

Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 4th December 2018 2.00pm
PC108 Creative Industries Building, Wolverhampton Science Park

A G E N D A

- | | | | |
|----|---|---------------|-----------|
| 1 | Welcome and Introductions | Chair | Verbal |
| 2 | Apologies | Chair | Verbal |
| 3 | Declarations of Interest | All | Verbal |
| 4 | Minutes of the meeting held on 6th November 2018 | Chair | 1 - 6 |
| 5 | Matters Arising from the Minutes | Chair | Verbal |
| 6 | Committee Action Points | Chair | 7 - 26 |
| 7 | Primary Care Update Reports | | |
| | • Primary Care Quality Report | Liz Corrigan | 27 - 48 |
| | • Primary Care Operational Management Group Update | Mike Hastings | To Follow |
| | • Primary Care Contracting Update | Gill Shelley | 49 - 52 |
| | • Enhance Services (November 2018- March 2018) | Jo Reynolds | To Follow |
| 8 | Discussion Items | | |
| | • Docman | Ramsey Singh | 53 – 70 |
| 9 | Any Other Business | All | Verbal |
| 10 | Date of Next Meeting | Chair | Verbal |
| | Tuesday 8 th January 2018 at 2.00pm in the Stephenson Room, 1 st Floor, Technology Centre, Wolverhampton Science Park | | |

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Diane North on 01902 444233 or email diane.north@nhs.net

MEMBERSHIP	
Wolverhampton CCG	Ms S McKie (Chair) Dr D Bush Dr H Hibbs Mr S Marshall Dr S Reehana Ms S Roberts Mr L Trigg
NHS England	Mr B Dhami
Patient Representatives	Ms S Gaytten
Invitees (Non-Voting)	Ms T Cresswell (Healthwatch) Mr J Denley (Health and Wellbeing Board)

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 6 October 2018 at 2.00pm
Stephenson Room, Technology Centre, Wolverhampton Science Park**

**MEMBERS ~
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	No
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

NHS England ~

Bal Dhami	Contract Manager	Yes
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Independent Patient Representatives ~

Sarah Gaytten	Independent Patient Representative	No
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Non-Voting Observers ~

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

In attendance ~

Mike Hastings	Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	Yes
Tony Gallagher	Chief Finance Officer	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Jo Reynolds	Primary Care Development Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG – minutes)	Yes

Welcome and Introductions

WPCC400 Ms McKie welcomed attendees to the meeting and introductions took place.

Apologies

WPCC401 Apologies were submitted on behalf of Dr D Bush, Ms S Southall and Ms S Gaytten.

Declarations of Interest

WPCC402 Dr Kainth declared that, as a GP he has a standing interest in all items relating to Primary Care.

Dr Reehana declared that as a GP she had a standing interest in all the items relating to primary care.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

Minutes of the Meeting held on the 2 October 2018

WPCC403 The minutes from the meeting held on the 2 October 2018 were agreed as an accurate record.

RESOLVED: That the above was noted.

Matters Arising from the Minutes

WPCC404 There were no matters arising from the minutes.

RESOLVED: That the above was noted.

Committee Action Points

WPCC405 **Minute Number WPCC320 – Primary Care Assurance Report**
It was noted that the report is included within the agenda for this meeting.

Minute Number WPCC373 – Home Visiting Service
It was confirmed that the clarification on the Healthcare Assistant role was shared with the Committee via email by Ms Southall and therefore approved. Agreed to close the action.

Quarterly Finance Report

WPCC406 Mr Gallagher presented a report to the Committee outlining the financial position at the end of Month 6 (September 2018). It was noted that the delegated primary care allocation for 2018/19 as at month 6 is £36.267m and the forecast outturn is £36.267m delivering a breakeven position.

RESOLVED: That the above is noted.

Primary Care Quality Report

WPCC407 Ms Corrigan presented the monthly Primary Care Quality Report to the Committee and highlighted the following key points:

- Ms Corrigan has met with the Infection Prevention Team regarding safer sharps and an action plan is now in place to raise awareness in Practices.
- There are no Serious Incidents to report at present.
- 36 complaints have been received since 1 November 2017 of which 28 are now closed and 8 remain under investigation.
- Friends and Family Test results remain stable with a 1.8% uptake for the population in Wolverhampton.
- A GP Retention Scheme has been agreed across the Black Country. A co-design event was held on 25 September 2018 where the following areas of focus were identified:
 - Portfolio careers
 - Peer mentoring support
 - Pre-retirement coaching

Ms Roberts joined the Meeting

RESOLVED: That the above is noted.

Quarterly Primary Care Assurance Report

WPCC408 Ms Reynolds provided an overview of the activity taking place from the work programmes within the GP Forward View work and Primary Care Strategy.

The following areas were highlighted:

- QOF+ has been launched with 100% of practices signed up.
- Extended Access is fully in place, with 100% coverage of the requirement for an additional 30 minutes across Wolverhampton.
- Online consultation and triage pilots have been launched in this quarter.
- Care Navigation cohort 2 has been launched.

Discussion took place around the plans for evaluation of the work undertaken so far and Ms Reynolds confirmed that the Primary Care Team are working with Business Intelligence at the CCG to evaluate data.

A point was made around the need for a refresh of the Primary Care Strategy. It

was noted that GP Networks will be a focus going forward and it is vital that the CCG evaluate the work currently being undertaken as part of this exercise.

RESOLVED: That the above is noted.

Primary Care Operational Management Group Update

WPCC409 Mr Hastings advised the Committee of the discussions which took place at the Primary Care Operational Management Group Meeting, the following points were noted:

- The Project Group Meetings for the Health and Beyond mergers are now underway.
- Estates work in Wolverhampton has a Bilston focus particularly around the utilisation of buildings in that area. There is also ongoing discussion regarding a potential new build for a hub building. A meeting with GP Partners is being scheduled to discuss these plans.

RESOLUTION: That the above is noted.

Primary Care Contracting Update

WPCC410 Ms Shelley provided an update on primary care contracting to the Committee and highlighted the following:

Alternative Provider Medical Contracts Procurement

The advertisement has been live throughout October 2018 and the evaluation and moderation is currently underway with a view of bringing a report to the December 2018 Committee Meeting outlining the outcome of the procurement exercise and preferred bidders.

Post Payment Verification (PPV) of the Quality and Outcome Framework (QOF) NHS England is supporting the CCG with this piece of work. A Practice from each model of care group has been chosen at random by the Local Medical Committee and will be visited throughout November and December 2018.

Post Payment Verification (PPV) of Local Enhanced Services (LES) NHS England is supporting the CCG with this piece of work. The chosen areas to be reviewed are ear syringing and simple and complex dressings.

RESOLVED: That the above is noted.

Healthwatch Wolverhampton: GP Communication Report

WPCC411 Ms Reynolds provided an update on the report recently published by Healthwatch Wolverhampton regarding a survey that focussed on how much communication patients receive from their GP practice and what levels of awareness and involvement there is with Patient and Participation Groups.

A query was raised by the Committee around page 3 of the report where the following statement was made, 'There were a number of respondents who said that they did not want to have any communication from their practice on any

subject'. Ms Cresswell agreed to confirm what percentage of the respondents expressed this opinion and update the Committee.

RESOLVED: That the above is noted. Ms Cresswell to provide clarification on the percentage of respondents who stated that they do not want to have any communication from their practice.

Thrive into Work Specification

WPCC412 Ms Reynolds updated the Committee around a service specification that has been developed in partnership with the Thrive into Work Programme. It was noted that the CCGs Clinical Reference Group have also considered the content of the specification. The purpose of the programme is to enable a targeted approach to recruitment which encourages practices to contact patients who meet the participation criteria to take part in the research programme. Ms Reynolds confirmed that the Local Medical Committee have had the opportunity to comment on this service specification.

RESOLVED: That the above is noted.

Any Other Business

WPCC413 **General Practice Awards 2015/2019 (for information)**

Ms Reynolds provided an update around a letter received from NHS England regarding the General Practice Pay Awards 2018/19. The letter noted that the additional 1% which has been referred to by Dr Richard Vautrey, Chair of the General Practitioners Committee of the BMA, is conditional to the ongoing contract negotiations and, if agreed, would only be payable from 1 April 2019.

WPC414 Ms McKie informed the Committee that Laura Russell had moved onto a new role and would no longer be supporting the Committee going forward. The Committee thanked Laura for all her hard work.

