

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
5th DECEMBER 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Steven Forsyth
PURPOSE OF REPORT:	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	<ul style="list-style-type: none"> • Overview of Primary Care Activity
RECOMMENDATION:	Assurance only
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	N/A
3. System effectiveness delivered within our financial envelope	N/A



PRIMARY CARE QUALITY DASHBOARD

RAG Ratings: 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Concern	RAG rating
IP	Low IP audit rating for one practice in August review on-going	1b
MRHA	Nil to report	1a
FFT	Repeat non-submissions for two practices	1b
	Repeat suppressed data (low submission) for two practices	1b
Quality Matters	One Quality Matter logged as a concern due to repeat incidents and other concerns within the practice	1b
Complaints	No formal complaints to report	1a
Serious Incidents	One incident currently being processed –treatment delay	1b
Escalation to NHSE	Three incidents to be referred to NHS England at next performance meeting 2017	1a
NICE	Nil to report	1a
CQC	Two practices have received a “Requires Improvement” rating and are being monitored.	1b
Workforce	Workforce implementation plan revision undertaken, workforce strategy under development	1a

1. BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

2. INFECTION PREVENTION

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link for primary care. Three reports have been received in the last month with two practices scoring bronze and one silver.

IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:

- Waste



- Equipment
- IP Management
- Environment
- Sharps
- PPE
- Minor Surgery Room
- Practice Nurse Room

Assurances: Primary Care Liaison for IP is supporting the practice who had a red rating in August are undergoing a 3 month follow up and will provide a progress report. Other practices with outstanding actions are also currently being followed up. Monitoring is also being undertaken by the Primary Care Quality Assurance Coordinator in conjunction with IP and by the Primary Care Team. Any additional support or actions will be discussed following the 3 month review.

3. MEDICINES ALERTS

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate. There are currently no actions required by CCG.

Click to view [Tablet Bytes](#)

Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme (www.mhra.gov.uk/yellowcard).

Drug, device and Field Safety Notices for October links are below – these are forwarded directly to practices by NHS England:

<https://www.gov.uk/drug-device-alerts>

4. FRIENDS AND FAMILY TEST

The figures for October FFT submissions (September 2017 figures) are shown below.

Data:

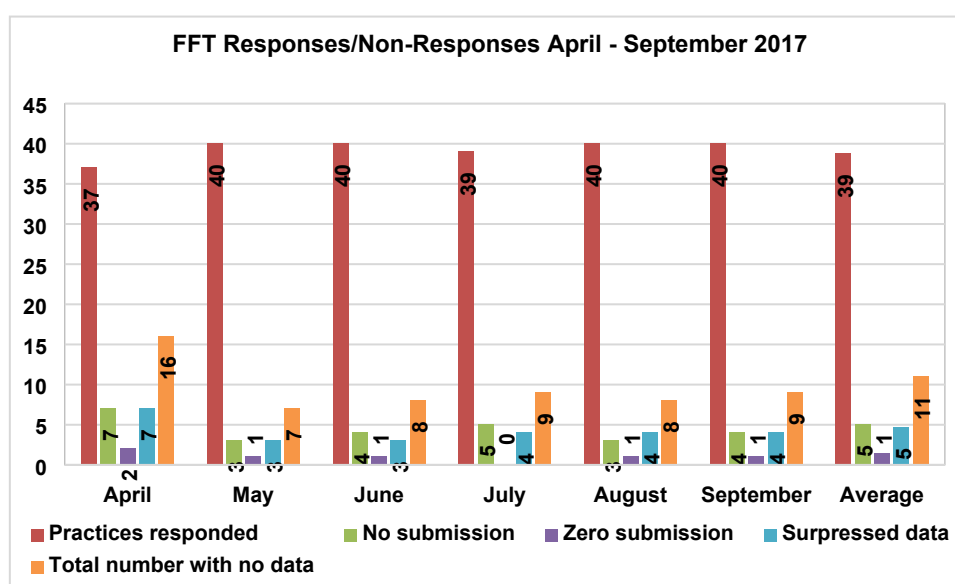
GP FFT	August Data (September Submission)		
	WCCG	West Mids	England
Percentage Recommended	81%↓ (82%) (2522/3131)	88%↔ (88%)	89%↔ (89%)

