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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th March 2023	Agenda Item	3.2	
Report Title	GMS Quality Assurance and Improvement Framework (QAIF) 2021/22 Cycle			
Report Author	Sam Page, Head of Primary Care			
Report Sponsor	Sharon Miller, Associate Director Primary Care			
Presented by	Sam Page, Head of Primary Care			
Freedom of Information	Open			
Purpose of the Report	This report outlines the achievement and associated payment for the 2021/22 The Quality Assurance and Improvement Framework (QAIF).			
Key Issues	<p>The Quality Assurance and Improvement Framework (QAIF) rewards GP contractors for the provision of quality care and helps to embed quality improvement into general practice. Participation in this framework is voluntary.</p> <p>QAIF achievement is an existing key system for measuring and reviewing quality specific to GMS Contractors and is integral to the annual governance programme.</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to note the achievement and associated payment to GMS contractors for the 2021/22 cycle achievement date reported on 1 st October 2022.			

GMS Quality Assurance and Improvement Framework (QAIF) 2020/21 Cycle

1. Introduction

The Quality Assurance and Improvement Framework (QAIF) rewards GP contractors for the provision of quality care and helps to embed quality improvement into general practice. Participation in QAIF is voluntary.

This report outlines the achievement and associated payment for the 2021/22 cycle achievement date reported on 1st October 2022. There has been a period of verification and payment made to contractors in December 2022.

2. Background

The Quality Assurance and Improvement Framework (QAIF) has been introduced as part of the contract reform in 2019, it replaces the Quality and Outcome Framework (QOF), which was originally introduced as part of the new GMS contract in 2004.

Through the programme of contract reform Welsh Government has worked with NHS Wales and the GP professional representative bodies to examine how quality assurance and quality improvement can form part of a reformed contractual framework that benefits patients and general practice.

2.1 Overview

The QAIF consists of four domains; Quality Assurance (QA), Quality Improvement (QI) GP Collaborative and the domain of Access. In recognition of the workload pressures practices experience during the winter months, QAIF achievement for the QA, QI and GP Collaborative domains are measured at 30 September each year whilst Access is measured at the 31 March. For the purpose of this report and period of reporting the position reported on is QA and QI.

Quality Assurance (QA); The QA domain has two components sub domains, clinical indicators, and practice quality assurance.

Disease Registers are lists of patients registered with the contractor who have been diagnosed with the disease or risk factor. Contractors are required to establish and maintain disease registers for the disease areas of QAIF during 2021/22 and this will be written into the contract regulations. The full list of disease registers can be found at Annex A within the attached QAIF guidance.

It is the responsibility of the contractor to demonstrate that it has systems in place to maintain a high-quality register. Verification may involve asking how the register is constructed and maintained. The health board may also compare the reported prevalence with the expected prevalence and ask contractors to explain any reasons for variations.

For some QA clinical indicators, there is no disease register, but instead there is a target population group. For example, for FLU001W the target population group is the registered population aged 65 or more.

Quality Improvement (QI); the Quality Improvement domain is based on QI projects the practice will complete. practices will undertake a mandatory patient safety project plus another project from the basket of QI projects.

The maximum achievable points per Practice for QAIF 2021-22 was 635, including the maximum access domain points achievable of 125. Therefore, maximum point achievement in October was 510 points.

Due to the publication of ongoing detail of 2021-22 contract reform throughout the year, a series of supplementary guidance were published. This included:

- Active Clinical Indicators (Flu (20pts) and Dementia (28pts)) to remain active. (48 points total)
- Given the clinical priority of the current inactive clinical indicators within QAIF (Diabetes, COPD, Mental Health, Palliative Care) at 77 points, and current data trends regarding activity, these indicators will be reactivated for the 2021-22 QAIF cycle (October – September). Historically, the contractor’s performance against the inactive indicators were not measured for payment purposes
- The disease registers and AF indicators transferred last year will also be set out in the GMS Contract Regulations as part of the wider assurance considerations through the Unified Contract work.
- Revised Cluster Network Domain (100 pts) in light of need to redefine the GP Cluster Network and GP Collaborative.
- Guidance issued throughout 2021-22 on QI projects and requirements.

