

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PRIMARY CARE QUALITY REPORT**

Date of the meeting	04/04/2018
Author	K Payne, Primary Care Quality Lead L Hill, Principal Primary Care Lead
Purpose of Report	The purpose of this report is to update the Committee on the progress of work plans to support and facilitate quality improvement in GP Practices
Recommendation	The Committee is asked to note the report
Stakeholder Engagement	NHS England – South (Wessex), Health Education Wessex, Wessex Local Medical Committee, Locality managers, Education providers, wider quality team
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: KP LH

1. Introduction

- 1.1 The purpose of this report is to provide an update on the current position in relation to quality in Primary Care in Dorset CCG.
- 1.2 This report provides an update on Practice CQC registration, improvement visits to Practices, work to assure service population coverage, improving access and work to improve quality in targeted care pathways including the use of GP intelligence profiling and quality improvement training for Practices.

2. Report

Care Quality Commission (CQC):

- 2.1 All Dorset Practices have been rated by the CQC: Four rated as outstanding, 81 rated as good and one rated as inadequate.
- 2.2 Longfleet House surgery was rated as inadequate by CQC in a report published in November 2017. CQC re-visited the Practice in November 2017 and the warning notices placed on the Practice have been removed in a report published in January 2018. Quality Oversight meetings have continued to monitor and support progress with actions CQC have asked the provider to take. The provider has been reporting significant progress on their action plan, therefore a recent assurance visit was undertaken which found the required actions were completed. The provider has agreed to a full mock inspection by the CCG in March to ensure no issues remain outstanding or any new issues identified prior to their re-inspection which is due in May 2018.
- 2.3 Practices have begun to be re-inspected as part of the routine programme of inspections. Of those published there have been no changes in rating and the other Practices all report positive feedback during the inspection.
- 2.4 Durdells Avenue surgery was rated as inadequate in April 2017. In October 2017 the Practice merged with Kinson Road Surgery and was therefore archived by CQC. Kinson Road was recently re-inspected due to the merger with Durdells Avenue. The provider is in receipt of the draft report which rates the Practice as good. CQC have highly praised the progress the Practice has made and recognised the significant work the Practice had undertaken to address the patient risks associated with the previous provider.

Quality Assurance and Improvement Visits:

- 2.5 An Internal Auditor review of Primary Care Commissioning in Dorset recommended to increase the number of Practice visits. The Primary Care and Quality teams are working together to coordinate an approach to this which includes undertaking standard overview and improvement visits as well as deep dive visits. The following progress has been made:

7.4

- 2.6 A pilot phase has been completed in order to design the process for this work. Practices have been informed that the full programme of visits will commence in April. Joint working between the primary care and quality teams will reduce the duplication of visits for Practices.
- 2.7 Themes from the visits are to be collated and learning will be shared. Any trends that identify a learning need will be forwarded to the Primary Care Workforce Centre (PCWC) for action.
- 2.8 Trends and good practice will also be reported as part of future primary care and quality reports to the Primary Care Commissioning Committee.

Assuring population coverage: Practice Boundaries

- 2.9 As part of ensuring all maps of boundaries are current and up to date as well as creating a uniform and standardised approach to mapping boundaries, the CCG has plotted Practice boundaries in one format. Every Practice has been sent a map detailing their inner and outer (where available) boundary requesting verification.
- 2.10 Out of 86 Practices, all except four Practices have responded.
- 2.11 Once all maps have been verified, the next steps will be to create a locality map which will be shared with the Primary Care Operations Group and then with Locality Chairs to discuss and address any absence of outer boundaries and gaps within the locality.
- 2.12 These maps will then be sent to NHS England to be included as part of the GMS/PMS contracts.

Improving clinical quality in Diabetes

- 2.13 National Diabetes Audit (NDA) submissions have now been included as part of contract monitoring. Submissions of the NDA are now a mandated requirement for Practices as part of the Diabetes Local Enhanced Service. Since April 2017, Practices have been required to sign up to automatic GP data extraction service.
- 2.14 This has resulted in improved participation. In 2016/17 Practices achieved approximately 60% participation as compared to 100% participation achieved in 2017/18.
- 2.15 Further work on improving outcomes for Diabetes will be undertaken with Practices over 2018/19. Practices are being required to run PRIMIS Diabetes reports looking at HbA1c, Blood Pressure and Cholesterol against national treatment targets on a regular basis and submitting them quarterly by uploading to CHART online.

