

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
2ND OCTOBER 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 April 2018		
Issue	Concern	RAG rating
<u>Infection Prevention</u>	Two new IP audits in September, both gold – update on action plans requested. All practices have now reported on aTIV flu vaccine ordering –6 practices have no aTIV stock on order an action plan has been formulated with Public Health and NHSE. aTIV flu vaccine ordering/availability issues – action plan in place verified by NHSE	2
<u>MHRA</u>	Since 1 st April 2018 <ul style="list-style-type: none"> • 24 weekly field safety bulletins with all medical device information included. • 4 device alerts/recalls • 9 drug alerts/recalls 	1a
<u>Serious Incidents</u>	None to report at present	1a
<u>Quality Matters</u>	Currently up to date: 7 open 3 overdue 3 closed	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	Details of 36 complaints received since 1 st November 2017 28 now closed 8 still under investigation	1a
<u>FFT</u>	In June 2018 <ul style="list-style-type: none"> • 4 practice submitted no data • 1 zero submission • 2 submitted fewer than 5 responses (supressed data) 	1b
<u>NICE Assurance</u>	NICE assurance is now linked to GP Peer Review system – last meeting on 12 th September	1a
<u>CQC</u>	2 Practices currently have a Requires Improvement rating and are being supported with their action plan.	1b
<u>Workforce Activity</u>	Work around recruitment and development for all staff groups including new roles continue.	1b
<u>Training and Development</u>	A training business was presented to Workforce Task and Finish Group – for further discussion. Work continues on Practice Nurse Strategy and documents.	1a
<u>Training Hub Update</u>	TBC	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

Infection Prevention Audits 2018/19		
Rating	Number	Percentage
Gold	3	21.4%
Silver	7	50.0%
Bronze	2	14.3%
No rating	2	14.3%
Ratings overview and issues identified within primary care:		Exceptions and assurance:
<ul style="list-style-type: none"> • 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 		<p>Support will be provided for practices where appropriate via liaison with IP and CCG Operations Team.</p> <p>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.</p>



- Ensure air vents are cleaned
- Ensure soap dispensers are cleaned
- Legionella risk assessment needed

MRSA Bacteraemia:

None to report this month.

Influenza vaccination programme:

Figure 2: 2017/18 Influenza Vaccine Programme activity

Exceptions and assurances:

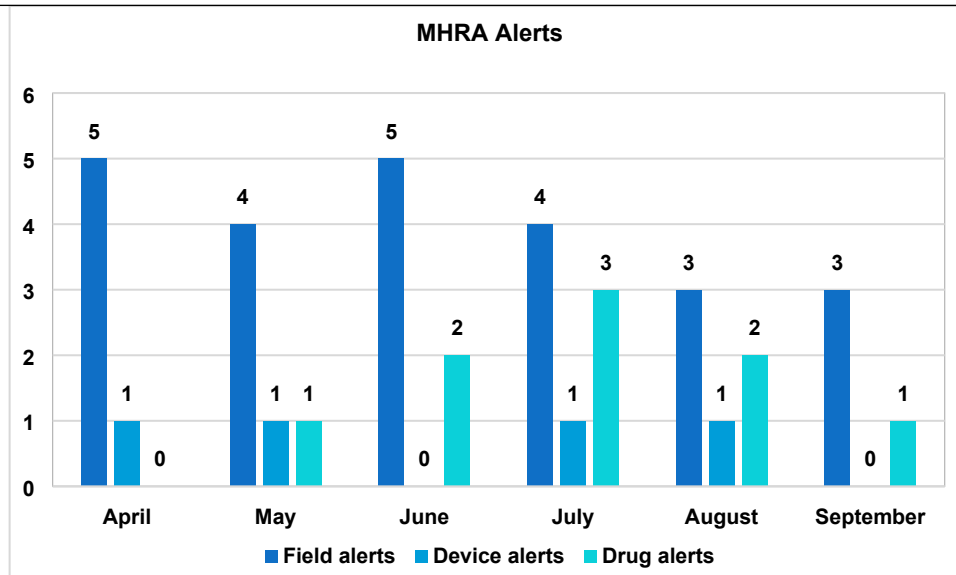
Continued monitoring of flu vaccine ordering and uptake is being undertaken by Public Health and NHSE. The primary care flu vaccine task group has met three times and is due to meet again on 3rd October. The group continues to explore ways to engage with traditionally hard to reach groups through working at scale.