Date of Next Meeting

WPCC415 Tuesday 4 December 2018 at 2.00pm in the PC108, Creative Industries Building, Wolverhampton Science Park

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Primary Care Commissioning Committee Actions Log (public) Open Items

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
23	06.11.18	WPCC411	<p>Healthwatch Wolverhampton: GP Communication Report Ms Cresswell to provide clarification on the percentage of respondents who stated that they do not want to have any communication from their practice, as stated in page 3 of the report.</p>	December 2018	Tracy Cresswell	

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WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
4th DECEMBER 2018

TITLE OF REPORT:	Primary Care Report
AUTHOR(S) OF REPORT:	Liz Corrigan
MANAGEMENT LEAD:	Yvonne Higgins
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:	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	
3. System effectiveness delivered within our financial envelope	



PRIMARY CARE QUALITY DASHBOARD

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

Data for September 2018		
Issue	Concern	RAG rating
Infection Prevention	Four IP audits were undertaken in November – all silver rated. All practices have now have aTIV flu vaccine available but stocks are low	1b
MHRA	Since 1 st April 2018 <ul style="list-style-type: none"> 33 weekly field safety bulletins with all medical device information included. 5 device alerts/recalls 10 drug alerts/recalls 	1a
Serious Incidents	None to report at present	1a
Quality Matters	Currently up to date: 1 open 5 overdue 8 closed	1b
Escalation to NHSE	On-going process	1a
Complaints	Awaiting quarter 2 complaints figures	1a
FFT	In October 2018 <ul style="list-style-type: none"> 6 practices submitted 1 submitted fewer than 5 responses (supressed data) 	1b
NICE Assurance	NICE assurance is now linked to GP Peer Review system – last meeting in early November	1a
CQC	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
Workforce Activity	Work around recruitment and development for all staff groups including new roles continue.	1a
Training and Development	A training costings paper was presented to Workforce Task and Finish Group – for further development Work continues on Practice Nurse Strategy and documents. Training for nurses and non-clinical staff continues as per GPFV	1a
Training Hub Update	Procurement of new Training Hub provision is currently on hold – contract will be rolled over if necessary. The risk around this to be reviewed. Other work around training and promotion of sponsored courses continues	2

1. BACKGROUND AND CURRENT SITUATION

Quality and Safety Committee



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. PATIENT SAFETY
2.1. 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.

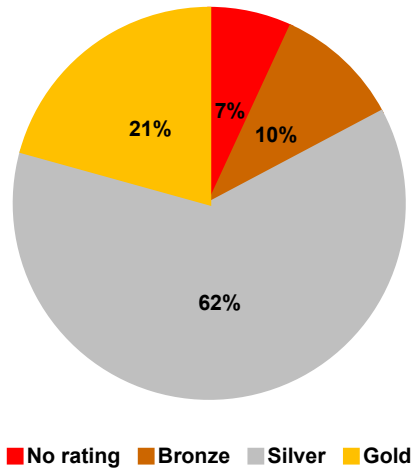
IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

Figure 1: Infection Prevention Audits April 2018

Site	Date	Overall audit	Waste management	Management of equipment	IP management	Environment	PPE	Sharps handling and disposal	Minor surgery room	Practice nurse room
Ave Audit Scores		93%	85%	98%	92%	87%	97%	98%	97%	93%
Ratings overview and issues identified within primary care:					Exceptions and assurance:					



IP Audit Ratings 2018-19



Meeting held to discuss use of safer sharps in primary care – action plan in place.

Support will be provided for practices where appropriate via liaison with IP and CCG Operations Team.

Monitoring of IP audits is undertaken by the Primary Care Quality Assurance Coordinator in conjunction with the IP team and by the Primary Care Team, a new audit cycle has now commenced.

Liz is to shadow an IP audit visit on 29th November.

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MRSA Bacteraemia:
None to report this month.

Influenza vaccination programme:

Figure 2: 2017/18 Influenza Vaccine Programme activity

Overview of practice aTIV ordering

All practices now have access to aTIV flu vaccine but stocks are low and several practices have asked for assistance to identify extra stock. NHSE continue to monitor CCG and PH activity and support around this.

Quality and Safety Committee



Guidance has now been provided by NHSE around ordering for 2019/10

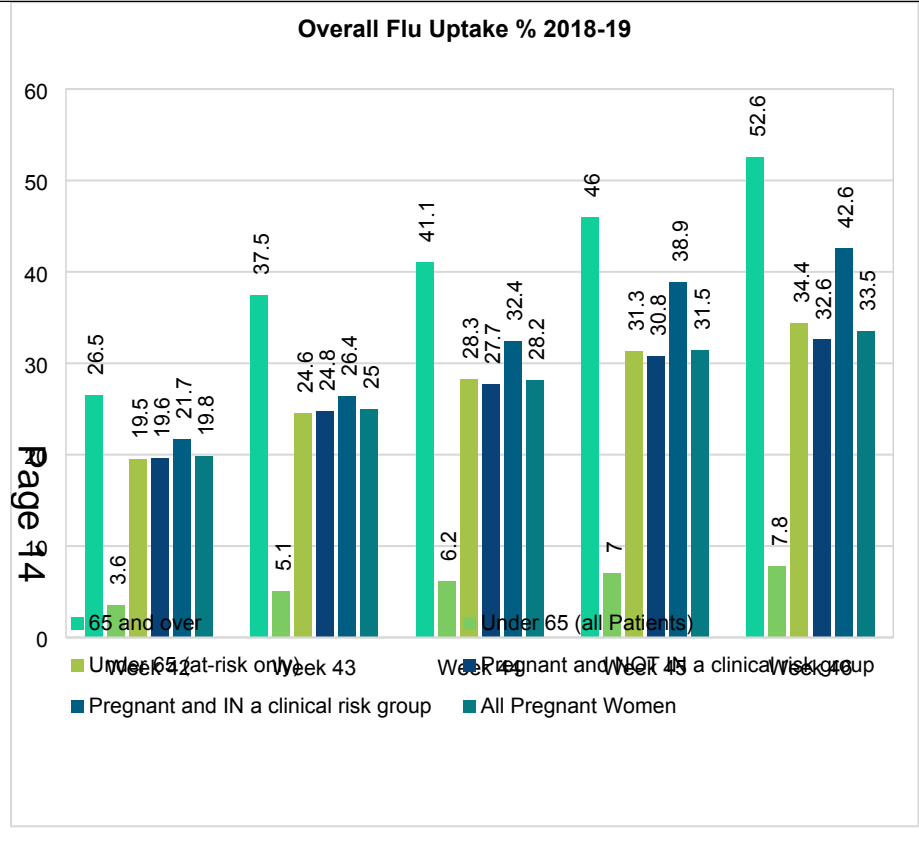
Exceptions and assurances:

Continued monitoring of flu vaccine uptake is being undertaken by Public Health and NHSE figures are now available via Immform but there have been issues with uploads from the practice end.

The primary care flu vaccine task group has met four times and is due to meet again in January to reflect on the 2018/19 season and prepare for 2019/20 season to discuss the programme so far and continue to explore ways to increase uptake and ensure timely reporting.

Flu vaccination uptake





Please note there have been some issues with the electronic upload to Immform and data may not be wholly accurate.

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018

Quality and Safety Committee



Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	33	<p>There are currently no direct actions from alerts required by the CCG. Learning is due to be disseminated from a coroner's report into calcium channel blocker toxicity.</p> <p>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. 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 monitored by the CCG via collaborative contracting visits.</p> <p>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).</p> <p>Drug, device and Field Safety Notices to date links are below – these are managed centrally by the government and forwarded directly to practices by NHS England: https://www.gov.uk/drug-device-alerts</p>
Device alerts/recalls	5	
Drug alerts/recalls	10	