Improving Clinical Quality in Atrial Fibrillation (AF)

- 2.16 Following the uptake of opportunistic screening for identification of AF in flu clinics, one third of registered patients aged 65 years and over were pulse checked during flu clinics in 2016/17.
- 2.17 Building on the success to drive improvements, all Practices were offered the opportunity to take part in 2017/18 resulting in 95% of practices signing up to the Local contract. This required them to run the GRASP-AF report and submit this to CHART online and also e-mail to the CCG Business Intelligence (BI) team, in order for the BI team to use the data to create benchmarking reports and tools to show improvements and monitor progress. Although many Practices have full membership of PRIMIS, those who did not have been able to access the GRASP tools free of charge.
- 2.18 Recognising that identification of AF in patients is only the initial step and that regular patient review to ensure optimisation of anticoagulation and time in therapeutic range is necessary to further prevent Strokes, Practices have been encouraged to undertake regular reviews. Current trend has shown that:
- sixty-five Practices have uploaded to GRASP AF compared to 47 Practices a year ago;
 - thirty-eight Practices have uploaded more than once which suggests that over half of the Practices are using this report on a regular basis
 - these 38 Practices have a higher percentage of people anticoagulated (70.7%) indicating a 9% improvement from the previous upload.
- 2.19 To maintain the positive momentum, the AF requirement has been embedded in the GP Contract plus for all Practices to deliver with additional funding, encouraging GPs and Practices to undertake this as part of their 'routine' work with a particular focus on:
- using the patient identifiable GRASP-AF report to identify the number of patients on the AF register that are currently not being anti-coagulated. This is to support the aspiration to meet the 75% target of AF patients being actively managed using anti-coagulation;
 - in addition to the above, Practices are being asked to focus on AF – Time in therapeutic range (Warfarin /DOAC report).

To date, all 86 Practices have indicated their intention to sign up to the GP Contract plus.

Extended Hours National Enhanced Service

- 2.20 Some Practices have expressed concerns regarding their ability to deliver the National extended hours service (DES) in addition to the new improved access service introduced in 2018/19.

- 2.21 Currently, 82 Practices are signed up and delivering the DES. Four Practices are not currently participating due to a variety of reasons which include workforce/ resilience issues.
- 2.22 The CCG is encouraging Practices to continue providing the DES for 2018/19 and is producing a guideline document to be shared at Locality meetings prior to the 2018/19 offer.

Learning Disability Health Checks

- 2.23 Seventy-five percent (75%) of eligible patients should have a learning disabilities annual health check by March 2019.
- 2.24 Health check percentage uptake for 2016/17 and 2017/18 based on CQRS extract data produced by the Dorset CCG Primary Care team is as follows:

2017/18

Quarter	Completed Health Checks	Learning Disability Register Size	% Completed Health Checks	% increase on same quarter previous year
1	293	3489	8.4%	57.5%
2	339	3619	9.4%	27.4%
3	529	3765	14.1%	1%
Total	1161	3765	30.8%	19.0%

2016/17

Quarter	Completed Health Checks	% Completed Health Checks	% increase on previous quarter
1	186	5.6%	
2	266	8.0%	43%
3	524	15.7%	97%
4	683	20.5%	30%
Total	1659	49.8%	

- 2.25 LD register at 31 March 2017: 3,329
- 2.26 The cumulative position by the end of quarter three 2017/18 was 30.8% (1,161 health checks completed against a register size of 3,765). This is an increase of 19% on the previous year (when 976 health checks were completed against a register size of 3,329).
- 2.27 However, it is important to note that although 185 more health checks were completed by the end of quarter three 2017/18 than by the same period 2016/17, the Learning Disability register had 436 more people on it by the end of quarter three 2017/18 compared with the end of quarter four 2016/17 (an increase of 13%). This means that more people will need to have an annual health check to meet the % target.