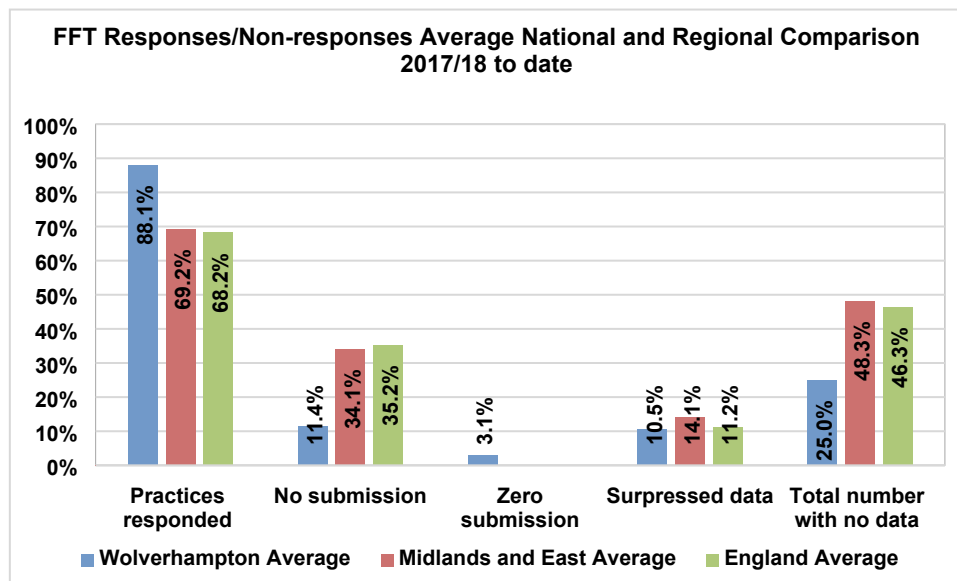


Percentage recommended	Not	4%↔ (4%) (121/3131)	6%↔ (6%)	6%↔ (6%)
Overall response % of total list size		1.1%↓ (1.2%) (3131/277369)	0.6%↔ (0.6%)	0.5%↔ (0.5%)
Wolverhampton CCG				
		Number	Percentage	
No of Practices with no submission		4 (3)	9%↑	
No of Practices had data suppressed (returns with less than 5 responses are not included in the final analysis by NHSE)		4 (4)	9%↔	
No of practices with zero responses		1 (0)	2.3%↑	
Total number practices with no data		9 (8)	20%↓	

