

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE AUGUST 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



**PRIMARY CARE QUALITY DASHBOARD**

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

Data for April 2018		
Issue	Concern	RAG rating
Infection Prevention	New cycle of audits has begun. Flu planning for 2018/19 season has commenced.	1b
MHRA	Nil to report	1a
Serious Incidents	New SIs to be managed by practices supported by Quality Team	1b
Quality Matters	Currently up to date	1b
Complaints	Quarter 1 2018 now data available	1a
FFT	In June 2018 <ul style="list-style-type: none"> <li>8 practice submitted no data</li> <li>1 zero submission</li> <li>4 submitted fewer than 5 responses (supressed data)</li> </ul>	1b
NICE Assurance	NICE assurance to be linked to GP Peer Review system	1a
CQC	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
Workforce Activity	Work continues around: <ul style="list-style-type: none"> <li>Recruitment</li> <li>Portfolio careers</li> <li>Workforce and GPN strategies</li> </ul>	1a
Training and Development	Training has been provided for: <ul style="list-style-type: none"> <li>HCA's – Respiratory and Weight Management</li> <li>Nurses – Nurse Education Forum and flu training</li> <li>All GP staff – care navigation; domestic violence</li> </ul>	1a



## 1. BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

## 2. 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	Overall audit	Waste management	Management of equipment	IP management	Environment	PPE	Sharps handling and disposal	Minor surgery room	Practice nurse room
Gold	1	4	6	4	1	9	9	N/A	3
Silver	7	0	4	4	1	0	1	N/A	5
Bronze	2	8	1	0	4	2	2	N/A	4
No rating	1	0	1	4	6	1	0	N/A	0

### Issues identified within primary care:

- Ensure audits are being undertaken
- Cleaning schedules needed
- Bins need replacing
- Clinical wipe holders needed
- Damage to plaster and décor
- Sinks need replacing
- Wipeable notice boards needed
- Wipeable blinds needed



- Couches must be moveable
- Paper roll holder position
- Ensure air vents are cleaned
- Ensure soap dispensers are cleaned
- Legionella risk assessment needed

**MRSA Bacteraemia:**

None to report this month.

**Influenza vaccination programme:**

The final flu vaccine figures show:

Under 65s uptake – 16%    under 65s declined – 18%

Over 65s uptake – 13%    over 65s declined – 15%

6% of over 65s and 4% of under 65s who had a flu vaccine had it at a pharmacy; 9% of under 65s had the vaccine at school. Approximately 5% of all eligible patients had their flu vaccine via “other” provider, this may have been via the acute trust or via their employer.

**Childhood immunisation programme:**

Figures show that 89.4% of 9 months olds have received 3 doses of hexavalent vaccine and 86.3% have received 1 dose of MMR.

**Screening programmes:**

Awaiting uptake data – will report verbally.

**Assurances:**

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. Vaccine uptake is monitored by Public Health and by



Continued monitoring of flu vaccine ordering and uptake is being undertaken by Public Health and NHSE and a city wide flu vaccine task group is now in place, set up by the PH Health Improvement team as well as a primary care steering group that is exploring ways to improve uptake and novel ways of reaching groups with low uptake, the group met on 4<sup>th</sup> July and are due to meet again on 1<sup>st</sup> August. Flu training was held on 24<sup>th</sup> July, with a second session in August (100 places in total).

## 2.2. MHRA Alerts

The government has issued the following relevant to primary care since 1<sup>st</sup> April 2018:

- 16 weekly field safety bulletins with all medical device information included.
- 2 device alerts/recalls
- 4 drug alerts/recalls

### Overview:

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate.

Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme ([www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)).

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>

### Assurances:



The management of alerts is part of both the GP contract and a requirement under CQC registration. Practices are required to keep a record of alerts and actions taken for scrutiny. At present this is monitored by the CCG via collaborative contracting visits. There are currently no direct actions required by CCG.

### 2.3. **Serious Incidents**

There is one serious incidents currently under investigation in Primary Care.

There are two closed incidents.

#### **Assurances:**

All serious incidents are reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG.

### 2.4. **Quality Matters**

Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

#### **Assurances:**

Quality Matters continue to be monitored, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate. Practices are asked to provide evidence of investigation and learning from these incidents and this is provided to NHSE who will then escalate accordingly and feedback to the CCG or to the Serious Incident Scrutiny Group for further consideration. The Quality Team plan to share lessons learned from Quality Matters in primary care as part of an on-going programme.



## 2.5. Escalation to NHS England

There are several QM incidents due to be reported to PPIGG pending response and closure from RWT.

