

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
7th May 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

Date:				
Issue	Highlights for March 2019	Highlights for April 2019	Areas of concern	RAG rating
Infection Prevention	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.	New IP audit cycle has not yet commenced; comparison with 2018/19 figures will be made this year. Flu planning group will meet to plan the 19/20 season and training is booked. Work on e-coli reduction continues with IP, meds optimisation and continence teams. Training planned for November.	Some practices have no identified sepsis lead – awareness raising via the e-coli group will continue.	1a
MHRA	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 	Since 1 st April 2019: <ul style="list-style-type: none"> Field safety notices - 1 Drug alerts – 3 Device alerts - 0 	None flagged at present	1a
Serious Incidents	One serious incident currently under investigation at the practice	One serious incident is currently being reviewed by scrutiny group. A second near miss has been identified.	Both incidents have been reviewed at practice level and will be reviewed by scrutiny group and PPIGG.	1b
Quality Matters	Currently up to date: <ul style="list-style-type: none"> 10 open 3 of these are overdue 	Currently up to date: <ul style="list-style-type: none"> 14 open 4 of these are overdue 	Overdue issues are being chased and have been escalated to Locality Managers. Main themes are: <ul style="list-style-type: none"> IG breaches Prescribing issues Referral issues 	1b



			These are being addressed by appropriate teams at the CCG and trust that has raised the issue.	
Practice Issues	Issues relating to DocMan, and maternity discharges are being managed.	DocMan issues are now closed. Awaiting a date for a meeting re: maternity discharges	To continue to work with practice to arrange a date.	1b
Escalation to NHSE	On-going process	Awaiting QM responses and scrutiny of RCA to refer cases into PPIGG	QM responses have been chased and escalated to Locality Managers	1b
Complaints	Six complaints received by NHSE in Quarter 3	Awaiting Quarter 4 complaints report from NHSE	No concerns flagged at present, awaiting Q4 data to gauge success of conflict resolution training commissioned following Q2 report.	1a
FFT	In February 2019 <ul style="list-style-type: none"> 1 practice did not submit 4 submitted fewer than 5 responses (supressed data) 	In March 2019 <ul style="list-style-type: none"> 3 practices did not submit 3 practices submitted fewer than 5 responses 1 practice submitted a zero response 	Continue to monitor via the FFT policy with support from LMC. Trends around “would” and “would not recommend” will be discussed with the Locality Managers.	1a
NICE Assurance	NICE assurance is now linked to GP Peer Review system – next meeting due in May	NICE assurance meeting was held in March. 11 new guidelines were identified as relevant for primary care.	NICE guidance continues to be monitored via peer review.	1a
CQC	One practice currently have a Requires Improvement rating and is being supported with their action plan.	One practice currently has a Requires Improvement rating and is being supported.	To continue to monitor and work with CQC to support practices	1b
Workforce Activity	Work around recruitment and development for all staff groups including new roles continue	Retention programme information has been written up and work streams identified Apprenticeship programmes are up and running with HCAs in place and NAs expressing an interest Work has commenced around recruitment of overseas professionals currently resident in UK	None flagged at present	1a



<p><u>Training and Development</u></p>	<p>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</p>	<p>GPN strategy document approved awaiting STP wide approval at Clinical Leads Group Diabetes training being planned with input from WDC and Foot Health</p>	<p>None flagged at present</p>	<p>1a</p>
<p><u>Training Hub Update</u></p>	<p>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.</p>	<p>Training Hub meeting due to be held in late April to discuss role and function going forward.</p>	<p>To continue monitoring, risk remains open.</p>	<p>2</p>



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.

