

# CEG Fact File

## Data Accreditation and Improvement Incentive Scheme

This fact file sets out the requirements and payments for all three phases of the scheme, plus the resources available to support you with Phases 1 and 2.

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# About the Data Accreditation and Improvement Incentive Scheme

## Purpose

The Data Accreditation and Improvement Incentive scheme is jointly led by CEG and NHS North East London. It aims to support practices to record high-quality data in two areas:

- **Consultation types and job roles** – to enable practices to see who is doing what
- **Wider determinants of health** - particularly for patients within the most deprived quintile of the NEL population – to help practices understand the needs of this cohort, provide tailored health advice and signposting.

First and foremost, this will enable practices to monitor and manage demand and **provide better care for their patients** by understanding wider problems that may be affecting their health.

Commissioners can also identify areas that do not have enough clinical resources and this information can therefore also inform service planning, including new services and new service models. They can understand the use **of ARRS roles** to ensure optimum uptake and utilisation across practices and calculate likely workload if a practice must temporarily close for any reason, such as flood, fire, utility failure, sickness, or COVID-19.

Accurate GP activity data also helps nationally to better show the sheer scale of what general practice teams do. The data will be able to demonstrate and make the case for **extra investment** in general practice and give insight about different ways of working and variation across the country.

## Why is this work important?

### With respect to roles and consultation data:

Improving consistency in data capture of encounters and job roles is vital to describe the full spectrum of administrative and clinical work being delivered in general practice, in a way that is mutually exclusive and collectively exhaustive. This means that the job roles and consultation types describe the person or activity in a way that is explicit and distinct from other terms.

Accurate information about which roles are undertaking which activities within a practice, and whether activities are happening in-person or by telephone, will allow practice teams to:

- **Monitor and manage demand** more effectively in line with best practice guidance
- **Understand patient flow and interactions**
- **Understand practice activity and workload** across the month and during the year
- **Identify pressure points** that need mitigating for the benefit of staff and patients
- **Plan deployment of extra and existing staff**

## With respect to wider determinants data:

It is not sufficient to simply have accurate data on demand and patient access without understanding, in detail, the local population and the barriers that may prevent some groups from fully utilising current services. Improved data on housing, financial worries, communication preferences and social isolation improves ability to identify local barriers to access that can then be addressed to improve patient care.

Further, ARRS roles are being developed across NEL to support access and uptake of services including social prescribing, wellbeing practitioners and care coordinators. Again, to maximise impact from these new roles, high quality data on how these roles are utilised needs to be available.

## Does this affect GP Appointment Data (GPAD)?

No. GPAD reports use data from a practice's appointment book. This incentive scheme improves the recording of *consultation* data, which GPAD does not use. Successfully completing this scheme will not impact data used by GPAD.

Appointments represent scheduled work whereas encounters/consultation data (the focus of the Data Accreditation and Improvement Incentive Scheme) represent work done, including unplanned work. Both are helpful for understanding demand and how practices deploy capacity to meet it.

# Incentive scheme structure

## Overview

There are three phases to the scheme taking place across two years:

### Phase 1

- Sign up to Edenbridge Apex and enable data NEL ICB sharing agreement. Activity to be verified by NEL EQUIP Team.
- Perform 'housekeeping' of consultation types and job roles – EMIS Practices to Evidence this by screenshot sent to CEG. SystmOne Practices to evidence this by virtual review with local facilitator.
- Payment is upon delivery of evidence and separate confirmation of sign-up to Edenbridge Apex by the EQUIP team.
- Attracts 10p/patient across registered list size as at 1<sup>st</sup> August 2023 once evidenced.

### Phase 2

#### Part 1

- Data collection across entire applicable list size – ethnicity, language, carer status, communication/contact preference.
- Evidenced by CEG searches at end of year one.
- Attracts 3p/patient across registered list size as at 1<sup>st</sup> August 2023 - paid end of year.

## Part 2

- Data collection across **two target cohorts** (all new registrations from 1 October 2023 – March 2024 and 20% most deprived population of NEL) – isolation, literacy/communication, housing, employment vulnerabilities. REVIEW THE DATES OF COHORT
- Evidenced by CEG searches at end of years one and two.
- Scaled achievement, cumulative payment – max 30p across two years. Paid end of years one and two up to the level of achievement in-year.

### Phase 3

- Accreditation visit. Evidence of Phase 1 systems in place and required training undertaken + minimum achievement of 25% of threshold in Phase 2.

## Payment overview

Sign-up support	Achievement levels	Accreditation payment
<b><u>Phase 1 cost</u></b> <b>(10p per patient)</b> <ul style="list-style-type: none"> <li>• Based on registered list size as at 1 August 2023</li> </ul>	<b><u>Phase 2 cost</u></b> <b>(33p per patient)</b> <ul style="list-style-type: none"> <li>- **Based on number of new registered patients from 1 October 2023 to 31 March 2024.</li> <li>- ***Based on number of patients in practice population in the most deprived quintile (20%) in NEL.</li> </ul>	<b><u>Phase 3 cost</u></b> <b>(10p per patient)</b> <ul style="list-style-type: none"> <li>- Based on registered list size at the point of accreditation</li> </ul>

