Developing Primary Care Intelligence

Primary Care Commissioning Committee meeting C

21 July 2016

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Is your report for Approval / Consideration / Noting

Consideration

Are there any Resource Implications (including Financial, Staffing etc)?

Staffing capacity

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
2. To improve the quality and equality of healthcare in Sheffield

4. To ensure there is a sustainable, affordable healthcare system in Sheffield

5. Organisational development to ensure CCG meets organisational health and capability requirements.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
If not, why not? An EIA is not required as this does not affect service provision.

PPE Activity

How does your paper support involving patients, carers and the public?
No direct PPE activity has been undertaken at this time.

Recommendations

The Primary Care Commissioning Committee is asked to:

1) Note the context and background to developing primary care intelligence
2) Agree to the actions outlined in section 3

NHS
Sheffield
Clinical Commissioning Group

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1. Introduction

At its June meeting the committee considered and discussed a number of practice specific issues, during which it became clear that the CCG would benefit from the development of a more robust business intelligence (BI) approach relating to practice specific issues. This paper sets out the proposed actions and timescales to take forward this piece of work.

1.1 **Background and Context**

Prior to the establishment of CCGs, Primary Care Trusts (PCTs) had responsibility for the contracting and performance monitoring of primary care contracts and to support this function, a wide range of practice specific data was available, including public data, list size to workforce, to delivery of key public health services such as vaccination and immunisation uptake and Quality and Outcomes Framework (QOF) indicators. It was largely used for two proposes;

1) Influencing Practice behaviour to address unexplained variation, risk stratification, frequent flyers etc
2) Contract and Performance management

With the establishment of CCGs and the disaggregation of commissioning functions into multiple organisations, including the loss of local commissioning responsibility for primary care services, came the loss of having a significant proportion of this intelligence available locally. NHSE and Local Authority were the two main recipients of the information and the resource capacity for this. As part of this, some aspects of Business Intelligence were commissioned by Sheffield CCG of the local Commissioning Support Unit, during this time, a number of attempts were made to develop a primary care reporting tools. This, unfortunately, did not result in a produce suitable to meet the needs of Sheffield CCG, over and above that which we already had through our own locally developed Primary Care Reporting system. We remain actively involved in seeking an appropriate solution to a primary care reporting tool.

As the CCG develops its primary care co-commissioning maturity it is becoming increasingly important for the organisation to establish intelligence to support the primary care commissioning function. This would support the CCG in developing a full picture for each constituent practice (and therefore neighbourhoods as they develop).

The identification of this need coincides with a wider assessment of the CCGs BI requirements so the proposed approach with regard to primary care business intelligence is timely.

2. Current position

2.1 Whilst the CCG no longer is the direct recipient or owner of much of the previously avalable primary care information, we do know that information still exists, albeit in various teams and organisations. This information should be used intelligently to inform our business decisions associated with primary care and out of hospital strategies. The way we access it may have changed and require further consideration and joint working with NHSE and the Local Authority Public Health department. The following provides a high level summary of some of the areas in which we know information is readily available.

2.2 **Calculating Quality Reporting Service (CQRS)** is a new system implemented by NHS for primary care indicator reporting - CQRS - which replaces Quality Management and Analysis system (QMAS) which monitored QOF indicators. This was intended to be a tool for practices and NHSE; CCGs were not involved in the development or use of the system in the initial stages. The CCG information team do have access to CQRS and have been working with the Local Medical Committee (LMC) to produce a paper to the national user group on service issues affecting practices due to the failures of the system. A member of the CCG information team is now engaged in the national group (we are the only CCG that was present at a recent national event). The system in its current form, has some limitations and is best used for processing invoices, it does not allow practices or commissioners to interrogate the data.

2.3 **Hospital Activity** exists and is available to practices via the Practice Reporting System, which is a locally developed tool for practices to interrogate. This includes a range of activity information but no longer contains notional financial budgets (as previously it did when supporting practice based commissioning). Activity information is also collated and produced at Locality level to help inform and influence key commissioning decisions.

