

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
6TH August 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	



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 June 2019	Mitigation for July 2019	Date of expected achievement of performance	RAG rating
Serious Incidents	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	Serious incident escalated to PPIGG – closed no further actions as it had already been reviewed by PAG	Four further incidents reported to PPIGG	Awaiting outcomes	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"> • 4 open • 8 closed 	Six incidents are open all relating to IG breaches re: blood forms	Five due for response in July and one in August	1a
Escalation to NHSE	Four incidents due to be reviewed at PPIGG from Quality Matters	Four incidents referred into PPIGG with four more pending review this month	Four incidents referred to PPIGG this month.	Expected completion by end of July 2019	1a
Infection Prevention	IP audit cycle has recommenced for 2019/20	No issues at present	New audit cycle has commenced	No further actions at present Training to be completed by end of November	1a
Flu Programme	Flu planning meetings have recommenced for 2019/20 flu season	No issues at present	All practices have active orders for all vaccines. It has been noted nationally that there will be a delay in delivery of QIV – NHSE and flu planning group to support practices with contingency	Risk identified and added to register. Flu planning group will meet at least monthly from now until March 2020	1b
Vaccination Programme	Vaccination programmes continue to be monitored	Wolverhampton continue to have low uptake for some vaccines	NHSE/PHE meeting identified issues with MMR uptake and susceptibility.	Ongoing issue at present, to review in 3 months	1a



			Risk identified to discuss and consider adding to risk register. Continue to work with colleagues in PH and other CCGs		
Sepsis	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 being chased.	Awaiting commencement of new IP audit cycle Training for practice nurses arranged for November	Continue to work with Medicines Optimisation and IP teams	No further actions at present Training to be completed by end of November	
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	Quarter 4 complaints data not yet available	No further update – awaiting NHSE data	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 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 	In June 2019 <ul style="list-style-type: none"> 2 practices did not submit 1 submitted fewer than 5 responses Uptake was 2.5% compared with 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	New NICE guidance for primary care discussed in May 2019 – available to providers	Next meeting in August	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 now available with all practices allocated a visit	As of 23 rd July 2019 two practices are outstanding in this visit cycle – due to restart in September	Expected completion by end of July 2019	1b



CQC	No issues at present	One practice identified as being requires improvement – meeting arranged with practice and CCG to discuss action plan	Practices now undergoing their annual reviews by telephone. CQC reporting issues as they occur.	On-going process	1b
Workforce Activity	Work continues to promote primary care as a desirable place to work and to promote current programmes	Awaiting approval of GPN strategy in Dudley and Sandwell and then to arrange launch	GPN strategy launch booked for 6 th October 2019 at Science Park Retention and apprenticeship programmes continue. Regional GPN meeting now set up with rolling chair	On-going	1a
Workforce Numbers	Awaiting NHS Digital workforce data release.	Workforce figures are still pending due to changes in data collection	No change to status	Awaiting further information	1b
Training and Development	None flagged at present	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	Training continues across the workforce for: GPs – retention work GPNs – strategy launch and retention steering group Flu and spirometry training Pharmacy network meetings Practice manager update sessions Medical assistant training	To continue planning GPN retention and strategy launches Complete by October 2019	1a
Training Hub/HEE/HEI update	To continue monitoring, risk remains open.	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	Training Hub cover now identified to continue with work as planned	This action is on-going and will be updated as new information is available.	1b



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	Incidents: <ul style="list-style-type: none"> No serious incidents at present. 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> <table border="1"> <caption>QM Themes 2019-20 - July</caption> <thead> <tr> <th>Theme</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>IG Breach</td> <td>4</td> </tr> <tr> <td>Appointments</td> <td>0</td> </tr> <tr> <td>Referral issue</td> <td>0</td> </tr> <tr> <td>Prescribing</td> <td>0</td> </tr> <tr> <td>Interpreting issue</td> <td>0</td> </tr> <tr> <td>Clinical</td> <td>0</td> </tr> </tbody> </table>	Theme	Count	IG Breach	4	Appointments	0	Referral issue	0	Prescribing	0	Interpreting issue	0	Clinical	0	<ul style="list-style-type: none"> There are currently 6 open Quality Matters (QM) all IG breaches due to incorrect blood forms being given out No Quality Matters were closed in July – some are pending at the end of the month Four incidents have been referred into PPIGG – PSD incident, two prescribing incidents and a referral delay
Theme	Count															
IG Breach	4															
Appointments	0															
Referral issue	0															
Prescribing	0															
Interpreting issue	0															
Clinical	0															