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MHRA Alerts

Alert Type	Percentage
Field safety notice	69%
Device alerts	10%
Drug alerts	21%

2.3. Serious Incidents

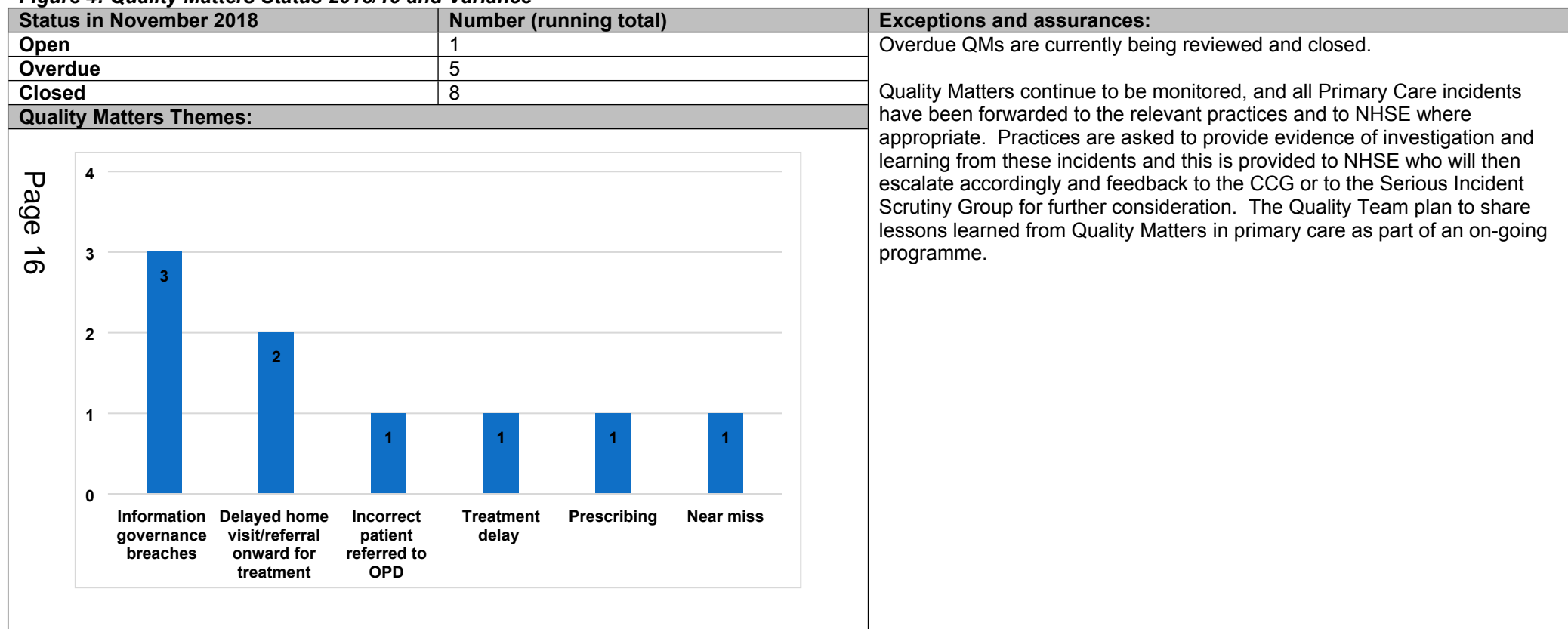
There are currently no serious incidents being investigated in primary care, however there have been two incidents relating to incorrect flu vaccines being given, one has been logged on Datix reviewed as a near miss with no further action and one is pending. All serious incidents are



reviewed by internal serious incident scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

2.3. Quality Matters

Figure 4: Quality Matters Status 2018/19 and Variance



2.4. Escalation to NHS England

Figure 5: Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE

Incidents submitted for review November 2018	Outcome from PPIGG
One clinical issue referred to PPIGG	Awaiting meeting for outcome
Exceptions and assurances:	
Nothing to report at present.	

3. PATIENT EXPERIENCE

3.1. Complaints

Figure 6: Complaints Data 2018/19

Num	April	May	June	July	August	Sept	Oct	Nov	Exceptions and assurances:
2	2	3	13	3	0	0	0	0	<ul style="list-style-type: none"> • Actions and lessons learned identified are: • Reflection • Sharing of pathways and treatment plans – revision of current processes • Audit • Review of records • Discussion at practice meetings • Review of telephone calls and processes <p>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, including action plans and lessons learned for CQC and for the CCG Collaborative Contracting team.</p>
Complaints Numbers and Themes: Quarter 2 figures are pending.									

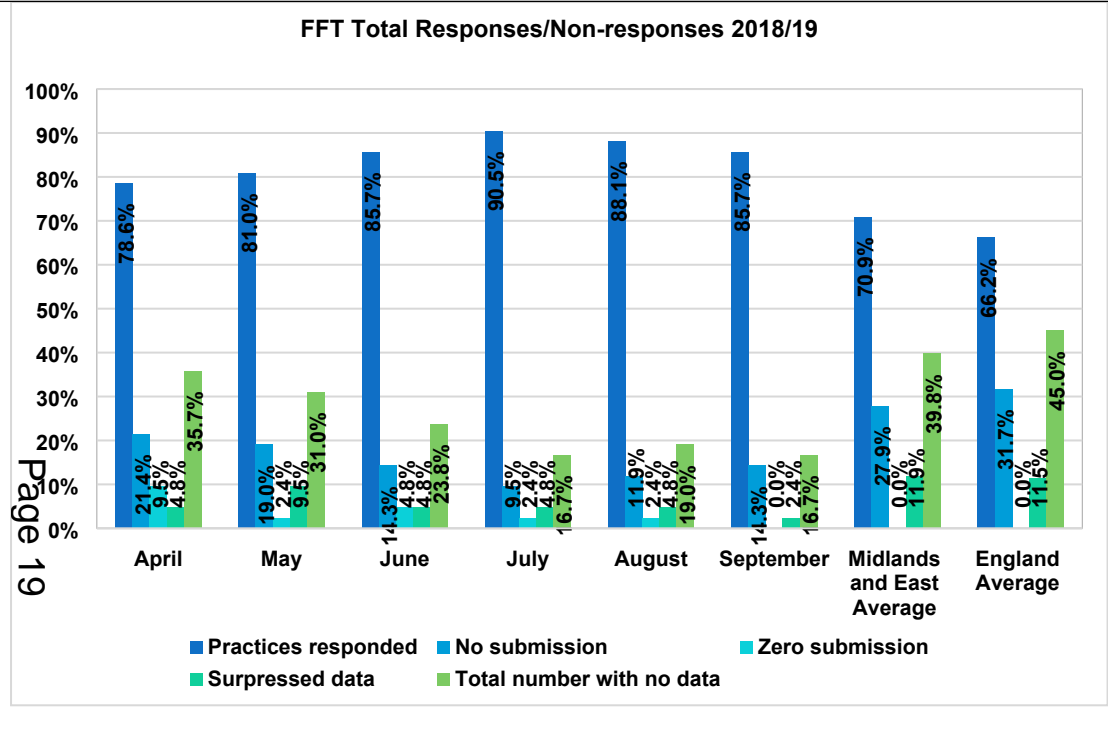


3.2. Friends and Family Test

Figure 7: Friends and Family Test Data Overview 2018/19

Percentage	April	May	June	July	August	September	West Midlands	England
Total number of practices	42	42	42	42	42	42	2,037	6,866
Practices responded	78.6%	81.0%	86.0%	90.5%	88.1%	85.7%	66.4%	66.0%
	33/42	34/42	36/42	38/42	37/42	38/42		
No submission	21.4%	19.0%	14.3%	9.4%	11.9%	9.5%	27.9%	31.7%
	9/42	8/42	6/42	4/42	5/42	4/42		
Zero submission (zero value submitted)	9.5%	2.4%	4.8%	2.4%	2.4%	4.8%	N/A	N/A
	4/42	1/42	2/42	1/42	1/42	2/42		
Suppressed data (1-4 responses submitted)	4.8%	9.5%	4.8%	4.8%	4.8%	2.4%	11.9%	11.5%
	15/42	4/42	2/42	2/42	2/42	1/42		
Total number with no data	33.3%	31.0%	23.8%	16.7%	19.0%	16.7%	39.8%	45.1%
	15/42	13/42	10/42	7/42	8/42	7/42		
Response rate	1.4%	1.7%	1.7%	1.8%	1.8%	2.1%	0.6%	0.5%
Data Comparison							Exceptions and assurances:	





Submission rates were increased this month, overall response rate was 2.1%, which remains significantly better than both the regional and national averages.

Submissions are now being monitored as per FFT Policy and practices have been contacted.

Figure 8: Practices with no submission or supressed data in July 2018

Exceptions and assurances:
Seven practices submitted no data, or supressed data (fewer than 5 responses including zero submissions), the overall number of practices with no or supressed data is lower than previous months and the overall uptake has increased. All practices submitting no data have been contacted directly by the Quality Team, Locality and Contract managers are aware of these practices and those with zero and supressed data and have contacted them for further assurances around any issues within practices and increasing uptake as per FFT Policy.

