

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE 3<sup>rd</sup> JULY 2018**

<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>	Yvonne Higgins
<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

## 1.0. Executive Summary

The information below highlights the key areas of concern identified through various quality monitoring mechanisms and data sources, the Committee should seek assurance on each issue and consider where further assurance and or action may be required.

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

Data for May 2018		
Issue	Concern	RAG rating
<b>IP</b>	Low IP audit rating for four practices (one in August review on-going and three in December). New cycle of audits has begun. NHS England have reported low ordering rates for flu vaccine to cover outstanding patients indicating uptake may be affected – Primary Care flu group to address this.	1b
<b>MRHA</b>	Nil to report	1a
<b>FFT</b>	Non submission for: 9 practices – due to IT issues nationally Zero submission for 4 practices Suppressed data for 2 practices.	1b
<b>Quality Matters</b>	11 open Quality Matters identified 1 new and 10 ongoing	1b
<b>Complaints</b>	Details of 21 GP complaints reported to NHSE received since November 2017 4 complaints open 17 complaints closed	1a
<b>Serious Incidents</b>	Two serious incidents recently closed –one awaiting referral to NHS England as per pathway.	1b
<b>Escalation to NHSE</b>	One serious incident escalated to NHSE for management.	1b

<b>NICE</b>	No issues to report. No information provided due to IT issues to give verbal update.	1a
<b>CQC</b>	Two practices have received a “Requires Improvement” rating and are being monitored.	1b
<b>Workforce and Training</b>	Workforce strategy implementation continues Training as per GPFV and GPN 10 Point Action Plan continues	1a

### 1.0. 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 May 2018**

Site	Date	Overall audit
No new audits have been undertaken for 2018/19 so far however comparison figures for 2016/17 and 2017/18 have been made available by Infection Prevention and was presented last month.		
The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:		
<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>		

### Issues Identified within primary care:

- Main identified via audits are –
- Damage to décor and plaster
- Toilets needing upgrading

- Fly screens required on windows
- Sinks needing upgrading

**Assurances:**

Actions plans are put in place for all practices where appropriate. Follow is up undertaken within 1-3 months and re-visit and re-audit where necessary. A new team member at RWT is now managing primary care IP audit.

**MRSA Bacteraemia:**

None to report in primary care.

**Assurances:**

Work has commenced on improving sepsis identification and reporting in the community with collaboration between care homes, GPs and community services. This work is on-going, a cross-service tool is being identified and improving information around coding and flagging of risk in GP surgeries.

**Influenza Vaccination:**

2017/18 influenza season has now finished, the 2018/19 Flu Season City Wide Steering Group met on 24<sup>th</sup> May and a Primary Care Group has been set up. The first meeting is scheduled for 4<sup>th</sup> July 2018. Flu training for practice nurses and HCAs has been booked for 24<sup>th</sup> July and 22<sup>nd</sup> August 2018 with further dates to follow.

**Assurances:**

These will be provided via feedback and actions from the primary care flu group. Vaccine uptake figures are available from the Immform platform.

## 2.0. MHRA 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. 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)).

### Assurances:

Practices must keep a record of appropriate actions related to MHRA alerts as part of their CCG contractual requirements and their CQC registration.

## 3.0. Patient Experience/Friends and Family Test

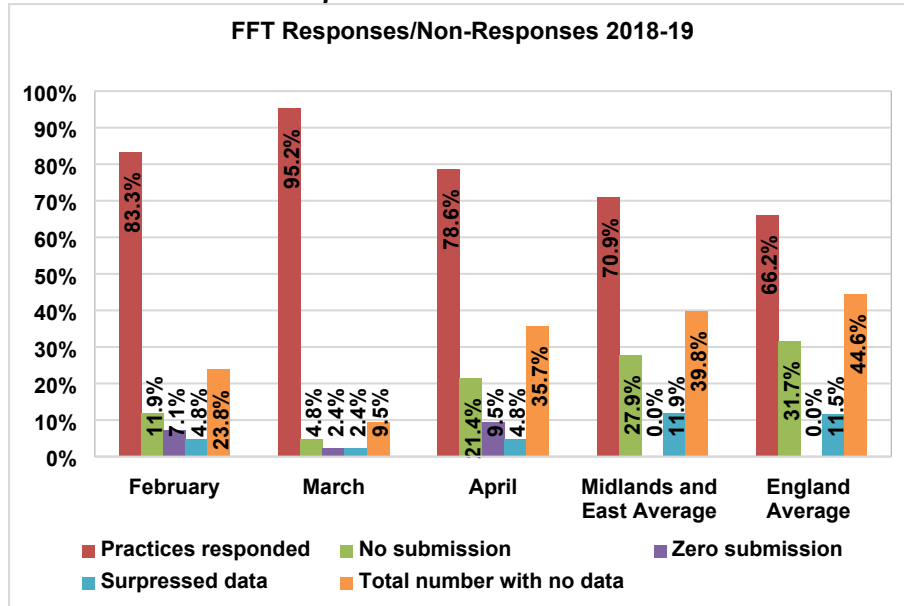
### FFT Uptake:

