

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
2nd JULY 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:	<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	

1. BACKGROUND AND CURRENT SITUATION

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 May 2019	Mitigation for June 2019	Date of expected achievement of performance	RAG rating
Serious Incidents	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	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	Serious incident escalated to PPIGG – closed no further actions as it had already been reviewed by PAG	No further actions at present	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: <ul style="list-style-type: none"> 12 open 2 of these are new Main themes are: <ul style="list-style-type: none"> IG breaches Prescribing issues Referral issues 	Currently up to date <ul style="list-style-type: none"> 4 open 8 closed Four referred into PPIGG with four further pending	On-going process as new Quality Matters are identified	1a
Escalation to NHSE	Four incidents to be reviewed at PPIGG from Quality Matters	Four incidents have received a response from the relevant practice which will be reviewed at PPIGG	No issues at present	No further actions at present	1b
Infection Prevention	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams.	Monitoring of IP audits continues, monitoring of practice sepsis leads continues.	Four incidents referred into PPIGG with four more pending review this month	Expected completion by end of July 2019	1a

	Some practices have still not identified a sepsis lead and this is being chased.				
MHRA	No issues at present.	No further update	No further update	No further actions at present	1a
Complaints	No issues at present – quarterly report due July 2019	Awaiting Quarter 4 complaints report from NHSE	Quarter 4 complaints data not yet available	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 April 2019 <ul style="list-style-type: none"> 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 	In May 2019 <ul style="list-style-type: none"> 5 practices did not submit – there appeared to be an issue with CQRS in some sites and one has submitted late 1 practice submitted fewer than 5 responses Uptake was 1.8% compared to 0.8% regionally and 0.6% nationally 	No further actions at present	1a
NICE Assurance	No actions at present – next NICE meeting in August 2019	Nothing new to report	New NICE guidance for primary care discussed in May 2019 – available to providers	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.	Visit schedule has been reviewed and an action plan is being devised to ensure that all practices receive their visit in a timely manner.	Visit schedule now available with all practices allocated a visit	Expected completion by end of September 2019	1b
CQC	No issues at present	CQC inspections continue, two practices have requires improvement rating – one has merged with another practice and one is being managed by RWT	One practice identified as being requires improvement – meeting arranged with practice and CCG to discuss action plan	Expected completion by end of September 2019	1b

Workforce Activity	Awaiting NHS Digital workforce data release.	Retention programme will be launched in line with the GPN strategy documents and deliverables identified at this time	Awaiting approval of GPN strategy in Dudley and Sandwell and then to arrange launch – funding to be agreed	September 2019	1a
Workforce Numbers	Awaiting NHS Digital workforce data release.	Still awaiting digital workforce data	Workforce figures are still pending due to changes in data collection	Awaiting further information	
Training and Development	None flagged at present	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.	<ul style="list-style-type: none"> • Training continues across the workforce for: • GPs – retention work • GPNs – strategy launch and retention work, flu training ,ARTP spirometry and diabetes training • Other professions – pharmacy network meetings and PA Fellowships to commence • Practice manager update sessions planned 	September 2019	1a
Training Hub Update	To continue monitoring, risk remains open.	Discussions have commenced with Training Hubs in late May – potential hub and spoke model discussed. Development of primary care training academy planned model with a board in place to offer direction to the teams.	<ul style="list-style-type: none"> • Work to reconfigure the Training Hub provision continues. • Primary Care Board due to meet in June 2019 to discuss the work plan for hubs and PCNs 	This action is on-going and will be updated as new information is available.	2

