intended to cover a 10 year plus period, across the whole of the Northern Board.</p>	<p>Ongoing to 2015 approximately.                      Capital resources for building projects will be released by DHSSPS as the detailed Business Cases are approved.</p>
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**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**General Dental Services**

<b>Cross-infection control audit and training</b>	Regional Audit carried out. 100% of NHSSB practices complied and were at or above adequate standards. Training at workshops for Dentists and staff has been carried out with all NHSSB practices having been represented. Audit to be validated.	Carried out over an 18 month timescale. With CPD being awarded to Dentist and staff. Validation in the next 9 -12 months.
<b>Reform of out-of-hours services</b> New building. New equipment. New triage systems.	DUC moving to new premises in August 2006. New “state of the art” dental treatment centre being set up. New triage system being piloted and introduced.	Anticipated move in Aug 2006. With triage system being piloted over next 12 months.
<b>Practice inspection programme</b>	On going rolling Practice inspection scheme with training and appraisal for dentists and staff.	36 month cycle for all dental practices in NHSSB.

**QUALITY IN PRIMARY CARE**

<b>Current Activity</b>	<b>Future Action</b>	<b>Timescale &amp; Resources</b>
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**General Dental Services**

<p><b>Access improvement scheme</b> Bid to DHSSPS so alleviate access problems.</p>	<p>Proposals sent to DHSSPS for salaried dentist position within new premises at DUC approved. Pilot will be first of its kind in NI and a potential model for the new Dental Contract.</p>	<p>Ongoing assessment of proposals. Close working with policy officers in DH.</p>
<p><b>Quality Improvement Grants</b> Focus on cross-infection control, patient safety and IT.</p>	<p>Continued initiative to provide excellence in the field of control of health care acquired infections, by training/ practice appraisals.</p>	<p>Involves on going round of practice visits.</p>
<p><b>Interactive learning</b> CD ROMs to be posted out to all practices</p>	<p>CPD verifiable education CD ROMs to be sent to all practices in the NHSSB. Providing interactive training in Cross Infection.</p>	<p>CD ROMs to be posted in the next month and assessed in 3 - 6 months.</p>



**Section 7**

**Glossary**

## 7. GLOSSARY

A&C	Administrative & Clerical
A&E	Accident & Emergency
AfC	Agenda for Change
AHP	Allied Health Profession
AMRAP	Antimicrobial Resistance Action Plan
CDM	Chronic Disease Management
CDS	Community Dental Service
CIR	Critical Incident Reporting
CMO	Chief Medical Officer
COPD	Chronic Pulmonary Obstructive Disease
CPA	Community Pharmacy Adviser
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CRC	Claim-to-record-checks
CSB	Clinical Standards Board
CYE	Current Year Effect
DBS	Developing Better Services
DDA	Disability Discrimination Act
DES	Direct Enhanced Service
DFP	Department of Finance and Policy
	DHSSPS Department of Health, Social Services & Public Safety
DIS	Directorate of Information Services
DMARDs	Disease Modifying Anti-Rheumatic Drugs
DOH	Department of Health
DRGP	Data Retrieval Group in General Practice
DUC	Dalriada Urgent Care [Formerly Dalriada Doctor on Call]
ECDL	European Computer Driving Licence
ELS	Emergency Life Support
EOD	Expression of Dissatisfaction
FOI Act 2000	Freedom of Information Act 2000
FPU	Family Practitioner Unit
FYE	Full Year Effect
GDS	General Dental Services
GMC	General Medical Council
GMS	General Medical Services
GPAS	General Practice Assessment Surveys
GPCF	General Practitioner Commissioning Facilitator
GOS	General Ophthalmic Services
GPS	General Pharmaceutical Services
GPC (NI)	General Practitioners Committee (Northern Ireland)
GPwSI	General Practitioner with Specialist Interest
HC	Healthcare Commission

HIP	Health Improvement Plan
HPSS	Health & Personal Social Services
HSSA	Health & Social Services Authority
HWIP	Health & Wellbeing Investment Plan
ICATS	Integrated Clinical Assessment and Treatment Services
ICT	Information, Communications & Technology
IfH	Investing for Health
ILS	Immediate Life Support
IMM	Integrated Medicines Management
IM&T	Information Management & Technology
IOS	Item of Service
IPA	Indicative Prescribing Amount
IPS	In-Practice Systems
IT	Information Technology
LAG	Local Appraisal Group
LAIP	Local Advisory & Investigative Panel
LES	Local Enhanced Service
LETS	Local Education and Training Scheme
LMC	Local Medical Committee
LTAP	Local Tobacco Action Plan
MA	Medical Adviser
MUH	Mid Ulster Hospital
NAPF	Northern Area Prescribing Forum
NCAA	National Clinical Assessment Authority
NES	National Enhanced Service
NHSSB	Northern Health & Social Services Board
NHSSC	Northern Health & Social Services Council
NLMC	Northern Local Medical Committee
NICE	National Institute of Clinical Excellence
NICPPET	Northern Ireland Centre for Postgraduate Pharmaceutical Education & Training
NIMDTA	Northern Ireland Medical and Dental Training Agency
NIPU	Northern Ireland Prescribing Unit
NOF	New Opportunities Fund
NPCDT	National Primary Care Development Team
NPCR&DC	National Primary Care Research & Development Centre
NSFs	National Service Frameworks
NVQ	National Vocational Qualification
OT	Occupational Therapy
OTC Medicines	Over The Counter Medicines
OOHs	Out-of-Hours
PAs	Prescribing Advisers

PCAS	Payments Calculation and Analysis System Project (replaced QMAS)
PCO	Primary Care Organisation
PCIP	Primary Care Investment Plans
PES	Public Expenditure Survey
PEST Analysis	Political/Economical/Social/Technical Analysis
PfA	Priorities for Action
PGD	Patient Group Direction
PHCT	Primary Health Care Team
PIS	Prescribing Incentive Scheme
PLG	Pharmacy Locality Group
PoC	Programme of Care
PMCP	Primary Medical Care Performers
PMS	Personal Medical Services
PPP	Professional Performance Panel
PwSIs	Practitioners with Special Interests
QMAS	Quality Management & Analysis System
QOF	Quality & Outcomes Framework
QIP	Quality Information Preparation
RCGP (NI)	Royal College of General Practice (Northern Ireland)
R&D	Research & Development
READ Code	Coding Classification for Recording Patient Clinical Information
RIS	Regional Interpreting Service
RPA	Review of Public Administration
RQIA	Regulation and Quality Improvement Authority (formerly Health and Social Services Registration and Inspection Authority)
SDFs	Service Development Frameworks
SEA	Significant Event Auditing
SEAL TPP	South East Antrim Total Purchasing Pilot (former)
SFA	Statement of Fees & Allowances
SIGN	Scottish Inter-Collegiate Guidelines Network
SGU	Standards & Guidelines Unit
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SWOT	Strengths/Weaknesses/Opportunities/Threats Analysis
SQS	Sustained Quality Scheme
TBC	To Be Confirmed
TC	Tobacco Control
TCG	Tobacco Control Group
TSN	Targeting Social Need
UHT	United Hospitals Trust

UPCI	Unique Patient Client Identifier (referred to now as Health and Care Number)
VAR	Value Added Reseller
WTD	Working Time Directive
WTE	Whole Time Equivalent