

QOF Quality and Productivity (QP) Accident and Emergency Indicators

Guidance for PCOs and Practices

November 2011

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Introduction

NHS Employers and the General Practitioners Committee (GPC) have agreed three new Quality and Productivity (QP) indicators which aim to reduce avoidable Accident and Emergency (A&E) attendances. These indicators have been agreed for one year from April 2012 to replace the 2011/12 QP indicators on prescribing (QP1, QP2, QP3, QP4 and QP5).

This guidance has been published separately and in advance of the national QOF guidance, to help PCOs and practices prepare for their implementation. This guidance will be incorporated into the national QOF guidance document when it is published and will be supplemented by additional guidance and FAQs.

Summary of Quality and Productivity Accident and Emergency Indicators

	Indicator	Points
QP12	The practice meets internally to review the data on accident and emergency attendances provided by the PCO no later than 31 July 2012. The review will include consideration of whether access to clinicians in the practice is appropriate in light of the patterns on accident and emergency attendance.	7
QP13	The practice participates in an external peer review with a group of practices to compare its data on accident and emergency attendances, either with practices in the group of practices or practices in the PCO area and agrees an improvement plan firstly with the group and then with the PCO no later than 30 September 2012. The review should include, if appropriate, proposals for improvement to access arrangements in the practice in order to reduce avoidable A&E attendances and may also include proposals for commissioning or service design improvements to the PCO.	9
QP14	The practice implements the improvement plan that aims to reduce avoidable accident and emergency attendances and produces a report of the action taken to the PCO no later than 31 March 2013.	15

Quality and productivity (QP) indicator 12

The practice meets internally to review the data on accident and emergency attendances provided by the PCO no later than 31 July 2012. The review will include consideration of whether access to clinicians in the practice is appropriate in light of the patterns on accident and emergency attendance.

Quality and productivity 12.1 Practice guidance

The PCO must provide practices with data from the final quarter of the 2011/12 financial year (1 January to 31 March 2012) on Accident and Emergency (A&E) attendances which the practice reasonably requires to conduct the review. The data should where possible include patient details, reasons for attendance/diagnosis and the time/date of attendance. Practices should discuss with their PCO what data is required for the practice meeting and by when. Thereafter, PCOs must provide monthly data.

Attendances at A&E are defined as those patients seen in a Type 1 A&E department for both first and follow-up attendances for the same condition (excluding planned follow-ups). The definition in the document *A&E Clinical Quality Indicators Data Definitions*, published by the Department of Health in England, defines a Type 1 A&E department as "a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients".

In circumstances where there is no Type 1 A&E department or where the majority of patients do not use a Type 1 A&E department, then practices and PCOs should agree the most frequently used local urgent care service and agree those that will be included (for example Type 2 and/or Type 3 A&E departments). The type of A&E attendance will be limited to both first and follow-up attendances for the same condition (excluding planned follow-ups).

Further information:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122892.pdf

Clinicians in the practice will meet at least once (before 31 July 2012) to carry out the internal review. This meeting should involve the range of clinicians working within the practice.

At the meeting the practice explores the reasons for registered patients' attendance(s) at A&E and any emerging patterns and discusses this with reference to available care pathways and the capability and access within primary care to see and treat patients. In the discussion, focus should be given to (1) older patients with co-morbidities at high risk of admission (patients aged 65 years and over), (2) children with minor illness/injury (patients aged 15 years and under) and (3) patients who frequently re-attend A&E that could be dealt with in primary care. The review should also specifically consider whether same day access to clinicians in the practice is appropriate and whether any comparisons can be drawn between this and the level of A&E attendances. The practice then uses this information to identify where improvements might be made to reduce avoidable A&E attendances.

The output of this review must be made available to the group of practices taking part in the external peer review (see QP13).

In developing the final report, practices may find it useful to refer to the Primary Care Foundation Report *Urgent Care - A Practical Guide to Reforming Same Day Care in General Practice* published in 2009. The report is available at:

www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_May_09.pdf

Quality and productivity 12.2 Reporting and verification

The practice produces a report summarising the discussions that have taken place at the meeting. The report should include information on the practices current access arrangements.

This report should be submitted to the PCO no later than 31 July 2012.

Quality and productivity (QP) indicator 13

The practice participates in an external peer review with a group of practices to compare its data on accident and emergency attendances, either with practices in the group of practices or practices in the PCO area and agrees an improvement plan firstly with the group and then with the PCO no later than 30 September 2012. The review should include, if appropriate, proposals for improvement to access arrangements in the practice in order to reduce avoidable A&E attendances and may also include proposals for commissioning or service design improvements to the PCO.

Quality and productivity 13.1 Practice guidance

The practice will identify a group of practices with which it will carry out an external review of their A&E attendances. The group must contain a minimum of six practices unless the PCO otherwise agrees having due regard to local geography and the historical groupings of practices. Where possible, the practices should share similar care pathways and/or geographical locations. The groups may be the same as those used for other QP indicators.

The external review must consist of a comparison of the practice data with comparable data from the practices in the group or from all practices in the PCO area to determine why there are any variances and where it may be appropriate for the practice to amend current arrangements to help reduce avoidable A&E attendances. The focus of the review will be to reflect on the reasons and/or patterns of A&E attendances, and identify where improvements may be made to improve the quality of care for patients at the interface of primary care and A&E, in order to help reduce avoidable A&E attendances. Again, both in the discussion and final improvement plan, focus should be given to (1) older patients with co-morbidities at high risk of admission, (2) children with minor illness/injury and (3) patients who frequently re-attend A&E, that could be dealt with in primary care.

In circumstances where practices are already managing their patients in a way that means they have very low levels of 'avoidable A&E attendances', the plan may focus on

how the practice intends to maintain or further reduce the current level of 'avoidable A&E attendances'.

Practices may also propose, via the peer group, areas for commissioning or service design improvements to the PCO that could help to reduce avoidable A&E attendances.

Following the review, the practice plan is either amended or agreed by the group and a final improvement plan is then submitted to the PCO for agreement by no later than 30 September 2012.

Quality and productivity 13.2 Reporting and verification

The practice produces a report detailing that an external review has taken place involving the practices in the group. The report must include a summary of the discussions that have taken place during the review meetings, which practices have been involved and details of the agreed improvement plan that aims to reduce avoidable A&E attendances.

The report must be submitted to the PCO no later than 30 September 2012.

Quality and productivity (QP) indicator 14

The practice implements the improvement plan that aims to reduce avoidable accident and emergency attendances and produces a report of the action taken to the PCO no later than 31 March 2013.

Quality and productivity 14.1 Practice guidance

The practice will implement the arrangements and actions set out in their improvement plan and provide evidence to support their implementation to the PCO.

Practices will need to review their monthly data on the percentage of (1) older patients with co-morbidities at high risk of admission, (2) children with minor illness/injury and (3) patients who frequently re-attend A&E and where possible, provide information on how improvements in care and access to primary care have been made for these patients.

Quality and productivity 14.2 Reporting and verification

The practice produces a report summarising the details of the improvement plan and the action taken to aim at reducing avoidable A&E attendances.

The report should include information about the percentage of (1) older patients with co-morbidities at high risk of admission, (2) children with minor illness/injury and (3) patients who frequently re-attend A&E and how any improvements in care and access in primary care have helped to reduce avoidable A&E attendances. If the data quality provided to the practice does not allow this to be done for all patients this should be noted in the report.

This report should be submitted to the PCO no later than 31 March 2013.

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

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