

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
2nd April 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
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>	Four IP audit have been undertaken in late February early March– the overall average rating is silver. The flu vaccination programme is now complete for 2018/19, some flu outbreaks have been noted in care homes. Work continues to drive the improvement in the management of sepsis in primary care.	1b
<u>MHRA</u>	Since 1 st April 2018 <ul style="list-style-type: none"> 51 weekly field safety bulletins with all medical device information included. 5 device alerts/recalls 16 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: 10 open 3 of these are overdue	1b
<u>Practice Issues</u>	Issues relating to DocMan, and maternity discharges are being managed.	1b
<u>Escalation to NHSE</u>	On-going process	1a
<u>Complaints</u>	Six complaints received by NHSE in Quarter 3	1a
<u>FFT</u>	In February 2018 <ul style="list-style-type: none"> 1 practice did not submit 4 submitted fewer than 5 responses (supressed data) 	1a
<u>NICE Assurance</u>	NICE assurance is now linked to GP Peer Review system – next meeting due in May	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>	Spirometry training, Nursing Associate and HCA apprenticeship programmes now up and running. Practice Nurse Strategy and documents for submission to Primary Care Commissioning Committee. Training for nurses and non-clinical staff continues as per GPFV	1a
<u>Training Hub Update</u>	Training Hub work continues across the Black Country. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process. Risk identified and logged on register.	2



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.

1. PATIENT SAFETY

1.1. 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.

Ratings overview and issues identified within primary care:	Exceptions and assurance:										
<p style="text-align: center;">IP Audit Ratings 2018-19</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>IP Audit Ratings 2018-19 Data</caption> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>No rating</td> <td>5%</td> </tr> <tr> <td>Bronze</td> <td>11%</td> </tr> <tr> <td>Silver</td> <td>61%</td> </tr> <tr> <td>Gold</td> <td>23%</td> </tr> </tbody> </table> <p style="text-align: center;"> ■ No rating ■ Bronze ■ Silver ■ Gold </p>	Rating	Percentage	No rating	5%	Bronze	11%	Silver	61%	Gold	23%	<p>Exceptions and assurance:</p> <p>Main areas for concern identified from IP audits are:</p> <ul style="list-style-type: none"> • Damage to décor and plaster • Issues with blinds in clinic rooms • Flooring • Appropriate bins • Hand wash/gel dispensers • Sinks <p>Work is being undertaken by Primary Care contracting to scope possible support options for practices to improve compliance/ratings.</p>
Rating	Percentage										
No rating	5%										
Bronze	11%										
Silver	61%										
Gold	23%										



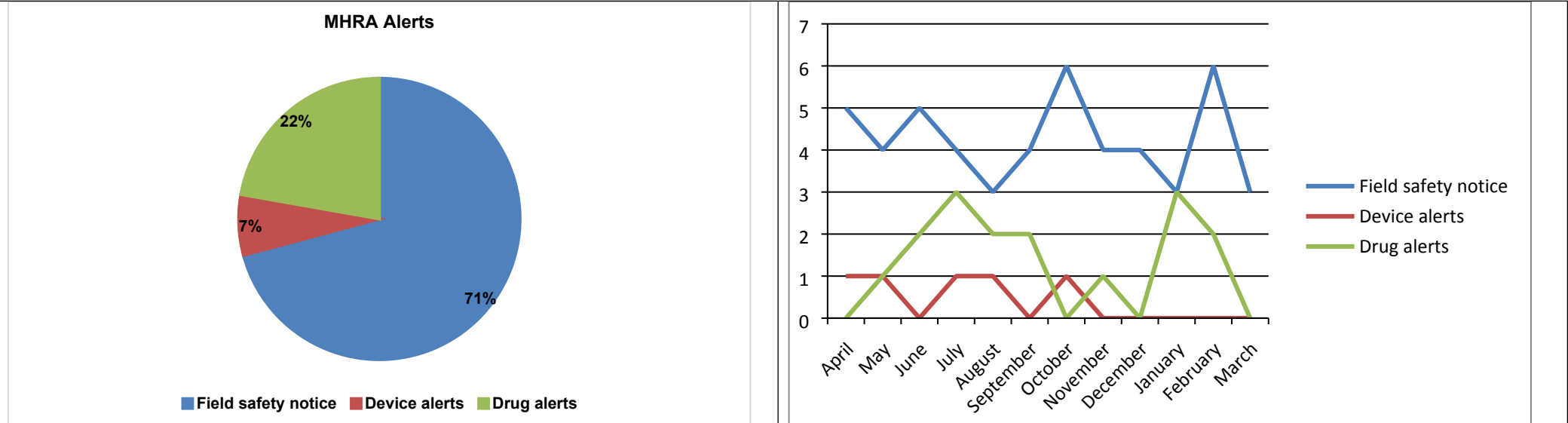
<p>MRSA Bacteraemia None to report this month.</p>	<p>No areas of concern to report.</p>
<p>Influenza vaccination programme Please see separate report.</p>	<p>Separate report provided this month for end of year.</p>
<p>Sepsis We are currently working on a sepsis action plan that includes primary care, training will be offered via Team W in March 2019. Additional work is being carried out to identify sepsis leads in primary care, and to ascertain if practices have access to pulse oximetry and what their safety netting and escalation processes are. Practice nurse and GP representation is now available in the e-coli steering group.</p>	<p>No areas of concern to report.</p>