2.2 Measurement for Achievement

The tables below sets out the requirements for 2021/22.

Clinical Domain Active Indicators

INFLUENZA (FLU)		
Indicator	Points	Threshold
FLU001W. The percentage of the registered population aged 65 years or more who have had influenza immunisation in the preceding 1 August to 31 March.	5	55-75%
FLU002W. The percentage of patients aged under 65 years included in (any of) the registers for CHD, COPD, Diabetes or Stroke who have had influenza immunisation in the preceding 1 August to 31 March.	15	45-65%

DEMENTIA (DEM)		
Indicator	Points	Threshold
DEM002. The percentage of patients diagnosed with dementia whose care has been reviewed in person or if clinically appropriate via telephone or remote video consultation in the preceding 15 months.	28	55-75%

DIABETES MELLITUS (DM)		
Indicator	Points	Threshold
DM002. The percentage of patient with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less.	8	51–91%
DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 140/80 mmHg or less.	10	40-72%
DM007. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months.	17	40-72%
DM012. The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification; 1) low risk (normal sensation, palpable pulse), 2) increased risk (neuropathy or absent pulse) 3) high risk (neuropathy or absent pulses plus deformity of skin changes in previous ulcer) or 4) ulcerated foot within the preceding 15 months.	4	55–90%

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)		Threshold
Indicator	Points	
COPD003. The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 15 months.	9	50–90%

MENTAL HEALTH (MH)		Threshold
Indicator	Points	
MH011W. The percentage of patients with Schizophrenia, Bipolar affective disorder and other psychoses who have a record of blood pressure, BMI, smoking status and alcohol consumption in the preceding 15 months and in addition to those aged 40 or over, a record of blood glucose or HbA1c in the preceding 15 months.	12	45-85%

PALLIATIVE CARE (PC)		Threshold
Indicator	Points	
PC002W. The contractor has regular (at least 2 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed.	6	

Practice Quality Assurance

	Points
Demand and Capacity – to be evidenced in the Collaborative IMTP. The below should be taken into consideration; <ul style="list-style-type: none"> • A population needs assessment; 	40

<ul style="list-style-type: none"> • An analysis of current services available to the collaborative population and identifying any gaps in provision; • A consideration and analysis of current numbers and skills of workforce and its development needs; • An analysis of current performance against the phase 2A primary care measures • Measurement of local health needs as determined by the collaborative. 	
<p>Evidence of operating an effective system of clinical governance (quality assurance) in the practice, through engagement in peer review and through discussion of clinical incidents that had occurred within the practice and local services.</p> <p>Contractors will need to evidence completion of CGSAT and IG toolkit.</p>	40

Quality Improvement

Overview of QI projects sub domain;

To be able to claim any points for achievement of projects in the QI projects sub domain, the practice must complete the mandatory data and patient safety projects.

Project	Points
<p>Data & Patient Safety QI Mandatory Projects;</p> <p>Activity/Appointment Data</p> <p>Patient Safety Clinical Data</p>	<p>70</p> <p>35</p>
<p>Legacy 2020-21 QI project. In place for one further QI cycle to allow embedding of learning, governance advantages and collaborative conversations for the Patient Safety Programme - Reducing medicines related harm through a multi-faceted intervention for the collaborative population.</p>	30
<p>Practice Choice QI project; The practice has a choice of selecting a 70 point QI basket project not previously undertaken (Reducing stroke, ceilings of care, urinary tract infection) Further detail on these projects can be found at Annex B.</p> <p>or</p>	70

a collaborative freestyle mini project in agreement with Health Board (35 points) Template can be found at Annex C. and Green Inhaler mini project (35 points)	
Total	205

2.3 Funding for Quality Assurance and Improvement Framework

The following points will be awarded for achievement:

QUALITY ASSURANCE & IMPROVEMENT FRAMEWORK		Points
Quality Assurance and Improvement Domains		
Quality Assurance	Active Clinical Indicators	125
	Practice Quality Assurance	80
Quality Improvement	QI projects	205
Access	Access to in-hours standards	125
GP Collaborative		100
Total Points		635

The practice achievement payment is to be calculated in accordance with the provisions set out in the Statement of Financial Entitlement (SFE) Directions. The practice registered patient list and average practice registered patient list for Wales for relevant indicators is taken at 1 July.

