NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE OPERATIONAL MANAGEMENT GROUP 2ND MAY 2018

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Sally Roberts
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

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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). New cycle of audits due to begin. NHS England have reported low ordering rates for flu vaccine to cover outstanding patients indicating uptake may be affected.	1b
MRHA	Nil to report	1a
FFT	Non submission for: • 7 practices (2 have provided data to CCG) • Zero submission for 3 practices • Suppressed data for 2 practices.	1b
Quality Matters	• 9 open Quality Matters identified • No new and 9 ongoing • 7 closures.	1b
Complaints	• Details of 18 GP complaints reported to NHSE received since November 2017 • 2 complaints still open • 16 complaints closed	1a
Serious Incidents	Two incidents currently being investigated RCA available for both, further information requested.	1b
Escalation to NHSE	One incident was identified via NHSE complaints and will be managed via PAG.	1b
NICE	No issues to report.	1a
CQC	Two practices have received a “Requires Improvement” rating and are being monitored.	1b
Workforce	Working in Wolverhampton video for recruitment now complete awaiting final edit Work around international recruitment continues.	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 nurse 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%

By the end of March 2018 38 sites had received a visit with an average rating of 91% (silver):

- 3 – Gold (7.9%)
- 20 –Silver (52.6%)
- 11 – Bronze (28.9%)
- 4 – Red (10.6%)

MRSA Bacteraemia:
None to report.

Influenza Vaccination:
Across the board uptake for Wolverhampton is lower than both regional and national averages. Information on individual practice uptake has been shared with locality managers.

Assurances:
The CCG and IP are supporting practices who had red ratings, where appropriate. Other practices with outstanding actions are also currently being followed up by IP. 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.

Continued monitoring of flu vaccine ordering and uptake is being undertaken by Public Health and NHSE and a city wide flu vaccine task group is currently being set up by the PH Health Improvement team.

3. MEDICINES ALERTS

Overview:
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.

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 to date links are below – these are forwarded directly to practices by NHS England:

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

Assurances:
The management of alerts is part of both the GP contract and a requirement under CQC registration. Practices are required to keep a record of alerts and actions taken for scrutiny. At present this is not monitored directly by the CCG. There are currently no direct actions required by CCG.

4. FRIENDS AND FAMILY TEST

Uptake:
The figures for March 2018 FFT submissions (February 2018 figures) are shown below compared with the previous two months and the regional and national averages.

Figure 1: FFT 3 Month Data

Percentage	December	January	February	West Midlands	England
Total number of practices	42	42	42	2154	7243
Practices responded	85.7% ⇧ *36/42*	90.2% ⇔ *38/42*	83.3% ⇩ *35/42*	74.7% ⇩	66.2% ⇧
No submission	4.8% ⇧ *2/42*	4.8% ⇔ *2/42*	11.9% ⇧ *7/42*	25.3% ⇩	31.7% ⇧
Zero submission	2.4% ⇩ *1/42*	2.4% ⇔ *1/42*	7.1% ⇧ *3/42*	N/A	N/A
Suppressed data	7.1% ⇩ *3/42*	2.4% ⇩ *1/42*	4.8% ⇧ *2/42*	13.7% ⇔	11.5% ⇔
Total number with no data	14.3% ⇩ *6/42*	9.5% ⇔ *4/42*	28.6% ⇧ *10/42*	39.1% ⇩	37.9% ⇩
Response rate	1.6% ⇔	1.6% ⇔	1.6% ⇔	0.7% ⇔	0.6% ⇔