### 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.

## 3. PATIENT EXPERIENCE

### 3.1. Complaints

The CCG continues to be copied in on new complaints from NHSE as they are reported, 25 new GP complaints have been received since the beginning of November. The breakdown of reports for Q1 of 2018 are as follows.

**Figure 2: NHSE Complaints Data**

Month	Number
January	4
February	2
March	1

Actions were identified in all incidents around:

- Reflection on incidents
- Reviewing local and national policies and ensuring they are applied
- Review at practice meetings
- Reviewing of protocols



Since April there have been 5 new complaints and 3 closed complaints.

**Assurances:**

The CCG does not have oversight of GP complaints dealt with within the surgery. NHSE is now sharing complaints data and this can be triangulated with other data e.g. SIs and Quality Matters. All complaints reported to NHSE are logged via PPIGG for appropriate escalation; this includes local actions e.g. additional training or serious incident reporting. Practices must provide evidence of their complaints procedure and handling, including action plans and lessons learned for CQC and for the CCG Collaborative Contracting team.

**3.2. Friends and Family Test**

**Uptake:**

The figures for June 2018 FFT submissions (data collected in May 2018) are shown below compared with the previous two months and the regional and national averages.

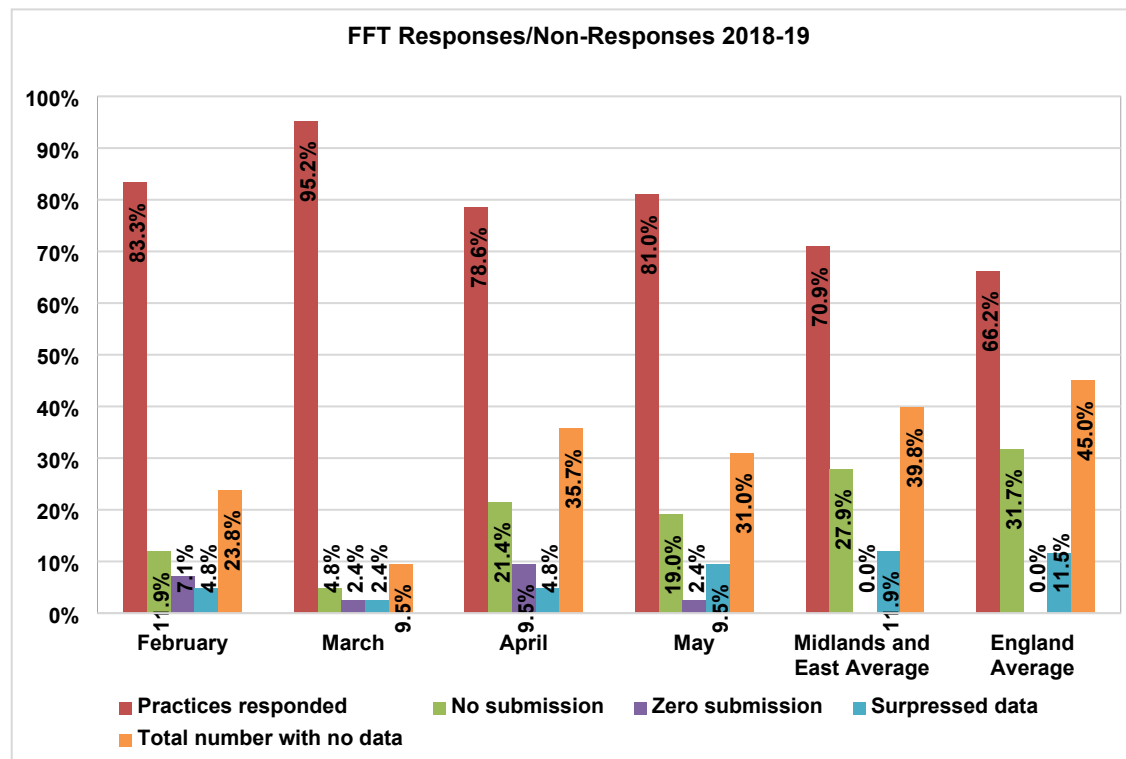
**Figure 3: FFT 3 Month Data**

Percentage	March	April	May	West Midlands	England
<b>Total number of practices</b>	42	42	42	2154	7226
<b>Practices responded</b>	95.2% ↑ 40/42	78.6% ↓ 33/42	81% ↑ 34/42	70.9% 33/42	66.2% 34/42
<b>No submission</b>	4.8% ↓ 2/42	21.4% ↑ 9/42	19% ↓ 8/42	27.9% 9/42	31.7% 8/42
<b>Zero submission</b>	2.4% ↓ 1/42	9.5% ↑ 4/42	2.4% ↓ 1/42	N/A 4/42	N/A 1/42
<b>Suppressed data</b>	2.4% ↓ 4/42	4.8% ↑ 15/42	9.5% ↑ 4/42	11.9% 15/42	11.5% 4/42
<b>Total number with no data</b>	9.5% ↓ 4/42	33.3% ↑ 15/42	31% ↓ 13/42	39.8% 15/42	45.0% 13/42
<b>Response rate</b>	1.8% ↑	1.4% ↓	1.7% ↑	0.6%	0.5%





