

# Meeting of Primary Care Commissioning Committee

Date: 26<sup>th</sup> March 2019

Time: 9.00am – 11.00am

Location: Vassall Centre, Bristol, BS16 2QQ

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## Agenda number: 10

### Report title: Primary Care Quality Report

Report Author: Bridget James, Associate Director Quality, Jacci Yuill, Lead Quality Manager and Kat Tucker, Quality Support Manager

Report Sponsor: Jan Baptiste-Grant, Director of Nursing and Quality

#### 1. Purpose

The purpose of this report is to provide the Committee with an update on quality measures for primary care (General Practice). Monthly metric updates include recently published CQC inspection reports, Friends and Family Test (FFT) data and Flu vaccine uptake.

#### 2. Recommendations

The committee is asked:

- To note the updates on monthly quality data.

#### 3. Executive Summary

**CQC:** Since last reported two practices have had a CQC report published. Both practices received an overall rating of 'Good'. Updates are also provided regarding work that has been undertaken with practices which had a previously reported rating of 'Requires Improvement'.

**Friends and Family test (FFT):** Data for January showed a response rate of 82%, which is above the national average of 61%, and a 21% increase from last month. The percentage of patients who would recommend their practice decreased to 89% which is 1% below the national average. Practices will be contacted where no submissions have been made to understand reasons for this and offer support as required.



*Flu Vaccination Uptake:* The flu vaccination uptake rates show that BNSSG is above the national average for both the 'at risk patients after 6 months – 65 years' and for 'over 65's' cohorts and is above the national end of season ambition for patients aged 65 years and over. The BNSSG area is to be congratulated for the excellent flu uptake figures this year. A letter has been sent to Senior Partners and Practice Managers congratulating practices on the high BNSSG uptake rates for flu vaccinations. These results have been achieved through great effort, collaboration and effective sharing of stock. The South West has performed particularly well and will be recognised nationally.

#### **4. Financial resource implications**

There are no specific financial resource implications highlighted within this paper.

#### **5. Legal implications**

There are no specific legal implications highlighted within this paper.

#### **6. Risk implications**

Actions to address any highlighted risks have been added to the paper under each section

#### **7. Implications for health inequalities**

Monitoring of primary care quality and performance will highlight any areas of health inequalities within BNSSG, which will then be addressed accordingly.

#### **8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

Monitoring of primary care quality alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

#### **9. Implications for Public Involvement**

Whilst there has not been any direct consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

## Agenda item: 10

### Report title: Primary Care Quality Report

#### 1. Background

The purpose of this report is to provide the Committee with an update on quality measures for primary care (General Practice). This monthly metric update includes recently published CQC inspection reports, Friends and Family Test (FFT) data and Flu vaccine uptake.

#### 2. Primary Care Monthly Quality Monitoring

##### a. Care Quality Commission (CQC)

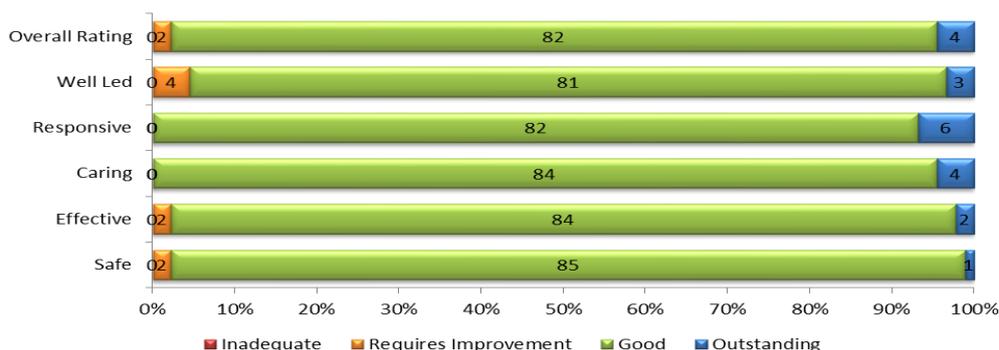
Two practices had a CQC inspection report published between 8<sup>th</sup> February and 8<sup>th</sup> March. It is noted that Almondsbury Surgery and Hanham Health received an overall rating of ‘Good’.

**Figure 1: Recently published CQC ratings for domains**

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Almondsbury	1.3.2019	Good	Good	Good	Good	Good	Good
Hanham Health	25.2.2019	Good	Good	Good	Good	Good	Good

The below graph shows the overall CQC rating position of all practices within BNSSG. There are currently no practices with a rating of “inadequate” in any domain.