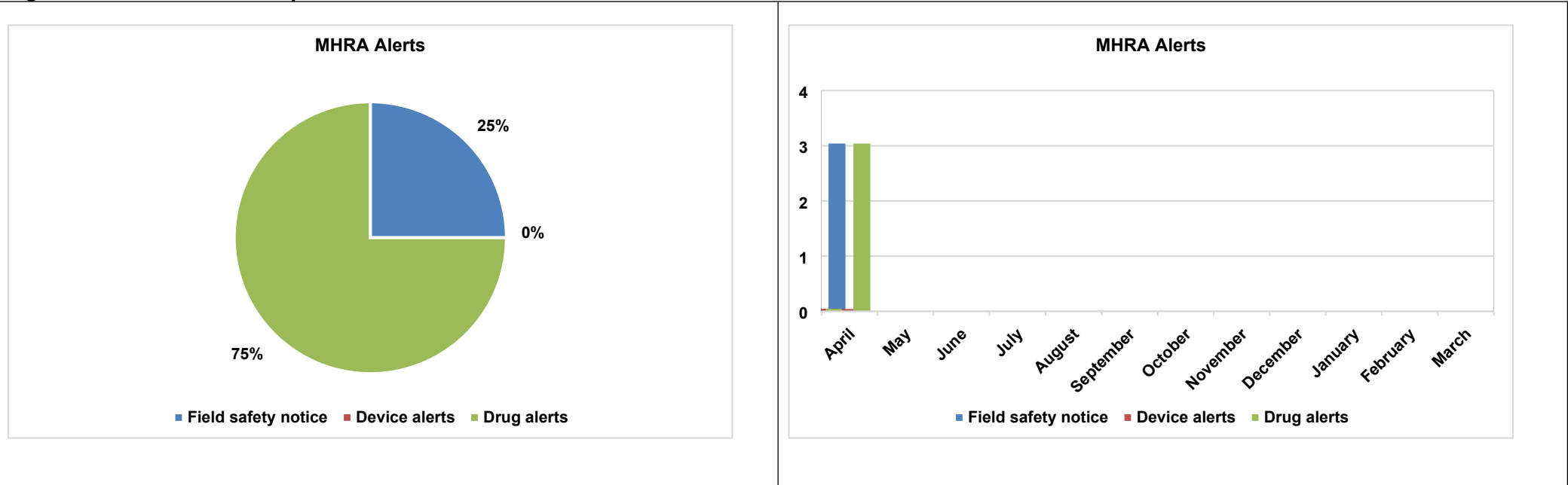
Ratings overview and issues identified within primary care:	Exceptions and assurance:
The cycle for 2019/2020 has yet to start, further update at next month's meeting	Work will continue with RWT IP team.
MRSA Bacteraemia No CCG cases noted up to February 2019	No areas of concern to report.
Influenza vaccination programme Flu planning group to re-convene in May 2019. Training is booked c/o Black Country Training Hub in July 2019 with further sessions across the region in August and September. Flu vaccine ordering information requested from practices, some orders are low compared to cohort – to address via flu planning group	To discuss vaccine ordering at flu planning group
Sepsis Additional work has been 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.	No areas of concern to report.



Training for practice nurses is being planned for November 2019.

1.2. MHRA Alerts

Figure 2: MHRA Alerts from April 1st 2019



Areas for concern.

No areas of concern to report.

1.3. Serious Incidents

1 Serious Incident currently being reviewed in Primary Care, Final RCA submitted for scrutiny.

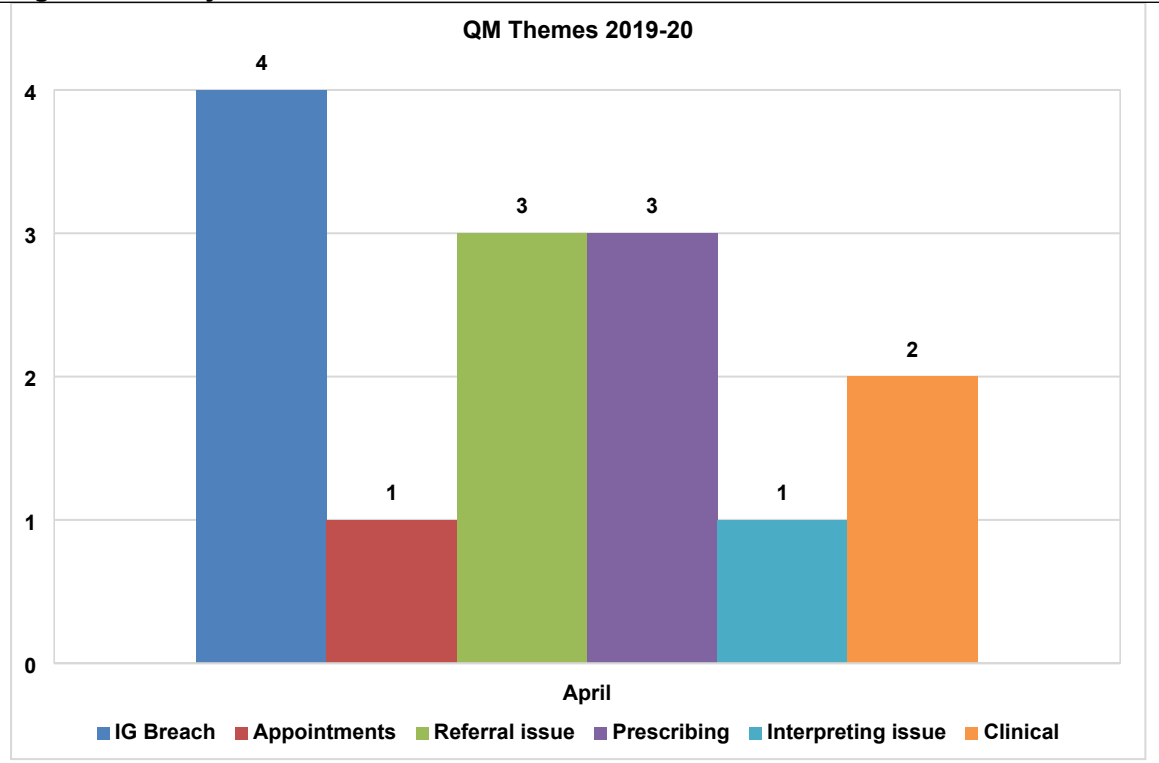
Quality and Safety Committee



1 near miss identified, for review of significant event analysis undertaken by practice and referral to PPIGG.

