

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE**  
**7<sup>th</sup> NOVEMBER 2017**

<b>TITLE OF REPORT:</b>	Primary Care Monthly Report
<b>AUTHOR(s) OF REPORT:</b>	Liz Corrigan – Primary Care Quality Assurance Coordinator
<b>MANAGEMENT LEAD:</b>	Steven Forsyth
<b>PURPOSE OF REPORT:</b>	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain OR This report is confidential for the following reasons
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Overview of Primary Care Activity</li> </ul>
<b>RECOMMENDATION:</b>	Assurance only
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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	N/A
3. System effectiveness delivered within our financial envelope	N/A



**PRIMARY CARE QUALITY DASHBOARD**

**RAG Ratings:** 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Concern	RAG rating
IP	Low IP audit rating for one practice in August review on-going	1b
MRHA	Nil to report	1a
FFT	Repeat non-submissions for two practices	1b
	Repeat suppressed data (low submission) for two practices	1b
Quality Matters	One Quality Matter logged as a concern due to repeat incidents and other concerns within the practice	1b
Complaints	No formal complaints to report	1a
Serious Incidents	One incident currently being processed	1b
Escalation to NHSE	Four incidents to be referred to NHS England in November 2017	1a
NICE	Nil to report	1a
CQC	Two practices have received a "Requires Improvement" rating and are being monitored.	1b
Workforce	Workforce implementation plan revision undertaken, workforce strategy under development	1a

**1. 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.

**2. INFECTION PREVENTION**

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link for primary care. Three reports have been received in the last month with two practices scoring bronze and one silver.

**IP Audit Ratings:** Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:

- Waste
- Equipment
- IP Management
- Environment
- Sharps
- PPE



- Minor Surgery Room  
Practice Nurse Room

**Assurances:** Primary Care Liaison for IP is supporting the practice who had a red rating in August and will undertake a 3 month follow up and will provide a progress report. Monitoring is also being undertaken by the Primary Care Quality Assurance Coordinator in conjunction with IP and by the Primary Care Team. Any additional support or actions will be discussed following the 3 month review.

CCG staff also attended the Infection Prevention event on 5<sup>th</sup> October 2017 which covered the following areas and was attended by GP staff:

- New audit – issues around environment e.g. décor, damage to buildings etc. were identified as the main reason that gradings have reduced which is in line with a brief overview undertaken in August.
- Changes to pathology services in line with STP
- Waste management and sterile services

### 3. MEDICINES ALERTS

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate.

Click to view [Tablet Bytes](#)

Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme ([www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)).

Drug, device and Field Safety Notices for October links are below – these are forwarded directly to practices by NHS England:

<https://www.gov.uk/drug-device-alerts>

### 4. FRIENDS AND FAMILY TEST

The figures for July FFT submissions (August 2017 figures) are shown below.

**Data:**

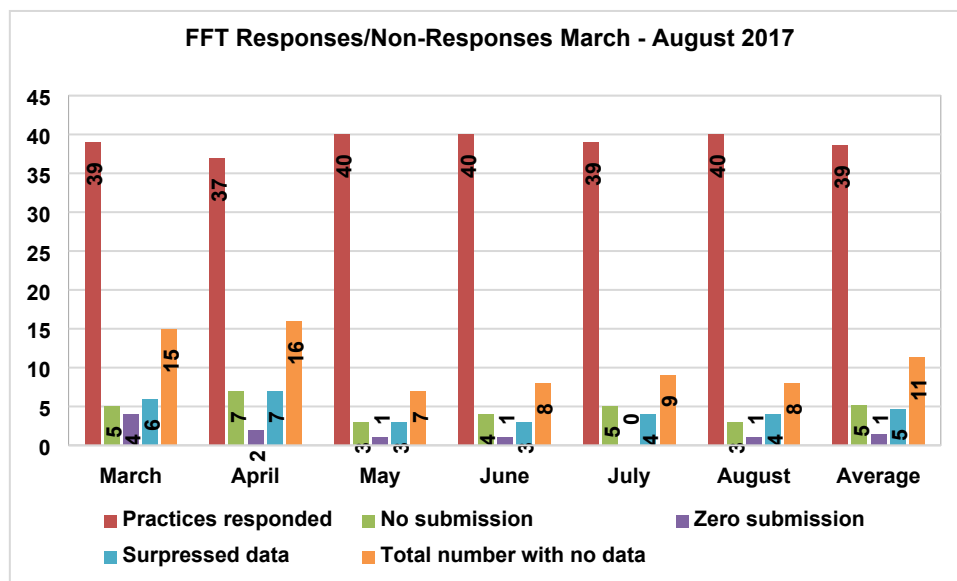
GP FFT	August Data (September Submission)		
	WCCG	West Mids	England
Percentage Recommended	82%↑ (81%) (2835/3464)	88%↓ (89%)	89%↔ (89%)