## Detailed table of phases

Indicator	Achievement threshold	Payment
<b><u>Phase 1</u></b>		
Sign up to specification and staff training		10p per patient (registered list size as at 1 <sup>st</sup> August 2023)
Preferred consultation types	100% (recorded by practice) <sup>****</sup>	
Preferred practice job roles	100% (recorded by practice) <sup>****</sup>	
Edenbridge Apex: <ul style="list-style-type: none"> <li>- Signed Edenbridge Apex memorandum of understanding</li> <li>- Evidence of (or scheduled) installation and</li> </ul>	100% to be reported by EQUIP team	

<p>commissioning of practice Edenbridge Apex</p> <ul style="list-style-type: none"> <li>- Signed data-sharing agreement for Edenbridge Enterprise (PCN, ICB view of data)</li> <li>- Enterprise Data sharing enabled on practice Apex</li> </ul>		
<p><b>Phase 2</b></p> <p>Ethnicity Carer Language Communication/ Contact preference</p>	<p>95% - 100% all applicable groups</p>	<p>3p per patient (registered list size as at 31<sup>st</sup> March 2024) By the end of year one</p>
<ol style="list-style-type: none"> <li>1. Isolation</li> <li>2. Literacy/communication vulnerability</li> <li>3. Housing vulnerability</li> <li>4. Employment/Income vulnerability</li> </ol>	<p><b>(For All other Indicators)</b> 25% - 95% (scaled)</p>	<p>By end of year one or two Achievement: 25% - 45% 6p 46% - 70% 9p 71% - 95%+ 15p per patient in cohort as at 31<sup>st</sup> March<sup>**/**</sup> (new registrations or 20% most deprived).</p> <p>This is cumulative ie maximum payment for achieving highest threshold over all four indicators is 30p per patient<sup>**/**</sup> over the duration of the scheme.</p> <p>For example – if a practice achieves 72% in year 1 they will achieve 30p (6+9+15p).</p>
<p><b>Phase 3</b></p> <p>Accreditation visit at end of year two</p>	<ul style="list-style-type: none"> <li>- All systems requirements in place</li> <li>- All required training undertaken</li> <li>- In order to eligible for accreditation payment, practice has achieved a minimum of 25% of the thresholds in Phase 2</li> </ul>	<p>10p per patient (registered list size at point of accreditation) once practice achieves accreditation.</p>

# Phase 1: Consultation types and job roles

To meet the requirements for the scheme, you need to:

- Amend the job roles and categories being used at your practice to match the table below
- Send a screenshot as evidence to your local facilitator

## Preferred job roles

This table shows the suggested roles and categories, as outlined in the NHS NEL best practice guide. Practices may have additional jobs roles than these, for example health and wellbeing coaches – these are probably best put under the Health Care Support Worker category. We advise against using overlapping job roles such as Health Care Support Worker for both Social Prescribers and Care Coordinators, using instead ‘Social Prescribing Link Worker’ and ‘Care Co-ordinators’ respectively.

Job role	Recommended job category
GP	General Medical Practitioner, GP Registrar, Locum GP, Principal GP, Salaried General Practitioner, Sessional GP
Advanced Nurse Practitioner	Specialist Nurse Practitioner
Nurse	Practice Nurse, Staff Nurse, Nurse Access Role, Nurse Manager, Community Mental Health Nurse, Community Nurse, Enrolled Nurse
Midwife	Midwife
Healthcare Assistants	Healthcare Assistant
Physician’s Associates	Physician Associates
Physician’s Assistant	Physician Assistant
First Contact Practitioners	Physiotherapist, First Contact Physiotherapist, Paramedic,
Social Prescriber	Social Prescribing Link Workers
Pharmacist	Pharmacist, Clinical Pharmacist
Care Coordinator	Care Co-ordinator
Occupational Therapist	Occupational Therapist
Dietician	Dietician, Dietitian
Podiatrist	Podiatrist
Health and Wellbeing Coach	Health and Wellbeing Coaches
Pharmacy Technician	Pharmacy Technicians
Nursing Associate/Trainee Nursing Associate	Nursing Associates, Trainee Nursing Associates
Mental Health Practitioner	Mental Health Practitioners
General Practice Assistant	Helper/Assistant

## Preferred consultation types

To meet the requirements of the scheme, you need to:

- Amend the terms used for consultation types to match the table below
- Send a screenshot as evidence to your local facilitator

Using consultation types consistently allows practices to:

- Differentiate care-related activity and encounters from other clinical entries and workflow, eg externally entered notes, documents, lab results etc.
- Differentiate modes of contact, eg face-to-face, online consultations, telephone.
- Identify inputs from online consultation suppliers and other suppliers with an API (Application Programming Interface) such as Accurx and eConsult.
- Look at patient flow and identify common patterns of activity.
- Accurately represent the nature of the encounter, which is important medico-legally.