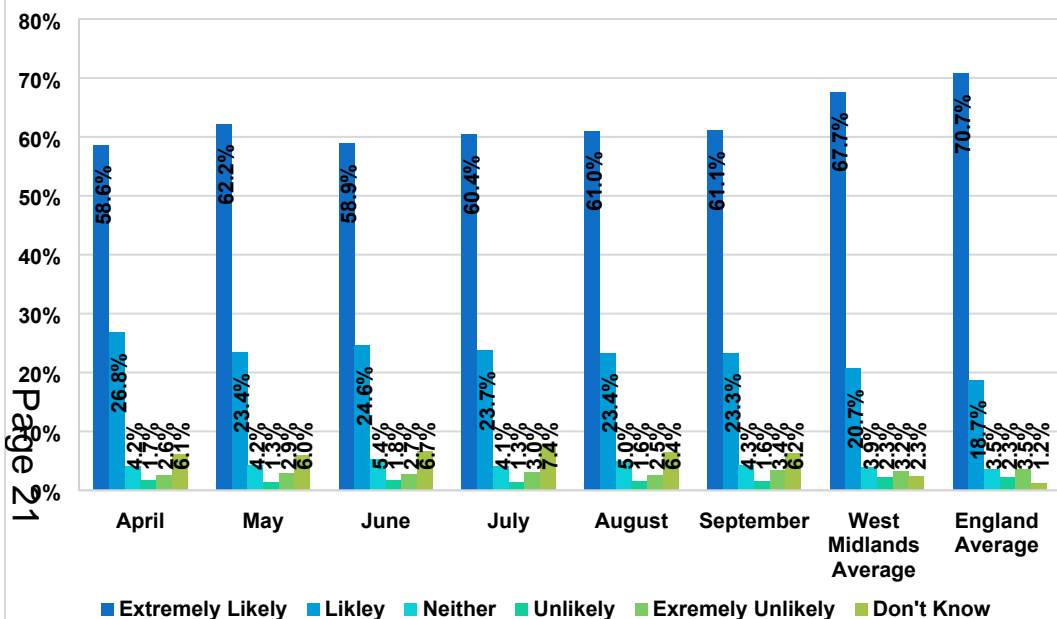


Figure 9: FFT Ratings and Method of Response 2018/19

Ratings								
Percentage	April	May	June	July	August	September	West Midlands Average	England Average
Extremely Likely	58.6%	62.2%	58.9%	60.4%	61.0%	61.1%	67.7%	70.7%
Likely	26.8%	23.4%	24.6%	23.7%	23.4%	23.3%	20.7%	18.7%
Neither	4.2%	4.2%	5.4%	4.1%	5.0%	4.3%	3.9%	3.5%
Unlikely	1.7%	1.3%	1.8%	1.3%	1.6%	1.6%	2.3%	2.3%
Extremely Unlikely	2.6%	2.9%	2.7%	3.0%	2.5%	3.4%	3.2%	3.5%
Don't Know	6.1%	6.0%	6.7%	7.4%	6.4%	6.2%	2.3%	1.2%
Ratings Data Comparison					Exceptions and assurance:			



FFT Ratings 2018/19



Overall 84.4% would recommend their practice, 5% would not with ratings similar to last month, and lower than regional and national (90% respectively would recommend and 5% would not) averages. This month 10.5% gave either a “don’t know” or “neither” answer compared to 6.2% regionally nor 4.7% nationally this is the same as last month. There is still a strong correlation between these responses and submission via practice check in screens and SMS text as previously discussed.

12 practices had higher than average not recommended ratings, and 10 practices lower than average would recommend ratings (with no major correlation between the two), this is an increase on last month – these have been discussed with Locality Managers. Figures may be skewed as response numbers were low in some of these practices.

FFT activity continues to be 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 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.

Method of response

Percentage	April	May	June	July	August	September	West Midlands Average	England Average
Hand Written	7.8%	9.4%	7.6%	4.4%	5.5%	11.3%	13.6%	13.9%



Telephone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.6%
Tablet/Kiosk	26.4%	20.8%	22.1%	24.4%	19.3%	12.3%	6.2%	2.7%
SMS/Text Message	44.0%	46.1%	45.4%	64.0%	50.9%	59.4%	64.2%	77.4%
Smartphone App/Online	2.1%	2.3%	1.4%	1.9%	1.5%	0.9%	1.0%	4.3%
Other	19.6%	21.4%	23.6%	3.5%	22.8%	16.1%	2.9%	1.1%

Methods Data Comparison	Exceptions and assurance																																																															
<p style="text-align: center;">FFT Method of Response 2018/19</p> <table border="1"> <caption>Data for FFT Method of Response 2018/19</caption> <thead> <tr> <th>Month/Average</th> <th>Hand Written</th> <th>Telephone Call</th> <th>Tablet/Kiosk</th> <th>SMS/Text Message</th> <th>Smartphone App/Online</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>7.8%</td> <td>0.0%</td> <td>26.4%</td> <td>44.0%</td> <td>2.1%</td> <td>19.6%</td> </tr> <tr> <td>May</td> <td>9.4%</td> <td>0.0%</td> <td>20.8%</td> <td>46.1%</td> <td>2.3%</td> <td>21.4%</td> </tr> <tr> <td>June</td> <td>7.6%</td> <td>0.0%</td> <td>22.1%</td> <td>45.4%</td> <td>1.4%</td> <td>23.6%</td> </tr> <tr> <td>July</td> <td>4.4%</td> <td>0.0%</td> <td>24.4%</td> <td>64.0%</td> <td>1.9%</td> <td>3.5%</td> </tr> <tr> <td>August</td> <td>5.5%</td> <td>0.0%</td> <td>19.3%</td> <td>50.9%</td> <td>1.5%</td> <td>22.8%</td> </tr> <tr> <td>September</td> <td>11.3%</td> <td>0.0%</td> <td>12.3%</td> <td>59.4%</td> <td>0.9%</td> <td>16.1%</td> </tr> <tr> <td>West Midlands Average</td> <td>13.6%</td> <td>0.3%</td> <td>6.2%</td> <td>64.2%</td> <td>1.0%</td> <td>2.9%</td> </tr> <tr> <td>England Average</td> <td>13.9%</td> <td>0.6%</td> <td>2.7%</td> <td>77.4%</td> <td>4.3%</td> <td>1.1%</td> </tr> </tbody> </table>	Month/Average	Hand Written	Telephone Call	Tablet/Kiosk	SMS/Text Message	Smartphone App/Online	Other	April	7.8%	0.0%	26.4%	44.0%	2.1%	19.6%	May	9.4%	0.0%	20.8%	46.1%	2.3%	21.4%	June	7.6%	0.0%	22.1%	45.4%	1.4%	23.6%	July	4.4%	0.0%	24.4%	64.0%	1.9%	3.5%	August	5.5%	0.0%	19.3%	50.9%	1.5%	22.8%	September	11.3%	0.0%	12.3%	59.4%	0.9%	16.1%	West Midlands Average	13.6%	0.3%	6.2%	64.2%	1.0%	2.9%	England Average	13.9%	0.6%	2.7%	77.4%	4.3%	1.1%	<p>This month the majority of responses have again come via electronic media, SMS text (on a par with national and regional averages) and Tablet/Kiosk (check in screens), with an increase in use of website/app and a decrease in written responses. There are also a number of responses marked as “other”, anecdotally this tends to relate to those collected via check in screens (Tablet/Kiosk). Please note that some practices do not record the method of collection.</p>
Month/Average	Hand Written	Telephone Call	Tablet/Kiosk	SMS/Text Message	Smartphone App/Online	Other																																																										
April	7.8%	0.0%	26.4%	44.0%	2.1%	19.6%																																																										
May	9.4%	0.0%	20.8%	46.1%	2.3%	21.4%																																																										
June	7.6%	0.0%	22.1%	45.4%	1.4%	23.6%																																																										
July	4.4%	0.0%	24.4%	64.0%	1.9%	3.5%																																																										
August	5.5%	0.0%	19.3%	50.9%	1.5%	22.8%																																																										
September	11.3%	0.0%	12.3%	59.4%	0.9%	16.1%																																																										
West Midlands Average	13.6%	0.3%	6.2%	64.2%	1.0%	2.9%																																																										
England Average	13.9%	0.6%	2.7%	77.4%	4.3%	1.1%																																																										

