

Calculating Quality Reporting Service

Calculating Quality Reporting Service (CQRS)

This document provides an initial introduction to the project, specifically:

- An explanation of the background to the project
- An overview of the existing situation
- The rationale for change
- What we would like to achieve and what we are buying
- An overview of the desired future state
- An explanation of the benefits for organisations and users
- An explanation of what's new and how it works

This document outlines CQRS and how it is likely to work based on current assumptions. As the NHS is currently undergoing organisational change, there may be changes to these assumptions as the CQRS is developed and implemented..

Introduction

The Department of Health has commissioned a project to replace the current systems that calculate payments to GP contractors for their performance against the Quality Outcomes Framework and other quality outcome related schemes.

This project is the Calculating Quality Reporting Service (CQRS) project. CQRS has a generic calculating tool that is envisaged to be quick and cost effective to change.

The project has recently completed the procurement for the new service and has selected the supplier. Prior to the procurement, detailed requirements were developed in consultation with users of QMAS. The requirements incorporated suggestions from a QMAS user questionnaire. User involvement was maintained throughout the procurement and this will continue as the service is developed and implemented. The project was recently commended in an OGC Gateway Review for its engagement with users.

The implementation phase of the project started in December 2011 with a service delivery starting in March to April 2013 for a contract that runs to July 2018..

Project Background

- History of Project
 - SRO vision of a flexible calculating and reporting tool
 - Project initiated in 2008
 - High Level Requirements developed with input from end-users and key stakeholders
 - NHS CFH formally managed project from 2009
 - Detailed requirements gathering activities from summer 2009 to summer 2010
 - Outline Business Case developed and ready for Ministerial approval in March 2010
 - Election May 2010
 - Government proposals published
 - SoS approval
 - Cabinet Office and HMT approval
 - Revision of requirements to reflect Government's proposals
- Key stakeholders have been involved throughout
 - NHS CFH
 - End Users of system – GP practice managers, PCT commissioners, GPs
 - NHS Information Centre, NHS E, NICE and Project Sponsor
- External Assurance has been provided by a Project Assurance Group
 - Representation from General Practitioners Committee
 - Royal College of General Practitioners
 - Joint GP IT Committee..

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Existing Situation – QMAS and Exeter

The Quality Management Analysis System (QMAS) was developed to support Quality Outcomes Framework payments (QOF) for the new GP contract in 2003.

QMAS calculates payments to GP contractors for their performance against the Quality Outcomes Framework (QOF). It was developed in 2004 by British Telecom and has been updated to reflect changes in the QOF in since then.

QMAS makes accurate payments for the QOF but major elements of the system are not available to users for a large part of the year.

There is no national calculating system for Directed Enhanced Services (DES), Childhood Immunisation and Vaccinations.

The Exeter calculation and payments system makes the payments for the QOF aspiration and achievement, which is sent from the QMAS. It also makes the payments for DESs and vaccinations and immunisations..

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Future Business Needs – Why change (1 of 3)

Government Policy

The Health and Social Care Act introduces radical changes to the organisation structure, commissioning arrangements and quality outcome related payments in the NHS.

Key aspects of the Act and supporting policies are to:

- Introduce an NHS Commissioning Board which replaces large aspects of the DH and SHAs
- Replace PCTs with clinical commissioning groups (CCGs)
- Allow the NHSCB to commission services from GP practices
- Allow CCGs to commission services themselves
- Place the HSC IC on a stronger statutory footing

And:

- Introduce a commissioning outcomes framework (COF) to hold CCGs to account
- Make the QOF more related to achieving quality outcomes

The existing arrangements to calculate performance and payments do not support these proposals.

However, regardless of the Act, a replacement for the existing IT system and manual processes is required because we need to maintain the service for QOF and the contract for QMAS cannot be extended without running a procurement for a new service

Future Business Needs – Why change (2 of 3)

The purpose of the Commissioning Outcomes Framework

The Commissioning Outcomes Framework is a part of a wider set of measures to ensure a relentless focus on outcomes for patients is at the heart of the new commissioning system. It will:

- enable the NHS Commissioning Board to hold CCGs to account for improving quality
- allow CCGs to demonstrate to patients and the public their achievements in improving quality
- allow CCGs to identify and benchmark their progress

The Commissioning Outcomes Framework would also allow the Board to set levels of quality premium based on achievement of health outcomes..