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018

Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	24	<p>There are currently no direct actions required by CCG.</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</p>
Device alerts/recalls	4	
Drug alerts/recalls	9	





Card Scheme (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>

2.3. Serious Incidents

There are currently no serious incidents being investigated in primary care. 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

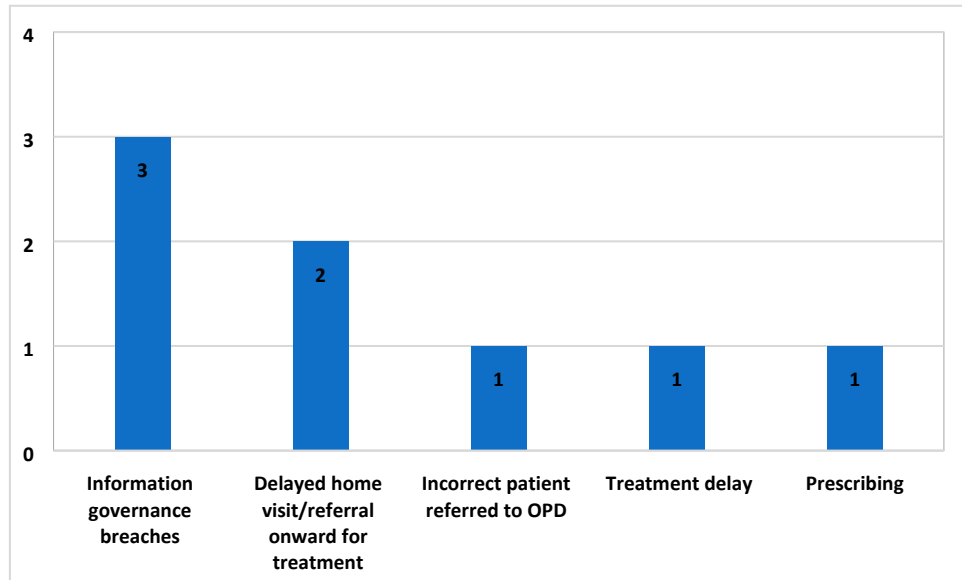
Figure 4: Quality Matters Status 2018/19 and Variance

Status in September 2018	Number (running total)	Exceptions and assurances:
Open	7	Overdue QMs are currently being chased.



Overdue	3
Closed	2

Quality Matters Themes:



- Information governance breaches – incorrect blood forms given to patients
- Delayed home visit/referral onward for treatment
- Incorrect patient referred to OPD (2 patients with same name)
- Treatment delays

Closed QMs:

No QMs were closed in September.

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.



2.4. Escalation to NHS England

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

Exceptions and assurances:
One issue was referred to PPIGG recently relating to a complaint . 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.

