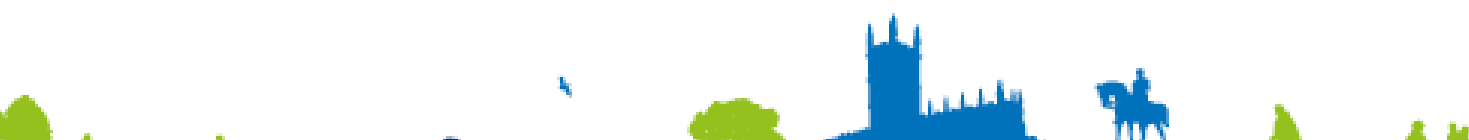


**WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE**

5th February 2019

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

Issue	Concern	RAG rating
<u>Infection Prevention</u>	One IP audit were undertaken in January – the overall average rating is silver. Work has been undertaken to ensure that there is enough stock of flu vaccines across the city through redistribution. Work continues to drive the improvement in the management of sepsis in primary care. RAG rating reduced to green.	1a
<u>MHRA</u>	Since 1 st April 2018 <ul style="list-style-type: none"> 41 weekly field safety bulletins with all medical device information included. 5 device alerts/recalls 13 drug alerts/recalls 	1a
<u>Serious Incidents</u>	One serious incident currently under investigation at the practice	1b
<u>Quality Matters</u>	Currently up to date: 4 open 3 overdue	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	One new complaint identified via PPIGG – raised to SI due to nature	1b
<u>FFT</u>	In December 2018 <ul style="list-style-type: none"> 5 practices did not submit 2 submitted fewer than 5 responses (suppressed data) 1 submitted a zero response 	1b
<u>NICE Assurance</u>	NICE assurance is now linked to GP Peer Review system – last meeting in early November	1a
<u>CQC</u>	One practice currently have a Requires Improvement rating and is being supported with their action plan.	1b
<u>Workforce Activity</u>	Work around recruitment and development for all staff groups including new roles continue.	1a
<u>Training and Development</u>	A spirometry training business case and Nursing Associate apprenticeship business case are currently being finalised. Work continues on Practice Nurse Strategy and documents. Training for nurses and non-clinical staff continues as per GPFV	1a
<u>Training Hub Update</u>	Procurement of new Training Hub provision is currently on hold the risk around this has been reviewed. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process.	2



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.

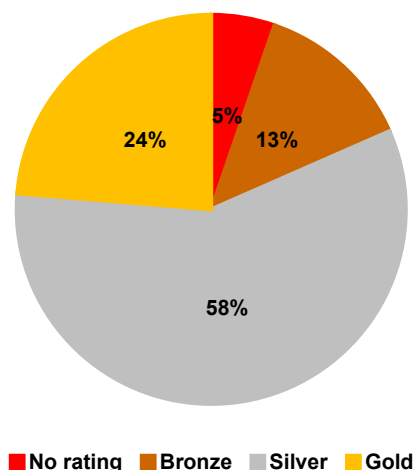
IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

Figure 1: Infection Prevention Audits April 2018

Site	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%	86%	98%	93%	88%	97%	98%	96%	94%
Ratings overview and issues identified within primary care:					Exceptions and assurance:					



IP Audit Ratings 2018-19



Primary Care Facilitator met with IPC Lead to discuss use of safer sharps in Primary Care, a training session was undertaken with Practice Nurses in January to highlight this and included a session on sepsis which has evaluated very positively.

Support will be provided via contracting for practices to rectify some of the cosmetic and minor estates issues affecting audit ratings.

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.

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 and there are spare stocks of both aTIV and QIV available. Practices continue to vaccinate and to prioritise those in care homes and with LTCs. NHSE continue to monitor CCG and PH activity and support around this. Guidance has now been provided by NHSE around ordering for 2019/20 and practices have been made aware.