1.4. Quality Matters

Figure 3: Quality Matters Status 2019/20 and Variance



Monthly Variance	April	Total	Percentage
New issues	4	4	29%
Open issues	6	6	43%
Overdue issues	4	4	29%
Closed issues	0	0	0%
	14	14	100%



1.5. Escalation to NHS England

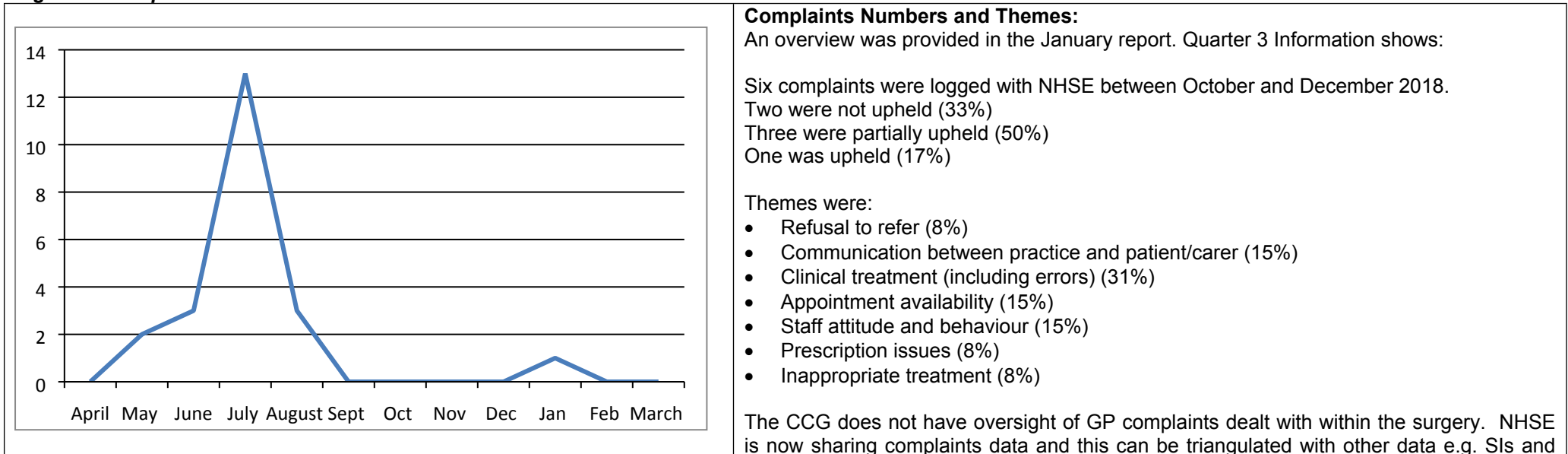
Escalation to Practice and Performance Information Gathering Group (PPIGG) NHSE

Incidents submitted for review April 2019	Outcome from PPIGG
No incidents reported for March	N/A
Exceptions and assurances:	
Nothing to report at present.	

2. PATIENT EXPERIENCE

2.1 Complaints

Figure 4: Complaints Data



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.