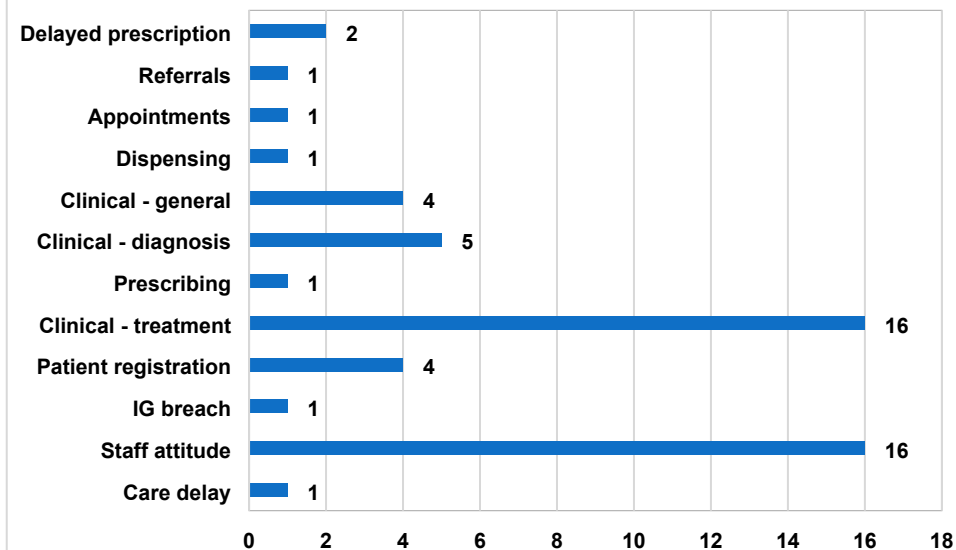
3. PATIENT EXPERIENCE

3.1. Complaints

Figure 6: Complaints Data 2018/19

Number	April	May	June	July	August	September	Exceptions and assurances:
	2	2	3	13	3	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</p>
<p>Complaints Numbers and Themes:</p> <p>Quarterly figures for complaints show that 21 complaints were received between 1st April and 30th June 2018.</p> <ul style="list-style-type: none"> • 7 complaints were fully upheld (33.3%) • 7 complaints were not upheld (33.3%) • 3 complaints were partially upheld (14.3%) • 4 were still pending response (19.0%) <p>Where complaints have been upheld these have predominantly involved clinical issues such as treatment, delayed diagnosis or refusal to refer. There have also been issues around confidentiality breaches and staff attitude.</p> <p>36 complaints have been received from NHSE since the new process began on 1st November 2017. Themes for complaints are all shown below, please note that each complaint may have more than one theme.</p>							





procedure and handling, including action plans and lessons learned for CQC and for the CCG Collaborative Contracting team.