Exceptions and assurances:

Continued monitoring of flu vaccine uptake is being undertaken by Public Health and NHSE figures are now available via Immform on a weekly basis – uptake is lower than

this time last year but continues to increase. Practices are still working to vaccinate patients and are using a variety of methods to increase their uptake:

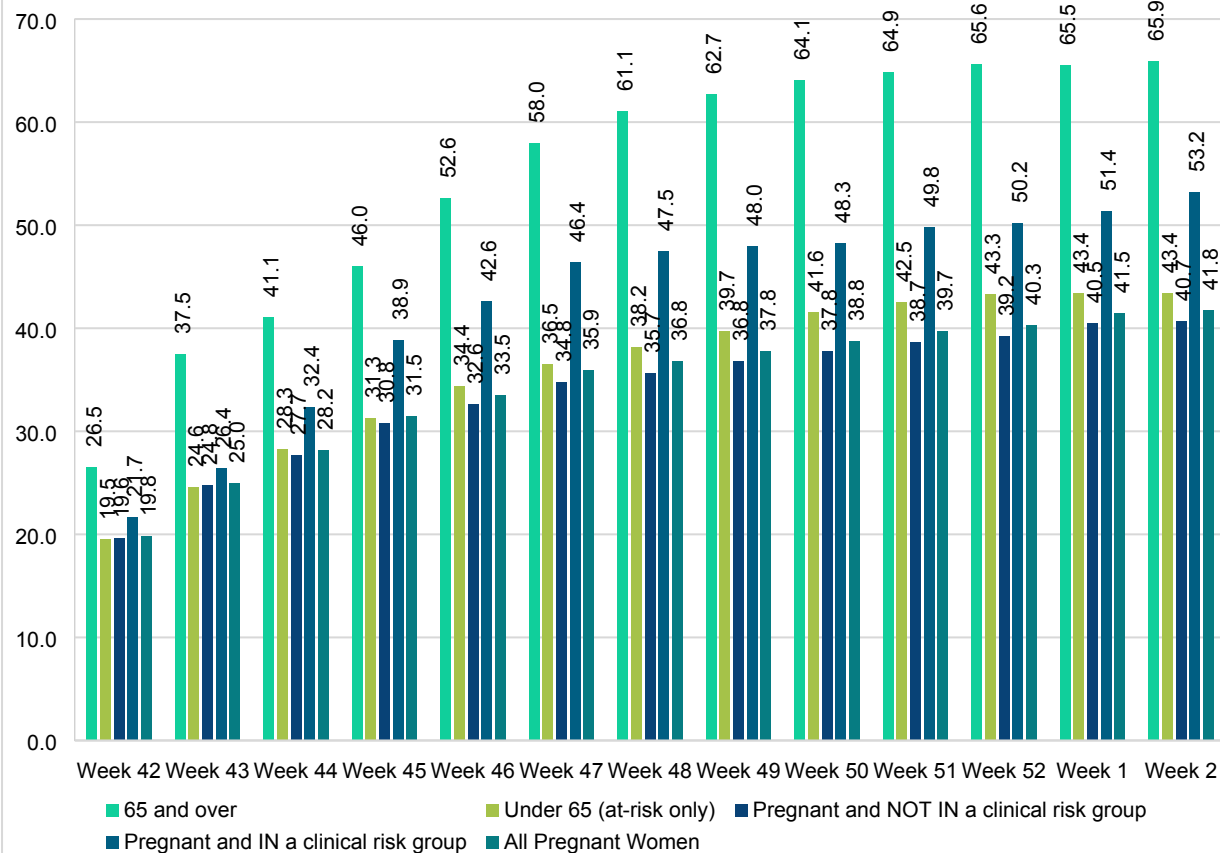
- Text messaging
- Phone calls
- Drop-in clinics
- Opportunistic vaccinations
- Signposting to pharmacy

The primary care flu vaccine task group has met four times and met again in January to reflect on the 2018/19 season and prepare for 2019/20 season and continue to explore ways to increase uptake and ensure timely reporting. A further meeting will be held in March to reflect on the season and to anticipate NHSE reflection workshop/event possibly being held in February/March.

Flu vaccination uptake



Overall Flu Uptake % 2018-19



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

2.2. MHRA Alerts

Figure 3: MHRA Alerts from April 1st 2018

Alert Type	Number	Exceptions and assurances
Field Safety Bulletin	41	<p>There are currently no direct actions from alerts required by the 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>
Device alerts/recalls	5	
Drug alerts/recalls	13	

