

# Salford Standard Support & Escalation Process

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Electronic version will be available on the Salford Standard Webpage and Portal

Version	Date	Author	Status	Comment
0.1	23 Feb 2016	Marie Clayton	Head of Service Improvement	
0.2	8 Mar 2016	Anne Richardson	Project Manager	Amendments following review by Salford Standard Implementation Group
0.3	30 Mar 2016	Marie Clayton	Head of Service Improvement	Further amendments made
0.4	7 April 2106	Anne Richardson	Project Manager	Amendments following review of national contract
0.5	22 April 2016	Anna Ganotis & Marie Clayton	Head of Service Improvements	Minor updates and edits made
0.6	05 May 2016	Anna Ganotis	Head of Service Improvements	Minor updates and edits made
1.0	26 May 2016	Anne Richardson	Project Manager	PCQG – approved with minor amendments
2.1	06 April 2017	Natalie McInerney	Service Improvement Manager	Major review and amendments



## Salford Standard Support and Escalation Process

### 1.0 Overview

- 1.1 This Support & Escalation Process has been written as part of a suite of documents to support the implementation and monitoring of the Salford Standard.
- 1.2 This process sets out clearly how NHS Salford Clinical Commissioning Group (CCG) will:
- Identify where there is poor performance against delivery of the Salford Standards
  - Explain how GP practices will be managed and supported
  - Explain what will happen should a practice systematically fail to engage with the process / CCG.

### 2.0 Principles

- 2.1 The process will be reviewed and adapted annually to ensure that learning is incorporated and that the process is improved for both practices and the CCG.
- 2.2 The Salford Standard Support & Escalation Process should not be unduly time-consuming and should not detract from patient care. However, practices will need to recognise the need for the process in order to ensure high quality patient care and value for money.
- 2.3 NHS Salford CCG has limited capacity to support a small number of practices. The escalation policy will therefore include the bottom five practices at the end of each quarter\* beginning at the end of quarter two.

\* N.B. The review of the bottom five practices will be in line with actual performance and will not include any practice that is at Green status, i.e. performance =>75%.

### 3.0 Process

- 3.1 The Salford Standard Dashboard will be updated at the end of each quarter. Data sources include:
- Informatica

- Bespoke NHS Salford CCG Reporting Tool (Portal)
- SMASH (Medication Safety Dashboard)
- SUS
- Salford CCG Safeguarding Team
- Attendance Sheets | MDGs, Practice Managers Meetings, Neighbourhood Meetings, Members Events

3.2 On the dashboard, practice performance will be categorised into one of the 3 levels described in the table below dependent upon their average overall performance at the end of each quarter:

Practice at Red Status (<)	60%
Practice at Amber Status	60-75%
Practice at Green Status (>=)	75%

- 3.3 An 'unvalidated' dashboard will be published and all practices will be given two weeks (three at the end of Q4) to review the data supplied and make any challenges where they feel that the data is incorrect. The CCG will review these challenges and make any necessary amendments to the dashboard before publishing the final 'validated' dashboard which will give a snapshot of practice performance against the requirements of the Salford Standard.
- 3.4 The formal initiation of the escalation policy will commence following the publication of the validated quarter two Salford Standard dashboard.
- 3.5 Practices who are at red status and are one of the bottom 5 performing practices at the end of quarter one will be contacted and informed that although the escalation policy does not formally begin until the quarter two dashboard has been validated, should they remain at their current position they would enter the escalation and support process at the end of quarter two (**Letter 1**). They will also be given the opportunity to request support to improve their performance.
- 3.6 Practices who are not at red status and do not fall into the bottom 5 performing practices will not be subject to this support and escalation process, however, they will be eligible to contact the CCG at any point in the year to request support with maintaining and improving their performance.

## 4.0 2017/18 Contract Sign-Up Requirements

- 4.1 Any practice who answers 'No' or 'Working Towards' for any of the contractual sign-up requirements at the start of the financial year will be asked to respond again at the end of quarter two.
- 4.2 Practices who still respond 'No' or 'Working Towards', or are unable to provide sufficient evidence at the end of quarter two will be required to submit an action plan (Appendix 1) to the CCG demonstrating how the practice intend to ensure all contractual requirements are fulfilled and

evidenced by the end of quarter three. Similarly, where there is failure to engage with the CCG within 28 working days of receipt of **Letter 2**, practices will be managed according to the escalation process (see section 6.0).