Future Business Needs – Why change (3 of 3)

NICE development of Quality Indicators

NICE are now responsible for the development and recommendation of clinical and health improvement indicators for the QOF. The Department has also asked NICE to develop indicators for the NHSCB to consider for the Commissioning Outcomes Framework. The NHS Health and Social Care Information Centre (HSC IC) will be involved in their development to obtain an early understanding of the data extraction requirements.

Any NICE recommended indicators not negotiated into the national QOF will be available to be used locally.

Opportunities provided by GPES and the NHS Information Centre

The General Practice Extraction Service (GPES) being introduced by the HSC IC will be able to extract and aggregate patient based data from GP systems in a more flexible way than at present for QMAS. GPES may be used to provide data for the calculation of other payments to GPs and clinical commissioning groups. This may also lead to being able to support more complex quality indicators.

The HSC IC may also be able to provide additional performance information for the COF from other systems such as hospital systems..

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Project Aims

Our intention is, in April 2013, to deliver a service that will replace **QMAS and manual systems** with a **flexible** calculating and reporting system that calculates **achievement and related payments** to **GPs and CCGs** in respect of:

- the national QOF
- the Commissioning Outcomes Framework
- nationally and locally commissioned enhanced services

Where:

- the achievement data is primarily available in GP clinical systems and is provided by GPES, or is available to be collected and provided by the HSC IC
- flexible means that the system is built in such way that it can be changed relatively easily and quickly in response to changes

The new system will not:

- replace the NHAIS Exeter payments systems
- provide functionality to calculate *all* Enhanced Services
- handle or store patient level data
- replace the QOF Assessor Toolkit..

What are we buying?

We are buying a **managed service** consisting of:

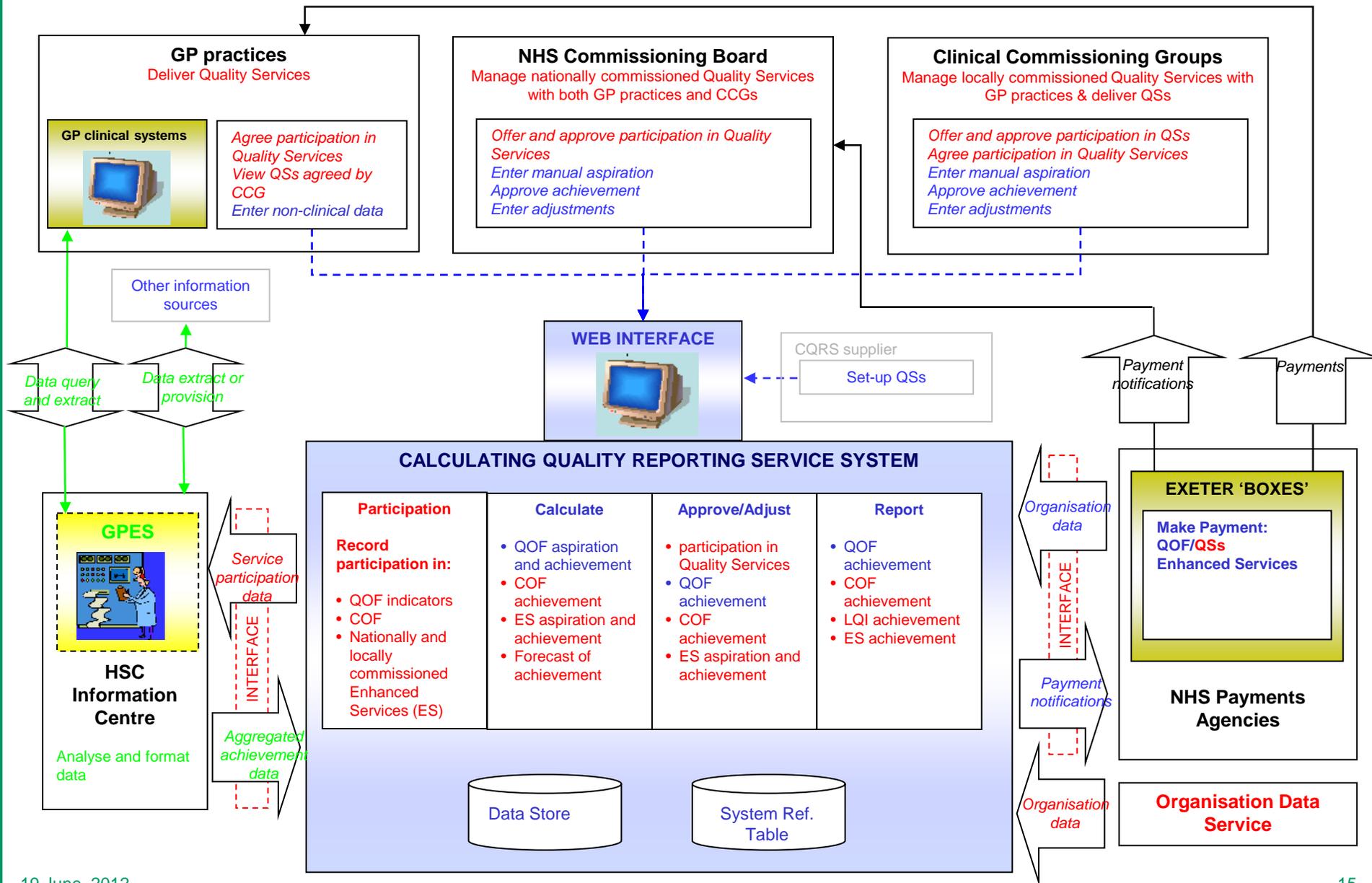
- A calculating and reporting system
 - a modular and configurable solution that calculates payments accurately and is quickly and cheaply adapted to meet changing business needs
- Development capability
 - to extend the system quickly to account for changes outside of current assumptions and in doing so ensure that the new capability is re-usable
- Implementation, business change and ongoing service delivery
 - to ensure that the service is implemented seamlessly into the business, including data transfer, and with consideration for the new business environment
 - to make changes to the following aspects of the system as instructed by the Authority: organisation structure, commissioning arrangements and payments and ensure that they are tested appropriately
- Helpdesk and Training
 - A central helpdesk staffed by knowledgeable people who can swiftly resolve issues and provide informed help and guidance to users
 - provide initial training, primarily electronically, that is appropriate and cost effective so that users can use the system competently and with confidence
 - ongoing training that is kept up to date and prepares new users to the same standard as during initial implementation..