2.4 **Quality information** is held by the CCG quality team and is used to collate intelligence on CQC visits, capturing areas of outstanding practice and areas for improvement, as well as a range of other intelligence on quality issues, for example, incidents, intelligence from Medicines Management or from the Primary Care Development development nurses. A range of other information is held on vaccination and immunization rates, flu vaccination rates, and friends and family tests. This information is regularly shared at the Primary Care Co-commissioning operational group and at the CCG Quality Assurance Committee.

2.5 **Neighbourhood intelligence dashboards,** are under development following a piece of work that has recently been commissioned by the CCG to develop a suite of information. This currently draws on a range of information, including QOF, workforce, hospital activity from a variety of different sources.

2.6 **Primary Care Reporting tool** exists in the CCG as mentioned in 2.3 above, however, in order for this to meet current and future requirements we need to ensure that, where possible, we can invest in appropriate tools to support this. Some preliminary work has commenced, considering risk stratification

requirements, however, we need to be able to define our full requirements to ensure any future procurement is both fit for purpose and value for money.

2.7 Despite the disaggregation of information sources, it is apparent that there are still many sources of information available to the CCG, some of which may require some further understand and work to enable and secure regular access. It is also apparent that the various sources of information are held in disparate places and are not, as routinely as we would like, coordinated and used to inform our business and commissioning decisions.

3. Developing Primary Care Intelligence

3.1 Given the plethora of information that is available and, at present is important that the CCG and its partners, NHS England and the Local Authority work together to determine both a comprehensive understanding of the sources of information available but more importantly, the CCG needs to determine the purpose of using this information so that it can be brought together in order to produce intelligence to inform the business decisions required to be taken. It is likely that there will be more than one purpose for using intelligence.

3.2 As part of the recent review of Business Intelligence requirements of the CCG, a key issue that was highlighted, was the need to meet the needs of those requesting the information and to ensure that information is turned into intelligence. In order to support the development of 'intelligence' requires input from across our commissioning functions as a CCG and its partners.

3.3 In light of this, an approach to meeting the business needs of the organisation is being developed, by establishing an overarching BI customer reference group – made up of colleagues representing each team within the CCG. This group will inform and influence how BI as a CCG function becomes embedded and responsive to support the needs of the organisation. In addition to this overarching group, a number of areas have been identified as being business critical – primary care and locality reporting – is one of those areas. A focussed task and finish group will be set up to look at each of these areas to ensure that the use of information is appropriate and relevant to the purpose.

3.4 Establishing the purpose and use of the information is a key necessary first step in supporting the development of primary care intelligence. In order to do this, it is proposed that a Primary Care Intelligence Forum is established (in line with the approach above) who will be responsible for co-ordinating and providing the intelligence, both soft and hard, to the information that is produced.

3.5 In the meantime, a CCG task and finish group has been set up and they have been tasked with the following;

- Clarify the current information requirements, what the information will be used for and what decisions will be made with the information.

- Identify the information/data which is available within the CCG and determine how this is better co-ordinated, centralised and maintained.

- Identify the information/data available from other organisations eg NHSE, Health Education England (HEE), Public Health England (PHE) etc and determine how this can be accessed and manipulated to suit CCG requirements;

- Determine any key gaps in data/information availability and assessment of how to best secure it if needed, eg seeking information directly from constituent practices.

3.6 In addition, work is ongoing to review what other areas are doing to develop business intelligence and a visit to Liverpool CCG will take place on 14 July to include, specifcally, consideration of their work in this space.

4. Summary and Conclusions

Although information does exist, the CCG is not currently co-ordinating this in a way that it can be used to inform business decisions nor is it yet clear on the purpose of this. The above actions are proposed to put a framework around this process to ensure that these are quickly resolved and primary care intelligence can be produced on a regular basis.

An update will be provided to the Primary Care Commissioning Committee in August.

5. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note the context and background to developing primary care intelligence
- Agree to the actions outlined in section 3

Paper prepared by: Rachel Gillott, Deputy Director of Delivery and Performance

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