2. PRIMARY CARE QUALITY REPORT

2.1. PATIENT SAFETY

Measure	Trend	Assurance/Analysis																				
Serious Incidents	N/A – not enough data to display a graph/trend	<p>Incidents:</p> <ul style="list-style-type: none"> • 1 Serious Incident referred to PPIGG – closed by chair as it had already been reviewed by PAG. • All incidents are reviewed by serious incident scrutiny group • Incidents are also reviewed by NHSE PPIGG group 																				
Quality Matters	<p style="text-align: center;">QM Themes 2019-20</p> <p style="text-align: center;">June</p> <p>■ IG Breach ■ Appointments ■ Referral issue ■ Prescribing ■ Interpreting issue ■ Clinical</p> <table border="1"> <thead> <tr> <th>Monthly Variance</th> <th>May</th> <th>June</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>New issues</td> <td>2</td> <td>3</td> <td>24%</td> </tr> <tr> <td>Open issues</td> <td>9</td> <td>4</td> <td>60%</td> </tr> <tr> <td>Overdue issues</td> <td>0</td> <td>3</td> <td>16%</td> </tr> <tr> <td>Closed issues</td> <td>2</td> <td>8</td> <td>8%</td> </tr> </tbody> </table>	Monthly Variance	May	June	Percentage	New issues	2	3	24%	Open issues	9	4	60%	Overdue issues	0	3	16%	Closed issues	2	8	8%	<ul style="list-style-type: none"> • There are currently 4 open Quality Matters (QM) • 8 Quality Matters were closed in June • Four have been referred into PPIGG with four further pending pending.
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<p>Escalation to NHS England</p>	<p style="text-align: center;">Escalation to NHSE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Total number of incidents reported</th> <th>Incidents closed</th> <th>Incidents to be managed by CCG</th> <th>Incidents referred into PAG</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>June</td> <td>4</td> <td>3</td> <td>3</td> <td>1</td> </tr> </tbody> </table>	Month	Total number of incidents reported	Incidents closed	Incidents to be managed by CCG	Incidents referred into PAG	May	1	1	0	0	June	4	3	3	1	<ul style="list-style-type: none"> • Four incidents reported to PPIGG in May: <ul style="list-style-type: none"> ○ Incorrect referral ○ Unsafe anticoagulation practice ○ Delayed referral ○ Delayed verification of death • Four further incidents to be reported following Quality Matters review relating to: <ul style="list-style-type: none"> ○ Prescribing x 2 ○ Treatment delay • Issue with interpreters
Month	Total number of incidents reported	Incidents closed	Incidents to be managed by CCG	Incidents referred into PAG													
May	1	1	0	0													
June	4	3	3	1													

2.2. INFECTION PREVENTION

Measure	Trend	Assurance/Analysis
IP Audits	No data at present – awaiting new audit cycle	<ul style="list-style-type: none"> • 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 month's meeting. • Work will continue with RWT IP team.
MRSA Bacteraemia	N/A	<ul style="list-style-type: none"> • No CCG cases noted • No areas of concern to report.
Influenza vaccination programme	No data at present	<ul style="list-style-type: none"> • Flu planning group met in May 2019 – new action log commenced next meeting July 2nd. • Training is booked from Black Country Training Hub in July 2019 • Flu vaccine ordering information requested from practices, some orders are low compared to cohort – to address via flu planning group, however vaccines are available across groups/PCNs • Flu Fighters comics to be shared across the Black Country
Sepsis	No data at present	<ul style="list-style-type: none"> • Training for practice nurses is being planned for November 2019. • Work has commenced around organising a deteriorating patient education session for nurses in the summer

2.2. MHRA Alerts

Measure	Trend	Assurance/Analysis																																	
<p>MHRA Alerts</p>	<div data-bbox="349 488 1169 906" data-label="Figure"> <p>MHRA Alerts</p> <table border="1"> <thead> <tr> <th>Alert Type</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Field safety notice</td> <td>56%</td> </tr> <tr> <td>Drug alerts</td> <td>33%</td> </tr> <tr> <td>Device alerts</td> <td>11%</td> </tr> </tbody> </table> </div> <div data-bbox="427 938 1146 1134" data-label="Table"> <table border="1"> <thead> <tr> <th></th> <th>May</th> <th>June</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Field safety notice</td> <td>2</td> <td>1</td> <td>6</td> <td>46%</td> </tr> <tr> <td>Device alerts</td> <td>2</td> <td>0</td> <td>2</td> <td>15%</td> </tr> <tr> <td>Drug alerts</td> <td>1</td> <td>1</td> <td>5</td> <td>38%</td> </tr> <tr> <td></td> <td></td> <td></td> <td>13</td> <td></td> </tr> </tbody> </table> </div>	Alert Type	Percentage	Field safety notice	56%	Drug alerts	33%	Device alerts	11%		May	June	Total	Percentage	Field safety notice	2	1	6	46%	Device alerts	2	0	2	15%	Drug alerts	1	1	5	38%				13		<p>No concerns to report at present</p>
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2.3. PATIENT EXPERIENCE

