

QUARTERLY REPORT: **DIRECTORATE PROFESSIONAL SERVICES**

FEBRUARY 2008 – APRIL 2008

PURPOSE OF THE REPORT

The purpose of the quarterly report is to provide Members with an update of the work being undertaken in the Professional Services Directorate.

REPORT OF THE MEDICAL DIRECTOR

DIRECTOR OF INFECTION PREVENTION AND CONTROL

The past quarter has seen the consolidation and strengthening of the structures and assurance processes in respect of health care associated infections. The Joint Commissioning Infection Prevention Committee is now fully functioning and meeting monthly. The PCT Decontamination, Infection Prevention and Control Committee has been restructured to function as a committee of the Provider Arm Board and the chair is passing to the Director of the Provider Arm. The Director of Infection Prevention and Control is now a member of the Heart of England Foundation Trust Infection Control Executive Committee and attends monthly meetings.

The Director of Infection Prevention and Control visited the Royal Wolverhampton Hospitals NHS Trust to learn how the Trust has addressed the issues of health care associated infections.

REPRESENTATION OF PCT

The Medical Director continues to represent the PCT on the Birmingham and Solihull Workforce Locality Stakeholder Board and the Investing for Health project on the Systematic Provision of Information on Quality of Primary Care Services (Project 6).

CLINICAL LEADERSHIP

The Medical Director attended the Leadership training provided by Heart of England Foundation Trust and will be able to use the learning in future clinical leadership training within the PCT.

PAN-BIRMINGHAM CANCER NETWORK

The Medical Director continues as a member of the Pan-Birmingham Cancer Network Board and chair of the Governance Committee. A number of issues relating to quality of care and new ways of working have been addressed by both the Board and Committee.

Doug Wulff: Medical Director/Director of Professional Services

REPORT OF THE ASSISTANT DIRECTOR, MEDICINES MANAGEMENT

MEDICINES MANAGEMENT TEAM

For the first time BEN PCT now has a full complement of staff in Medicines Management. This has enabled a more structured approach to prescribing support in the Localities and an equitable provision of Practice Support Pharmacist (PSP) resource across the whole of the PCT.

PRESCRIBING AND THERAPEUTICS

A review of the practice achievements against the medicines management QOF has demonstrated, once again, the support and engagement of the GPs in initiatives to improve quality and cost-effectiveness. All but one practice has achieved their agreed targets.

It is important to note that the majority of practices not only address the QOF target activities around prescribing but also engage with numerous other medicines initiatives, facilitated by the PSPs, including NICE audits and issues identified by the individual practice. As these are varied and specific to the practice, it is not possible to measure them directly but some will have resulted in efficiencies that have contributed to the final underspend.

PCT targeted cost-effective initiatives have been regularly monitored and results fed back to localities. Whilst there has not been the opportunity to make the major savings that could be made last year from the switch to the more cost-effective simvastatin, figures clearly show that prescribing efficiencies until the end of February this year account for £678,129 of the forecast year end prescribing underspend of around £2M.

	Statin Savings	RA Savings	PPI Savings	SSRI Savings	Alendronate savings	Beclomethasone Savings	Clopidogrel Savings	Total Savings
BSA	£36,312	£18,802	£32,613	£5,216	£7,803	£10,281	£8,044	£119,072
ERDINGTON	£62,609	-£411	£19,515	£6,029	£15,032	£3,006	£12,543	£118,322
KINGSTANDING AND OSCOTT	£40,312	£5,108	£11,266	£6,536	£13,169	£4,308	£1,351	£82,051
S3	£54,148	£17,886	£28,556	£6,233	£7,802	£2,278	-£4,485	£112,418
SUTTON COLDFIELD	£56,441	£15,058	£24,351	£14,245	£23,235	£5,834	£20,714	£159,879
WH/HH	£41,039	£4,350	£30,219	£2,613	£4,029	£4,910	-£6,872	£80,288
BENPCT	£295,457	£61,125	£146,552	£40,945	£71,069	£30,544	£32,437	£678,129

Table 1. Prescribing efficiencies realised until the end of February 2008

The remaining portion of the prescribing underspend is accounted for by the nationally negotiated favourable prices of the 'Category M' drugs. It is hoped that the effect of Category M drug prices has now stabilised so that a more accurate estimate of prescribing budgets may be made in the future. The current prediction of the DH and National Prescribing Centre is that an uplift on outturn of between 7.5 – 8.5% will be required for 08/09.

