

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE 4TH June 2019

TITLE OF REPORT:	Primary Care Quality 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:	□ Decision ☑ 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:		
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	
Reducing Health Inequalities in Wolverhampton		
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	Comments	Highlights for April 2019	Mitigation for May 2019	Date of expected achievement of performance	RAG rating
Serious Incidents	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	One serious incident is currently being reviewed by scrutiny group. A second near miss has been identified.	Near miss reported to PPIGG at NHSE — chair happy with response at practice and local level no further action required. RCA for serious incident currently being finalised for review at SISG and referral back to PPIGG	Expected completion by end of June 2019	1b
Quality Matters	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	Currently up to date:14 open4 of these are overdue	Currently up to date: 12 open 2 of these are new Main themes are: IG breaches Prescribing issues Referral issues	On-going process as new Quality Matters are identified	1a
Escalation to NHSE	Four incidents to be reviewed at PPIGG from Quality Matters	Awaiting Quality Matters responses and scrutiny of RCA to assess requirement to refer cases into PPIGG	Four incidents have received a response from the relevant practice which will be reviewed at PPIGG	Expected completion by end of June 2019	1b
Infection Prevention	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is	· · · ·		Expected completion by end of June 2019	1a

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MHRA	being chased. No issues at present.	continues with IP, meds optimisation and continence teams. Training planned for November. Since 1st April 2019:	No further update	No further actions at present	1a
		 Field safety notices - 1 Drug alerts - 3 Device alerts - 0 			
Complaints	No issues at present – quarterly report due July 2019	Awaiting Quarter 4 complaints report from NHSE	Awaiting Quarter 4 complaints report from NHSE	No further actions at present	1a
FFT	Quarterly full report due in July 2019 Practices who were unable to submit via CQRS or who had submitted but data was not showing on NHSE return have had their data added manually	In March 2019 • 2 practices did not submit • 2 practices submitted fewer than 5 responses	In April 2019 2 practices did not submit (3 practices attempted to submit via CQRS but were unable to — this data was entered into the spreadsheet manually) 2 practices submitted fewer than 5 responses Uptake was 2.4% compared to 0.9% regionally and 0.7% nationally	No further actions at present	1a
NICE Assurance	No actions at present – next NICE meeting in August 2019	NICE assurance meeting was held in March. 11 new guidelines were identified as relevant for primary care.	Nothing new to report	No further actions at present	1a
Collaborative contracting visits	11 practice visits are outstanding, this will be completed by late summer in line with recent audit.	27/40 67.5% practices have been visited in total (an average of one per month) since the programme started in October 2016.	Visit schedule has been reviewed and an action plan is being devised to ensure that all practices receive their visit in a timely manner.	Expected completion by end of September 2019	
CQC	No issues at present	One practice currently has a Requires Improvement rating and continues to be supported.	CQC inspections continue, two practices have requires improvement rating – one has merged with another practice and	This action is on-going CQC revise information as reinspections occur.	1b

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			one is being managed by RWT		
Workforce Activity	Awaiting NHS Digital workforce data release.	Retention programme information has been collated and work streams identified Apprenticeship programmes are established with HCAs in place and NAs expressing an interest. Work continues around recruitment of overseas professionals currently resident in UK	Retention programme will be launched in line with the GPN strategy documents and deliverables identified at this time	September 2019	1a
Workforce Numbers	Awaiting NHS Digital workforce data release.	No information is available about the date of release of workforce data – NHS Digital have advised they will inform us when it is available.	Still awaiting digital workforce data	Awaiting further information	
Training and Development	None flagged at present	GPN strategy document approved by PCCC at Wolverhampton and Walsall STP. Spirometry training sent out for expressions of interest. Diabetes training programme under development with WDC.	GPN strategy approved at STP CLG group and by all other CCGs apart from Sandwell (delay due to PCN work) – launch to be arranged for summer 2019 Work continues with WDC around diabetes training Spirometry training dates agreed and expressions of interest gathered Training offered by continence team for HCAs and GPNs. Discussions have commenced around launch of the GPN strategy.	September 2019	1a
Training Hub Update	To continue monitoring, risk remains open.	Training Hub meeting held in late April to discuss role and function going forward. Plans to develop a	Discussions have commenced with Training Hubs in late May –	This action is on-going and will be updated as new information is available.	2

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Training Academy for the Black	discussed. Development of
Country discussed.	primary care training academy
	planned model with a board in
	place to offer direction to the
	teams.