1.2. MHRA Alerts

Figure 2: MHRA Alerts from April 1st 2018

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Areas for concern.

No areas of concern to report.

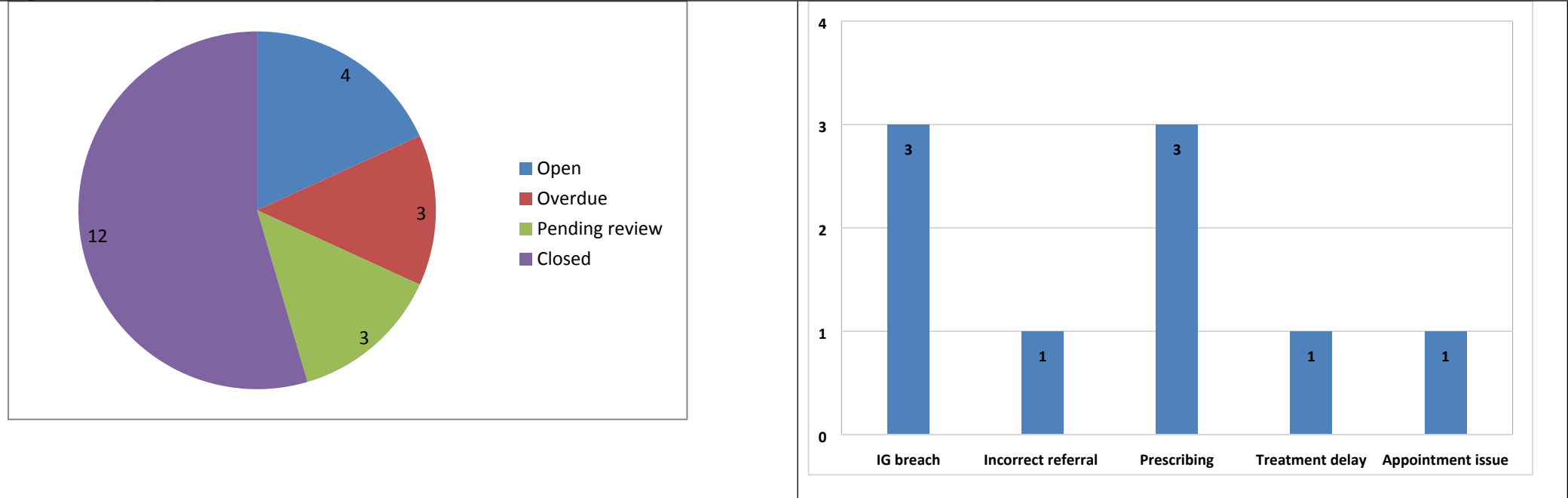
2.3. Serious Incidents

<p>From April 2019 Graph to be inserted with monthly serious incidents.</p>	<p>Areas for concern.</p> <p>There is currently one serious incidents being investigated in primary care, this will be reviewed by the NHS England Practice and Performers Information Gathering Group on completion.</p>
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1.3. Quality Matters

