NHS Leicester City
Health Scrutiny Committee Report – 1 April 2010
Balanced Scorecard (BSC) and Annual Quality Review (AQR) Programme for General Practices

1. Introduction

A key area of the 2009/10 work programme for Primary Care in NHS Leicester City has been the introduction of a Balanced Scorecard and Annual Quality Review. The PCT consulted with and gained the agreement of the Local Medical Committee to its introduction, culminating in the dissemination of individual practice balanced scorecards on 30 September 2009.

The Annual Quality Cycle is intended to form a structured approach to dialogue between the PCT and practices. The focus of the cycle is the ongoing quality improvement of all practices utilising the balanced scorecard, which will help inform the conversations, subsequently feeding into annual practice quality action plans.

Although not directly within the remit of this process, cause for concern issues may well be highlighted through this new structured approach, and any issues of this nature will be directed to the Quality Directorate as is appropriate.

This report provides the Scrutiny Committee with an update on the progress made so far in the AQR programme, together with key themes, areas of learning and next steps in this annual cycle.

2. The Balanced Scorecard (BSC)

The overriding principles in developing a BSC are in producing a high level working document which is simple to interpret and which involves automating the population of the document as far as possible by the PCT, with little additional work being required by the General Practices.

This mapping and evaluation exercise help us identify gaps and areas for development in service provision, along with areas of good practice, and plan and commission services which will address many of the priorities of the PCT in improving the health of the population.

The BSC should be seen as being a quality improvement tool, with the component parts of the document used by the PCT in engaging with General Practices in discussing key priority areas for future development.

Certain areas of the BSC have been included as a result of the Care Quality Commission's (CQC) Standards for Better Health (SfBH), through which the PCT is expected to gain assurance of compliance for all Independent Contractors. A copy of the final BSC can be found at **Appendix 1**.

3. The Review Visits

The programme of visits commenced in November 2009 with the original pilot practices for the Balanced Scorecard (BSC). The visiting team from the PCT was agreed to have the following representation:

- A.D. of Primary Medical Care / Deputy (Chair)
- Medical Director / Deputy
- Public Health Consultant
- A.D. of Quality / Deputy
- Non Executive Board Member / Lay Representative

A template agenda was agreed (see Appendix 2), which covered the main topics for discussion, with each section being led by a different member of the team. Practices were also given the opportunity to add their own Practice Topics to the AQR agenda.

As at March 22nd, 52 practices had been visited, and it is planned to complete visits to all practices by the middle of April.

General feedback received from practices has been very positive, with a feeling that the PCT is taking time to listen to issues at individual practice level. Each practice has its own individual issues as well as areas of good practice which have been shared, and common themes across the City have come to light which will now be acted upon by the PCT. Dialogue has been opened which needs to continue to be fostered through the conduit of the Locality Contract Account Managers within the Primary Medical Care Team. In broad terms, themes can be categorised as follows:

- Recurring themes – PCT wide
- Areas of good practice
- Areas for development, individual to each practice. These will feed straight into Action Plans (see section 5).

4. Recurring Themes – PCT Wide

There have been a number of issues raised regarding certain service providers across nearly all practices visited so far which have been captured and need to be fedback to the providers concerned, potentially with subsequent service reviews. These areas include:

Service Provider Topics	Issue	Potential Action
Community Nursing Teams – District Nursing/ Health Visiting/ Community Matrons	In many cases Practices don't know who their contact is and they articulate there is a real lack of engagement and team working	Contract meeting has been set up with LCCHS/AD for Adults & Older Services
UHL	Practices report different problems, from issues such as discharge letters to prescribing	Issues have been logged and will be raised at forums such as CCIG as appropriate

Improving Access to Psychological Therapies	Practices are generally very unhappy with the changes, and some practices now don't have any service at all.	Individual practice issues logged with lead A.D. to be taken up with LPT.

Areas for further investigation by the PCT include:

PCT Topics	Issue	Potential Action
Access & Responsiveness	This is a problem in many practices, as reflected in the latest Patient Experience Survey results.	Access Project Group set up – now part of work programme
Urgent Care activity	Need to explore why patients attend A&E inappropriately	Urgent Care – now part of work programme
Practice Based Commissioning	In general practices are dissatisfied with the progress being made in PBC, particularly with reference to the use of PBC savings	Fed back to AD for Adults and Older People for action.
CRB checks	Some practices need guidance as to their responsibilities and the PCT needs to take a view on CRB for the wider practice team, being mindful of current changes	AD for Quality taking the issue to the PCT Safeguarding Group
Incident reporting / Complaints etc	Practices need guidance as to reporting requirements	Fed back to PCT Incidents Manager. A potential topic for the GP Forum.
Quality & Clinical Governance	Lack of assurance in some practices. Practices need help in preparing for Quality Accounts and CQC visits	Quality team to work up best practice pack
Enhanced Services	Take up of certain services are low	PCT to undertake a full Enhanced Services Review
Infection Control Toolkit	Practices are willing to engage in this process	PCT Infection Control Manager to engage with practices.
Protected Learning Time	Practices would like to see this re-established	PCT to explore potential format
Patient Participation Groups	Most practices that haven't currently got a PPG are interested in establishing one	PPI Team to engage with practices.

4. Areas of Good Practice

All practices have provided some evidence of good practice for which they are happy to work with the PCT in sharing across the City. It is proposed some Practice Action Plans will include helping the PCT in sharing these. Examples include:

• Access & Responsiveness – certain practices have worked very hard and have very high satisfaction rates nationally.
• Immunisations – Practices running at 100%
• Chlamydia screening – Practice above 25% by calling young people in for health screening
• Clinical Governance – strong evidence of robust systems in place
• A&E activity reduced – Practice increasing opening hours and using skill mix in the practice (including Nurse with A&E experience).

5. Annual Practice Action Plans

Between now and the end of April, Locality Contract Account Managers will be working with the Practices in drawing up their Action Plan, using the approved minutes from the AQR visit as a base document. The action plan will concentrate on 5 – 6 key areas, and each element within an action point will have agreed timescales and regular monthly meetings will take place between the Locality Contract Account manager and the Practice Manager/Lead GP.

Initial estimates from the visits so far undertaken suggest that there could be 12 – 15 practices which will need prioritisation in terms of ongoing support. Senior Managers within the Primary Medical Care Team will be assigned to these practices and monthly meetings with the practice organised.

6. Next steps

From the end of April all practices will have monthly meetings with the PCT to discuss their progress against the Action Plan, and support will be available from the PCT in order to achieve targets as may be required.

AQR visits for 2010/11 will be scheduled from November 2010 and the Action Plan will form the basis of the agenda for this meeting, along with a new version of the Balanced Scorecard which will be published at the end of September.

A small working group consisting of main members of the AQR visiting team will be convening in April 2010 in order to look at the content for the new BSC. Proposals include aligning it with the Quality Accounts which will be a requirement for all practices from April 2011, along with continuing to prepare practices for their CQC visits which will commence during 2011/12.

In terms of sharing the findings of the AQR visits with the wider practice audience, the PCT is proposing to prepare a paper for the GP Forum and/or consider the potential for a PLT event.

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