Figure 4: 3 Month FFT Data Comparison



There were improvements in none submissions this month despite on-going issues with CQR, overall response rate was up on the previous months as shown in Figures 6 and 7. Response for WCCG as a proportion of list size was 1.7% which is an increase on last month and still significantly better than both the regional and national averages.

Nine practices are also identified as having a higher than average (1.7%) uptake and this has been shared with locality managers as an on-going matter to encourage sharing of good practice, the use of electronic media (SMS, check in screens, website/app) appears to have a significant impact on uptake:

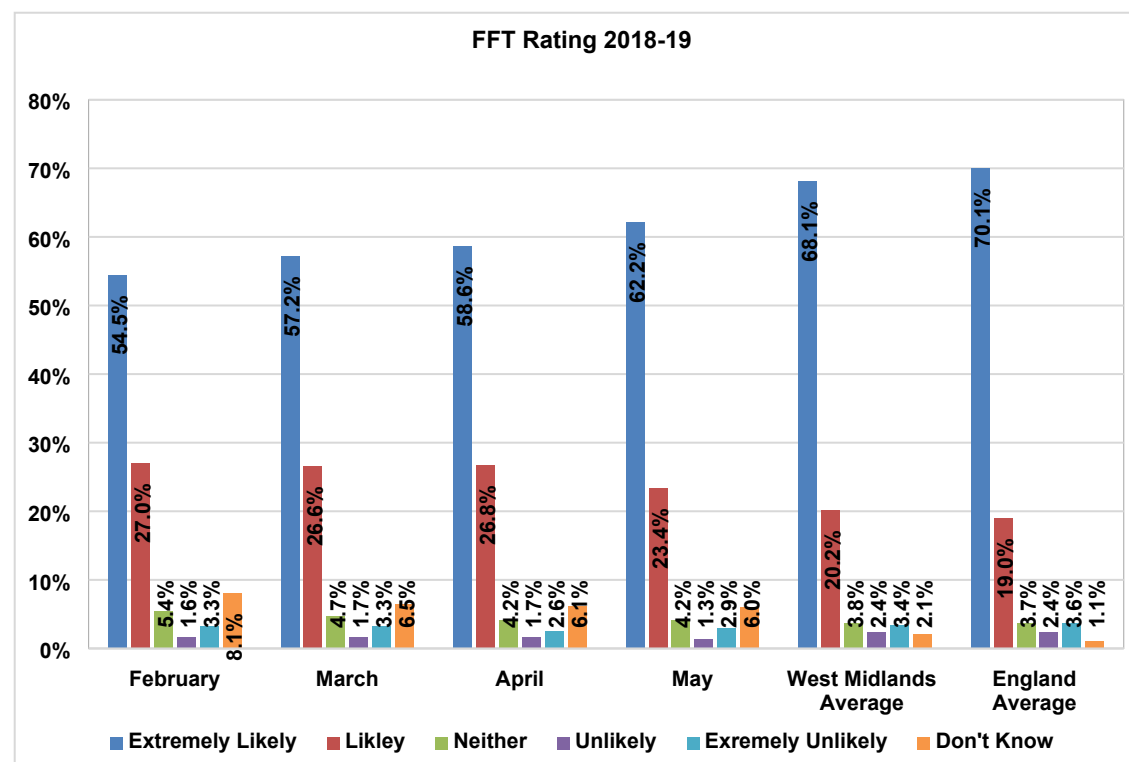
**Ratings:**

**Figure 5: FFT 3 Month Ratings**

Percentage	March	April	May	West Midlands Average	England Average
<b>Extremely Likely</b>	57.2%	58.6%	62.2%	68.1%	70.1%
<b>Likely</b>	26.6%	26.8%	23.4%	20.2%	19.0%
<b>Neither</b>	4.7%	4.2%	4.2%	3.8%	3.7%
<b>Unlikely</b>	1.7%	1.7%	1.3%	2.4%	2.4%
<b>Extremely Unlikely</b>	3.3%	2.6%	2.9%	3.4%	3.6%
<b>Don't Know</b>	6.5%	6.1%	6.0%	2.1%	1.1%



Figure 6: FFT 3 Months Ratings Data Comparison



Overall responses remain positive (86% overall would recommend their practice, 4% would not) and ratings are better than last month, and lower than regional and national (89% would recommend 5% and 6% would not) averages. This month 10.2% gave either a “don’t know” or “neither” answer compared to 5.8% regionally and 4.9% nationally and this has reduced slightly. There is still a strong correlation between these responses and submission via practice check in screens and SMS text as previously discussed.



