

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
4th July 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Manjeet Garcha
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"> • Short bullet points • Ideally no more than three • That give an overview of the main issues in the report
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



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 this month's visits and audits are shown below.

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

Site	Date	General audit	Minor Surgery room	Practice nurse room
No reports received this month, follow up visits to provide assurances that actions from last year's audit are being completed are currently underway – visits to commence again in Quarter 2 for 2017/18 financial year				

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.

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).

4. FRIENDS AND FAMILY TEST

The figures for June FFT submissions (April 2017 figures) are shown below.

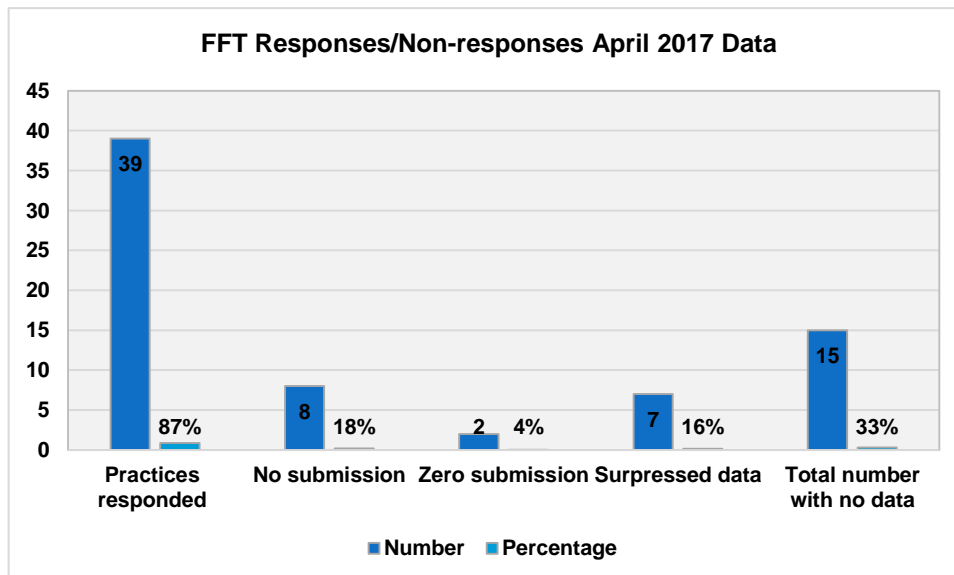
GP FFT	Submission for June 2017 (April 2017 data)		
	WCCG	West Mids	England
Percentage Recommended	83%↓	83%↓	89%↔
Percentage Not recommended	6%↓	5%↓	5%↓
Overall response % of total list size	0.5%↑	0.5%↓	0.3%↓



Wolverhampton CCG		
	Number	Percentage
No of Practices with "no data"	8	18%↑
No of Practices had data suppressed (returns with less than 5 responses are not included in the final analysis by NHSE)	7	16%↑
No of practices with zero responses	2	4%↓
Total number practices with no data	15	33%↓

Overall practices with no data available is improved on last month (33% to 36% and on May 38%), this shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis. NHS England Quality team have provided input into FFT and Gill Shelley Primary Care Contract Manager has been in contact with practices that have failed to submit data. Work continues with PPGs and with Sheila Gregory to ensure that the questionnaire is available on check in screens. Liz Corrigan also continues to liaise with practices and with the Primary Care Team to encourage promotion of FFT and to look at ways to facilitate this.