Figure 2: 3 Month FFT Data Comparison

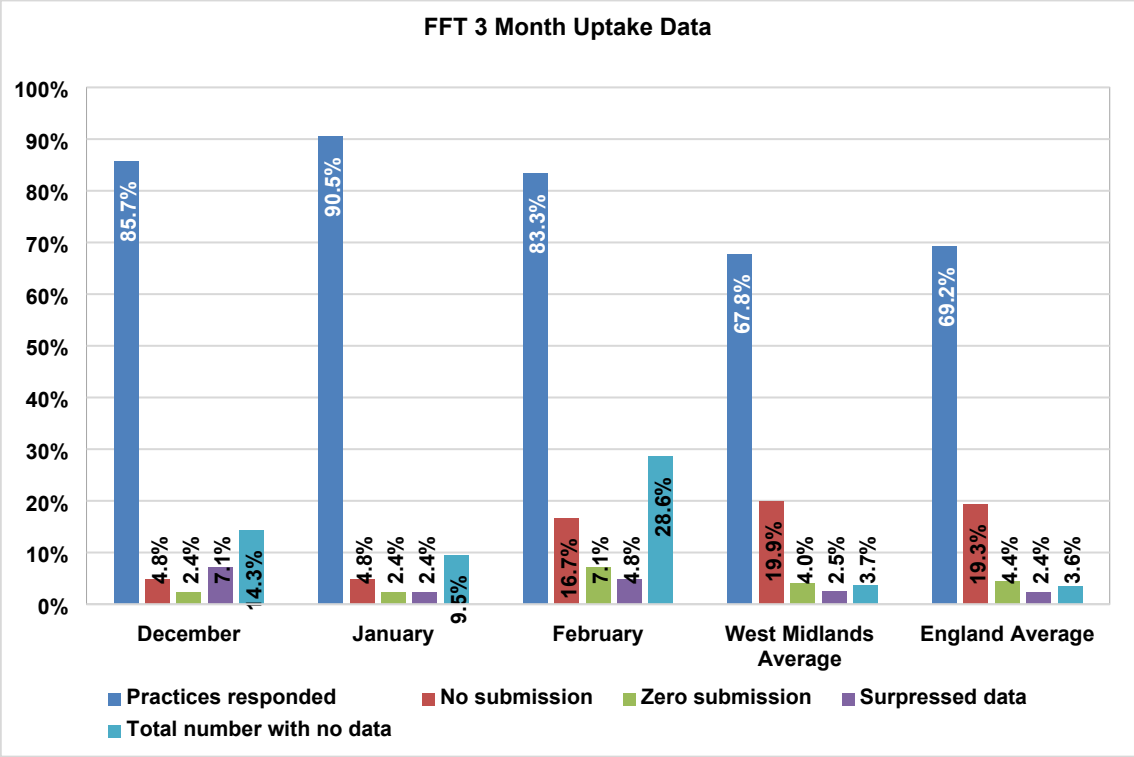


Figure 3: Practices with no submission or supressed data in March 2018

Practice	Data not submitted/suppressed	Comments
No submission	7	2 practices have provided their data to CCG for inclusion
Zero submission	3	
Suppressed data	2	

This month overall more practices had no submission at 16.7%; suppressed data (fewer than 5 submissions) had increased slightly to 4.8%, the total number of practices with no data available had also increased, whereas the regional and national trend were stable from previous months. Response for WCCG as a proportion of list size was 1.6% which is the same as last month and still significantly better than both the regional and national averages of 0.7% and 0.6% respectively.