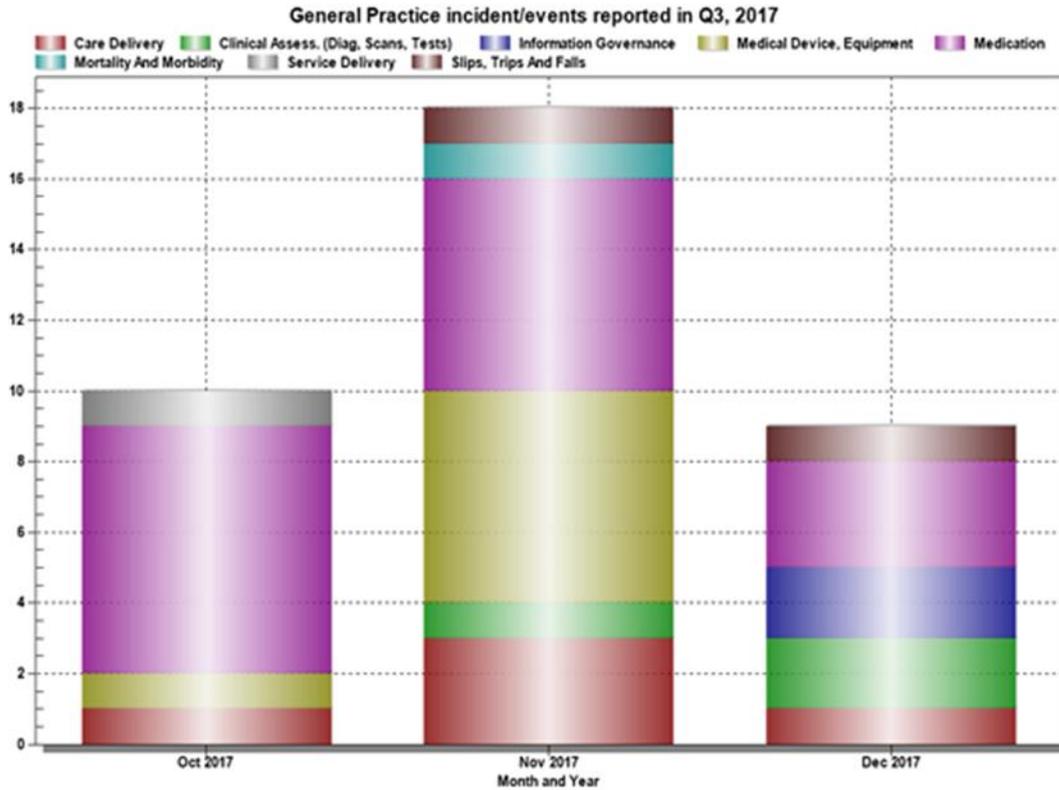
- 2.28 It is anticipated that the 60% trajectory for 2017/18 may not be met. A plan is in place to improve performance; this will be reviewed at the Primary Care Practice Profiling/Contract Management Group on 28 March – with a view to agreeing further actions and a potential new approach.

3. GP Incident/Events and GP Intelligence report

- 3.1 The Quality Improvement team are working closely with the Patient Safety and Risk team to improve incident reporting, risk management and significant event analysis processes in primary care to ensure lessons learned and best practice is shared across the system. A number of Practices have come forward to work with the teams to pilot ways to improve. Once this initial pilot has completed, guidance on the pathway for different types of incidents will be compiled. In conjunction with the Pilot Practices, next steps will be agreed to improve reporting following this.
- 3.2 Thirty-seven adverse incidents were reported in Q3; all were reported via the new web-reporting form.
- 3.3 Below is a summary of GP adverse incidents/events occurring in General Practices (self-reported) and adverse incidents reported by GP Practices about other providers during Q3. Included in the report are incidents reported by GP Practices relating to issues that do not meet the criteria of adverse incidents.

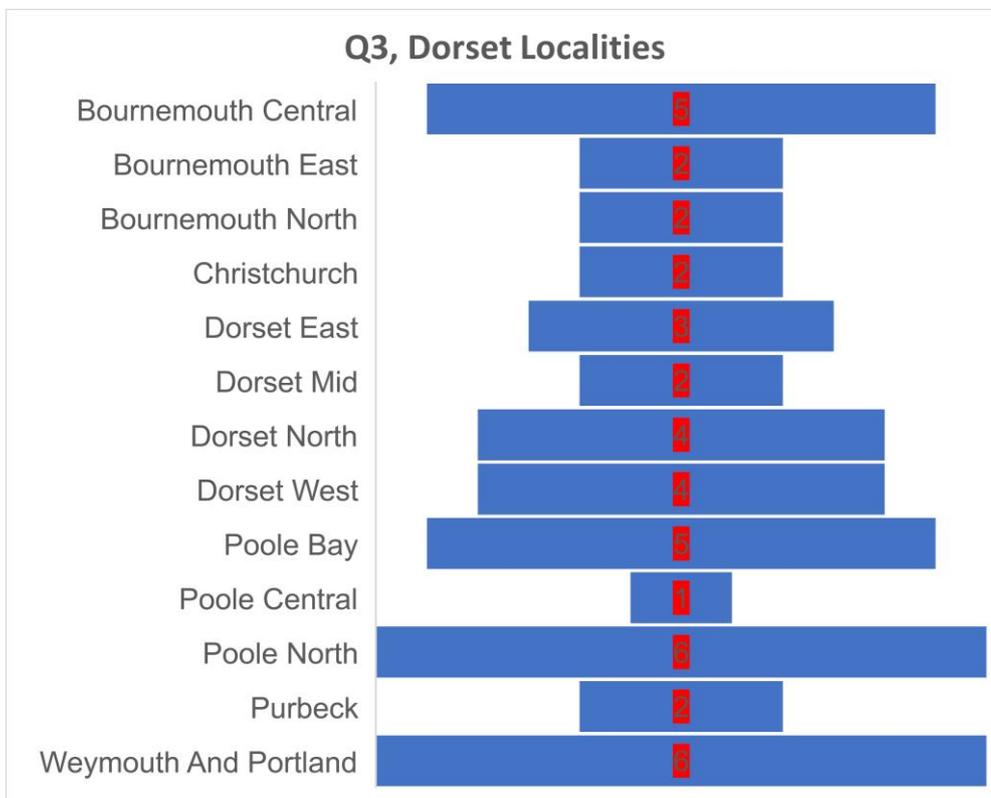
Themes reported in Incidents/events occurring in GP Practice reported in Q3