**Figure 2: CQC ratings for domains for all BNSSG practices**



Within Primary Care the CQC also inspects the quality of care for six population groups, as shown in the table below Almondsbury Surgery and Hanham Health received a “Good” rating for all the population groups.

**Figures 3: Recently Published CQC ratings for population groups**

Practice	Publication Date	Older People	Long Term Conditions	Families, Children & Young People	Working Age People	Vulnerable People	Mental Health
Almondsbury	1.3.2019	Good	Good	Good	Good	Good	Good
Hanham Health	25.2.2019	Good	Good	Good	Good	Good	Good

The below graph shows the overall rating position of BNSSG practices for the six population groups.

**Figure 4: CQC ratings for population groups for all BNSSG Practices**



### Updates following previously reported CQC reports:

**Charlotte Keel** practice was rated in February 2019 as “Requires Improvement” overall and in the domains of “Effective” and “Safe”. The Quality Team has received the action plan from Charlotte Keel. Assurance has been given that actions have been taken to meet the regulations with regard to Vaccine Fridge Monitoring, Clinical Waste Labelling and Exception reporting for Quality and Outcomes Framework indicators. The Quality Team has worked with Public Health England to ensure that there has been no harm caused to patients due to the vaccine fridge monitoring issues. Following recent media coverage, Public Health England has taken action to follow up any concerns raised by patients.

**Graham Road** practice was rated in December 2018 as “Requires Improvement” overall and in the “Well-Led” and “Safe” domains. This practice has the same management as **Clarence Park** who were rated as “Good” overall in December 2018, but with “Requires Improvement” in the “Well-Led” domain. The Quality Team has received the action plans for both of these practices and assurances have been received that actions have been rectified to address the issues raised within the CQC report. Ongoing discussions are being held with the Practices and the Primary Care Contracting and Resilience Teams to support quality improvement.

**Maytrees Practice** was rated in February 2019 as “Requires Improvement” for working age people because of the uptake of screening for cancer. The Quality Team has received their action plan.

In order to improve cervical screening rates the practice are taking the following actions:

- Patients will be sent text reminders
- Saturday clinics will be implemented from March 2019
- An audit of non-attenders will be undertaken and further letters sent.
- Advertising in the waiting room and on website

In order to improve Breast and Bowel screening rates the practices are undertaking the following actions:

- Advertise in the waiting room
- Send letters to non-attenders
- Continue to encourage opportunistically

The Quality Team have suggested to the practice that they use patient advocates to support the cultural barriers. The practice identified that due to the number of languages spoken by their patients that this would be challenging, however, assurance was provided that leaflets are available in different languages (and in an electronic format), which will allow them to write to patients and also use their texting service to direct the message. The Quality Team is liaising with other practices with similar demographics to share best practice in engaging Black Asian and Minority Ethnic (BAME) populations in screening processes.

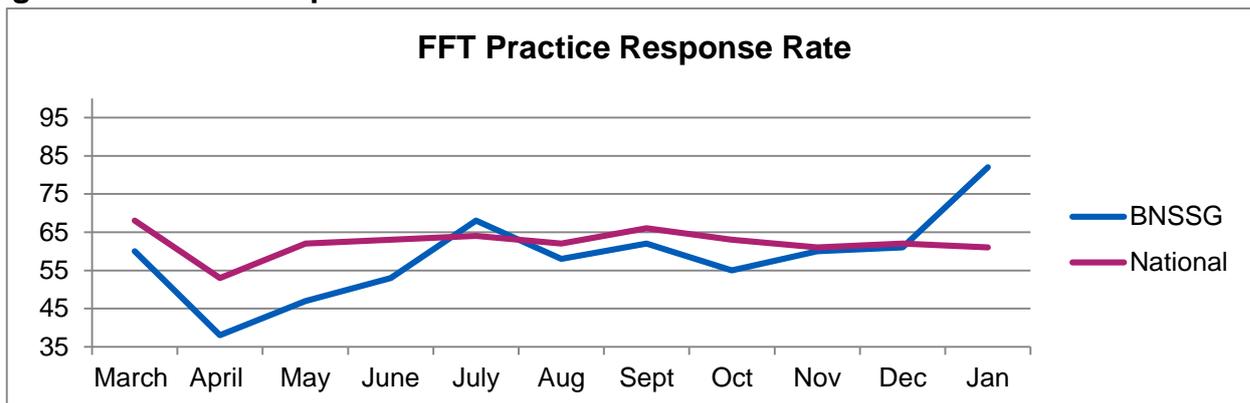
**Emersons Green** and **Leap Valley** were both rated in January 2019 as “Requires Improvement” in the “Well-Led” domain; these practices have the same management team. The Quality Team have received the action plan and received assurances regarding the issues raised within the CQC report.