MHRA Alerts

Alert Type	Percentage
Field safety notice	69%
Drug alerts	22%
Device alerts	8%

2.3. Serious Incidents

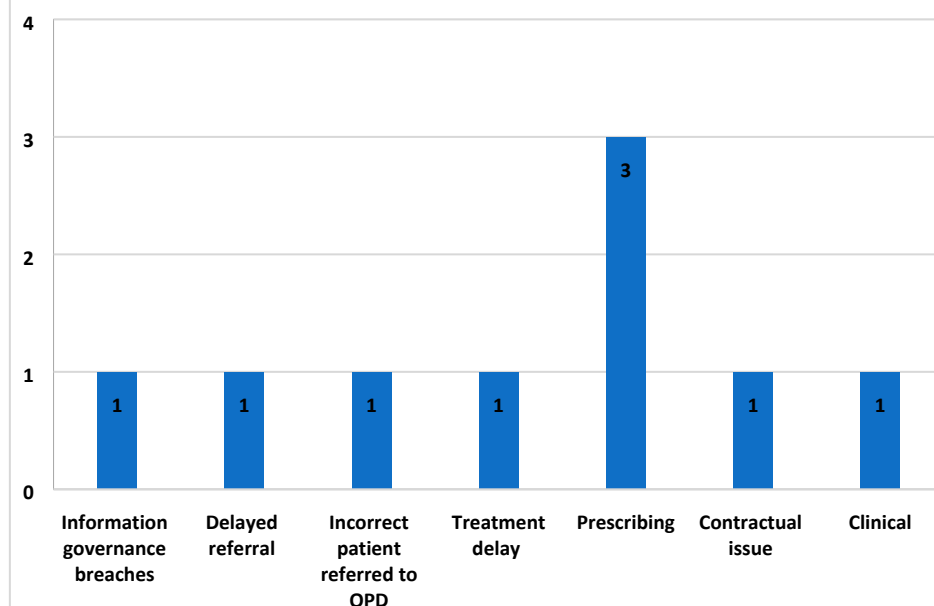
There is currently one serious incidents being investigated in primary care relating to sub-optimal care. All serious incidents are investigated by the practice and reviewed by internal serious incident scrutiny group and reported to NHS England PPIGG group for logging and appropriate escalation and feedback is provided to the CCG

2.3. Quality Matters

Figure 4: Quality Matters Status 2018/19 and Variance

Figure 1: Quality matters status 2018/19 and variance		Exceptions and assurances:
Status in November 2018	Number (running total)	
Open	4	
Overdue	3	
Closed	9	
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
- Prescribing issues

Closed QMs:

- IG breach

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 complaint raised via NHSE reviewed at PPIGG on 10 th January – raised to SI status do to its nature. Practice aware and asked to complete RCA.	Referred to PAG.
Exceptions and assurances:	
Nothing to report at present.	

3. PATIENT EXPERIENCE

3.1. Complaints

Figure 6: Complaints Data 2018/19

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Exceptions and assurances:
Num	2	2	3	13	3	0	0	0	0	1	<p>Actions and lessons learned identified include:</p> <ul style="list-style-type: none"> • 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>



											procedure and handling, including action plans and lessons learned for CQC and for the CCG Collaborative Contracting team.
Complaints Numbers and Themes: An overview was provided in the January report. Quarter 3 figures are pending.											

