

Primary Care Commissioning Committee (PCCC)

Date: 30 May 2018

Time: 2-3.30pm

Location: David Baker Room, the Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda item: 7

Report title: Primary Care Quality Development Report

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Report Sponsor: Anne Morris

1. Purpose

The purpose of this report is to provide the Committee with an update on the proposed plans for Primary Care (General Practice) quality monitoring following delegation of commissioning of primary care to BNSSG CCG.

2. Recommendations

To note the update on the approach 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 NHSE. 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. Nursing and Quality Transition Update

4.1 Memorandum of Understanding

In May we received the final draft of the 'Memorandum of Understanding for Nursing and Quality Support for Delegated CCGs' document. The CCG quality team had provided comments on previous draft versions and discussed the document with NHSE quality colleagues. A further meeting has been arranged to finalise the document. From this version the

following quality areas have been identified as part of the transitioned responsibility to CCG commissioning:

- Supporting Vulnerable Practices including those who have received a rating of Inadequate and are placed in Special Measures following a CQC inspection
- Supporting the development of a patient safety culture
- Serious incident / Significant Event Reporting
- Safeguarding
- Patient Experience (FFT, Surveys, etc)
- Primary Care Quality and Sustainability Hub

The leadership responsibility for the Primary Care Quality and Sustainability Hub meetings will transition to the CCG, though the meetings will continue to be a joint CCG/NHSE meeting due the joint responsibility for primary care quality. Attendance at the meetings also includes other key stakeholders such as the Care Quality Commission (CQC), the Academic Health Science Network and the Local Medical Committee. Further discussions will take place on 22nd May as to whether the remit will change with the leadership change as the group currently reviews quality intelligence relating to Dentists, Optometrists and Pharmacists in Bristol, North Somerset, Somerset and South Glos (BNSSSG) and not just GP information within BNSSG. A verbal update on this will be provided at the committee meeting.

Areas of quality monitoring that will remain within the remit and responsibility of NHSE's primary care team will be Complaints Management and the Primary Care Performers List, GP appraisal and revalidation.

The CCG quality and commissioning leads have met with NHSE leads responsible for the management of the Primary Care Performers List to understand the process and agree how the CCG will be informed of any issues that arise that could impact on primary care capacity, issues affecting the local population, or the safety and quality of primary care provision. The CCG has also been invited to attend the monthly GP Performance Advisory Group.

4.2 Quality/Resilience Working group

A working group has been established comprising of members from the Quality, Commissioning, Business Intelligence and Primary Care Development teams and includes the Clinical Leads for Quality and for Primary Care Development to develop the approach to quality and resilience monitoring. The group reviewed the data included in the resilience report, which includes quality (CQC ratings), patient experience data (complaints, Friends and Family test and GP survey data) and workforce data (% GPs over 55, % locum GPs, % of nurses over 55). The group reviewed and agreed on other quality metrics to be included. The group also agreed that one combined quality and resilience dashboard would be generated rather than split the data for the production of two separate dashboards.

The next step actions were agreed to progress this work.

4.3 Neighbouring CCG Support

To inform and support our preparatory work conversations have also been held with Quality colleagues in neighbouring CCGs who already have delegated responsibility for primary care

quality monitoring. On 30th May a visit is planned to Gloucestershire CCG and examples of their approaches to quality monitoring have been shared. The CCG has also been in contact with Wiltshire CCG and a phone call is arranged for 29th May. Both Gloucestershire and Wiltshire CCGs took over delegated commissioning of primary care medical services two years ago.

4.4 Partnerships work to support quality assurance

The CCG took part in a CQC led workshop; 'Developing and strengthening local joint working' on 9th May. The workshop was for NHSE, CCGs and CQC colleagues to develop and strengthen the relationship management between partners to support a more responsive and targeted approach to inspection and oversight of general practice and support the sharing of learning. Wiltshire CCG presented their approach to supporting quality improvement within primary care at this meeting and has also offered to share their quality monitoring dashboard.

5. Next Steps

With support from the Business Intelligence (BI) colleagues the quality team will further develop the quality metrics and access to various data sources. Training on interrogation of the data available via the NHSE web portal from NHSE is still to be received therefore and is being followed up.

An area that needs further development is the sharing of primary care serious incident data and more importantly the sharing of learning from these events across the localities and wider. With the Clinical Lead for Quality the quality team will review the current incident/significant event reporting arrangements within primary care and discuss the possibility of identifying a GP or Nurse Quality lead within practices or at locality level to promote the sharing of learning and best practice to support quality improvement.

Next steps are updated and summarised as follows:

Next Steps	Proposed Timescale	Update
Determining what quality metrics need to be monitored to provide this assurance, securing access to all relevant data sources with NHS England	End of Quarter 1	Revised at the meeting on 17 th May. Further work planned with BI
Determining the frequency and level of monitoring, i.e. monthly, bi-monthly, quarterly or six monthly and also whether data is presented at practice, cluster, locality or CCG level.	End of Quarter 1	Links with the action above
Close working with General Practice colleagues to understand and support the collection and sharing of data, especially in terms of learning from incidents/adverse events	End of Quarter 1	In addition to the two GPs, it was agreed at the meeting on 17 th to include a practice manager on the group
Implementation of a Quality/	Established by May 2018	Established

Resilience Working group with identification of adequate resource from Primary Care, Commissioning, Business Intelligence, Area and Quality directorate colleagues to achieve the above.		
Continuation and encouragement of practices to join the WEASHN Primary Care Collaborative to help promote incident reporting and sharing of learning with other practices.	End of April 2018	Cohort 3 deferred until Autumn 2018
Further linking with other CCGs who have already taken on primary care commissioning.	Planned for 30 th May 2018	Planned visit to Gloucestershire CCG on 31 st May Phone call with Wiltshire CCG on 29 th May
Sharing of primary care serious incident data and more importantly the sharing of learning	June 2018	Meeting arranged with CCG Clinical lead for Quality and meeting arranged with NHSE quality leads

6. Financial resource implications

There are no financial resource implications for the CCG as a result of this paper.

7. Legal implications

There are no legal implications for the CCGs in relation to quality monitoring in primary care raised in this paper.

8. Risk implications

Engagement from General Practices to share data in terms of serious incident reporting and learning outside of their practices is currently minimal. Serious incident/adverse event reporting occurs within practices, but to support patient safety, learning needs to be shared in a supportive way across primary care. The WEASHN primary care collaborative has supported practices in developing a patient safety culture, but the start of cohort 3 has been delayed until the autumn. However, the aim of the Primary Care Hub is to support sharing and learning from serious incidents so this group can also look at the issue of increasing the reporting and sharing of such events. In addition, guidance has recently be produced by NHSE on the process for serious incident reporting within primary care, so with the Clinical Leads, and the identified practice manager who will join the working group, this will be reviewed and a plan developed for supporting primary care to implement this approach.

9. Implications for health inequalities

There are no identified health inequalities in this paper.

10. Implications for equalities (Black and Other Minority Ethnic/Disability /Age Issues)

There are no identified implications for equalities in this paper.

11. Consultation and Communication including Public Involvement

Not applicable to this paper

12. Appendices

None