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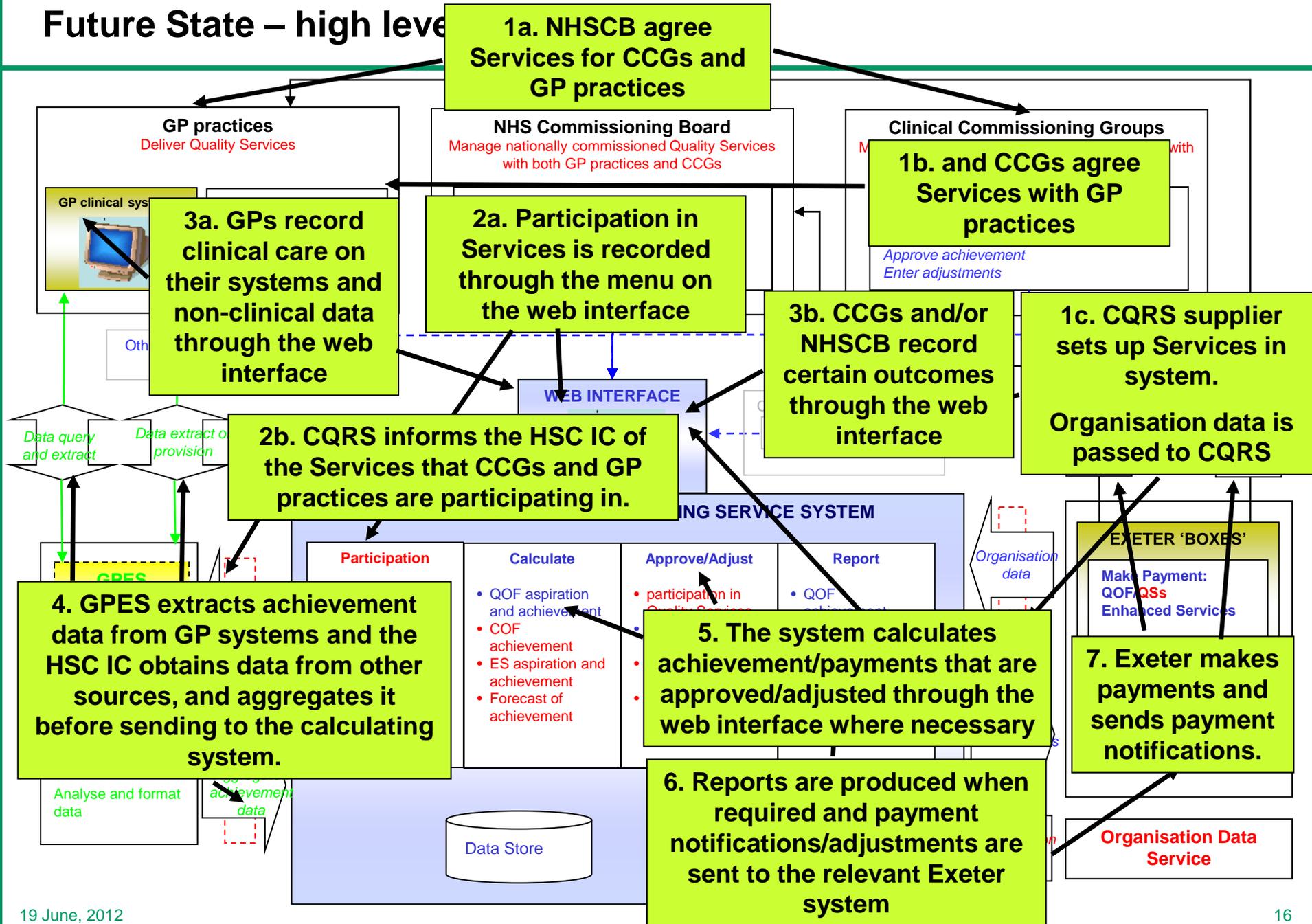
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Future State – what it is

Legend: ■ New functionality/actions ■ Amended functionality ■ Existing QMAS & payment functionality



Future State – high level



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What are the benefits for users?

Time and effort

We envisage that there will be substantial time savings for both Commissioning Organisations and Service Provider organisations in the automation of recording, checking, submitting and approving achievement for the services supported by CQRS.

For example, CQRS will save the NHSCB 21,500 days of work, each CCG 72 days and each GP practice seven days of effort per year. It has the potential, if all present 'clinical' LESs are supported to save each CCG and GP practice 50 and 100 days respectively.

Quality

Over time, CQRS will improve quality by making the services it supports visible, leading to re-use of good practice, a reduction in investigative work and improving consistency in the recording of data. This may lead to a nationally commissioned service if take up of similar locally commissioned services is high.

For example, if a commissioning organisation in one part of the country created a service to improve local health inequalities and it used CQRS to support it, a commissioning organisation in another part of the country could re-use or adjust that service.

The system is available for longer periods of time – particularly at the beginning of the financial year.

In addition, we have listened to user comments about the existing QMAS service and have incorporated them into the requirements of CQRS..

What are the benefits for the sponsor?