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

Measure	Trend	Assurance/Analysis
Serious	N/A – not enough data to display a graph/trend	Incidents:
Incidents		 1 Serious Incident currently being revised in primary care – for review at serious incident scrutiny group and referral into PPIGG on completion. 1 near miss identified, reviewed at PPIGG – chair happy with action taken no further actions. All incidents are reviewed by serious incident scrutiny group Incidents are also reviewed by NHSE PPIGG group

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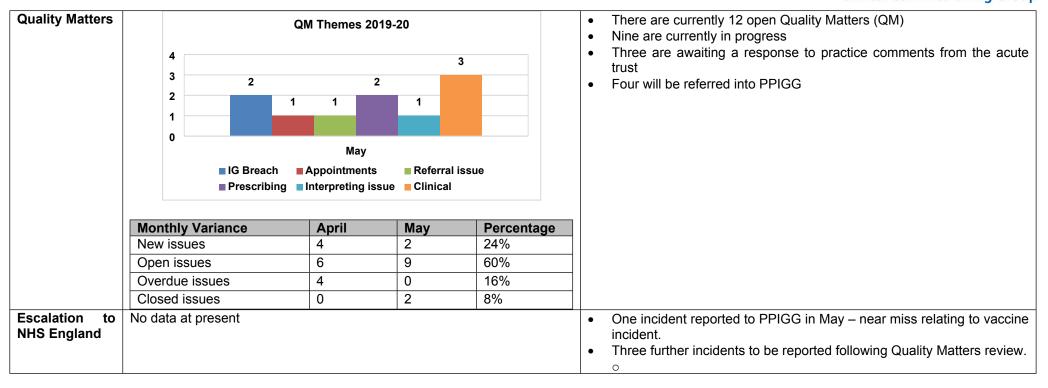
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2. INFECTION PREVENTION

Measure	Trend	Assurance/Analysis
IP Audits	No data at present – awaiting new audit cycle	• IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No
		rating ≤84%
		The cycle for 2019/2020 has yet to start, further update at next

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MRSA	N/A	month's meeting. Work will continue with RWT IP team. No CCG cases noted
Bacteraemia	IN/A	No areas of concern to report.
Influenza vaccination programme	No data at present	 Flu planning group to re-convene in May 2019. Training is booked from 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	No data at present	 No areas of concern to report. 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. Training for practice nurses is being planned for November 2019.

3. MHRA Alerts

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Measure	Trend	Assurance/Analysis		

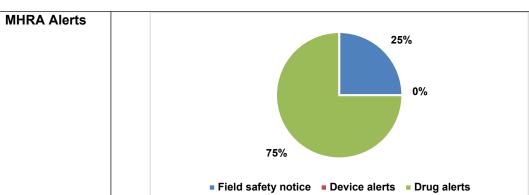
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	April	May	Total	Percentage
Field safety notice	4	2	6	46%
Device alerts	0	2	2	15%
Drug alerts	4	1	5	38%

13

No concerns to report at present

4. PATIENT EXPERIENCE

Measure Trend Assurance/Analysis

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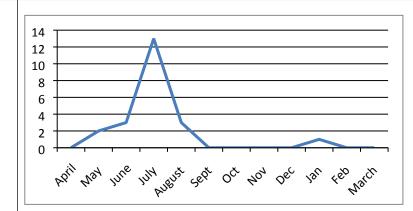
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Complaints



Complaints Numbers and Themes:

Awaiting Q4 data.

Friends and **Family Test**

Percentage	February	March	West Midlands	England
Total number of practices	40	40	2066	7001
Dragticas responded	92.5%	92.5%	64.8%	63.4%
Practices responded	37	37		
No submission	7.5%	7.5%	35.2%	36.6%
NO SUDMISSION	3	3		
Zero submission (zero value	2.5%	0.0%	N/A	N/A
submitted)	1	0		
Suppressed data (1-4	7.5%	5.0%	6.4%	7.8%
responses submitted)	3	2		
Total number with no data	17.5%	12.5%	41.6%	44.4%
(no/zero submission and supressed data)	0	0		
Response rate	1.8%	2.4%	0.8%	0.6%

- Uptake significantly higher than regional and national uptake.
- Total non-responders 5 practices (no data, zero data or supressed data) – higher than regional and national average.
- · Uptake is reviewed on a monthly basis by the Quality Team and Primary Care Contract Manager.
- For highest and lowest uptake the locality managers have been advised and the practices have been asked what it is that they have been doing to perform so well or plan to do to increase uptake.

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Key (compared to WM) Lower performance Higher performance Same performance		

