

GMS Contract Wales

Quality Assurance and Improvement Framework including Access Standards

July 2021

Background

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

The detail set out in this document supplements the 2019/20 guidance and also the supplementary guidance issued in October 2020 to take account of changes in working practice necessitated by the Covid-19 pandemic. All amendments have been agreed through the tripartite approach between Welsh Government, GPC Wales and NHS Wales. This guidance focuses on the most recent changes which have been made since March 2020 to March 2021.

It is important to note that the current QAIF point value will be retained at £179 per point for the QAIF year 1 October 2020 to 30 September 2021.

Measurement for Achievement

The table below sets out the requirements for 2021 including a timeframe for achievement.

Quality Assurance			
Up to 30 September 2021	Practices to continue providing the two clinical active indicators (48 points)		
	Indicator	Points	Threshold
	FLU001W. The percentage of the registered population aged 65 years of 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%
	DEM002 (As from 1 October 2020). 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 a face to face review in the preceding 15 months.	28	55-75%
Quality Improvement			
Up to 30 September 2021	Practices are expected to continue with the Patient Safety Programme and optional QI project that they started in 2019/20, options include;		

	<ul style="list-style-type: none"> a. Patient Safety Programme - Reducing medicines related harm through a multi-faceted intervention for the cluster population. b. Reducing stroke risk through improved management of Atrial Fibrillation in for the cluster population. c. Ceilings of care / Advanced Care planning. d. Urinary tract infection to multi-disciplinary Antimicrobial Stewardship 2019/20 <p>The deadline for completion of these projects was extended until 30 September 2021; an extension of one year to allow practices to refocus efforts during this time.</p> <p>At the 30 September 2021 practices will need to confirm to health boards that the practice elements of the QI projects have been completed, the cluster requirements were removed as part of the contract relaxations agreed in December 2020. Practices should retain evidence of the work undertaken as part of the QI project.</p>		
Cluster Domain			
Up to 30 September 2021	<p>GMS contractors are not required to deliver the first 2 requirements of CND016W as highlighted in the table below but contractors will be awarded 55 points as if they have achieved those parts of the indicator.</p> <p>As detailed in the table, GMS contractors will be awarded 25 points for CND016W if they actively participate in, and operate, an effective system of clinical governance (quality assurance) in the practice, complete the CGSAT and IG toolkit, and provide satisfactory evidence of the foregoing to the Local Health Board when requested.</p> <table border="1" data-bbox="577 1278 2016 1350"> <thead> <tr> <th data-bbox="577 1278 1787 1350">Indicator</th> <th data-bbox="1787 1278 2016 1350">Points</th> </tr> </thead> </table>	Indicator	Points
Indicator	Points		

	<p>CND015W Contributing relevant cluster information to the Primary Care Cluster IMTP which will include information on the demand and capacity tool and also the workforce development plan.</p> <p>CND016W Delivering specific cluster determined outcomes which includes engagement in planning of local initiatives,</p> <ul style="list-style-type: none"> • Completion of the 2 Quality Improvement initiatives at a cluster level where agreed by the GMS practices (as per section 4). • Active participation as evidence of operating an effective system of clinical governance (quality assurance) in the practice e.g. through completion of CGSAT and IG toolkit. 	<p>Retained/ active</p> <p>Retained / active</p>	
<p>Access</p>			
<p>Up to 31 March 2022</p>	<p>Standard 8 has been removed.</p> <p>The last year has not provided a true platform to show how the current standards have improved access. It was agreed that a further year of the current standards would be maintained to 31 March 2022 to allow the measures to embed and a true measurement taken of how effective the standards have been in improving access for all.</p> <p>Contractors will be paid annually for the standards completed during a QAIF (Access) year subject to evidencing that they have complied with the relevant access standards for at least one calendar month prior to the end of the financial year for which payment is being claimed. Contractors are expected to achieve standards 1 to 7 by 31 March 2022 and are required to report their achievement progress at the end of each quarter. The below standards remain for 2021/22.</p>		

	<p>Standard 1 Appropriate telephony and call handling systems are in place which support the needs of callers and avoids the need for people to call back multiple times. Systems also provide analysis data to the practice.</p> <p>Standard 2 People receive a prompt response to their contact with a practice via telephone. <i>Achievement for this Standard at the end of March 2021 will be carried forwards with achievement for this standard being counted as the same as at March 2020, with practices retaining the ability to evidence achievement if they didn't last year. Full achievement will be required in 2022 to receive the payment for this standard.</i></p> <p>Standard 3 All practices have a recorded bilingual introductory message in place, which includes signposting to other local services and to emergency services for clearly identified life threatening conditions.</p> <p>Standard 4 Practices have in place appropriate and accessible alternative methods of contact, including digital solutions such as SMS text messaging and email, as well as face-to-face. <i>The part element of 25% of all pre-bookable appointments are bookable through a digital solution under this standard has been removed on the basis this activity is contrary to Covid-19 advice.</i></p> <p>Standard 5 People are able to request a non-urgent consultation, including the option of a call back via email, subject to the necessary national governance arrangements in place.</p> <p>Standard 6 People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals. Practices will display information relating to these standards.</p> <p>Standard 7 People receive a timely, co-ordinated and clinically appropriate response to their needs.</p>
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Summary of QAIF Points for 2021

Quality Assurance domain

Clinical sub domain - active indicators	48
- inactive indicators	77
Cluster network sub domain	200

Quality Improvement domain

Patient safety project	65
QI project 1 (carried over from 2019/20)	60
<i>Suspended</i> – full points awarded to practices	60

Total points for QA and QI 510

Summary of Access Points for year ending 31 March 2022

Group 1

- Less than 3 standards = no payment (0 points)
- 3 standards = 60% payment (30 points)
- 4 standards = 80% payment (40 points)
- All standards in Group 1 = 100% payment (50 points)

Group 2

GP contractors will be required to undertake standards 6 and 7 in order to receive payment (50 points total).

Quality Payment

A quality payment of 25 points will be awarded to a GP provider for achievement of all Group 1 and Group 2 Standards.

Total points available for the Access domain is 125.