

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 30th October

Time: 9.00-11.00

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

Agenda number: 8

Report title: Primary Care Quality Report

Report Author: **Bridget James, Associate Director Quality**
Kat Tucker, Quality Support Manager

Report Sponsor: **Anne Morris, Director of Nursing and Quality**

1. Purpose

The purpose of this report is to provide the Committee with an update on specific quality measures for General Practice following delegation of commissioning of primary care to BNSSG CCG. Monthly metric updates include recently published CQC inspection reports, Friends and Family Test (FFT) data, quality escalation issues and quality improvement work.

In last month's report a proposed quality calendar was presented to the committee showing when each quality domain will be reviewed in further detail (at appendix 1). No changes were suggested to this; therefore this month's focus is on children's quality indicators.

2. Recommendations

The committee is asked to:

- To note the updates on monthly quality data and specific performance indicators for Primary Care Children's services.

3. Executive Summary

Since last reported four practices have had CQC reports published, all of these had 'Good' overall ratings. One had a rating of "Requires Improvement" for the 'Safe' Domain.

Friends and Family test data for August showed a response rate of 58% which is below the national average of 62%. The percentage of patients who would recommend their practice increased to 89% which is 1% below the national average.

Children's services data: BNSSG as a whole has a higher compliance rate for the four indicators regarding children's immunisations than the national average, although this remains below the target of 95%. Children's Commissioners, the CCG Clinical Lead for Children and the Safeguarding team confirmed that they have no specific Primary Care Children's concerns relating to individual practices.

The report also includes an update on the Time for Care showcase event held on 20th September, the Productive General Practice quick start programme and the 2018/19 resilience programme.

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

There are no specific risk implications highlighted in this paper

7. Implications for health inequalities

Monitoring of primary care quality 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, nationally and locally sourced patient experience data is reviewed alongside other quality indicators.

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1. Background

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2. Primary Care Quality Monitoring

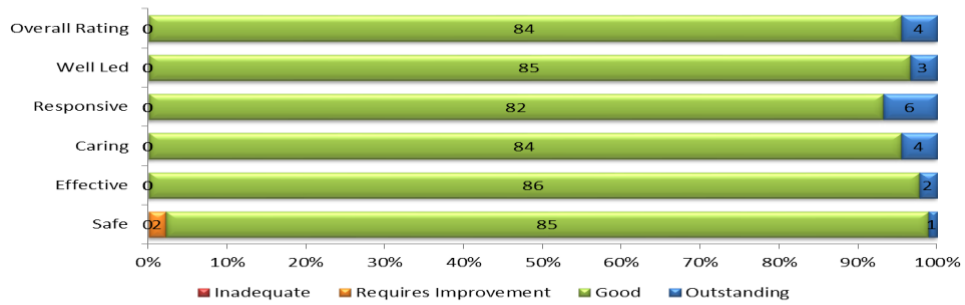
a. Care Quality Commission (CQC)

Four practices have had CQC inspection reports published in between 30th August and 5th October. These were all given an overall rating of 'Good' and are shown in the table below. One practice, Harbourside received a rating of 'Requires Improvement' within the 'Safe' domain.

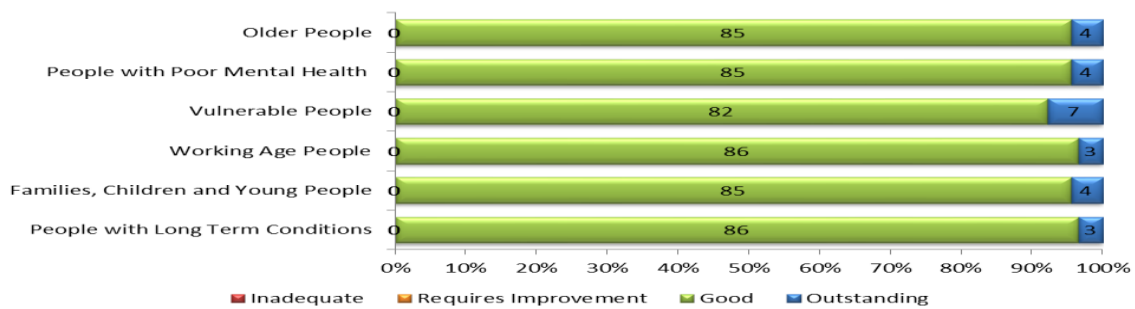
Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Old School	30.08.18	Good	Good	Good	Good	Good	Good
Harbourside	30.08.18	Good	Good	Good	Good	Good	Requires Improvement
Three Shires	07.09.18	Good	Good	Good	Good	Good	Good
Frome Valley	11.09.18	Good	Good	Good	Good	Good	Good

Within BNSSG all practices have an overall rating of 'Good' or 'Outstanding'.