2.4 Achievement QAIF Cycle 2021/22

The summary of achievement by practice is included at **Appendix 2**.

Key areas to note:

All Practices achieved full points for Quality Assurance which included operating, an effective system of clinical governance (quality assurance) in the practice by completing the CGSAT and IG toolkit.

Flu achievement reflects the proceeding flu programme 1 April to March 2022. The Primary Care Flu Planning Group has a key objective of maximising uptake of flu

vaccination across the health board footprint. The group receives practice flu plans at the start of each programme and encourages cluster discussions to support maximise uptake.

The achievement of the clinical indicators highlights in some practices the clinical backlog created due to the COVID-19 pandemic, the temporary blood bottle shortage that arose during autumn 2021 and the reactivation of indicators 21/22 which required practices to reprioritise this work. Targeted work will be undertaken with those practices where achievement is below HB and National average.

From October 2022, following national negotiations all remaining clinical indicators within QAIF will transfer into the core contract and be mandated for all practices from 1 October 2022. Monitoring will be supported through the new Assurance Framework when introduced. Those indicators are:

- Dementia
- Diabetes
- COPD
- Mental Health
- Palliative Care
- Flu

The requirement for practices to provide data on all clinical indicators will remain and will sit alongside other sources. Dataset and business rules for data collection will be maintained with the requirement for annual reporting and set out in the revised GMS Contract Regulations. Achievement funding for the indicators which are transferring will transfer into core funding at 1 October 2022.

3. Governance and Risk Issues

The PCTSG GMS Governance Assurance framework ensures that clinical governance is an integral part of the contractual monitoring of GMS contractors.

QAIF achievement is an existing key system for measuring and reviewing quality specific to GMS Contractors and is integral to the annual governance programme.

4. Financial Implication

QAIF payments are described in the Statement of Financial Entitlements (8 June 2022).

The QAIF point value was retained at £179 per point for the QAIF year 1 October 2021 to 30 September 2022. This point is weighted by list size and prevalence.

The total QAIF payment awarded to practices was for the 2021/22 cycle was £4,174,153.72 This payment is within the ring-fenced GMS allocation.

5. Recommendations

Members are asked to note the achievement and associated payment to GMS contractors for the 2021/22 cycle achievement date reported at 1st October 2022.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The Quality Assurance and Quality Improvement elements of QAIF focus on ensuring and driving the quality of General Medical Services in line with guidance. Compliance with these QAIF elements provides the Health Board assurance on the quality of patient care.</p>		
Financial Implications		
<p>QAIF payments are described in the Statement of Financial Entitlements (8 June 2022).</p> <p>The QAIF point value was retained at £179 per point for the QAIF year 1 October 2021 to 30 September 2022. This is weighted by list size and prevalence.</p> <p>The total QAIF payment awarded to practices was for the 2021/22 cycle was £4,174,153.72 This payment is within the ring-fenced GMS allocation.</p>		
Legal Implications (including equality and diversity assessment)		
None		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <p>Prevention: GMS contribution to IMTP and completion of QI projects will support the prevention agenda in addressing health challenges at practice and cluster level.</p>		

Report History	None
Appendices	<p data-bbox="536 309 959 342">Appendix 1 – QAIF Guidance</p> <div data-bbox="628 349 687 416" style="text-align: center;">  </div> <p data-bbox="536 427 772 488">220310 WalesQAIF Guidance 2021-22 -</p> <p data-bbox="536 501 1171 535">Appendix 2 – Practice Achievement 2021/22</p> <div data-bbox="624 542 687 609" style="text-align: center;">  </div> <p data-bbox="536 620 783 680">3.2 App 2 Practice Achievement 2021.2.</p>

