NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
6TH FEBRUARY 2018

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Steve 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:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	• 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 four practices (one in August review on-going and three in December) Outstanding action plan by practice with low audit from August has been returned and practice has confirmed that they have booked work to be carried out in February	1b
MRHA	Nil to report	1a
FFT	Repeat non-submissions for three practices Percentage who would recommend their practice 82% Percentage who would not recommend 4% Response rate 1.6% No submission for 10 practices Zero submission for 1 practice Supressed data for 1 practice	1b
Quality Matters	11 open Quality Matters identified, 9 ongoing and 2 new incidents.	1b
Complaints	The CCG continues to be copied in on new complaints from NHSE as they are reported, 12 GP complaints have been received since the beginning of November. These are ongoing.	1a
Serious Incidents	Two incidents currently being investigated, one recently closed.	1b
Escalation to NHSE	Four incidents were referred to the NHSE PPIGG meeting escalated as appropriate and will now be managed by NHSE.	1a
NICE	No issues to report.	1a
CQC	Two practices have received a "Requires Improvement" rating and are being monitored. Revisit for one practice by CQC – awaiting revised report.	1b
Workforce	Workforce strategy now completed, work continues around Working in Wolverhampton video for recruitment, and attendance at recruitment fairs and events planned for the coming year.	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. Information for the most recent visits and audits are shown below.

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

Ratings for January 2018	Number	Percentage
Gold	0	0%
Silver	6	60%
Bronze	1	10%
No rating	3	30%

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

Twenty six audit reports have been received so far this year; the highest score noted is 96% (silver) and the lowest 76% (no rating); the average score is 90% (bronze).

Influenza Vaccination: Appendix 1 shows the flu vaccine uptakes for Wolverhampton up to 21st January with average uptakes across all groups with a comparator of uptake during the same week last year. Highest uptake is in the 65+ age group (67.9%), and lowest in children at risk aged 6 months – 2 years (14.9%) and children at risk aged 2 – 5 (34.7%).

Information on individual practice uptake has been shared with locality managers.

Assurances: The Primary Care Liaison Nurse for IP is supporting the practice that had a red rating in August they are undergoing a 3 month follow up, the practice have provided assurances that they have booked all works to be carried out in February. The CCG and IP will support the three practices that had red ratings recently where appropriate. Other practices with outstanding actions are also currently being followed up. Monitoring of returns is also being undertaken by the Primary Care Quality Assurance Coordinator in conjunction with the IP team and by the Primary Care Team.

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.

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 November 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 December FFT submissions (November 2017 figures) are shown below.

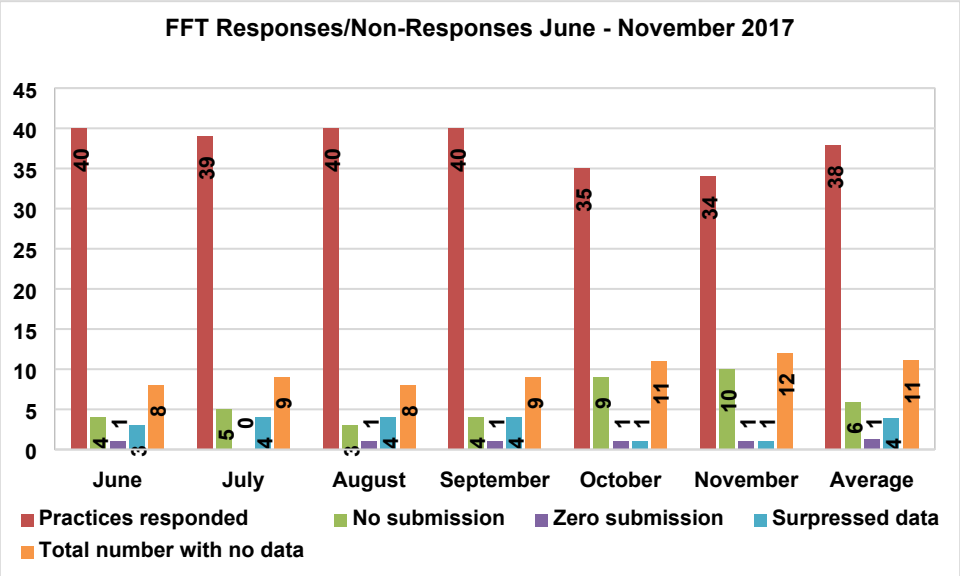
Data:

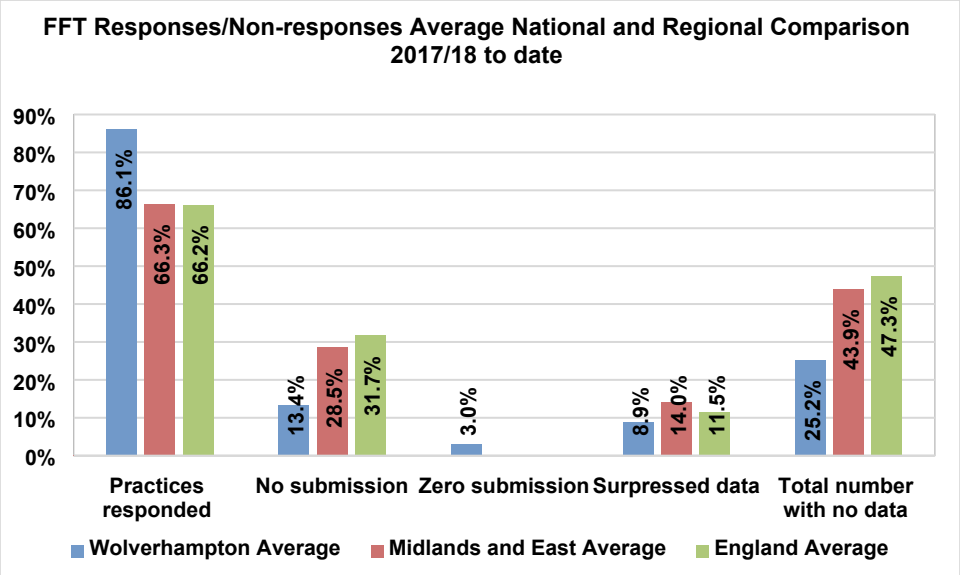
GP FFT	November Data (December Submission)		
	WCCG	**West Mids**	**England**
Percentage Recommended	82%⇩ (83%) *(3693/4484)*	88%⇧ (87%)	89%⇔ (89%)
Percentage Not recommended	4%⇧ (3%) *(168/4484)*	6%⇔ (6%)	6%⇔ (6%)
Overall response % of total list size	1.6%⇧ (1.2%) *(4484/278418)*	0.6% ⇩ (0.8%)	0.6%⇔ (0.6%)

Wolverhampton CCG		
	Number	**Percentage**
No of Practices with no submission	10 (9)	23%⇧
No of Practices had data suppressed *(returns with less than 5 responses are not included in the final analysis by NHSE)*	1 (1)	9%⇔
No of practices with zero responses	1 (1)	2.3%⇔
Total number practices with no data	12 (11)	27%⇧

Overall practices with no submission have increased again this month (23% compared to 21% in November). Suppressed data has stayed the same at 1 practice (9%) and the total number of practices with no data available is 12 (27%) compared to 11 (25%) in October. Regionally and nationally no submissions are at 27% and 28% and supressed data is at 14% and 11% respectively.