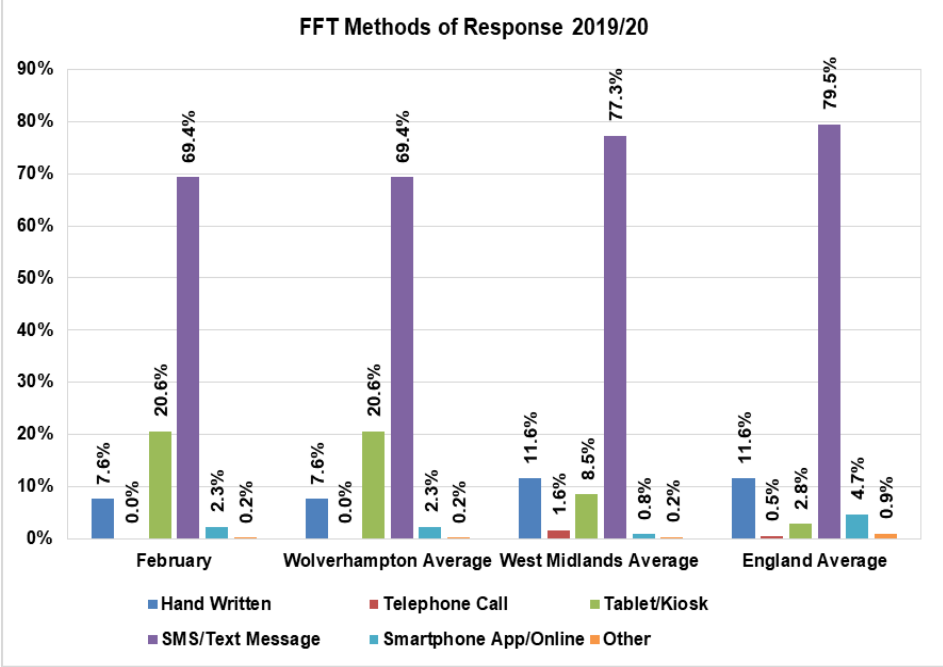
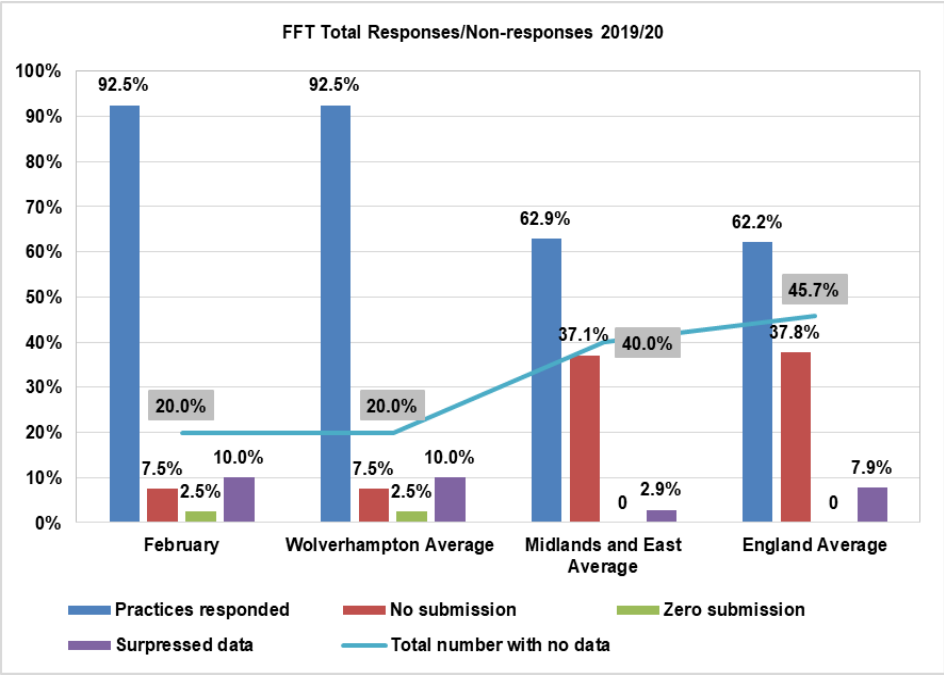
Areas for concern.

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 full impact of this will most likely be seen in the Q1 data for 2019/20 which will be expected in September 2019.

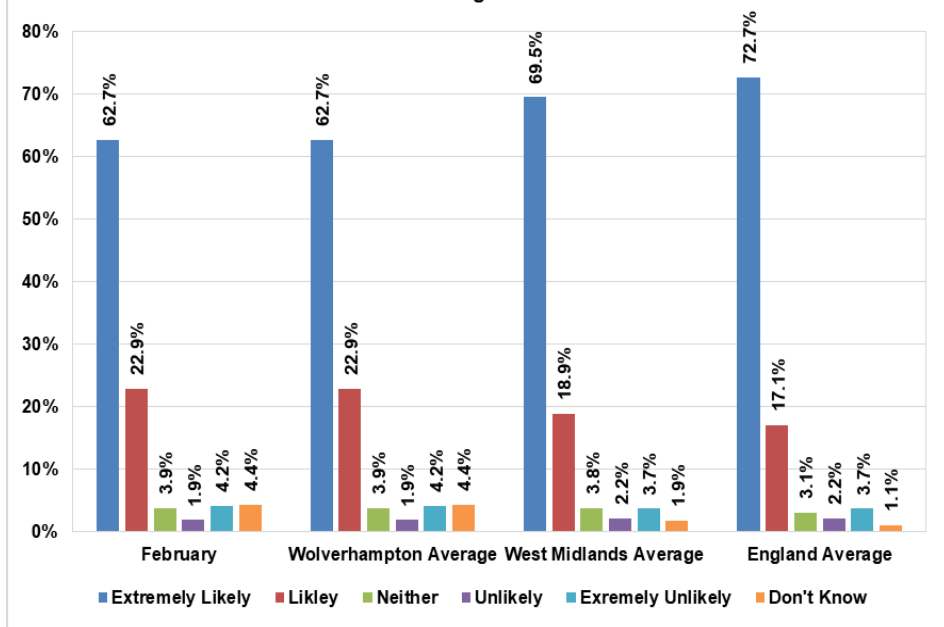


2.2. Friends and Family Test

Friends and Family Test Data Overview 2018/19



FFT Ratings 2019/20



Areas for concern:

Uptake is slightly lower overall this month at 1.8%, but is still consistently higher than regional and national uptake.
 Total non-responders are stable at 7 practices with no data, zero data or suppressed data.
 Uptake is reviewed on a monthly basis by the Primary Care Contract Manager.
 SMS text and tablet/check in screen remains the most common method of response – reflecting the use of new technology.
 Ratings for those who are extremely likely to recommend their GP are slightly lower than regional and national averages, however as uptake is higher in the city it is likely that this is a more representative sample. 55% of practices have a higher than average “would recommend” rate; 27.5% have a higher than average “would not recommend” rating. There is correlation between practices with higher would recommend and lower would not recommend and vice versa – uptake is high enough in these practices to be confident that the results are not skewed and have been discussed with the locality managers.