4. CLINICAL EFFECTIVENESS

Quality and Safety Committee

11th December 2018



4.1. NICE Assurance

Guideline	Ref	Linked to Peer Review
Neuropad for detecting preclinical diabetic peripheral neuropathy	MTG38	Yes
Pancreatitis	NG104	Yes
Preventing suicide in community and custodial settings	NG105	
Chronic heart failure in adults: diagnosis and management	NG106	Yes
Emergency and acute medical care in over 16s	QS174	
Community pharmacies: promoting health and wellbeing	NG102	
Flu vaccination: increasing uptake	NG103	
Endometriosis	QS172	Yes
Intermediate care including reablement	QS173	
Rheumatoid arthritis in adults: management	NG100	Yes
Early and locally advanced breast cancer: diagnosis and management	NG101	
Brain tumours (primary) and brain metastases in adults	NG99	
Medicines management for people receiving social care in the community	QS171	
Dementia: assessment, management and support for people living with dementia and their carers	NG97	
Hearing loss in adults: assessment and management	NG98	Yes
Spondyloarthritis	QS170	Yes
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	NG36	Yes
Rheumatoid arthritis in over 16s	QS33	Yes
Chronic heart failure in adults	QS9	Yes
Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease	TA217	
Exceptions and assurances:		
<p>The NICE meeting was held in early November – background documents are pending. The assurance framework around NICE guidance is applied in line with the peer review system for GPs, the following clinical areas are part of the peer review process and relevant guidance will be discussed in line with these areas:</p> <ul style="list-style-type: none"> • Urology • Trauma & Orthopaedics 		

Quality and Safety Committee



- ENT
- Ophthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology
- Gynaecology

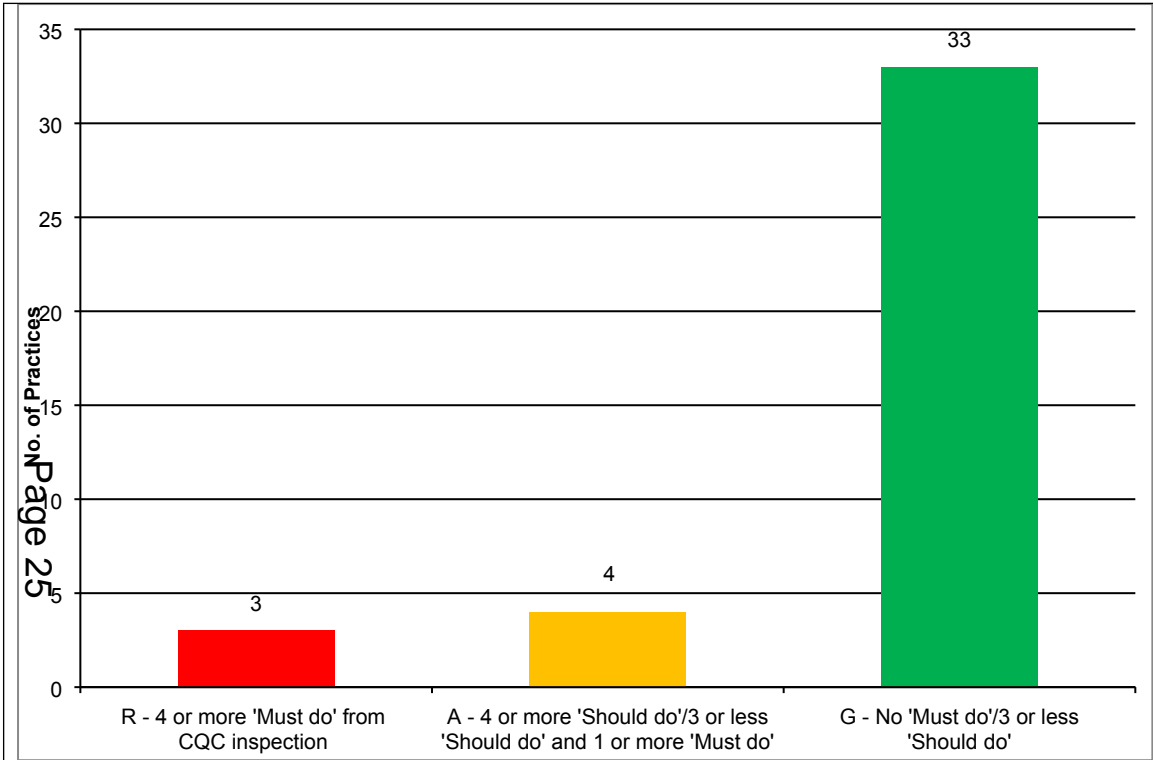
5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

Page 24
Figure 10: CQC Inspections and Ratings to date 2018/19

CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	Families, children and young people	Older people	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable	People with long term conditions	Working age people (including those recently retired and students)
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	37	34	38	39	39	37	37	37	37	37	37	37
Requires Improvement	3	6	2	1	1	2	3	3	3	3	3	3
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0
RAG Ratings – actions from CQC inspections:							Exceptions and assurances					





There are currently two practices with a Requires Improvement rating (the third practice is now under different registration and has not yet been inspected, the practice manager was interviewed by CQC for registration purposes on 25/9/18) and are being monitored by the Primary Care and contracting team with input from the Quality Team, face to face support has been offered to both practice teams.

Collaborative contracting visits are carried out where appropriate and CQC actions plans reviewed.



Themes for improvement identified within the CQC reports are as follows:

- Ensuring safe recruitment of locums.
- Ensure complaints are investigated fully in a timely manner.
- Providing assurances around responses to safety alerts.
- Ensuring systems for good governance.
- Ensuring appropriate responses to best practice guidance.
- Engaging in service improvement audit.
- Improvement around communication with staff within the practice around performance.
- Ensuring equipment is safely managed.
- Performing health and safety audits and ensuring they are updated.
- Providing evidence of sepsis management as per NICE guidance.
- Improve the number of carers registered.



Page 26 of 29

WORKFORCE DEVELOPMENT
Workforce Activity

	Activity	Exceptions and assurance
Recruitment and retention	<p>A GP retention scheme has been agreed across the Black Country several co-design events have been with areas identified:</p> <ul style="list-style-type: none"> • Portfolio careers • First fives • Peer mentoring support • Pre-retirement coaching <p>These programmes are now either being recruited to, or are out for expressions of interest.</p> <p>International recruitment programme for GPs continues expressions of interest from practices now closed. It is hoped that 57 recruits will be attracted across the STP. NHSE are funding the first year of a 3 year contract, a revised application was</p>	No exceptions noted.



	<p>submitted at the end of October.</p> <p>A Physicians Associate internship programme is due to commence with 3 practices now confirmed. There is a HEE incentive of £5000 per PA to participate in this with the CCG matching the funding if the practice offers the PA a substantive post. RWT will be working with practices with a view to twinning PAs with departments in the trust.</p> <p>Work continues to promote the Nursing Associate apprenticeship programme with a proposal for practices to or develop existing staff into this role being developed with support from HEE.</p> <p>Work continues with the university to promote student placements across all professional groups (nursing, physiotherapy, PAs and paramedics). There are currently 9 non-VI practices able to take on student nurses.</p>																					
<p>Workforce Numbers</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 27</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>WTE</th> </tr> </thead> <tbody> <tr> <td>Nurses (all levels)</td> <td>58.5</td> </tr> <tr> <td>Health Care Assistants</td> <td>22.3</td> </tr> <tr> <td>Junior doctors (inc registrars)</td> <td>25.1</td> </tr> <tr> <td>Locum GPs</td> <td>2.1</td> </tr> <tr> <td>Salaried GPs</td> <td>35.5</td> </tr> <tr> <td>GP partners</td> <td>73.4</td> </tr> <tr> <td>Administration/Receptionists</td> <td>244.3</td> </tr> <tr> <td>Practice Managers</td> <td>42.2</td> </tr> <tr> <td>Apprentices</td> <td>8.7</td> </tr> </tbody> </table>	Group	WTE	Nurses (all levels)	58.5	Health Care Assistants	22.3	Junior doctors (inc registrars)	25.1	Locum GPs	2.1	Salaried GPs	35.5	GP partners	73.4	Administration/Receptionists	244.3	Practice Managers	42.2	Apprentices	8.7	<p>Figures taken from NHS Digital data – some practices have not agreed to share their information and there may be higher numbers of staff than shown here. Locality Managers are encouraging practices to tick the data sharing agreement to allow CCG to view data.</p> <p>Further data from CCG dashboard will be shared once available and a new workforce tool will be available from NHS Digital in 2019.</p>
Group	WTE																					
Nurses (all levels)	58.5																					
Health Care Assistants	22.3																					
Junior doctors (inc registrars)	25.1																					
Locum GPs	2.1																					
Salaried GPs	35.5																					
GP partners	73.4																					
Administration/Receptionists	244.3																					
Practice Managers	42.2																					
Apprentices	8.7																					
<p>GPN 10 Point Action Plan</p>	<p>Action 7: A business case/options paper has been presented to Workforce Task and Finish Group for NMP to offer funding for 4 places. Business case to be discussed at committee.</p> <p>Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy continues to be developed and now includes suite of documents covering education, competencies with preceptorship and induction, and clinical supervision to be developed further. A STP wide meeting will be held to discuss development and implementation.</p> <p>Action 7: Wolverhampton CCG are now included in a national digital GPN clinical supervision platform pilot, but there are currently some technical issues with the platform.</p>	<p>Monthly returns are provided to NHSE on behalf of the Black Country, collated by Wolverhampton CCG. The steering group meets on a monthly basis and includes members from all 4 CCGs and the Black Country Training Hub. It has been decided that the group will now meet face to face quarterly with virtual updates in between.</p>																				