5. CLINICAL EFFECTIVENESS NICE Assurance – Updated Quarterly (next due August 2019)

6. REGULATORY ACTIVITY

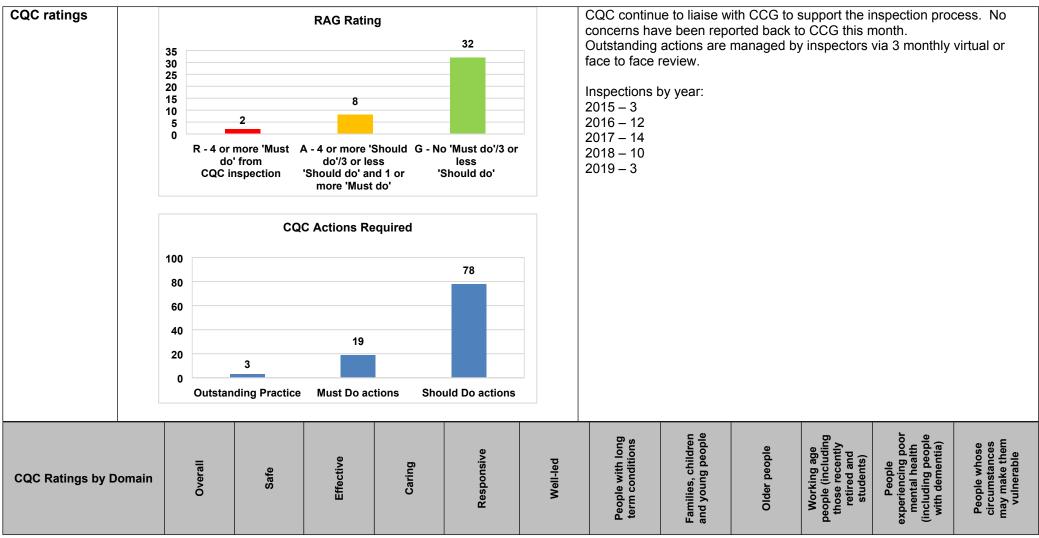
Measure	Trend	Assurance/Analysis
Collaborative Contracting visits	70% Practices visits completed Practices visits booked Outstanding visits	 11 practices are still outstanding – this will be completed by late summer 2019 in line with a recent audit – Quality and Primary Care teams will liaise over visit schedule. Themes from visits identified are: Policies needing updating or amending e.g. version control, update date or author Missing policies. Mandatory training gaps – particularly safeguarding training. Missing certificates e.g. training and insurance – cover is available but the certificates are not.

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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

7. **WORKFORCE DEVELOPMENT**

7.1. Workforce Activity

Measure	Assurance/Analysis
Recruitment and	GP International recruitment is currently on hold awaiting further decisions from HEE.
retention	A business case to support development of overseas health care staff resident in the Black Country not working in this area is under development by STP GP Forward View Lead
	GP retention programme up and running with support for GPs in the first five years, retirement support and portfolio careers.
	The practice nurse retention programme under development – for launch with GPN strategy.
	HCA apprenticeship programme has 2 staff who have commenced one practice who is interested in larger scale HCA training and the employment of business and administration apprentices. A further practices has expressed interest.
	• NA apprenticeship programme details have been shared with practices with tentative interest from 3 so far – for further promotion this month.
	Work experience pilot – a new GP placement site is needed for 1 st – 5 th July 2019 due to original placement being no longer available
GPN 10 Point Action	• Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy has been approved at CCG Primary Care Commissioning Committee and at CLG - launch.
Plan	• Action 1: Work experience pilot has been set up between a local secondary school, CCG, Public Health, Pharmacy and GP practices. To finalise placements in June.
	• Action 2, 4 and 10: Digital Clinical Supervision pilot, has now finished but the sessions are continuing in Wolverhampton face to face and via Skype.
	Action 3: there are currently 17 practices and the CCG itself offering student nurse placements with another one expressing an interest.
	Action 4: The GPN fast track programme has started with Wolverhampton nurses attending.
	Action 5: Further work is being developed to promote the Return to Practice programme.
	Action 7: Nurse Education forum continues on a monthly basis
	Action 9: The CCG will support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated.
	Action 9: HCA long term condition training sessions have been developed further in conjunction with the Training Hub.

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- Action 9: HCA apprenticeships 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 work streams being planned.

7.2. Workforce Numbers

Measure	Trend	Assurance/Analysis
Workforce	No data at present – awaiting figures from NHS Digital	Figures taken from NHS Digital data are for September 2018 with the next
Numbers		update due imminently.

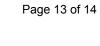
7.3. Training and Development

Measure	Assurance/Analysis
Nurse Training	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
Non-clinical	GPFV training continues around:
staff	Document management
	Practice manager support

7.4. Training and Development

Measure	Assurance/Analysis
Nurse Training	Practice Makes Perfect continues.
	Diabetes training is currently being developed in conjunction with Wolverhampton Diabetes Centre and Foot Health – Diabetes week nurse
	education event booked for 13 th June
	Sanofi held a Travel health event at the Science Park for Wolverhampton nurses in May
	Apprenticeship programmes are up and running
	Spirometry training is arranged for June and September 2019
	Continence training now available for all GPNs and HCAs
Non-clinical staff	GPFV training continues around:
	Document management
	Practice manager support

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Training Hub update

	Exceptions and assurance
Black Country Training Hub	 £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. 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.
LWAB	 GP training places 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. Update from Community of Practice for Nursing Associates: General Practice: 15/04/2019 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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