Value for Money

Changes to the QOF and other Services will be made much more quickly than at present. This means that the QOF configuration will be available sooner and that new Services can be created in response to emergencies.

We are no longer going to be paying for a service that cannot be used properly for a large part of the year.

The cost of the service is known across the life of the contract.

Additional capacity can be procured at a known cost.

Changes in organisation structure can be supported, within reason.

Quality

More Services are supported.

More Services can be supported - as long as they follow the data collection and calculation principles of the CQRS.

Over time this will lead to more consistency for data recording and collection..

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- An explanation of what's new and how it works
 - what's new - Key functionality
 - key functionality - How it works and fits together
 - process changes

What remains the same

The commission process is almost the same:

Commissioning Organisations determine **what Services they want to commission**

Participation in Services is agreed between the Commissioning Organisation and the Service Provider

Participation is recorded in CQRS

Service Providers **Record** their Achievement in their clinical systems

the achievement is supplied to CQRS by GPES/HSC IC

Service Providers view **Reports** of their achievement in CQRS throughout the year

Service Providers **Declare Achievement** at the end of the Payment Period

Commissioning or Managing Organisations **Approve** the achievement and payment

Payment is made through Exeter

Post-Payment Verification occurs if necessary

What's new - Key CQRS functionality and terms

Services (Quality Services)

- CQRS uses the term 'Services' rather than payments. This allows for services to be supported that do not result in a direct payment to the service provider
- any service can be supported provided that it follows given data collection and calculation principles (the building blocks explained before)
- services are grouped under Payment Types. For example, the QOF is a Payment Type and the QS for the QOF configuration the 2011/12 year would be QOF 11/12. DES is also a Payment Type with the Alcohol DES, Learning Difficulties and Osteoporosis DES as the QSs under that Payment Type