	<p>Action 9: An options paper around supporting HCAs into the NA role is being discussed by the Workforce group.</p> <p>Action 9: HCA long term condition training workshops continue. These will now be developed further in conjunction with the Training Hub.</p> <p>Action 10: Currently developing a Nurse Retention plan in conjunction with STP leads.</p>	
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6.2. Training and Development

	Activity	Exceptions and assurance
<p>Nurse Training</p> <p>Page 28</p>	<ul style="list-style-type: none"> • Business case/options paper covering a range of training options discussed at Workforce Task and Finish Group –currently under discussion. • A meeting is due to be held with Diabetes team at RWT around education for primary care staff. • Wolverhampton CCG Clinical Supervision Digital Tool pilot, was due to start on 1st November with sessions being held via Skype, but there are currently technical issues with the platform. • Practice Makes Perfect continues on a monthly basis with the 2019 programme being finalised, a protocol for management of sessions has been developed and all are now accessed via Eventbrite. • Additional training sessions are being provided by the Black Country Training Hub. 	<p>Business case to be reviewed by T&F group and forwarded to relevant boards/committees for consideration.</p>
<p>Non-clinical staff</p>	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> • Care navigation • Medical assistant/document management • Dementia friends • Conflict resolution <p>NHSE will fund one place per PM on the diploma programme (Wolverhampton has also funded places)</p>	<p>No exceptions.</p>



6.3. **Training Hub update**

		Exceptions and assurance
Black Country Training Hub	<p>Procurement has been put on hold as a national solution is being proposed. The risk around this will be reviewed.</p> <p>Low uptake of ACP noted across the patch – the change in rules for funding for this has probably affected the take up, practices now have to guarantee an ACP role at the end of the programme.</p> <p>A summary business case has been submitted, requesting funding for 20 V300 places across the Black Country. All LWAB money has been allocated for the current year but not spent so this would be funded through slippage – this cannot be guaranteed.</p> <p>HCA training funding is pending imminently and the Training Hub will arrange sessions.</p>	<p>HEE continue to liaise with the Training Hub around the procurement process.</p>



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WOLVERHAMPTON CCG
Primary Care Commissioning Committee
Tuesday 4th December 2018

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	<input type="checkbox"/> For Information Only
PUBLIC OR PRIVATE:	This report is for public committee
KEY POINTS:	<ul style="list-style-type: none"> To provide update information to the primary care committee on primary medical services
RECOMMENDATION:	That the committee note the information provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The CCG Primary Care Strategy is supported in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost

1. GMS Contract Variations May 2018 – November 2018

For the committee to note the variations to GMS contracts over the last 4 months

Practice	Practice No	Contract variation	Variation to contract	Date of CVO
Penn Manor Medical Centre	M92011	Addition to contract	Dr H Doggett Added	01/06/2018
The Surgery, Woden Road	M92013	removal from contract	Dr Robert Grinsted removed	01/05/2018
The Surgery, Woden Road	M92013	Addition to contract	Dr Tahir added	01/05/2018
Health & Beyond	M92616	Addition to contract	Dr Chelliah & Mr M S Jhooty	01/07/2018
Tettenhall Medical practice	M92010	removal from contract	Dr Bright removed	31/07/2018
Tettenhall Medical practice	M92010	Addition to contract	Dr Dr Kirandeep Clair	01/08/2018
Warstones Medical Practice	M92044	removal from contract	Dr D DeRosa removed	31/9/18
The Surgery, Woden road	M92013	removal from contract	Dr S Gowda removed	01/11/2018
Bradley Medical centre	M92647	Contract merger	Merger of Bradley Med Centre (Dr Lal & New) with Grove	09/11/2018
Church Street medical Centre	M92030	Contract merger	Merger with Grove Medical centre	26/11/2018

2. QOF Post Payment Verification

This process will take place during February. Practices selected will be notified 2 weeks in advance of the proposed visit.

3. CLINICAL VIEW

Not applicable

4. PATIENT AND PUBLIC VIEW

Not applicable

5. KEY RISKS AND MITIGATIONS

Not applicable

6. IMPACT ASSESSMENT

Financial and Resource Implications

Not applicable

Quality and Safety Implications

Not applicable

Equality Implications

Not applicable

Legal and Policy Implications

Not applicable

8. RECOMMENDATIONS

It is recommended that the committee note the contents of this report for their information

Name Gill Shelley
Job Title Primary Care Contracts Manager
Date: September 4th 2018

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	4/9/18
Public/ Patient View	N/A	4/9/18
Finance Implications discussed with Finance Team	N/A	4/9/18
Quality Implications discussed with Quality and Risk Team	N/A	4/9/18
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	4/9/18
Information Governance implications discussed with IG Support Officer	N/A	4/9/18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	4/9/18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	4/9/18
Any relevant data requirements discussed with CSU Business Intelligence	N/A	4/9/18
Signed off by Report Owner (Must be completed)	G Shelley	4/9/18


WOLVERHAMPTON CCG
Primary Care Commissioning Committee
4th December 2018

TITLE OF REPORT:	Unprocessed Files associated with Docman 7
AUTHOR(s) OF REPORT:	Ramsey Singh
MANAGEMENT LEAD:	Stephen Cook
PURPOSE OF REPORT:	The purpose of this report is to provide information on the deviation of an existing system in Primary Care, and to define key areas of improvement and highlight the core reasons why this problem occurred.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • A large number of clinical documents are failing to transfer into the document management system Docman 7 • Failed documents are automatically moving to an unknown location on the network. • The issue has been present for a number of years however have only been brought to our attention by NHS England August 2018. • The CCG has responded rapidly with a plan to process the outstanding documents by identifying/eradicating any risk to patients
RECOMMENDATION:	To consider the content of this report and comment on the proposed actions in particular the prioritisation of Docman 10 rollout to all practices in Wolverhampton.
BOARD ASSURANCE FRAMEWORK	
1. Improving the quality and safety of the services we commission	This report will detail the methods which can be used to improve quality and safety of services we commission

N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

- 1.1 Wolverhampton PCT procured the services of PCTI Docman 7 in 2009; all practices were using Docman 7 by 2010. The system is used to receive electronic clinical correspondence, it also has the ability to annotate and circulate documents between staff members electronically allowing practices to become paperlight. The system is very versatile and met all the business requirements of an electronic document management system required for primary care.
- 1.2 NHS England sent out formal communication on Friday 10th August 2018 advising all CCG's of a recent concern around clinical correspondence that has been unprocessed in large quantities. A large number of clinical correspondence received within practice mailboxes via NHSmail was moved into an 'Unprocessed State' to an unknown folder on the practice network drive. Without checking each patient record it was unclear if the unprocessed documents have been transferred to the patient's record, therefore creating potential risk to patient care. This issue is known to affect all GP practices using Docman 7 software with Electronic Document Transfer (EDT).
- 1.3 The Service Management team at NHS Digital manage the GPSoC contract nationally with Docman, they have concluded that the software is working as designed; therefore each CCG was required to take ownership of the issue and work with practices to clear the backlog of documents, to eradicate any risk to patients as quickly as possible and to continue monitoring moving forward until the upgrade to Docman 10.