The submission data for May 2018 FFT submissions (April 2018 figures) are shown below compared with the previous three months and the regional and national averages.

**Figure 2: FFT 3 Month Data**

Percentage	January	February	March	April	West Midlands	England
<b>Total number of practices</b>	42	42	42	42	2154	7243
<b>Practices responded</b>	90.2% ⇔ 38/42	83.3% ↓ 35/42	95.2% ↑ 40/42	78.6% ↓ 33/42	53.4% ↓	53.4% ↓
<b>No submission</b>	4.8% ⇔ 2/42	11.9% ↑ 7/42	4.8% ↓ 2/42	21.4% ↑ 9/42	46.6% ↑	46.6% ↑
<b>Zero submission</b>	2.4% ⇔ 1/42	7.1% ↑ 3/42	2.4% ↓ 1/42	9.5% ↑ 4/42	N/A	N/A
<b>Suppressed data</b>	2.4% ↓ 1/42	4.8% ↑ 2/42	2.4% ↓ 1/42	4.8% ↑ 2/42	7.2% ↓	9.4% ↓
<b>Total number with no data</b>	9.5% ⇔ 4/42	28.6% ↑ 10/42	9.5% ↓ 4/42	33.3% ↑ 15/42	53.8% ↑	56.0% ↑
<b>Response rate</b>	1.6% ⇔	1.6% ⇔	1.8% ↑	1.4% ↓	0.5% ↓	0.5% ↓

**Figure 3: 3 Month FFT Data Comparison**



This month practices that had no submission were significantly higher than last month at 21.4% and this is due to IT issues with CQRS; suppressed data (fewer than 5 submissions) was running at 4.8% (2), the total number of practices with no data available had increased to 33.3% (15), this was mainly due to national IT issues which are now resolved. The regional and national trend show an increase in no submissions but a reduction in suppressed data from previous months (see Figure 2 above). Response for WCCG as a proportion of list size was 1.4% which is an increase on last month and still significantly better than both the regional and national averages of 0.5%.

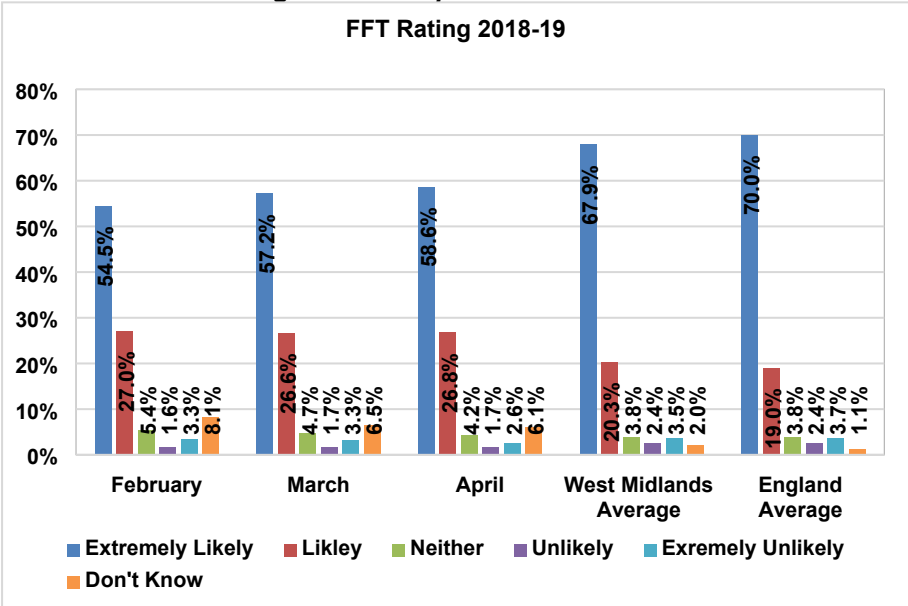
The ten practices identified as having a higher than average (1.4%) uptake and this will be shared with locality managers as an on-going matter to encourage sharing of good practice:

**Ratings:**

**Figure 4: FFT 3 Month Ratings**

Percentage	February	March	April	West Midlands Average	England Average
Extremely Likely	54.5%	57.2%	58.6%	67.8%	69.6%
Likely	27.0%	26.6%	26.8%	20.2%	19.1%
Neither	5.4%	4.7%	4.2%	3.9%	4.0%
Unlikely	1.6%	1.7%	1.7%	2.5%	2.5%
Extremely Unlikely	3.3%	3.3%	2.6%	3.6%	3.8%
Don't Know	8.1%	6.5%	6.1%	2.0%	1.1%

**Figure 5: FFT 3 Months Ratings Data Comparison**



Overall responses remain positive (85% would recommend their practice) and ratings are slightly better than last month, but are still lower than regional (89%) and national (90%) averages. This month 11.8% gave either a “don’t know” or “neither” answer compared to 5.8% regionally and 4.9% nationally and this has reduced slightly. 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.

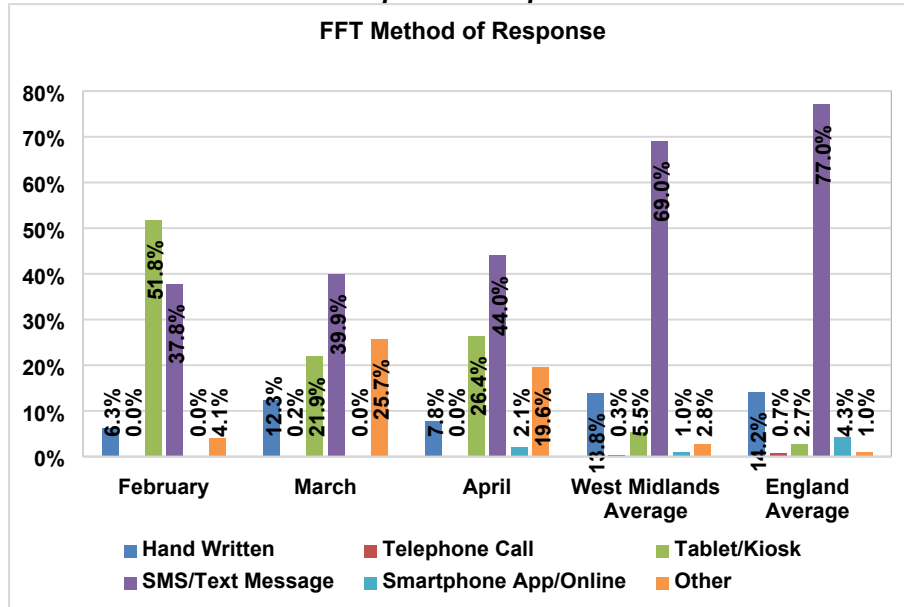
**Method of Response:**

**Figure 6: FFT 3 Month Method of Response**

Percentage	February	March	April	West Average	Midlands	England Average
Hand Written	6.3%	12.3%	7.8%		15.4%	13.9%
Telephone Call	0.0%	0.2%	0.0%		0.4%	0.6%
Tablet/Kiosk	51.8%	21.9%	26.4%		6.2%	2.7%
SMS/Text Message	37.8%	39.9%	44.0%		74.4%	77.4%
Smartphone App/Online	0.0%	0.0%	2.1%		0.9%	4.4%
Other	4.1%	25.7%	19.6%		2.6%	1.0%



**Figure 7: FFT 3 Month Method of Response Comparison**



This month the majority of responses have again come via SMS text (44.4%) and Tablet/Kiosk (26.4%). Handwritten responses have reduced again and are now at 7.8%, lower than the national and regional averages shown above in Figure 7. Please note that some practices do not appear to record the method of collection. Other methods of submission have increased again this month, it is thought that these are predominantly “check in screen” submissions incorrectly assigned as they should be linked to “tablet/kiosk”.