- 4.3 Practices will be asked to provide an update at the end of quarter three against the 'No' and 'Working Towards' responses from the action plan. Any practice who still responds as 'No' or 'Working Towards' at the end of quarter three or where there is failure to resubmit responses will move in to the escalation process (**Letter 3**) (see section 6.0).

## 5.0 GP Practice Support

- 5.1 The five practices that are shown to be at the bottom of the Salford Standard dashboard and are categorised as red status at the end of quarter two and each quarter thereafter will enter the support and escalation process.
- 5.2 The Service Improvement Team will write to the five practices using a standard letter template advising the practices that they have been identified as requiring some additional support to meet the requirements of the Salford Standard (**Letter 4**). The letters will include a copy of the Salford Standard dashboard.
- 5.3 The practices will be asked to submit an action plan (Appendix 2) within 28 days of receipt of the letter. The plan should set out the specific actions that will be undertaken by the practice and include:
- Actions to be undertaken;
  - Who within the practice will be responsible for the action;
  - When the action will take place or be completed;
  - Any support agreed.
- 5.4 Following the letters being sent, the Service Improvement Team will liaise with Salford Primary Care Together, sharing a copy of the letters. Practices will be encouraged to seek support from Salford Primary Care Together and peer practices in the development of their plans.
- 5.5 Where a practice remains in the bottom five and at red status for two quarters in succession or where there is failure to engage with the CCG within 28 working days of receipt of **Letter 4**, the practice will move onto the next stage in the escalation process (see section 6.0).

## 6.0 Escalation Process

6.1 Where a practice remains at red status and in the bottom five as described in 5.5 or where there is failure to engage with the CCG within 28 working days of receipt of Letter 1, 2, 3 or 4, the Service Improvement Team will review the action plan and ask the practice for an update on progress **(Letter 5), (Appendix 3)**. This response will be considered at the next Primary Care Quality Group (PCQG).

The update should set out the specific actions that will be undertaken by the practice and include:

- Actions previously agreed to be undertaken;
- Progress against actions;
- Reasons for any delays;
- Who within the practice will be responsible for the action;
- When the action will take place or be completed;
- Any support agreed.

6.2 Where there is failure to engage with the CCG within 28 working days of receipt of Letter 5 the Primary Care Quality Group will be asked to consider the three options outlined in 6.3.

6.3 Three courses of action are available to the group following discussion of the progress update:

- i. In recognition of the effort made by the practice, an agreement to support the practice to continue to deliver the action plan.
- ii. A visit to the practice to discuss progress. The visit will include a member of the Service Improvement Team, a CCG clinical lead and a representative from Salford Primary Care Together. Practices may also request the support of a neighbourhood representative or colleague. The meetings/contact with the practice should be proportionate, the process should not be unduly time-consuming and should not detract from patient care, but at the same time there must be recognition from the practice that this process will involve some work on their part.
- iii. If it is deemed that the practice has made no effort and cannot provide the necessary assurances, the CCG will consider whether the practice should continue to deliver the Salford Standard for their patients.

### 6.3 Contractual Levers and Breaches

Please refer to the Local Dispute and Appeals Process for Primary Care Medical Services.

