

5. Implementation of identified changes to the Secondary / Primary Care

Indicator	
Indicator name	Implementing identified changes to the Secondary /Primary Care pathway
Indicator weighting (% of CQUIN scheme available)	0.50%
Description of indicator	<p>The CQUIN will support the development of services for Birmingham CrossCity, Birmingham South Central and Sandwell (West Birmingham) CCGs to:</p> <ul style="list-style-type: none"> Identify the right support required by General Practice to enable them to safely meet patient needs in Primary Care Embedding clinician to clinician liaison improving patient pathways, up-skilling Primary Care and improving patient experience. <p>This will facilitate:</p> <ul style="list-style-type: none"> Improved discharge processes GPs will be able to make informed decisions in relation to patient care GPs will be able to access support, advice and guidance from the Trust which is tailored to local patient need Improved communication between GPs and BSMHFT and appropriate sharing of patient information to support improved health outcome
Numerator	Number of practices
Denominator	Number of practices that have support and agree liaison arrangements in place
Rationale for inclusion	<p>Where possible, people who no longer need to have their care managed within a secondary care multi-disciplinary team, interventions and support should be provided within a primary care setting with appropriate support as/when necessary. The New Dawn service re-design is predicated on the establishment of patient services in more appropriate settings and building integrated, positive and productive relationships with general practice/primary care colleagues. New Dawn is currently in phase 2 of implementation</p> <p>Building on the Trusts New Dawn programme, engagement with member practices to agree a method of liaison (regular dialogue) and a support service offer which meets the needs of the local patient population at GP practice level will improve patient outcomes and experience.</p>
Data source	BSMHFT
Frequency of data collection	See individual milestone breakdown
Organisation responsible for data collection	BSMHFT

Indicator

Frequency of reporting to commissioner	See individual milestone breakdown
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	31st March 2017
Final indicator value (payment threshold)	31st March 2017
Final indicator reporting date	31st March 2017
Are there rules for any agreed in-year milestones that result in payment?	Yes: none or partial delivery of quarterly outcomes may result in partial or none payment of monies.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	<p>All indicators must be in the control of BSMHFT, therefore if GPs and practices do not engage or respond this will be highlighted to the CCG within 4-weeks to enable the CCGs to undertake discussions with the identified practices.</p> <p>Please note: If the Trust is experiencing communication issues with any individual practices that may impact on the delivery of the CQUIN milestones details are to be communicated back the Joint Commissioning Team in writing, with background to the issues such as when discussions to resolve took place and why liaison is not able to take place. Exception reports should be provided to Ernestine.diedrick@nhs.net and NHSBCCCG.BirminghamJCT@nhs.net by completing columns 10, 11 and 12 of the embedded primary care to secondary care data set. The Trust will need to provide evidence that contact has been attempted with practices.</p> <p>BSMHFT are responsible for ensuring that contact details are held and maintained with each GP practice to facilitate liaison. GP contact details can be obtained on the NHS choices website: http://www.nhs.uk/pages/home.aspx</p>

Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	The Trust will develop a menu outlining how the Trust will improve upon and provide regular liaison to General Practice.		0%
Quarter 2	<p>By 31st July 2016 the Trust will revise and agree with commissioners a questionnaire for GPs to gather intelligence.</p> <p>By 31st August 2016 the Trust will cascade the questionnaire for GPs to gather intelligence to aid the development and roll out of a menu outlining how the Trust will improve upon and provide regular liaison to General Practice.</p> <p>The offer will be based upon direct feedback from the GP and based upon local need at GP practice/CCG level, which includes identifying the needs of vulnerable groups , such as those with protected characteristics:</p> <p>The menu of options is to be tabled and discussed at the Mental Health Programme Delivery Group for discussion of the first draft at the planned Tuesday 30 August 2016 meeting at 2pm, Bartholomew House, Room 9.</p> <p>The current action plan will be revised to include a data set split by CCG, network and practice and will capture discussions and agreements already in place with practices as well as the progress of the GP questionnaire. Revised action plan to be shared with Commissioners date and forum to be confirmed by commissioners.</p>		50%

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<p>Trust to provide a planned strategy to roll out new and improved ways of working. The plan will include:</p> <ul style="list-style-type: none"> • Dated milestones for the roll out of each action identifying Trust lead names. <p>The plan will be sent to commissioners by Friday 12th August 2016.</p>		
Quarter 3	<p>Report to commissioners on progress made to date. The plan needs to be split this by CCG, network and at practice level. Milestones for the roll out of each action with Trust lead names to be included in the plan.</p> <p>Data set to be sent by 21st November 2016.</p>	21/11/16	25%
Quarter 4	<p>Trust to evidence completion of all actions relating to the progress report against the action plan reported during Q3.</p> <p>Outcome 100% of practices to have been offered local clinical support /agreed service and evidence of agreed approach.</p>	31/3/17	25%

Mental Health Example Questionnaire

Name of GP Practice :

GP Lead for the Practice:

Practice Manager :

Primary Contact person: Tel: email:

1) How often in a year would you like to meet your community mental health team?

- a. 2
- b. 3
- c. 4
- d. More than 4

2) Where would you like to meet the team?

- a. GP Practice
- b. CMHT base
- c. Teleconference
- d. Others Please specify.....

3) Which team member would you like to meet?

- a. Consultant Psychiatrist
- b. Community Psychiatric Nurse
- c. Team Manager
- d. Service Manager
- e. Others Please Specify

4) What themes would you like to discuss in the meetings?

- a. Referrals
- b. Caseload data
- c. Complex cases
- d. Physical Health Status
- e. Medication management
- f. Telephone liaison
- g. Crisis Plans and access
- h. Discharge back to primary care
- i. Others Please specify.....

5) Most convenient day and time

- a. Monday AM PM
- b. Tuesday AM PM
- c. Wednesday AM PM
- d. Thursday AM PM
- e. Friday AM PM