

**Primary Care Contracting
Commissioning
Paper PCC/C/PG/WB0508**

2007-8 Balanced Scorecard for General Practice

- 1 In 2006 the PCT introduced a Balanced Scorecard for General Practice. The purpose of this was to transparently assess the quality of general practice on an annual basis, and speed up the rate of improvement.
- 2 Following its successful implementation, the PCT is now revising it for 2007-08 and also introducing similar BSCs for other contractors and for NHS services provided by the PCTs Provider Directorate. This 2007-8 BSC is based on lessons learned during 2006-07 and feedback received.
- 3 The scorecard will consist of three sections again; Contractual Requirements; Quality Improvement areas; and Developmental Standards. These are explained more fully below.
- 4 Each indicator will again be Banded A, B or C with the following meaning:
 - Band A – Achievement well above the minimum standard
 - Band B –meets the minimum standard
 - Band C – Does not meet the minimum standard and therefore:
remedial action is required (for contractual standards),
or support and development to achieve (for quality Improvement standards)
- 5 The PCT will again use criterion referenced (or absolute) standards rather than peer referenced standards where applicable.
- 6 The PCT will seek to minimise the work burden on General Practice by using established data sources where possible.
- 7 Each practice will be assessed by their Primary Care Commissioning Manager, will receive a draft assessment and will be able to agree the final scores with their PCCM before sign off. Data used for 2007-08 will be data available during that period. The PCT will aim to have the scorecard completed and agreed for each Practice by end July 2008.
- 8 A wide range of supportive interventions exist to support practices improve, and the PCT will consider additional PCT wide interventions where there are performance problems across the whole Borough.

- 9 The PCT will continue to run the joint PCT/LMC implementation group around the BSC.
- 10 The PCT is relying on its commissioned primary care infrastructure to help make substantial inroads into persistent health inequalities locally, and the emphasis of this year's scorecard reflects that priority

Contractual and Statutory Requirements						
Area & No		A	B	C	Data Source	Your Band
1	Is the contractor compliant with all requirements of the nGMS/PMS/APMS contract? NB includes old indicators on Registration, Opening Hours and non premium rate telephone numbers. Full details at appendix one	Fully compliant		Not Compliant	PCCM review and agreement with practice	
2	Does the practice have a written Business Continuity Plan	Has a BCP that has been PCT approved	Has a BCP that needs further work	Does not have a BCP or BCP is poor	PCCM and AD review plan with practice	
Quality Improvement						
3	QOF	NOT		BANDED	QOF outturn	QOF Score
Access						
4	Patients able to get an appointment with their GP within 48hrs, if they wish	90% and above	Between 81% and 90%	Less than 81%	IPSOS MORI survey (supported by local survey)	
5	Patients able to book an appointment in advance with GP if they wish	2 weeks or more	Between 3 days and 2 weeks	Less than 3 days	IPSOS MORI survey (supported by local survey)	
6	Extended Opening Hours	This indicator will be delayed pending LMC review following National negotiations				

Area & No		A	B	C	Data Source	Your Band
7	Patient satisfaction with telephone answering	90% and above	Between 81% and 90%	Less than 81%	IPSOS MORI survey	
8	Appointments offered by GP per week per 1000 registered patients	72 and over	67 - 71	Below 67	PCCM	
Standards for Better Health and Risk Management						
9	Health Care Commission Standards	85% compliance and above	Between 75% and 84% compliance	Under 75% compliance	Self assessment then discussion with PCCM/AD	
10	Response to SABS alerts	Responds by deadline to all alerts with actions completed	Responds to all/most alerts but no indication of actions completed	Does not respond to alerts	Rachael Brady	
Public Health						
11 a	Cervical Screening 1 (using data submitted by public health – excludes exceptions)	80 % and above	Between 70% and 79.99%	Less than 70%	Public Health	
11b	Cervical Screening 2 (using QMAS data – includes exceptions)	80 % and below national average for exception reporting	Between 70% and 79.99% and below national average for exception reporting	Less than 70% and below national average for exception reporting	QMAS	
12	Childhood Immunisations	90% and above	Between 75% and 89.99%	Less than 75%	Public Health	
13	Pre school booster	90% and above	Between 75% and 89.99%	Less than 75%	Public Health	
14	Influenza immunizations for over 65s	70% and above		Less than 70%	Public Health	
15	Pneumococcal immunization for over 65s	80% and above	Between 72% and 79.99%	Less than 72%	Public Health	