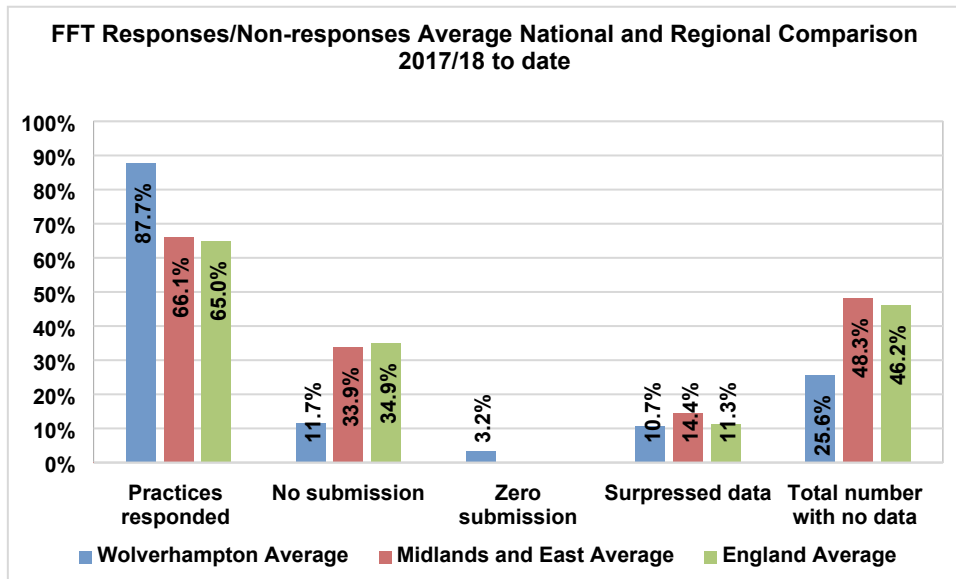


Percentage recommended	Not	4%↔ (4%) (136/3464)	6%↔ (6%)	6%↔ (6%)
Overall response % of total list size		1.2%↔ (1.2%) (3464/277369)	0.6%↔ (0.6%)	0.5%↔ (0.5%)
<b>Wolverhampton CCG</b>				
		<b>Number</b>	<b>Percentage</b>	
No of Practices with no submission		3 (5)	7%↓	
No of Practices had data suppressed <i>(returns with less than 5 responses are not included in the final analysis by NHSE)</i>		4 (4)	9%↔	
No of practices with zero responses		1 (0)	2.3%↑	
Total number practices with no data		8 (9)	18%↓	

Overall practices with no submission have reduced this month (7% compared to 11% in July). Suppressed data has remained the same at 4 practices (9%) and the total number of practices with no data available is 8 (18%) compared to 9 (20%) in July. Regionally and nationally no submissions are at 34% and suppressed data is at 11% and 14% respectively.

The numbers/percentages of submission and non-submission are shown below:

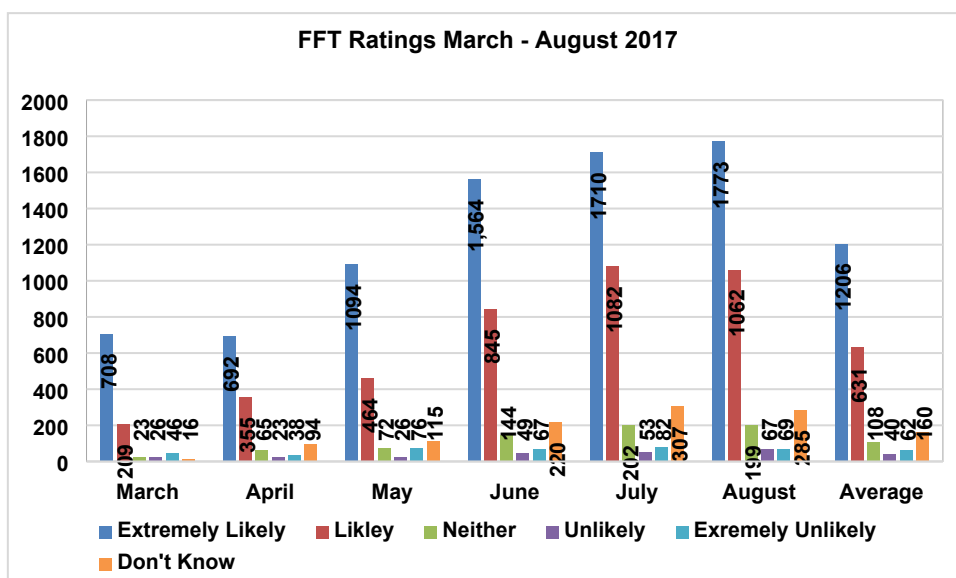


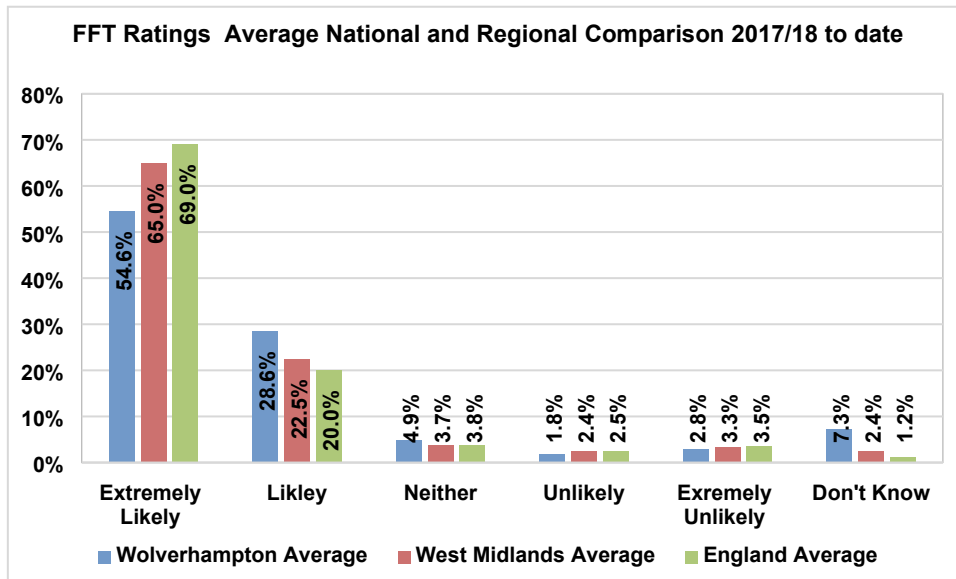


Overall response for WCCG as a proportion of list size was 1.2% which is the same as for the previous month and was significantly better than both the regional (0.6%) and national (0.5%) average.