A number of preferred prescribing actions for 2008 – 09 have been determined and many practices have already signed up to them for their QOF actions this year. The actions all address current priorities associated with either clinical / safety issues or efficiencies and are listed below.

Key Priorities:

- Antibiotics and Healthcare Associated Infections – decreasing use in primary care in line with national priority
- Non Steroidal Anti-inflammatory Drugs (NSAIDs) – reducing overall prescribing and facilitating change from diclofenac to suitable alternative due to CV risks
- Respiratory – towards reducing average dose of inhaled corticosteroid prescribed
- Renin-angiotensin system – increasing percentage prescribed as an Angiotensin Converting Enzyme Inhibitor (ACEI) and decreasing percentage prescribed as Angiotensin Receptor Blocker (ARB) through treatment initiation

Other activities include:

- Current prescribing efficiencies
- Audit NSAIDs in heart failure
- Audit clopidogrel monotherapy and dual therapy – NICE
- Weight reduction drugs audit – NICE
- Dementia drugs audit – NICE
- PPI step off
- NPSA alerts – when advised as necessary
- ‘Specials’ drugs orders

The last item on the list, ‘Specials’, refers to those medicines that are not readily available as a licensed product and need to be specially manufactured. The Medicines Management team has concerns around the extraordinarily high cost to the PCT for some of these preparations and is investigating the way in which some pharmacies handle orders for these prescriptions.

COMMUNITY PHARMACY

Contract monitoring

The pharmacy contract monitoring visits are progressing well with 47 pharmacies of the 98 total having been visited to date. There are some trends emerging in terms of gaps in knowledge of a number of systems and these will be addressed through the evening training seminars planned for this year.

Electronic Prescription Service (EPS)

The implementation of this scheme is still scheduled for summer 2008. A stakeholder meeting was held in April to brief key people on the service and determine a communication strategy to ensure a smooth implementation. It was agreed that the concept should gradually be introduced to both patients and PCT staff in preparation for a more intensive approach when we finally launch and a short item will appear in the PCT ‘Health News’.

Training Evening

The first training evening in the quarterly training programme for 08 - 09 is scheduled and includes incident reporting, an update on EPS and further feedback from the monitoring visits.

GENERAL

Patient Group Directions

Revised Patient Group Directions are with the relevant service leads for final approval.

Margaret Savage Assistant Director Medicines Management

REPORT OF THE DIRECTOR OF NURSING & CLINICAL DEVELOPMENT

Professional Workforce Development

The professional development unit (PDU) has an important role in ensuring that the PCT professional workforce is fit for purpose and has the requisite knowledge and skills to be able to meet the commissioning intentions and aspirations of the PCT for the healthcare of its local population. This is delivered by the PDU through the provision of expert advice and support to commissioners on the workforce skills and competency requirements for their commissioning plans and to the provider arm for the development of those skills for new and existing roles. This report highlights some of the PDU activity in this area in the last quarter.

Health Care Assistant (HCA) Competency Toolkit

One of the key objectives of the clinical competency assurance framework is to ensure that there is a core skills set or toolkit for each of the professional groups that facilitates greater flexibility between the groups and access to a model of career progression that meets the needs of the PCT. This is already established in the staff nurse role across the range of disciplines in nursing and provides fast tracking into the specialist practice career pathway which this PCT was the first to develop.

A well-trained ancillary workforce can not only provide greater support and build capacity within clinical teams but using a skills escalator approach can utilise the full potential of local recruitment and employment.

The PDU, working with the Provider Arm, has developed a core set of competencies for HCAs which are due to be launched in June. They include being able to undertake recording vital signs (BP/pulse/respiration) and some diagnostic tests such as urinalysis and blood glucose. The development of additional skills toolkits for working in specific areas such long term conditions, rehabilitation, palliative care and preventative services for children are in progress. The core competencies will be on trial with the 30 new multi-skilled care assistants (MCAs) in the rehabilitation service.