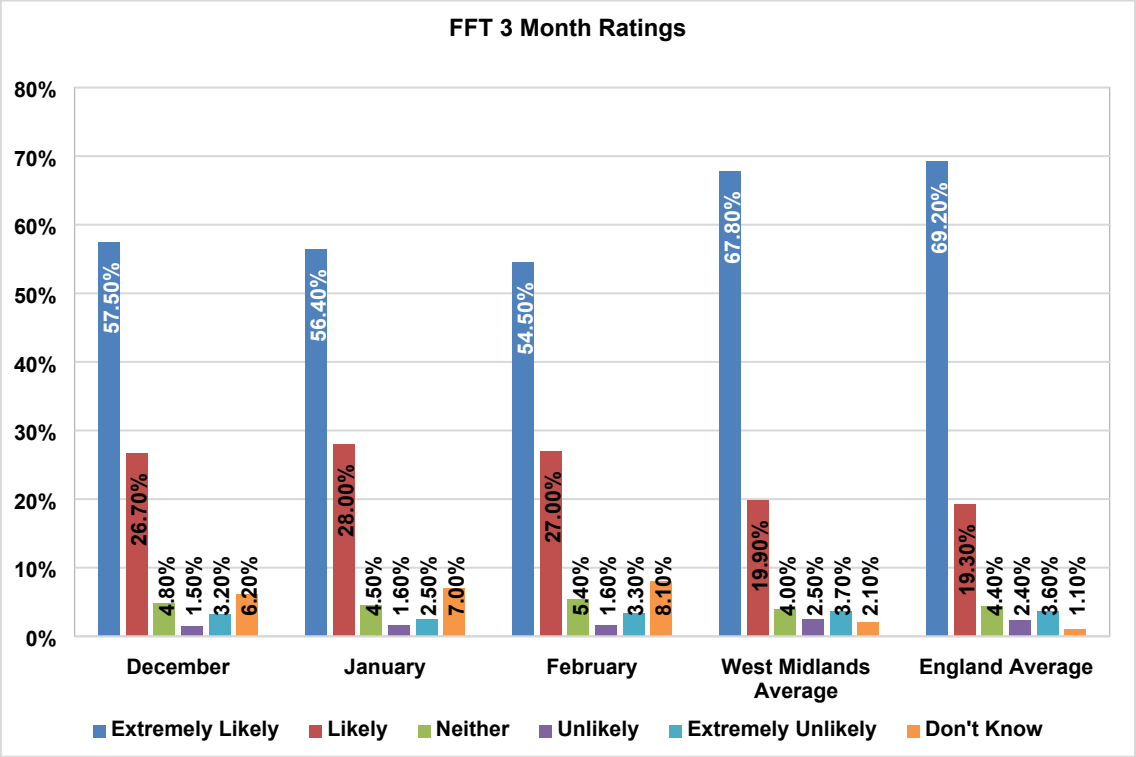
Ten practices are also identified as having a higher than average (1.6%) uptake with a range of 9.3% - 1.8% and this will be shared with locality managers as an on-going matter to encourage sharing of good practice:

Ratings:

Figure 4: FFT 3 Month Ratings

Percentage	December	January	February	West Midlands Average	England Average
Extremely Likely	57.5%	56.4%	54.5%	67.8%	69.2%
Likely	26.7%	28.0%	27.0%	19.9%	19.3%
Neither	4.8%	4.5%	5.4%	4.0%	4.4%
Unlikely	1.5%	1.6%	1.6%	2.5%	2.4%
Extremely Unlikely	3.2%	2.5%	3.3%	3.7%	3.6%
Don't Know	6.2%	7.0%	8.1%	2.1%	1.1%

Figure 5: FFT 3 Months Ratings Data Comparison



Overall responses remain positive (82% would recommend their practice) and ratings are stable, but are still lower than regional (88%) and national (89%) averages. Again 14% gave either a “don’t know” or “neither” answer compared to 6.1% regionally and 5.5% nationally and this is rising on a monthly basis. There remains a strong correlation between these responses and submission via practice check in screens and SMS text, indicating that patients may be unsure over what response to give, or unclear regarding use of the technology.