3. CLINICAL EFFECTIVENESS

3.1. NICE Assurance – Updated Quarterly

New or amended guideline -	Ref	Linked to Peer Review
Intrapartum care for women with existing medical conditions or obstetric complications and their babies	NG121	No
Lung cancer: diagnosis and management	NG122	No
Cough (acute): antimicrobial prescribing	NG120	Yes
Renal and ureteric stones: assessment and management	NG118	Yes
Cerebral palsy in adults	NG119	No
Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing	NG114	No
Chronic obstructive pulmonary disease in over 16s: diagnosis and management	NG115	No
Post-traumatic stress disorder	NG116	No
Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing	NG117	No
Delirium: prevention, diagnosis and management	CG103	No
Antenatal care for uncomplicated pregnancies	CG62	No
Areas for concern		
None identified		

4. REGULATORY ACTIVITY

4.1. CQC Inspections and Ratings

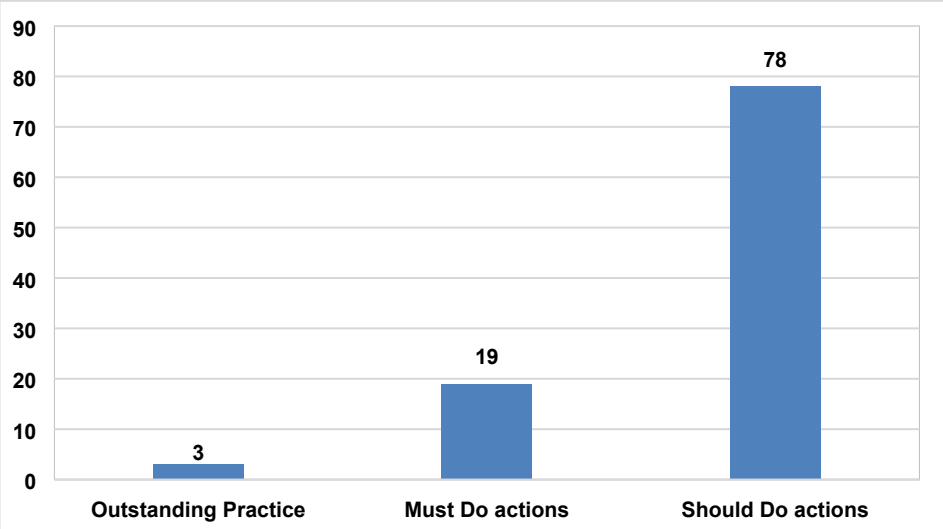
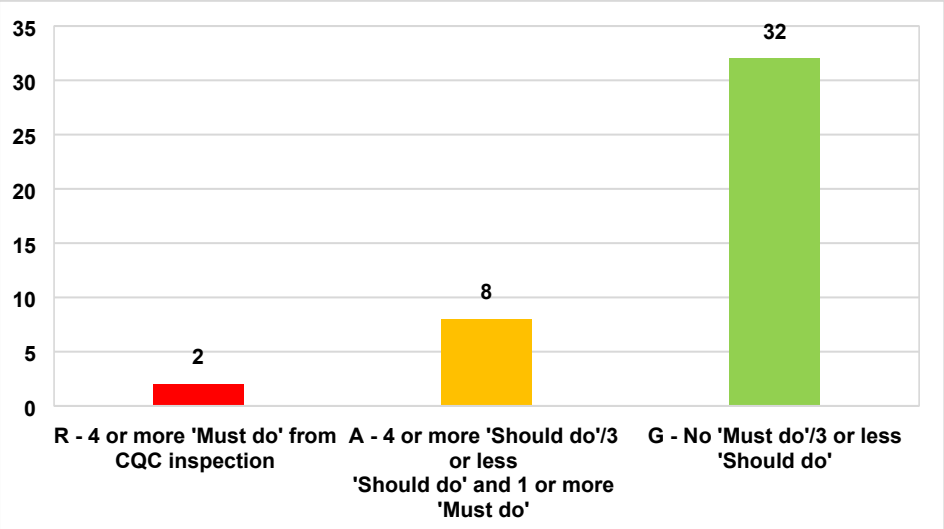
Figure 6: CQC Inspections and Ratings to date 2019/20



CQC Ratings by Domain	Overall	Safe	Effective	Caring	Responsive	Well-led	People with long term conditions	Families, children and young people	Older people	Working age people (including those recently retired and students)	People experiencing poor mental health (including people with dementia)	People whose circumstances may make them vulnerable
Outstanding	0	0	0	0	0	0	0	0	0	0	0	0
Good	39	35	40	41	41	39	39	39	39	39	39	39
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
	42	42	42	42	42	42	42	42	42	42	42	42

RAG Ratings – actions from CQC inspections:	QCQ Actions required
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Areas for concern

CQC continue to liaise with CCG to support the inspection process. No concerns have been reported back to CCG this month. Outstanding actions are managed by inspectors via 3 monthly virtual or face to face review.

