ENCLOSURE: I

Agenda Item: 84/15

NHS
Bexley
Clinical Commissioning Group

Governing Body (public) meeting

DATE: 21 May 2015

Title	**Primary Care Improvement Fund (PCIF) 2015/2016**
Recommended action for the Governing Body	That the Governing Body: **APPROVE** the final 2015/16 Primary Care Improvement Scheme (PCIF), valued at £768K, as detailed in the attached report. **Elected Members are all conflicted. Keith Wood to Chair.**
Executive summary	The Kitemark scheme was developed five years ago and replaced the PBC Local Incentive Scheme. The principles of the improvement scheme are to incentivise practices to complete work that is above and beyond their core contracted service; that ultimately provides better quality care for patients. The funding was historically £900k, but from April 2014 the commissioning of Health Checks (value £132K) transferred to the London Borough of Bexley. The Governing Body Think Tank, on 18th June 2014, reviewed the historical Kitemark scheme to examine whether the current process for negotiating and agreeing the detail of the scheme reflected the priorities of the CCG. Given the national and local focus on the development of Primary Care, and the wider COBIC commissioning approach of the CCG, the group determined that in future years the scheme should be more outcomes based, and should closely reflect the most up to date commissioning priorities of the CCG. A proposed format of the new Primary Care Improvement Fund (PCIF) scheme was approved by the Governing Body in September 2014. Following initial Governing Body agreement, a PCIF design group was formed, to debate and propose the detailed elements of the improvement scheme. The PCIF design group included representatives from GPs practice management and the LMC, as well as the CCG Primary Care Development and Commissioning teams. The final design of the scheme put forward by the PCIF design group was agreed by the PCIF Leadership Group, in line with the agreed governance process. The final scheme includes elements within Dementia, Childhood

	Obesity, End of Life Care and Prescribing. However, a copy of the final scheme can be found in Appendix A attached to this report. The CCG's Primary Care Development team is currently in the process of finalising detailed guidance (e.g. clinical systems searches) to support practices achieve the incentive and deliver the outcomes required. These will be tested with practices to ensure effectiveness, before wider distribution, anticipated to be by the end of May 2015.		
Which objective does this paper support?	**Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders		✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London		✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation		✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key risks (corporate and/or clinical)	That the PCIF scheme does not achieve significant uptake or does not achieve its intended objectives.	
	Equality and diversity	The scheme expects a consistent level of performance across all Bexley practices.	
	Patient impact	The scheme incentivises a range of activities to deliver improved quality of care to patients.	
	Financial	The value of the scheme is the same as the previous year's commitment of £768k. The incentivised activity aligns with the QIPP schemes and commissioning intentions.	
	Legal issues	This is an optional scheme for practices.	
	NHS constitution	The principles of the NHS Constitution have been considered when preparing this report.	
Consultation (public, member or other)	This has been conducted through the PCIF Design Group that represents localities, LMC and the CCG. The scheme has also been presented at locality meetings.		
Audit	The scheme has been considered at the PCIF Leadership		

(considered/approved by other committees/groups)	Group, and previously presented to the Governing Body.	
Communications plan	Detailed guidance and supporting paperwork to be disseminated to all practices, following GB approval	
Author	Charles O'Hanlon, Deputy Director of Commissioning	
	Clinical lead Dr Nikita Kanani Vice Clinical Chair	Executive sponsor Sarah Valentine Director of Commissioning
Date	30 April 2015	

Governing Body
Primary Care Improvement Scheme (2015/2016)

Contents

Section	Description
1	Introduction and background
2	Developing the scheme
3	The Primary Care Improvement Fund Scheme
4	Finance
5	Recommendation and conclusion
Appendix A	The 2015/2016 PCIF Scheme Elements

1.0 Introduction and background

This paper has been prepared for the Governing Body and sets out the proposed Primary Care Improvement Fund (PCIF) for Bexley practices in 2015/16.

The Kitemark scheme was developed five years ago and replaced the previous PBC Local Incentive Scheme. The principles of the improvement scheme were to incentivise practices to complete work that is above and beyond their core contracted service, which ultimately provides better quality care for patients. The funding was historically £900k, but from April 2014 the commissioning of Health Checks, with a value £132k, transferred to the London Borough of Bexley.