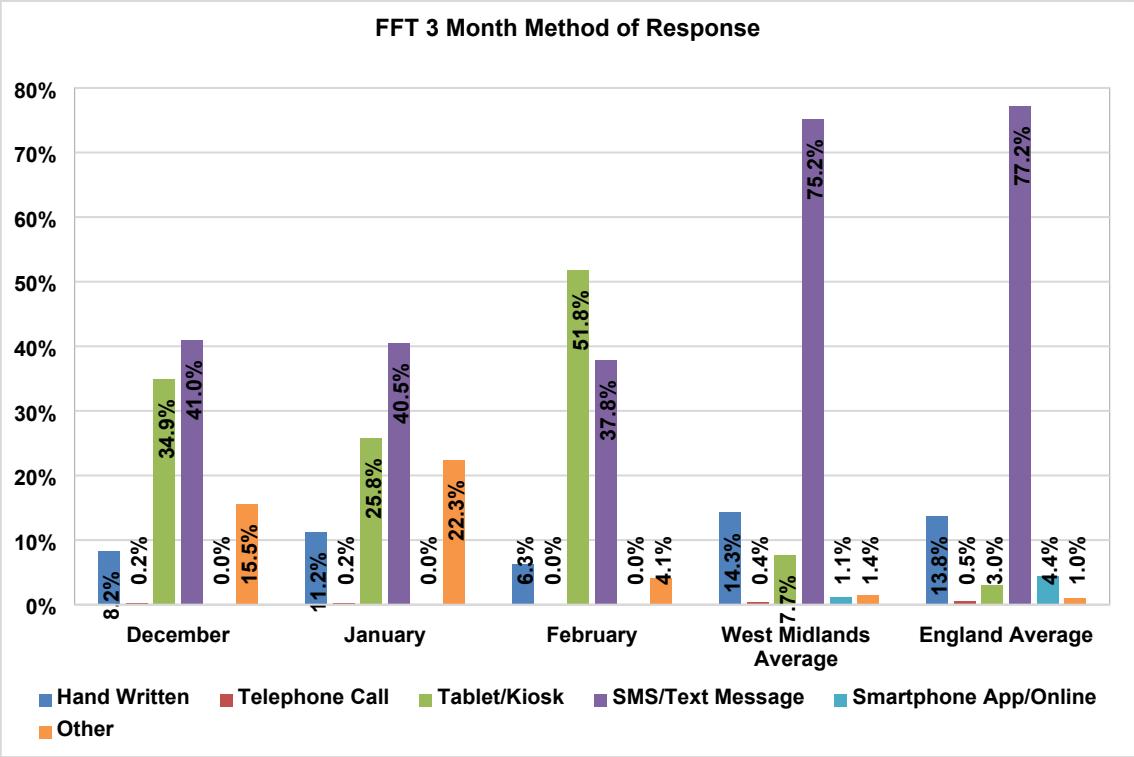
Method of Response:

Figure 6: FFT 3 Month Method of Response

Percentage	December	January	February	West Midlands Average	England Average
Hand Written	8.2%	11.2%	6.3%	14.3%	13.8%

Telephone Call	0.2%	0.2%	0.0%	0.4%	0.5%
Tablet/Kiosk	34.9%	25.8%	51.8%	7.7%	3.0%
SMS/Text Message	41.0%	40.5%	37.8%	75.2%	77.2%
Smartphone App/Online	0.0%	0.0%	0.0%	1.1%	4.4%
Other	15.5%	22.3%	4.1%	1.4%	1.0%

Figure 7: FFT 3 Month Method of Response Comparison



This month the majority of responses have again come via SMS text which is reflective of CCG initiative to promote two-way texting for practices (37.8%) and Tablet/Kiosk (51.8%). Handwritten responses have significantly reduced over the last few months and are now at 6.3%, lower than the national and regional averages shown above in Figure 9, although these are also falling as electronic technology takes precedence. Please note that some practices do not appear to record the method of collection.

Assurances

A FFT policy has now been developed and this has been shared with the LMC who are happy with it, next steps are to forward this to Primary Care Commissioning Committee for approval and embed into GP contract in June.