**Table of recommended consultation types for EMIS and SystemOne:**

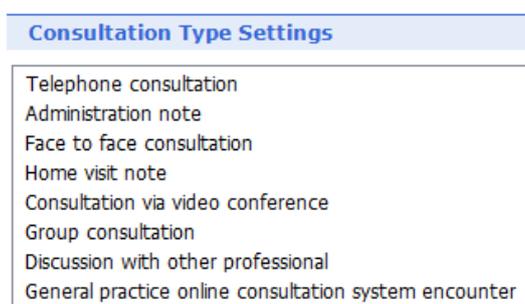
Consultation type	EMIS term	SystemOne term
<b>Face-to-face Consultation</b>	Face-to-Face Consultation	Face-to-face
<b>Telephone Consultation</b>	Telephone Consultation	Telephone Consultation
<b>Home Visit</b>	Home Visit note (Residential home visit note, Nursing home visit note)	Home Visit (Residential home visit note, Nursing home visit note)
<b>Inbound Online Consultation</b> N.B. where supplier does not automatically enter code into consultation history via Application Programming Interface (API)	General practice online consultation system encounter	Online Consultation
<b>Online Consultation</b>	General Practice Online Consultation system encounter	Online Consultation
<b>Video Consultation</b>	Consultation via videoconference	Video Consultation
<b>Email Consultation</b>	Email	Email
<b>Group Consultation</b>	Group consultation	Care Activity delivered as Group Therapy
<b>Administrative entry</b>	Administration note	Administration note
<b>Discussion with colleague or other professional</b>	Discussion with other professional	Third Party Contact

## Table of terms to avoid for EMIS and SystmOne

There are several encounter terms and observation in use on EMIS and SystmOne that are ambiguous and so should be avoided.

EMIS terms	SystmOne terms	Alternatives
GP Surgery and synonyms eg G.P. Surgery, gp surgery and also specific practice name eg 'Healthytown Surgery'		Use the specific consultation type eg telephone
Externally entered note, Clinic note, Note entry, Consultation (procedure)	Clinic note, Additional note, Comment note, Indirect encounter (procedure), Third party encounter (procedure)	For consultations where the patient is not involved eg notes reviews use admin note. For consultations where the patient is involved use the specific consultation type.
Consultation on premises	Surgery Consultation Note, Consultation (procedure), Patient-initiated encounter (procedure), Follow-up consultation (procedure), Follow-up visit (procedure), Joint consultation (procedure)	If this is an in-person consultation – use face to face. For other consultations use appropriate specific code.
Non-consultation data	Non-consultation data, Non-consultation medication data	Documents should not be added as encounters. For consultations where the patient is not involved eg notes reviews use admin note.

An example of what this will look like in EMIS web once completed:



All data will be picked up by the North East London Power BI Dashboards in near-real time.

# How to change job roles

## EMIS

How can you see which roles users are currently sitting within?

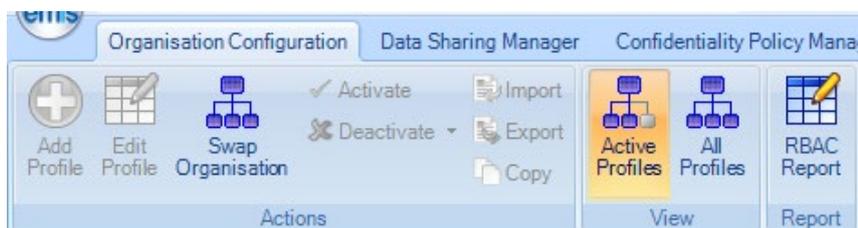
> Navigate to the Organisation Configuration module



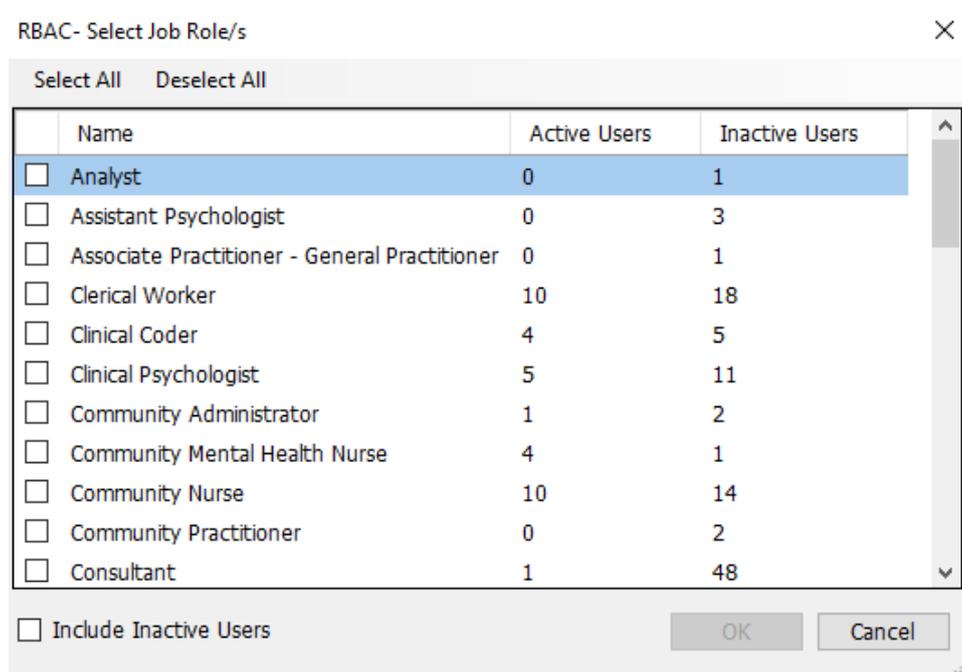
> RBAC (bottom left of the screen)



> RBAC report (top ribbon)



> *Select All – but do not include inactive users*



This will produce a report detailing all active users who are sitting within each job role. Practices can then audit and reassign job roles as required – an example of what this generated report looks like can be found below:

<b>Roles Included in Report</b>	Analyst, Assistant Psychologist, Associate Practitioner - General Practitioner, Clerical Worker, Clinical Coder, Clinical Psychologist, Community Administrator, Community Mental Health Nurse, Community Nurse, Community Practitioner, Consultant, Desktop Support Administrator, Desktop Support Technician, Dietitian, Dispenser, General Medical Practitioner, GP Registrar, Health Care Support Worker, Health Visitor, Healthcare Assistant, Manager, Medical Records Clerk, Medical Secretary, Medical Student, Midwife, Modern Matron, Patient Welfare Officer, Pharmacist, Physician Assistant, Physiotherapist, Practitioner, Psychiatrist, Receptionist, Researcher, Salaried General Practitioner, Senior Administrator, Sessional GP, Specialist Nurse Practitioner, Staff Nurse, System Administrator, System Worker, Technician - Admin & Clerical
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**Users (By Role)**

Total Users Count :

User Name	RBACS	Status	Date Registered	Date Inactivated
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Clerical Worker (10)

**To change the job role:**

> *Organisation Configuration module > Users tab (bottom left)*

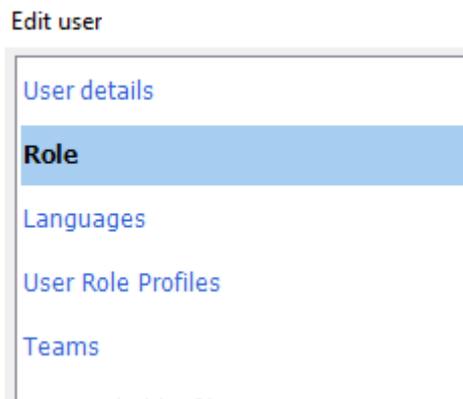


Select the user whose role needs amending and then

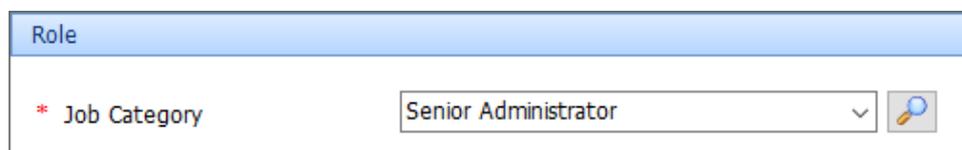
> *Edit User (top left in the ribbon)*

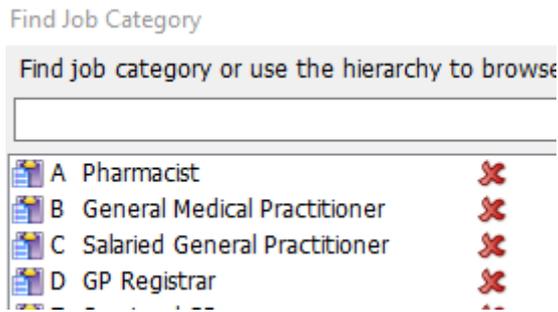


> *Role tab*



> *Amend job category by selecting required role from drop-down list, or click on the magnifying glass to search for it:*

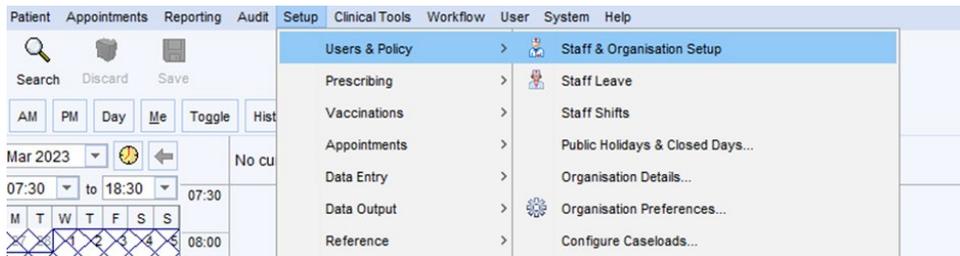




**Completion to be evidenced via screenshot sent to local facilitator.**

## SystemOne

*Navigate to > Setup > Users & Policy > Staff Organisation and Setup*



The Employment roles should immediately be visible on the screen.

### **How to change the job role:**

Send a CSV of all amendments to IT helpdesk. Please note that amending the employment role may have an effect on the RBAC roles, so practices will need to specify that the users must retain all functionality associated with the original roles.