## **b. Friends and Family Test (FFT)**

The Friends and Family Test (FFT) is a feedback tool that supports the principle that those who use NHS services should have the opportunity to provide feedback on their experience which can be used to improve services. It is a continuous feedback cycle between patients and practices. FFT is only one method of feedback that GPs receive; there are other robust mechanisms, such as the national annual GP Patient Survey and outcome measures which can also be utilised. FFT for each practice can help to inform current and prospective patients about the experiences of those who use the practice’s services and help mark progress over time. FFT data is published on the NHS England website.

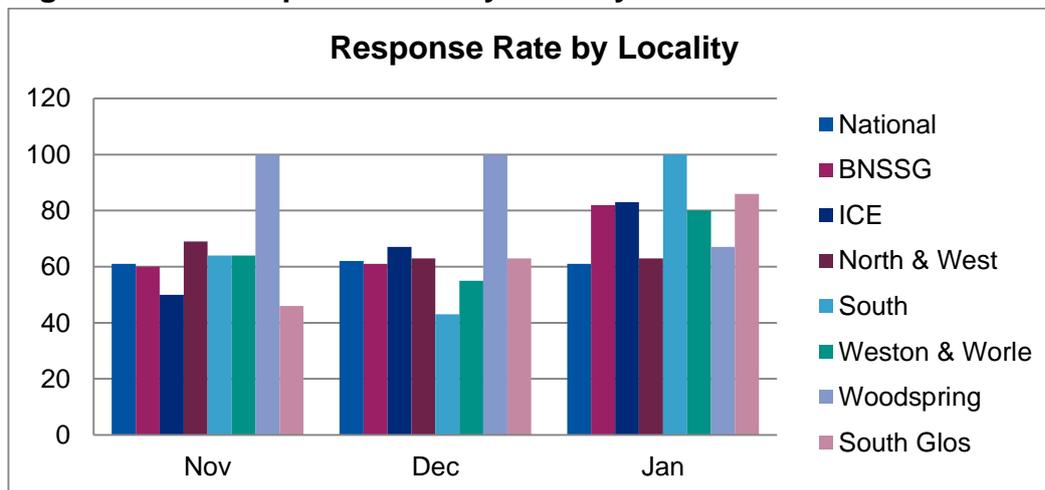
*Response rates:* The most recent results for the Friends and Family Test (FFT) data are for January 2019. This shows that 67 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 82% which is above the national rate of 61% and a 21% increase from December. This is a significant improvement and as a result of contacting all practices who did not submit December data. Further contact will be made with the practices which did not submit January data to ensure that this improves further and is sustained.

**Figures 5: % FFT Response Rate**

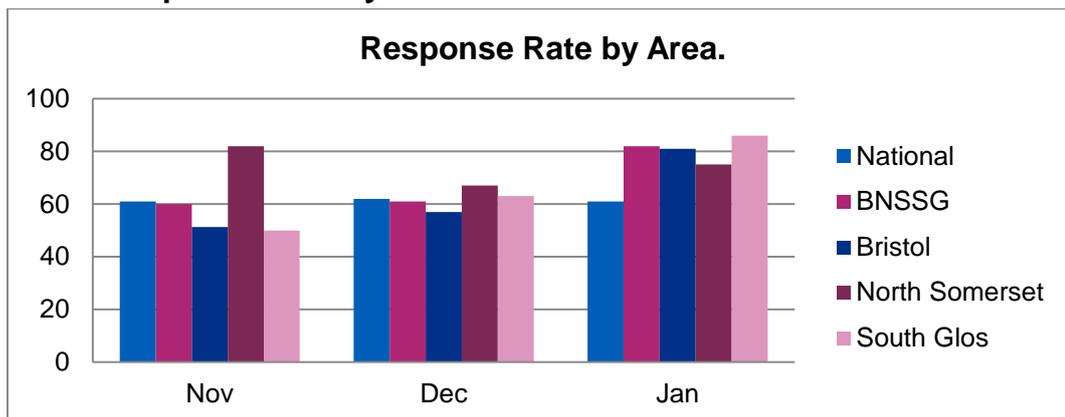


We have also presented the last three months data by both area and locality to show the variation. These are presented in the following two charts and include the overall BNSSG and the national averages in both.