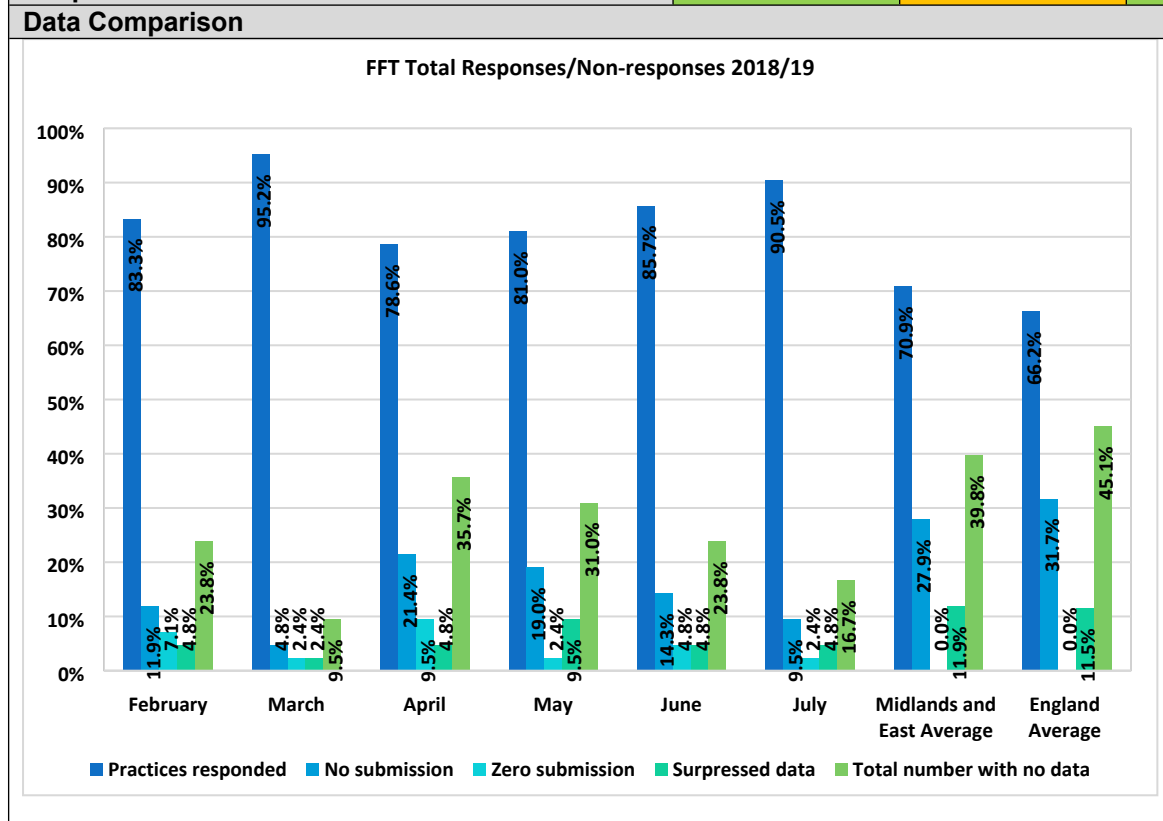
3.2. Friends and Family Test

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

Percentage	March	April	May	June	July	West Midlands	England
Total number of practices	42	42	42	42	42	2154	7222
Practices responded	95.2% ↑ 40/42	78.6% ↓ 33/42	81% ↑ 34/42	86% ↑ 36/42	90.5% ↑ 38/42	70.9%	66.2%
No submission	4.8% ↓ 2/42	21.4% ↑ 9/42	19% ↓ 8/42	14.3% ↓ 6/42	9.4% ↓ 4/42	27.9%	31.7%
Zero submission (zero value submitted)	2.4% ↓ 1/42	9.5% ↑ 4/42	2.4% ↓ 1/42	4.8% ↑ 2/42	2.4% ↓ 1/42	N/A	N/A



Suppressed data (1-4 responses submitted)	2.4% ↓	4.8% ↑	9.5% ↑	4.8% ↓	4.8% ↔		
	4/42	15/42	4/42	2/42	2/42	11.9%	11.5%
Total number with no data	9.5% ↓	33.3% ↑	31% ↓	23.8% ↓	16.7% ↓		
	4/42	15/42	13/42	10/42	7/42	39.8%	45.1%
Response rate	1.8% ↑	1.4% ↓	1.7% ↑	1.7% ↔	1.8% ↑	0.6%	0.5%



Exceptions and assurances:

There were improvements in all areas of submission again this month, overall response rate increased slightly at 1.8%, still 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: FFT Highest Uptake July 2018

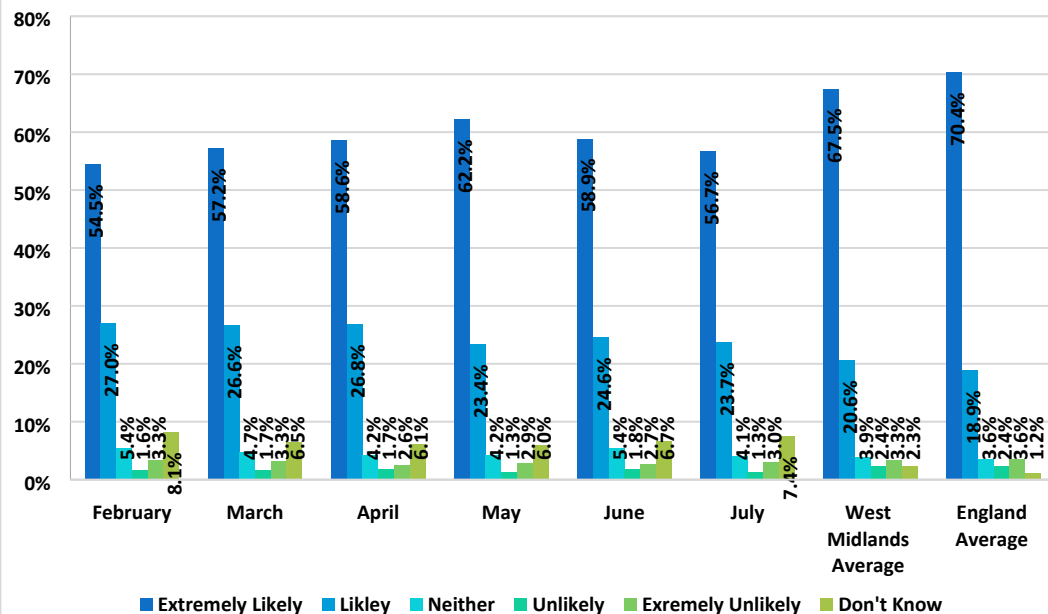
Identifier	Practice	Uptake	Exceptions and assurance:
M92002	The Group Practice Alfred Squire Road	3.0%	Eleven practices had above average uptake. All practices have been contacted by Locality Managers to share their data.
M92004	Primrose Lane Practice	1.9%	
M92009	Prestbury Medical Practice	2.6%	
M92010	Tettenhall Medical Practice	4.0%	
M92011	Penn Manor Medical Practice	2.8%	
M92012	Duncan Street Primary Care Partnership	9.1%	
M92040	Mayfield Medical Centre	2.2%	
M92041	Probert Road Surgery	7.6%	
M92609	Ashfield Road Surgery	9.8%	
M92612	Health And Beyond	3.4%	
Y02736	Showell Park Health & Walk In Centre	2.8%	