At the beginning of 2014/2015, the Finance Sub Committee (FSC) received a report on the GP Kitemark Scheme for 2013/14. The key initial findings of this report were as follows:

- The process for agreement of the finite details of the Kitemark scheme was labour intensive and involved the appointment of "locality representatives", who were also supported by the LMC. Despite this, numerous iterations and amendments were needed to get to a final agreement.
- It was also noted by the FSC and from feedback from two localities that the scheme was "admin" and "meeting attendance" intensive for practices for little monetary award; and that this was a significant administrative burden for CCG members.
- That how the scheme was divided may not reflect the priorities of the CCG (or the NHS).
- That the CCG may need to look at how the money could be used in 2015/16 onwards to better reflect the priorities of the CCG, or to reflect the clear need to develop primary care services.
- That a wider discussion was needed with the Governing Body members to decide on the best way to take this forward and how to focus this scheme in future.

Further to this, the Governing Body Think Tank on 18th June 2014 reviewed this initial feedback, on the historical Kitemark scheme, to examine whether the current process for negotiating and agreeing the detail of the scheme enabled reflection of the priorities of the CCG. Given the national and local focus on the development of Primary Care, and the wider commissioning approach of the CCG, the group determined that, in future years, the scheme should be more outcomes based and should closely reflect the most up to date commissioning priorities of the CCG.

At the September Governing Body meeting, it was agreed that the future scheme would have 2 sections: Strategic Fixed Schemes, which remain in place from year to year and Annual Schemes, which change annually along with the Commissioning Intentions of the CCG.

2.0 Developing the scheme

A task and finish decision making group (PCIF Leadership Group) was established to determine the overall parameters and content for each of the schemes chosen by the governing body and to ensure that the PCIF fund is focused in line with the strategic direction set by the Governing Body. The group set the parameters and approved the final scheme, but with the detail developed by a detailed working group. The membership for this PCIF Leadership Group was as follows:

- Sarah Valentine, Director of Commissioning
- Sandra Wakeford, Patient Council and GB member
- Simon Evans-Evans, Director of Governance & Quality
- Dr Peter Fish, GB member and GP in an advisory non-voting capacity (to provide an input on the potential for development of a scheme "do-ability")
- Charles O'Hanlon – Assistant Director of Transformation and Redesign.

The detailed working group, known as the PCIF design group, was formed to debate and propose the detailed elements of the improvement scheme. The PCIF design group included representatives from GPs, practice management and the LMC, as well as the CCG Primary Care Development and Commissioning teams.

The membership of the PCIF design group was as follows:

Clinical Members	**Non-Clinical Members**
Locality Lead (*Dr Peter Fish*)	AD Redesign & Transformation (*Charles O'Hanlon*) - Chair
Locality Lead (*Dr Sid Deshmukh*)	End of Life Lead (*Mariette Mason*)
Locality Lead (*Dr Varun Bhalla*)	Project Manager (*Omari McKoy*)
Locality Representative (*Dr Nikki Kanani*)	Project Manager (*Pauline Wortman*)
Locality Representative (*Dr Sonia Khanna*)	Practice Manager (*Lisa Wilson*)
LMC Representative (*Dr Bill Cotter*)	Practice Manager (*Maria Howden*)
	Locality Representative (*Tina Khanna*)

The final design of the scheme, put forward by the PCIF design group, was agreed by the PCIF Leadership Group, in line with the agreed governance process.

The CCG Primary Care Development team is currently in the process of finalising detailed guidance (e.g. clinical systems searches) to support practices achieve the incentive and deliver the outcomes required. These will be tested with practices to ensure effectiveness, before wider distribution, anticipated by the end of May 2015. Monitoring of the scheme will then continue, through the normal routine business mechanisms.

3.0 The Primary Care Improvement Fund Scheme 2015/2016

The proposed 2015/2016 PCIF scheme includes the following 4 elements. All schemes will run from 1st April 2015 to 31st March 2016.

