

Commentary on Investment and Impact Fund (IIF) Indicators AC-02, ACC-07 & ACC-08



GUIDANCE FOR SHEFFIELD GPs

NOVEMBER 2023

AC-02 (2022-2023) - STANDARDISED NUMBER OF EMERGENCY ADMISSIONS FOR SPECIFIED AMBULATORY CARE SENSITIVE CONDITIONS PER REGISTERED PATIENT

In the current financial climate any locally negotiated payments (if) made will need to come out of existing local funds, which will result in no overall gain for General Practice in Sheffield.

This is the most controversial indicator from last year, and one which is not in the gift of practices to control fully. One might want to look at this indicator and understand the logic behind this. The reality is that there is no logic behind this. A GP practice or a Primary Care Network (PCN) cannot control their patients' emergency admissions. The LMC raised these concerns both locally and nationally.

Overall, 2 PCNs in Sheffield fully achieved this metric, 1 partially achieved it and the remaining 12 did not meet the lower threshold to trigger a payment. This imposed national contractual change offers no local flexibility in adjusting the payments, as the funding is not allocated to the local systems, but sits centrally at NHS England (NHSE).

This indicator is not live in 2023-24.

ACC-07 (2022-2023): NUMBER OF PRE-REFERRAL SPECIALIST ADVICE REQUESTS ACROSS TWELVE SPECIALITIES IDENTIFIED FOR ACCELERATED DELIVERY PER OUTPATIENT FIRST ATTENDANCE

The initial data that was automatically extracted by Calculating Quality Reporting Service (CQRS) was adjusted bringing in the Clinical Assessments, Services, Education and Support (CASES) information. The initial data would have meant that no PCN would have achieved the target. The adjustment of data (not payments) meant that 4 PCNs achieved this target fully, and the remaining 11 PCNs received partial achievement funds. Therefore, all PCNs in Sheffield received some payment for this target.

This indicator is not live in 2023-24.

ACC-08 (2023-2024): PERCENTAGE OF APPOINTMENTS WHERE TIME FROM BOOKING TO APPOINTMENT WAS TWO WEEKS OR LESS

At present, there is no exceptionality to the two-week appointment target. We understand that there is likely to be a set of exceptions that are being tested on SystemOne and EMIS, and they may come in in 2024-2025. Patients booking their own appointments digitally could result in 'exceptions' next year if this metric remains, but this is purely speculation at present, and there is narrative developing nationally in both directions.

The LMC is concerned that practices are trying all manner of things to try to hit this unachievable target, which comes with little to no benefit. General Practice is being forced into adopting a less efficient, less patient focussed way of working in order to meet this target.

The LMC has been contacted with concerns about abandoning an efficient service that works well for patients and the practice to take up a new way of working (referred to as ‘Modern General Practice’). This has resulted in increased telephone and online traffic for some practices, which has been shown in recent times to increase patient dissatisfaction and decrease staff morale. It is important to note that this new way of working has benefited some practices, and it should be up to practices to work in ways that are right for them and their patients, rather than being coerced into a one size fits all approach.

SUMMARY

All of these indicators are poorly thought out and not ones that help improve General Practice on the whole. One could argue that they are actually damaging by shifting focus away from what is important in General Practice. The lack of information and clarity for PCNs and practices is down to NHSE centrally. Unlike some contractual metrics, the funds for these are not in primary care allocations at system / Integrated Care Board (ICB) level. They are only draw down funds on achievement and, as such, the unattained ones remain with NHSE at a national level. Any local adjustments would mean that there is no net gain for Sheffield General Practice, as they will need to come out of already allocated Primary Care funds. The other Places at South Yorkshire ICB have taken a similar position to Sheffield, and there seems no possibility of local adjustments to these poorly thought out, nationally imposed targets.

There is also the point about lack of information both about the baseline information for indicators and progress made via the [PCN dashboard](#). NHSE has now updated the dashboard, and information is updated monthly, rather than the quarterly extracts that were available in the previous version. Any feedback about the dashboard from Sheffield GPs, practices and PCN staff would be welcomed by the LMC via administrator@sheffieldlmc.org.uk.