**Ratings:**

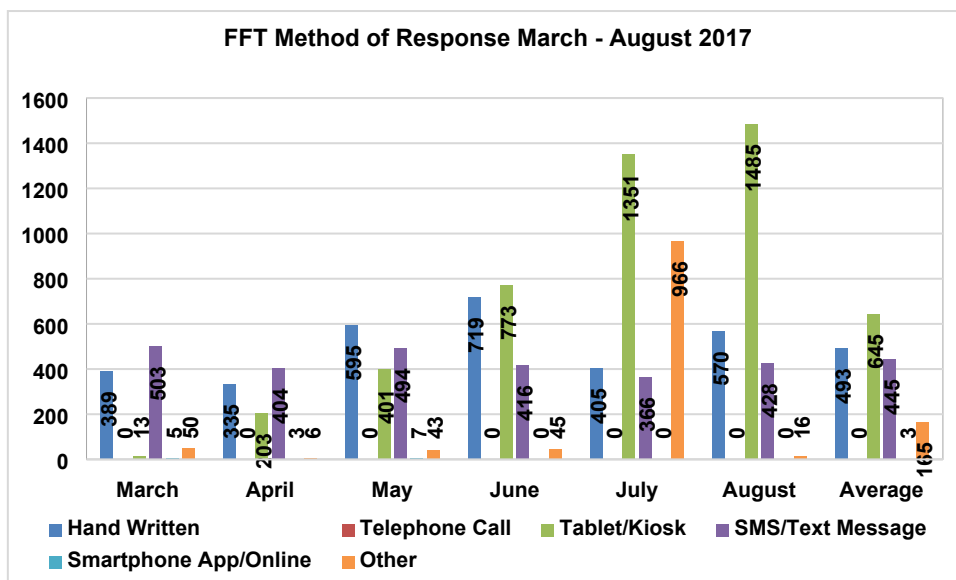
82% (3464) of responses were positive (extremely likely or likely with all except for one practice providing a response in these categories) which again is more individual responses and a slightly percentage than last month (81%). This is lower than the national and regional averages of 88% and 89%. 4% (136 – with responses from 20 practices – list available) were unlikely or extremely unlikely to recommend which is the same as last month, and is lower than the national and regional averages of 6%. However, 14% (484) of respondents also gave a neither or don't know answer to this question which is again, higher than the national and regional averages (4.3% WM and 3.6% England) and higher than last month at 11%.

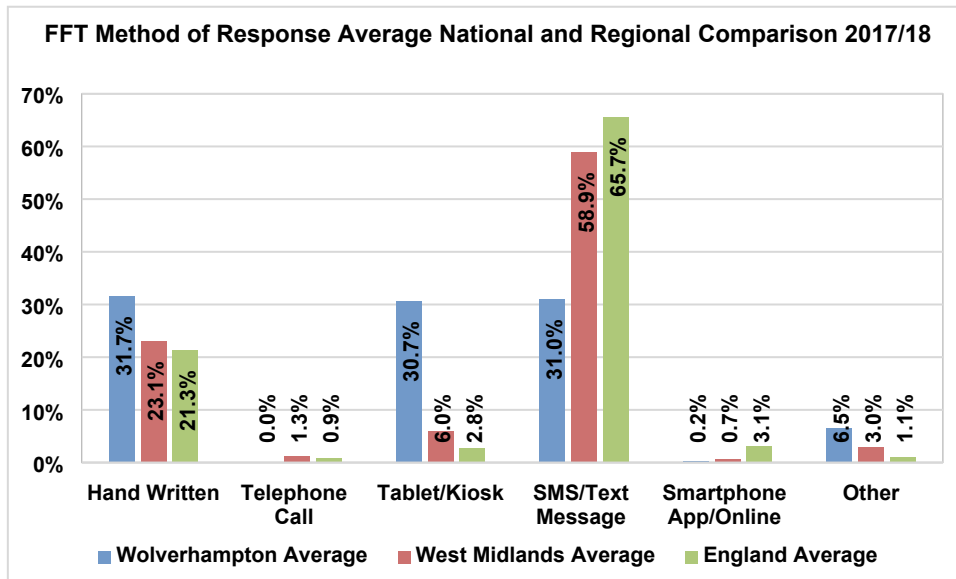




**Method of Response:**

This month the majority of responses have again come via tablet/kiosk (check in screens at 59.4%) and then handwritten cards (22.8%). There has been an increase in SMS text (17.1%). Responses via tablet/kiosk are still significantly higher than the national and regional averages (30.7% on average over the last 6 months compared to 6.0% and 2.8%), but SMS texts remain lower at 31% on average over the last 6 months compared to 58.9% and 65.7%, however an SMS service is due to commence shortly.





Please note that some practices do not appear to record the method of collection.

**Assurances:** FFT activity is being monitored on a monthly basis by the Operational Management Group and via the NHSE Primary Care Dashboard. Non responders, suppressed and zero data is monitored monthly, practices that do not submit are contacted by the Primary Care Contract Manager and appropriate advice and support offered to facilitate compliance. Those that fail to submit on a regular basis may receive a contract breach notice, and a number of sites are being monitored closely. Information from FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and with Quality Matters, SIs and complaints.