Figure 3: Quality Matters Status 2018/19 and Variance



1.4. Escalation to NHS England

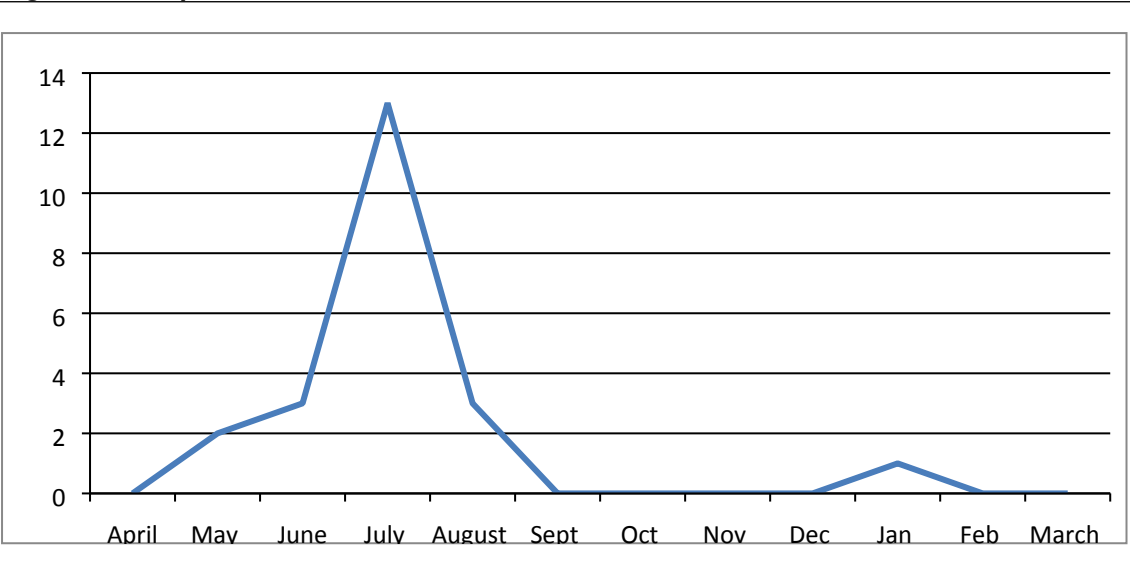
Figure 6: Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE

Incidents submitted for review March 2018	Outcome from PPIGG
No incidents reported for March	
Exceptions and assurances:	
Nothing to report at present.	

2. PATIENT EXPERIENCE

2.1. Complaints

Figure 7: Complaints Data 2018/19



Complaints Numbers and Themes:
 An overview was provided in the January report. Quarter 3 Information shows:
 Six complaints were logged with NHSE between October and December 2018.
 Two were not upheld (33%)
 Three were partially upheld (50%)
 One was upheld (17%)

Themes were:

- Refusal to refer (8%)
- Communication between practice and patient/carer (15%)
- Clinical treatment (including errors) (31%)
- Appointment availability (15%)
- Staff attitude and behaviour (15%)
- Prescription issues (8%)
- Inappropriate treatment (8%)



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.

Areas for concern.

The most common themes identified this year are clinical treatment (29% of incidences) and staff attitude (28% of incidences). These incidents relate to Quarter 3 (October – December 2018), since this time the CCG has put in place Conflict Resolution and other front facing staff training following feedback from Q2 data, there is also ongoing work around peer review for high and low referrers, and work around cancer referrals. The impact of this will most likely be seen in the Q1 data for 2019/20 which will be expected in September 2019.

2.2. Friends and Family Test

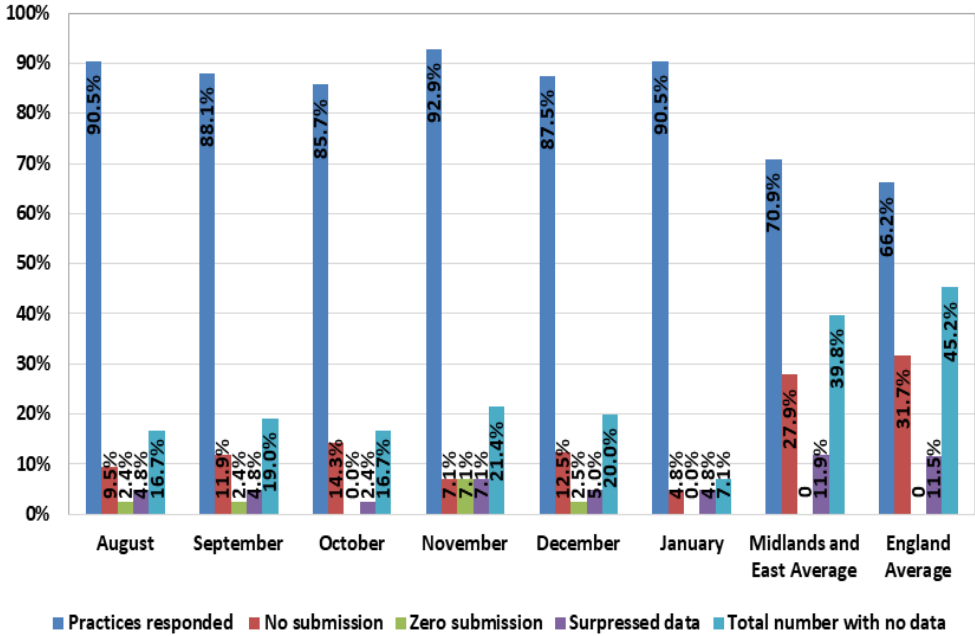
Figure 8: Friends and Family Test Data Overview 2018/19

