North West London
Integrated Care System
Working together for better health and care

Local Ealing Enhanced Services 23-24 - End of Year preparation

Wednesday 24th January 2024 – PM forum

Nazreen Ahmed

End of year preparation

- Dashboards
- List of KPIs
- PCN self declarations returns
- PCN submissions

North West London
Integrated Care System

2023-24 Dashboards

- Local Ealing Enhanced services S1 dashboard
- NWL Enhanced services dashboard
- NWL Diabetes dashboard
- NWL Mental Health dashboard
- Ealing Access dashboard (Ealing :: North West London ICS (nwlondonicb.nhs.uk))

Local Ealing Enhanced services KPIs

North West London
Integrated Care System

1. Respiratory KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
1	Respiratory	**1.** Increase COPD prevalence by **0.2%** by referring patients in to the new Respiratory Diagnostic Hub for a Quality Assured Diagnosis	20	2.0%	£0.30	S1 report
1	Respiratory	**2.** Ensure all patients who have severe COPD (MRC score of 4 or 5) have an Urgent Care Plan in place. (Target: 80%)	50	5.0%	£0.75	S1 report
1	Respiratory	**3.** Preventing further asthma attacks, **Adults** - Each practices to run the appropriate reports to improve asthma diagnosis and reduce high levels of SABA use - Each practices are asked to run the reports on a regular basis to monitor numbers of patients and to aim to have no patients undiagnosed/ not coded, or using over 6 SABA inhalers per year. If a patient is commenced on an inhaled corticosteroid, it is presumably as part of the diagnostic work-up and hence they should be coded as having 'suspected asthma'. - By the end of the financial year all children on inhaled corticosteroids should have an asthma or suspected asthma diagnosis.	30	3.0%	£0.45	Self-declaration
1	Respiratory	**4.** 25% of the number of patients who are eligible for a pneumococcal vaccine on 1st April 2023, must be given a vaccine by end of March 2024	20	2.0%	£0.30	S1 report

North West London
Integrated Care System

2. Musculoskeletal Health KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
2	Musculoskeletal Health	**1.** 90% of people with a new fragility fracture between 1st April 2023 and 31st December 2023 at each practice are offered a falls assessment by 31st March 2023 using FRAT score and referral to falls team if deemed appropriate.	24	2.4%	£0.36	S1 report
2	Musculoskeletal Health	**2.** All patients identified as having a fragility fracture between 1st April 2023 and 31st March 2024 are screened for osteoporosis including requesting a DEXA scan if appropriate and considered for bisphosphonate if osteoporosis is confirmed	25	2.5%	£0.37	S1 report

3. Last Phase of Life KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
3	Last Phase of Life	**1.** Named Last Phase of Life Lead for each practice to attend training/educational event. Annual declaration. (Target: 100%)	5	0.5%	£0.07	Self-declaration/ training attendance sheet
3	Last Phase of Life	**2.** Every patient on end of life pathway to have a Universal Care Plan record which is regularly reviewed and updated. (Target: 80%)	17	1.7%	£0.26	S1 report
3	Last Phase of Life	**3.** All patients with Universal Care Plan should have Preferred Place of Care/Preferred Place of Death recorded within the plan (this should write back to clinical system if Valida used) and clinical system. (Target: 50%)	12	1.2%	£0.18	S1 report
3	Last Phase of Life	**4.** The Primary Care Network palliative care register should be 0.25%	5	0.5%	£0.07	S1 report

North West London Integrated Care System

4. Dementia KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
4	Dementia	**1.** 90% of patients with Dementia offered an annual review (which includes medication and care plan) using the templates provided, which may be remote	13	1.3%	£0.19	S1 report
4	Dementia	**2.** End of year self-declaration of case finding searches	10	1.0%	£0.15	Self-declaration