	Monthly Variance	June	July	Percentage																
	New issues	7	0	23%																
	Open issues	6	6	39%																
	Overdue issues	0	0	0%																
	Closed issues	8	0	29%																
Practice Issues	N/A				No issues noted at present															
Escalation to NHS England	<p style="text-align: center;">Escalation to NHSE</p> <table border="1"> <caption>Escalation to NHSE Data</caption> <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>June</td> <td>4</td> <td>3</td> <td>3</td> <td>1</td> </tr> <tr> <td>July</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p> ■ Total number of incidents reported ■ Incidents closed ■ Incidents to be managed by CCG ■ Incidents referred into PAG </p>				Month	Total number of incidents reported	Incidents closed	Incidents to be managed by CCG	Incidents referred into PAG	June	4	3	3	1	July	4	0	0	0	<ul style="list-style-type: none"> • Four incidents reported to PPIGG: <ul style="list-style-type: none"> ○ Delayed prescription x 2 ○ Non-prescriber signed PSD ○ Delayed referral
Month	Total number of incidents reported	Incidents closed	Incidents to be managed by CCG	Incidents referred into PAG																
June	4	3	3	1																
July	4	0	0	0																



2.2. INFECTION PREVENTION

<p>IP Audits</p>	<p>New audit cycle commenced – please see attached IP audit report with proposed dates (Appendix 1).</p> <p>Main themes:</p> <ul style="list-style-type: none"> • Replace sinks with recommended ones 	<ul style="list-style-type: none"> • IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%. • Work will continue with RWT IP team around assurances.
<p>MRSA Bacteraemia</p>	<p>Two community cases identified but no indication of origin e.g. GP in data.</p>	<ul style="list-style-type: none"> • Unclear origin of MRSA • No other areas of concern to report.
<p>Influenza vaccination programme</p>	<p>There will be a delay in QIV (under 65) flu vaccine this season with deliveries expected in late October and early November.</p> <p>Risk identified and recorded on register</p> <p>Flu season in Australia is currently earlier than usual with more cases identified.</p> <p>Local plans currently being developed around marketing, delivery and monitoring of vaccinations.</p>	<ul style="list-style-type: none"> • Flu planning group met on July 2nd. • Training is booked from Black Country Training Hub in July 2019 • Flu Fighters comics to be shared across the Black Country • Work to make delivery across PCNs being developed by NHSE.
<p>MMR vaccination programme</p>	<p>MMR uptake and susceptibility data was shared at the regional immunisation meeting – Wolverhampton has lower update compared with neighbours.</p> <p>Data report is attached (Appendix 2).</p>	<ul style="list-style-type: none"> • To continue to work with PH around uptake. • To work with colleagues across the Black Country (particularly Dudley who have a very good uptake) to share good practice. • To feedback and receive data from regional screening and immunisation board.
<p>Sepsis</p>	<p>No data at present</p>	<ul style="list-style-type: none"> • Training for practice nurses is arranged for November 2019.

