

# Primary Care Commissioning Committee (PCCC)

Date: 26th June 2018

Time: 9.30-12.00

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

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## Agenda item: 7

### Report title: Primary Care Quality Report

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Report Sponsor: Anne Morris

#### 1. Purpose

The purpose of this report is to provide the Committee within an update on the current position and proposed plans for primary care (General Practice) quality and resilience monitoring following delegation of commissioning of primary care to BNSSG CCG.

#### 2. Recommendations

To note the proposed plans for monitoring and gaining assurance regarding primary care quality following delegation of the commissioning responsibility to the CCG.

#### 3. Background

In April 2018, BNSSG CCG became responsible for the commissioning of primary care medical services. To support the transition to CCG commissioning NHS England has produced a suite of documents which defines the specific areas of responsibility for both the CCG and NHS England. In addition the CCG has developed a governance framework to operationalise this work. Part of this transition includes the responsibility for quality assurance and surveillance of primary care medical services.

#### 4. Quality Transition Update

#### **4.1 Memorandum of Understanding**

In June a meeting was held between NHS England and CCG Quality Colleagues to agree final changes to the 'Memorandum of Understanding for Nursing and Quality Support for Delegated CCGs' document. The final version of this is included in the Delegation Transition paper.

#### **4.2 BNSSSG Primary Care Quality and Sustainability Hub (BNSSG & Somerset)**

The BNSSSG Primary Care Quality and Sustainability Hub meets on a bi-monthly basis. At the last meeting the group reviewed serious incidents (SIs) reported by primary care services, though none related to BNSSG GP primary care services. The NHSE updated guidance on how to report serious incidents and significant events, which has been shared with primary care services, was presented at the meeting. It was noted that further work is needed in supporting GP practices to report serious incidents and significant events and this will be taken forward by the CCG quality team. Information was also provided on the NHSE's proposed plans for complaints management and on the joint CQC and NHSE document on high level guidance to support a shared view of quality in general practice. The CQC/NHSE document is a reference guide to help organisations ensure that their practice remains focused on fundamental principles of quality.

The leadership responsibility for the Primary Care Quality and Sustainability Hub meetings was discussed with the proposal this will transition to the CCG, though the meetings will continue to be a joint CCG/NHSE meeting due to the joint responsibility for primary care quality. The meeting currently covers BNSSG and Somerset primary care services so it was agreed that at the next meeting on 10<sup>th</sup> July the terms of reference will be revisited to clarify how quality information for other areas of Primary Care relating to Dentists, Optometrists and Pharmacists will be managed in BNSSG and all primary care services within Somerset.

#### **4.3 Quality and Resilience Sub Group**

The quality and resilience working group met on 14th June to review the quality indicators that could provide the necessary intelligence to support quality monitoring and assurance within primary care. Further personnel have been added to the group and it was agreed that this group will transition into the Primary Care Quality and Resilience Sub Group, a sub group of the Primary Care Commissioning Committee. Terms of Reference are currently being finalised.

#### **4.4 Neighbouring CCG Support**

On 30<sup>th</sup> May a visit was undertaken to Gloucestershire CCG, to observe their Primary Care Commissioning Committee and meet with Quality Leads for the CCG. Gloucestershire CCG is currently revising their quality dashboard and agreed to share this once it has been finalised. BNSSG CCG quality team have also been in contact with Wiltshire CCG and examples of their approaches to quality monitoring have been shared. Both Gloucestershire and Wiltshire CCGs took over delegated commissioning of primary care medical services two years ago.

## 5. Quality Dataset Development

It has been agreed by the PCCC that a quality and resilience dataset is required. The dataset will facilitate the understanding and oversight of quality and resilience within BNSSG GP practices and inform the CCG activities to support practices where necessary, using a proactive approach. As stated above the Primary Care Quality and Resilience Sub Group is being established to provide responsibility for and management of the dataset and direct and oversee the approach and work of the CCG based upon the intelligence.

In early June, NHS England relaunched the Primary Care Website (PCWT) with updates to improve functionality and user experience. This update brings together information previously held in the General Practice Outcome Standards (GPOS) and General Practice High Level Indicators (GPHLI) modules, creating a single unified indicator set. The Quality and Business Intelligence teams will be reviewing this data and utilising this within future reports.

## 6. Patient Safety

### 6.1 Incident Reporting and Management

The national rate of incident reporting by primary care is low in comparison with other types of providers. Practices are mandated in their contract to report incidents to the National Reporting and Learning (NRLS) system. Serious incidents and significant events are also currently reported by primary care to NHS England. The low rate of reporting means that there is a lack of clarity regarding incident recognition and investigation and important learning is not identified and shared across primary care services.