**Figure 6: FFT Response Rate by Locality**

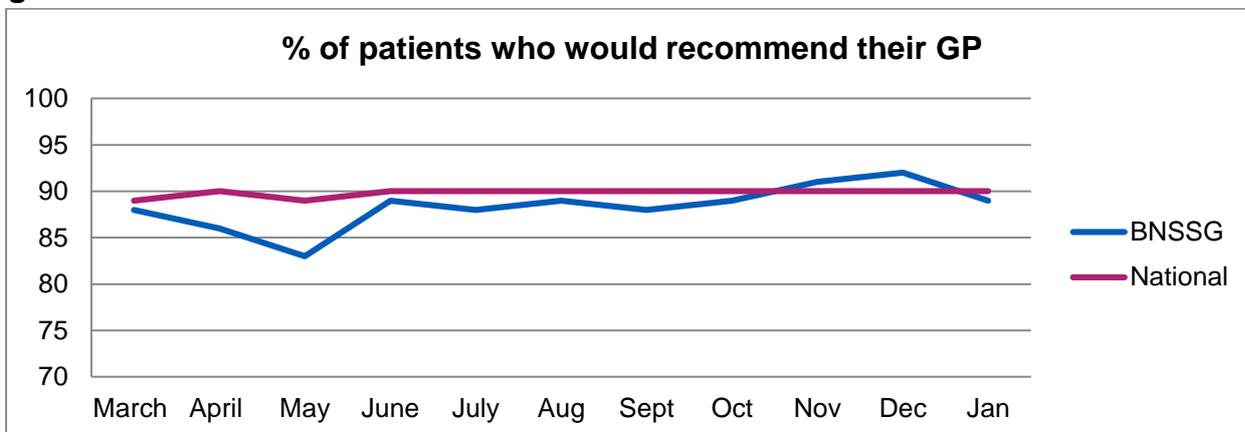


**Figure 7: FFT Response Rate by Area**



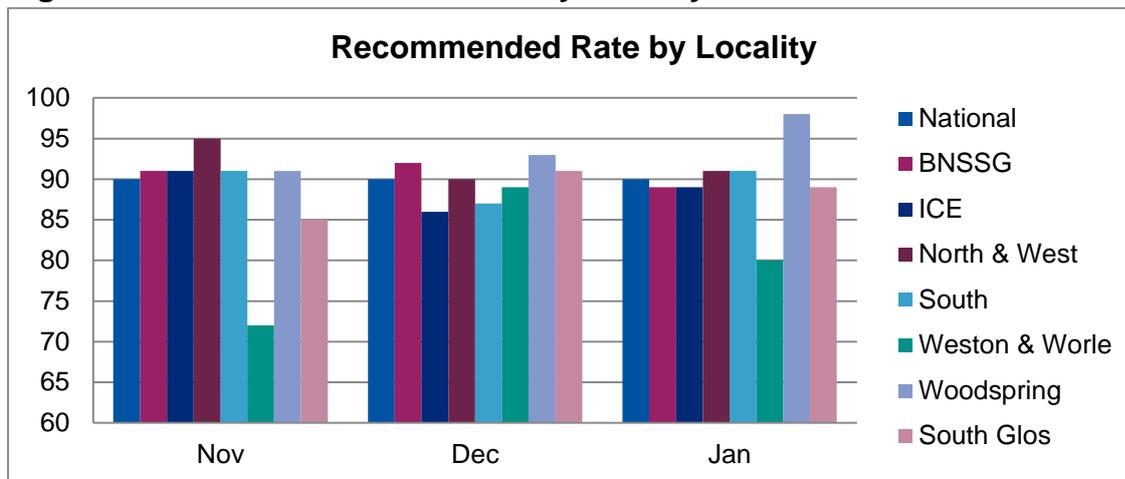
*Recommendation rates:* Across BNSSG CCG 89% of respondents would recommend their GP Practice; this is just below the national average of 90% and a 3% decrease from the previous month. The percentage of patients who would not recommend their GP Practice was 7%. This is 2% higher than the previous month and 1% higher than the national average. This relates to four BNSSG practices which had a recommendation rate of less than 80%. On analysis, the number of responses received by each practice is 15 or less, therefore negative responses will have more of an impact as the figures are low.