Overall practices with no submission have increased slightly this month (9% compared to 7% in August). Suppressed data has remained the same at 4 practices (9%) and the total number of practices with no data available is 9 (20%) compared to 8 (18%) in August. Regionally and nationally no submissions are at 34.1% and 35.2% and suppressed data is at 14.1% and 11.2% respectively.

The numbers/percentages of submission and non-submission are shown below:



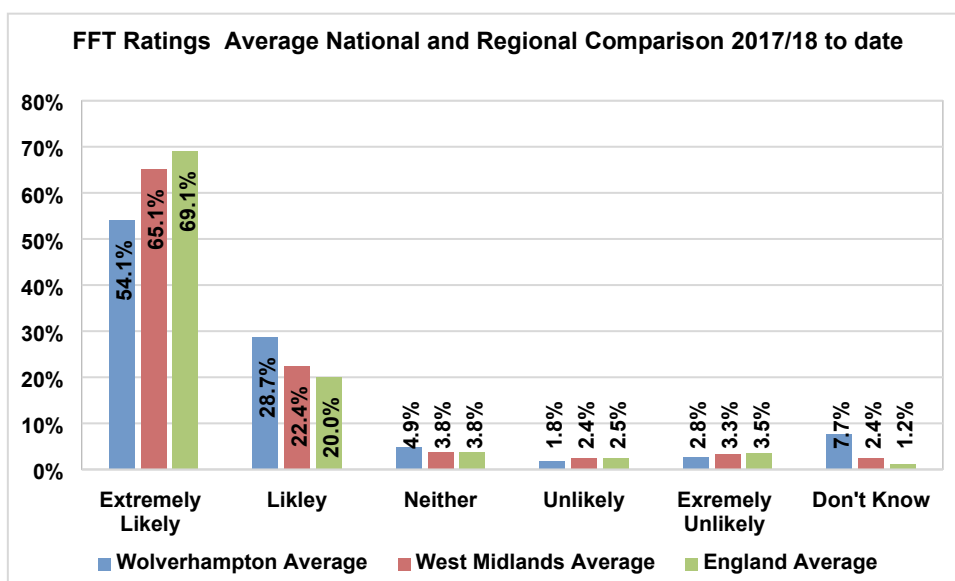
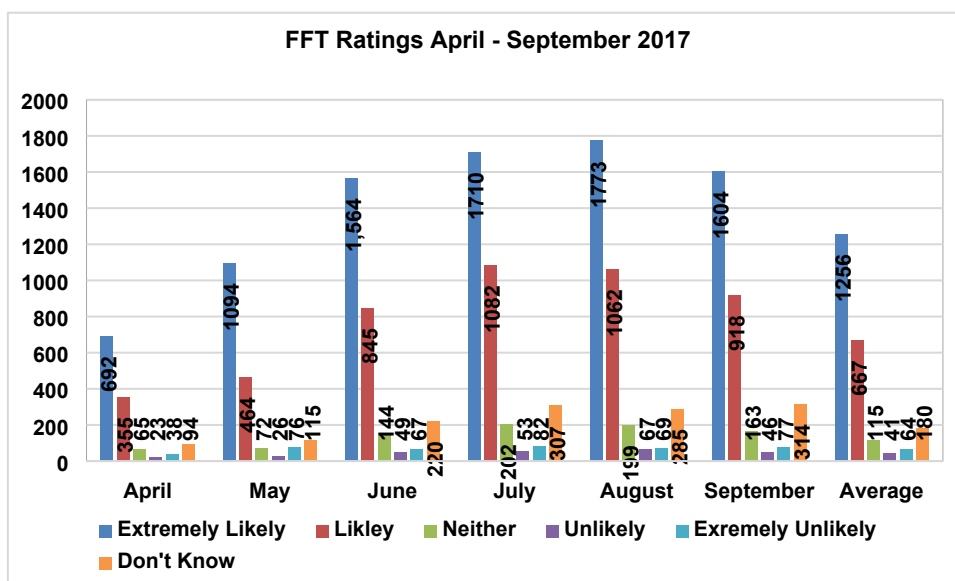