Element A. Medicines Management: Value £230K
This element supports the CCG in the on-going focus needed to ensure the appropriateness of prescribed medications and dressings, used within primary care. Practices are required to organise changes in their prescribing behaviour. This will increase the high quality prescribing for CCG patients and will release funds, through move effective medicine choices.
Element B. Dementia Identification: Value £230K *
The current NHS England DES for dementia ceases on 31st March 2015. NHS England has an expectation that the focus on dementia will not stop and CCGs will be incentivised through the Quality Premium to continue to support emphasis on identification of appropriate cases. This is a national operating plan target for each CCG to achieve and maintain, as a minimum, a 67% rate (against a forecast of prevalence in the over 65s). Bexley has a current reported rate of 52.3% (at end of Jan 2015) identification of Dementia (in the over 65s); but the expectation is that all practices achieve an identification rate of at least 67%. Practices are being incentivised under this scheme to carry out on-going and targeted identification of dementia.
Element C. End of Life Care: Value £152K
This element is designed to improve the usage of CMC (Co-ordinate My Care) and reduce the variation of CMC usage across the Bexley Practices. It is expected that this will improve care planning for our patients in their last 12 months of life (using Co-ordinate My Care) and enable them to plan for their own death as early as possible, with their relatives, next of kin, carers or named individuals involved. The evidence in other CCGs is that a high use of CMC increases the % of patients that are enabled to die in their place of choice (which is usually their Normal Place of Residence). Currently the use of CMC (which is an excellent planning tool for patients to express their wishes) by practice is extremely variable: 0% in some practices to 62% in the highest practice.

Element D. Childhood Obesity: Value £152K
In Bexley, there are very high rates of childhood obesity (22%) and we have one of the worst obesity rates in children in the country. The CCG, with the London Borough of Bexley, is establishing a new service for those children classified as obese or severely obese, for practices to refer children to. This scheme allows us to establish a weight measurement baseline by providing incentives for practices to assess all 7 years olds in the borough for obesity and refer children to receive weight management support, if required. This element requires training for any member of staff providing the service, to enable staff to provide the prescribed intervention to all measured patients.

** It was originally proposed that this element of the scheme would focus on Access to Primary Care Services. However, given the advent of both the Prime Minister's Challenge Fund and developments in Co-Commissioning, at the time of scheme negotiation, it was decided by the PCIF Leadership Group to replace this element for 2015/2016 with the Dementia Scheme, to ensure clear separation between workstreams.*

4.0 Finance

For 2015/2016 it is proposed that there is no change to scheme value for the PCIF which remains at £768K, in line with Kitemark 2014/2015.

5.0 Recommendation and conclusion

The Governing Body is asked to **APPROVE** the final 2015/16 Primary Care Improvement Scheme (PCIF), valued at £768K, as detailed in this report.

Appendix A: The 2015/2016 PCIF Scheme Elements

The PCIF 2015/2016 scheme, includes the following 4 elements

- Element A: Medicines Management
- Element B: Dementia
- Element C: End of Life Care
- Element D: Childhood Obesity

Detailed notes of each element can be found below:

Element A: Medicines Management:

Value: £230K

Scheme Dates: 1st April 2015 to 31st March 2015

Practices are requested to meet targets in terms of prescribing changes. Practices can achieve either a 'Green' mark worth 2 points or 'Amber' mark worth 1 point, to allow differentiation between performances. The value of each point is calculated according to practice list sizes, to reflect the increased workload in larger units.

The table below summarises the quality and cost effective prescribing targets, agreed with the PCIF design group. Practices will be supported by the medicines management team to undertake the preparation required to effect these changes. Practices will be assessed shortly after 31st March 2016, to calculate the incentive payment earned.

Description of Prescribing Area	Indicator	Current CCG Average	Suggested Target- Green 2 points	Suggested Target- Amber 1 points
All practice to participate (if not completed not				
PRIMIS Pincer Library to for Admissions Avoidance	(1) Deployment (2) Run Audit of one of 8 areas twice (Sept 15 and Feb 16)	Already Deployed in about 25% of practices		
Quality based targets:				
Reduce Prescribing of Antibacterials	Antibacterial items per STAR PU	0.267	0.23	>0.267
Reduce Prescribing of Broad Spectrum (Quinolones, Cephalosphorins and Co-Amoxiclav to reduce risk of C-Diff	Co-amoxiclav, Cephalosporins & Quinolones as % of all antibiotic items	14.80%	< 13.3%	<14.8%
Cost effective targets:				
Reduce prescribing of Pregabalin and optimise dose (If dose is optimised, pregabalin items will fall)	Gabapentin and Amitryptyline as a percentage of all oral neuropathic agents ***(audit if within 2% of target)***	72%	>80%	>72%
Prescribe Sildenafil as 1st line Oral Erectile Dysfunction Drug	Sildenafil as % of all Oral ED Drugs 9Avanafil, Sildenafil, Vardenafil and Tadalafil)	59%	>70%	>59%
Prescribe Zolmitriptan 2.5mg, Zolmitriptan 2.5mg disp, Naratriptan 2.5mg, Sumatriptan 100mg, Sumatriptan 50mg or Rizatriptan 10mg	Category M Triptans as % of all Triptans	76%	>90%	>76%
Review and revise prescribing of ezetimibe in line with NICE guidance. Potential over prescribing of ezetimibe based on observed cost increases	% ezetimibe of all lipid lowering drugs	3.20%	1.71% (top 25th percentile on ONS cluster)	<3.2%
Review omega-3 fatty acid compounds to ensure prescribing as per NICE	omega -3 fatty acid compounds ADQ/STAR PU	0.33	0.233 (ONS cluster average)	<0.33