FFT activity is being monitored on a monthly basis by the Operational Management Group, FFT working group (next meeting TBC) 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 or locality managers 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. Wolverhampton LMC have offered to support the process to avoid the need for breach notices to be applied. Information from FFT is also triangulated with NHSE

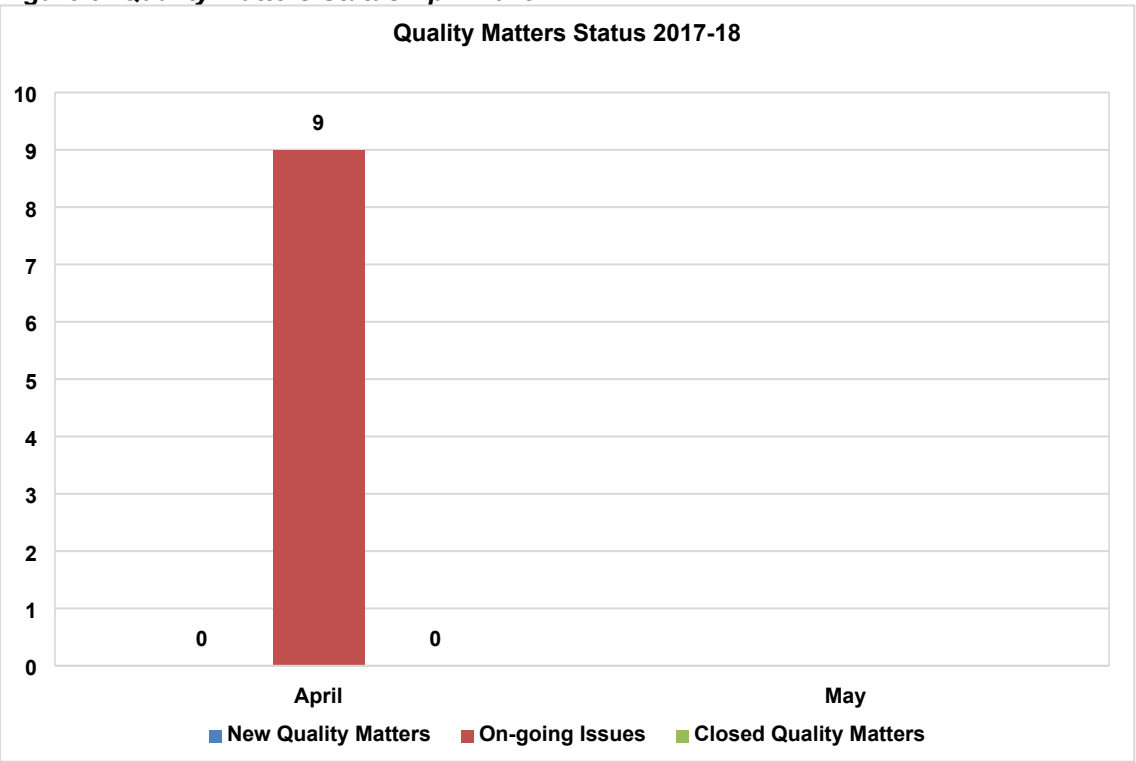
Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

5. QUALITY MATTERS

Figure 8: Quality Matters Status and Variance

Status	Number	Variance from last month
New	0	0
On-going	9	-7
Closed	7	7
Total	9	-7

Figure 9: Quality Matters Status April 2018



Activity via the Quality Matters process is shown above, 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.

Assurances:

Quality Matters continue to be monitored, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate. Practices are asked to provide evidence of investigation and learning from these incidents and this is provided to NHSE who will then escalate accordingly and feedback to the CCG or to the Serious Incident Scrutiny Group for further consideration.

6. COMPLAINTS

The CCG continues to be copied in on new complaints from NHSE as they are reported, 18 GP complaints have been received since the beginning of November. The breakdown of reports are as follows.

Figure 10: Complaints Reported to NHSE Since November 2017

Month	Number
November	6
December	3
January	4
February	3
March	2
April	0

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:

Assurances:
The practices involved have been asked to provide an RCA and action plan and assurances to the CCG that they have put learning and action points into practice. All serious incidents are reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

8. ESCALATION TO NHS ENGLAND

There are a number of incidents due to be referred to the next meeting following receipt of actions/learning from practices.

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. PPIGG outcomes are shared with Primary Care Contract Manager and Primary Care Liaison Manager and practice visits set up if necessary. Data is triangulated with other information i.e. Quality Matters, FFT, IP audits and complaints.