**Completion of this process to be verified via local facilitator.**

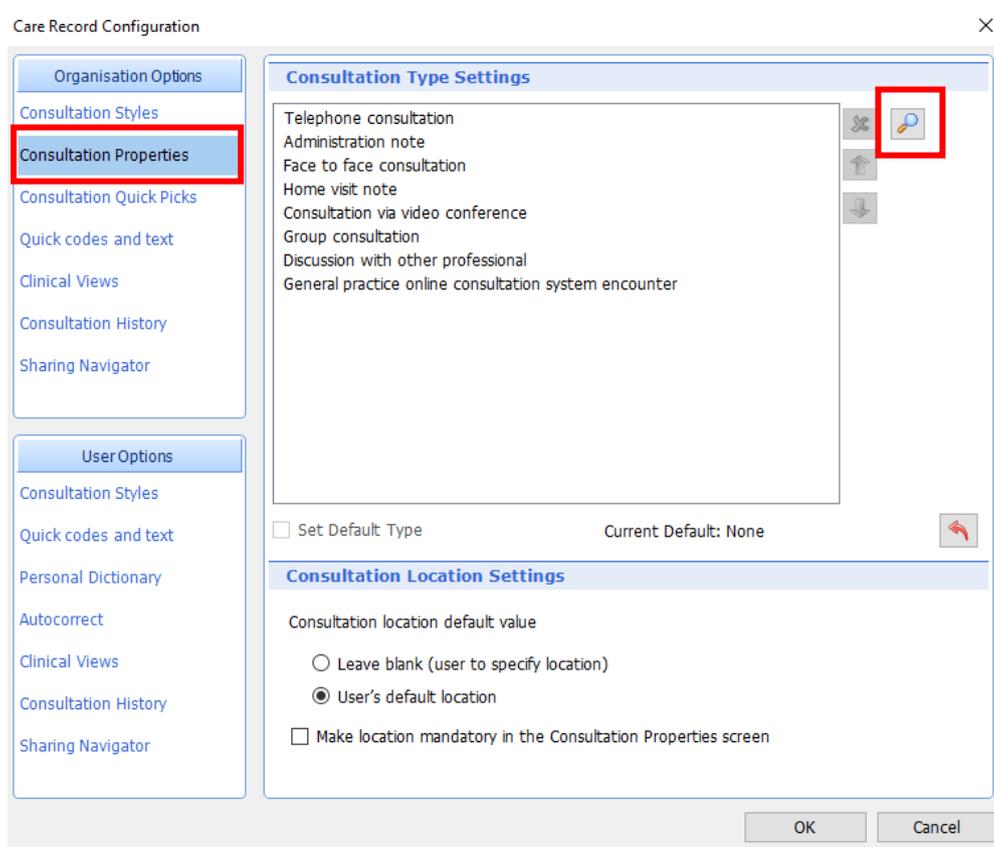
# How to configure consultation types

## EMIS

> Consultation screen > CR Config



Organisation Options > Consultation Properties



Non-recommended Consultation types need removing from the options as well as the new ones adding!

*\*Please note that a user must have a high enough level of access otherwise this menu will not be visible.*

**Completion to be evidenced via screenshot of defined consultation list sent to local facilitator.**

## SystemOne

When creating a new journal entry in S1, ensure that the Contact Method is correctly selected.

The screenshot displays the 'Event Details' form in SystemOne. The 'Contact method' dropdown menu is open, showing a list of options: Face to face (selected), Text, Email, Face to face, Telephone, Letter, Fax, E-mail, DNA, Administration note, Home Visit Note, Third Party Consultation, Patient Entered Data, Select Another Option..., Configure List..., and Manage Favourites... The form also includes sections for Date & Time (Wed 03 May 2023, 11:03), Staff (Event done by: Known staff member, Staff type: Clerical Access Role), Location (Organisation, Other location: Surgery), and Visibility (Normal (Part of the...), Private (Not part of...), Safeguarding Related, Visible in the online...).

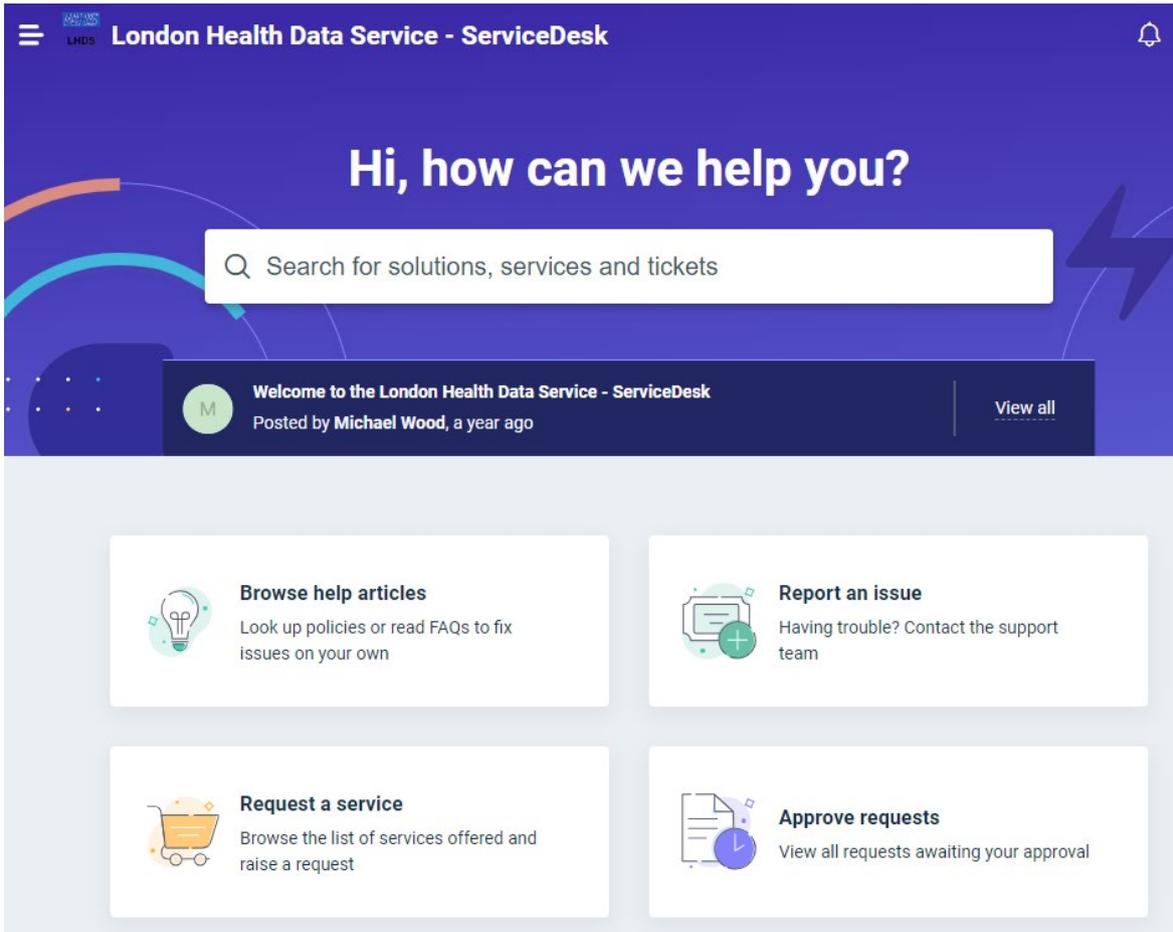
**Completion to be evidenced via screenshot of consultation drop-down list sent to local facilitator.**