16	Smoking LES	Providing Enhanced Service		Not providing Enhanced Service	PCCM	
Area & No		A	B	C	Data Source	Your Band
17	Chlamydia LES	Providing Enhanced Service		Not providing Enhanced Service		
18	Breast screening LES (if practice is included in screening cohort)	80% of eligible women are screened	Between 70% and 79% of eligible women are screened	Below 70% of eligible women are screened	Public Health Screening Lead	
19	BMI recording – aged 16 years and over in previous 15 months	50% and above	Between 35% and 49%	Less than 35%	CEG	
Patient Experience and Profiles						
20	Ethnicity recording	75% and above	Between 65% and 74%	Less than 65%	CEG	
21	Language recording	75% and above	Between 65% and 74%	Less than 65%	CEG	
22	Choose and Book	90% and above	Between 50% and 89%	Less than 50%	IT	
23	Offered a choice of hospital for first hospital appointment	80% and above		Less than 80%		
24	Patient experience – composite GPAQ score	Above national GPAQ mean	Within 5% of national GPAQ mean	5% or more below national GPAQ mean	Annual GPAQ scores	
Range of services						
25	Range of Enhanced Services available	More than 85%	Between 50% and 85%	Less than 50%	PCCM	
26	Practice Based Commissioning Budget	Signed up to LES with PCT approved PBC plan	Signed up to LES but PBC plan needs further work	Not signed up to LES		

Prescribing						
27	Prescribing	Achievement of all level 1 indicators plus 4 others from level 2	Achievement of all level 1	Does not achieve all level 1 indicators	Prescribing Advisors	

Appendix 1

CONTRACTUAL and STATUTORY REQUIREMENTS

- 1 The practice provides patients with a leaflet which is available to patients and includes:
 - practice opening hours
 - whether an appointments system is operated by the practice for doctor and nurse
 - appointments
 - how to access a doctor or nurse
 - a description of the services provided by all members of the team and how patients can obtain them
 - how to obtain repeat prescriptions
 - how to make a complaint or comment on the provision of service
 - a description of patients' rights and responsibilities
 - how the practice uses personal health information.
- 2 The practice has an agreed procedure for handling patients' complaints which complies with the NHS complaints procedure and is advertised to the patients.
- 3 Where patients are requesting to join the practice list, the practice does not discriminate on the grounds of:
 - 3.1 race, gender, social class, age, religion, sexual orientation or appearance
 - 3.2 disability or medical condition.
- 4 The practice adheres to the requirements of the Medicines Act for the storage, prescribing, dispensing, recording and disposal of drugs including controlled drugs.
- 5 Batch numbers are recorded for all vaccines administered.
- 6 The practice has a policy for consent to the treatment of children that conforms to the current Children's Act or equivalent legislation.
- 7 The premises, equipment and arrangements for infection control and decontamination meet the minimum national standards.
- 8 The practice ensures that all healthcare professionals who are employed by the practice are currently registered with the relevant professional body on the appropriate part(s) of its Register(s) and that any employed general practitioner is a member of a recognised medical defence organisation and registered on a primary care performers list (or equivalent).
- 9 All professionals working in the practice are covered by appropriate indemnity insurance.

- 10 All doctors have an annual appraisal.
- 11 The practice has a system to allow patients access to their records on request in accordance with current legislation.
- 12 There is a designated individual (data controller) responsible for confidentiality.
- 13 If the records are computerised there are mechanisms to ensure that the data are transferred when patients leave the practice.
- 14 If the team uses a computer, it is registered under, and conforms to the provisions of the Data Protection Act.
- 15 The practice has a written procedure for the electronic transmission of patient data which is in line with national policy.
- 16 The practice complies with current legislation on employment rights and discrimination.
- 17 All staff have written terms and conditions of employment conforming to or exceeding the statutory minimum.
- 18 The practice meets the statutory requirements of the Health & Safety at Work Act and complies with the current Approved Code of Practice in Management of Health and Safety at Work Regulations.
- 19 Vaccines are stored in accordance with manufacturers' instructions.
- 20 Individual healthcare professionals should be able to demonstrate that they comply with the national child protection guidance, and should provide at least one critical event analysis regarding concerns about a child's welfare if appropriate.
- 21 All practices have in place systems of clinical governance which enable quality assurance of its services and promote quality improvement and enhanced patient safety. The underpinning structures within the practice, which will assure embedding of clinical governance through a nominated clinical governance lead.
- 22 For minor surgery, patients consent to any surgical procedures including wart cautery and joint injections is recorded.
- 23 For vaccination and immunisation, consent to immunisation, or contraindications if they exist, are recorded in the records.
- 24 For vaccination and immunisation, fridges in which vaccines are stored have a minimum and maximum thermometer daily readings take place on working days.