Overall response for WCCG as a proportion of list size was 1.1% which is the same as for the previous month and was significantly better than both the regional (0.6%) and national (0.5%) average.

Ratings:

81% (2522) of responses were positive (extremely likely or likely with all practices that had available data providing a response in these categories) this is a slightly lower percentage but better spread of responses than last month (82%). This is again lower than the national and regional averages of 88% and 89%. A total of 4% (121 – with responses from 15 practices – list available) were unlikely or extremely unlikely to recommend which is the same as last month but with fewer practices included, and is lower than the national and regional averages of 6%. However, 15.3% (477) of respondents also gave a neither or don't know answer to this question which is again, higher than the national and regional averages (6.2% WM and 5.2% England) however this is an increase across the board and there may be a number of reasons for this including the way the data is collected.

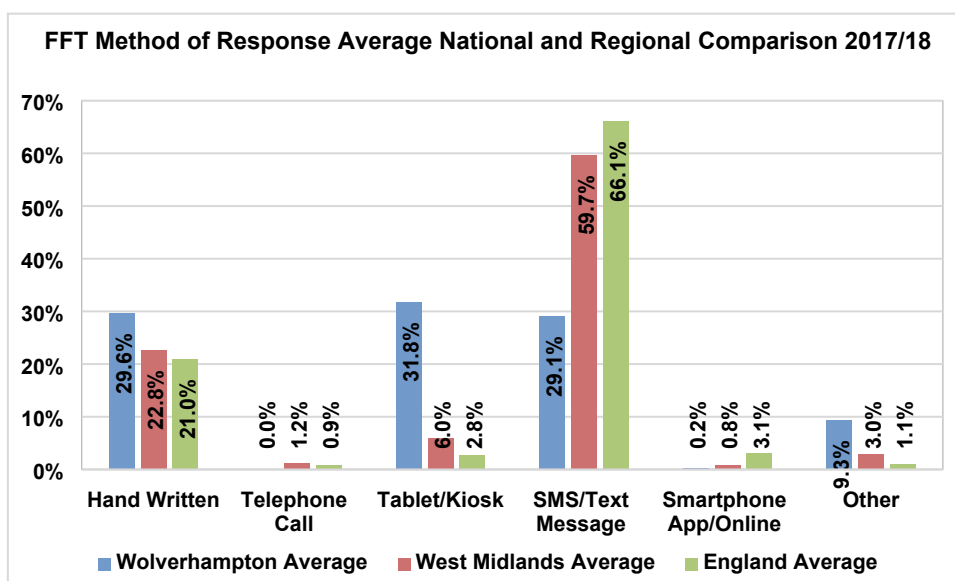
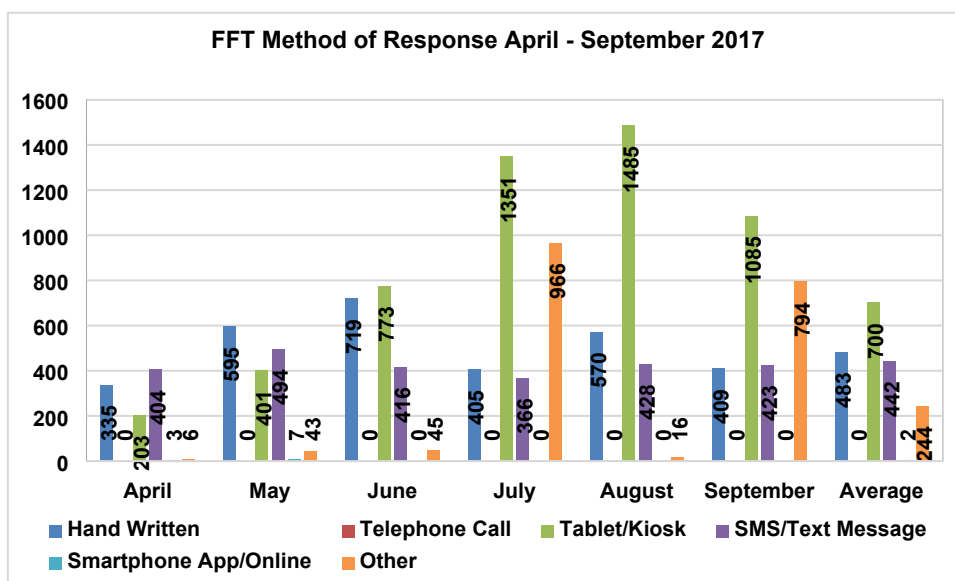




Method of Response:

This month the majority of responses have again come via tablet/kiosk (check in screens at 40.0%), SMS text (15.6%) and then handwritten cards (15.1%). Responses via tablet/kiosk are still significantly higher than the national and regional averages (31.8% on average over the last 6 months compared to 6.0% and 2.8%), but SMS texts remain lower at 29.1% on average over the last 6 months compared to 59.7% and 66.1%. This month a significant number of responses (29.3%) were classed as “other” and could therefore fall into any of the categories.





Please note that some practices do not appear to record the method of collection.

Assurances: FFT activity is being monitored on a monthly basis by the Operational Management Group and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager and appropriate advice and support offered to facilitate compliance. Those that fail to submit on a regular basis may receive a contract breach notice, and a number of sites are being monitored closely. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