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

Ratings Data Comparison	Exceptions and assurance:
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FFT Ratings 2018/19



Overall 84% would recommend their practice, 4% would not with ratings similar to last month, and lower than regional and national (88%/90% would recommend and 5%/6% would not) averages. This month 11.5% gave either a “don’t know” or “neither” answer compared to 6.2% regionally and 4.8% 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.

11 practices had higher than average not recommended ratings, and 9 practices lower than average would recommend ratings (with some correlation between the two) – these have been discussed with Locality Managers in relation to the recently released patient survey data. 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.

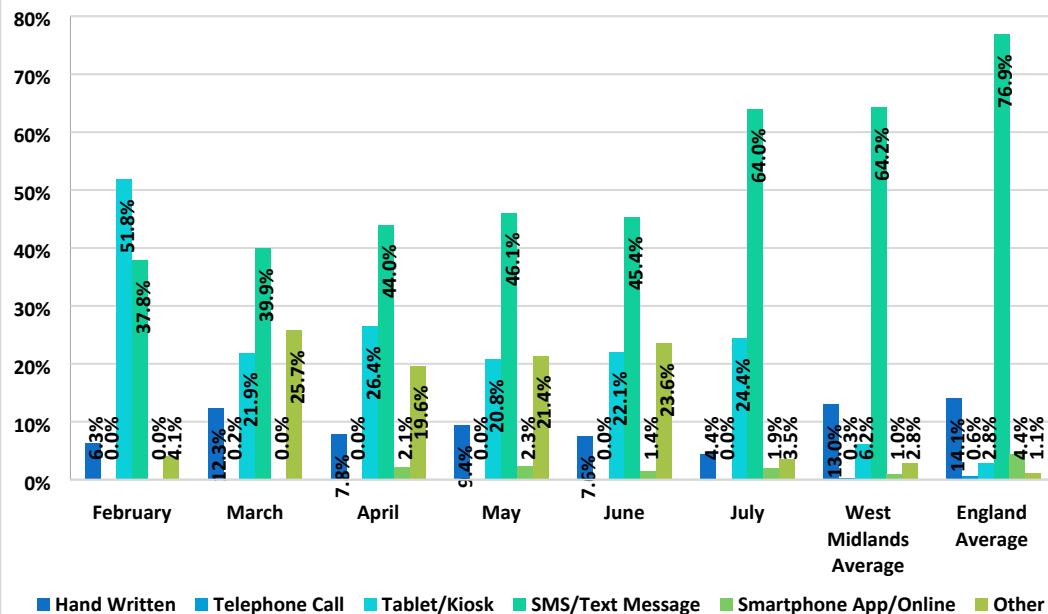
Method of response

Methods Data Comparison

Exceptions and assurance



FFT Method of Response 2018/19



This month the majority of responses have again come via electronic media, SMS text 9on a par with national and regional averages) and Tablet/Kiosk, with an increase in use of website/app and a decrease in written responses. Please note that some practices do not record the method of collection.