Measure	Trend	Assurance/Analysis																																																																	
Complaints		<p>Complaints Numbers and Themes: 2018/2019 Data</p> <p>Quarter 4 data not yet received from NHS England.</p>																																																																	
Friends and Family Test	<table border="1"> <thead> <tr> <th>Percentage</th> <th>March</th> <th>April</th> <th>West Midlands</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>Total number of practices</td> <td>40</td> <td>40</td> <td>2066</td> <td>7001</td> </tr> <tr> <td>Practices responded</td> <td>92.5%</td> <td>85.0%</td> <td>64.8%</td> <td>63.4%</td> </tr> <tr> <td>No submission</td> <td>37</td> <td>34</td> <td>35.2%</td> <td>36.6%</td> </tr> <tr> <td>Zero submission (zero value submitted)</td> <td>7.5%</td> <td>12.5%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td></td> <td>3</td> <td>5</td> <td></td> <td></td> </tr> <tr> <td>Zero submission (zero value submitted)</td> <td>0.0%</td> <td>0.0%</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Suppressed data (1-4 responses submitted)</td> <td>5.0%</td> <td>2.5%</td> <td>6.4%</td> <td>7.8%</td> </tr> <tr> <td></td> <td>2</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Total number with no data (no/zero submission and suppressed data)</td> <td>12.5%</td> <td>15.0%</td> <td>41.6%</td> <td>44.4%</td> </tr> <tr> <td></td> <td>0</td> <td>6</td> <td></td> <td></td> </tr> <tr> <td>Response rate</td> <td>2.4%</td> <td>1.8%</td> <td>0.8%</td> <td>0.6%</td> </tr> </tbody> </table>	Percentage	March	April	West Midlands	England	Total number of practices	40	40	2066	7001	Practices responded	92.5%	85.0%	64.8%	63.4%	No submission	37	34	35.2%	36.6%	Zero submission (zero value submitted)	7.5%	12.5%	N/A	N/A		3	5			Zero submission (zero value submitted)	0.0%	0.0%	N/A	N/A		0	0			Suppressed data (1-4 responses submitted)	5.0%	2.5%	6.4%	7.8%		2	1			Total number with no data (no/zero submission and suppressed data)	12.5%	15.0%	41.6%	44.4%		0	6			Response rate	2.4%	1.8%	0.8%	0.6%	<ul style="list-style-type: none"> • Uptake remains significantly higher than regional and national uptake. • Total non-responders 5 practices (no data, zero data or suppressed data) – lower than regional and national average. All practices have been contacted. • Uptake is reviewed on a monthly basis by the Quality Team and Primary Care Contract Manager.
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2.4. CLINICAL EFFECTIVENESS

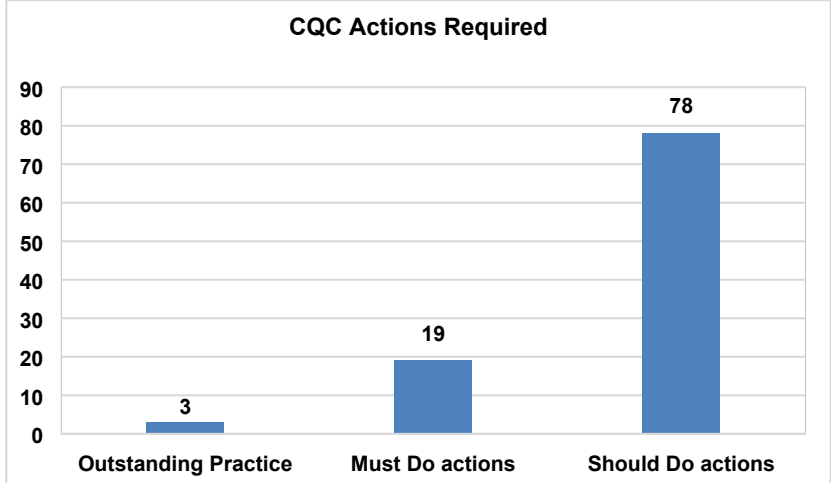
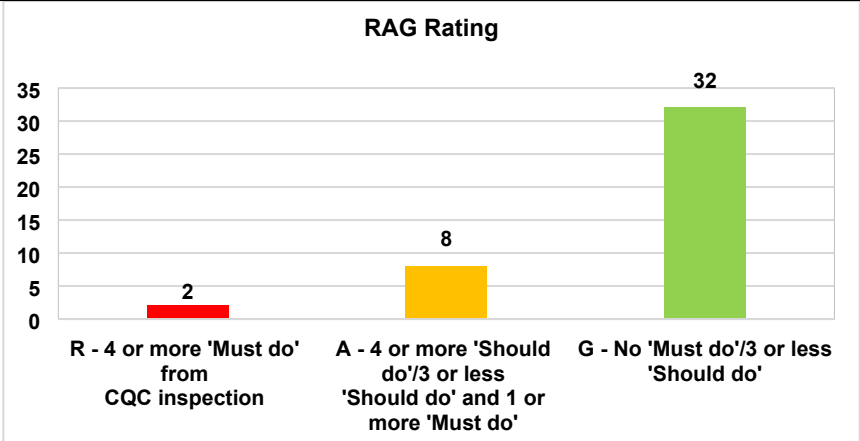
NICE Assurance – Updated Quarterly (next due August 2019)