Inspections by year:
 2015 – 3
 2016 – 12
 2017 – 14
 2018 – 10
 2019 – 3



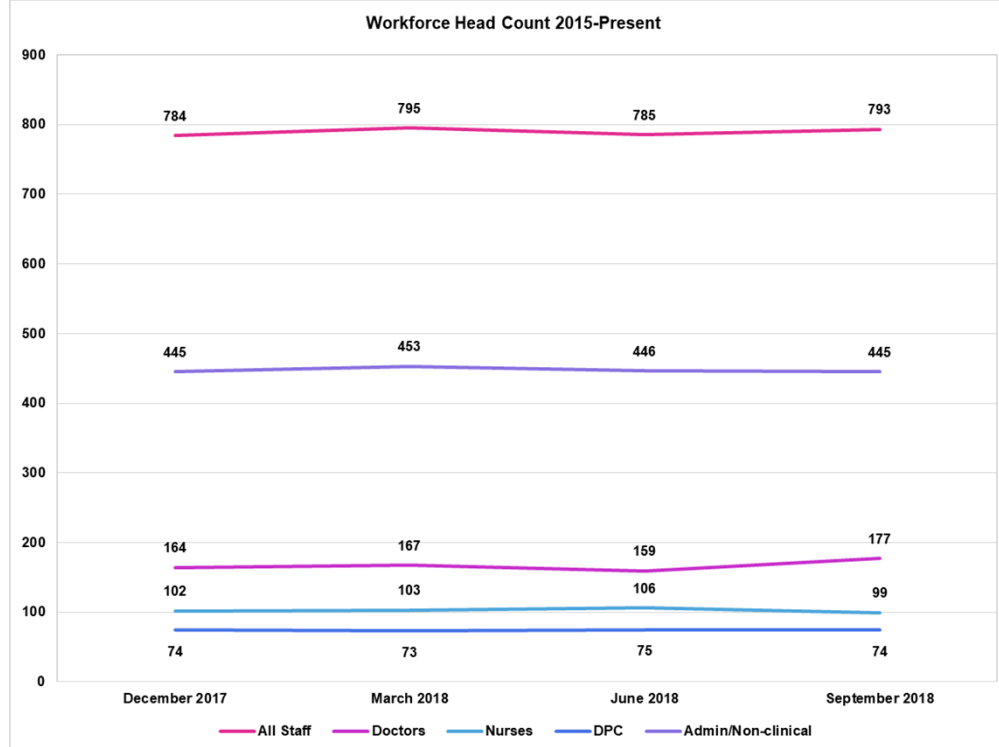
5. WORKFORCE DEVELOPMENT

5.1. Workforce Activity

	Activity	Exceptions and assurance
<p>Recruitment and retention</p>	<ul style="list-style-type: none"> • GP International recruitment is currently on hold awaiting further decisions from HEE. • A business case to support development of health care staff who are already resident in the Black Country but who are not working in this area is being worked up by STP GP Forward View Lead • GP retention programme is up and running with support for GPs in the first five years, retirement support and portfolio careers. • The practice nurse retention programme is being developed along the same lines as the GP programme with a focus on induction/preceptorship, portfolio careers, mentorship and retirement planning. • HCA apprenticeship programme has had a positive start with 2 staff who have commenced the programme, one who has expressed an interest and one practice who is interested in larger scale HCA training and the employment of business and administration apprentices. • NA apprenticeship programme details have been shared with practices with tentative interest from 3 so far. • CCG continue to work with University of Wolverhampton to increase all health care placements with a focus on nursing and Physicians Associates • Work experience pilot – a new GP placement site is needed for 1st – 5th July 2019 due to original placement being no longer available 	<p>CCG have been approached by Nursing in Practice magazine for comments around our GPN recruitment and retention work.</p>



