



Excellence in Commissioning
Through Excellent Primary Care



**Birmingham CrossCity
Clinical Commissioning Group**

Aspiring to Clinical Excellence

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Aspiring to Clinical Excellence (ACE) Programme

- The programme provides the CCG's main mechanism for resourcing and developing general practice to deliver improvements in clinical outcomes for patients across our population.
- The ultimate aim of the ACE programme is to provide a universal offer to all of our patients that ensures that the high quality care we want for our family and friends is available to everyone.
- ACE will deliver this by reducing the level of variation in general practice and by bringing all practices up to the same standards of primary care



- The ACE programme is structured into 2 levels; Foundation Level and Excellence Level.



Component 1: Engagement & Involvement

Engagement and involvement with the CCG through:

- LCN Structures
- ACE Provider Groups
- Members' Meetings/AGM
- Local Health Economy Groups
- Educational Meetings
- Practice Manager Forums
- Practice Appraisals
- Service redesign
- Quality & Safety Audits
- CCG surveys
- Primary Care Workforce Development

Component 2: Medicines Management

Continue to improve the quality and efficiency of prescribing through:

- Close working with prescribing support pharmacists
- Implementation of therapeutic/safety audits
- Appointing a local antibiotic guardian and supporting implementation of CCG strategy for improving antibiotic prescribing

Component 3: Quality & Safety

Support the quality improvement agenda using the 'GP Feedback Tool'

Support quality improvement by sharing the learning of significant events with LCN structures

Streamline patient referral pathways by improving uptake of E-referrals and implementing future referral management initiatives

Component 4:

Integrated Community Support – Mental Health

- Clinical system search of mental health registers to identify missing patients
- Developing local links/relationships with CPNs/Psychiatrists to meet and discuss patients and develop joint management plans, prioritising patients that are missing out on mental health support or access to physical health assessments

Component 5:

Safeguarding

Implementation of local guidance to ensure effective communication channels are in place between GPs and Health Visitors to protect vulnerable children and their families

Completion of safeguarding audit which looks at information sharing strategies

Component 6:

Prevention

Reducing preventable illness by increasing uptake of vaccinations/immunisations

Preventing and treating chronic diseases by promoting physical activity using the Prescription 4 Exercise online tool

CCG Quality Premium Indicators:

- COPD Post-discharge reviews
- Avoiding alcohol-related admissions through better access to support services

Progress of the ACE Programme

- **ACE Foundation:**
- A 26% reduction in average monthly costs for 'specials' prescribing compared to the national trend of a 10% reduction.
- Spending on high cost drugs during 2013/14 reduced by an average of £34,304 per quarter, compared to 2012/13.
- On average, practices identified an additional 14% of patients appropriate for placements on a disease register therefore ensuring patients with a chronic disease receive early identification and management of their chronic disease.

- Practices proactively engaged with their Health Visitors to improve outcomes for vulnerable patient groups. 80% practices met at least quarterly with their named Health Visitor to discuss current case load and any high risk children and their families.
- 89% of practices issued patient passports, where appropriate, to patients with learning disabilities to help aid them with communication difficulties experienced whilst receiving care from hospitals.
- 3,299 patients were advised about exercise as there is strong evidence that increasing the level of exercise has highly significant benefits in reducing morbidity and mortality.
- 46,282 patients were screened for Atrial Fibrillation, out of which 812 were new patients identified as having an irregular pulse and investigated for Atrial Fibrillation.
- Influenza vaccine rate in pregnant women increased from 36.5% to 41.6 % (national rate 44.1%)

ACE Excellence

Holistic Care

Integrating a biomedical, psychological, social, cultural and holistic knowledge of the patient and community and applying this understanding to practical care planning through person-centred approaches, including shared decision-making

Integrated Care

Working effectively within and between multidisciplinary teams and services, coordinating care across organisational boundaries and utilising healthcare resources cost effectively



Long-term Conditions Management

Diagnosing and treating a wide range of undifferentiated health problems in primary and community settings, adopting an incremental and evidence-based approach to investigation, and assessing and responding to patient risk safely and effectively

Better Care for the Elderly & Vulnerable

Reducing avoidable admissions due to Ambulatory Care Sensitive Conditions (ACSCs) by improving care for people aged over 75, vulnerable adults, palliative and end of life patients and those with mental health needs

Scope of the model

Long-term Conditions Management

Diabetes

Pre Diabetes

COPD

Asthma

Heart Failure

Shared Care

Condition-specific Monitoring

Drug-specific Monitoring

Enablers

ECG Testing & Interpretation

Quality Assured Spirometry

Ambulatory Blood Pressure Monitoring

Diabetes Injectable Therapies

Phlebotomy

Wound Care Management

Proactive Care

Better management of Vulnerable & Elderly

- Dementia
- Mental Health
- Palliative & End of Life Care
- Reducing Avoidable Admissions

ACE Excellence

- Practices across the CCG have organised themselves in to 14 groups
- Across the CCG, all practices are delivering 'Enablers'
- Groups have chosen interventions to meet the needs of the patients in their community

Emerging Good Practice

- Community Diabetes Service
- Community Heart Failure
- COPD & Asthma management clinics
- Admissions Avoidance Scheme
- Practice based Dementia Café
- Bespoke Patient Education
- Ambulance Triage
- Care Homes- Palliative Care Approach