3.2. Friends and Family Test

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

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

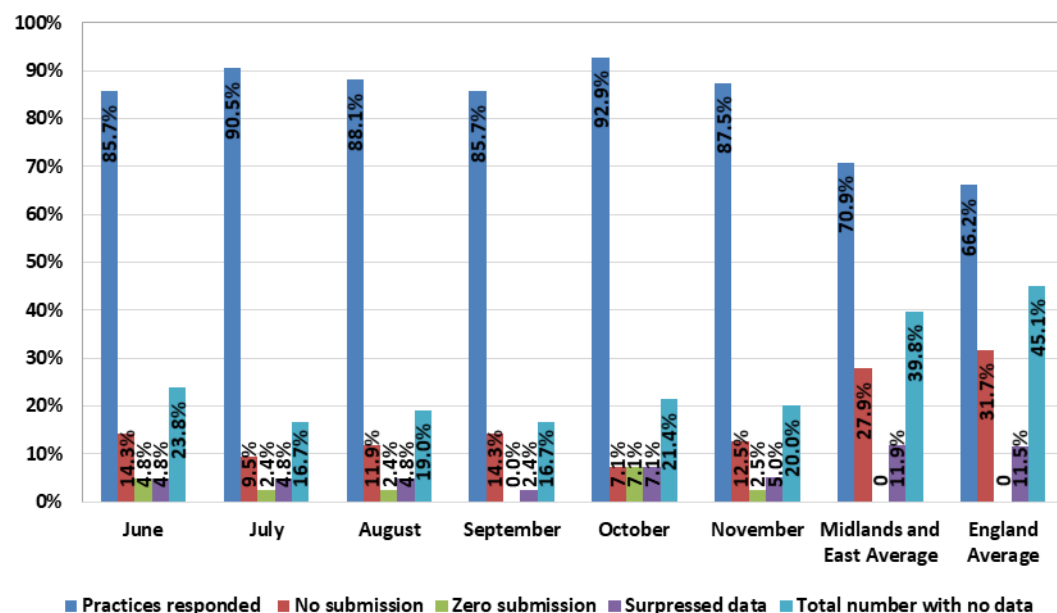
Percentage	March	April	May	June	July	August	Sept	October	Nov	West Midlands	England
Total number of practices	42	42	42	42	42	42	42	42	40	2043	6908
Practices responded	95.2% 40/42	78.6% 33/42	81.0% 34/42	86.0% 36/42	90.5% 38/42	88.1% 37/42	85.7% 36/42	92.9% 39/42	87.5% 35/40	62.8%	63.3%
No submission	4.8% 2/42	21.4% 9/42	19.0% 8/42	14.3% 6/42	9.4% 4/42	11.9% 5/42	9.5% 4/42	7.1% 3/42	12.5% 5/40	37.2%	36.7%
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	2.4% 1/42	4.8% 2/42	7.1% 3/42	2.5% 1/40	N/A	N/A
Suppressed data (1-4 responses submitted)	2.4% 4/42	4.8% 15/42	9.5% 4/42	4.8% 2/42	4.8% 2/42	4.8% 2/42	2.4% 1/42	7.1% 3/42	5.0% 2/40	9.4%	7.2%
Total number with no data	9.5% 4/42	33.3% 15/42	31.0% 13/42	23.8% 10/42	16.7% 7/42	19.0% 8/42	16.7% 7/42	21.4% 9/42	20.0% 8/40	46.7%	44.2%
Response rate	1.8%	1.4%	1.7%	1.7%	1.8%	1.8%	2.1%	2.2%	1.8%	0.6%	0.5%

Data Comparison	Exceptions and assurances
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Quality and Safety Committee



FFT Total Responses/Non-responses 2018/19



Submission rates were down slightly this this month, overall response rate was 1.8%, which still remains significantly better than both the regional and national averages.

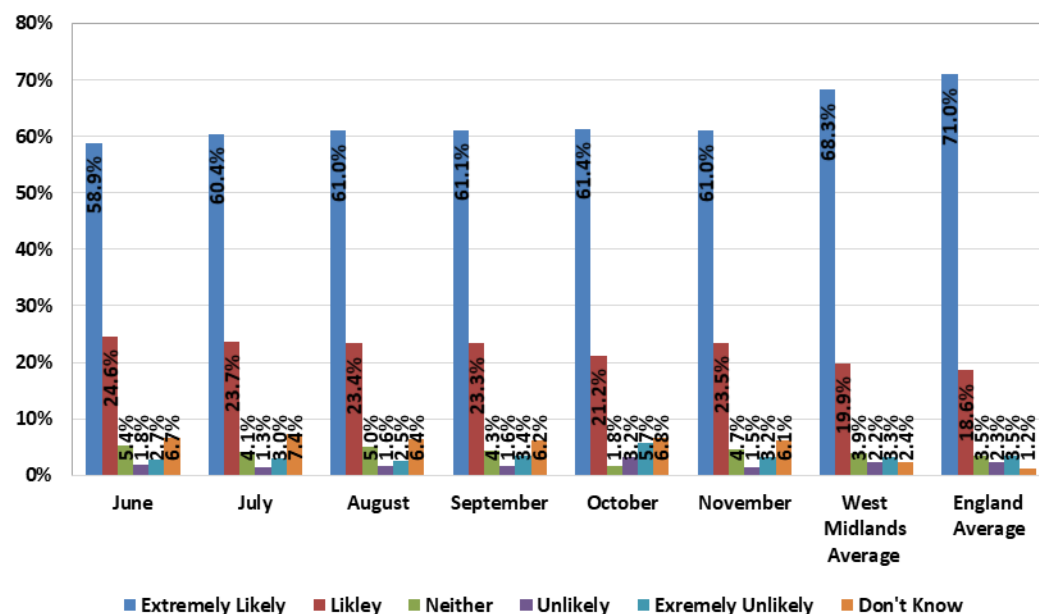
Submissions are now being monitored as per FFT Policy and practices have been contacted where there are potential contract breaches for non-submission. An action plan must be provided when a practice has 3 instances of no submission or zero/suppressed data to outline how they intent to improve uptake and responses.