The most recent figures have been provided by NHS England regarding incidents reported to them.

- October 2016 – September 2017 – BNSSG primary care services reported three serious incidents.
- January – December 2017 – BNSSG primary care reported fifty four significant events.

In 2017-18 BNSSG primary care reported seven incidents via the NRLS, these were reviewed by the CCG, and contact was made with individual practices in relation to actions taken where appropriate. A database of primary care incidents reported via the NRLS has been developed and along with information shared by NHS England on significant events and serious incidents will be reviewed for themes and trends.

The CCG will work closely with NHS England to support the transfer of the process for receiving and managing primary care serious incidents and significant events within the CCG. The CCG is aware that nationally NHS Improvement is reviewing the process for serious incident reporting and this may have an impact on this process.

Going forward the CCG will provide support and guidance for practices to support the identification of appropriate incidents to report.

## **6.2 Infection Control Data**

### **6.2.1 Clostridium Difficile**

Each year NHSE set a threshold for the maximum number of Clostridium Difficile (C.Diff) cases reported within a CCG area. For BNSSG 196 cases were reported against a threshold of 312.

Cases of C.Diff that are identified within 72hrs of admission to hospital are classified as potential community acquired cases. Since April 2016 each GP practice has been asked to complete a brief root cause analysis (RCA) tool for any cases where the patient is registered with their practice. In 2017/18 in 54% of cases the GP practice returned the completed RCA tool. Where individual learning is identified this is fed back directly to the practice and thematic feedback is provided to practices via the GP Bulletin.

The CCG is working towards an electronic review process across BNSSG, it is expected that GP involvement in learning and completion of the RCA will improve with this update.

### **6.2.2 MRSA**

The CCG is reviewing the MRSA Post Infection Review (PIR) process, and is looking to move to a whole system response and review of MRSA cases. Further evaluation and research is being undertaken which will include primary care involvement.

### **6.2.3 Influenza Vaccine uptake**

Across BNSSG the influenza vaccination uptake in 2017 was above the national average in all areas, with more than 75% of patients aged over 65 having received their vaccinations. Going forward immunisation and vaccination uptake data will be included within the quality and resilience dataset.

## **6.3 Medicines Optimisation**

The CCG Medicines Optimisation Team collates data regarding primary care antibiotic usage, including data on broad spectrum antibiotics. This is presented at practice level and will be incorporated into the quality and resilience dataset going forward.

## **6.4 Patient Safety Collaborative**

Since 2016 the Quality Team has been working with the West of England Academic Health Science Network (AHSN) to develop and facilitate the regional Primary Care Patient Safety Collaborative. In 2016/17 eleven BNSSG practices participated in the collaborative. In 2017/18, the Collaborative's second year a further four BNSSG practices participated. The practices undertook the cultural assessment SCORE survey. The results have been assessed and the AHSN have delivered feedback sessions to the practices. These results will help the practices develop plans to improve the safety culture of their organisations and develop areas which were noted to be working well.

Throughout the year, the Collaborative has heard from speakers on topics such as:-

- Learning from Excellence

- Creating a Culture which recognises and values the importance of reporting near misses.
- Quality Improvement tools and techniques.
- ThinkSAFE
- Managing Patient Safety
- Managing and reducing demand.

Feedback from practices across the region has been very positive. The Collaborative was originally a 1-year programme, which was intended to run with a new cohort of practices each year. At the end of the first year, practices fed back that they did not want the group to end and so it was agreed that they could be included in the Year 2 cohort, providing advice and support to the newly enrolled practices, but also benefitting from the input to the group.

Unfortunately across the region no practices signed up to be part of Cohort 3 of the collaborative. The AHSN are therefore focusing their efforts on attending more local meetings, including BNSSG Clinical Commissioning Membership meetings in each of the localities.

## 7. Patient Experience

### 7.1 Complaints

In line with the Memorandum of Understanding with NHS England, the CCG does not manage complaints related to primary care services. However, there are occasions when a complaint includes multiple providers, including a GP practice. In these instances the CCG co-ordinates the complaint with agreement from the patient.

In 2017/18 across BNSSG the CCG led on three complaints which involved a GP practice, a further four complaints were forward by the CCG to NHS England to manage.

The complaints predominantly related to the clinical care that the patient had received from primary care.

