

**NW London CCGs**  
**Primary Care Quality Measures**

**DRAFT**

**1. Principles**

Quality Measures – to be designed for primary care across NW London - should be:

- Consistent, comparative, available from existing and recognised data-sources in the first instance
- Reflective of what is within the influence and scope of primary care
- Able to demonstrate that primary care is delivering clinical outcomes; clinically effective, and efficient/sustainable in use of resources (finance, skills, time, equipment etc)
- Developmental, while both ambitious and realistic
- Separate from performance management or contractual measures
- Informative for commissioners when deciding where to direct resources
- Useful for patients when engaging with services (and therefore identifiable by practices/networks unless there are demonstrable reasons for preserving anonymity)

**2. Proposals**

A template to present the following (by network/CCG)

	<b>Quality Outcome</b>	<b>Heading</b>	<b>Numbers/names of practices at: Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Steps underway to support practices to move to Levels 2 and 3</b>
1	<b>Patient Experience</b>	Access	<b>(Specific quality standard(s) to be identified across each Level)</b>			
2		Health Protection				
3	<b>Patient Safety</b>	Patient Safety & Safeguarding				
4		Screening				
5	<b>Health Outcomes</b>	Health Improvement				
6		Management of long-term conditions (including				

		cancer)				
7		Mental Health				
8		Demand Management ('right care, right place'; use of resources)				

**Definition of 'levels', with specifications to be determined for each heading:**

**Level 1:** Standards which should be deemed essential for every practice to deliver.

**Level 2:** Standards which should be deemed an addition to level 1, and should be a progression from the 'essential' expectations. There should be a clear link to meeting specified patient needs and/or achieving clinical outcomes, as well as meeting priority areas for the CCG and the GP Forward View Strategy. They will already be demonstrated in some areas of the CCG.

**Level 3:** Standards which should be deemed 'of the highest quality' and reflecting best practice. They may already be achieved in some areas of the CCG, and as an aspiration for others. Again, there should be a clear link to meeting specified patient needs and/or achieving clinical outcomes, as well as meeting priority areas for the CCG and the GP Forward View Strategy.

**3. Frequency and structure of meetings**

Given the 8 headings listed above, it is proposed that each monthly meeting – eg, (Co)-Commissioning Committee etc – receives an overview report, and a 'deep dive' into one of the areas. A 10-month meeting cycle would therefore be able to cover each area in detail, as well as a monthly overview.

**Richard Ellis**

Programme Lead – SCF / GP Forward View  
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