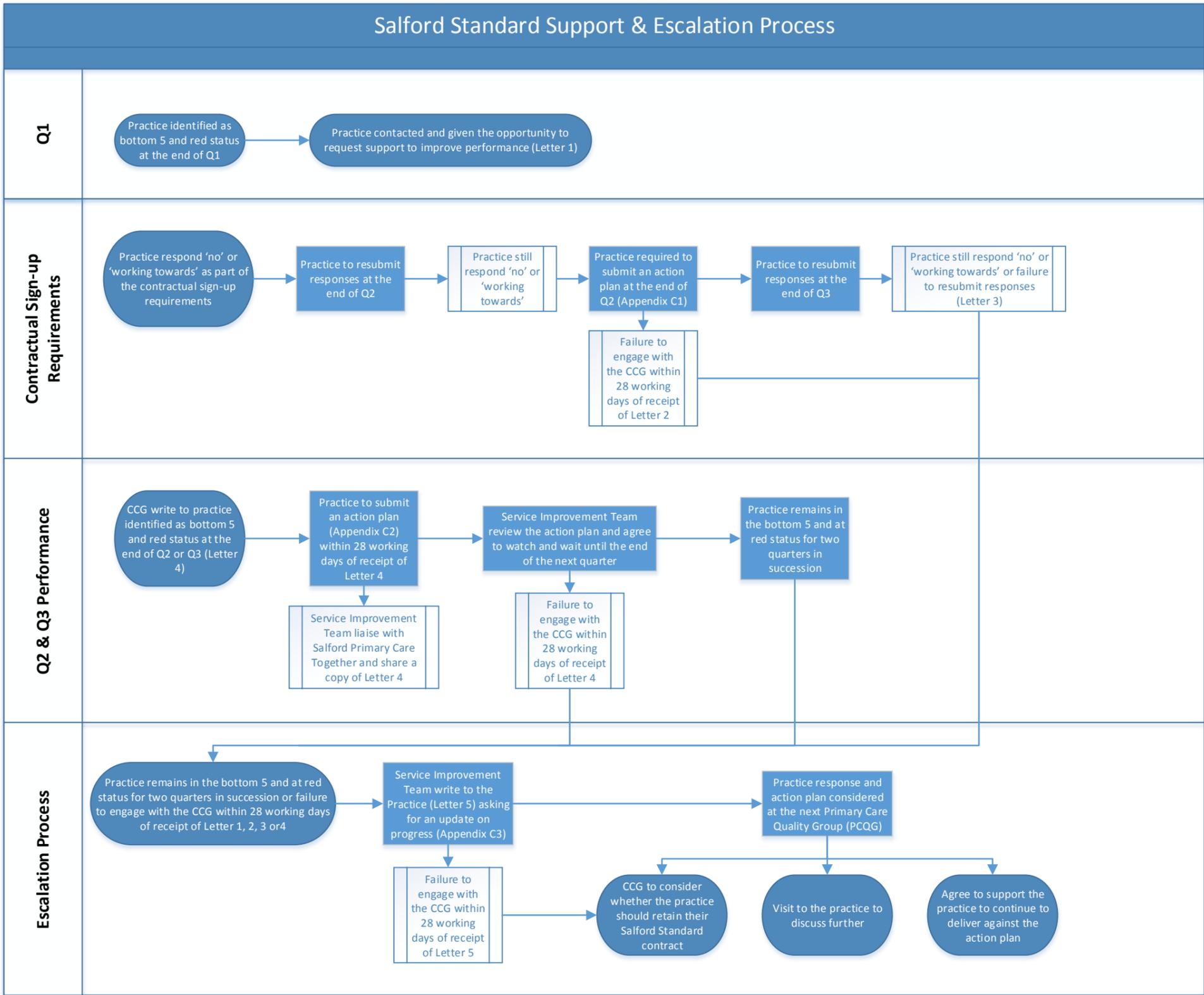
**NB:** *The CCG and the practice should make every reasonable effort to communicate their issues in relation to decision-making and rationale and cooperate with each other to resolve any disputes locally before considering referring the matter for determination through formal dispute resolution procedures*

*The formal process cannot be initiated until the informal process has been exhausted. At this stage both parties may wish to involve the relevant professional representative (LMC) or suitably qualified and experienced mediator/conciliator committee at this stage in an advisory or mediation role. If the practice is still dissatisfied with the outcome of their appeal, the process described in the NHS Standard Contract General Conditions 2017/18 (GC14) will be followed.*

## 7.0 Reporting

- 7.1 The Primary Care Quality Group will monitor performance against the requirements of the Salford Standard and will oversee the implementation of the Support and Escalation Process.