Own Health Workforce Development Group

This group is chaired by the Director of Nursing and Clinical Development and reports to the Own Health Operational Board. It has representatives from the four partners and has responsibility for identifying the workforce development requirements to deliver integrated care, support or monitor levels of care for people with long term conditions. It is a short life group which meets fortnightly and the current work programme includes:

- A baseline profile of staff roles and responsibilities
- Identification of the skills and competencies
- New roles to meet the skills and capacity gap.
- Mapping roles and responsibilities across the pathways and highlighting interface points in progress.

Clinical Education Group

In the February PDU report to the Board, information was provided on the terms of reference and key challenges for this new group, one of which was to ensure the effective and efficient use of professional training resources based on PCT goals and targets. A first step was to conduct a training needs analysis across all professional groups and to cross-reference this against priority areas. Following a multidisciplinary clinical training needs analysis the results were categorised in order of priority:

- Long Term Conditions
- Public Health Issues
- Quality and Patient Safety
- Clinical and Diagnostic Skills
- Models of Care

This will be used to inform the PCT Clinical Education Strategy for 08/09 in respect of investment in training and professional development activities.

CPD needs for LES and GPSIs.

Members of the Clinical Education Group are working with primary care commissioning to develop a database profiling the number, content and educational requirements of Locally Enhanced Services (LES) and General Practitioners with Special Interests (GPSI) so that the PCT can plan

and schedule their continuing professional development (CPD) needs to ensure sustained quality of the services.

CPD needs for Practice Nurses

A recent publication from the Workforce Deanery on the CPD needs of Practice Nurses has identified that 83% of the nurses are not able to access support for CPD. This mirrors the RCN survey referred to in the previous PDU quarterly report where the majority felt ill equipped to deal with their increasing responsibilities resulting from the GMS contract. The newly established practice nurse training group is working with Dr Alan MacDonald to agree an action plan to address this and as a first step the PDU is developing a register of the practice nurses working across the PCT. As in many other PCTs this information is not held anywhere nor is there any requirement for a practice to provide this, which has resulted in a few refusals.

Learning Time Initiative on COPD

Two Learning Time Initiatives (LTIs) on COPD have been organised for the beginning of May. This is a multidisciplinary event shared across primary and secondary care. COPD was identified by the clinical education training analysis as a priority. It will cover:

- Guidance from NICE
- Clinical pathways
- End of Life (EOL)
- The role of the specialist
- Inhaler and spirometry techniques

Record Keeping

Over the past two years, working with the provider arm, the PDU has delivered a record keeping Quality Assurance Programme for raising the quality of record keeping. The last element of the programme delivered this year was a training package which covered professional skills for assessment, planning and recoding of care. It also included awareness training on related issues such the implications of the Mental Capacity Act, Common Assessment Framework and the new Risk Assessment Tool developed by BEN PCT for use with the high number of domestic violence notifications being received. The main elements of the programme were:

- Record keeping audit
- New audit tool developed
- Learning and development needs identified
- New documentation
- Training Package

Through the clinical competency assurance framework the PCT has set an audit target of two sets of records for each professional to provide ongoing assurance and to identify any learning requirements. To meet the logistics of this target, and to facilitate ownership and learning, it has been agreed that the community teams will audit each other's records. This has been scheduled over the year with quarterly reports being made available to managers and the PDU. To ensure the integrity of the process a random sample of records that have already been audited will be reviewed by the community practice teachers (CPTs).

HEALTHCARE COMMISSION STUDY DAY "MEASURING QUALITY"

The Director of Nursing and Clinical Development and the Head of Quality and Safety attended a day hosted by the HealthCare Commission (HCC) for nurse leaders. There were a number of presentations from the HCC team and also one from the Commission for Social Care Inspections (CSCI). The day was chaired by the new HCC National Clinical Advisor for Nursing. Highlights of the day were:

- HCC Standards for Better Health will be renamed “Requirements” in line with the CSCI terminology.
- Pending the outcome of the consultation document on the registration of doctors and dentists it is likely that General Practices will have to meet the “requirements”.
- There is going to be greater emphasis on the “requirements” relating to Clinical Skills and Clinical Supervision (Standards 5b & 5c).
- There will be two assessments for PCTs with provider arms. One will apply to the provider arm compliance as a provider organisation and the other will focus on the commissioning capability of the PCT. There was acknowledgment that this would need to be cross-referenced with the world class commissioning competency assessment process.
- A “Hygiene Code” for the prevention and reduction of cross infection will be also be applied to nursing and care homes but will be amended to reflect the fact that they accommodate residents and not patients.