ELEMENT B: DEMENTIA

Value: £230,000

Scheme dates: 1st April 2015 to 31st March 2016

Scheme Description

This scheme comprises two elements, as follows

Background:

The current NHS England DES for dementia ceases on 31st March 2015. NHS England has an expectation that the focus on dementia will not stop and CCG's will be incentivised through the Quality Premium to continue to support emphasis on identification of appropriate cases. The Quality Premium to a CCG is in addition to our base income, and is only paid if a range of national requirements are met (this is one of them). Dementia is a national operating plan target for each CCG to achieve and maintain, as a minimum a 67% rate (against a forecast of prevalence in the over 65s in 2015/16 this translates to a minimum of 1,802 diagnosed and on the QoF registers every month – so achieving and then maintaining a minimum number).

Bexley has a current reported rate of 52.3%[1] (at end of Jan 2015) identification rate of Dementia (in the over 65s), but the expectation is that all practices achieve an identification rate of at least 67%. This scheme is designed to improve the rates and to help us achieve this national target.

Element 1: Initial Reward Payment for Practices

The CCG recognises that a great deal of work has already been done to increase the rates in 2014/15, but more still needs to be done to achieve the target.

Therefore, an initial payment under this scheme of £25 will be made, per identified & diagnosed Dementia Patient (aged 65 and over at 31.3.15) on the QoF register at 31.3.15.

Element 2: On-going Identification Support for Practices

The second element of the scheme is designed to increase the rate of diagnosed dementia, in the over 65s. There are two parts (stages) to the scheme – the first is a full scale review of existing patient records, together with assessment of patients and referral to the Memory Service – all to be completed within a given time period (see below). The second element is a further review, later in the year, for any patients that might not have been diagnosed, or spotted in the earlier search period.

Stage 1:

1. Bexley GP practices are to carry out a search to identify patients aged 64 years and above coded with suspected or confirmed memory problems, using clinical system search. The CCG will be providing to all practices the search algorithm, which will also exclude any patients already on the QoF dementia register. This would include searches for read codes containing the words:

    - Dementia
    - Cognitive Decline
    - Confusion
    - Memory

2. The resulting list is to be clinically reviewed by a GP, by checking the medical records to identify those patients who may be clinically at risk of dementia, or have the signs of dementia in their medical records. This will then produce a short list of potential patients, needing further clinical assessment.

3. Based on the results of records based clinical assessment, the patients requiring further clinical assessment are to be invited to attend the practice, or visited by the practice for in depth dementia assessment, arrangement of bloods/diagnostics, or onward referral to the memory clinic.

4. If the patient does not attend the practice, the practice will contact the patient to actively encourage their attendance.

5. If after the clinical assessment, it is clear that the patient is not showing any signs of dementia, then the patient record must clearly show the outcome of this assessment (to avoid duplication at Stage 2)

6. On confirmation of diagnosis from the memory clinic, the practice will update the care record with the correct READ code.

Stage 2:

7. Steps 1 to 6 above will then be completed again by the practice in December of 2015. As records will have been updated, it is expected that this will return a lesser number for review, or that will require face to face clinical assessment.

Administration and Payment Schedule

8. The scheme is subject to the following timetable.

Element 1:

Each practice will produce a report from QoF that shows the number of their diagnosed dementia patients that are aged 65 and over, as at 31.3.15. This will be submitted to the CCG by April 30th 2015 and a payment made at £25.00 per diagnosed dementia patient.

Element 2:

a. The searches and clinical review will be completed within the first two months (i.e. by 31st May) (outlined in points 1 & 2 above)
b. The patient practice visit and any resulting actions will be completed before the 31st July (outlined in points 3 to 5 above)
c. A repeat search comprising a repeat of all tasks 1 to 5 above should be carried out by 31st December 2015. This is to capture any newly registered patients, or changes in clinical condition, in the previous months.