Figure 9: Practices with no submission or suppressed data

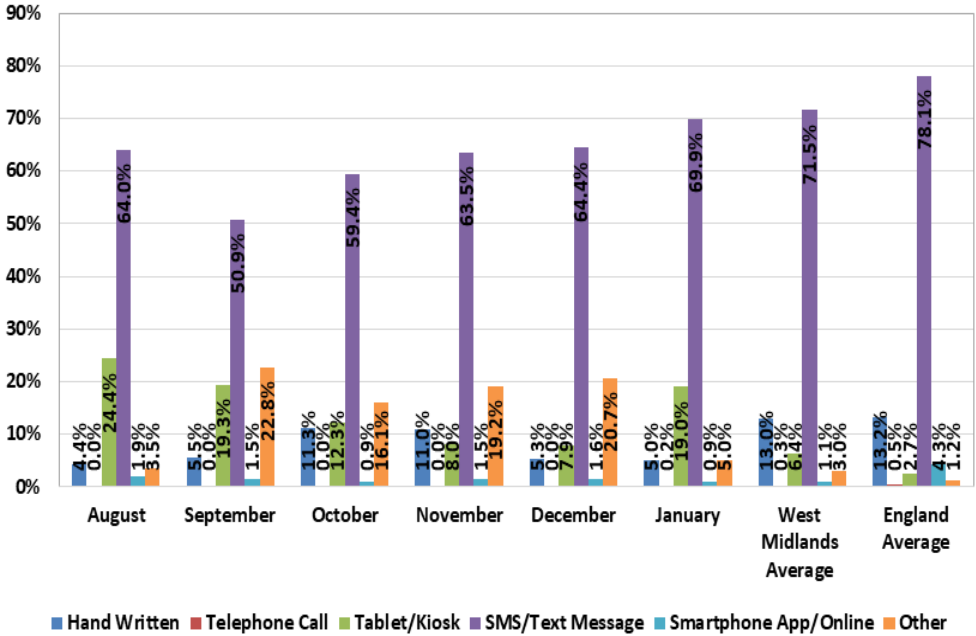
Percentage	April	May	June	July	August	September	October	November	December	January	West Midlands	England
Total number of practices	42	42	42	42	42	42	42	40	40	43	2043	6908
Practices responded	78.6%	81.0%	85.7%	90.5%	90.5%	95.2%	95.2%	87.5%	95.0%	92.90%	62.8%	63.3%
	33	34	36	38	38	40	40	35	38	40		
No submission	21.4%	19.0%	14.3%	9.5%	9.5%	9.5%	4.8%	12.5%	5.0%	5.00%	37.2%	36.7%
	9	8	6	4	4	4	2	5	2	3		
Zero submission (zero value submitted)	9.5%	2.4%	4.8%	0.0%	0.0%	2.4%	7.1%	2.5%	0.0%	0.0%	N/A	N/A
	4	1	2	0	0	1	3	1	0	0		
Suppressed data (1-4 responses submitted)	4.8%	9.5%	4.8%	4.8%	4.8%	2.4%	7.1%	2.5%	5.0%	5.0%	9.4%	7.2%
	2	4	2	2	2	1	3	1	2	4		
Total number with no data (no submission, zero submission and suppressed data)	35.7%	31.0%	23.8%	14.3%	14.3%	14.3%	19.0%	17.5%	10.0%	17.50%	46.7%	44.2%
	15	13	10	6	6	6	8	7	4	7		
Response rate	1.4%	1.7%	1.7%	1.8%	1.8%	2.1%	2.2%	1.8%	2.2%	2.30%	0.6%	0.5%



