

Primary Care Commissioning Committee

- 1. Date of Meeting:** 15th November 2018
- 2. Title of Report:** Primary Care Quality and Performance Report
- 3. Key Messages:**
 - The primary care dashboard continues to be sent out to practices monthly, with those practices identified as being at variance to the Clinical Commissioning Group average being contacted to investigate further. This work is leading to secondary care activity reductions.
 - The Clinical Commissioning Group has continued to work collaboratively with Public Health and NHS England to identify those practices who are classified as “red” or “amber” due to not meeting screening and immunisation targets. Clinical Commissioning Group Data has now been aligned to Public Health data and Practice visits arranged to support improvements. However, issues around data sharing with NHS England / Public Health are slowing progress.
 - Two West Cheshire practices have been visited by Healthwatch to carry out Enter and View visits, with positive feedback.
 - Concerns highlighted previously by West Cheshire Clinical Commissioning Group and member practices continue, more notably around outstanding notes, receiving notes that are not relevant, issues with labels and issues around the Open Exeter system.
- 4. Recommendations** The Primary Care Commissioning Committee is asked to note the content of the report.
- 5. Report Prepared By** Michael Anderson, Primary Care Commissioning Manager

NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PRIMARY CARE QUALITY AND PERFORMANCE REPORT

PURPOSE

1. The purpose of this report is to provide the Primary Care Commissioning Committee with an update of the key highlights and progress of the work of the Primary Care Operational Group in relation to Primary Care Quality and Performance Monitoring.

PRIMARY CARE INCIDENTS TEMPLATE

2. At the Primary Care Quality Group meeting in October, it was agreed that the monthly GP practice related incidents reported to the clinical commissioning group, would be collated in a one page summary and be reviewed by the members of the group on a quarterly basis. The group will review the following and identify actions to be taken, where there are any serious incidents reported:

- The top ten reporting practices
- The practices with the least recorded incidents.
- Key themes recorded
- Focus incidents
- Actions from the meeting in which they were discussed.

The completed quarter 3 template will be included with the January 2019 Primary Care Commissioning Committee papers.

PRIMARY CARE MONITORING REPORT

3. The primary care dashboard continues to be sent out to practices on a monthly basis, with reports now given to the Primary Care Operational Group on a quarterly basis, as per the agreed Annual Plan. However, the Primary Care Commissioning Committee has requested an update on this project at each meeting.
4. A summary of the practices identified within the dashboard as at variance (by one or two standard deviations from average) is contained within the table below that was shared at the Primary Care Quality October meeting, along with an update of the work carried out by the Primary Care Team and the practices.

**August 2018
Thematic Area:
Planned / Outpatient Activity Data**

Practices at 1 Standard Deviation from CCG Average for at least two consecutive months:

**Great Sutton Francey
Great Sutton Wearne
City Walls
Fountains**

No practices identified as at two standard deviations from average.

Data:

Practice	Indicators	Data GP Refs	Status
Great Sutton Francey	GP Referrals, All Outpatients and follow-ups discharged following first appt.	43.98 patients per thousand above CCG average	1 SD
Great Sutton Wearne	GP Referrals, All Outpatients and follow-ups discharged following first appt.	58.70 patients per thousand above CCG average	1 SD
City Walls	All outpatients and follow-ups discharge following first appt.	27.36 patients per thousand above CCG average	1 SD
Fountains	GP Referrals and All Outpatients	17.89 patients per thousand above CCG average	1 SD

Progress / Feedback:

The Primary Care Team has been working with the practices identified above in order to understand their higher rate of planned care activity from average. In summary:

- Both Great Sutton Wearne and Francey were previously visited to discuss their outpatient activity in more detail and where possible, consider reasons why this may be the case. Both practices sighted demographics as being a key factor. Subsequently, the practice reviewed patient level information detailing their outpatient referrals in high speciality areas in order to understand if any changes to referral pathways could be made. The internal review did not find any inappropriate referrals or changes that could be made. As the Practice has struggled to find any substantial reason for their difference in activity and have been identified in a number of thematic areas, the GP Quality Group has requested additional support for these practices. A meeting has been arranged for early December to progress this.
- City Walls has recently received contact from the clinical commissioning group setting out the top five outpatient specialities that this practice is above

average within. Patient level data has been received at the practice leading to an internal review. In addition, the practice is working with secondary care colleagues to carry out educational sessions to support clinicians to manage patients in-house where appropriate. The practice is still seeing an increase in their referral rates however this is under 2%. Therefore, the Practice will be contacted to understand how this work is progressing and next steps.

- Fountains Medical Practice has been identified within this thematic area for the first time. Initial contact will now be made with the practice in order to provide further information around which speciality areas they are above average in and to ask the practice what further support or data they may need. As this progresses, updates will be given to the GP Quality Group.