There are two practices with a 'requires improvement' rating for the 'Safe' domain. The Quality team undertook a visit to one Practice in August and this was reported in the September Report. Harbourside's recent CQC report highlighted an issue related to medication safety and the temperature regulation of vaccination fridges. This has been raised with the CCG Medicines Optimisation team who are addressing this with the practice directly.



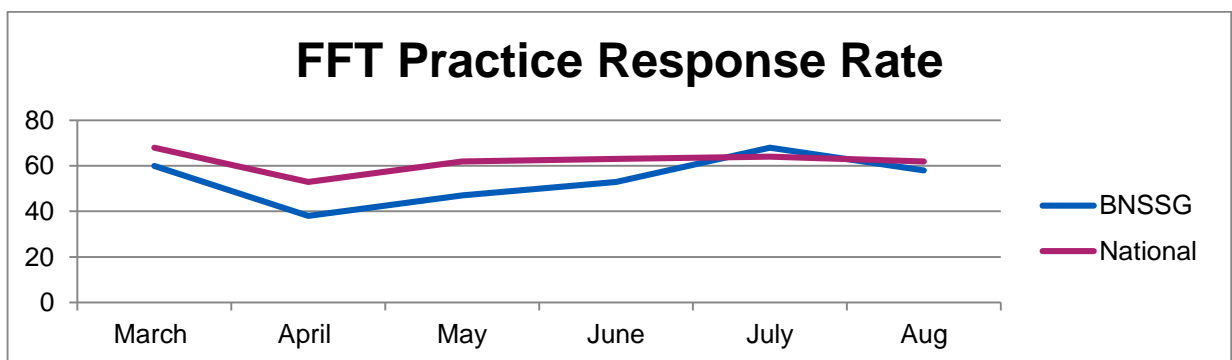
Within Primary Care the CQC also inspects the quality of care for six population groups, as shown in the graph below. All BNSSG practices remain rated as “good” or “outstanding” for all six of these population groups.

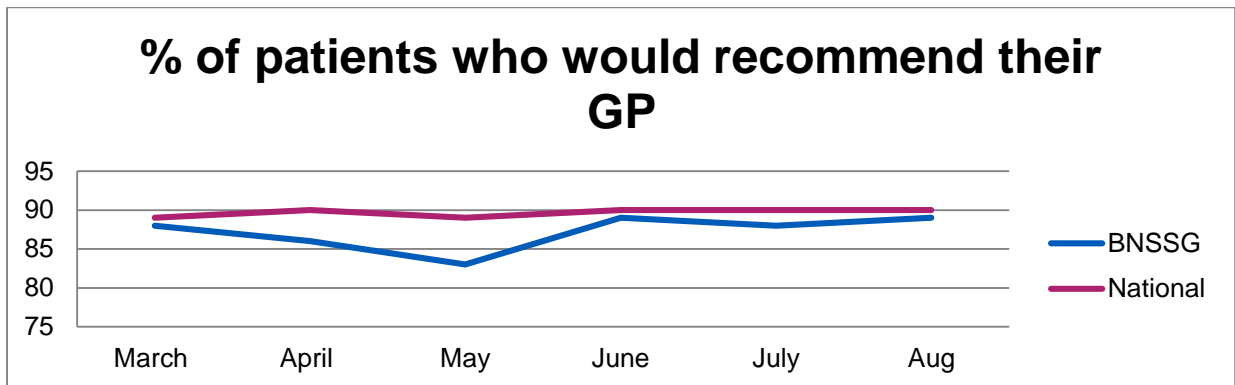


b. Friends and Family Test (FFT)

The most recent results for the Friends and Family Test (FFT) data is for August 2018 this shows that 49 BNSSG CCG practices submitted their data to NHS England as required. This is a compliance rate of 58%, which is below the national rate of 62%. The system has now been updated with practice mergers that occurred earlier in the year, which may have had an impact on the percentage response rate, however it was noted that some practices who had previously reported in June and July had not reported in August.

Each practice that has not submitted FFT data for two consecutive months will be contacted further by the Quality team in order to identify the reasons why this data has not been submitted.