**Assurances**

The FFT policy that has been developed in conjunction with the LMC is due to be heard at Primary Care Commissioning Committee on 3<sup>rd</sup> July, this builds on the existing contractual requirements by the addition of qualitative data and involvement of PPGs. FFT activity is being 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

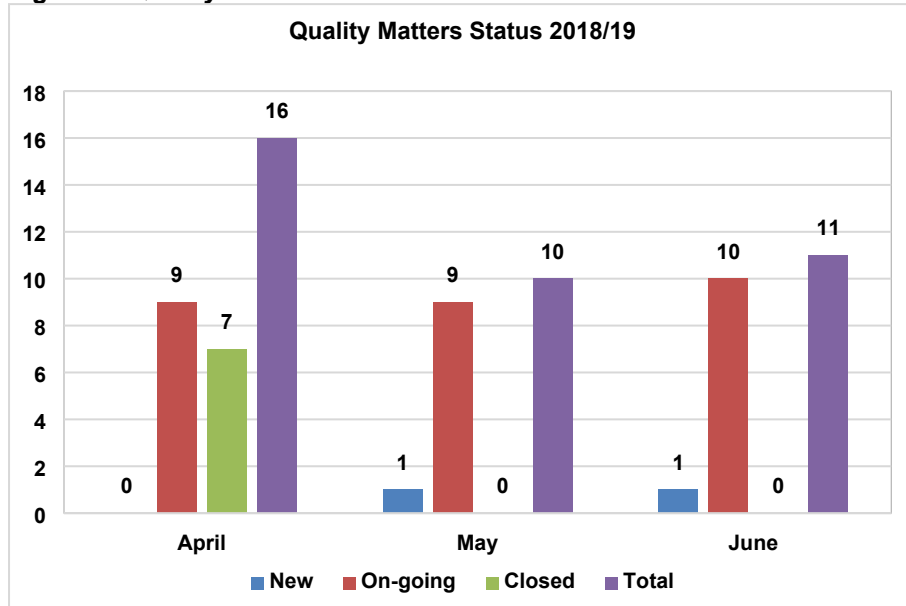
advice and support offered to facilitate compliance. Those that fail to submit on a regular basis may receive a contract breach notice, and a number of sites are being monitored closely. Wolverhampton LMC have offered to support the process to avoid the need for breach notices to be applied. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

#### 4.0. Quality Matters

*Figure 8: Quality Matters Three Month Figures 2018/19*

Status	April	May	June
New	0	1	1
On-going	9	9	10
Closed	7	0	0
Total	16	10	11

**Figure 9: Quality Matters Status 2018/19**



Activity via the Quality Matters process is shown above, this is reviewed monthly and relevant staff members are contacted or practice visits are undertaken where necessary. Practices are asked to provide a brief overview of actions taken, learning identified and to provide assurances that this has been embedded. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

### Quality Matters Themes

Quality Matters themes relate to information governance breaches, delayed or inappropriate treatment, and inappropriate referrals.

### Assurances:

Quality Matters continue to be monitored by the Quality Team, and all Primary Care incidents have been forwarded to the relevant practices, internal scrutiny group 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.

### 5.0. Complaints

The CCG continues to be copied in on new complaints from NHSE as they are reported, 21 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	Resolved
November	6	2
December	3	0
January	4	1
February	3	0
March	2	11
April	1	3
May	1	1
June	1	0

All current complaints relate to clinical issues.

**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 by NHSE 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.

**6.0. Serious Incidents**

There are two incidents that have recently been closed.

**Assurances:**

All serious incidents are reviewed in CCG internal scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG. Practice visits are undertaken and assurances must be provided around learning and action plans.

**7.0. Escalation to NHS England**

One incident was raised at the most recent NHSE PPIGG meeting and this has been discussed above in the section on serious incidents, this is due to be followed up by NHSE.

There is one serious incident due to be referred to the next meeting following receipt of actions/learning from practices, this is also discussed above.

**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.

## 8.0. CQC

The current CQC status from April 2017 to current date is shown below in Figure 11.