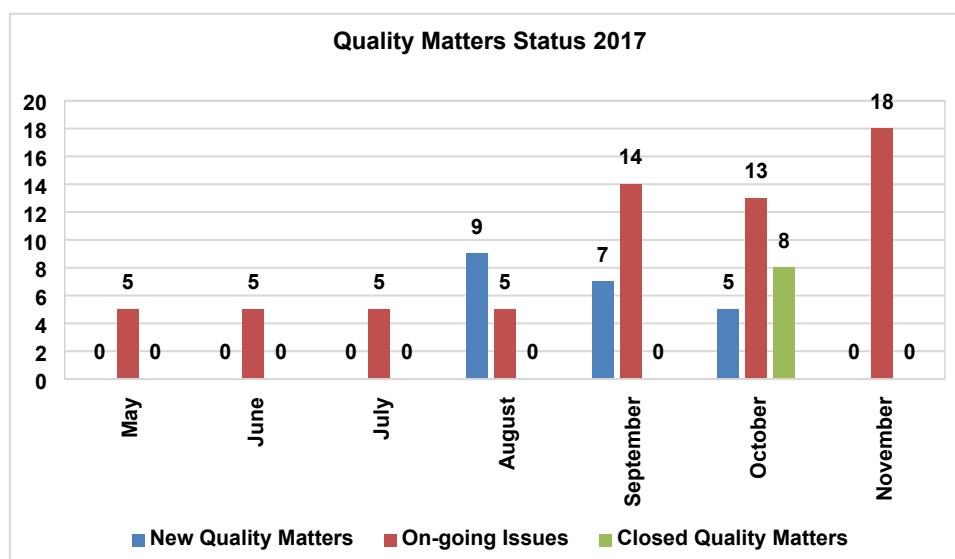


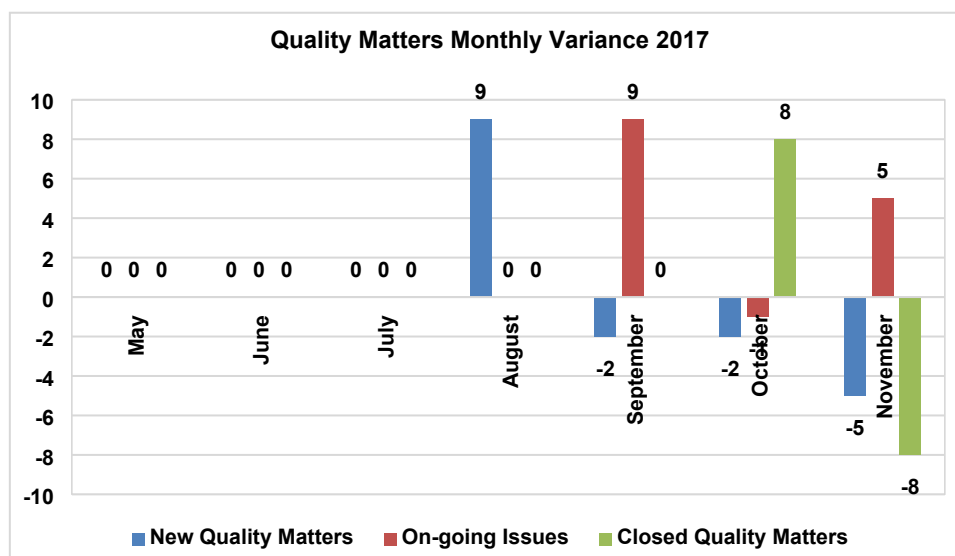
An options paper around increasing uptake and analysis of qualitative data from FFT was presented to the Primary Care Operational Management Group on 24th October – a working group for FFT has been set up, including CCG representation initially, and is due to meet for the first time on Wednesday 29th November to discuss methods of increasing engagement, uptake and promoting FFT across practice groups.

5. QUALITY MATTERS

Activity via the Quality Matters process is shown below, this is reviewed monthly. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

Status	Number	Variance from last month
New	0	-5
On-going	18	5
Closed	0	-8





All incidents here will be reported to PPIGG for logging and escalation once the practice has responded to the request for further information.

Assurances: Quality Matters incidents are now up to date, and all Primary Care incidents have been forwarded to the relevant practice. One practice has been asked to complete an investigation and assurances around repeated incidents.

6. COMPLAINTS

No complaints or compliments relating to primary care are noted for the CCG. NHS England Primary Care complaints data for Quarter 1 was received in early November 2017; there is a delay due to the nature of complaints and timeframes for closure.

In quarter 1 there were 5 complaints received regarding Wolverhampton GP practices. One out of 5 complaints were upheld. Information about action taken and learning is only available for 3/5 incidents and this is very limited due to patient confidentiality, giving anonymised and collated reports from incidents across the West Midlands.

Assurances: GP complaints are dealt with within the surgery or via NHS England and the CCG does not have oversight of these during this process; however an overview of complaints data is provided by NHSE on a quarterly basis and a brief report is provided with information triangulated with other data e.g. SIs and Quality Matters. All complaints reported to NHSE are logged via PPIGG for appropriate escalation; this includes local actions e.g. additional training or serious incident reporting. Practices must provide evidence of their complaints procedure and handling for CQC.

7. SERIOUS INCIDENTS



One incident is currently being investigated within Primary Care; this is currently being investigated at the practice and has been escalated to NHSE and will be logged at PPIGG and further action taken as directed.

Assurances: The SI is in the process of being reported back to the Quality and Risk Team under the SI Framework, following this it will be scrutinised and the practice involved must provide an action plan and assurances to the CCG that they have put learning and action points into practice. The incident will be reported to NHS England PPIGG group for logging and appropriate escalation.

8. ESCALATION TO NHS ENGLAND

From the PPIGG meeting on 9th November five issues were referred, there was also an additional incident referred directly from NHSE as a complaint and this has also been escalated further and NHSE will liaise directly with the practice. Three incidents are awaiting referral to the next meeting following responses provided to CCG. A third is on hold due to liaison between the practice and a third party.

Assurances:

Assurances around NHSE escalation are provided by bi-weekly feedback from action logs from PPIGG meetings and quarterly reports relating to complaints raised and their outcomes. Any action from escalation is shared via PPIGG and reports, however comprehensive information is not always available.