**Thematic Area:
Emergency Activity Data**

Practices at 1 Standard Deviation from CCG Average:

**York Road
Great Sutton Francey
Fountains**

Westminster has been identified as at two standard deviations from average within all three unplanned care indicators.

Data:

Practice	Indicators	Data Admissions	Status
Westminster	A&E Attendances, Emergency Admissions and Readmissions	33.99 patients per thousand above CCG average	2 SDs
York Road	A&E Attendances and Readmissions	5.22 patients per thousand above CCG average	1 SD
Great Sutton Francey	A&E Attendances, Emergency Admissions and Readmissions	21.49 patients per thousand above CCG average	1 SD
Fountains	Emergency Admissions and Emergency Readmissions	23.09 patients per thousand above CCG average	1 SD

Progress / Feedback:

The Primary Care Team has been working with the practices identified above in order to understand their higher rate of unplanned care activity from CCG average. In summary:

- Westminster Practice has been identified for some time as two standard deviations from average within the unplanned activity thematic area. The practice has continued to engage, providing regular feedback on the work completed. Currently, the practice is carrying out monthly audits on A&E

attendances and is analysing and contacting patients that are using emergency services inappropriately. In addition, the practice has recently implemented a “patient pass” to allow those patients who utilise A&E regularly to get direct access to a rapid GP appointment. This is currently being piloted with one patient and monitored before wider roll-out. Although A&E attendances continue to rise, emergency admissions are now decreasing. The practice will now be contacted to understand whether they have rolled out any of their pilots over a wider cohort of patients, and also whether any of the work they are doing has started to have an impact. This will be reported in the next update as this will be particularly important over the winter months. The practice may have been somewhat delayed in this work due to their recent CQC inspection.

- As this practice has also been highlighted in two thematic areas, the GP Quality Group will consider whether to request that this practice is contacted to offer additional support, similar to that for the Great Sutton Practices. This will need to be considered and recommendations made.
- York Road Practice patients have also been identified as high users of A&E and has a similar population to Westminster, therefore the work being undertaken at Westminster has been shared with York Road, and the practice is open to this idea. The primary care team will support these actions going forward. The practice will now be contacted to understand how this work is progressing. However, due to issues the practice has been facing around flu vaccinations, it is unlikely that this will have been progressed at this stage. Further work will need to take place with the practice in order to support improvements for over the winter months.
- As set-out above, Great Sutton Francey has carried out audits within their high performing areas. The practice has not discovered any inappropriate use of secondary care or alternative pathways that could be implemented to reduce admissions. The primary care team will also consider this area as part of the ‘deep dive’ work being undertaken with this practice.
- Finally, the Fountains Practice has been identified as coming into this group. The practice will now be contacted to commence this work via the informal process.

**Thematic Area:
Primary Care Quality**

Practices at 2 Standard Deviation from CCG Average:
Westminster

Practices at 1 Standard Deviation from CCG Average:
York Road
Great Sutton Wearne
Great Sutton Francey
Great Sutton McAlavey

Data:

The practices above have been identified this month for the first time within this thematic area. As these practices have also been identified within another thematic

area within this process, these have been included here in order to give further context to the overall recommendations and actions:

- Westminster Practice has been identified within this thematic area due to being two standard deviations from average for patient satisfaction identified within the GP survey, reporting zero Datix incidents through the clinical commissioning group reporting system and also recently receiving “requires improvement” within their CQC inspection.
- Each of the three Great Sutton Practices are two standard deviations away from average for their Friends and Family test results, and are one standard deviation away from average for their GP survey results.
- The York Road Practice is two standard deviations away from average for their GP Patient Survey results and one standard deviation from average within the Friends and Family Test.

This information will be used to provide overall context to these practices when contacting them with regards to the other areas detailed above.

Thematic Area: Primary Care Clinical Quality

The following Practices have been identified as “red” or “amber” within the primary care dashboard for screening performance in bowel, breast and cervical cancer. Data utilised within this report is now aligned to data used by NHS England Public Health to monitor practice performance. Data is taken from Open Exeter at September 2017.