Val Jones Director of Nursing & Clinical Development

REPORT OF HEALTHCARE GOVERNANCE AND CLINICAL QUALITY AND SAFETY GROUP

QUALITY AND PATIENT SAFETY

As part of the continuing focus on quality and patient safety, the present arrangements in Healthcare Governance have been reviewed to ensure that the patient safety agenda is being effectively promoted.

The role of the Head of Clinical Effectiveness post has been reviewed to reflect the changing emphasis and has been changed to Head of Quality and Safety. This will enable a specific focus to be maintained on these key areas and ensure that lessons learned in respect of patient safety are fully embedded in practice.

A new Clinical Quality Manager post has been established in the Operations Directorate. The postholder will provide a dedicated resource for directly provided services and work within the Healthcare Governance Team and be jointly managed by the Head of Quality and Safety and a Service Director for Operations.

In order to maximise the value of this role, a Quality and Safety Group for the Operations Directorate has been developed. It is planned that this Group will provide a focus for improved quality, safety and compliance.

HEALTHCARE COMMISSION STANDARDS/ CLINICAL GOVERNANCE SUPPORT PROGRAMME FOR INDEPENDENT CONTRACTORS

The Independent Contractors Clinical Governance Support Programme continues to be a key area for activity in actively engaging contractors in driving towards the objective of continually improving the quality of services, whilst also achieving compliance with Healthcare Commission core standards.

The present position is that:

- 81 Clinical Governance Questionnaires have been returned by GP Practices either in conjunction with a QOF visit or at a separately arranged time. One Practice has expressed a preference to complete its own action plan in this respect. All 81 GP

Practices have had 'areas for action identified' with an action plan returned to each of the Practices. A programme for follow up to support these actions is planned.

In addition to the areas for action, a number of examples of good practice have been identified through this process. These examples are currently being developed into a portfolio, acknowledging those GP Practices from which they have been drawn, for dissemination and promotion to all Practices.

- 40 Dental Practices, out of a potential 56, have completed, verified or amended and returned the Clinical Governance, Standards for Better Health Toolkits. The remaining 16 will be priorities for visits by the PCT's Dental Advisor.

The questionnaires have been analysed and areas for action identified. This analysis will be discussed with representatives of the Local Dental Committee.

Key topics agreed with the PCT's Dental Advisor, include Infection Prevention and Control and support for Dental Nurses as they move towards the levels of qualification and registration with the GDC that will be required from 31 July 2008.

The planned series of events in connection with Infection Prevention and Control for Dental Practices has been deferred, following advice from the Dental Advisor, awaiting publication of an Infection Prevention and Control Audit tool by the Department of Health. The events have been provisionally re-scheduled for the period August-November 2008 pending publication of the key document.

- 15 Optometry Practices, out of a potential 80 Practices, have completed and returned their Standards for Better Health questionnaires. The results of these have now been collated and an action planning session scheduled in order to take forward key actions indicated.

A CPD event for Optometrists held on 12 February 2008 evaluated well and further events are planned for the future. Further sessions about Risk Management have been requested.

- The contract monitoring process for Pharmacy Practices, managed by the Assistant Director, Medicines Management continues, and is on target to complete all visits to the Practices with follow up action plans where required by 30 June 2008.

GP PRACTICE QUALITY AND SAFETY PROFILES

A work programme has been established to collate all information currently held within the PCT to populate GP Practice Quality and Safety Profiles. A post has been re-designed to create capacity for the co-ordination of this work and the post holder is currently working to populate a series of pilot profiles. The PCT's Information Team has identified resources to support this work in relation to the provision of, and manipulation of data, and technical support for the development of the profiles.

The Clinical Director, Clinical Effectiveness and the Head of Quality and Safety are currently planning a programme to share the data, once fully and accurately collated, with GP Practices and localities through the respective Clinical Directors. It is planned that this will include: learning from, and striving to replicate good practice, identification of areas of concern and generation of improvement and support activities where required.