Guideline	Ref	Published	Last Updated	Primary Care
Delirium: prevention, diagnosis and management	CG103	Jul-10	Mar-19	x
The Debrisoft monofilament debridement pad for use in acute or chronic wounds	MTG17	Mar-14	Mar-19	x
Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes	TA572	Mar-19	Mar-19	x
Lung cancer: diagnosis and management	NG122	Mar-19	Mar-19	x
Lung cancer in adults	QS17	Mar-12	Mar-19	x
Urinary incontinence and pelvic organ prolapse in women: management	NG123	Apr-19	Apr-19	x
Caesarean section	CG132	Nov-11	Apr-19	x
Surgical site infections: prevention and treatment	NG125	Apr-19	Apr-19	x
Ectopic pregnancy and miscarriage: diagnosis and initial management	NG126	Apr-19	Apr-19	x
Suspected neurological conditions: recognition and referral	NG127	May-19	May-19	x
Stroke and transient ischaemic attack in over 16s: diagnosis and initial management	NG128	May-19	May-19	x
Crohn's disease: management	NG129	May-19	May-19	x
Ulcerative colitis: management	NG130	May-19	May-19	x

Lead-I ECG devices for detecting symptomatic atrial fibrillation using single time point testing in primary care	DG35	May-19	May-19	x
Prostate cancer: diagnosis and management	NG131	May-19	May-19	x
Prostate cancer	QS91	Jun-15	May-19	x

Measure	Trend	Assurance/Analysis
Collaborative Contracting visits	<p>■ Practices visits completed ■ Practices visits booked ■ Outstanding visits</p>	<p>10 practices are still outstanding and one practice is currently completing their action plan – visit schedule is now set up</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. • Missing certificates e.g. training and insurance – cover is available but the certificates are not.

CQC ratings



CQC continue to liaise with CCG to support the inspection process. One practice has recently had a requires improvement rating – four in total for Wolverhampton and a meeting has been arranged with the practice.

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 – 11
 2019 – 4

Several practices are due an inspection due to changes in provider.

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

2.5. WORKFORCE DEVELOPMENT

2.5.1. Workforce Activity

Measure	Assurance/Analysis
Recruitment and retention	<ul style="list-style-type: none"> • STP lead is currently identifying and raising risks • STP Primary Care Strategy is currently being finalised – draft to NHSE on 20th June and final version to NHSE on 28th June • STP project manager to be recruited to support GP and GPN retention programme alongside other workforce work streams • GP International recruitment is currently on hold. • Overseas settlers programme still under development – continuing • 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 now complete – for launch with GPN strategy and presentation of ideas for co-design. • HCA apprenticeship programme has 3 staff who have commenced with further interest from another individual 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 – to finalise applications this month. • Work experience pilot is due to commence on 1st July with a local school – placements include CCG, GP, pharmacy and public health • A proposal has been made to create a GPN training and retention tracker across the STP – local information will be used to help populate this