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



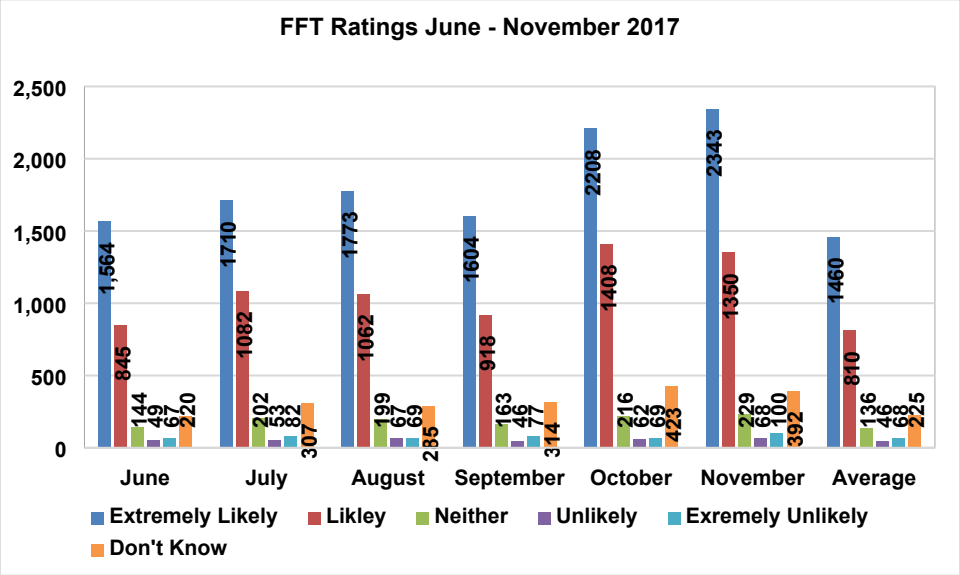


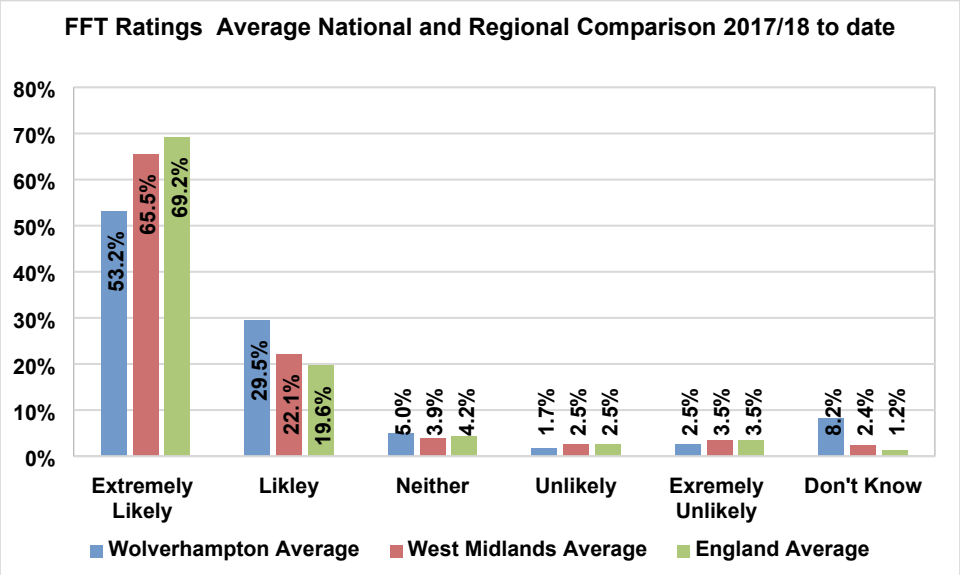
Overall response for WCCG as a proportion of list size was 1.6% which is a slight increase and still significantly better than both the regional and national average (0.6%). One practice had an issue with the submission software and provided figures manually (see above).

Ratings:

82% (3693 responses from 32 practices) of responses were positive (extremely likely or likely with all practices that had available data providing a response in these categories) this is slightly lower than last month (83%). This is again lower than the national and regional

averages of 88% and 89%. A total of 4% (168 – with responses from 15 practices – list available) were unlikely or extremely unlikely to recommend which is slightly improved on last month, and is lower than the national and regional averages of 6%. However, as with last month 13.8% (621) 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 5.5% 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 e.g. prior to appointment via the check in screen.