SUPPORTING QUALITY AND SERVICE SAFETY PROJECT (SQaSS)

The Clinical Reflections Project that had previously been established across part of the PCT between 2004-2006 has been re-focussed as the Supporting Quality and Safety Project. This will be carried out, as before, in partnership with Reflective Learning – UK (formerly the Institute of

Reflective Practice) and is scheduled to commence on 1 June 2008 running for one year. The newly appointed Clinical Quality Manager will play a key role in taking this work forward working under the direction of the Operations Directorate Senior Management Team and the Healthcare Governance Team. This work will build on the data sets and metrics developed during the original project, further extending the PCT evidence of service user experiences in accessing services and developing team dynamics to improve service provision.

PERFORMANCE ISSUES

The Workforce Deanery of NHS West Midlands commissioned the Heart of Birmingham tPCT to develop a business case for the provision of a diagnostic and support service where issues of performance have been identified by the respective healthcare organisations related to independent medical and dental practitioners.

This development followed the recognition of the potential benefit of such a facility to provide additional capacity and expertise as well as an independent and consistent approach. It also took into account the feedback from the West Midlands National Clinical Assessment Service event held in November 2007.

The PCT is committed to developing local processes (which would include the Regional Development and Support Unit if the proposal is supported by PCTs and NHS Trusts in the West Midlands).

The PCT has currently referred one case to the National Clinical Assessment Service.

BIRMINGHAM AND SANDWELL INTERNAL AUDIT CONSORTIUM

The Birmingham and Sandwell Internal Audit Consortium completed an audit of clinical governance arrangements in the PCT in April 2008.

The scope and objectives of the audit were to ensure, through a process of systems documentation and compliance testing, that there is an appropriate control framework in place to achieve the following key objectives:

1. There is a comprehensive clinical governance structure deployed by the Trust that identifies, reports and acts upon all potential areas of clinical risk;
2. Clinical risks identified through complaints and PALS systems are properly treated and reported on, and
3. The Board receives sufficient and timely assurances that clinical risks are being properly managed by the PCT.

The overall opinion in the draft report did not highlight any weaknesses that would in overall terms impact on the achievement of the system's key objectives.

Some control weaknesses which are summarised in the report could impact on the delivery of certain elements of the system's objectives, but do not prevent the system from largely achieving its key functions.

As a result, significant assurance has been given overall on the design and operation of the system's internal controls to prevent risks from impacting on achievement of the system's objectives.

In regard to the specific key control objectives set out above, the audit opinion is that there is significant assurance in regard to Objectives 1 and 2 and full assurance on the Third Objective.

Comments are being made on the draft report and the final copy will be forwarded to the Integrated Governance and Performance Committee and the Audit Committee.

STAFF OPINION SURVEY SUMMARY

The National NHS staff survey 2007 highlighted that the PCT's results were below average in regard to the "Percentage of staff reporting errors, near misses and incidents" and was average or above average in relation to "Fairness and effectiveness of procedures for reporting errors, near misses or incidents".

A refinement of the Incident Reporting system was made available to staff in April 2008. However, the reasons for the gradual decrease in reporting requires to be explored with staff.

It has been recognised that clinical staff may be reluctant to report incidents electronically due to pressing service demands if the network is slow.

RISK MANAGEMENT

All Directorates have Risk Registers largely supported by Departmental Registers.

Changes to the Corporate Risk Register are reported on a monthly basis to the Integrated Governance and Performance Committee. A copy of the Corporate Risk Register will be submitted to the next meeting of the Audit Committee.

CLINICAL QUALITY AND SAFETY GROUP

An Annual Clinical Governance Report for 2007/08 will be developed setting out the key issues which have been addressed during 2007/08. The key objectives for 2008/09 are being established.

COMPLAINTS

Making Experiences Count

In February 2008, the Department of Health published its response to the initial consultation on its proposals for a new single comprehensive complaints process for health and social care. The new arrangements propose local resolution, which must be robust and fit for purpose.

The Department of Health is supporting the development of the new approach, and the practices and behaviours needed, by introducing "Early Adopter" sites. Whilst the PCT was not initially included in the sites, representations were made to the Department of Health and is now included.

Key issues include:

- The role of the complaints manager is seen as pivotal.
- The PALS function is seen as a valuable means of avoiding the escalation of complaints and securing an early resolution of concerns which may become complaints.
- There should be a nominated senior manager at Board level or equivalent accountable for the organisation's complaints process.
- Advocacy for the vulnerable should be available.
- The Healthcare Commission's role is perceived as detracting from effective local resolution. The Department's response emphasises the importance of effective local resolution. As from April 2009, complainants who are not satisfied with the outcome of the local resolution process will be able to forward their complaint to the Health Services Ombudsman.
- Accountability should be achieved, in part, by the publication of local complaints data.