Between October 2017 and March 2018 the CCG received the following Patient Advice and Liaison (PALS) enquiries regarding Primary Care.

- 4 enquiries regarding GP access.
- 23 enquiries regarding GP administration.
- 15 enquiries regarding clinical treatment.
- 2 enquiries regarding manner and attitude.

In May 2018, the CCG were informed by NHS England that actions and learning from complaints received would be shared with the CCG for their follow-up with the relevant practices as appropriate. When this information is received a thematic review will be undertaken and collated along with any themes identified from other sources of patient experience data and form part of a patient experience action plan.

### 7.2 Friends and Family Test (FFT)

Since December 2014 it has been a contractual requirement for primary care practices to:-

- Provide the opportunity for all patients to provide feedback through FFT at any time.
- Submit FFT data to NHS England each month.
- Publish the data locally.

Practices are allowed to use a collection methodology that suits their local circumstances. Patients do not need to answer the FFT question after every appointment or contact with the practice, but they should be made aware that the opportunity to provide feedback is available.

The most recent results for the Friends and Family Test data (for March 2018) show that 54 BNSSG CCG practices submitted their data to NHS England as required. This is a compliance rate of 60% and is lower than the national rate of 68%. The CCG will work with practices that have not submitted FFT data to support improvement of response rates.

Across BNSSG CCG 88.3% of respondents would recommend their GP Practice, this is slightly lower than the national average of 89%. The percentage of patients who would not recommend their GP Practice was 8%. This is 1% higher than the national average of 7%.

Due to the anonymous nature and methods for how this data is collected it is difficult to draw conclusion about practices using only this indicator. The CCG proposes to triangulate FFT data with GP patient survey results, complaints data and other patient experience feedback including intelligence from Patient Participation Groups to identify trends and themes.

### 7.3 GP Patient Survey

The GP Patient Survey is carried out once a year by Ipsos Mori and ensures that patients have the opportunity to comment on their experience of their GP practice. The results for the 2018 survey are due for publication in August 2018, therefore the below data relates to the 2017 survey.

The 2017 survey data is collated into the three previous CCG areas, Bristol, North Somerset and South Gloucestershire as this took place prior to the merger of the CCGs.

The published data shows that the reported overall experience of a GP surgery in Bristol and North Somerset was above the national average and slightly below the national average in South Gloucestershire. With regard to the percentage of patients who would recommend the practice again in both Bristol and North Somerset this was above the national average and in South Gloucestershire this was 1% below.

	Bristol	North Somerset	South Gloucestershire	National
% of patients reporting a 'good' experience	85	87	83	85
% of patients who would recommend the practice	78	80	76	77

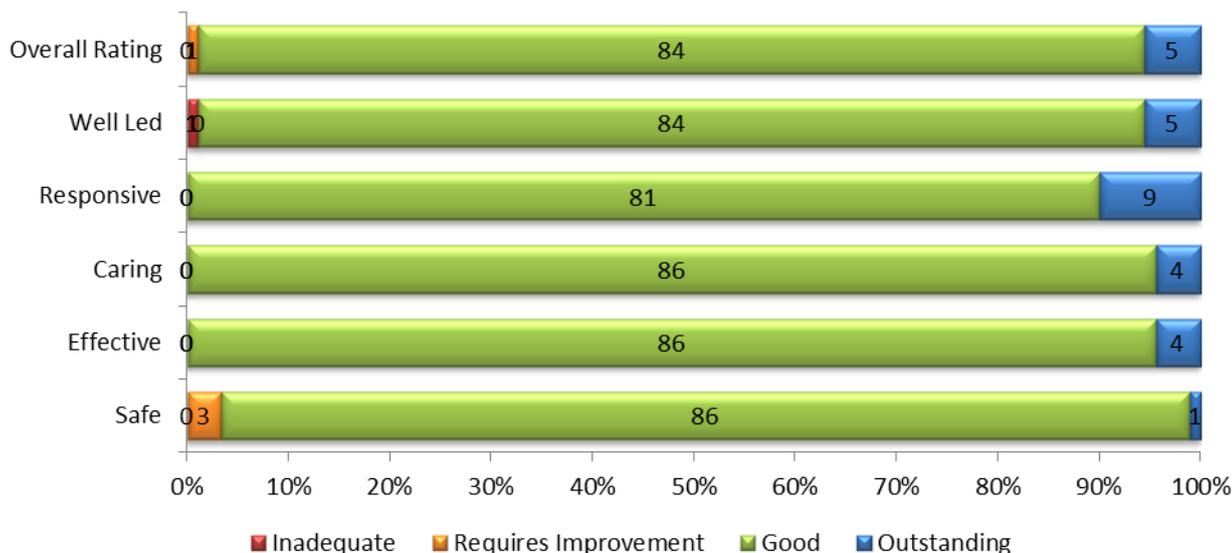
The lowest figure of patients reporting 'good experience' was a practice in Bristol with 52%. Three practices reported 97%, one in Bristol and two in North Somerset. The lowest figure for recommendation of the practice was a practice in Bristol with 35%, one practice in North Somerset had a 96% recommendation rate.