5. Healthy Child KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
5	Healthy Child	**1.** Name of PCN Child Health Champion to be shared with local borough team	7	0.7%	£0.10	Self-declaration
5	Healthy Child	**2.** All children (0-17) receive age relevant healthy child leaflet	2	0.2%	£0.03	Self-declaration
5	Healthy Child	**3.** PCN level report detailing/ evidencing 'targeted healthy child' offer	2	0.2%	£0.03	Submission to Dr Tamsin Robinson
5	Healthy Child	**4.** All Children & young People prescribed more than six short acting bronchodilator reliever inhalers (SABAs) in the previous year prescribed inhaled corticosteroids (or another preventer drug) clinically coded with asthma/ 'suspected asthma' and reviewed as per QOF requirement	2	0.2%	£0.03	Self-declaration

North West London Integrated Care System

6. Carers KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
6	Carers	**1.** Review carers register and ask carers if they would like an 'In Case of Emergency' (ICE) card, which logs the details of the person they care for with Local Authority and London Ambulance Services in case something happens to them then the person they care for can be looked after	8	0.8%	£0.12	S1 report
6	Carers	**2.** Offered all carers a health check and flu jab, and complete a health check for at least 50% of carers on the carers register in order to review their physical and mental health and refer for further support as needed	10	1.0%	£0.15	S1 report
6	Carers	**3.** Practice to keep a carers register which should be clinically reviewed and updated on an annual basis.	4	0.4%	£0.06	Self-declaration
6	Carers	**4.** Practices to give priority to carers for appointments and offer double appointments so carer and patient can be seen if needed as carer may not be able to attend if no one to look after their cared for person	4	0.4%	£0.06	Self-declaration

7. Green Initiative KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
7	Green Initiative	**1.** Nominate 1-2 ‘Green’ Champion(s), in each practice (clinical and/or non-clinical) who will have oversight and steer the practice to achieve targets; ensure ‘Green’ Champion(s) attend the recommended training over the year and disseminate to rest of the practice	10	1.0%	£0.15	Self-declaration/ training attendance sheet
7	Green Initiative	**2.** Evidence of participation of at least 5 Bucket list items mentioned in the Delivery section; complete a minimum of one activity from at least 5 of the selected Bucket list items	26	2.6%	£0.39	Submission

North West London
Integrated Care System

8. Chronic Kidney Disease KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
8	Chronic Kidney Disease	**1.** Testing high risk patients. Targeting patients with DM, HTN and CVD to offer screening for CKD - eGFR and uACR annually (controlled HTN should be tested 5 yearly) (Target: 80%)	33	3.3%	£0.50	S1 report
8	Chronic Kidney Disease	**2.** Identify patients with two consecutive eGFR<60 results at least 3 months apart and add an appropriate CKD code (Target: 80%)	23	2.3%	£0.34	S1 report
8	Chronic Kidney Disease	**3.** Complete an annual CKD review for patients on the CKD register with CKD annual review to say those with CKD 3a through to 5 (Target: 80%)	100	10.0%	£1.50	S1 report

9. Domestic Abuse KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
9	Domestic Abuse	**1.** Assign 1 or 2 ‘Domestic Abuse Champion(s)’. Clinical and/or non-clinical team to complete training on Domestic Abuse and safeguarding (adults and children)	13	1.3%	£0.20	Self-declaration / training attendance sheet
9	Domestic Abuse	**2.** Practice to run baseline search audit of ‘history of domestic abuse’ register and provide data on: - The number of newly diagnosed people experiencing Domestic Abuse (adults and children) - The number of victims referred to local Domestic Abuse support services (or declined)	8	0.8%	£0.12	S1 report
9	Domestic Abuse	**3.** Promote your practice as a ‘domestic abuse awareness practice’	4	0.4%	£0.06	Self-declaration

10. Proactive Care Planning (Including HIU) KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
10	Proactive Care Planning (Incl. HIU)	**1.** Number of patients with a completed practice care plan should be at least 2% of the PCN population (weighted).	163	16.3%	£2.45	S1 report
10	Proactive Care Planning (Incl. HIU)	**2.** Ensure care plan is in place for 100% of patient referred to INT	40	4.0%	£0.60	S1 report
10	Proactive Care Planning (Incl. HIU)	**3.** INT Clinical lead and INT Management Lead appointed by PCN before the 30th June 2023	57	5.7%	£0.85	Self-declaration
10	Proactive Care Planning (Incl. HIU)	**4.** Report following the end of phase 1 detailing mobilisation and learning to date to be submitted by 31st January 2024	5	0.5%	£0.08	Submission
10	Proactive Care Planning (Incl. HIU)	**5.** End of Year report with quantitative and qualitative data detailing progress to date to by submitted by 30th April 2024	5	0.5%	£0.08	Submission