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

Ratings								
Percentage	June	July	August	September	October	November	West Midlands Average	England Average
Extremely Likely	58.9%	60.4%	61.0%	61.1%	61.4%	6.1%	68.3%	71.0%
Likely	24.6%	23.7%	23.4%	23.3%	21.2%	23.5%	19.9%	18.6%
Neither	5.4%	4.1%	5.0%	4.3%	1.8%	4.7%	3.9%	3.5%
Unlikely	1.8%	1.3%	1.6%	1.6%	3.2%	1.5%	2.2%	2.3%
Extremely Unlikely	2.7%	3.0%	2.5%	3.4%	5.7%	3.2%	3.3%	3.5%
Don't Know	6.7%	7.4%	6.4%	6.2%	6.8%	6.1%	2.4%	1.2%
Ratings Data Comparison					Exceptions and assurance:			
					<p>Overall 85% would recommend their practice, 5% would not with ratings similar to last month, and lower than regional and national (88% and 90% respectively would recommend and 6% would not recommend) averages. The response rate for Wolverhampton is significantly higher once more so the figures may reflect a more accurate response. This month 10.8% gave either a “don’t know” or “neither” answer compared to 6.3% 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.</p> <p>9 practices had higher than average not recommended ratings which is lower than last month, and 8 practices lower than average would recommend ratings (with some correlation between the two but this varies on a monthly basis), this is the same as last month – these have been discussed with Locality Managers. Response numbers were low in some of these practices.</p> <p>Last month the extremely unlikely rating was unusually high,</p>			



FFT Ratings 2018/19



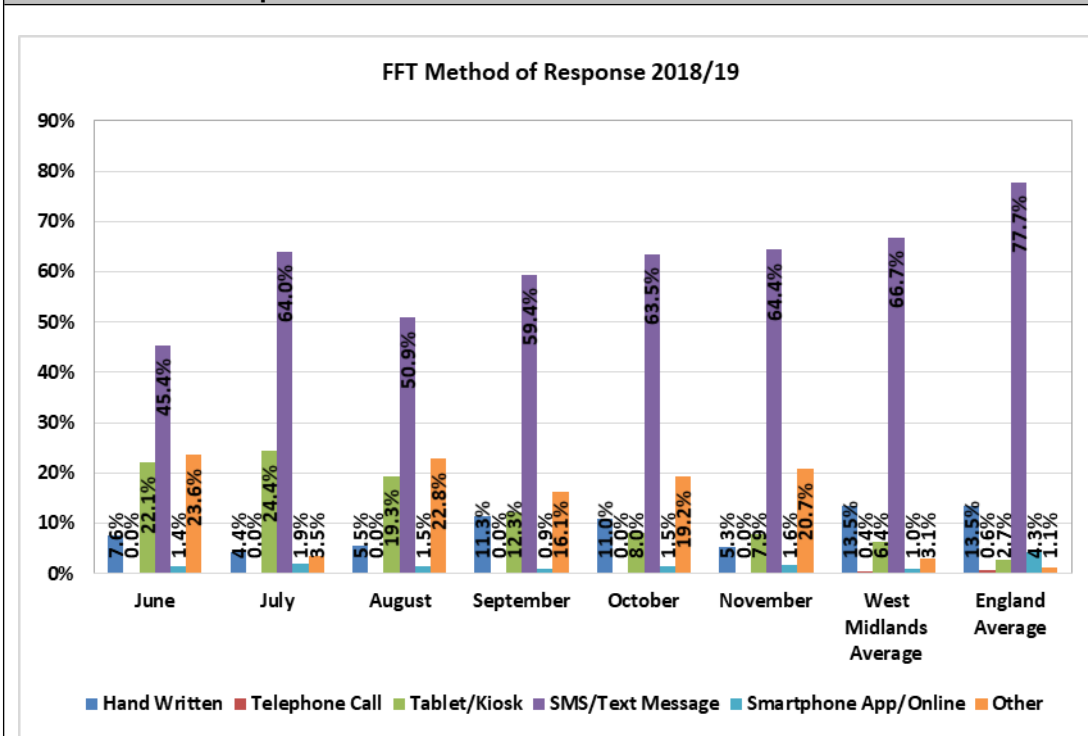
however this does appear to have been a one-off as the rating is month is average and anecdotally there are a number of theories that may explain this.