**Figure 8: FFT Recommended Rate**



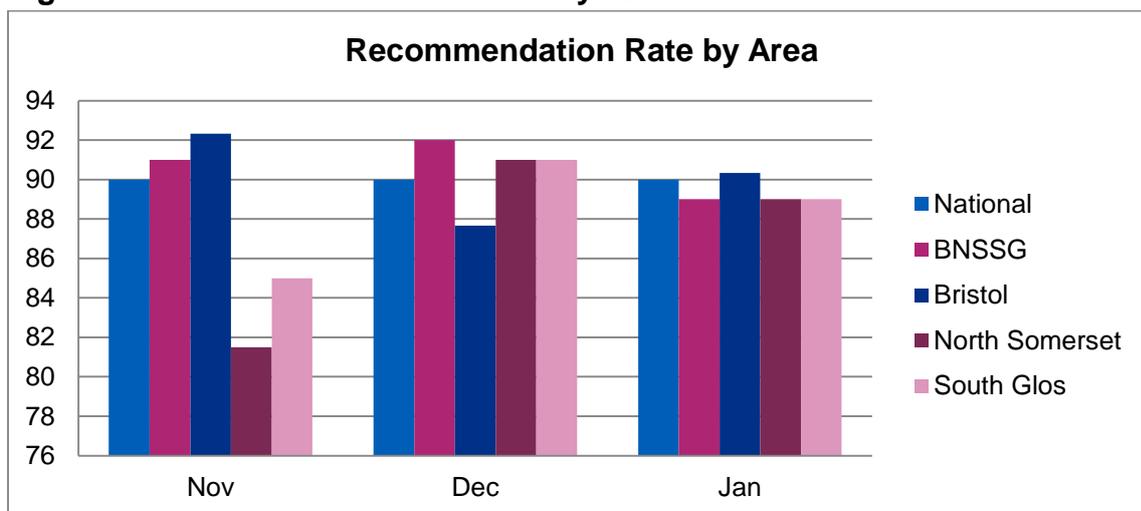
Again this data has been presented by both area and locality for the last three months to show variation. These are presented in the following two charts and include the BNSSG and the national averages.

**Figure 9: FFT Recommended Rate by Locality**



It is noted that the recommendation rate in Weston and Worle has deteriorated again, following an improvement in December. This relates to poor recommendation rates for two practices as highlighted above.

**Figure 10: FFT Recommended Rate by Area**



The total number of FFT responses received in January for BNSSG was 3915, this is a 64% increase from December. For those practices who submitted a response the numbers ranged from 0 – 506. On average this is 58 responses per practice, it is therefore important that Primary Care FFT recommendation rates should be triangulated with other patient experience data including complaints and the annual GP Patient Survey rather than viewed in isolation. The number of respondents for each practice on a monthly basis is small and therefore it is not possible in most cases to draw statistical significance at an individual practice level. However, practices use FFT as one of several patient feedback mechanisms which feed into their Patient Participation Groups.

### **c. Patient Experience**

The Quality Team have met with the Head of Insights and Public Engagement to discuss how to develop a strategy to measure and capture what “good looks like” for patient experience in Primary Care and how to capture wider patient experience feedback. A further meeting with the Head of Insights and Public Engagement has been scheduled for the end of March in order to progress plans to review the various tools used by practices to collate patient experience data which include paper surveys, text messages, website for patient comments, and feedback from patient participation groups (PPGs).

The Quality Team will also work with the Locality Partnership and Engagement Managers to assess how the Citizens Panel and Patient, Public Involvement Forum might be utilised to provide addition insight into Primary Care patient experience. A plan will then be drafted detailing how this data can be used to benchmark across BNSSG, to inform what the issues are for action in each locality and where appropriate, individual practices. Following this meeting the clinical leads and localities will be involved in the further development of this plan.

### **d. Healthwatch**

Nationally Healthwatch England have identified five priorities for 2019, one of these is Primary Care and includes access to GPs.

In BNSSG there are three Healthwatch groups, (Bristol, North Somerset and South Gloucestershire), who undertake work to understand the patient experience and how this can be used to improve services. They gather local views on health and social care services provided to local people, deciding which issues are priorities and set out specific projects to gather feedback and take action to influence good practice and improvement.

Bristol Healthwatch is also currently undertaking a GP Survey which is due to close on 31<sup>st</sup> March. This relates to transformation of GP services and different ways of working. Learning from this survey and any action and outcomes will be shared with the committee following Healthwatch’s analysis and publication of the report. The Quality Team have been in contact with Bristol Healthwatch and are meeting at the end of March to discuss closer working.