**Appendix A: Process Algorithm**



## **Appendix B: Letters**

Letter 1
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St James' House

Pendleton Way

Salford

M6 5FW

[Insert Date.....](#)Dear Dr [Insert name](#)**Re: Salford Standard Locally Commissioned Service – Q1 Performance**

In line with the Salford Standard Locally Commissioned Service Support and Escalation Policy, your practice has been identified as being at red status (<60% performance and within the bottom five practices on the Salford Standard dashboard) at the end of quarter one.

The support and escalation process does not formally begin until quarter two performance has been validated. However, should your practice remain in the bottom five practices on the dashboard, you would enter the process at this point.

Please do not hesitate to contact ([insert Senior Service Improvement Officer's name and email address](#)) should your practice require any support. Support is also available from your Salford Primary Care Together neighbourhood manager ([insert name](#)).

Yours sincerely

[GP Clinical Lead](#)

Tel:

E: Mail:

CC: [SPCT neighbourhood manager](#)

Letter 2
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St James' House

Pendleton Way

Salford

M6 5FW

[Insert Date.....](#)Dear Dr [Insert name](#)**Re: Salford Standard Locally Commissioned Service – Contractual Sign-up Requirements at Q2**

In line with the Salford Standard Locally Commissioned Service Support and Escalation Policy, at the end of quarter two, your practice has responded 'No' or 'Working Towards' against a number of the contractual sign-up requirements.

[\(Insert requirements\)](#)

Your practice is now required to submit an action plan to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net) by [\(insert date 28 days from letter date\)](#), please find the template attached. The plan should demonstrate how you intend to ensure all contractual requirements are fulfilled and evidenced by the end of quarter three. If an action plan is not submitted by the date indicated, then your practice will enter the escalation process, please see section 6.0 of the Salford Standard Support and Escalation Process attached.

At the end of quarter three, you will be asked to provide an update on whether or not your practice is delivering the outstanding contractual requirements. Should your practice still respond as 'No' or 'Working Towards', your practice will enter the escalation process as above.

Please do not hesitate to contact [\(insert Senior Service Improvement Officer's name and email address\)](#) should your practice require any support. Support is also available from your Salford Primary Care Together neighbourhood manager [\(insert name\)](#).

Yours sincerely

GP Clinical Lead

Tel:

E: Mail:

CC: [SPCT neighbourhood manager](#)

Letter 3
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St James' House

Pendleton Way

Salford

M6 5FW

[Insert Date.....](#)Dear Dr [Insert Name](#)**Re: Salford Standard Locally Commissioned Service – Contractual Sign-up Requirements at Q3**

In line with the Salford Standard Locally Commissioned Service Support and Escalation Policy, at the end of quarter three, your practice has failed to respond 'Yes' to all of the outstanding contractual sign-up requirements as outlined in your action plan submitted at the end of quarter two.

Your practice has now entered the Salford Standard Support and Escalation Process and is required to submit an update on your action plan to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net) (template attached) by ([insert date 28 days from letter date](#)). Where there is failure to engage with the CCG, the Primary Care Quality Group will be asked to consider whether or not your practice should continue to be commissioned to deliver the Salford Standard for your patients.

The completed template will be considered at the next Primary Care Quality Group who will be asked to consider the following three options:

- i. In recognition of the effort made by your practice, an agreement to support your practice to continue to deliver the action plan.
- ii. A visit to your practice to discuss progress. The visit will include a member of the Service Improvement Team, a CCG clinical lead and a representative from Salford Primary Care Together. Practices may also request the support of a neighbourhood representative or colleague.
- iii. If it is deemed that your practice has made no effort and cannot provide the necessary assurances, the CCG will consider whether your practice should continue to deliver the Salford Standard for your patients.

Please do not hesitate to contact ([insert Senior Service Improvement Officer's name and email address](#)) should your practice require any support. Support is also available from your Salford Primary Care Together neighbourhood manager ([insert name](#)).

Yours sincerely

GP Clinical Lead

Salford Standard Support Team

Tel:

E: Mail:

CC: SPCT neighbourhood manager

Letter 4
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St James' House

Pendleton Way

Salford

M6 5FW

Insert Date.....

