

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE**  
4<sup>th</sup> July 2017

<b>TITLE OF REPORT:</b>	Primary Care Monthly Report
<b>AUTHOR(s) OF REPORT:</b>	Liz Corrigan – Primary Care Quality Assurance Coordinator
<b>MANAGEMENT LEAD:</b>	Manjeet Garcha
<b>PURPOSE OF REPORT:</b>	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain OR This report is confidential for the following reasons
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Overview of Primary Care Activity</li> </ul>
<b>RECOMMENDATION:</b>	Assurance only
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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	Overall audit
<b>Dr Fowler Practice</b>	<b>10/5/2017</b>	<b>91%</b>
<p>The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:</p> <ul style="list-style-type: none"> <li>• Waste</li> <li>• Equipment</li> <li>• IP Management</li> <li>• Environment</li> <li>• Sharps</li> <li>• PPE</li> <li>• Minor Surgery Room</li> <li>• Practice Nurse Room</li> </ul>		

**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](http://www.mhra.gov.uk/yellowcard)).

**4. FRIENDS AND FAMILY TEST**

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

GP FFT	Submission for June 2017 (April 2017 data)		
	WCCG	West Mids	England
Percentage Recommended	84% ↑	90% ↑	89% ↔
Percentage Not recommended	6% ↔	5% ↔	6% ↑

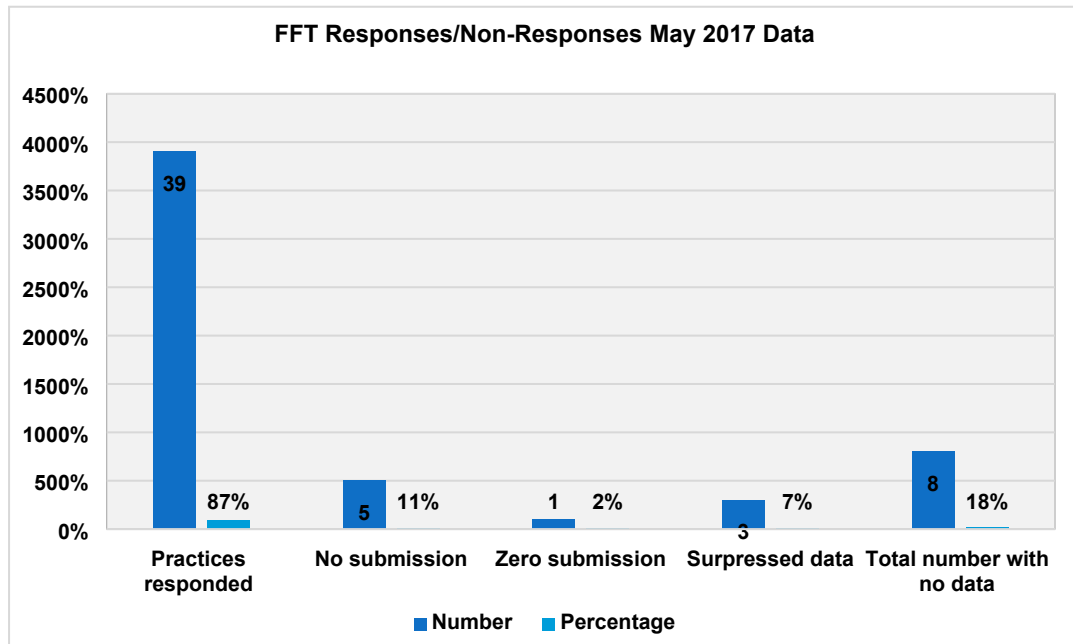


Overall response % of total list size	0.7%↑	0.6%↑	0.4%↑
<b>Wolverhampton CCG</b>			
	<b>Number</b>	<b>Percentage</b>	
No of Practices with "no data"	5	11%↓	
No of Practices had data suppressed <i>(returns with less than 5 responses are not included in the final analysis by NHSE)</i>	3	7%↓	
No of practices with zero responses	1	2%↓	
Total number practices with no data	8	18%↓	

Overall practices with no data available is improved on last month (18% to 33% and on May 36%), this again shows a slow but steady improvement although overall figures are still low and fluctuate on a monthly basis. NHS England Quality team continue to provide 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's team around technological solutions to improve uptake. 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. It must however be appreciated, that FFT percentages relate to the whole population and not just the number of individuals who have had a GP appointment, and it also relates to children, and adults who may not be able to complete the questionnaire themselves, relying on a third party to do so.