## How to Access the NEL PowerBI Primary Care Consultations Dashboard

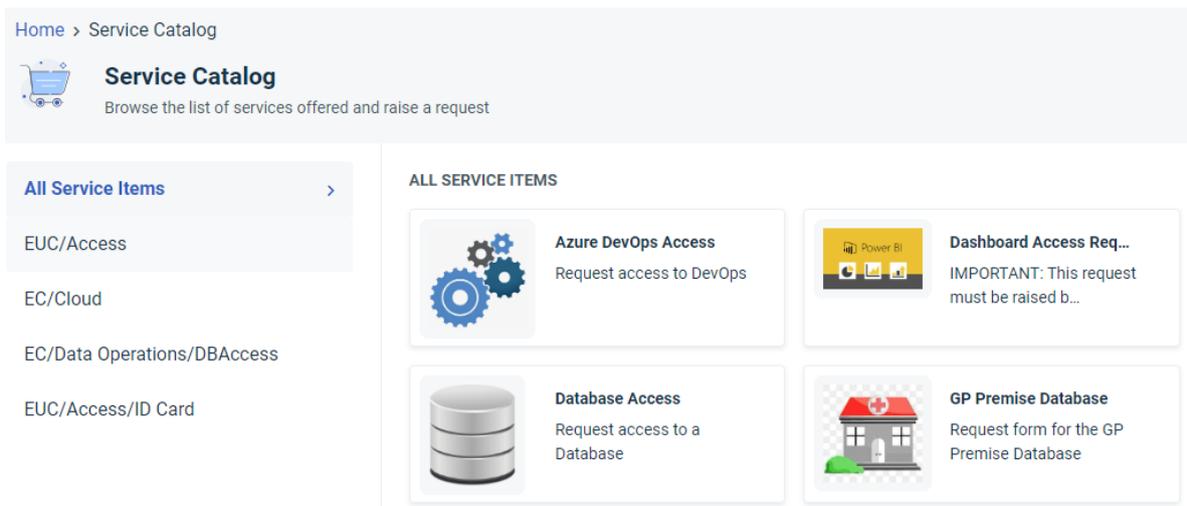
Access to the dashboard can be requested via this link:

<https://sd.LondonHDS.nhs.uk>

This will take you to the service desk for the London Health Data Service. Once you have signed up\* for an account (or signed into your existing account) you can request access to multiple PowerBI dashboards by selecting 'Request a Service':



Select 'Dashboard Access Request' from the Service Catalog:



\*Please note that the process for signing up will require the use of the Microsoft Authenticator app, for two-factor authentication. This will only need to be set up once.



## Dashboard Access Request

IMPORTANT: This request must be raised by t

[Read more](#)

Please click [HERE](#) to view our current Dashboards and the reports contain

Please select the required Dashboard \*

- Learning Disabilities Health Needs Assessment
- LTC Register
- Primary Care Consultation Dashboard
- QOF- LTC with Inequalities
- Secondary User Services (SUS)
- Social Prescribing

You will then need to complete the rest of the (short) form:

Purposes for Dashboard Access \*

What is Your Current Job Title? \*

Full Name of Your Manager or Team Lead \*

Email Address of Your Manager or Team Lead \*

Please select the Organisation You currently work for \*

We recommend adding the following into the 'Purposes for Dashboard Access' field:

*'Access required to the **Care Encounters Data Quality (DQ) Report\*** for the NEL Data Accreditation and Improvement Incentive Scheme'*

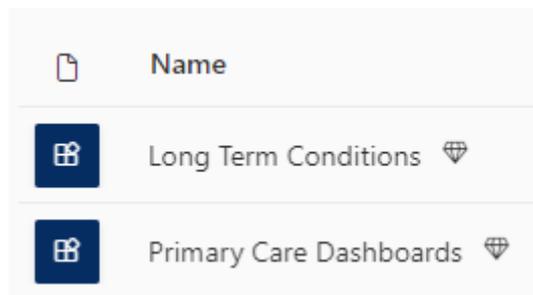
\*The Care Encounters Data Quality (DQ) Report is a subset of the Primary Care Consultation Dashboards and will be the main dashboard in use for this scheme.