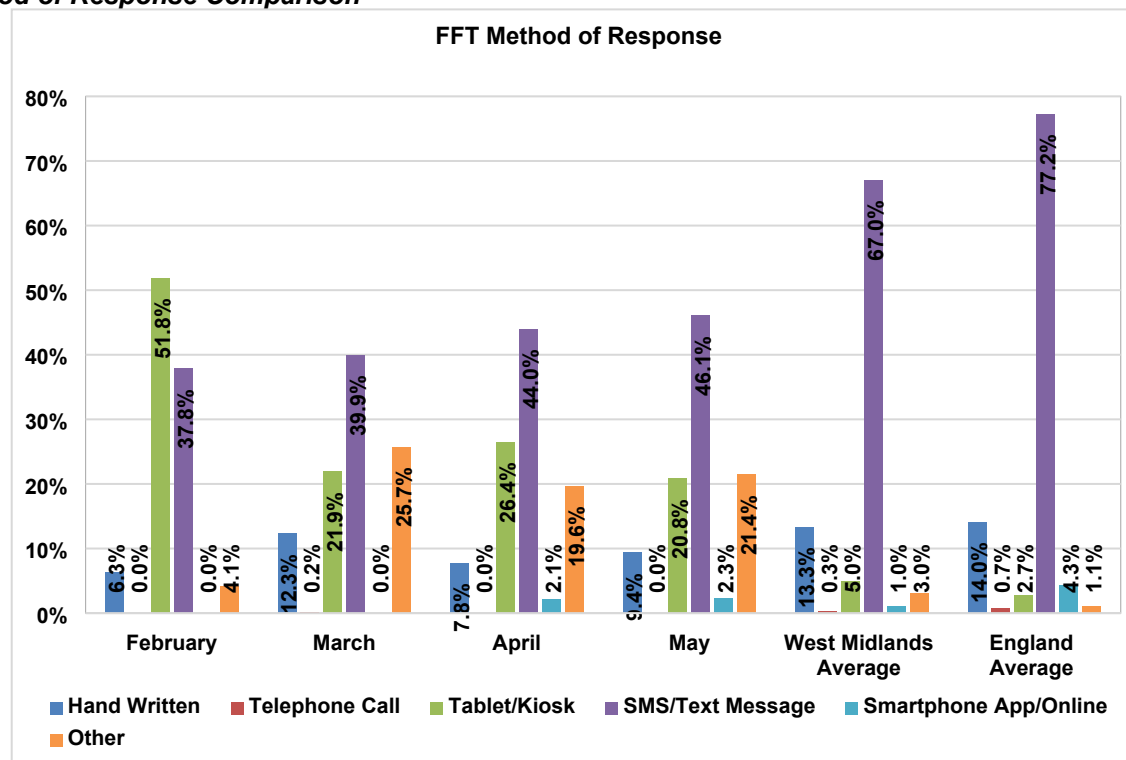
**Method of Response:**

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

Percentage	March	April	May	West Midlands Average	England Average
Hand Written	12.3%	7.8%	9.4%	13.3%	14.0%
Telephone Call	0.2%	0.0%	0.0%	0.3%	0.7%
Tablet/Kiosk	21.9%	26.4%	20.8%	5.0%	2.7%
SMS/Text Message	39.9%	44.0%	46.1%	67.0%	77.2%
Smartphone App/Online	0.0%	2.1%	2.3%	1.0%	4.3%
Other	25.7%	19.6%	21.4%	3.0%	1.1%



**Figure 8: FFT 3 Month Method of Response Comparison**



This month the majority of responses have again come via electronic media, SMS text and Tablet/Kiosk, with an increase in use of website/app (see Figure 12), this continues to increase while other methods e.g. handwritten continue to decrease. Please note that some practices do not appear to record the method of collection.

**Assurances**



The FFT policy has now been approved by the Primary Care Commissioning Committee for approval and will be embedded into the GP contract.

FFT activity continues to be monitored on a monthly basis by the Operational Management Group, and via the NHSE Primary Care Dashboard. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

#### 4. CLINICAL EFFECTIVENESS

##### 4.1. NICE Assurance

The NICE assurance group met in May 2018 where the latest guidelines were discussed, this is currently under review and up to date information will be presented at the next meeting. Guidance relevant to primary care from the last NICE meeting is shown below. For the latest list of published guidance please see [this link](#).