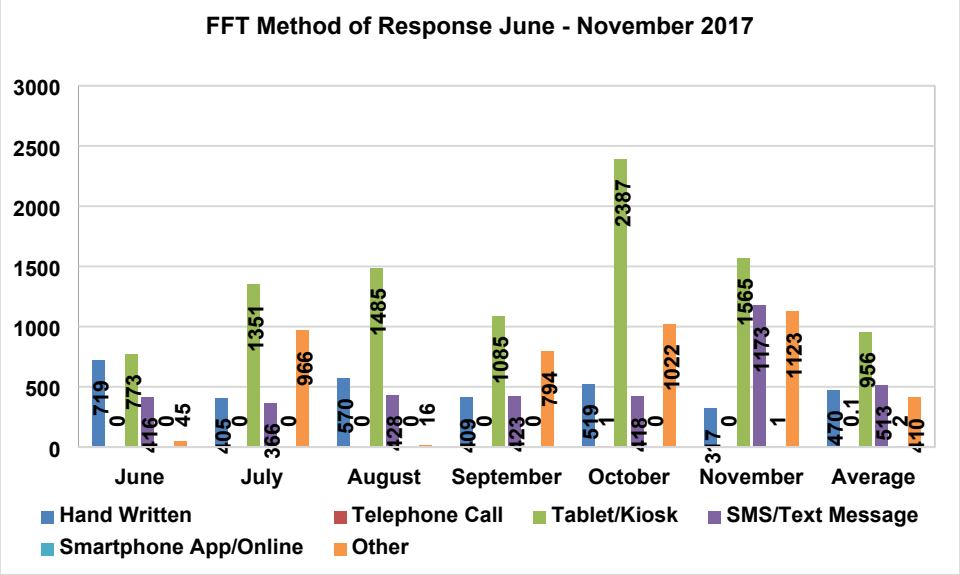


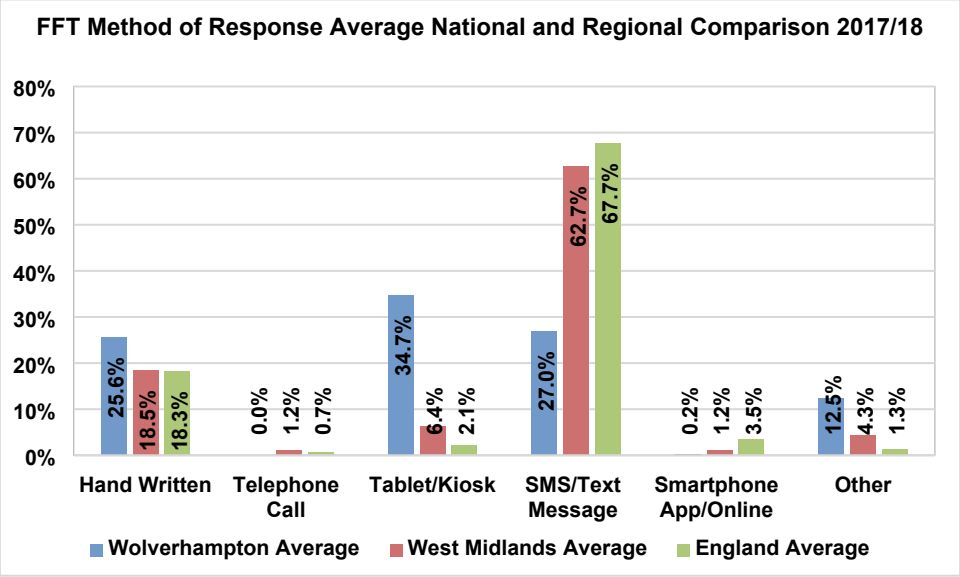


Method of Response:

This month the majority of responses have again come via tablet/kiosk (check in screens at 37.4%), SMS text (28.1%) and then handwritten cards (7.6%). Responses via tablet/kiosk are still significantly higher than the national and regional averages (34.7% on average over the last 6 months compared to 6.4% and 2.1%), but SMS texts still remain lower at 27% on

average over the last 6 months compared to 67.7%. Again this month a significant number of responses (26.9%) 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.