Across BNSSG CCG 89% of respondents would recommend their GP Practice, this is only just below the national average of 90% and a one percentage increase from the previous month. The percentage of patients who would not recommend their GP Practice was 8%. This is higher than the national average of 6%.

Primary Care FFT recommendation rates should be triangulated with other patient experience data including complaints and the GP patient survey rather than viewed in isolation. The number of respondents for each practice on a monthly basis is very 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. NHS England Complaints Information

NHS England received 44 complaints regarding Primary Care in Quarter One 2018/19. 16 of these were closed without investigation, either at the request of the complainant or because no consent was received. 27 were responded to and one remains open.

Of those cases which were investigated 12 related to communication and staff attitude, 12 related to clinical issues and four relate to access. As outcomes of these complaints several issues have been raised for reflection and training within the practice, and 2 cases have been referred to the NHS England Performance Advisory Group.

3. Focused Quality Domain – Children

This month's domain for further detailed analysis is Children's GP services, as per the quality calendar presented to the PCCC last month.

a. Children's Immunisations

Within the baseline annual data from the Primary Care Webtool there are four indicators regarding Children's health.

- The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib). Also known as the 5:1 vaccine.
- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster).
- The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b(Hib) and Meningitis C (MenC) (i.e received Hib/MenC booster).
- The percentage of children aged 2 who have completed immunisations for measles, mumps and rubella (one dose of MMR).

Using the methodology to determine the practice level performance against each of the indicators the following table has been generated to show the BNSSG position.

Primary Care Quality Assurance Dashboard				
Domain	Blue	Green	Amber	Red
Children	0	25	56	7

It is noted that these immunisations are commissioned by NHS England. Monitoring of performance of immunisations is managed through the three Local Authority Health Protection Committees and Immunisation Locality Groups.

Specific work has been undertaken in the last six months in the Bristol and South Gloucestershire area to improve MMR uptake, following the measles outbreak. This has included targeted GP Practice visits and communication to health professionals and a vaccination awareness session for families in the Barton Hill area. There has also been a call for practices to bid for money for specific projects to increase MMR uptake. These bids are currently being evaluated by NHS England.

A Locally Enhanced Service was also offered to all GP practices within BNSSG in 2018/19 to actively search and recall patients that had incomplete MMR vaccination records. 67 practices signed up to this LES.

Practices have informed the CCG that the monthly data entry onto Open Exeter is not being updated from the weekly CHIS submissions. This issue has been escalated to NHS England and may have negatively impacted the compliance data.

It is noted that BNSSG as a whole reported higher compliance than the national average, though below the 95% target.

Practice	% Child Imms DTaP/IPV/Hib	% Child Imms PVC Booster	% Child Imms Hib/MenC booster	% Child Imms MMR
England	93.31%	90.92%	90.01%	89.95%
BNSSG	94.56%	92.04%	92.09%	91.46%

b. Children's Urgent Care attendances

The number of emergency admissions and Emergency Departments attendances for under 18s has been reviewed for each practice to identify any outliers.

The data shows that the rates of attendance and admissions correlate with practice proximity to EDs and patient demographics. This information will be shared with the Locality Leadership Groups for further review and analysis at a locality level.

c. Overview of Care for Children

There is limited information collected regarding the specific care of children by primary care. This issue has been discussed with the Children's Commissioners and the CCG Clinical Lead for Children and they have confirmed that there are no specific primary care concerns regarding any individual GP practices. The Safeguarding team have confirmed that they also have no concerns about any individual GP practice relating to children.

4. Quality Escalations

a. Armada/Whitchurch Health centre phone lines.

On 24th September for a two day period the main phone lines to Armada family practice were not operational due to a technical fault with the phone line. This has now been resolved and phones are fully operational.

During the period when the phone lines were not operational the lines were diverted to mobile phones. Whilst there were longer waiting times for calls to be answered, patients continued to have a means of contacting the practice at all times. Messages were placed on the practice website and distributed by the CCG twitter account.

There has been no harm identified as a result of this issue.

5. Quality Improvement Work

a. Primary Care Incident Reporting

From the 1st October, the CCG has taken over full responsibility for the monitoring and management of Significant Event Audits (SEAs) and Serious Incidents reported by Primary Care (General Practice). To support this we are establishing a reporting process using the Datix online system, which had been recently implemented into the Bristol and South Gloucestershire areas (this was already in place in North Somerset) for the reporting of secondary care issues highlighted in Primary Care.