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	June	July	August	September	October	November	West Midlands Average	England Average
Hand Written	7.6%	4.4%	5.5%	11.3%	11.0%	5.3%	13.5%	13.5%
Telephone Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.6%
Tablet/Kiosk	22.1%	24.4%	19.3%	12.3%	8.0%	7.9%	6.4%	2.7%
SMS/Text Message	45.4%	64.0%	50.9%	59.4%	63.5%	64.4%	66.7%	77.7%
Smartphone App/Online	1.4%	1.9%	1.5%	0.9%	1.5%	1.6%	1.0%	4.3%

Other	23.6%	3.5%	22.8%	16.1%	19.2%	20.7%	3.1%	1.1%
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Methods Data Comparison	Exceptions and assurance
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This month the majority of responses have again come via electronic media, SMS text (now 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.

4. CLINICAL EFFECTIVENESS

4.1. NICE Assurance

Guideline	Ref	Linked to Peer Review
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Quality and Safety Committee

5th February 2019

Neuropad for detecting preclinical diabetic peripheral neuropathy	MTG38	
Pancreatitis	NG104	x
Preventing suicide in community and custodial settings	NG105	
Chronic heart failure in adults: diagnosis and management	NG106	x
Emergency and acute medical care in over 16s	QS174	
Community pharmacies: promoting health and wellbeing	NG102	
Flu vaccination: increasing uptake	NG103	
Endometriosis	QS172	x
Intermediate care including reablement	QS173	
Rheumatoid arthritis in adults: management	NG100	x
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	
Spondyloarthritis	QS170	x
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	NG36	
Rheumatoid arthritis in over 16s	QS33	x
Chronic heart failure in adults	QS9	x
Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease	TA217	

Exceptions and assurances:

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:

- Urology
- Trauma & Orthopaedics



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

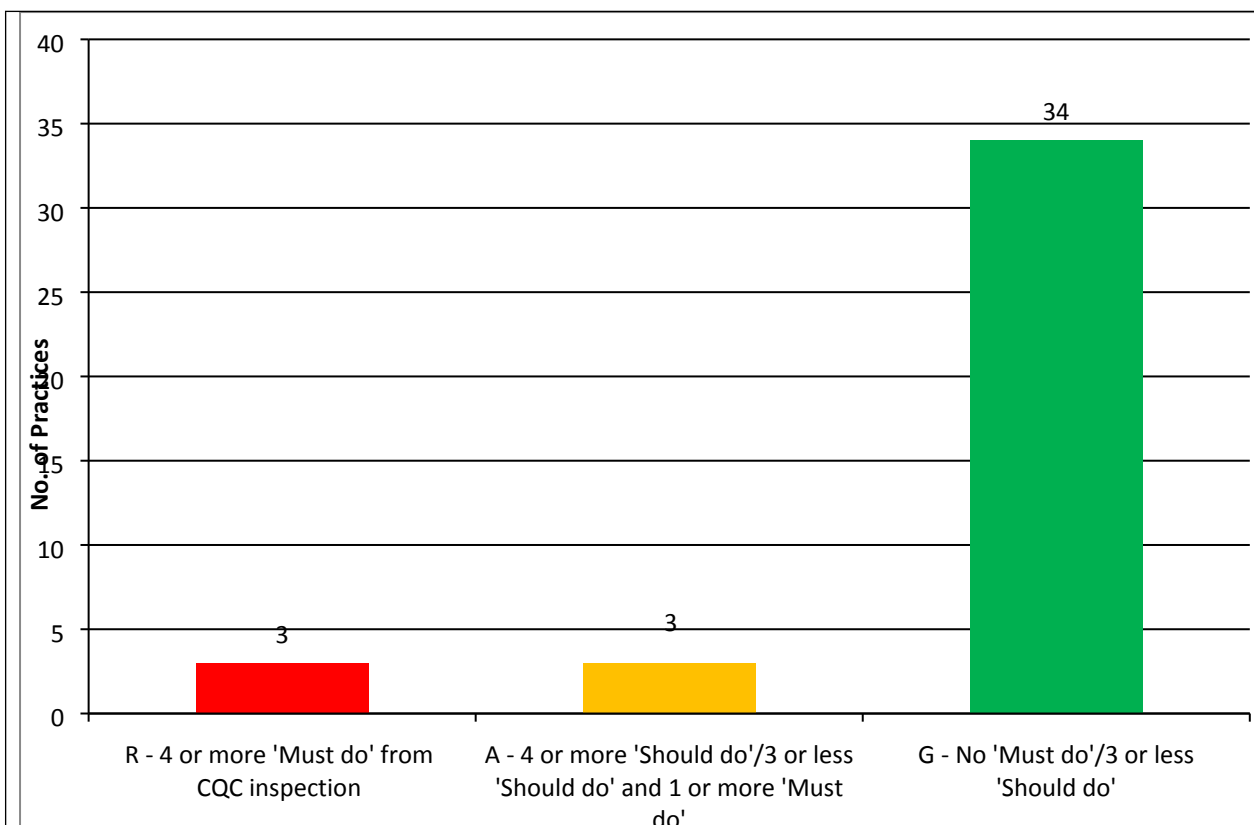
5. REGULATORY ACTIVITY

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	37	35	38	39	39	37	37	37	37	37	37	37
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 is currently one practice with a Requires Improvement rating (one practice has now merged with another provider and 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.

6. WORKFORCE DEVELOPMENT

6.1. Workforce Activity

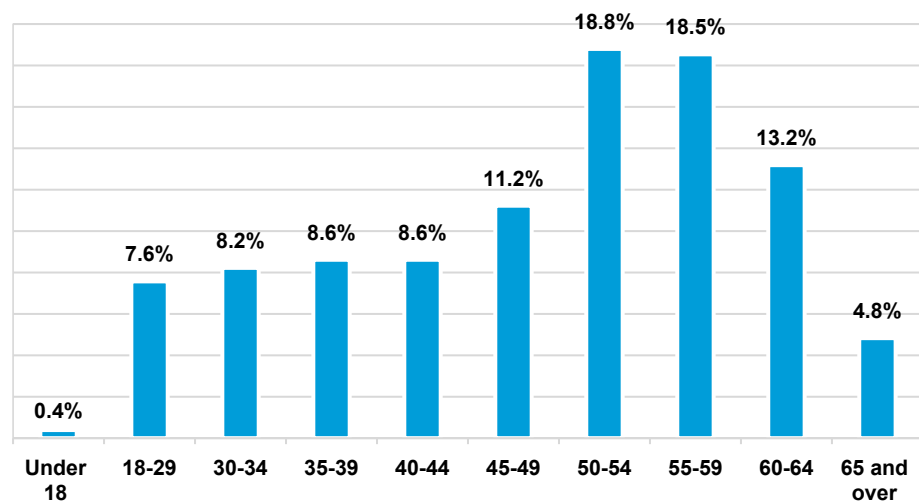
	Activity	Exceptions and assurance
Recruitment and retention	<p>The GP retention scheme programmes are now either being recruited to, or are out for expressions of interest.</p> <p>The practice nurse retention scheme is being developed the same vein as the GP programme – an event will be held in February and funding has been secured from NHSE for £32,500.</p> <p>A fast-track practice nurse induction programme has been developed across the Black Country which will get staff practice ready within 12 weeks, 4 nurses are booked on this programme.</p> <p>The Physicians Associate internship programme is due to commence with 3 practices</p>	No exceptions noted.

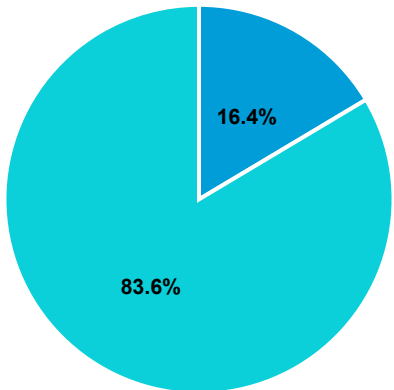


	<p>now confirmed. There is a HEE incentive of £5000 per PA to participate in this with the CCG matching the funding if the practice offers the PA a substantive post. RWT will be working with practices with a view to twinning PAs with departments in the trust.</p> <p>Discussions are to be held with refugee and migrant project in Sandwell who have identified a number of individuals who are qualified health care professionals in their own country and who would like to be able to register in the UK.</p>			
Workforce Numbers	Group	FTE	Variance last month	<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. There is some variance which may reflect this.</p> <p>A breakdown of staff ages shows that 36.5% are over the age of 55.</p> <p>A new workforce tool is now available from NHS Digital.</p>
	Advanced Nurse Practitioners	19.6	-0.2	
	Practice Nurse	51.2	+1.5	
	Health Care Assistants	25.8	+0.1	
	Registrars	6.6	-1.8	
	Locum GPs	2.5	-0.6	
	Salaried GPs	34.2	+0.8	
	GP partners	91.7	+4.1	
	Administration/Receptionists	274.5	+17.2	
	Practice Managers	54.1	+0.8	
	Apprentices	4.8	-1	