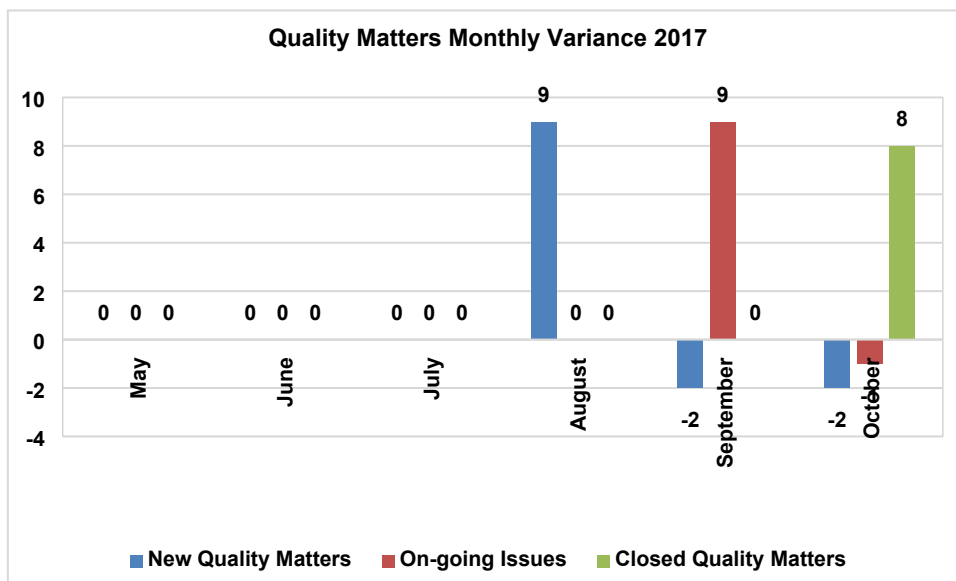
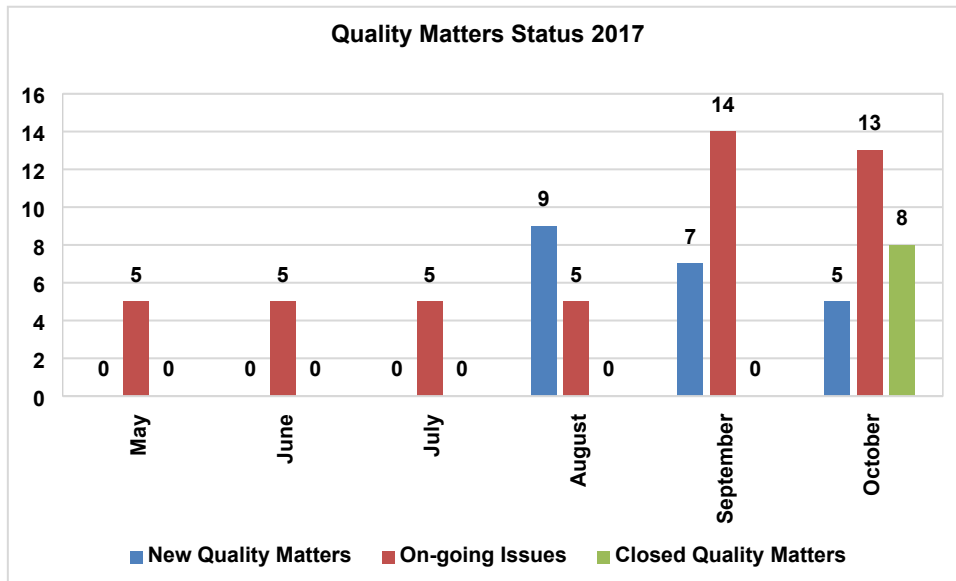
An options paper around increasing uptake and analysis of qualitative data from FFT was presented to the Primary Care Operational Management Group on 24<sup>th</sup> October – outcome awaited.