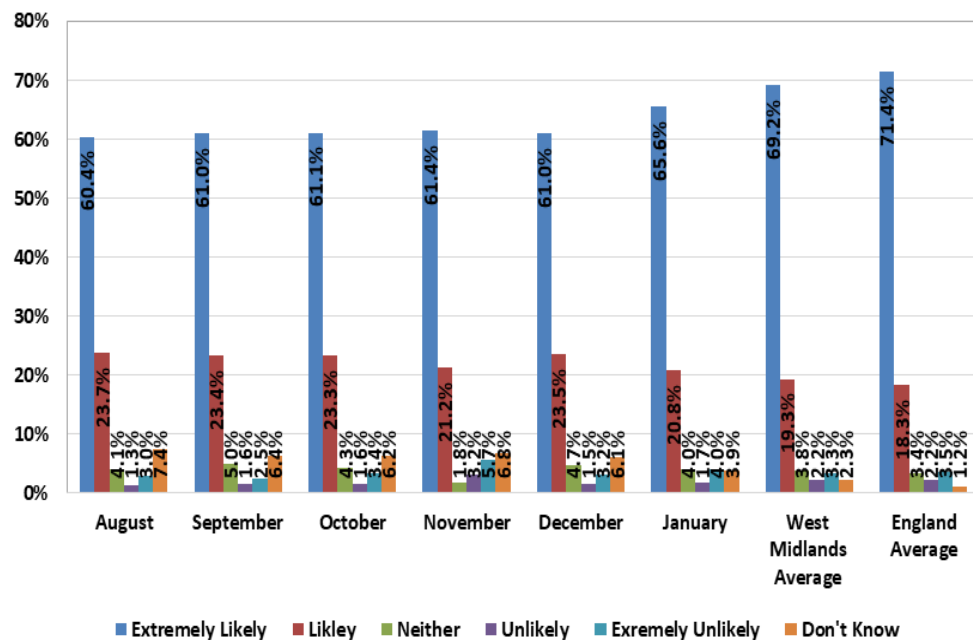
FFT Total Responses/Non-responses 2018/19



FFT Method of Response 2018/19



FFT Ratings 2018/19



Areas for concern:

Response rate for Wolverhampton remains significantly better than the England or West Midlands average at 90.5% compared to 66.2% and 70.95.

- Overall positive responses (Likely and Extremely Likely) are at 84% compared to 90%
- Negative ratings (Unlikely and Extremely Unlikely) are at 5% compared to 6% nationally and 5% regionally.
- Ambivalent/neutral ratings (Neither/Don't Know) are 7.9% compared to 3.4% nationally and 4.5% regionally

As uptake in Wolverhampton is better it is assumed that the ratings are more accurate due to the larger sample size, however some practices continue to have a smaller uptake which may skew percentage ratings so this should still be interpreted with caution.

There is some correlation between lower satisfaction ratings and other intelligence from practices e.g. Quality Matters, complaints and NHS Choices ratings. On reflection common themes are appointments and staff attitude, this is monitored and actioned by the Contracting and Primary Care teams in conjunction with the Quality Team.