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

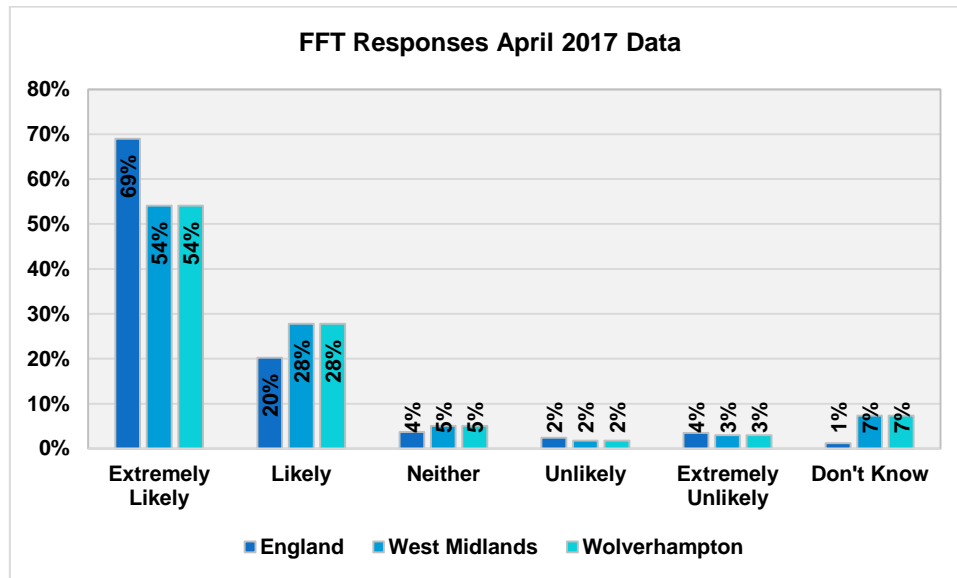


Overall response for WCCG as a proportion of list size was 0.5% which had increased from 0.4%.



FFT Ratings:

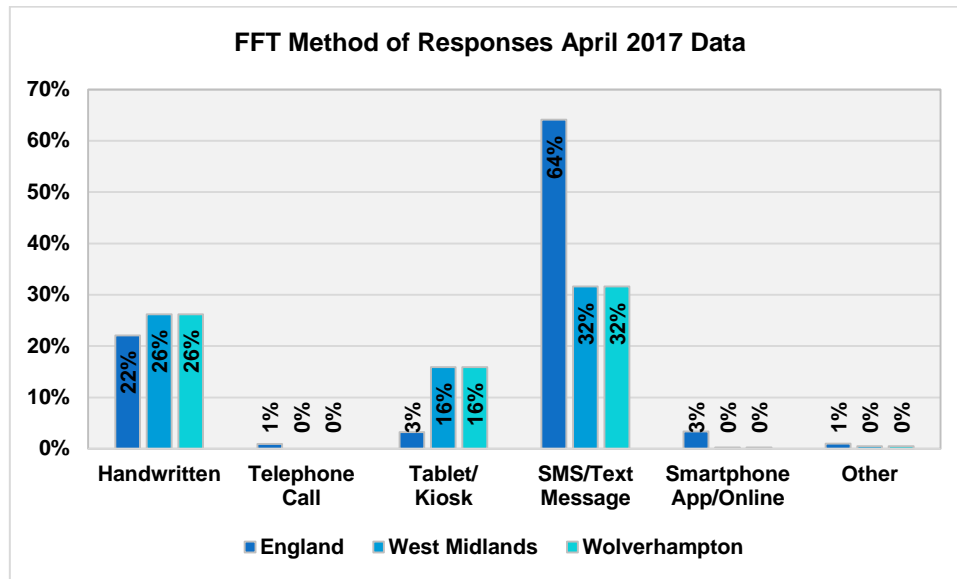
82% of responses were positive (extremely likely or likely with all practices providing a response in this category), 5% (responses from 21 practices) were unlikely or extremely unlikely to recommend which is a slight increase on last month. Overall 12% of respondents also gave a neither or don't know answer to this question which is an increase from 3% last month, however figures are low and fluctuate on a monthly basis and it is difficult to draw firm conclusions.



Method of Response:

This month the majority of responses have come via SMS text message with handwritten cards in second place and a significant increase on responses via tablet/kiosk reflecting an effort by the CCG to promote this within practices. Responses via SMS are lower than the national average but on a par with the regional average.