Payment for the second element of scheme will be made in 2 tranches during the year:

Payment 1: Submission of Data to the CCG by 1st week in August for

- Element 1 (at £25.00 per patient aged 65 and over on the QoF register at 31.3.15)
- Element 2 – stage 1 at £0.57 per patient on the practice's list

To achieve payment for Element 2 stage 1 at the end of month 4 (July), practices will need to:

- Identify all patients with a CCG designed clinical system search
- A GP to clinically review the patients' records to identify those patients that are appropriate to invite in to the practice.
- Carry out Dementia assessment and refer on to Memory Clinic, where appropriate
- Enter identified patients onto the practice Dementia register & update records where the review has been undertaken, but there are no clinical signs of dementia.
- The practice will need to provide reports and evidence of the number of patients identified via the search, clinical records reviewed, patients invited for assessment, assessments undertaken, and number referred onto memory clinic.

Payment 2 in January 2016 –

- Element 2 – stage 2 at £0.24 per patient on the practice's list size

- Undertake the repeat search exercise by 31st December 2015.

For all elements, the terms of payment is that it is all inclusive and includes for example:

- Receptionist and Admin support
- Premises Costs
- Clinician time
- IT templates
- Advertising and Contacting patients
- Payment administration to practices

1. NHS England Primary Care Web Tool
   https://www.primarycare.nhs.uk/private/dpc/dpc_main.aspx

Element C: Improving End of Life Care

Value: £152,000

Scheme dates: 1st April 2015 to 31st March 2016

Scheme Description

1. Bexley GPs are asked to complete Co-ordinate My Care [CMC] entries for the expected number of patients likely to be in the last year of life, to enable the patient to plan for their death and achieve their last wishes. CMC is recognised as a good solution for visibility. CMC alerts LAS, Hurley group, Acute Trusts and District Nurses.

2. There expected number of suitable patients for practices to upload to the CMC register is between a maximum and minimum target, but between these limits ,is determined by the practice, according to clinical opinion. The maximum of records the practice can receive reimbursement for is calculated as being the historic numbers of deaths during the previous 12 months (approx. 1%), while the minimum is calculated at 0.25% total list size.

3. There will be an agreed minimum data entry level per record upload to CMC to achieve payment. This will ensure that sufficient information is stored, which reflects the patients' wishes. This requires a meeting with the patient and NoK, or significant other.

4. The Practice CMC register should aim to correlate those cases uploaded to CMC with the Palliative Care Register, to ensure that correct patients are selected.

5. Data can be collected onto EMIS/Vision templates, which will auto-fill with patient demographics and uploaded separately to CMC. The upload onto the CMC register can be carried out by individual Practices, as a locality or Bexley wide. Alternatively, practices may wish to upload direct to CMC, during the consultation.

6. Payments will be made at 2 intervals during the year (end Quarter 2 and 4).

To achieve the payment at the end of Quarter 2, practices will need to:

- Identify and select suitable patients, subject to above maximum and minimum claimable records.
- Discuss the CMC entry with the patient, and give the patient a record of their CMC record and/or Advanced Care Plan.
- Load the required number of records onto CMC database, in line with minimum data set.
- The practice will receive £50 per uploaded patient.
- Worked example: the practice had 100 deaths during 2014/2015 and is aiming to upload the maximum number of CMC records (100). If the practice uploads

100 records, by the end of Q2, they qualify for a payment of £5,000 –i.e. £50 by 100)

To achieve the payment at the end of Quarter 4, practices will need to:

- Review their current patients on the CMC register and remove any patient that has died or been deregistered. For patients that remain on the register, the CMC register should be updated to show any key changes in condition or needs, related to end of life care, after a further face to face review.
- Confirm attendance at, at least three out of four, quarterly Palliative care Round table meetings held during the year.
- Identify and select further suitable patients, subject to above maximum and minimum claimable records.
- For newly added patients:
  - Discuss the CMC entry with the patient, and give the patient a record of their CMC record and/or Advanced Care Plan.
  - Load the minimum number of records onto CMC database, in line with minimum data set.
- The practice will receive £35 for all previously listed patients that are reviewed again between Q2 and Q4 and £50 for all newly added patients.

- Worked example: the practice had 100 deaths during 2014/2015 and is aiming to upload the maximum number of CMC records (100). By the end of Q2, 25 patients have died. The practice therefore removes the 25 CMC records and identifies a further suitable 25 patients which would benefit from CMC. The practice reviews the remaining 75 patients on the list to ensure the CMC record is accurate and there are no significant changes. The practice qualifies for a payment of £3,875-i.e. 75 review of old records at £35 per record and 25 new records at £50 per record.