Once this is fully established we will be informing practices that this is the new single point of reporting for all SEAs and Serious Incidents by GP Practices.

Themes from incident reporting, will continue to be discussed at the Primary Care Quality and Surveillance Hub, which is a multi-disciplinary meeting covering, General Practice, Dental Services, Pharmacy and Optometry. At the most recent meeting, a theme of medication errors relating to use of dosette boxes was identified and learning from these incidents will be shared in both Pharmacy and GP Bulletins.

b. Time for Care showcase event & Productive General Practice Quick Start

The CCG hosted a 10 High Impact Actions Showcase event in partnership with NHS England's national general practice development team on 20/09/2018. Approximately 120 delegates from across BNSSG attended with around 70% of practices represented. The event was an interactive half-day about practical ways to free up time in general practice. The focus was on sharing local and national examples of implementing the High Impact Actions that have made real time saving. The event also included information about the support and national programmes which are on offer and how practices can access these.

Evaluation and feedback from the event was very positive, particularly around the breakout sessions which each focussed on one of the 10 high impact actions and provided real examples of changes which have saved time. Outputs from the event include;

- CCG submission of an expression of interest (EOI) in wave seven of the Productive General Practice Quick Start programme which is running December 2018 – March 2019. The EOI included 15 practices from across BNSSG that would like to take part and a further 7 that have requested further information about the programme. Productive General Practice Quick Start is a national support offer whereby facilitators from a Delivery Partners commissioned by NHS England work within individual practices over a period of 6-8 weeks and bring participant practices in local cohorts together for group-based learning sessions. Expert facilitators work with the practice team to identify processes/functions that could be more productive and efficient, implementing practical improvements to release capacity. A cohort of 12 practices have completed Productive General Practice as part of a previous wave. Results and feedback were very positive, one example being Bishopston practice which saved 410 minutes per week (7 hours) across the practice team.
- A number of practices also indicated their interest in the other programmes which are available as part of the Time for Care offer from NHS England. The other programmes include; 'Learning in Action' for groups of practices working collaboratively on proven innovations to release capacity, the 'General Practice Improvement Leadership' modular programme which offers intensive learning and coaching to increase the skills and confidence in facilitating and leading change for individuals leading work in general practice, and the 'Quality Improvement Fundamentals' programme which is a 2 day offer covering methodology and examples of quality improvement in primary care. The position regarding BNSSG capacity for these programmes will be reviewed with colleagues from NHS England following the outcome of the EOI for wave 7 of the Productive General Practice Quick Start programme.

- Input from practice representatives to the draft STP General Practice Resilience and Transformation mandate and work plan. This was a facilitated table top session as part of the event. The feedback has been collated and an updated draft incorporating peoples input will be shared.

c. 2018/19 Resilience Programme

The CCG received primary care resilience funding from NHS England in both 2016/17 and 2017/18. All practice clusters across BNSSG participated in work to improve resilience during 2016/17 and 2017/18 as follows;

- 2016/17; completion of a resilience questionnaire and participation in a stocktake exercise. This provided practices and the CCG with an understanding of current levels of resilience. Clusters were then asked to develop an action plan, around 3 priority areas highlighted by the questionnaire and stocktake, in order to improve resilience
- 2017/18; clusters were asked to provide a progress update to the CCG against the resilience action plans in place

The CCG will receive primary care resilience funding from NHS England for 2018/19 shortly. The NHS England guidance for use of the 2018/19 resilience funding includes that funding must be allocated where there is 'greatest need' and not divided up equally among practices. In order to comply with this the CCG has followed a clear and robust process including use of the quality and resilience dashboard which has been agreed by the PCCC. Further to this process 9 priority practices will be undertaking a programme of work to improve resilience during 2018/19 supported by the funding from NHS England. Currently detailed information about the resilience of each of the 9 practices is being collected by the CCG this will be followed by a meeting of CCG and practice representative to discuss and agree the key challenges and opportunities which can be taken forward as work streams supported by the resilience funding from NHS England. This will be formalised with an implementation plan and metrics to monitor the impact of actions taken as part of an MOU with each individual practice.

6. Financial resource implications

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

7. Legal implications

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8. Risk implications

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9. 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.

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

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

11. 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.

12. Recommendations

- To note the updates on monthly quality data and specific performance indicators for Primary Care Children's services.

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Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations. .

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

(CQC)

services in England.

Appendix 1

Quality Calendar

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

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.