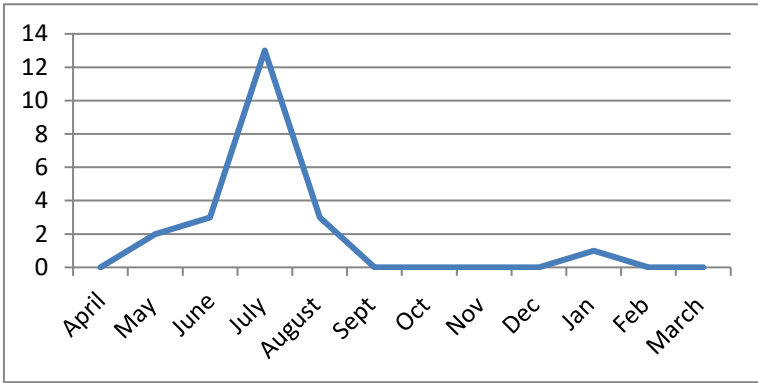


2.2. MHRA Alerts

Measure	Trend	Assurance/Analysis																									
MHRA Alerts	<div style="text-align: center;"> <p>MHRA Alerts</p> <p>29% 8% 63%</p> <p>■ Field safety notice ■ Device alerts ■ Drug alerts</p> </div> <table border="1"> <thead> <tr> <th></th> <th>June</th> <th>July</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Field safety notice</td> <td>1</td> <td>3</td> <td>15</td> <td>63%</td> </tr> <tr> <td>Device alerts</td> <td>0</td> <td>0</td> <td>2</td> <td>8%</td> </tr> <tr> <td>Drug alerts</td> <td>1</td> <td>0</td> <td>7</td> <td>29%</td> </tr> <tr> <td></td> <td></td> <td></td> <td>24</td> <td></td> </tr> </tbody> </table>		June	July	Total	Percentage	Field safety notice	1	3	15	63%	Device alerts	0	0	2	8%	Drug alerts	1	0	7	29%				24		No concerns to report at present
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2.3. PATIENT EXPERIENCE

Measure	Trend	Assurance/Analysis																																								
Complaints		<p>Complaints Numbers and Themes: 2018/2019 Data</p> <p>Quarter 1 data not received from NHS England as yet.</p>																																								
Friends and Family Test	<table border="1"> <thead> <tr> <th>Percentage</th> <th>April</th> <th>May</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>85.0% 34</td> <td>95.0% 38</td> <td>64.8%</td> <td>63.4%</td> </tr> <tr> <td>No submission</td> <td>12.5% 5</td> <td>5.0% 2</td> <td>35.2%</td> <td>36.6%</td> </tr> <tr> <td>Zero submission (zero value submitted)</td> <td>0.0% 0</td> <td>0.0% 0</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Suppressed data (1-4 responses submitted)</td> <td>2.5% 1</td> <td>2.5% 1</td> <td>6.4%</td> <td>7.8%</td> </tr> <tr> <td>Total number with no data (no/zero submission and suppressed data)</td> <td>15.0% 6</td> <td>7.5% 3</td> <td>41.6%</td> <td>44.4%</td> </tr> <tr> <td>Response rate</td> <td>1.8%</td> <td>2.5%</td> <td>0.8%</td> <td>0.6%</td> </tr> </tbody> </table>	Percentage	April	May	West Midlands	England	Total number of practices	40	40	2066	7001	Practices responded	85.0% 34	95.0% 38	64.8%	63.4%	No submission	12.5% 5	5.0% 2	35.2%	36.6%	Zero submission (zero value submitted)	0.0% 0	0.0% 0	N/A	N/A	Suppressed data (1-4 responses submitted)	2.5% 1	2.5% 1	6.4%	7.8%	Total number with no data (no/zero submission and suppressed data)	15.0% 6	7.5% 3	41.6%	44.4%	Response rate	1.8%	2.5%	0.8%	0.6%	<ul style="list-style-type: none"> Uptake remains significantly higher than regional and national uptake. Total non-responders 3 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. For highest and lowest uptake the locality managers have been advised.
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	Key (compared to WM)	
	Lower performance	
	Higher performance	
	Same performance	

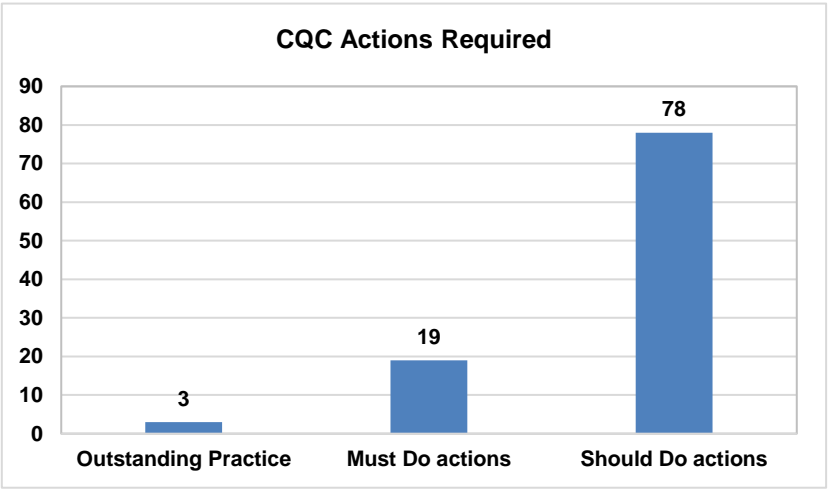
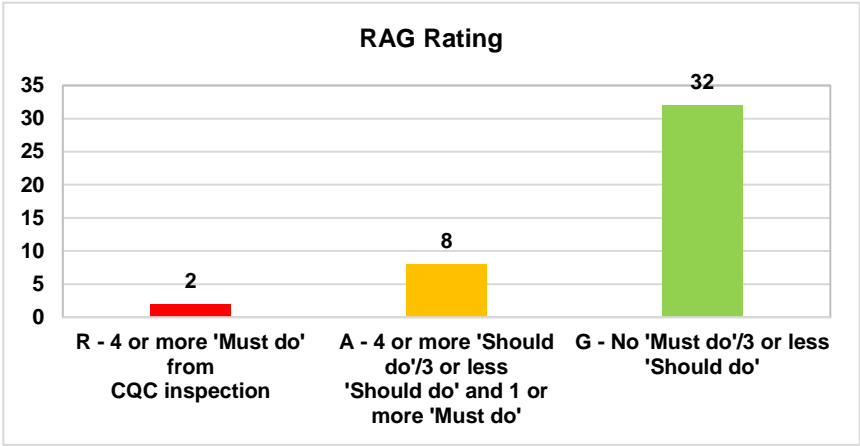
2.4. CLINICAL EFFECTIVENESS