Bowel Screening		Breast Screening		Cervical Screening	
Practice	Target 60%	Practice	Target 70%	Practice	Target 80%
Fountains Medical	54.4%	Heath Lane	35.8%	City Walls	71.1%
Westminster	44.1%	Northgate Village	66%	Lache	69.1%
City Walls	58.4%	Westminster	66.1%	The Elms	71.4%
Western Avenue	56.3%			Northgate Medical	67.3%
The Elms	58.9%			Northgate Village	74.6%
Northgate Medical	57.2%			Garden Lane	64.6%
Northgate Village	57.3%			Whitby Bowman	74.6%
York Road	55.7%			York Road	67.5%
Old Hall	56.1%			Old Hall	71.3%
Great Sutton W	59.9%			Westminster	60.0%
Great	57.0%			Great	71.0%

Sutton F				Sutton W	
Great Sutton M	59.7%			Great Sutton F	74.2%
Hope Farm	59.9%			Great Sutton M	70.9%
				Heath Lane	77.7%
				Boughton	75.4%
				Park Med	80.0%
				Upton Village	78.4%
				Heath Lane	78.8%
				The Elms	75.9%
				Whitby England	76.5%
				Whitby Warren	78.2%
				Hope Farm	77.4%
				Neston Surgery	76.4%
				Neston Medical	75.2%
				Willaston	77.9%
				Tarporley Campbell	77.3%
				Helsby	79.0%
				The Knoll	79.4%
				The Village Surgeries	76.4%

Progress / Feedback:

This item will be discussed in more detail within the Screening and Immunisations section of the agenda.

- The work being carried out by practices as part of the Support and Escalation process is demonstrating an impact on secondary care activity, by providing alternatives to hospital admission or outpatient referral. The reduction in activity compared to those practices that are not a part of this process, has led to a reduction in secondary care cost and results in a system's cost avoidance circa £113k at month seven 2018/19.

CARE QUALITY COMMISSION INSPECTION

Whitby Group Practice

6. The three Whitby Group Practices were inspected on the following dates: Red on 20 February 2018, Green on 27 February and Black on 6 March. The 3 practices were all rated as “Requires Improvement”. The Clinical Commissioning Group produced an action plan and worked with the practices to resolve any contractual issues identified within the inspection report, as well as providing general support around policies and procedures.
7. Members of the primary care team and the Clinical Lead for Primary Care Quality met with the Practice Manager to discuss the progress made. It was evident that the practice had addressed a large proportion of the issues raised in the inspection report. **Appendix 1** is a summary of the actions and progress.
8. The Care Quality Commission will be re-inspecting all three practices in November and December.

Fountains Medical Practice

9. Fountains Medical Practice had their review and received a “Good” rating in all five indicators. Due to their good rating, there is less urgency with this, but the clinical commissioning group endeavour to study the report to highlight any contractual issues and follow the same process as with Whitby Group Practice. A further update will be presented at a subsequent Primary Care Commissioning Committee Meeting.

Westminster

10. Westminster Surgery recently received a “Requires Improvement” rating and a number of contractual issues have already been highlighted. Again, the clinical commissioning group will be following the same process as with Whitby, to resolve such issues and an up to date progress report will be included in the papers for the December Primary Care Commissioning Committee.

PATIENT EXPERIENCE – HEALTHWATCH VISITS

11. During July and September 2018, Healthwatch visited two practices within West Cheshire, to carry out Enter and View visits. The practices visited were Laurel Bank Surgery, Malpas and The Village Surgeries Group at Tattenhall Surgery. The full reports from these visits can be found [here](#).
12. Both practices received positive feedback; Laurel Bank, Malpas particularly relating to patients’ satisfaction with services and quality of care.
13. A similar situation was reflected for Tattenhall, with extremely positive feedback received, relating to the quality of care given.

14. Relevant feedback from these visits will be shared at the Practice Managers Forum, to ensure best practice can be learnt from and shared across West Cheshire.

IMMUNISATION AND SCREENING

15. Work is ongoing by NHS England Public Health on the Screening and Immunisation action plan for Cheshire West and Chester. Further details will be shared at the next meeting.

Cervical Screening

16. At the October GP Quality Group, NHS England explained that there have been some issues regarding cervical screening samples that have been sent to the laboratory unlabelled. NHS England advised that this is a common theme and has agreed to share quarterly data on the rejected samples. This issue causes a significant number of patients to have to restart the screening process.
17. NHS England are currently in the process of establishing a consistent process across Cheshire and Merseyside to resolve this issue.

Adult Congenital Heart Disease and Sepsis

18. At the October GP Quality Group meeting, the need to raise awareness in patients with congenital heart disease of the need for regular reviews for their long term condition was discussed.
19. It was suggested that the GP Rolling Half Day on the afternoon of 27 November would have a particular focus on Sepsis and that it would be beneficial for a clinical course to be provided on the assessment of Sepsis. Work is ongoing to identify course provider. An further update will be provided at the January meeting.

PRIMARY CARE SERVICES ENGLAND

20. Concerns highlighted previously by West Cheshire Clinical Commissioning Group and member practices continue, more notably around outstanding notes, receiving notes that are not relevant, issues with labels and issues around the Open Exeter system. This continues to pose a quality and safeguarding risk and has been raised and escalated several times to NHS England as commissioner and to Primary care Services England via Capita, the provider.
21. Further to the last report, the clinical commissioning group has not been provided with any further assurance that the situation has improved. Although it was noted in the last report that a process was to be followed that would allow the labels for outstanding notes to be sent to practices where these notes were being retained, this still continues to cause issues for practice staff in some practices.