Once your access has been approved, the dashboard will then be accessible via this link:

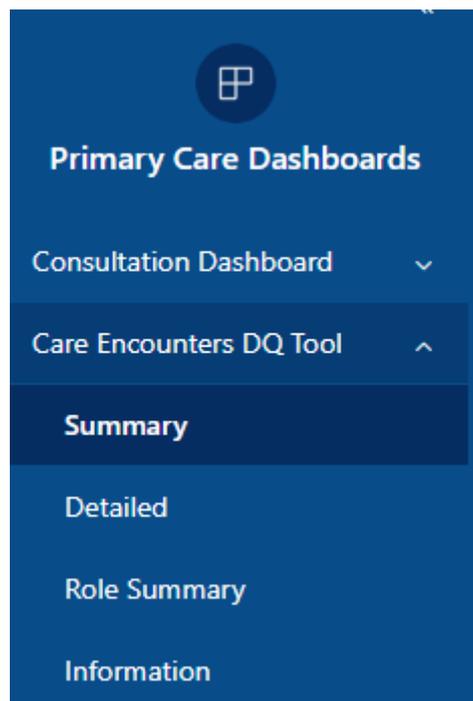
<https://app.powerbi.com/home?ctid=8076439c-5b1f-4e15-91ea-a0bff0b3bf16&noSignUpCheck=1>

## Using the dashboard

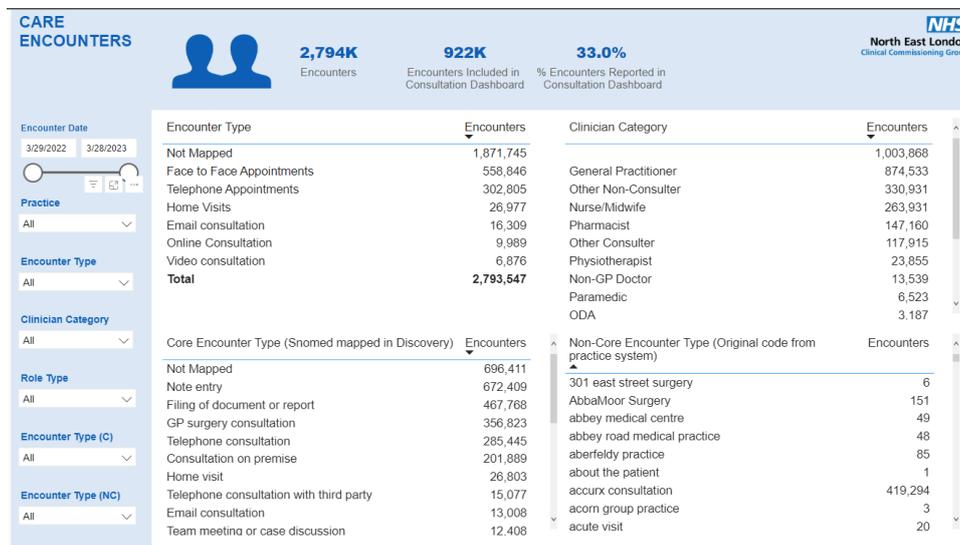
The Primary Care Dashboards selection should be visible in your **My Apps** tab:



The **Care Encounters DQ Tool** will be found within in the Primary Care Dashboards menu on the left hand side.



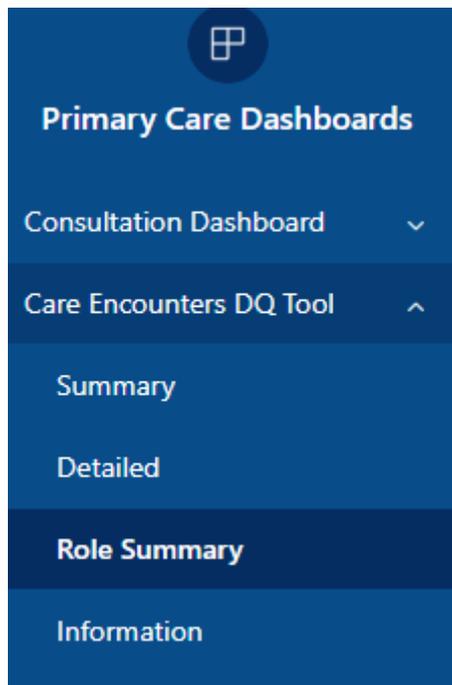
The consultation types from the practice are shown on the bottom right (Non-Core encounters). Discovery then tries to Map these (bottom left) and with the broad encounter type in the top left. Clinician type is in the top right.



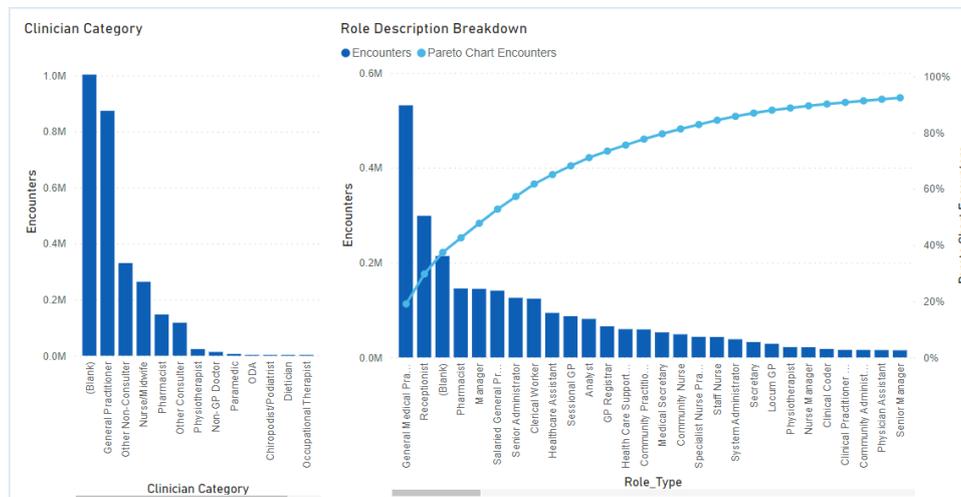
This can be filtered down to an individual practice to assess the clarity of their current consultation types and clinicians.