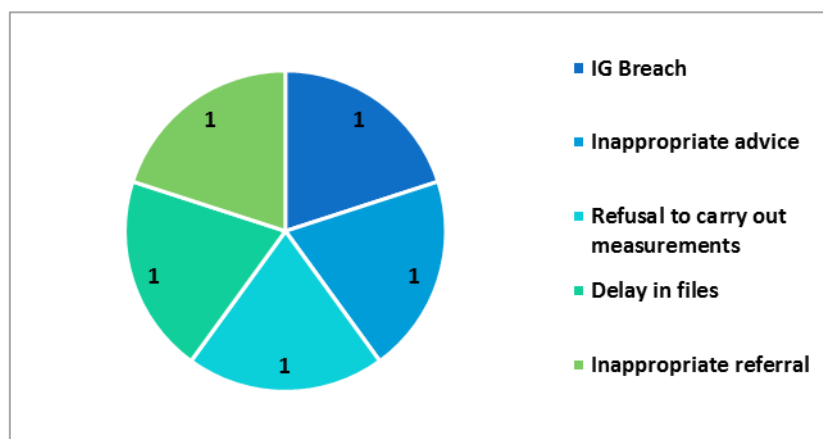
Reminders to submit FFT were sent out to practices in June via the LMC and the Practice Manager's forum.

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.

New	0
On-going	5
Closed	0

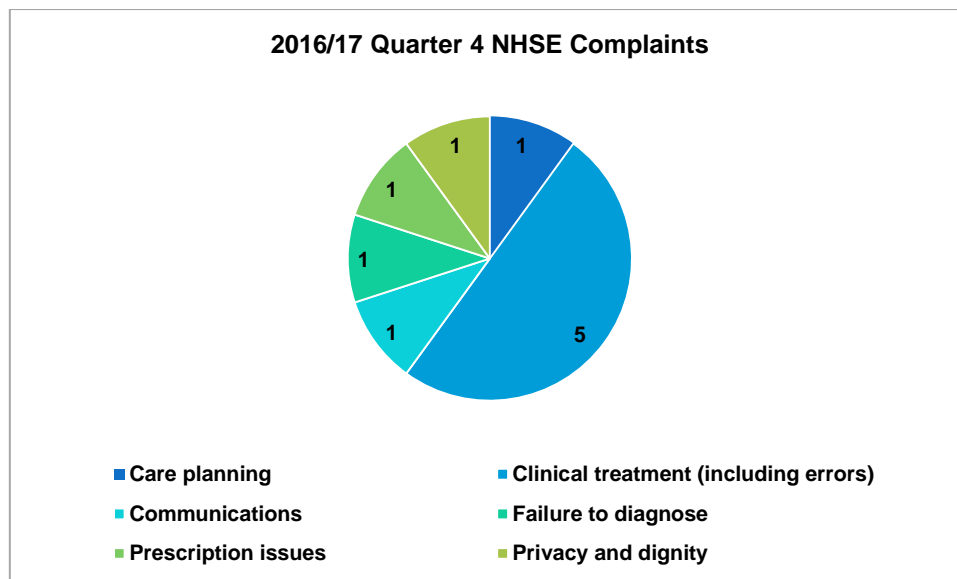
Quality Matters themes are shown in the chart below:



6. COMPLAINTS

No complaints or compliments relating to primary care are noted for the CCG.

NHS England closed complaints for 2016/17 are shown below, 10 complaints were processed in total, of these the following were seen, 50% of the complaints related to clinical treatment.



No other sub-themes or information is available. Actions taken included training for staff, review of clinical and complaints procedures, liaison with other local areas to provide advice and guidance. Lessons learned included improved training for staff and improved procedures when referring to the private sector.