## 5. QUALITY MATTERS

Activity via the Quality Matters process is shown below, this is reviewed monthly. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

Status	Number	Variance from last month
New	5	-2
On-going	13	-1
Closed	8	8





All incidents here will reported to PPIGG for logging and escalation once the practice has responded to the request for further information:

**Assurances:** Quality Matters incidents are now up to date, and all Primary Care incidents have been forwarded to the relevant practice. One practice has been asked to complete an investigation and assurances around repeated incidents.

## 6. COMPLAINTS





No complaints or compliments relating to primary care are noted for the CCG. NHS England Primary Care complaints data for Quarter 1 is due imminently.

**Assurances:** GP complaints are dealt with within the surgery or via NHS England and the CCG does not have oversight of these during this process, however an overview of complaints data is provided by NHSE on a quarterly basis and a brief report is provided with information triangulated with other data e.g. SIs and Quality Matters. All complaints reported to NHSE are logged via PPIGG for appropriate escalation, this includes local actions e.g. additional training or serious incident reporting. Practices must provide evidence of their complaints procedure and handling for CCG.

## 7. SERIOUS INCIDENTS

One incident is currently being investigated within Primary Care; this is currently being investigated at the practice and has been escalated to NHSE and will be logged at PPIGG and further action taken as directed.

**Assurances:** The SI is in the process of being reported back to the Quality and Risk Team under the SI Framework, following this it will be scrutinised and the practice involved must provide an action plan and assurances to the CCG that they have put learning and action points into practice. The incident will be reported to NHS England PPIGG group for logging and appropriate escalation.

The CCG provided SI training to GPs in October via the Team W platform – this included an overview, SI framework process and who and how to report SIs.

## 8. ESCALATION TO NHS ENGLAND

From the Professional and Practice Information Gathering Group (PPIGG) meeting on 14<sup>th</sup> September one issue was referred; the group were happy with the CCG and GP response to this.

The meeting from 28<sup>th</sup> September included four issues, three were referred by the CCG, and the PPIGG group were happy with the responses and asked for no further action. A fourth issue was referred directly by NHSE:

- Closed complaint – referred to PAG

The meetings on 12<sup>th</sup> and 26<sup>th</sup> October did not include any issues from Wolverhampton CCG.

Four incidents are awaiting referral following responses provided to CCG.

**Assurances:**



Assurances around NHSE escalation are provided by bi-weekly feedback from action logs from PPIGG meetings and quarterly reports relating to complaints raised and their outcomes. Any action from escalation is shared via PPIGG and reports, however comprehensive information is not always available.

## 9. NICE/CLINICAL AUDIT

The NICE assurance group met in July 2017 where the latest guidelines were discussed. Guidance relevant to primary care is shown below. For the latest list of published guidance please see [this link](#).

Guidance
<a href="#">DG30 - Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care</a>
<a href="#">NG71 - Parkinson's disease in adults</a>
<a href="#">QS155 - Low back pain and sciatica in over 16s</a>
<a href="#">QS150 - Haematological cancers</a>
<a href="#">QS152 - Liver disease</a>
<a href="#">QS153 - Multi-morbidity</a>

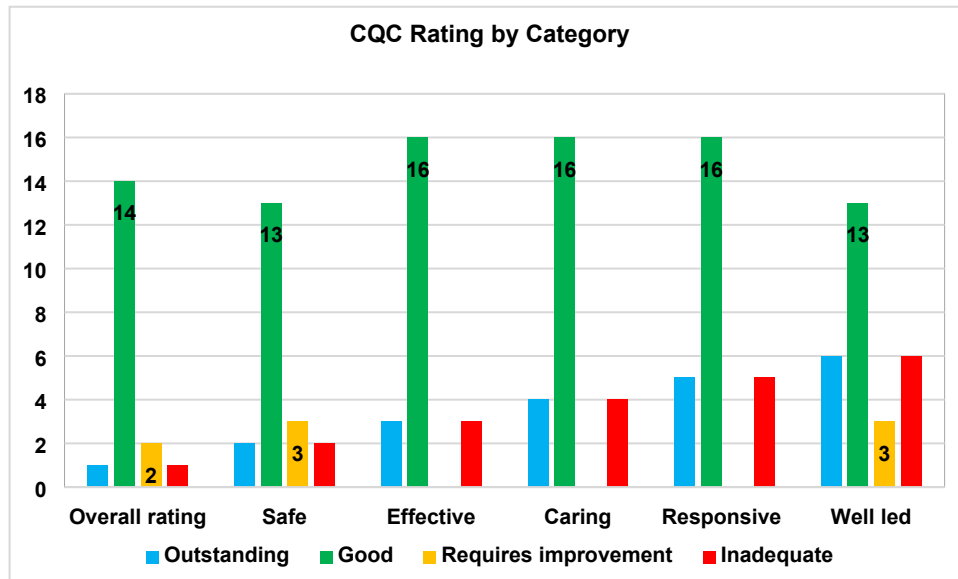
**Assurances:** The assurance framework around NICE guidance is currently being reviewed and will be applied in line with the peer review system for GPs.