NICE Assurance – Updated Quarterly (next due August 2019)

Measure	Trend	Assurance/Analysis
Collaborative Contracting visits	<p>93% 25% 8%</p> <p>■ Practices visits completed ■ Practices visits booked ■ Outstanding visits</p>	<p>Visit schedule for this cycle is now almost complete with all practices to be visited by 31st July 2019.</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 • Complaints procedure needs to be amended to ensure that the practice and NHS England details are given and not CCG • 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 held with the practice and assurances provided.

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	38	35	40	41	41	38	38	39	39	39	39	39
Requires Improvement	4	7	2	1	1	3	4	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 around this • STP Primary Care Strategy final draft has been sent to NHSE for approval • STP project manager and project support have been recruited to support GP and GPN retention programme alongside other workforce work streams • GP retention programme continues. • The practice nurse retention programme planning now complete – for launch with GPN strategy. • HCA apprenticeship programme has 5 staff who have commenced or due to commence and one practice who is interested in larger scale HCA training and the employment of business and administration apprentices and upskilling HCAs to NAs. • Work experience pilot took place w/c 1st July with a local school – feedback from placement sites, students and teachers has been excellent, to evaluate for September QSC and feedback



	<ul style="list-style-type: none"> 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"> Wolverhampton Activity: Action 1, 2, 4, 5, 7, 8, 9 and 10: GPN strategy has been approved launch currently being arranged. This now forms part of STP Primary Care Strategy. Action 1: Work experience pilot ran between 1st and 5th July with good feedback from all parties, to evaluate and extend next year. 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 with technical problems persisting. 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 with an additional candidate for September at BCU. 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 to include HCAs - a change in venue should be noted due to increased costs at current venue. Planned sessions include Immunisations, Cytology, Frailty and hydration, COPD and pain management. Action 9: The CCG can support 3 Nursing Associate apprenticeships with backfill in primary care, comms have been developed and circulated - no candidates at present. 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

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"> 270 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



	<ul style="list-style-type: none"> • TPDs identified to discuss retention of trainees • GP retention programme to continue
Nurse/HCA/Nursing Associate	<ul style="list-style-type: none"> • CCG GPN Leads meeting now being hosted by Wolverhampton CCG with rolling chair (currently with Worcestershire CCG) • Practice Makes Perfect continues. • 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 24th July 2019 with additional mop up sessions • Cytology training arranged for October in collaboration with CRUK, RWT and PHE • Apprenticeship programmes are up and running • Spirometry training is arranged for September and December 2019 – awaiting final figures • Retention group will meet in August in Dudley.
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 • Pharmacist networks under development. • One Physicians Associate in post with a second to follow.
Non-clinical staff	<ul style="list-style-type: none"> • GPFV training continues • Practice resilience training is available at STP level. • PMs have requested their own forum be developed

2.5.4. Training Hub Update

	Exceptions and assurance
Black Country Training Hub	<ul style="list-style-type: none"> • Sandwell TH now providing cover for Wolverhampton and Walsall CCGs • 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 • Digital Nurse Champion project continues • 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 exploring group consultations. • Development around training hubs continues. • Work around digital leadership and nurse champions continues.
Higher/Further Education	<ul style="list-style-type: none"> • Fundamentals starting in January in Wolverhampton and September in BCU • 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: Liz Corrigan
Job Title: Primary Care Quality Assurance Coordinator
Date: 23/07/2019

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	23/07/2019