Further analysis of the Patient Survey data will be undertaken following the publication of the 2018 data, this will include analysis of equality information and triangulation with other forms of patient experience feedback.

## 8. Effectiveness

### 8.1 Care Quality Commission Status

The chart below highlights the current (May 2018) Care Quality Commission (CQC) ratings for BNSSG GP practices.



There are currently no practices overall rated as 'Inadequate'. One practice has an overall rating of 'Requires Improvement'. There are three practices with a 'Requires Improvement' rating for the safety domain and one practice has a rating of 'Inadequate' for the well led domain.

The practice which was rated as 'Requires Improvement' overall has an improvement plan in place that has been approved and is being monitored by the CQC. The CCG quality team has recently received a copy of this action plan and will discuss the support for and monitoring arrangements of the practice with CCG primary care colleagues.

The Quality Team plan to undertake a review of primary care CQC inspection reports, highlighting those domains rated 'Requires Improvement' or 'Inadequate' and also looking at those that are 'Outstanding' to support improvement. This will identify key themes and findings, which will be shared with practices to inform learning.

### 8.2 Practice Nurse Network

A newly formed Practice Nurse Network has been established for BNSSG with the purpose of seeking collaboration and representation of the current Practice Nurse Leadership across all geographical areas for Bristol, North Somerset and South Gloucestershire. There are two practice nurse leads in post with a third to be appointed to. Between them they will provide cover for the six localities within BNSSG.

The aim of the Practice Nurse Network group is to ensure that nurses are represented in the process of commissioning of primary care healthcare services, in workforce development and in delivery of the NHS England General Practice Nursing Ten Point Plan. The group's remit will be to support the development of BNSSG wide locality based Practice Nurse Forums, oversee the development of an annual Practice Nurse Network Conference and engage with other stakeholders and nurse leadership groups both within and outside BNSSG.

### **8.3 Workforce**

A separate subgroup of the PCCC will focus on primary care workforce issues. However, primary care workforce data will be added to the quality and resilience dataset and areas impacting on quality will be highlighted and assurance gained through this group on how these issues are being addressed.

## **9. Financial resource implications**

There are no financial implications to the CCG raised in this paper.

## **10. Legal implications**

There are no legal implications for the CCG raised in this paper.

## **11. Risk implications**

Access to primary care nationally reported data from NHS England is part of the transition working group; work is ongoing to ensure that the CCG has full access to all relevant data sources.

Engagement from practices to share data in terms of incident reporting and learning outside of their practices is currently minimal. Incident reporting occurs within practices, but to support patient safety, learning needs to be shared in a supportive way across primary care. The WEAHSN and the Primary Care Hub can help to support.

## **12. Implications for health inequalities**

There are no identified health inequalities within this paper.

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

There are no identified implications for equalities in this paper.

## **14. Consultation and Communication including Public Involvement**

Whilst there has not been 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 assurances regarding primary care quality. Indicators regarding patient experience will be utilised throughout the monitoring of primary care quality.

## 15. Appendices

None

### Glossary of terms and abbreviations

<b>Clostridium Difficile (C.Diff)</b>	A bacterial infection. Symptoms can include diarrhoea, and potentially serious inflammation of the colon. The infection most commonly affects people who have recently been treated with antibiotics and can spread easily to others.
<b>West of England Academic Health Science Network (AHSN)</b>	Funded by NHS England and the West of England healthcare organisations, the AHSN brings together health service community, industry, higher education, research bodies, patients and the wider public to work in partnership and take patient care and experience to new levels.
<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>National Reporting and Learning System (NRLS)</b>	A central database of patient safety incident reports.
<b>Meticillin-resistant Staphylococcus aureus (MRSA)</b>	A bacteria that is resistant to several widely used antibiotics, making it harder to treat than other bacterial infections.
<b>Patient Advice and Liaison Service (PALS)</b>	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
<b>Care Quality Commission (CQC)</b>	The independent regulator for all health and social care services in England.