3. CLINICAL EFFECTIVENESS

3.1. NICE Assurance – Updated Quarterly (Due May 2019)

New or amended guideline -	Ref	Linked to Peer Review
Areas for concern		

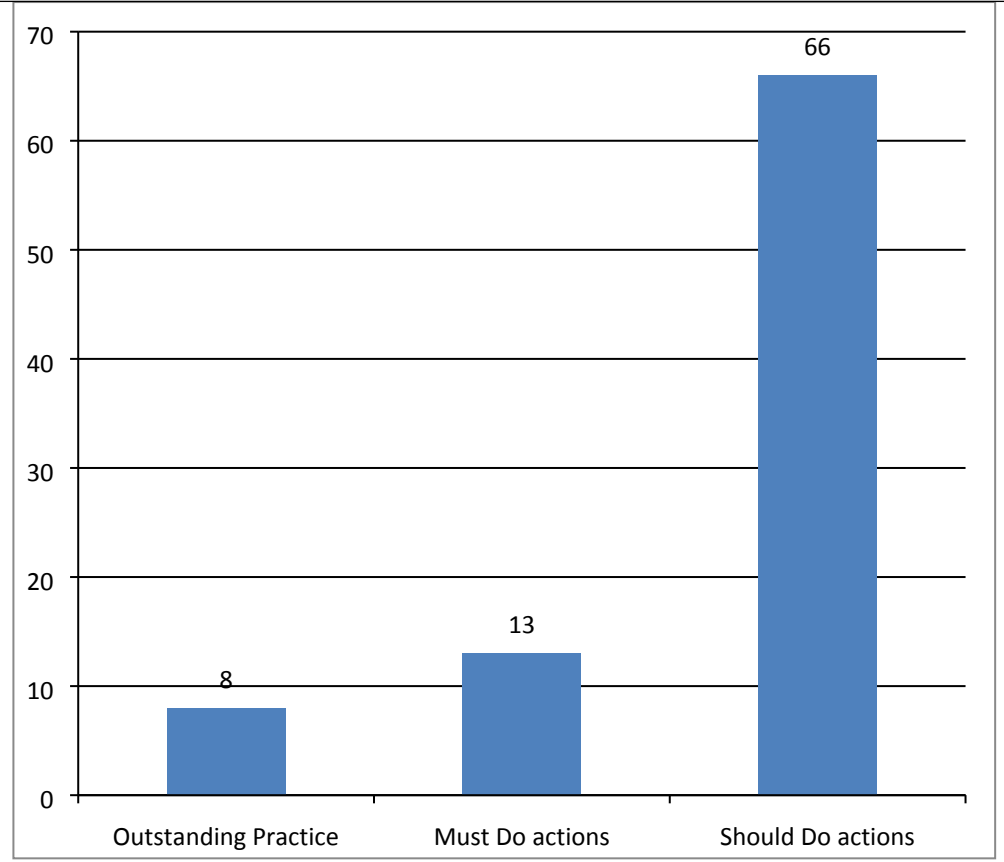
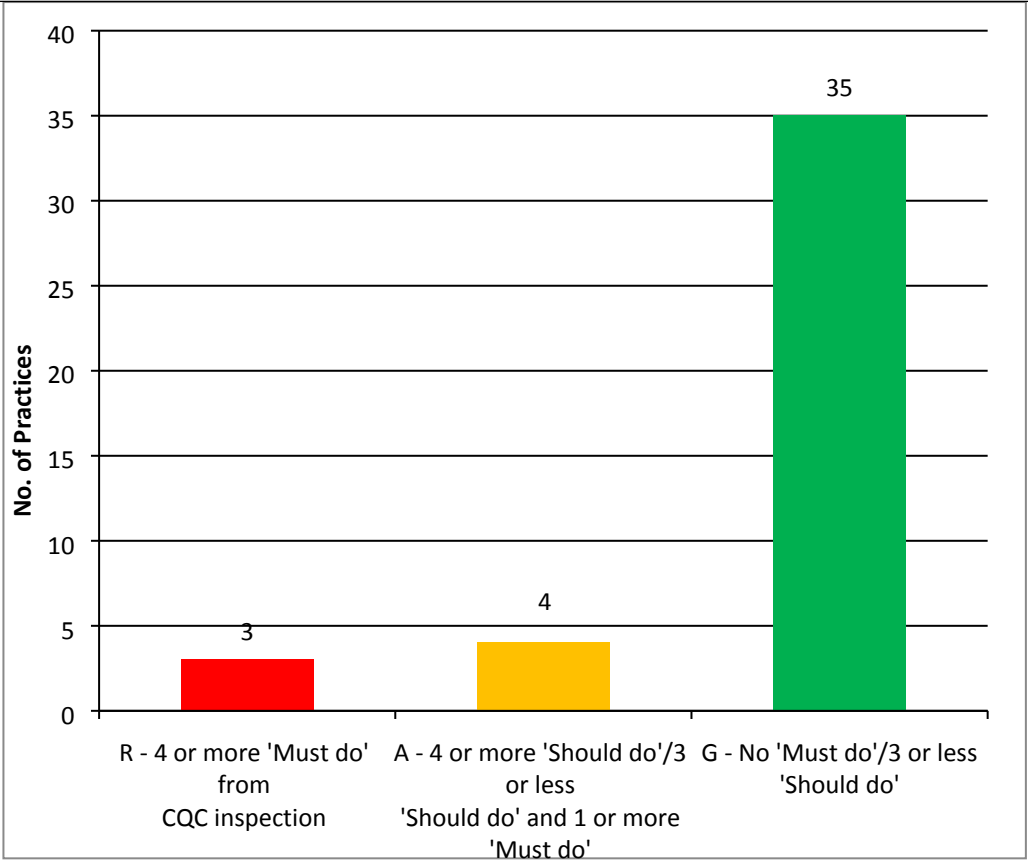
4. REGULATORY ACTIVITY

4.1. CQC Inspections and Ratings

Figure 12: CQC Inspections and Ratings to date 2018/19 – A trend graph will be added in from April 2019

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	38	34	39	40	40	37	38	38	38	37	37	37
Requires Improvement	3	7	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:						QCQ Actions required						





Areas for concern

There were 66 Must Do actions across the city at the last review of CQC ratings – most of these have now been actioned with only recent inspections requiring action.