Dear Dr [Insert Name](#)**Re: Salford Standard Locally Commissioned Service – Q2/Q3 Performance**

In line with the Salford Standard Locally Commissioned Service Support and Escalation Process, your practice has been identified as being at red status (<60% performance and within the bottom five practices on the Salford Standard dashboard) at the end of quarter two.

Your practice is now required to submit an action plan to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net) (insert date 28 days from letter date), please find the template attached. If an action plan is not submitted by the date indicated, then your practice will enter the escalation process, please see section 6.0 of the Salford Standard Support and Escalation Process attached.

Please do not hesitate to contact ([insert Senior Service Improvement Officer's name and email address](#)) should your practice require any support. Support is also available from your Salford Primary Care Together neighbourhood manager ([insert name](#)).

Yours sincerely

[GP Clinical Lead](#)[Salford Standard Support Team](#)

Tel:

E: Mail:

CC: [SPCT neighbourhood manager](#)

Letter 5
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St James' House  
Pendleton Way

Salford

M6 5FW

Insert Date.....

Dear Dr [Insert Name](#)

**Re: Salford Standard Locally Commissioned Service – Performance at two consecutive quarters**

In line with the Salford Standard Locally Commissioned Service Support and Escalation Policy, your practice has been identified as a practice that has been at red status (<60% performance and within the bottom five practices on the Salford Standard dashboard) for two consecutive quarters.

Your practice has now entered the Salford Standard Support and Escalation Process and is required to submit an update on your action plan to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net) (template attached) by ([insert date 28 days from letter date](#)). Where there is failure to engage with the CCG, the Primary Care Quality Group will be asked to consider whether or not your practice should continue to be commissioned to deliver the Salford Standard for your patients.

The completed template will be considered at the next Primary Care Quality Group who will be asked to consider the following three options:

- i. In recognition of the effort made by your practice, an agreement to support your practice to continue to deliver the action plan.
- ii. A visit to your practice to discuss progress. The visit will include a member of the Service Improvement Team, a CCG clinical lead and a representative from Salford Primary Care Together. Practices may also request the support of a neighbourhood representative or colleague.
- iii. If it is deemed that your practice has made no effort and cannot provide the necessary assurances, the CCG will consider whether your practice should continue to deliver the Salford Standard for your patients.

Please do not hesitate to contact ([insert Senior Service Improvement Officer's name and email address](#)) should your practice require any support. Support is also available from your Salford Primary Care Together neighbourhood manager ([insert name](#)).

Yours sincerely

[GP Clinical Lead](#)

[Salford Standard Support Team](#)

[Tel:](#)

[E: Mail:](#)

[CC: SPCT neighbourhood manager](#)

**Appendix C: Templates**

**Appendix C1**

**Salford Standard – 2017/18 contractual sign-up requirements**

<b>Date</b>		<b>Practice Name</b>		<b>Practice Clinical Lead</b>	
		<b>Practice Code</b>		<b>Practice non-clinical Lead</b>	

<b>Outstanding sign-up requirement</b>	<b>Response at sign-up</b>	<b>Response at Q2</b>	<b>Action</b>	<b>Action Lead</b>	<b>Deadline</b>
CCG to populate	CCG to populate	CCG to populate			

Submissions to be made to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net)

**Appendix C2**

**Salford Standard – quarterly performance action plan**

<b>Date</b>		<b>Practice Name</b>		<b>Practice Clinical Lead</b>	
		<b>Practice Code</b>		<b>Practice non-clinical Lead</b>	

<b>Action</b>	<b>Action Lead</b>	<b>Deadline</b>	<b>Agreed Support</b>

Submissions to be made to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net)

**Appendix C3**

**Salford Standard – consecutive quarterly performance action plan**

<b>Date</b>		<b>Practice Name</b>		<b>Practice Clinical Lead</b>	
		<b>Practice Code</b>		<b>Practice non-clinical Lead</b>	

<b>Previously agreed action</b>	<b>Progress</b>	<b>Next Steps</b>	<b>Action Lead</b>	<b>Deadline</b>

Submissions to be made to [salccg.primarycare@nhs.net](mailto:salccg.primarycare@nhs.net)