In 2017 and early 2018 North Somerset Healthwatch undertook Enter and View visits at all North Somerset GP Practices. The purpose of the visits was to recognise, highlight and share good practice and suggest ways in which the services could be improved. The Enter and View Volunteer Co-ordinator is carrying out a one year update to recap the recommendations made and identify what action has been taken. A report will be compiled and shared with the committee following publication which is expected at the end of March.

There was no information regarding Primary Care in the most recent South Gloucestershire Healthwatch report which relates to the period July – September 2018. We have contacted Healthwatch and requested more up to date information relating to primary care. It is noted that South Gloucestershire Healthwatch undertook a GP survey late 2017 – early 2018, the outcomes of this have previously been reported to the committee.

## e. Flu Uptake

The Quality Team took part in a NHS England South West Screening and Immunisations Conference Call 28<sup>th</sup> February 2019. During this call, the BNSSG area was congratulated for the excellent flu uptake figures this year, which are above the national average.

...e on NHS England website regarding any Brexit issues relating to administration.  
...in team have contingency plans in place with the advice not to stockpile.

<b>End of season Flu Vaccination Uptake Rates</b>	
3 months - to Under 65 years)	65 and Over

Comment [YJ(C11)]: Kat-can we add the latest figures 276.4% for over 65s  
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A letter has been sent to Senior Partners and Practice Managers congratulating practices on the high BNSSG uptake rates for flu vaccinations. These results have been achieved through great effort, collaboration and effective sharing of stock. The South West has performed particularly well and will be recognised nationally.

All pharmacies and GP practices have been contacted by the immunisation teams to ensure that flu vaccines for next season are ordered as soon as possible.

There is guidance on NHS England website regarding any Brexit issues relating to flu administration. The Immunisation team have contingency plans in place with the advice not to stockpile.

The Quality Team will be attending The Seasonal Influenza Programme 2018/19 Review Conference in order to ensure that learning from the 2018/19 season is progressed and shared with practices for the 2019/20 season.

### **3. Focused Primary Care Quality Domain - Cardiovascular**

The quality domain due for detailed analysis this month was GP Cardiovascular Disease indicators. This domain has been deferred and will be presented to the committee in April.

### **4. CCG Actions/Next Steps**

Details of actions/next steps for each area of Primary Care Quality are fully detailed within the above report. A summary of these actions are below:

- Ongoing discussions with Primary Care Contracting and Resilience Teams regarding outstanding issues following CQC reports and FFT results.
- Practices not submitting FFT data will be contacted further.
- Meeting to be held with Bristol Healthwatch and reports from Bristol and North Somerset regarding ongoing specific Primary Care work will be shared on receipt.
- Congratulations will be shared with practices regarding the excellent flu uptake figures.
- Attendance at 2018/19 South West Flu Review Conference

### **5. Financial resource implications**

There are no specific financial resource implications highlighted within this paper.

### **6. Legal implications**

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### **7. Risk implications**

Actions to address any highlighted risks have been added to the paper under each section.

### **8. Implications for health inequalities**

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## 10. Consultation and Communication including Public Involvement

Whilst there has not been any direct consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

## 11. Recommendations

- To note the updates on monthly quality data.

### Appendix 1 – Quality Domain Calendar

**Report Authors: Bridget James, Associate Director Quality, Jacqui Yuill Lead Quality Manager, Kat Tucker, Quality Support Manager**

**Report Sponsor: Janet -Baptiste- Grant, Interim Director of Nursing and Quality**

### Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

<b>Primary Care Operational Group (PCOG)</b>	a sub group of the PCCC where operational issues are managed and/or escalated to PCCC
<b>Primary Care Commissioning Committee (PCCC)</b>	The CCG decision making body for anything related to primary care
<b>Friends and Family Test (FFT)</b>	A quick and anonymous way for any patient to give their views after receiving care or treatment across the NHS.
<b>Care Quality Commission (CQC)</b>	The independent regulator for all health and social care services in England.

## Appendix 1: Primary Care Quality Calendar

Items reported every month:

- Care Quality Commission updates.
- Friends and Family Test data.
- Quality improvement updates.
- Quality escalations identified in month.

Items reported on a Quarterly Basis:

- Medicines Optimisation.
- Incident reporting

<b>Month</b>	<b>Domain</b>
October	Children
November	Update on National Annual Data
December	Cancer
January	Workforce & Resilience
February	Diabetes
March	Cardiovascular
April	Mental Health
May	Prescribing
June	Respiratory
July	Dementia
August	Urgent & Emergency Care
September	Patient Experience