## 10. CQC INSEPECTIONS AND RATINGS

Two inspections were reported in October with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Site	Date	Rating
<a href="#">Dr Nicola Whitehouse</a>	25/10/2017	Good
<a href="#">Probert Road Surgery</a>	23/10/2017	Good





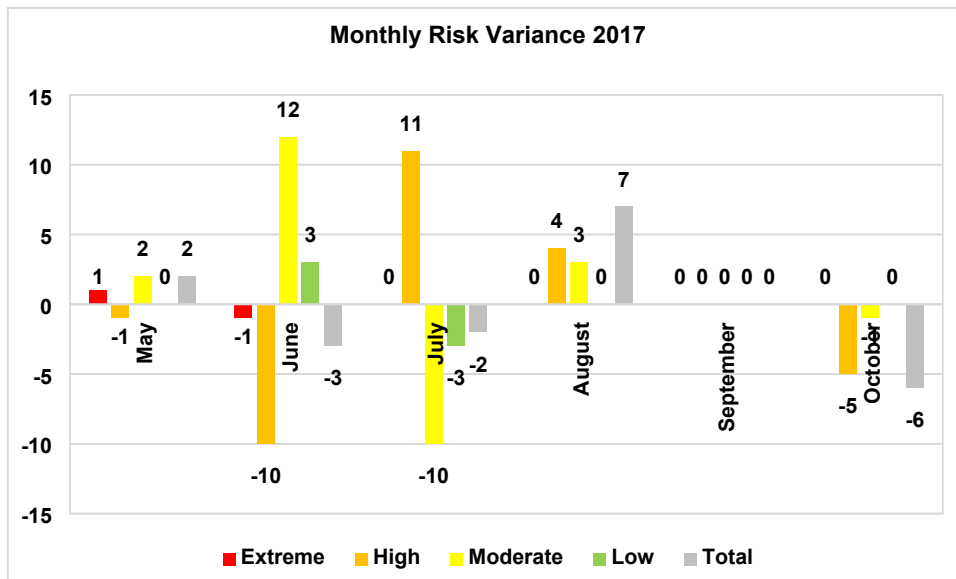
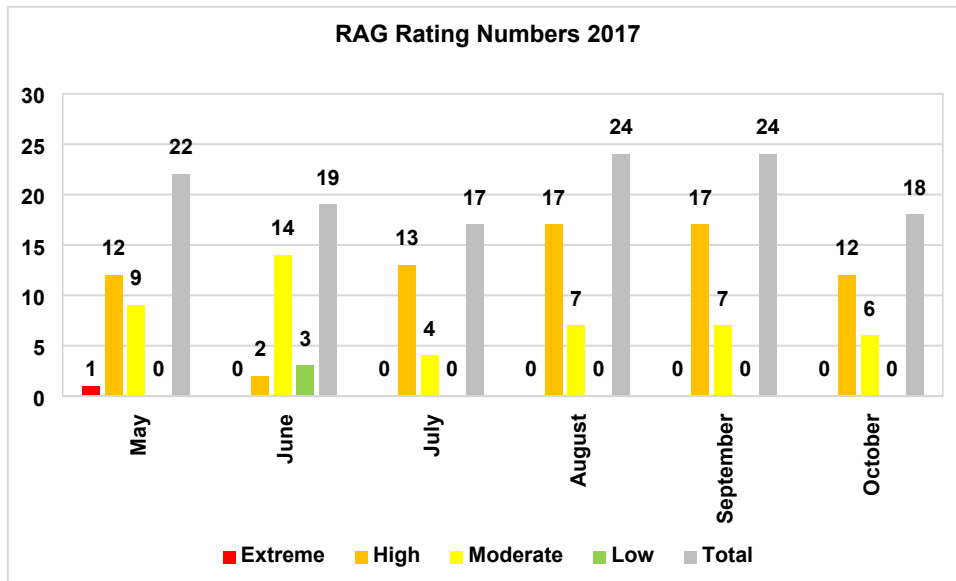
**Assurances:** Two practices currently have a Requires Improvement rating and are being monitored by the Primary Care and contracting team with input from the Quality Team. Site visits have been undertaken and outstanding issues and concerns escalated as appropriate. In both cases Collaborative Contracting visits have been brought forward to reflect the rating and additional support given where there were concerns to help the practice improve their rating. One practice has already received their visit, and the team had no concerns that the practice was not addressing the action plan as set by CQC.