FFT Working Group:

The working group for FFT met again on 17th January to discuss methods of increasing engagement, uptake and promoting FFT across practice groups. The group originally identified the following actions:

- Increase uptake by patients and engagement from practices

- Eradicate repeat non-responders/low submissions
- Re-launch the tool an encourage active promotion

The following actions were agreed at this time:

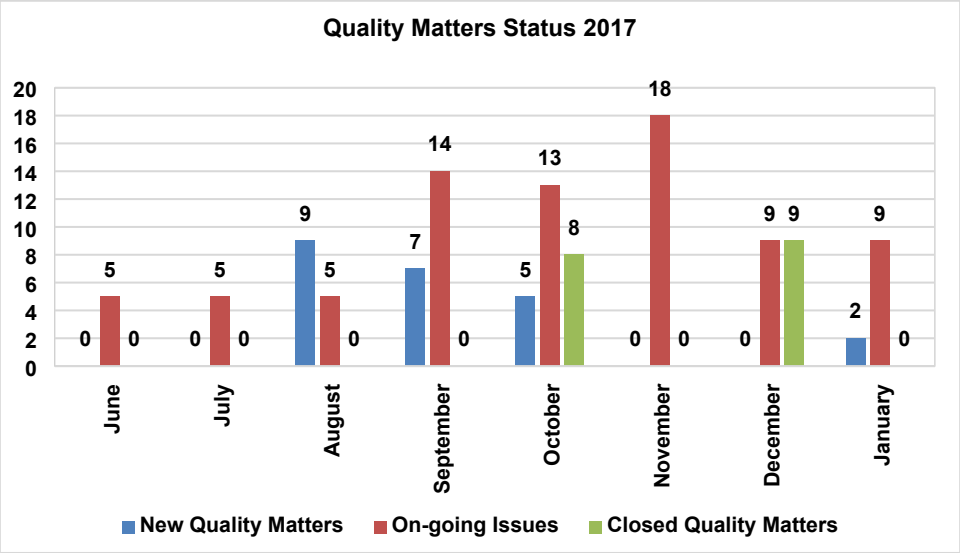
- The FFT business case to be taken to the LMC for consideration – discussed with LMC lead and forwarded for consideration
- To identify any existing marketing materials that could be sourced or used as a template – no new materials identified, to check with other CCGs
- To check GP attendance numbers to get a truer figure of FFT uptake – this is not currently available via Aristotle or NHS Digital

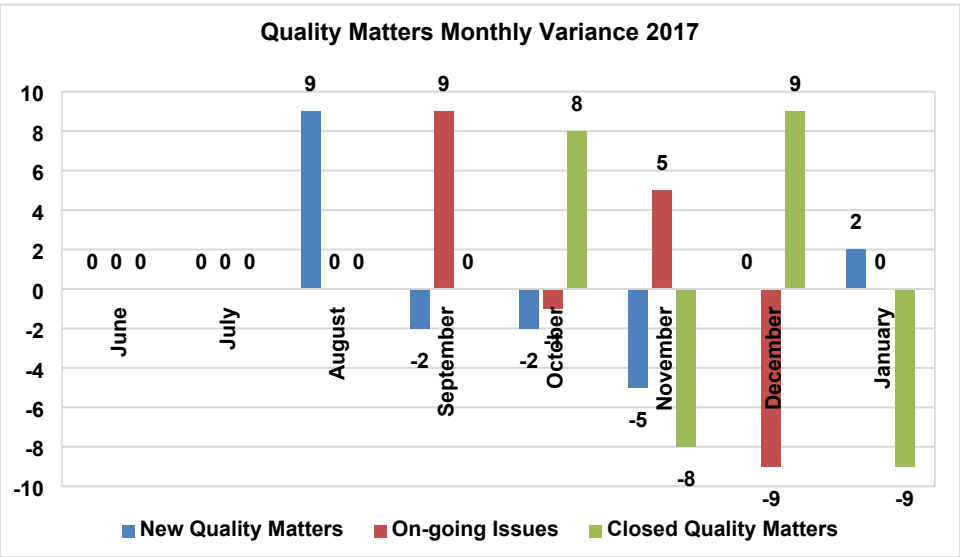
Assurances: FFT activity is being monitored on a monthly basis by the Operational Management Group, FFT working group (next meeting 9th February 2018) and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager Gill Shelley 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.