7. NICE/CLINICAL AUDIT

The NICE assurance group met on the 17th May 2017 where the latest guidelines were discussed. Guidance relevant to primary care is shown below. For the latest list of published guidance please see [this link](#).

Guidance
CG95 - Chest pain of recent onset: assessment and diagnosis
NG60 - HIV testing: increasing uptake among people who may have undiagnosed HIV
QS140 - Transition from children's to adults' services
QS141 - Tuberculosis
NG63 - Antimicrobial stewardship: changing risk-related behaviours in the general population
CG146 - Osteoporosis: assessing the risk of fragility fracture



QS86 - Falls in older people
QS143 - Menopause
QS139 - Oral health promotion in the community

8. CQC INSEPECTIONS AND RATINGS

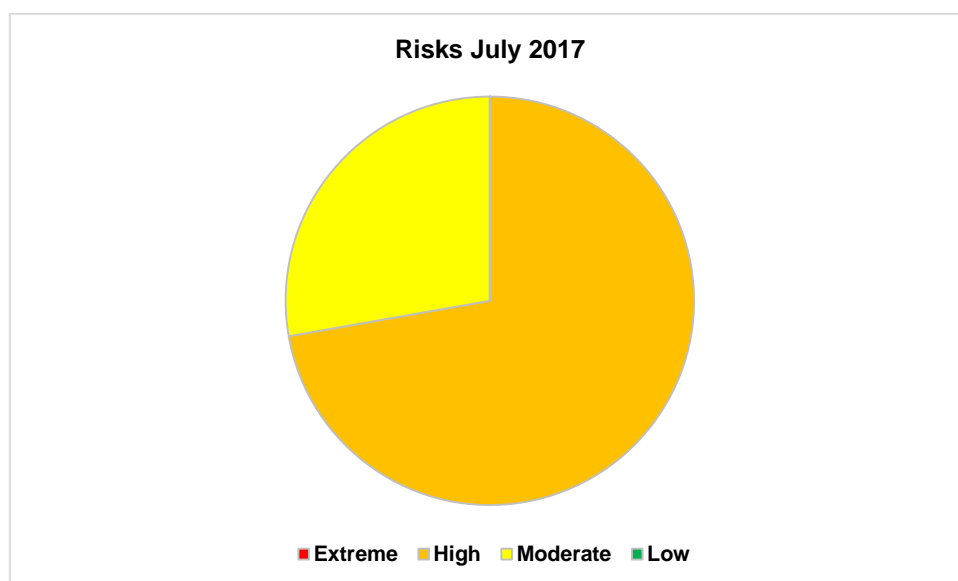
Most recent inspections are shown below with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Site	Date	Rating
The Poplars Medical Practice	8/6/2017	Good
Primrose Lane Health Centre	19/6/2017	Good
Fordhouses Medical Practice	26/6/2017	Good

9. RISK REGISTER

Risks relating to primary care are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team, with mitigation and actions discussed via Primary Care Operational Management Group and Quality and Safety Committee. The current risk status is shown below

Rating	Number	Percentage
Extreme	0	0%
High	13	72%
Moderate	5	28%
Low	0	0%
Total	18	
Confidential risks	3	2 high, 1 moderate



10. WORKFORCE

The TNAs continue in their course as do the nurses undertaking Fundamentals of Practice Nursing.

A workshop for RN apprenticeship will be held on July 18th and a meeting will also be held on the same day to launch the GPN Development Plan and identify funding allocation.

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

A brief overview of clinical pharmacists working in primary care has been provided by the Medicines Optimisation Team and this shows that 12 practices across the city employ clinical pharmacists providing 234 hours of pharmacist time per week. Work continues to increase the number of pharmacists in post and support is given to practices by the Medicines Optimisation Team.

11. CLINICAL VIEW

Not applicable

12. PATIENT AND PUBLIC VIEW

Not applicable

13. KEY RISKS AND MITIGATIONS

See section 9.

14. IMPACT ASSESSMENT

Not applicable.