This can then identify vague consultation types – eg ‘GP surgery’ that practices should be avoiding as part of the scheme.

For details on clinician roles you can go to the Role Summary tab:



From here you can see the Current role types within your selected filter on the right and their mapped category on the left.



The goal is to achieve as much clarity with the data here as possible (note – some blanks may remain from API accessing services such as Accurx consultations – this should be clear from the consultation type - and ensure all other Roles are appropriately mapped according to best practice. By clicking on the bars you can see a breakdown highlighted to identify culprit roles.

## Additional useful resources

Whilst your local CEG facilitator will be able to help with most queries, there are also other sources of support available to help you manage the different aspects of the task:

- [NEL Power BI Dashboards](#)
- London Health Data Service – [Service Desk](#) (for queries regarding dashboard access)
- Support with configuring job roles and consultation types is also available from your local GPIT facilitator ([welc.gpitraining@nhs.net](mailto:welc.gpitraining@nhs.net))
- How to use the Microsoft Authenticator App guide [available here](#)

## Phase 2: Wider Determinants of Health

To meet the requirements of Phase 2, you need to have asked the following questions to patients defined as 'at risk' (living in deprived areas) and all new registrants since 1 October 2023, equal to or over the age of 16 years old.

1. Ethnicity status
2. Language Status
3. Carer status
4. Contact preference
5. Health Literacy Vulnerability
6. Housing Vulnerability
7. Income Vulnerability
8. Social Isolation

The purpose of gathering this information is to see what support patients within these cohorts need. If a patient does answer 'Yes' to any of questions 5-8, you should refer them to social prescribing or signpost them to local support.

### Resources

To support practices with Phase 2 of the programme, we have provided:

- Accurx Florey
- Support searches
- Registration document
- Template
- Patient FAQs and video

### Accurx Florey

Our Accurx Florey supports bulk text messaging to patients. The Florey has a brief explainer, followed by four yes/no questions which ask patients about health literacy, housing, income vulnerability and social isolation. Patient responses will be coded into their health record automatically.

We have sent the Florey import link to practices in North East London by email. Please [contact your local facilitator](#) if you have not received it.

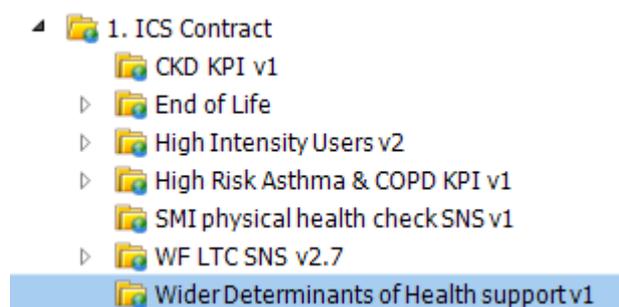
Instructions and support for Floreys are also available on the [Accurx website](#).

### Support searches

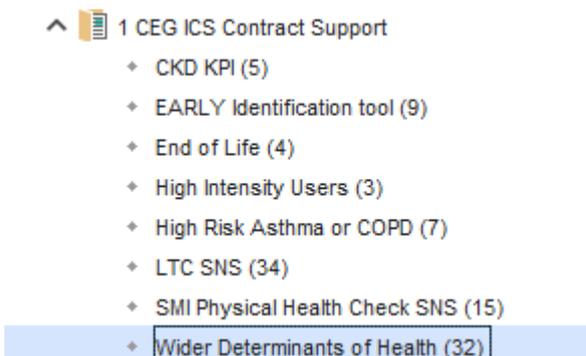
The suite includes searches that identify patients defined by the scheme as 'at risk' (living in deprived areas which are likely to have high levels of need), and all new registrants since 1 October 2023. These patients can be prioritised to receive the text message, though some practices may wish to send the message to a wider group.

The searches are available in your practice support folder, under 'ICS Contract':

## EMIS:



## SystemOne:



## Registration document

'**Wider determinants of health questionnaire**' includes all the required questions for patients - you can include this with your New Registrant pack. Available across North East London in EMIS (Resource Publisher) and SystemOne.

## Template

'**Wider Determinants of Health NEL**' to ask patients the required questions during a consultation. Available as a page within all CEG templates and as a standalone template across North East London in EMIS (Resource Publisher) and SystemOne.

## Information for patients

- **Patient FAQs** (PDF)

Use this to support your conversations with patients, or print it and give it to patients directly.

- **Patient video** (MP4)

This short, animated video is aimed at patients and can be used on your practice waiting room screen if you have one.

The PDF and video are available to download from the [DAaIIS page of the CEG website](#).