9. NICE/CLINICAL AUDIT

The NICE assurance group met in November 2017 where the latest guidelines were discussed, this is currently under review and up to date information will be presented at the next meeting. Guidance relevant to primary care from the last NICE meeting is shown below. For the latest list of published guidance please see [this link](#).

Guidance
DG30 - Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care
NG71 - Parkinson's disease in adults
QS155 - Low back pain and sciatica in over 16s
QS150 - Haematological cancers
QS152 - Liver disease
QS153 - Multi-morbidity

Assurances: The assurance framework around NICE guidance is currently being reviewed and will be applied in line with the peer review system for GPs.



10. CQC INSEPECTIONS AND RATINGS

There have been no inspections in Wolverhampton in November the most recent inspections are shown below with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Practice	Report Date	Overall rating
All Saints and Rosevillas Medical Practice	15/05/2017	Good
Poplars Medical Centre	07/06/2017	Good
Primrose Lane Health Centre	18/06/2017	Good
Fordhouses Medical Practice	25/06/2017	Good
Lower Green Health Centre	06/07/2017	Requires Improvement
Bilston Urban Village Medical Centre	10/07/2017	Good
Woden Road Surgery	14/07/2017	Good
Coalway Road Medical Practice	16/07/2017	Good
Hill Street Surgery	20/07/2017	Good
Drs Bilas and Thomas	20/07/2017	Good
Keats Grove Surgery	18/08/2017	Good
Bradley Medical Practice	25/09/2017	Requires Improvement
Whitmore Reans Health Centre	26/09/2017	Good
Dr Nicola Whitehouse	25/10/2017	Good
Probert Road Surgery	23/10/2017	Good
Ashfield Road Surgery	23/10/2017	Good

Assurances: Two practices currently have a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team. Site visits have been undertaken and outstanding issues and concerns escalated as appropriate.

11. RISK REGISTER

This will now be addressed via the full risk report within the private meeting

RAG rating:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Assurances:



The risk register is monitored by the Quality Team and by the Primary Care Committee with feedback provided to the risk handlers regarding updates and closure of risk to ensure that issues are being dealt with in a timely manner.

12. WORKFORCE

The workforce implementation plan has been revised in line with new milestones and action points from STP and national drivers. This includes:

- Workforce succession planning
- Medical workforce attraction and retention
- Nursing workforce attraction and development
- Newer roles within primary care
- Development of non-clinical workforce

A project manager for workforce is now in place working within the Primary Care Team and is revising the plan.

An STP wide workforce action plan has been submitted and approved to NHSE in the last two weeks identifying areas for co-working e.g. overseas recruitment, refugee and asylum seeker programme, succession planning and long term development of staff.

Attraction:

A working group has been set up to develop the fair and ensure a wider and more effective marketing campaign, which includes a video promoting primary care in the city. Focus will now be on robust communications. Work on the video completed this month and is to be edited, and CSU will be collating information to amend the CCG intranet site to include more comprehensive information around workforce and training.

Recruitment:

This will further be developed by the ongoing work on communications and via the local and STP workforce implementation plan.

Development:

The Trainee Nursing Associates are now on placement and the nurses undertaking Fundamentals of Practice Nursing are due to finish their course in October. The TNAs took part in a conference in London on 22nd November to discuss their experiences in primary care, this was very successful and the nurses had an opportunity to network. Other issues discussed were liability insurance, scope of practice and registration of NAs. We have also been invited to take part in Health Education England's General Practice Community of Practice for TNAs in London in January.

The local Practice Nurse Education forum will now be organised by the CCG from January 2018 and this programme of work has already commenced. All session dates are finalised and speakers are currently being arranged. Was to further develop this with additional training sessions are currently being explored.



GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager training.

Next steps include exploring clinical academic careers in primary care, this will be led by HEE.

Retention:

Further work around retention will be undertaken as part of STP and national drivers from the 10 Point Action Plan. This includes programmes such as Return to Nursing for General Practice, return to practice for GPs and accreditation of refugee and asylum seeker health professionals.

Assurances:

The workforce implementation plan has been revised following a review of the programme in the light of expansion of the Primary Care Team and the release of the 10 Point Action plan and the workbook is now also revised. Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work

13. CLINICAL VIEW

Not applicable

14. PATIENT AND PUBLIC VIEW

Not applicable

15. KEY RISKS AND MITIGATIONS

See section 9.

16. IMPACT ASSESSMENT

Not applicable.

17. ADDITIONAL PAPERS

Not applicable.