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



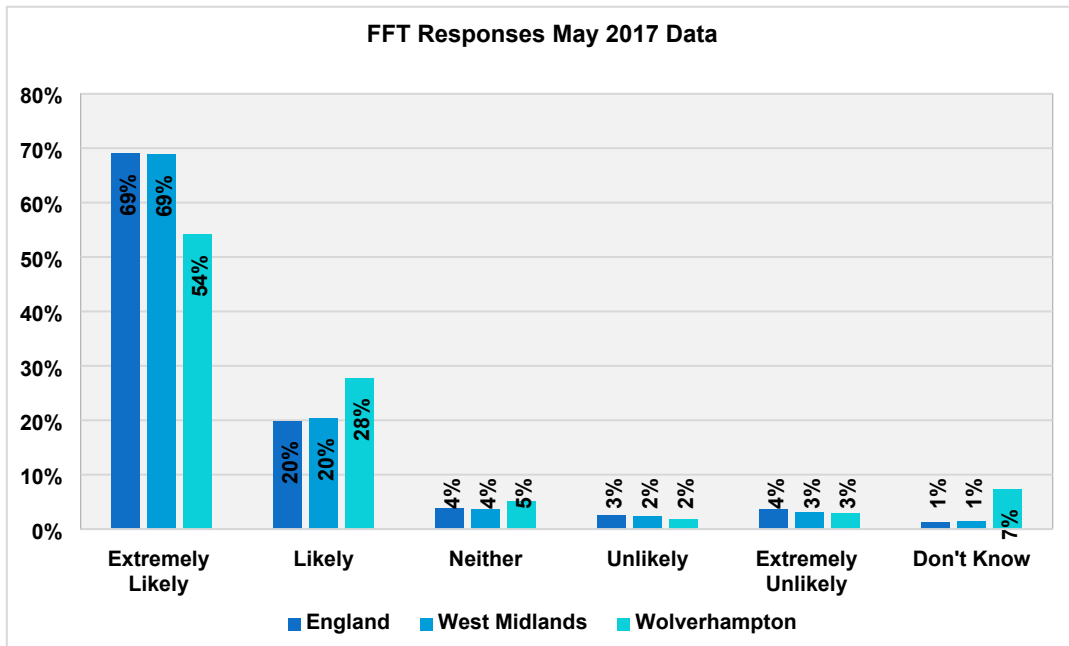


Overall response for WCCG as a proportion of list size was 0.7% which had increased from 0.5%.

**FFT Ratings:**

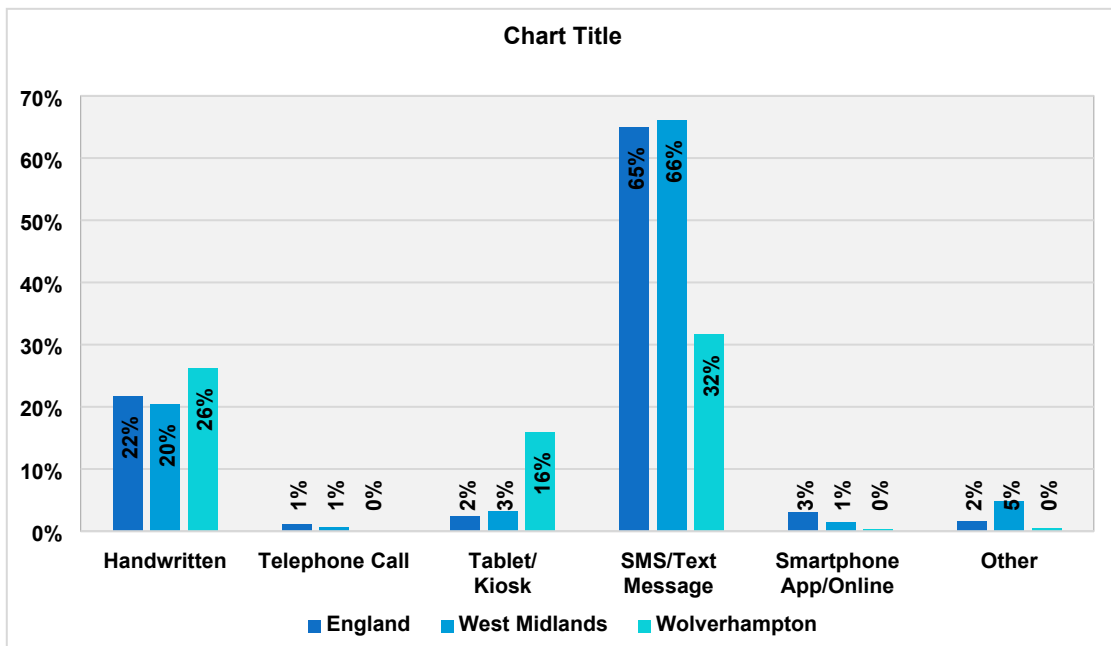
82% of responses were positive (extremely likely or likely with all practices providing a response in this category), 5% (responses from 26 practices) were unlikely or extremely unlikely to recommend which is the same as last month, although more practices received a negative response. Overall 12% of respondents also gave a neither or don't know answer to this question which is the same as last month, once again 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.