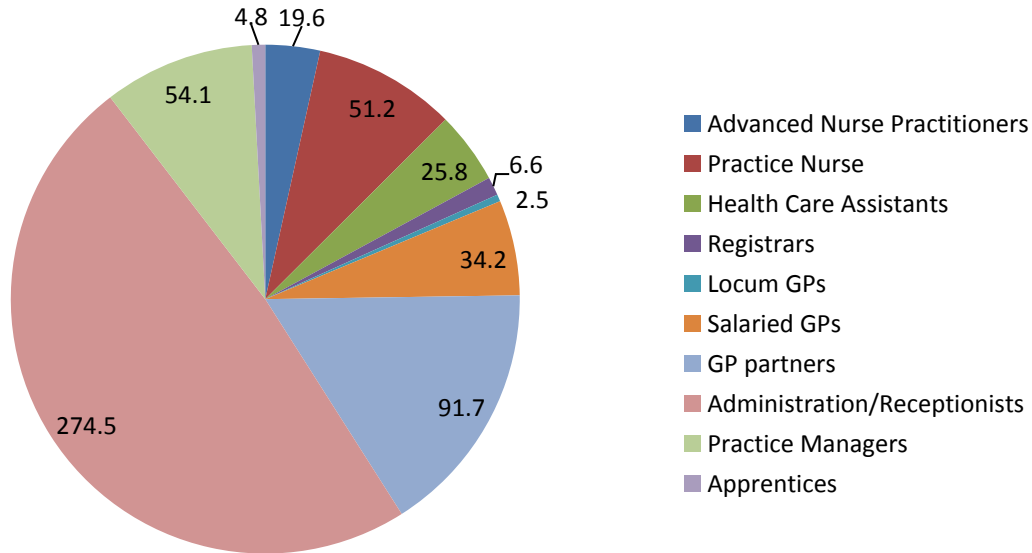
5. WORKFORCE DEVELOPMENT

5.1. Workforce Activity

	Activity	Exceptions and assurance
Recruitment and retention	<p>The practice nurse retention scheme continues in the same vein as the GP programme. A celebration event for the GP intensive support programme will be held at the Molineux on 27th March.</p> <p>The Work Experience Pilot is due to commence in July and representatives from the CCG and Training Hub are due to visit the school and speak to Year 10 students about Primary Care careers on 27th March.</p> <p>Work continues with local HEIs to promote Primary Care as a first line career and place students in GP practices.</p>	No exceptions noted.



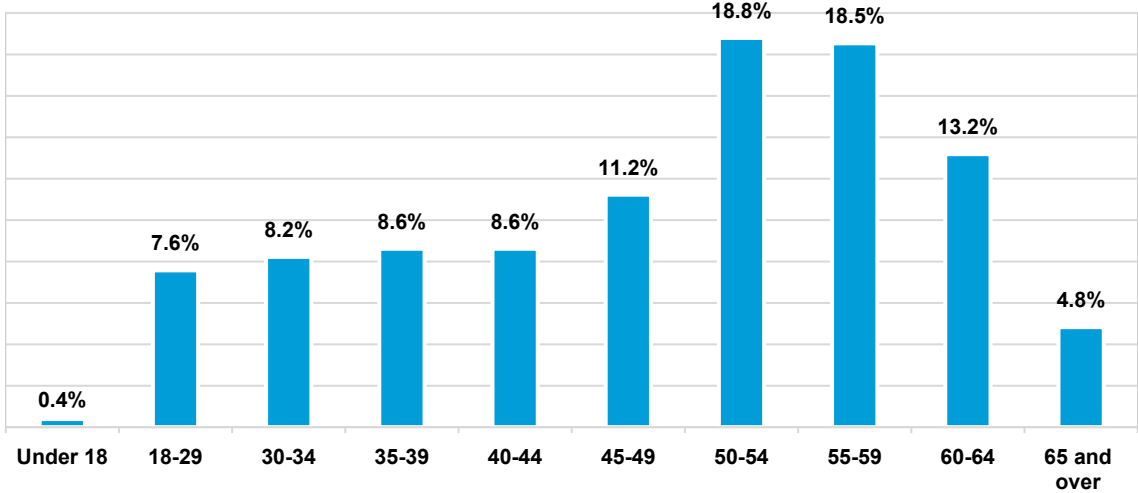
Workforce Numbers



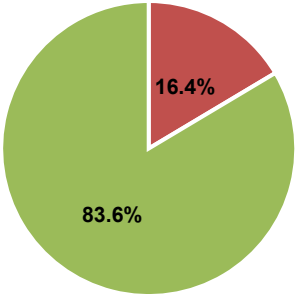
Figures taken from NHS Digital data are for September 2018 with the next update due imminently.