Breakdown of Staff Ages



	<p style="text-align: center;">Staff Gender</p>  <p style="text-align: center;">■ Category ■ Male ■ Female</p>	
<p>GPN 10 Point Action Plan</p>	<ul style="list-style-type: none"> • Action 1, 2, 4, 5, 7, 8, 9 and 10: work on the GPN Strategy is continuing this is to be shared with Practice Nurse Forums. • Action 1: Work experience pilot has been set up between a local secondary school, CCG, Public Health, Pharmacy and GP practices and to promote the role of the GPN through case studies. • Action 2, 4 and 10: Wolverhampton CCG are now taking part in the national Digital Clinical Supervision pilot, the first sessions have been held - technical issues persist but a work around has been identified in the short-term. • Action 3: there are currently 16 practices offering student nurse placements, there are plans by the university to further increase this with the changes to NMC mentorship standards. • Action 4: Work is being undertaken on fast-track induction for GPNs in conjunction with other CCGs and Training Hub this also forms part of the strategy and is due to commence in March with 4 nurses booked on. 	<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>



	<ul style="list-style-type: none"> • Action 5: Further work is being developed to promote the Return to Practice programme. • Action 7: Nurse education forum continues on a monthly basis - 2019 programme is currently being finalised with sepsis, lymphoedema and CVD sessions being held in the first quarter. An International Nurse's Day event is being planned for the May session. • Action 9: An options paper around support for Nursing Associate apprenticeships in primary care was tabled and will be discussed further at Milestone Review Board. • Action 9: HCA long term condition training workshops continue. Further sessions have been developed further in conjunction with the Training Hub. • Action 9: A business case has been presented considering HCA apprenticeships to allow current non-clinical staff in practice to develop clinical skills as part of a development programme linked with the NAA programme • Action 10: Work is due to commence on developing a local Nurse Retention plan which will now be led across the STP with an engagement session due in February. 	
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6.2. Training and Development

	Activity	Exceptions and assurance
Nurse Training	<ul style="list-style-type: none"> • A business case for spirometry training in primary care is awaiting final approval. • A Nursing Associate Apprenticeship business case is awaiting some refinement and information about learning agreements. • HCA apprenticeship business case is awaiting final approval – this is an STP wide initiative • Wolverhampton CCG Clinical Supervision Digital Tool pilot has now commenced although there are some technical issues persisting. • 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, uptake has increased slightly. • Additional training sessions are being provided by the Black Country Training Hub. • Clinical HCA training provided from the Training Hub is due to start early in March. • Fast-track GPN induction programme is due to start early in March 2019 led by 	Business cases to be reviewed at Primary Care Commissioning Committee following revisions.



	<p>Dudley with logistical support from the Training Hub – 4 new nurses are booked on this programme.</p> <ul style="list-style-type: none"> • New NMC validated pre-registration nursing course is due to be launched in early February and representatives will attend this session. • Discussions were held with Wolverhampton College around HCA apprenticeship programmes and numeracy and literacy training. 	
Non-clinical staff	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> • Care navigation • Medical assistant/document management • Dementia friends • Conflict resolution • Practice Manager training • Customer services • Bid writing 	No exceptions.

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 has been reviewed.</p> <p>Further links with Wolverhampton University are being developed to promote health related courses in schools and colleges.</p> <p>Money for practice manager training has been identified and this is being managed by the hub in conjunction with CCGs and LMCs.</p> <p>Training Hubs were sent an email to scope expressions of interest around the Medical Assistant role however there has been some confusion as CCGs appear to have been leading on this.</p>	<p>HEE continue to liaise with the Training Hub around the procurement process.</p> <p>As the Training Hub project manager has now left post a temporary PM will be brought in to support the CCG. Awaiting approval via SMT on 20/12/18.</p>



<p>LWAB</p>	<p>The LWAB are currently developing their plan in line with the Long Term Plan, this will focus on roles, retention, leadership and technology.</p> <p>There will be a dedicated workforce information analyst in place across the STP who will focus on future needs and succession planning.</p> <p>Funds have been made available for leadership and HCA training.</p> <p>Next steps include attracting young people to roles and the stepping up programme for people from BME communities.</p> <p>Mental Health First Aid training is also a focus.</p> <p>New programmes of work will focus on large system wide projects e.g. Black Country Apprenticeship Hub.</p>	
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