2. CCG RESPONSE

- 2.1 Once the software concern was apparent the CCG's Information Management and Technology (IM&T) Team took proactive steps to understand the extent of the issue locally by analysing the number of outstanding 'Unprocessed Files' across Member Practices. This enabled the CCG to estimate the time required to process these documents within Primary Care, which involved reviewing any actions required and analysing any risk to patient care. At that point it was

agreed the CCG would financially support practices to assist with resource costs associated to processing the backlog. Practice staff were also required to follow NHSE guidance and evaluate the risk associated to each patient, if the record was not previously filed.

- 2.2 This support had financial implications for the CCG through agreed investment through commissioning committee. Further details of the cost to the CCG of this intervention are provided below. There was also an impact for practices as the back-log impacted on the day-to-day provisions of clinical services provided within Primary Care.
- 2.3 Practices have allocated resource and great progress was made to process the outstanding documents. To date there has been no significant impact to patient care and a very large number of documents were already on the patients electronic record.

3. FACTORS CONTRIBUTING TO THE UNPROCESSED FILES ISSUE

- 3.1. The CCG has conducted an investigation into the causes for this issue. This 'Unprocessed Files' issue is basically a failed attempt to collect documents from the practice mailbox. Post investigation it was noted that there were many contributing factors associated to this issue that added to the large quantity of documents. These are split into five categories below.

3.1.1 Docman Implementation

- Wolverhampton PCT was an early adopter of the document management system, due to practice staff turnover knowledge has become inadequate due to lack of training and staff are unable to utilise the system to its full potential.
- A complex path with no relevant connection to the Unprocessed Documents allowed for the files to go unnoticed for many years.
- Lack of communication from software provider PCTI to acknowledge CCG concerns around unprocessed clinical correspondence.

3.1.2 Clinical Services

- A large number of services producing electronic clinical correspondence and distributing in an incompatible format. All clinical

correspondence MUST be sent in a format that is compatible to the EDT system.

- Since deployment other services have come on board and now send correspondence electronically.
- All information MUST be sent within an attachment/file and no information should be included in the body of the email.

3.1.3 User Errors

- The system has been developed with a series of Alerts and is designed to produce Errors if the system is failing to collect documents. A lack of knowledge on the software will result in alerts being overseen.
- It's clear that knowledge and skills have on the use of the system have not been transferred to staff that are operating the software on a regular or consistent basis.

3.1.4 Software

- The EDT system is dependent on additional software (PDF Creator) which is required to convert clinical correspondence into an Image format so it is accepted within the document management system Docman 7.
- The EDT scheduler is also required to be configured to accept multiple file types, without this configuration documents will be rejected without an attempt to collect.

3.1.5 Hardware

- The CCG has a hardware refresh program, with $\frac{1}{5}$ of equipment being replaced each year on a rolling 5 year program to prevent equipment falling out of warranty. One of the consequences of this refresh program is that equipment will lose any settings relating to systems, including Docman that are saved within a user's profile per PC. One of the settings lost affects PDF creator and if not configured correctly

straight away will result in documents being sent to the Unprocessed Folder.

4. ACTION PLAN MOVING FORWARD

4.1 The CCG was required to urgently put a plan of action together to swiftly recover from this national crisis. Until the outstanding documents have been reviewed it would not be clear how this issue has affected patients in Wolverhampton.

4.2 Service Providers

The CCG is required to carry out a review of clinical correspondence in the view to contact and change incompatible formats to the desired specification for a standard approach.

4.3 Docman 10 Rollout

A recommendation has been put forward to prioritise rollout of Docman 10. The new hosted solution has improved security measures including active monitoring and realigns responsibility to the Docman Service Teams. Docman 10 has eradicated the need to have a localised EDT scheduler therefore all alerts and risks associated with unprocessed files are managed directly by the Docman Service Team.

This will also allow all staff members to be retrained on Docman 10, allowing staff members to brush up on skillsets and become more confident on the document management system moving forward.

5. COSTS ASSOCIATED TO THE CCG

The CCG has offered to pay practices to undertake this outstanding work as an incentive to prioritise. See cost details below:

Stage 1 - consists of a filtering exercise, to see if the letters are already on the patient's record. Completed by Admin Staff

5.1 Stage 1 Payments

Mon – Fri - £8.50 per hour plus on costs for administration staff to undertake a 'sifting' process of all documents within the Unprocessed Folder.

Saturday – will be paid time and half plus on costs.

Sunday – will be paid double time plus on costs.

The claim should be reasonable and in line with other practices.

A detailed breakdown of the number of documents processed and the hours worked/claimed for will be required to cross reference against the CCG's figures of unprocessed documents.

5.2 Stage 2 Payments - Documents remaining that will require clinical intervention by a qualified staff member.

£90.89 per hour plus on costs for GP's to process any final outstanding documents that required clinical intervention

Payment will be made on completion of the whole process.

6 CLINICAL VIEW

6.1 Clinical safety risk has been identified due to the possibility that correspondence received at the practice may have been overlooked; therefore patients have not received the correct treatment, follow-up appointments, further investigation, change of medication or other clinical intervention.

7 KEY RISKS AND MITIGATIONS

7.1 See appendix for Risk Assessment

8 IMPACT ASSESSMENT

Financial and Resource Implications

- a. The CCG is providing financial support to practices to assist with resource expense which will cover the costs for practice staff and GP's to review and process the outstanding documents.
- b. The CCG has picked up the additional workload Business As Usual.

Quality and Safety Implications

- c. The CCG has tasked the practices to review the documents as quickly as possible to ensure that any unprocessed documents are reviewed and all the risks are eradicated.
- d. All practices were monitored against National Timescales set by NHS England.
- e. All practices were required to report back to the CCG and NHS England if there were patients that suffered as a direct result of this incident.

Name: Ramsey Singh

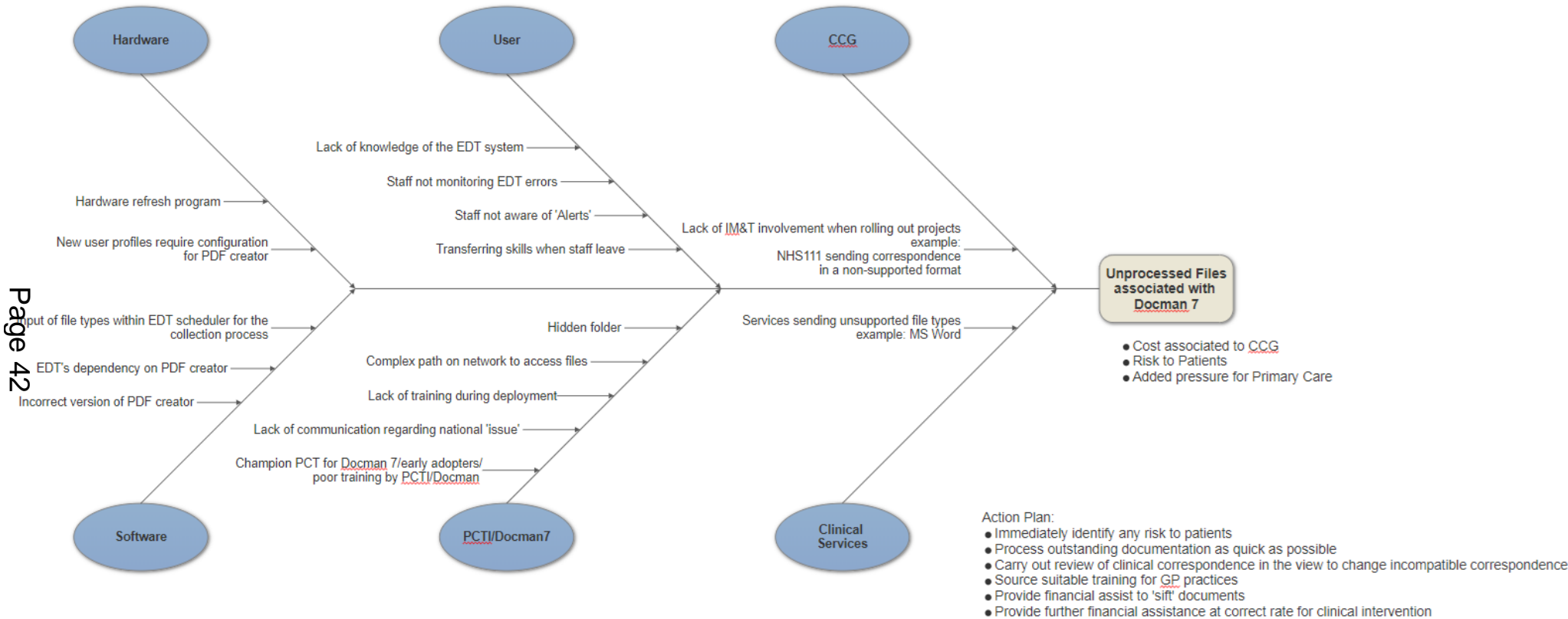
Job Title: Infrastructure Project Manager