4. CLINICAL EFFECTIVENESS

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	

Primary Care Commissioning Committee



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 on 12th September 2018. 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 • ENT • Ophthalmology • Pain Management • Gastroenterology • Haematology • Cardiology 		



- Dermatology
- Rheumatology
- Gynaecology

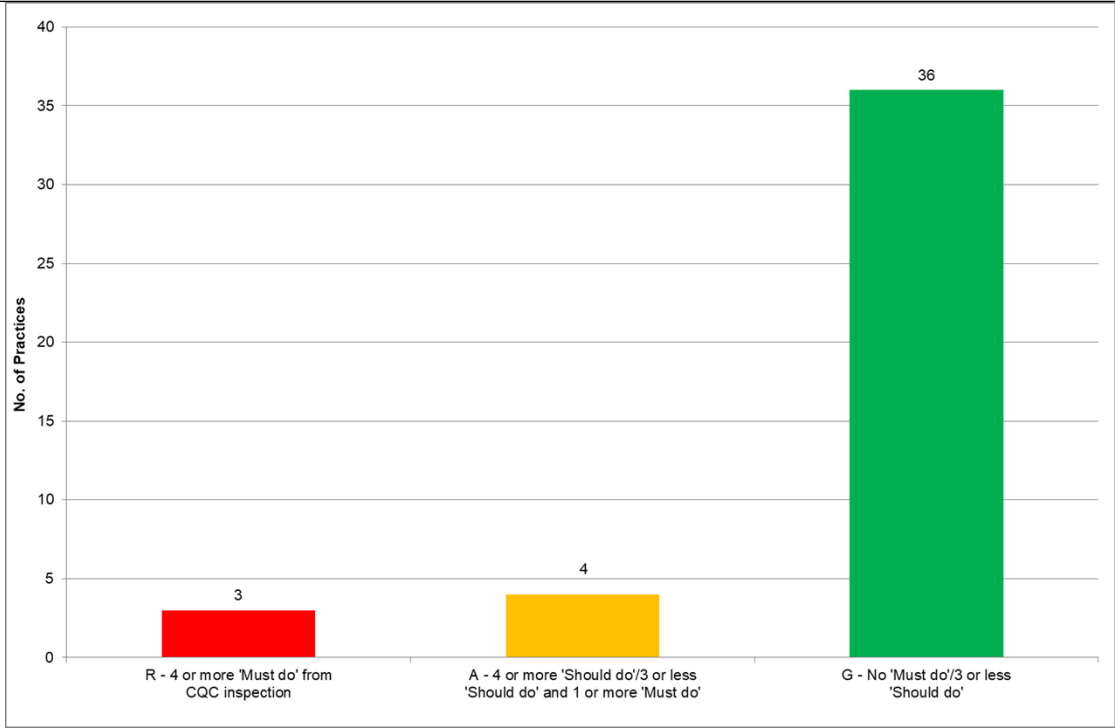
5. REGULATORY ACTIVITY

5.1. CQC Inspections and Ratings

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	33	31	34	35	35	33	33	33	33	35	35	35
Requires Improvement	3	5	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 is due to be interviewed by CQC 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.

Figure 11: Collaborative Contracting Visit Schedule 2018/19

Identifier	Practice	Date of visit	Action plan status
Y02736	Showell Park Health Centre	30/4/2018	Signed off
M92042	West Park Surgery	30/5/2018	Signed off
M92004	Primrose Lane Health Centre	2/7/2018	Outstanding
M92015	IH Medical Bilston	28/8/2018	Outstanding
M92044	Warstones Health Centre	26/9/2018	
M92001	Poplars Medical Practice	16/10/2018	
Collaborative contracting visit activity		Exceptions and assurances	
<p>21/42 50% practices have been visited in total (an average of one per month) since the programme started in October 2016.</p> <p>Themes from visits identified are:</p> <ul style="list-style-type: none"> • Policies needing updating or amending e.g. version control, update date or author • Missing policies. • Mandatory training gaps – particularly safeguarding training. 		<p>Members of the contracting, Primary Care and Quality Teams and Public Health attend the visits. An action plan is formulated where necessary which needs to be addressed and returned to the Primary Care Liaison Manager within a month. Support is offered where necessary to address actions.</p>	