- 25 For vaccination and immunisation, staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropriate first-line treatment when it occurs.
- 26 Phone numbers operating with a local, not premium rate number.
- 27 Practices fully complying with the contractual registration requirements (In summary - It has never been acceptable for a practice to have an open list with any type of conditions attached (waiting lists etc), they are either open or closed. There may be conditions that the PCT places on any practice that close their list, such as removal of enhanced services until such time as the practice reopens their list. Schedule 6 part 2 paragraphs 29 to 31, nGMS regs 2004)

Appendix 2

Reasons for inclusion of new indicators and data sources and restrictions.

Quality Indicator	Reason for inclusion	Data sources
Health Care Commission Standards	The Health Care Commission's standards apply to all providers of healthcare in England	Practice self assessment – annual submission to PCCM in March
Extended Opening Hours	Improving access for patients who cannot easily attend during core hours.	Practice visit
Patient satisfaction with telephone answering	Ensuring patients have access to appointments, advice and telephone consultations.	IPSOS MORI survey
Range of Enhanced Services available	The PCT wishes to see as many services delivered in primary care settings as is reasonable, and can be achieved with current infrastructure. It will seek to encourage collaboration, and joint working to ensure that local people have access to a wide range of medical services.	
QOF	Identified availability of systematic process for managing long term conditions	QMAS data – March 08 data validated by June
Prescribing	The Level 1 indicators are considered to be the bare minimum standard that all practices should be achieving. They include indicators that have previously been CHI indicators and are now Healthcare Commission standards for basic good prescribing practice.	Prescribing team –

	The Level 2 indicators have been included in the prescribing incentive scheme on a number of occasions so awareness amongst practices for these issues should be high. Level 2 indicators are based on draft “Better care, better value” indicators and MHRA alerts on safety of NSAID’s. Achievement of these targets requires frequent review of patients plus a sound understanding of the evidence base.	
Patient experience – composite GPAQ score	The views of patients are critical to the continued success of the NHS, and it is important that we strive to gain views from our diverse and varied population.	Available Jan 08
Appointments offered by GP per week per 1000 registered patients	Ensuring access to GP appointments in line with National standards. Fundamental to PCT access strategy.	Access visual management tool
Quality Indicator	Reason for inclusion	Data sources
Practice Based Commissioning Budget	Developing practices expertise in PBC	Locality PBC teams
Cervical Screening	An important preventative measure with poor average, but considerable variation at practice level	Nationally reported Public Health data available on MIS, 4 th Quarter data available July 08 and QMAS March 08
Childhood Immunisations	An important preventative measure with poor average, but considerable variation at practice level	Data from – 4 th Quarter data available July 08
Pre school booster	An important preventative measure with poor average, but considerable variation at practice level	Data from – 4 th Quarter data available July 08
Influenza immunizations for over 65s	Tower Hamlets has done well in reaching the 70% national standard for the last two years. However, this masks considerable variation at practice level	
Pneumococcal immunization for over 65s	Preventing respiratory illness in older people	
BMI recording – 16 and over in past 15 months	Part of the obesity strategy and national data collection. Important to measure trends and evaluate interventions	Data via CEG – available from EMIS web

Ethnicity recording	Vital to help meet specific health needs within the community	Data via CEG – available from EMIS
Language recording	Vital to help meet specific health needs within the community	Data via CEG – available from EMIS
Smoking LES	Public Health Priority	
Chlamydia LES	Public Health Priority	
Breast screening LES (if practice is included in screening cohort)	Coverage rates low but with considerable variance at practice level	
Choose and Book	Part of the Patient led NHS vision	
Choice	Part of the Patient led NHS vision	
Response to SABS alerts	Healthcare commission requirement	Data to be collated annually