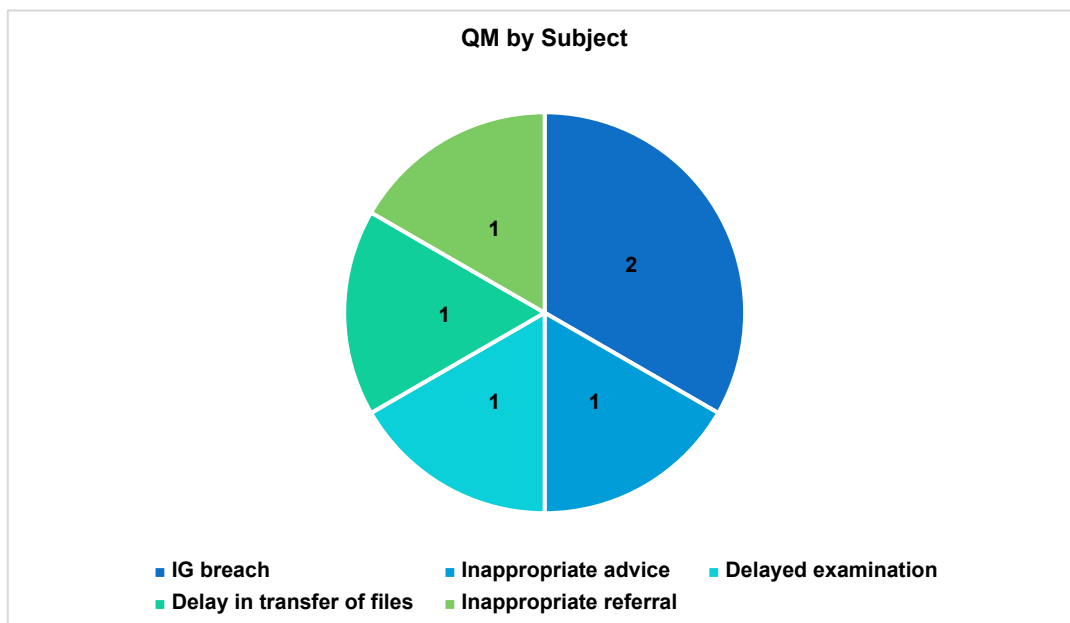


**5. QUALITY MATTERS**

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 Primary Care complaints data next due at the end of Quarter 2.

**7. NICE/CLINICAL AUDIT**

The NICE assurance group met on the 17<sup>th</sup> 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.

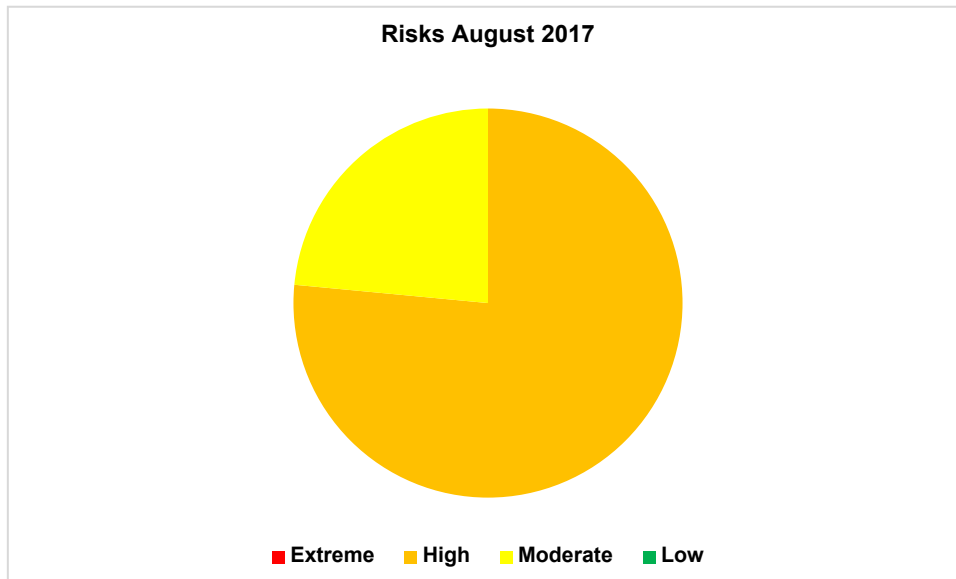
Site	Date	Rating
<a href="#">Woden Road Surgery</a>	13/7/2017	Good
<a href="#">Tettenhall Medical Practice</a>	5/7/2017	Requires Improvement
<a href="#">Bilston Urban Village Medical Centre</a>	9/7/2017	Good
<a href="#">Drs Bilas &amp; Thomas</a>	19/7/2017	Good
<a href="#">Hill Street Surgery</a>	19/7/2017	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	76.5%
Moderate	4	23.5%
Low	0	0%
<b>Total</b>	17	
<b>Confidential risks</b>	0	





## 10. WORKFORCE

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

A workshop for RN apprenticeship was on July 18<sup>th</sup> at the University of Wolverhampton and a meeting was also held on the same day launching the GPN Development Plan and examining how providers, commissioners and Community Education Provider Networks. The action plan and funding allocation was not released as expected, this will be announced via NHS England in August.

GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager training. Funding allocation for practice nurse and ACP courses will be finalised in August, 2 individuals have applied for Fundamentals in Practice Nursing and 4 for ACP course.

A workforce gap analysis has been undertaken by the primary care home and medical chambers project managers and a further training needs analysis and action plan are underway.

## 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.