6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

	Activity	Exceptions and assurance																
Recruitment and retention	<p>A GP retention scheme has been agreed across the Black Country with a co-design event planned at Bescot Stadium on 25th September 2018, this will look at ways to maintain GPs in post but increase options to work across primary and secondary care or take up leadership roles.</p> <p>A Physicians Associate internship programme is due to commence with 3 practices expressing an interest. 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.</p> <p>Work continues to promote the Nursing Associate apprenticeship programme with plans to target HCAs as well as practice managers for expressions of interest.</p> <p>There are plans to develop and promote a “job of the month” feature that will include the personal, practice, patient and financial benefits of a range of roles e.g.:</p> <ul style="list-style-type: none"> • Nursing Associate • Physicians Associate • ANP • Clinical Pharmacist 	No exceptions noted.																
Workforce Numbers	<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> </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	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.
Group	WTE																	
Nurses (all levels)	58.5																	
Health Care Assistants	22.3																	
Junior doctors (inc registrars)	25.1																	
Locum GPs	2.1																	
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GP partners	73.4																	
Administration/Receptionists	244.3																	



	Practice Managers	42.2	
	Apprentices	8.7	
GPN 10 Point Action Plan	<p>Action 1: To continue work with university and Training Hub around mentorship.</p> <p>Action 2: Continue to promote RCN, NHSE and QNI leadership programmes, this is also being further developed by NHSE as part of the national 10 Point Action Plan programme.</p> <p>Action 3: To continue promoting mentorship training until new NMC standards are fully implemented working with Training Hub.</p> <p>Action 4: To develop induction and preceptorship programme in conjunction with Black Country GPN strategy and Training Hub workplan.</p> <p>Action 5: Continue to promote RtP in line with Training Hub and through HCA links, scoping those with lapsed registration – Wolverhampton University will be providing this as a rolling programme.</p> <p>Action 6: to work with local school and Training Hub to develop Work Experience pilot.</p> <p>Action 7: Ensure oversight of those that have applied for sponsored programmes particularly where backfill is provided.</p> <p>Action 8: Training Hub to explore why nurses are not accessing ACP programmes as numbers have dropped.</p> <p>Action 9: To assist with development of HCA training programme funded by LWAB.</p> <p>Action 10: To develop a local GPN programme in line with STP GP programme. To await further information from NHSE and link to NHSE resilience programme.</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.</p> <p>Liz Corrigan took part in a regional 10 Point Action Plan led by NHSE/HEE on 20th September which discussed the actions as left in more detail,</p>

6.2. Training and Development

	Activity	Exceptions and assurance
Nurse Training	<ul style="list-style-type: none"> • Business case covering a range of training options discussed at Workforce Task and Finish Group – for further discussion due to delay in spirometry specification for Black Country. • Bid/EOI submitted to take part in Digital Nurse Champion's pilot. • Wolverhampton CCG to meet with NHSE regarding Clinical Supervision Digital Tool pilot. 	Business case to be reviewed by T&F group and forwarded to relevant boards/committees for consideration.



	<ul style="list-style-type: none"> Practice Makes Perfect continues on a monthly basis with CCG staff due to meet with sponsors to arrange the 2019 programme. Additional training sessions are being provided by the Black Country Training Hub. 	
Non-clinical staff	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> Care navigation Dementia friends <p>The practice manager support offer is under development, looking at peer support. PMs have developed a skills mix matrix and identified where they have skills they can support with. A TNA has been undertaken with gaps in training identified. PMs have undergone coaching and mentoring training with more planned. Training on bid and business case writing has been identified as a need.</p> <p>NHSE will fund one place per PM on the diploma programme (Wolverhampton has also funded places)</p>	No exceptions.

6.3. Training Hub update

		Exceptions and assurance
Black Country Training Hub	Update to follow	