22. It has also been noted that one practice in particular has had funding deducted by the Open Exeter system in April 2018, that has still not been reimbursed.
23. These issues have again been escalated to Primary Care Services England, the provider and to NHS England, the commissioner for a response.

RECOMMENDATION

24. The Primary Care Commissioning Committee is asked to note the content of the report.

APPENDIX 1 – WHITBY CQC ACTION PLAN

CQC Inspection Result: Requires improvement

Practice: Whitby Green, Black & Red

CCG Action Plan Date: August 2018

Area identified	Rating	Sub-category	Action Identified	Gaps			Meeting held on 19.10.2018
				Green	Black	Red	Progress
Safe services	Requires improvement	Staff training for H&S	Identified in CQC action plan - time given to staff to complete and training matrix to be implemented and reviewed	N/A	N/A	N/A	Assurance from the practice manager that all staff training has been completed. PM to provide evidence
		Staff training for Safeguarding, Prevent, Child Exploitation and FGM	Identified in CQC action plan - time given to staff to complete and training matrix to be implemented and reviewed	N/A	N/A	N/A	Assurance from the practice manager that all staff training has been completed. PM to provide evidence
		Safeguarding alerts not in place for whole family	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	TO PROVIDE EVIDENCE
		No formal HV meetings re. safeguarding children	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	This always took place. PM advised unsure as to why this was included in the CQC report.
		Locum checks	Process now in place identified via CQC action plan	N/A	N/A	N/A	PM advised locum checks are now taking place and will provide CCG with policies
		Clinical indemnity liability not sufficient	Process now in place identified via CQC action plan	N/A	N/A	N/A	Completed. PM to provide evidence.
		Locked bins for clinical waste not in place	Locking bins implemented post visit	N/A	N/A	N/A	Assurance from the practice manager that all staff training has been completed.
		Water temperature and cleanliness	Process implemented post visit	N/A	N/A	N/A	Completed.
		Emergency lighting maintenance	Process implemented post visit	N/A	N/A	N/A	Completed.
		Fire drills	Process implemented post visit	N/A	N/A	N/A	Completed.
		Other premises inspections e.g. gas and legionella	Process implemented post visit	N/A	N/A	N/A	Complete
		No sepsis training in place for admin staff	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	Assurance from the practice manager that all staff training has been completed. PM to provide evidence
		No log of two week wait referrals	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	TO PROVIDE EVIDENCE
		Unactioned historical tasks	Process implemented post visit	N/A	N/A	N/A	PM advised that this is incorrect.
		Up to date first aid kit	Process implemented post visit	N/A	N/A	N/A	Completed
		Notices for fridges	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	Completed
		Process for management of high risk medications	Process implemented post visit	N/A	N/A	N/A	Completed
		Log for future action against alerts	Process implemented post visit	N/A	N/A	N/A	Completed
		Consistent significant event reporting system not in place	Process implemented post visit	N/A	Black	N/A	The was implemented following the CQC visit.
		Log, action and review of SEAs not in place	Process implemented post visit	N/A	Black	N/A	The was implemented following the CQC visit.
Effective Services	Requires improvement	Lower than national average for uptake of cervical screening	Process implemented	N/A	N/A	N/A	Complete
		No audits undertaken in last 12 months to demonstrate clinical care was effective	Process implemented post visit	N/A	N/A	N/A	Complete PM to provide copy of audit
		Staff training	Process implemented post visit	N/A	N/A	N/A	Assurance from the practice manager that all staff training has been completed. PM to provide evidence
		Death in preferred place of care audits for non-cancer	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	PM to provide written assurance
Caring	Good	N/A					
Responsive	Good	One complaint resolved via telephone had not been fully documented	Process implemented post visit	N/A	N/A	N/A	This was actually about 2 complaints, both have been resolved personally by the PM.
Well-Led	Requires improvement	Systems for staff training as per the above	Process implemented post visit	N/A	N/A	N/A	Assurance from the practice manager that all staff training has been completed. PM to provide evidence
		Systems for sharing SEA training not in place	Process implemented post visit	N/A	N/A	N/A	Assurance from the practice manager that all staff training has been completed. PM to provide evidence
		Nurses did not feel they met with GPs often enough nor did they belong to either of the three Practices	Not specifically mentioned in CQC action plan - may need independent follow-up by CCG	Potential quality gap	Potential quality gap	Potential quality gap	Meetings in place to hopefully address this issue although, PM advised not an easy position to achieve.
		Not all policies and procedures in place	Process implemented post visit	N/A	N/A	N/A	PM to share policies and procedures.