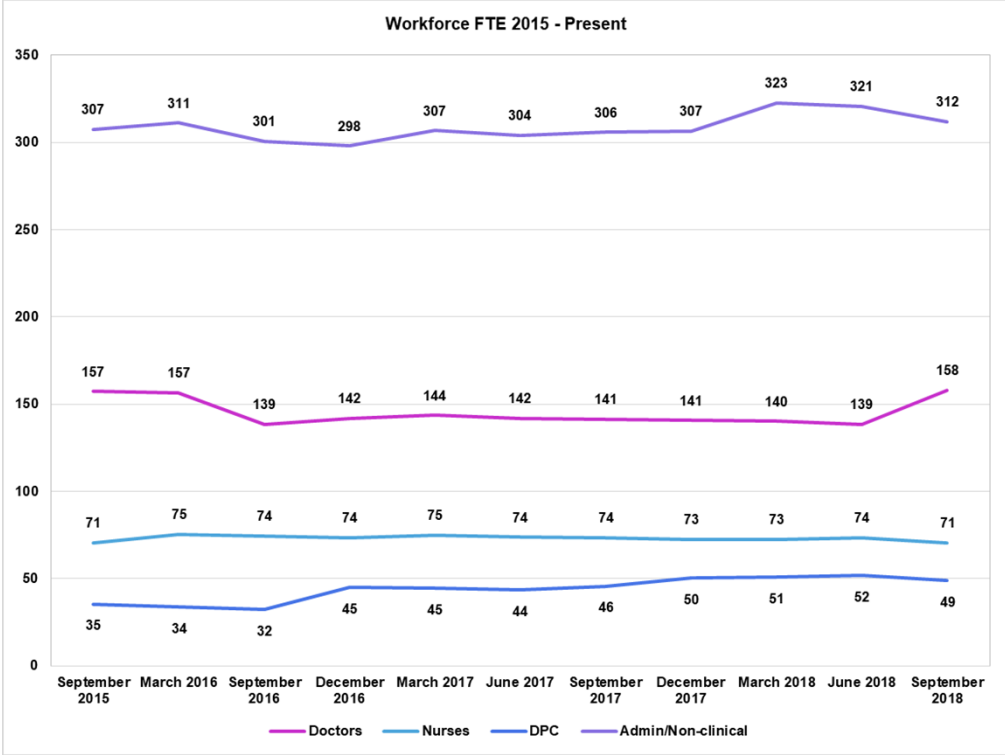
Workforce Numbers

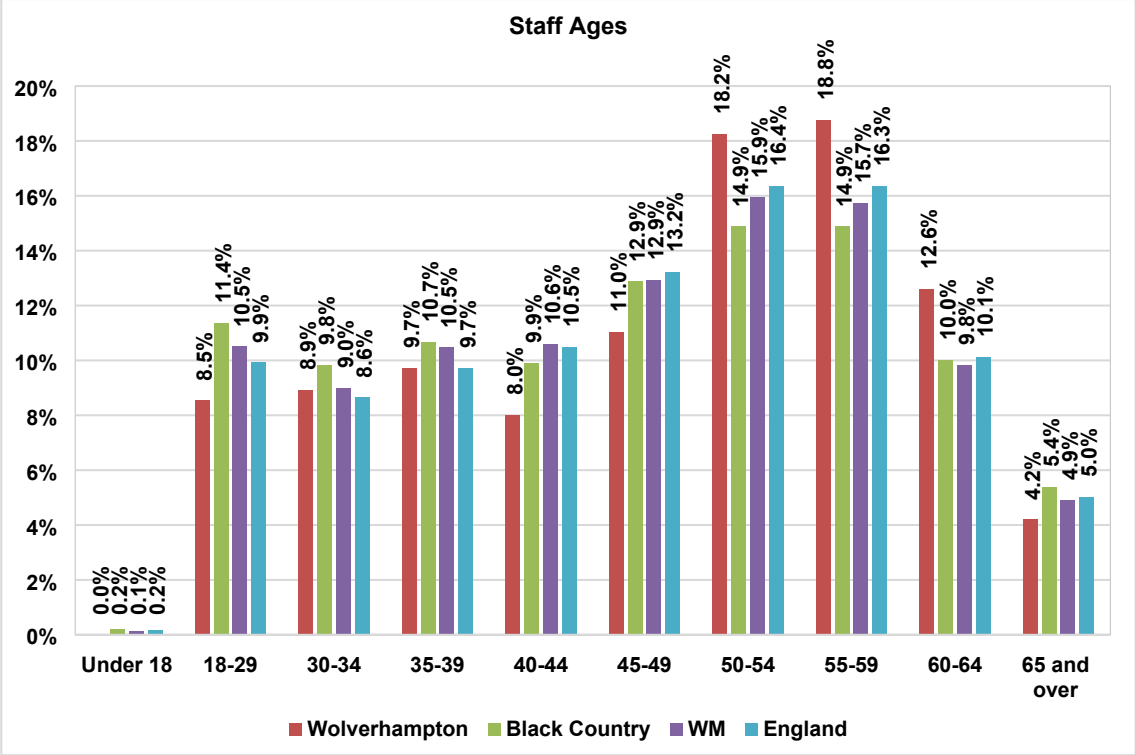


Figures taken from NHS Digital data are for September 2018 with the next update due imminently.

DPC = Direct Patient Care (i.e. Health Care Assistants)







There are high numbers of staff aged 50+ and this reflects the national picture.