The payment schedule is all inclusive and includes for example:

- Receptionist and administration support
- Premises Costs
- Clinician time
- IT templates
- Advertising and Contacting patients
- Payment administration, if the practice sub contracts this scheme
- Practice staff access to CMC and attending relevant training
- Message in a bottle (CCG to support practices to purchase relevant ‘bottles’ to hold details of patient wishes)

Notes:

This scheme is designed to improve the usage of CMC and reduce the variation of CMC usage across the Bexley Practices. Currently the use of CMC (which is an

excellent planning tool for patients to express their wishes) by practice is extremely variable: 0% in some practices, to 62% in the highest practice.

ELEMENT D: CHILDHOOD OBESITY

Value: £152,000K

Scheme dates: 1st April 2015 to 31st March 2016

Scheme Description

1. Bexley GP practices to provide a 'Child Screening Review', for all child patients aged 7 in 2015/16.
2. The child will be invited at age 7 and before 8th birthday, to attend the surgery for a 30 minute appointment with a doctor, nurse or HCA who has undertaken the relevant training, to carry out weight and measurement check, and to provide a prescribed "brief intervention" for any child who is overweight to severely obese (see below), to prevent childhood obesity. The child will have measurements for height and weight recorded by the clinician and carry out a prescribed formatted consultation.
3. Based on the results of the consultation, the child will be recorded as either:

    - 1) Normal weight
    - 2) Overweight *
    - 3) Obese *
    - 4) Severely obese *

For *, a detailed classification will be provided by the end of Quarter 1.

4. The GP practice will then carry out the following tasks (hereafter, the tasks are known as numbered interventions A, B, C), depending on the outcome of the weight record;

- For 1) Normal Weight–Intervention Type A- the practice should record the weight measurements and no further action is needed (unless clinically appropriate)

- For 2) Overweight – Intervention Type B- the practice should undertake a formal "Brief Intervention" giving advice on better weight management and should arrange a follow up consultation within 3 months to review progress. Height and weight should be recorded at the follow up consultation and a further "Brief Intervention" given, if the child remains overweight.

- For 3) Obese and 4) Severely obese –Intervention Type C- the practice should undertake a formal "Brief Intervention" and make a referral to the London Borough of Bexley Childhood obesity programme (details are to follow). The practice should arrange a follow up consultation within 6 months to review progress. Height and weight should be recorded at the follow up consultation

and a further “Brief Intervention” given, if the child remains obese or severely obese or overweight .

5. A payment of £35 will be made for each first appointment with Intervention Type A, B & C undertaken and £25 for each follow up appointment with Intervention Type B & C undertaken.

6. Any clinician providing this service, must have undertaken “Brief Intervention” training in childhood weight management and obesity, before seeing any child. This training will be organised by the CCG for the practices.

The payment is all inclusive and includes for example:

- Receptionist and Admin support
- Premises Costs
- Clinician time
- IT templates
- Advertising and Contacting patients
- Payment administration to practices
- Attending Staff Training (to be procured via London Borough of Bexley public health department, with the support of the CCG)
- Providing reports to the CCG on the number of children reviewed by practice, and also the outcomes of those reviews using the classifications shown at point 3 above (likely reported outcomes and format for reporting will be agreed with practices, but are likely to include child original weight, child’s excess weight levels, measurement of weight loss or gain at second intervention). Payments will be made at the end of Quarters 2, 3 and 4, based on the submission of an agreed reports. The CCG will commit that sufficient training is in place by the end of Quarter 1 to support practices. (note: children who turn 8 before the end of Quarter 1, can be seen and claimed in Quarter 2)

Notes:

In Bexley, there are very high rates of childhood obesity (22%) and we have one of the worst obesity rates in children in the country. The CCG with London Borough of Bexley, is establishing a new service for those children classified as obese or severely obese, for practices to refer children to.

This scheme requires training for any member of staff providing the service, and a standardised training course will be given, that will enable staff to provide the “Brief Intervention” described above.

This scheme could be operated at a practice or locality level, but services must be available throughout the geographical area, as the further the child and their family (or carer) needs to travel, the less likely they are to attend the appointment. At present this is a one year only scheme, so that evidence can be gathered on the efficacy of this interventional service.

The CCG will only pay for the appointments attended; therefore it will be part of the role within the scheme for practice’s to encourage the children and their parent/ carer to attend.