**Figure 9: NICE Guidance Relevant to Primary Care**

Guideline	Date	Linked to Peer Review
Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups (QS167)	May-18	
Epilepsies: diagnosis and management (CG137)	Apr-18	
Neuropathic pain in adults: pharmacological management in non-specialist settings (CG173)	Apr-18	Yes
Bipolar disorder: assessment and management (CG185)	Apr-18	
Depression in adults: recognition and management (CG90)	Apr-18	
Lyme disease (NG95)	Apr-18	
Drug misuse prevention (QS165)	Mar-18	
Otitis media (acute): antimicrobial prescribing (NG91)	Mar-18	Yes
Stop smoking interventions and services (NG92)	Mar-18	



Emergency and acute medical care in over 16s: service delivery and organisation (NG94)	Mar-18	
Physical activity and the environment (NG90)	Mar-18	
Heavy menstrual bleeding: assessment and management (NG88)	Mar-18	Yes
Attention deficit hyperactivity disorder (QS39)	Mar-18	
Heavy menstrual bleeding (QS47)	Mar-18	Yes

**Assurances:**

The assurance framework around NICE guidance will be 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:

- Urology
- Trauma & Orthopaedics
- ENT
- Ophthalmology
- Pain Management
- Gastroenterology
- Haematology
- Cardiology
- Dermatology
- Rheumatology
- Gynaecology

Relevant NICE guidance is identified by Dr A. Booshan and forwarded to GPs for consideration.

**5. REGULATORY ACTIVITY**  
**5.1. CQC INSEPECTIONS AND RATINGS**



**Figure 10: CQC Report Status**

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	32	30	33	34	34	32	32	32	32	32	32	32
Requires Improvement	2	4	1	0	0	1	2	2	2	2	2	2
Inadequate	0	0	0	0	0	1	0	0	0	0	0	0

**Themes:**

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

- Ensuring safe recruitment of locums.
- 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.
- Awareness and investigation of low patient satisfaction ratings.

**Assurances:**





The two practices with a Requires Improvement rating 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 the practice teams. Additional information is provided in Appendix 1 – CQC Report.

## **6. WORKFORCE DEVELOPMENT**

### **6.1. Workforce Activity**

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:

- Workforce dashboard being finalised for showcasing at August Workforce Task and Finish Group meeting.
- LWAB work streams being finalised – stronger links and feedback being made with Primary Care leads.
- Practice Nurse Workforce Strategy development continues across STP with input from Dudley and Training Hub, this will be open for consultation with GPNs following this initial work.
- CCT Fellowships for GPs will be re-advertised later in the year.
- Work continues to promote the apprenticeship agenda.
- Initial links with local secondary schools made via Training Hub to promote primary care as a work experience site.
- Monthly returns for GPN 10 Point Action plan are being submitted in collaboration with STP partners.

### **Recruitment**

- Work continues around international recruitment of GPs and CCT fellows.
- Links with University of Wolverhampton maintained and student and newly qualified nurse CVs shared with practices as required.
- Work with Physician's Associate ambassador initiated to explore the scope of this role within practice.



## **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 for General Practice.

## **Assurances:**

Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work. GPN Strategy fits in with this workstream.

## **6.2. Training and Development:**

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

- Wound care
- Compression
- Diabetic foot checks
- Long-term conditions
- Sexual health
- Cytology

Training needs analysis and business case from July 2017 will be refreshed and re-submitted to Workforce Task and Finish Group

Flu training has commenced across the Black Country arranged by Training Hub, with 100 spaces available in Wolverhampton, first session was held on 24<sup>th</sup> July and feedback was positive. Second session is due to be held in August.

HCA training continues with two sessions already completed:

- Respiratory training 20<sup>th</sup> April – 12 attendees



- Weight Management training 15<sup>th</sup> June – 10 attendees

Two further sessions are booked for September (Respiratory) and February (Weight Management)

Domestic violence training provided by Wolverhampton Domestic Violence Forum as part of the Primary Care Pathway has now been provided to 15 practices with a further 16 in the process of arranging a date for their sessions.

Dudley CCG have identified that they are planning a short intensive introductory course for GPNs and HCAs new to practice in conjunction with the Training Hub – further details have been requested.

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

**Retention:**

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

**Assurances:**

The workforce implementation plan has been revised to reflect new initiatives and programmes of work, and the workbook is now also revised. Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work

**7. ADDITIONAL PAPERS**

Appendix 1 – CQC Report