It would appear that the final shape of the reforms will be dependent upon the outcome of the work of the Early Adopter sites.

The development and action being taken will be discussed in the Complaints Sub Committee.

Complaints 2007/08

During the year, 44 complaints were received about the services provided by staff managed by the Trust or about the commissioning process. Of these, 89% were dealt with in a period of 25 working days (and 98% were concluded within the extended timescales agreed with the complainants). One complaint was referred to the Healthcare Commission which was resolved in local discussions.

Complaints related to independent contractors - GP Practices, Pharmacies, Optometrists and Dentists - were managed by the Birmingham Primary Care Shared Services Agency on behalf of the Trust. The PCT is now managing complaints directly from 1 April 2008.

During the year, the Agency's Complaints Department handled 67 telephone complaints and 54 written complaints related to services provided by GP Practices. 252 complaints were made directly to GP Practices in the PCT. 33 complaints were received by telephone together with 19 written complaints related to Dental Practices whilst 34 complaints were made directly to the respective Dental Practices.

One complaint was received about the service provided by a Pharmacy and there were no complaints about Optometry Services.

During the year, six conciliation meetings were arranged by the Agency related to complaints about GP Practices of which four were satisfactorily resolved and in the two remaining cases, the complainants forwarded the case to the Healthcare Commission.

Four conciliation meetings were held related to dental cases; the complaint was resolved in three cases whilst one complainant referred the complaint to the Healthcare Commission.

During the year, the Healthcare Commission upheld six complaints and no further action required to be taken in four cases.

There will be further discussion related to this information at the meeting of the Complaints Sub Committee.

CONSULTATION DOCUMENT ON THE FRAMEWORK FOR THE REGISTRATION OF HEALTH AND ADULT SOCIAL CARE PROVIDERS

The Department of Health has published a consultation document on the framework for the registration of health and adult social care providers.

The Government will set, through legislation, the essential requirements of safety and quality that health and adult social care providers are expected to meet to be registered and allowed to deliver services. The document launched a twelve-week consultation on the proposals for the new system of registration.

The new Care Quality Commission will monitor the registration requirements which will replace the current Standards for Better Health. It is indicated in the document that providers in primary care will be required to register in the same way as providers in any other settings.

Whilst the proposals are not finalised, the Department of Health anticipates that all GP Practices will eventually be required to register with the Care Quality Commission.

NHSLA REVIEW

It has been agreed that the National Health Services Litigation Authority will be reviewing the PCT's performance against the standards for PCTs in February 2009.

HEALTH AND SAFETY

The PCT has a Memorandum of Agreement with Birmingham City Council to provide a Health and Safety Service to the PCT. Within the Memorandum, a new Health and Safety Officer commenced on 6 May 2008 to provide a service to the PCT.

NICE IMPLEMENTATION

The BEN PCT NICE Planner is now established as the organisational database of evidence of NICE implementation activity. Following a presentation of the NICE Planner to PCT Directors and the Strategy and Redesign Directorate Senior Management Team a further series of presentations are planned to staff groups in order to promote engagement with the Planner as both a tool and a record. The NICE Regional Consultant has encouraged the Healthcare Governance Team to promote the planner as an example of good practice to be shared nationally.

The newly appointed Clinical Quality Manager will provide additional capacity to promote and capture implementation of NICE guidance within directly provided services.

Promoting and supporting the implementation of NICE guidance in primary care practice in respect of independent contractors remains a challenge. Two members of the PCT NICE Implementation group will be participating in a national NICE workshop on 13 May 2008 focused specifically on this topic. Following the learning that will emerge from this workshop, the NICE Implementation Group will plan a more focused programme to promote implementation in primary care around priority pieces of guidance in line with PCT priorities.

COLLABORATIVE WORKING WITH PRIMARY CARE COMMISSIONING

The Healthcare Governance and Primary Care Commissioning Teams continue to develop and strengthen their collaborative working arrangements. Key areas of work have recently focused on the strengthening of the quality and safety elements of Enhanced Service Agreements with Locally Enhanced Service templates and sharing of data relating to significant event analysis submitted as part of QOF.

David Stenson Assistant Director, Healthcare Governance