**Figure 11: CQC ratings**

Practice	Report Date	Overall rating	Safe	Effective	Caring	Responsive	Well led
<a href="#">All Saints and Rosevillas Medical Practice</a>	15/05/2017	Good	Good	Good	Good	Good	Good
<a href="#">Poplars Medical Centre</a>	07/06/2017	Good	Good	Good	Good	Good	Good
<a href="#">Primrose Lane Health Centre</a>	18/06/2017	Good	Good	Good	Good	Good	Good
<a href="#">Forhouses Medical Practice</a>	25/06/2017	Good	Good	Good	Good	Good	Good
<a href="#">Bilston Urban Village Medical Centre</a>	10/07/2017	Good	Good	Good	Good	Good	Good
<a href="#">Woden Road Surgery</a>	14/07/2017	Good	Good	Good	Good	Good	Good
<a href="#">Hill Street Surgery</a>	20/07/2017	Good	Good	Good	Good	Good	Good
<a href="#">Drs Bilas and Thomas</a>	20/07/2017	Good	Good	Good	Good	Good	Good
<a href="#">Keats Grove Surgery</a>	18/08/2017	Good	Good	Good	Good	Good	Good
<a href="#">Bradley Medical Practice</a>	24/05/2018	Requires Improvement	Requires Improvement	Good	Good	Good	Inadequate
<a href="#">Whitmore Reans Health Centre</a>	12/04/2018	Good	Good	Good	Good	Good	Good
<a href="#">Probert Road Surgery</a>	23/10/2017	Good	Good	Good	Good	Good	Good
<a href="#">Ashfield Road Surgery</a>	23/10/2017	Good	Good	Good	Good	Good	Good
<a href="#">Dr Joseph Fowler</a>	08/01/2018	Good	Good	Good	Good	Good	Good
<a href="#">Wolverhampton Doctors on Call</a>	30/01/2018	Good	Good	Good	Good	Good	Good
<a href="#">Coalway Road Medical Practice</a>	16/02/2018	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
<a href="#">Lower Green Health Centre</a>	27/02/2018	Good	Good	Good	Good	Good	Good
<a href="#">Dr Nicola Whitehouse</a>	27/02/2018	Good	Good	Good	Good	Good	Good
<a href="#">Newbridge Surgery</a>	20/03/2018	Good	Good	Good	Good	Good	Good

Outstanding		0	0	0	0	0	0
Good		17	17	19	19	19	17
Requires improvement		2	2	0	0	0	1
Inadequate		0	0	0	0	0	1

### Assurances:

Two practices currently have a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team, 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. One practice has already received their contracting visit, appropriate support is being provided by the CCG and NHSE, the second practice is due to receive a visit in the near future.

### 9.0. Workforce

Work continues to refine the workforce development plan in line with STP and national drivers. The following areas have been identified as priority and included on the Workforce Development Action Log:

- Alternative ways of working for GPs e.g. portfolio careers – discussions currently being arranged and information collated.
- Workforce dashboard being finalised for showcasing at July Workforce Task and Finish Group meeting.
- LWAB work streams being finalised – stronger links and feedback being made with Primary Care leads.
- Practice Manager Framework in early stages of development, for discussion with PM forum.
- Practice Nurse Workforce Strategy in development across STP, this will be open for consultation with GPNs following this initial work.
- Practice group information to be shared on CCG intranet pages.

### Recruitment

Work continues around international recruitment of GPs with bid recently submitted, numbers of staff to be confirmed c/o STP. CCT fellows applications now closed, interviews being held. 67 GP trainees are due to start across the region – numbers for Wolverhampton not yet identified.

Interest in Nursing Associate and Registered Nurse apprenticeships identified – initial meetings arranged, to be followed up by University. Interest in Return to Practice identified and followed up.

## **Retention**

Further work around retention will be undertaken as part of STP, GPFV and national drivers from the GPN 10 Point Action Plan, this will be undertaken at regional and national level and focus on intensive support, Wolverhampton has been identified as an intensive support site.

## **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.

## **10.0. Primary Care Training**

The local Practice Nurse Education forum continues all session dates are finalised and most have been booked in advance, with subject areas to include falls, respiratory, screening and lymphoedema. Black Country Practice Nurse Facilitator now assisting with this and with provision in other areas which can be accessed by Wolverhampton nurses.

HCA training first two sessions covering respiratory conditions and weight management, have been held, provided by Education for Health, feedback from both sessions was very good. Further clinical training for HCAs is being developed in conjunction with the Training Hub – HEE funding awaited.

Sponsored courses funding now available (Fundamentals of Practice Nursing, Specialist Practice and Advanced Clinical Practice) and expressions of interest gathered for final decision in August.

Work around spirometry training continues in conjunction with commissioning. Flu updates are booked for July and August and immunisation update is booked for September.

GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager diploma and other relevant training for senior non-clinical staff.



**Training Hub Update:**

Health Education England (HEE) procurement exercise to secure providers for a new contract will start in September across Midlands and East. This will be on a STP footprint, specification and KPIs are to be finalised and CCGs will be consulted. The current three Black Country Training Hubs are working together more closely in order to achieve the best possible position to secure a future contract as an STP Training Hub.

**GPN Ten Point Action Plan Funding**

Funding to increase student nurse placements will be released imminently. Data on STP level activity is collected monthly and collated by Wolverhampton CCG and returned to NHSE.