The majority of staff working in primary care are female, again reflective of national picture.

Recruitment and retention of staff to address workforce trends is addressed above.



	<p style="text-align: center;">Staff by Gender (headcount)</p> <table border="1"> <thead> <tr> <th>Region</th> <th>Male</th> <th>Female</th> <th>Other/Unknown</th> </tr> </thead> <tbody> <tr> <td>Wolverhampton</td> <td>16.1%</td> <td>80.5%</td> <td>3.4%</td> </tr> <tr> <td>Black Country</td> <td>14.2%</td> <td>73.6%</td> <td>12.2%</td> </tr> <tr> <td>WM</td> <td>13.7%</td> <td>72.6%</td> <td>13.7%</td> </tr> <tr> <td>England</td> <td>13.3%</td> <td>74.7%</td> <td>12.0%</td> </tr> </tbody> </table>	Region	Male	Female	Other/Unknown	Wolverhampton	16.1%	80.5%	3.4%	Black Country	14.2%	73.6%	12.2%	WM	13.7%	72.6%	13.7%	England	13.3%	74.7%	12.0%	
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<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 has been approved at CCG Primary Care Commissioning Committee for regional approval. • 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 attended 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 are continuing in Wolverhampton. • Action 3: there are currently 17 practices and the CCG itself offering student nurse placements with another one expressing an interest, there are plans by the university to further increase this with the changes to NMC mentorship standards. • Action 4: The GPN fast track programme is due to start with 4 Wolverhampton nurses attending, this is in conjunction with other CCGs and Training Hub this also forms part of the strategy. 	<p>No exceptions for Wolverhampton</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 has included sepsis, lymphoedema, CVD and wound care sessions so far. An International Nurse's Day event is being planned for the May session with CPD opportunities and LD health checks discussed. • Action 9: The CCG will support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated. One NA has recently completed studies and is now registered with the NMC. • Action 9: HCA long term condition training sessions have been developed further in conjunction with the Training Hub. • Action 9: HCA apprenticeships programme has commenced 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 two candidates starting in April and 4 further candidates identified. • Action 10: The Nurse Retention plan has now been collated with workstreams being planned. 	
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5.2. Training and Development

	Activity	Exceptions and assurance
Nurse Training	<ul style="list-style-type: none"> • Practice Makes Perfect continues. • Diabetes training is currently being developed in conjunction with Wolverhampton Diabetes Centre and Foot Health • Flu training is booked for July 2019 • Apprenticeship programmes are up and running • Spirometry training is arranged for June and September 2019 	No exceptions
Non-clinical staff	GPFV training continues around: Document management Practice manager support	No exceptions.



5.3. Training Hub update

		Exceptions and assurance
<p>Black Country Training Hub</p>	<ul style="list-style-type: none"> • Acknowledged as central to future workforce planning by HEE and NHSE. • £22M investment each year for three years, although it's not clear when this funding will be available. • There is to be one 'lead' Training Hub per STP, with locality Hubs sitting underneath this in some areas if required. The lead Hub must have representation from all locality Hubs, as well as other partners from across health and community care sitting on its board. • The structure will not be dictated by HEE but will need to be 'signed off' by them once agreed at STP/ICS level. Communication to STPs/ICSS re. Training Hubs will go out by the end of April. • Expectations of Training Hubs in year one: <ul style="list-style-type: none"> • staff infrastructure, • financial model, • leadership and culture, • stakeholder engagement, • quality assurance, • workforce planning, • GP network and system coverage. • Expectations in years two to three: <ul style="list-style-type: none"> • primary and community care remit, • place-based training and education, • workforce development, • management of GP training placements and other clinical placements, including possible rotations between primary and secondary care, • tariff management, • local inductions for clinicians new to the area. • Guidance will be issued re. staff infrastructure but it won't be prescriptive. It was suggested that there may be roughly one project manager, one administrator and one clinical educator per 300,000 of population. 	



<p>LWAB</p>	<ul style="list-style-type: none"> • GP training places were oversubscribed in 2018 with 3,473 places taken up, and the pre-reg nursing placement target was exceeded nationally. • There have been 7 IGPR recruits in the West Midlands. <p><u>Update from Community of Practice for Nursing Associates: General Practice: 15/04/2019</u></p> <ul style="list-style-type: none"> • Cervical Screening Programme available to newly qualified NAs; awaiting clarity from PHE regarding the TDDI regulated list. • Trainee Nursing Associate standards have been approved; end point assessment units will be forthcoming. • Clinical Negligence Scheme for General Practice; includes students and trainees. The Scheme • Skills for Health have been commissioned to produce core competency framework for AGPN to be delivered next year; request to be made to expand for all nursing roles to include HCA, NA, GPN. • Wider discussions required by group to produce JDs for NAs. • Wolverhampton CCG to provide completed templates for HCA and NA Apprentices to ensure continuity in national profiles. (Completed) 	
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