Breakdown of Staff Ages



Staff Gender



■ Category ■ Male ■ Female



<p>GPN 10 Point Action Plan</p>	<ul style="list-style-type: none"> • Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy is due to be presented at CCG Primary Care Commissioning Committee for final approval locally. • 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. CCG staff are due to attend the school and speak to Year 10 pupils about careers in primary care. • Action 2, 4 and 10: Digital Clinical Supervision pilot, has now finished but the sessions will continue in Wolverhampton. Uptake has been low and there have been technical issues but a work around has been identified in the short-term. • Action 3: there are currently 16 practices and the CCG itself 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 induction for GPNs in conjunction with other CCGs and Training Hub this also forms part of the strategy. • 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: The CCG will support 3 Nursing Associate apprenticeships with backfill in primary care, comms are being developed. • Action 9: HCA long term condition training sessions have been developed further in conjunction with the Training Hub. • Action 9: HCA apprenticeships programme to allow current non-clinical staff in practice to develop clinical skills as part of a development programme linked with the NAA programme has commenced with one candidate starting in April and 3 further candidates identified. • Action 10: The Nurse Retention plan will now be led across the STP with an engagement session held in February. 	<p>No exceptions for Wolverhampton</p>
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5.2. Training and Development

	Activity	Exceptions and assurance
<p>Nurse Training</p>	<ul style="list-style-type: none"> • Meeting booked to discuss diabetes training with staff from WDC and podiatry. • Training around LD health assessments to be held via nurse forum in May – this 	



	<p>will also include an International Nurses Day celebration.</p> <ul style="list-style-type: none"> • Spirometry training in primary care is now booked for June and September with 16 places available. • The Nursing Associate Apprenticeship business case has been approved for 3 candidates with backfill – the comms for this is currently being developed. • HCA apprenticeship programme is now running with one candidate due to start Level 2 in April, and a further 4 potential candidates identified. • Practice Makes Perfect continues on a monthly basis, uptake has increased significantly over the last 3 months. All bookings now via Eventbrite. • Additional clinical training sessions are being provided by the Black Country Training Hub. • Clinical HCA training provided from the Training Hub commenced in March and has been well attended. • Fast-track GPN induction programme started in March 2019 led by Dudley with logistical support from the Training Hub – 4 new nurses are booked on this programme. 	
<p>Non-clinical staff</p>	<p>Training continues in the following areas:</p> <ul style="list-style-type: none"> • Care navigation • Medical assistant/document management • Dementia friends • Conflict resolution • Practice Manager training • Customer services • Bid writing • Cancer Champions 	<p>No exceptions.</p>

5.3. Training Hub update

	<p>Exceptions and assurance</p>
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<p>Black Country Training Hub</p>	<p>We are still unsure of the future of the training hubs, there is no clarification if there will be a procurement process or not – We have a meeting with Katherine King booked for Wednesday 20th March am and a subsequent meeting with Della Burgess on Wednesday 20th March PM – hopefully we will have some clarification then.</p> <p><u>Fast Track Nursing Programme</u> Cytology 10th & 11th April Ear Irrigation 2nd May Venue TBC New to Vaccs/Imms 12th & 13th June Venue TBC</p> <p>Practice managers training is on-going – we are looking at providing a 1 x day health & safety accredited course over the next 2 months.</p> <p>We attend regular local, STP and National Meeting, and have seats on various boards, we endeavour to have one member of staff at each training session we provide to promote and enhance, education, explaining opportunities and guidance on ways forward and support mechanisms.</p> <p>Our nurse facilitator continues to support all the Black Country and has recently taken on an additional nurse to mentor, she is now mentoring 8 nurses on one to one basis, as well as training and supporting students both educationally and in the workplace.</p>	<p>Funding and procurement remains unclear – a meeting is booked with Paul Aldridge STP GPFV Manager to discuss a way forward with an anticipated STP wide meeting to be arranged for early April.</p>
<p>LWAB</p>	<p>Bi-monthly update, next update due in April.</p>	