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	2	2
On-going	9	0
Closed	0	-9





Assurances: Quality Matters incidents are now up to date, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate.

6. COMPLAINTS

The CCG continues to be copied in on new complaints from NHSE as they are reported, 12 GP complaints have been received since the beginning of November. The breakdown of reports are as follows:

Month	Number
November	6
December	3
January	3

Assurances: The CCG does not have oversight of GP complaints dealt with within the surgery. NHSE is now sharing complaints data and this can be 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 and for the CCG Collaborative Contracting team.

7. SERIOUS INCIDENTS

There are two incidents currently under investigation and one incident has recently been closed.

Assurances: The practice involved has provide an action plan and assurances to the CCG that they have put learning and action points into practice. The incident has been reported to NHS England PPIGG group for logging and appropriate escalation.

A date for further RCA training has been set for 13th and 16th February 2018.

8. ESCALATION TO NHS ENGLAND

Four incidents were referred to the NHSE PPIGG meeting following responses provided to CCG, these have been escalated as appropriate and will now be managed by NHSE. A fifth is on hold due to liaison between the practice and a third party.

NHSE had escalated one of the SIs discussed above to PPIGG at the last meeting and are awaiting the RCA.

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.

Guideline	Published
TA471 - Eluxadoline for treating irritable bowel syndrome with diarrhoea	Aug-17

TA464 - Bisphosphonates for treating osteoporosis	Aug-17
QS161 - Sepsis	Sep-17
QS159 - Transition between inpatient mental health settings and community or care home settings.	Sep-17
QS158 - Rehabilitation after critical illness in adults	Sep-17
QS157 - HIV testing: encouraging uptake	Sep-17
NG75 - Faltering growth: recognition and management of faltering growth in children	Sep-17
NG74 - Intermediate care including reablement	Sep-17
IPG591 - Ab externo canaloplasty for primary open-angle glaucoma.	Sep-17
TA477 - Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee.	Oct-17
QS162 - Cerebral palsy in children and young people	Oct-17
NG79 - Sinusitis (acute): antimicrobial prescribing	Oct-17
NG78 - Cystic fibrosis: diagnosis and management	Oct-17
NG77 - Cataracts in adults: management	Oct-17
NG76 - Child abuse and neglect	Oct-17
NG81 - Glaucoma: diagnosis and management	Nov-17
NG80 - Asthma: diagnosis, monitoring and chronic asthma management	Nov-17

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 has been one report published this month, the most recent reports 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
Dr Joseph Fowler	08/01/2018	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 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 has developed the Workforce Strategy.

Attraction:
Work on the video is due to be completed later this month and is to be edited, and CSU will continue 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 due to enter their second year. We also took part in Health Education England's General Practice Community of Practice for TNAs in London in January, an action plan for promoting the NA programme in general practice is being formulated from this meeting. A further 5000 NAs will be recruited through the apprenticeship scheme this year with funding support from HEE. We have also been asked to present at the RCN HCA conference and at the HEE West Midlands NA forum in February, and at the Midlands and East GPN Conference in March.

The local Practice Nurse Education forum is now being organised by the CCG from January 2018 and this programme of work has already commenced, with all except two sessions booked in advance. All session dates are finalised. We plan to further develop this with additional training sessions currently being explored.

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

Discussion at the next task and finish group will include introduction to General Practice Nursing training and standing agenda items. Group members are also due to meet with the Wolverhampton University Apprenticeship hub.

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

None