9. NICE/CLINICAL AUDIT

The NICE assurance group met in February 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.

Figure 11: NICE Guidance Relevant to Primary Care

Guideline	Published	Primary Care
TA494 - Naltrexone–bupropion for managing overweight and obesity	Dec-17	x
TA493 - Cladribine tablets for treating relapsing–remitting multiple sclerosis	Dec-17	x
QS124 - UPDATE - Suspected cancer.	Dec-17	x
DG14 - UPDATE - Atrial fibrillation and heart valve disease: self-monitoring coagulation status using point-of-care coagulometers (the CoaguChek XS system).	Dec-17	x
CG128 - UPDATE - Autism spectrum disorder in under 19s: recognition, referral and diagnosis	Dec-17	x
NG84 - Sore throat (acute): antimicrobial prescribing	Jan-18	x
NG83 - Oesophago-gastric cancer: assessment and management in adults	Jan-18	x
NG82 - Age-related macular degeneration	Jan-18	x
TA506 - Lesinurad for treating chronic hyperuricaemia in people with gout.	Feb-18	x
QS164 - Parkinson's disease	Feb-18	x
NG85 - Pancreatic cancer in adults: diagnosis and management	Feb-18	x
CG44 - UPDATE - Heavy menstrual bleeding: assessment and management	Feb-18	x
TA161 - UPDATE - Raloxifene and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women.	Feb-18	x
TA464 - UPDATE - Bisphosphonates for treating osteoporosis	Feb-18	x
QS93 - UPDATE - Atrial fibrillation	Feb-18	x
CG147 - UPDATE - Peripheral arterial disease: diagnosis and management	Feb-18	x
TA160 - UPDATE - Raloxifene for the primary prevention of osteoporotic fragility fractures in postmenopausal women	Feb-18	x

Assurances:

The assurance framework around NICE guidance is currently being reviewed and will be applied in line with the peer review system for GPs, this is on-going and discussions are due to commence imminently. Relevant NICE guidance is identified by Dr Booshan and forwarded to GPs for consideration.

10. CQC INSEPECTIONS AND RATINGS

To date from April 2017 18 practices have received an inspection, 16 have been rated Good and 2 rated Requires Improvement.

Assurances:
The two practices that currently have a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team, one practice was previously rated requires improvement but at revisit was rated good. Site visits have been undertaken or are planned and outstanding issues and concerns escalated as appropriate.

11. WORKFORCE

Work continues to refine the workforce development plan in line with STP and national drivers.

Attraction:
Working in Wolverhampton video is now complete and awaiting final edit. CSU continues to collate information to amend the CCG intranet site to include more comprehensive information around workforce and training. CCG continue to attend relevant workforce fairs locally.

Recruitment:
Work continues around international recruitment of GPs with bid recently submitted, numbers of staff to be confirmed c/o STP.

Information about new Nursing Associate and Registered Nurse apprenticeships shared with primary care and links to University of Wolverhampton provided. A further 5000 NAs will be recruited through the apprenticeship scheme this year with additional funding support from HEE.

Further details about Return to Practice programmes provided by Health Education England, for consideration at next Workforce Task and Finish Group.

Development:
The local Practice Nurse Education forum continues all session dates are finalised and most have been booked in advance. We plan to further develop this with additional training sessions currently being explored with support from Dovetail.

HCA training has been finalised and will cover respiratory conditions and weight management, this is being provided by Education for Health. Further clinical training is being considered in conjunction with the Training Hub.

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

Retention:
Further work around retention will be undertaken as part of STP, GPFV and national drivers from the 10 Point Action Plan.

Assurances:

The workforce implementation plan has been revised to reflect new initiatives and programmes of work, 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

12. CLINICAL VIEW

Not applicable

13. PATIENT AND PUBLIC VIEW

Not applicable

14. KEY RISKS AND MITIGATIONS

See section 9.

15. IMPACT ASSESSMENT

Not applicable.

16. ADDITIONAL PAPERS