11. Access KPIs

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement
11	Access	**1.** A minimum of 105 consultations with a health care professional per 1,000 weighted patients per week (average over 12 months)	243	24.3%	£3.65	Ealing Access Dashboard

North West London Integrated Care System

End of Year KPI PCN Self Declaration

Ealing Local Enhanced Services 2023/24 - End of Year KPI PCN Self Declaration

Please note that you are signing and completing this self-declaration on behalf of your PCN. By signing 'Yes' to each KPI, you are declaring that all practices within your PCN are compliant with the KPI. It is your responsibility to ensure that you have evidence/made checks to ensure this is true.

Please also note, the ICB may conduct an audit by asking to see this evidence to ensure compliance across the practices.

Spec. No.	Domain	23/24 KPI description	Have all the practices within the PCN fulfilled the requirement of the KPI?
1	Respiratory	3. Preventing further asthma attacks, **Adults** - Each practices to run the appropriate reports to improve asthma diagnosis and reduce high levels of SABA use - Each practices are asked to run the reports on a regular basis to monitor numbers of patients and to aim to have no patients undiagnosed/ not coded, or using over 6 SABA inhalers per year. If a patient is commenced on an inhaled corticosteroid, it is presumably as part of the diagnostic work-up and hence they should be coded as having 'suspected asthma'. - By the end of the financial year all children on inhaled corticosteroids should have an asthma or suspected asthma diagnosis.	Yes / No
4	Dementia	2. End of year self-declaration of case finding searches	Yes / No
5	Healthy Child	1. Name of PCN Child Health Champion to be shared with local borough team	Yes / No
5	Healthy Child	2. All children (0-17) receive age relevant healthy child leaflet	Yes / No
5	Healthy Child	4. All Children & young People prescribed more than six short acting bronchodilator reliever inhalers (SABAs) in the previous year prescribed inhaled corticosteroids (or another preventer drug) clinically coded with asthma/ 'suspected asthma' and reviewed as per QOF requirement	Yes / No
6	Carers	3. Practice to keep a carers register which should be clinically reviewed and updated on an annual basis.	Yes / No
6	Carers	4. Practices to give priority to carers for appointments and offer double appointments so carer and patient can be seen if needed as carer may not be able to attend if no one to look after their cared for person	Yes / No
7	Green Initiative	2. Evidence of participation of at least 5 Bucket list items mentioned in the Delivery section; complete a minimum of one activity from at least 5 of the selected Bucket list items	Yes / No
9	Domestic Abuse	3. Promote your practice as a 'domestic abuse awareness practice'	Yes / No
10	Proactive Care Planning (including HIU)	3. INT Clinical lead and INT Management Lead appointed by PCN before the 30th June 2023	Yes / No

DRAFT

Signed on behalf of:

Name of PCN			
Name of person signing on behalf of PCN:		Signature:	
Designation:		Date:	

Please ensure your PCN submits this declaration to nhsnwl.ealingprimarycare@nhs.net by 31st March 2024

Please ensure your PCN submits this declaration to nhsnwl.ealingprimarycare@nhs.net by 31st March 2024

North West London
Integrated Care System

PCN submissions – due 31st March 2024

No.	Clinical Area	2023/24 KPI	KPI weighting for payment (points)	KPI weighting for payment (%)	Payment (pwp)	Method of KPI measurement	Notes
5	Healthy Child	**3.** PCN level report detailing/ evidencing 'targeted healthy child' offer	2	0.2%	£0.03	Submission to Dr Tamsin Robinson	Tamsin has asked PCNs to submit a report
7	Green Initiative	**2.** Evidence of participation of at least 5 Bucket list items mentioned in the Delivery section; complete a minimum of one activity from at least 5 of the selected Bucket list items	26	2.6%	£0.39	Submission	A survey/form will be sent out similar to last year for each practice to complete
10	Proactive Care Planning (Including High Intensity Users)	**4.** Report following the end of phase 1 detailing mobilisation and learning to date to be submitted by 31st January 2024	5	0.5%	£0.08	Submission	This is a locality submission
10	Proactive Care Planning (Including High Intensity Users)	**5.** End of Year report with quantitative and qualitative data detailing progress to date to by submitted by 30th April 2024	5	0.5%	£0.08	Submission	This is a locality submission