Date: 26th November 2018

ATTACHED:

1. Ishikawa diagram, used to identify specific factors causing an overall effect.
2. See appendix for Risk Assessment

Ishikawa Diagram used to identify specific factors causing an overall effect



GENERAL RISK ASSESSMENT FORM

Department	Primary Care	Assessor Name	Gill Shelley
Date of Assessment	22/08/2018	Contact email	Gillian.shelley@nhs.net

Risk Title	Docman Issue: Unprocessed Documents not in Patient Records	
Persons Affected (i.e. Staff, Customers, General Public, Contractors, CCG)	Practices, Patients, CCG	
Risk Description <i>Accurate description of risk.</i> <i>**Please note if the Risk is Confidential**</i>	<p>If GP practices do not identify the number of unprocessed documents that are not included within patients electronic records then there is a potential clinical risk to patients as clinical actions may not have been followed up.</p> <p>Background</p> <p>NHS England has been made aware of an issue where some GP practices have records, received by NHS mail, which have not been able to be processed and have not transferred into the patient's electronic records. This issue affects GP practices using Docman version 7 software with Electronic Document Transfer (EDT) enabled. This configuration is dependent on the practice having systems and processes in place to manage any unprocessed records which do not transfer automatically.</p> <p>NHS Digital manages the GPSoC contract with Docman nationally. As soon as concerns were raised, NHS Digital's Service Management teams investigated and concluded that the software is working as designed.</p> <p>There is a potential safety concern that some letters/documents received at a practice may have been missed and IF there had been clinical actions required in the correspondence, these too could have been missed.</p>	
Connected to Strategic Objective No(s) <i>Please tick those that apply</i>	Improving the quality and safety of the services we commission	x
	Reducing health inequalities in Wolverhampton	
	Achieving system effectiveness delivered within our financial envelope	
	Other (Please Define):	

Initial risk rating <i>Rating at the time of the assessment Risk</i> NB: Please use in conjunction with the NPSA Risk Matrix guide found below.	Likelihood score:3	Consequence score:5	Current Risk Rating:15
Controls in place at time of risk assessment <i>Measures in place which are reducing the impact of the risk or are preventing the risk being realized</i>	<ul style="list-style-type: none"> • CCG assisting the practices with unprocessed cases. • Communications have been distributed to the practices detailing the issues and the support that is being offered to rectify the issue. 		
Gaps/weaknesses in controls <i>Any area where controls have not been completely implemented or are failing to mitigate the risk</i>	<ul style="list-style-type: none"> • It is currently unknown how many cases that are unprocessed that may carry a Clinical Risk. 		
Current risk rating <i>Rating taking into account the current controls in place.</i> <i>Rating=Likelihood X Consequence</i>	Likelihood score:3	Consequence score:5	Current Risk Rating:15
Target Risk Rating <i>Predicted rating once all planned actions have been taken</i>	Likelihood score:3	Consequence score:3	Target Risk Rating:9
Action Plan <i>List the actions which need to be taken to mitigate or control the risk to its target level</i>	<ul style="list-style-type: none"> • Run a software tool to successfully identify the number of unprocessed documents at each GP practice. • RCA to be completed for each patient record with a potential clinical risk. • A briefing paper is to be prepared for Execs • Further Comms to be distributed to reiterate the required actions 		
Target completion date of actions	20 th September 2018		
Resource Requirement for mitigation	TBC		
Responsible Person <i>Person who is responsible for ensuring that the planned actions are taken</i>	Name: Gill Shelley		
	Job Title: Primary Care Contracts Manager		
	Contact Tel No: x 8334		
Risk Owner (Senior Manager)	Sarah Southall – Head of Primary Care		
Executive Lead (i.e. Chief Finance Officer etc.)	Steven Marshall – Director of Strategy & Transformation		

Assurance <i>Team/Committee who will monitor that the risk is being managed effectively</i>	PC/MMO Board Primary Care Operational Management Group Primary Care Commissioning Committee
Review Date	20 th September 2018
Review Guide	<ul style="list-style-type: none"> • Red Risks (Very High) < 1 months • Amber Risks (High) 1-3 months • Yellow Risks (Moderate) 3-6 months • Green Risks (Low) 6-12 months

Please return completed Risk Assessment Form to: wolccg.riskqueries@nhs.net

For completion by Risk Coordinator					
Date Risk Assessment Received and log number:	22/08/2018 **2018_025**	Agreed for TR/PR?	Yes	Date Input	23/08/2018
		Agreed for CRR?	Yes		
Risk Register Reference Number:	PC09 – PCCC PCOMG07 - PCOMG	Date next update is required	20/09/18		

For any assistance in the completion of this form please contact Philip Strickland - Governance & Risk Coordinator WCCG on extension x4753, philip.strickland@nhs.net

ASSESSMENT REVIEW

1st Review

Assessment Review Date	06/09/2018	Carried out by	Vijay Patel		
Initial Risk Score	15	New Risk Score	12	Review Date	06/10/2018
<p>Review Summary <i>Is the initial assessment still relevant?</i> <i>What circumstances are new since the initial assessment?</i> <i>Does the risk require escalation or de-escalation e.g. to team/committee etc?</i></p>	<p>Practices continue to work through issues identified in the original assessment with regard to unprocessed documents on Docman.</p> <p>It has been identified through work conducted at a couple of initial practices that the majority of unprocessed documents are:</p> <ul style="list-style-type: none"> • Rejections that have just been processed • Patients that are not related to the practice • Patients who are deceased • Documents the practice already have • Repeated duplicates appearing <p>A proposal is to be put forward to assist all GP Practices to clear unprocessed documentation. There are 2 options:</p> <p><u>Option 1</u> Utilize private company 'Insight Solutions' to undertake all of the work.</p> <p><u>Option 2</u> To fund GP practice staff to undertake part of the work then insight solutions to complete the remainder of the documents.</p>				
<p>Actions and Completion Date</p>	<p>The insight Solution proposal has been sent to the LMC chair for discussion with the LMC. Primary Care Operational Management Group to consider the options presented.</p> <p>Further update following the next review.</p>				

2nd Review

Assessment Review Date	25/09/18	Carried out by	Vijay Patel		
Initial Risk Score	15	New Risk Score	12	Review Date	28/10/18
<p>Review Summary <i>Is the initial assessment still relevant?</i> <i>What circumstances are new since the initial assessment?</i> <i>Does the risk require escalation or de-escalation e.g. to team/committee etc?</i></p>	<p>All practices are now aware of the level of unprocessed files to be worked on and Practices are continuing to work through these. The Operational Management Group decided not to pursue the quote provided by Insight Solutions to support practices with the work due to the high costs quoted. The CCG have decided to reimburse practices instead to undertake the processing of unprocessed files in Docman in two stages;</p> <p>Stage 1</p> <p>Mon – Fri - £8.50 per hour (plus on costs) for administration staff to undertake a ‘sifting’ process of all document within the unprocessed file. Saturday – to be paid in time and half (plus on costs). Sunday – to be paid in double time (plus on costs).</p> <p>Stage 2</p> <p>Once the documents have been sifted, then a re-assessment of the amount of clinical input required to be undertaken and assessments of any risks.</p>				
<p>Actions and Completion Date</p>	<p>Communication has been sent out to GP practices outlining the reimbursement structure. A Route Cause Analysis (RCA) is also being prepared for the CCG Senior Management Team. The CCG is in constant communication with NHSE, a GP Practice status template is to be completed by the CCG Primary Care Team and returned to NHSE by Friday 28th September 2018.</p>				

Risk Matrix Guide

National Patient Safety Agency

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Note: the above table can be tailored to meet the needs of the individual organisation.





Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

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

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Yes	26th Nov 18
Public/ Patient View	N/A	26th Nov 18
Finance Implications discussed with Finance Team	Yes	26th Nov 18
Quality Implications discussed with Quality and Risk Team	Yes	26th Nov 18
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	26th Nov 18
Information Governance implications discussed with IG Support Officer	N/A	26th Nov 18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	26th Nov 18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	26th Nov 18
Any relevant data requirements discussed with CSU Business Intelligence	N/A	26th Nov 18
Signed off by Report Owner (Must be completed)	Ramsey Singh	26th Nov 18

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