GPN 10 Point Action Plan	<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 and at CLG – launch to be arranged once funding identified. This now forms part of STP Primary Care Strategy. Action 1: Work experience pilot placements now finalised students identified with placements set up between 1st and 5th July. 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 4: GPN Strategy supports GPN involvement in PCN boards at strategic level. Action 3: there are currently 17 practices and the CCG itself offering student nurse placements with another one expressing an interest, but there is some movement of mentors due to job changes. Action 4: The GPN fast track programme continues with Wolverhampton nurses attending – nurses are also undertaking Fundamentals of General Practice Nursing Action 5: Further work is being developed to promote the Return to Practice programme via Futureproof. Action 7: Nurse Education forum continues on a monthly basis with plans to develop this further next year Action 9: The CCG will support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated with 3 candidates interested. Action 9: HCA apprenticeships programme has commenced with two candidates started in April and 4 further candidates identified as part of a pipeline programme in one practice. Action 10: The Nurse Retention plan has now been collated with work streams being planned as part of the GPN Strategy – task and finish group under development
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2.5.2. Workforce Numbers

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

2.5.3. Training and Development

Measure	Assurance/Analysis
GP	<ul style="list-style-type: none"> Overseas GP training will not go ahead 250 GP trainees within STP areas – work to commence to convert these to full time GP posts – approximately 75 due to complete this year to work with these individuals to identify them and what they will need to get them to stay TPDs identified to discuss retention of trainees GP retention programme to continue
Nurse Training	<ul style="list-style-type: none"> Practice Makes Perfect continues.

	<ul style="list-style-type: none"> • MERIT diabetes course will be available from September 2019 funded by Novo Nordisk – this has been arranged in conjunction with Wolverhampton Diabetes Centre • Flu training is booked for July 2019 • Apprenticeship programmes are up and running • Spirometry training is arranged for September and December 2019 • One qualified nursing associate in post in VI practice, potentially 2-3 for recruitment for September as part of the nursing roles apprenticeship programme
Other Professionals	<ul style="list-style-type: none"> • HEE have JDs available for all new primary care roles • There are varied models of employing new roles within PCNs being proposed from maintaining current provision and buying cover, to direct employment to a proposed social enterprise model • Physicians Associates regulation is now imminent within the next 2 years including prescribing - internship recruited to 4 days in primary care and 1 day in mental health. Apprenticeship standard in development. PCNs will have funding to support 1st year of appointment of PAs. Work around preceptorship for new PAs across the STP being considered. To map PA placement sites across Wolverhampton. • One paramedic employed in the city – to check his role • Clinical pharmacist roles continue within practice groups – pharmacist network under development
Non-clinical staff	<ul style="list-style-type: none"> • Overseas GP training will not go ahead • 250 GP trainees within STP areas – work to commence to convert these to full time GP posts – approximately 75 due to complete this year to work with these individuals to identify them and what they will need to get them to stay • TPDs identified to discuss retention of trainees • GP retention programme to continue

2.5.4. Training Hub Update

	Exceptions and assurance
Black Country Training Hub	<ul style="list-style-type: none"> • Training Hubs to work with PCNs to identify workforce and training needs • Training Hubs are continuing with business as usual – training and updates booked in Dudley • Nurse Facilitator is now chair of Black Country branch of RCN • Digital Nurse Champion project being led by Nurse Facilitator • HCAs and new to GPN being supported by Sandwell • Evaluations due on Sandwell projects including admin into HCAs, NMPs
LWAB.HEE	<ul style="list-style-type: none"> • HEE health and wellbeing project undertaken – this is due for release and contains information about mental health and suicide prevention and wellbeing guardians being available at senior level and wellbeing check-in with students and new employees, financial implications and home life also a consideration • Suicide framework has been developed

	<ul style="list-style-type: none">• NHS People Plan is now available - costed plan will come out later this year, this includes sections on primary care and support for development• NHSE and HEE are now both Midlands and East• New regional director and deputy director, Russell Smith is new regional dean• LWAB are agreeing direction – all funding out to trusts with some protected for primary care 25% of monies for system-wide work• LWAB are doing scenario work looking at “what ifs” around workforce
Higher/further Education	<ul style="list-style-type: none">• Fundamentals starting in January• SP degree starting in September



3. CLINICAL VIEW

N/A

4. PATIENT AND PUBLIC VIEW

N/A

5. KEY RISKS AND MITIGATIONS

All risks addressed through Quality and Safety, Primary Care and Workforce Risk registers.

6. IMPACT ASSESSMENT

6.1. *Financial and Resource Implications*

N/A

6.2. *Quality and Safety Implications*

Report is also delivered to Quality and Safety Committee – quality implications are addressed via this group.

6.3. *Equality Implications*

N/A

6.4. *Legal and Policy Implications*

N/A

6.5. *Other Implications*

N/A

Name

Job Title

Date:



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Yvonne Higgins	