NWL Diabetes dashboard – Nov 23

North West London
Integrated Care System

NWL Diabetes dashboard – Nov 23

Primary Care Network/ Borough	DIABETES LEVEL 1: Diabetes Register (Nov-23)	DIABETES LEVEL 1 – CURRENT ACHIEVEMENT: % 9 Key Care Process in last 15m	% HbA1c, BP, Non HDL Cholesterol	% Diagnosed in last 6 years HbA1c <= 53 in last 15m	% Mental Health Screening in last 15m	% Attended QISMET approved education programme in last 5 years	NON DIABETIC HYPERGLYCAEMIA: Non Diabetic Hyperglycaemia Register (Nov-23)	NON DIABETIC HYPERGLYCAEMIA – CURRENT ACHIEVEMENT: NDH : Diabetes Ratio	% Starting NHS Diabetes Prevention Programme	% Annual Review in last 15m
50% TARGET ACHIEVEMENT		50%	28%	43%	45%	5%		1.15	5.0%	45%
100% TARGET ACHIEVEMENT		60%	33%	53%	55%	15%		1.35	7.5%	55%
EALING	34,303	66.3%	29.0%	56.9%	73.4%	23.1%	39,630	1.16	7.6%	57.7%
ACTON	3,564	66.3%	30.2%	61.0%	71.6%	31.6%	5,046	1.42	8.8%	64.6%
GREENWELL	2,879	67.3%	34.1%	62.6%	80.9%	34.6%	3,719	1.29	8.0%	62.6%
NGP	5,820	69.4%	30.3%	57.1%	75.0%	23.4%	7,202	1.24	4.6%	58.8%
NORTH SOUTHALL	6,943	61.5%	26.9%	56.7%	65.5%	10.5%	6,276	0.90	4.0%	52.8%
NORTHOLT	3,558	70.9%	27.9%	54.6%	73.1%	34.2%	4,005	1.13	17.4%	67.8%
SOUTH CENTRAL EALING	2,324	60.6%	30.6%	60.9%	76.0%	24.7%	2,993	1.29	3.2%	49.7%
SOUTH SOUTHALL	6,506	69.4%	26.3%	51.6%	76.9%	17.9%	6,387	0.98	8.0%	53.2%
THE EALING NETWORK	2,709	63.0%	31.2%	61.7%	74.2%	27.9%	4,002	1.48	9.6%	53.0%

NWL Mental Health dashboard – Nov 23

North West London
Integrated Care System

NWL Mental Health dashboard – Nov 23

PLEASE NOTE REGISTERS BELOW WILL BE UPDATED EACH MONTH

Primary Care Network/ Borough	SMI		CCMI		
	SMI REGISTER EXCLUDING THOSE IN REMISSION (Nov-23)	% All MDS completed	PATIENTS ADDED TO CCMI REGISTER (Nov-23)	5% DEPRESSION PREVALENCE (Nov-23)	% All MDS completed
EALING	4,459	22.1%	870	1,319	15.5%
ACTON	790	14.7%	111	238	4.6%
GREENWELL	404	17.3%	20	156	1.9%
NGP	639	21.8%	189	191	12.6%
NORTH SOUTHALL	546	28.4%	50	125	5.6%
NORTHOLT	481	35.8%	165	137	40.2%
SOUTH CENTRAL EALING	485	4.7%	7	158	0.0%
SOUTH SOUTHALL	503	17.7%	110	121	6.6%
THE EALING NETWORK	611	36.2%	218	194	49.5%

North West London Integrated Care System

Any questions?

North West London
Integrated Care System