## 11. RISK REGISTER

Risks relating to primary care are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team, with mitigation and actions discussed via Primary Care Operational Management Group and Quality and Safety Committee. The current risk status is shown below

Rating	Number (inc. confidential risks)	Percentage	Variance from previous month
Extreme	0	0.0%	0
High	12	70.8%	0
Moderate	7	29.2%	0
Low	0	0.0%	0
<b>Total</b>	<b>24</b>	<b>0.0%</b>	<b>0</b>
<b>Confidential risks</b>	<b>2</b>		<b>0</b>





**RAG rating:**

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

**Assurances:**

The risk register is monitored by the Quality Team and by the Primary Care Committee with feedback provided to the risk handlers regarding updates and closure of risk to ensure that issues are being dealt with in a timely manner.



## 12. WORKFORCE

The workforce implementation plan has been revised in line with new milestones and action points from STP and national drivers. This includes:

- Workforce succession planning
- Medical workforce attraction and retention
- Nursing workforce attraction and development
- Newer roles within primary care
- Development of non-clinical workforce

A project manager for workforce is now in place working within the Primary Care Team.

### **Attraction:**

A working group has been set up to develop the fair and ensure a wider and more effective marketing campaign, which includes a video promoting primary care in the city. Focus will now be on robust communications, a meeting was held on 10<sup>th</sup> October 2017. Work on the video will continue with filming this month, and CSU will be collating information to amend the CCG intranet site to include more comprehensive information around workforce and training.

### **Recruitment:**

A workforce gap analysis report has been provided by all groups identifying current and future needs, and this will be aligned with the workforce strategy as this is amended by the project manager.

### **Development:**

The Trainee Nursing Associates are now on placement and the nurses undertaking Fundamentals of Practice Nursing are due to finish their course in October. The TNAs have been invited to a conference in London on 22<sup>nd</sup> November to discuss their experiences in primary care.

The local Practice Nurse Education forum will now be organised by the CCG from January 2018 and this programme of work has already commenced. All session dates are finalised and speakers are currently being arranged.

GPFV training programmes continue and include Care Navigator and Reception Staff training and Practice Manager training.

Funding allocation for practice nurse and Advanced Clinical Practice courses have been agreed and 2 individuals have applied for Fundamentals in Practice Nursing (due to commence January 2018) and 4 for ACP course (commenced September).

### **Retention:**

Further work around retention will be undertaken as part of STP and national drivers from the 10 Point Action Plan. This includes programmes such as Return to Nursing.

### **Assurances:**

The workforce implementation plan has been revised following a review of the programme in the light of expansion of the Primary Care Team and the release of the 10 Point Action plan



and the workbook is now also revised. Priority is being given to the development of the Workforce Strategy in line with new national and regional programmes of work. Members of the Quality and Primary Care Teams attended the Best Practice Event on 18<sup>th</sup> and 19<sup>th</sup> October in Birmingham. This included sessions on workforce development particularly focusing on the future of the Community Education Provider Network and on Return to Practice for both Nurses, GPs and other clinicians.

**13. CLINICAL VIEW**

Not applicable

**14. PATIENT AND PUBLIC VIEW**

Not applicable

**15. KEY RISKS AND MITIGATIONS**

See section 9.

**16. IMPACT ASSESSMENT**

Not applicable.

