# Annex C - National Criteria

Identifying General Practice sustainability and resilience needs is challenging. There are elements of any assessment which are subjective and deciding on the nature, severity or weight of issues facing individual practices are even more problematic to measure. These criteria (as previous) seek to chart a middle route between those aspects that are measurable and those less tangible issues which can help identify and prioritise practices sustainability and resilience needs. The nature of the issues facing a practice can be grouped generally as follows; demand, capacity and internal issues.

The range of criteria identified below can be used as a screening tool by local commissioners to guide their assessment with local stakeholders on offers of support to improve sustainability and resilience. Based on this assessment regional teams should use the support matrix (effectively rating the need and impact of support). This can be used to prioritise practices for support within a given organisational or geographical area as well as to target support between areas where there is likely to be greatest benefit.

It is suggested that regional teams will utilise their judgement when completing the assessment working with their key partners. It should be noted that the criteria overlap in some cases, for example a practice with a high vacancy level may also seek to close their list to new registrations.

**Considerations**

Patient safety is paramount - when undertaking the assessment if it becomes evident that safety could be compromised, commissioners should be alert to the need for escalation through the appropriate channels, whilst recognising the need for continuing support.

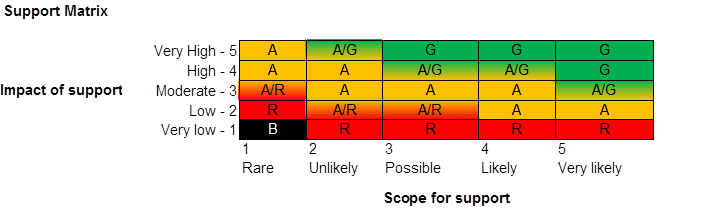
| **Domain** | **Criteria** | **Description and rationale for inclusion** |
| --- | --- | --- |
| **Safety** | | |
| 1. | CQC rating – inadequate | Practices rated as inadequate by the CQC are already directed to the RCGP Peer Support Scheme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising practices moving out of special measures may still need additional ‘upstream’ support.  **Update 2017/18: The RCGP Peer Support Scheme continues to offer up to six months turnaround support, up to the value of £10,000 for GP practices entering into special measures following a first CQC inspection rating. Over 115 practices have taken up this support so far.** |
| 2. | CQC rating - requires improvement | Practice rated as requiring improvement where there is greatest need for support are already directed to the vulnerable practice programme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising additional ‘upstream’ support may still be needed. FAQs provide further guidance.  **Update 2017/18: The Vulnerable Practice Programme came to completion in March 2017 with over £10m invested in diagnostic and improvement support to 714 practices.** |
| 3. | Individual professional performance issues | This reflects that sometimes the overall operations of the practice can impact on or be impacted by professional performance issues. |
| **Workforce** | | |
| 4. | Number of patients per WTE GP and/or WTE Practice Nurse | These criteria help detect significant workload facing a practice in comparison to other practices. Neither criteria are an indicator of the need for support in themselves but they may indicate opportunities for improvement support, including skill mix. |
| 5. | Vacancies (including long-term illness) | This is a key local indicator of a practices sustainability and resilience. It is a crude 'measure' however in that long term or sudden critical vacancies may impact on operations of the practice in different ways. It will be important to consider the nature of the vacancies. The proportion of staff in the practice aged 55 and over may also be an important consideration given potential for early retirements. |
| **External Perspective** | | |
| 6. | Other external perspectives not covered in the above criteria, for example significant support from LMC, CCG or NHS England local team | **This is a key criteria**. The level of support increases dependent upon how many local external bodies have significant concerns.  Practices self-referring for support may also be considered here. |
| 7. | Primary Care Web Tool | Using this tool and in particular those practices that trigger 5/6 or more outlier indicators provides an indication of some issues in a practice that may require support. |
| **Organisational Issues** | | |
| 8. | Practice leadership issues (partner relationships) | This is a key area where practices may need support but it is difficult to define so will be for local commissioners to reflect and justify. |
| 9. | Significant practice changes | It is self-evident that this increases the need for support for individual or groups of practices. Practice mergers may make local practices stronger and more resilient, practice splits less so but still requiring support to ensure sustainable operations. |
| 10. | Professional isolation | This is a self-evident criterion, but there are many resilient single handed practices that continue to operate successfully. However by definition a single handed practice has less resilience than a larger practice. Again it would be for local commissioners to reflect a risk rating against this. |
| **Efficiency** | | |
| 11. | QOF % achievement | This is often used as a shorthand measure of how well a practice is operating. The vast majority of practices score well above 90% with average 94% achievement. Just 500 practices score under 80% achievement, 100 practices score under 65% achievement. 21 practices achieve a score which is half of England average achievement (47%). Significant changes in achievement could also evidence changes in operations in need of support. |
| 12. | Referral or prescribing performance compared to CCG average | It is proposed that this is flagged where a practice is a clear outlier (e.g. top / bottom 5%) for aggregate prescribing or referral rates compared to the CCG average. |
| **Patient Experience/ access** | | |
| 13. | List closure (including application to close list) | This is a key indicator and is akin to the practice self-declaring that they need support. It is a crude 'measure' in that the practice may need support to meet an increase in demand or it may need support to better manage its current demand. It will be important to consider the reasons for list closure. It will be important for local commissioners to also reflect here on practices with refused applications or practices bordering onto a closed list practice. |
| 14. | GP Patient Survey - Would you recommend your GP surgery to someone who has just moved to your local area? (% no). | This is one of a set of patient experience criteria that could be usefully included. Patient advocacy is known to correlate with good quality care. |
| 15. | GP Patient Survey – ease of getting through by phone (% not at all easy). | Could be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues. |
| 16. | GP Patient Survey - ability to get an appointment to see or speak to someone (% no) | Could also be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues. |

**Sustainability and Resilience Support Matrix**

Following an assessment of the criteria above local NHS England teams should decide where individual practices should be placed on the support matrix below.

Placement should be scored between 1-5 for both scope for support and impact of support. Descriptions for scoring are also provided.

Local NHS England teams will need to ensure there is a record justifying placement based on their assessment of the criteria and demonstrating a consistent approach to the assessment of practices.

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**Description: Scope for support**

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|  | **Likelihood Scoring** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Descriptor** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Very Likely** |
| **Frequency /**  **What is the scope for support the practice?** | There is no evidence that support is needed | Do not expect it to need support, but it is possible it may do so in the future | Might need support on basis of evidence presented | Likely need support because of specific issues/circumstances but not expected to persist. | Very likely to need support because of persisting local issues or circumstances.  Very likely to need support because of specific urgent issue of circumstance. |

**Description: impact scoring**

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|  | **Likelihood Scoring** | | | | |
| **1** | **2** | **3** | **4** | **5** |
| **Descriptor** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Very Likely** |
| **Frequency /**  **What is the scope for support the practice?** | Very minor support needs  Minimal impact for practice, staff, patients | Single support issue  Low impact on practice and staff, and negligible impact for patients | Moderate impact of support for practice, staff and for multiple patients | Significant effect for practice and staff if support provided, and moderate impact for patients. | Very significant impact for practice, staff and patients if support provided |

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