#### **MUNICIPAL YEAR 2015/2016**

## MEETING TITLE AND DATE Health and Wellbeing Board 11 February 2016

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Agenda - Part: 1	Item: 5c
Subject: Primary Care Update	
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Wards: All	
Cabinet Member consulted:	
Approved by:	

### 1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on Primary Care matters across the borough of Enfield, in particular:

- The Enfield Patient Offer
- Quality and Outcomes Framework Achievement 2014/15

### 2. RECOMMENDATIONS

The Enfield Health and Wellbeing Board is asked to note the contents of this report

# 3. ENFIELD PRIMARY CARE TRANSFORMATION PROGRAMME 2015/16

### **Patient Offer**

At its last meeting, comments and feedback were sought from the Health and Wellbeing Board about the development of a CCG transformation framework and patient offer. Following consultation with a range of stakeholders, the four priority areas identified for implementation, subject to funding and business case approval by the Finance Committee, in respect of the patient offer (Appendix 1) are:

- Patients with Atrial Fibrillation, diabetes and CVD (CHD, Stroke, and Heart Failure) will receive a more co-ordinated multidisciplinary approach to their care where the philosophy of right care, right place and right time is emphasised.
- Primary Care Estates
- Primary Care Workforce Development
- Optimisation and Exploitation of Clinical IT Systems

### **Quality and Outcomes Framework 2014/15**

The Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services contractual arrangements on 1<sup>st</sup> April 2004 and rewards GP Practices for the provision of quality care and helps standardise improvements in the delivery of primary medical services. QOF gives an indication of the overall achievement of a GP Practice through a points system. Practices aim to deliver high quality care across a range of areas for which they score points.

In 2014/15, QOF measured practice achievement against 81 indicators:

- Clinical domain: sixty-nine indicators across 19 clinical areas (e.g. chronic kidney disease, heart failure, hypertension) worth up to a maximum of 435 points;
- Public Health domain: seven indicators across four clinical areas blood pressure, cardiovascular disease – primary prevention, obesity 16+ and smoking 15+ worth up to 97 points;
- Public Health additional services domain: five indicators across two service areas – cervical screening and contraception worth up to 27 points.

Enfield's rankings for 2014/15 reflect a significant improvement to 183<sup>rd</sup> of 206 CCGs (in 2013/14, Enfield ranked 207<sup>th</sup> of 211 CCGs) and in terms of our CCG peers (those with similar patient demographics) resulted in better outcomes than Greenwich, Thurrock, Haringey and Luton.

In terms of clinical outcomes, twenty practices (40%) scored above the national average for achievement of the clinical domain results. In terms of total achievement, twenty-four practices (51%) achieved or surpassed the national average overall. Regrettably, six practices (12%) scored between 15-25% below the national average.

As the CCG has a statutory duty to improve the quality of primary care, performance has been used to identify support to those practices that clearly have not been able to deliver the level of quality outcomes the CCG aspires to every patient receiving. The Primary Care Team has developed a search and reporting tool to enable the CCG to retrieve live QOF data from general practice. This solution will enable the CCG to track progress and performance of QOF per practice and identify opportunities to support practices to deliver enhanced clinical outcomes for patients.

In 2014/15, QOF performance has been the most successful since the CCG was established in April 2013 and demonstrates significant improvement. This is of particular note as Enfield has the lowest healthcare expenditure as well as the lowest number of potential years of life lost than their North Central London peers.

### 4. **CONCLUSION**

This report provides an update on Primary Care matters in Enfield.