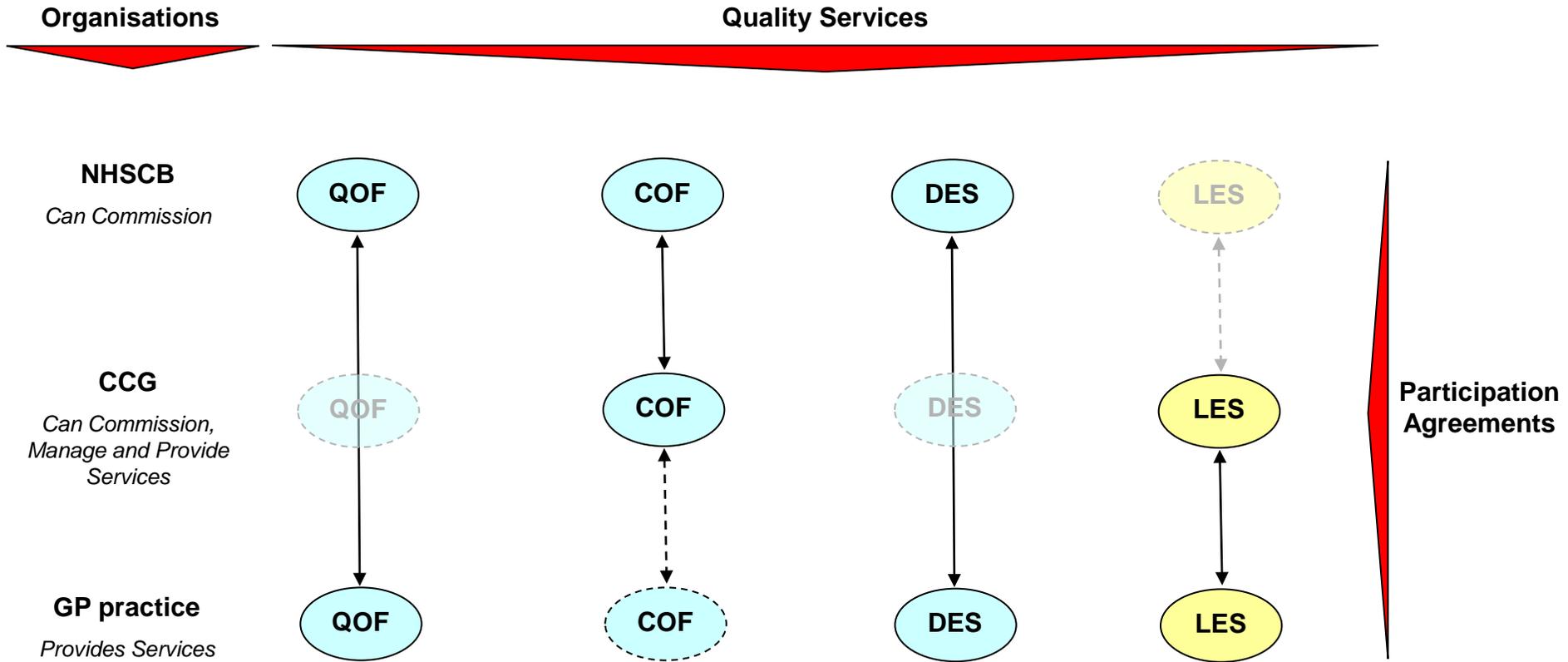
Organisations

- CQRS supports any generic hierarchical organisation structure – an organisation can be the child of another
- organisations may have different roles, they can be a Commissioning Organisation, Managing Organisation or a Service Provider
- the role an organisation performs for each Service in CQRS is defined in the participation agreement for the QS

Participation

- CQRS records the services that an organisation has commissioned from a service provider
- a commissioning organisation can see all of the services that its service providers are participating in, not just the ones it has commissioned, but it cannot see the unapproved achievement data
- a service provider can only see the services it is participating in..

Key Functionality – How it works and fits together



Although commissioning organisations are able to see all of the Services that a Service Provider is participating in, they cannot see the unapproved, or work in progress, data unless it has commissioned that service..

Process - Define Services (new concept)

Set-up and operation

Quality Services will be created by the CQRS Supplier under instruction from NHS CFH.

For **nationally commissioned** Services NHS CFH will themselves be instructed by the Department of Health or the NHSCB. Currently this would be for the QOF, COF and DES payment types.

For **locally commissioned** Services the commissioning organisation can either:

- copy an existing service themselves and amend certain parameters (such as thresholds or points). Currently this would be for LQIs or LESs payment types
- submit a request via CFH to have the Service created in CQRS. Currently this would be for locally commissioned services that can either be constructed using the building blocks of the system or created by copying an existing nationally commissioned service and changing its parameters..

Process - Agree Participation (new concept)

Participation Agreements are the system record of the CQRS supported Services that are agreed between a commissioning organisation and service provider.

Participation Agreements are effectively a wrapper of the Services that a particular organisation has commissioned and/or is participating in.

Qs are 'offered' to a Service Provider by a Commissioning Organisation. The Service Provider 'agrees' to participate in the service.

Participation Agreements are created automatically when a Service is offered. Subsequent Services appear in the organisation's Participation Agreement as they are offered and agreed.

It is possible to offer and agree to more than one Service at one time.

The Commissioning Organisation can see the Qs it has offered its Service Provider(s) in its Participation Agreements.

The Service Provider can see all of the Qs it is participating in its Participation Agreement .

An organisation further up the organisation hierarchy may see the services a Service Provider is participating in, but it cannot see the unapproved achievement.

The system functionality **does not** replace discussions between organisations about the Services they will offer or participate in, rather they reflect what has been agreed.

The Agree Participation process is generally expected to be completed ahead of the financial year..

Process – Provide Achievement Data

GPES will be the primary source of achievement data for CQRS, but data will also be provided by the HSC IC

- CQRS will tell the HSC IC which services are being participated in
- the achievement is supplied to CQRS by GPES and the HSC IC
- data will be provided to GPES by the GP system suppliers using a query developed by GPES
- the NHS Information Centre will provide data from other sources as required (such as information about hospital and community services for the COF)
- data will be provided to CQRS on at least a monthly basis