- 3.4 The graph below depicts the types of incident (cause groups) relating to GP Practices. Each month medication shows the highest number reported, with medical equipment being the second. Regarding medical equipment, the primary concern was 'cold chain breaches' (where the refrigerator had a power failure/or broke down, resulting in a loss in some instances of medication).



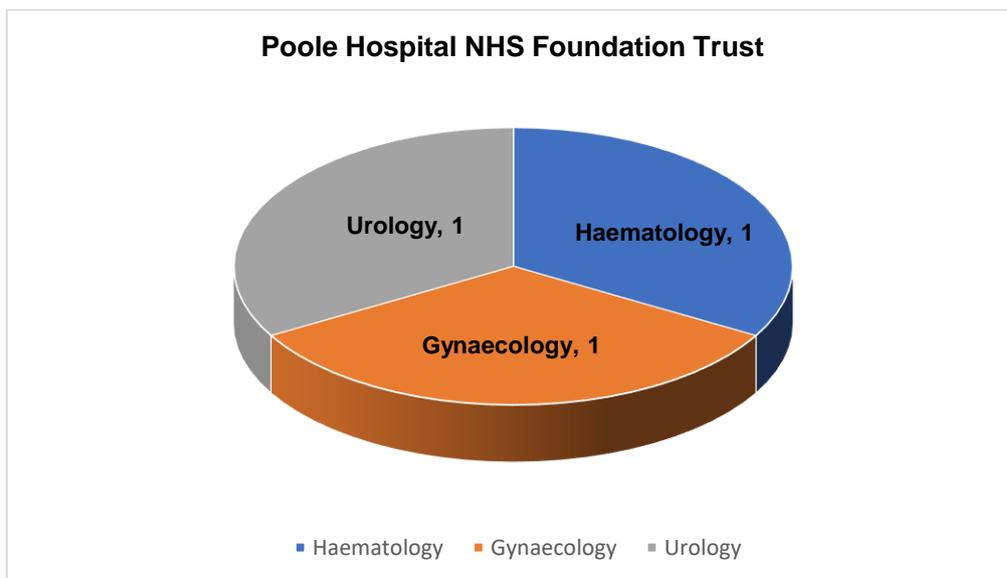
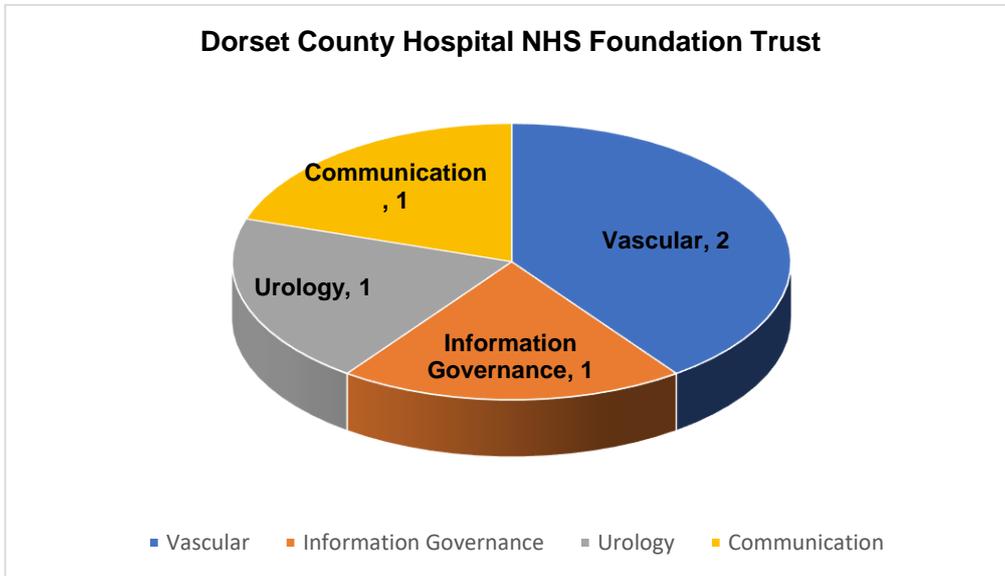
Dorset Localities

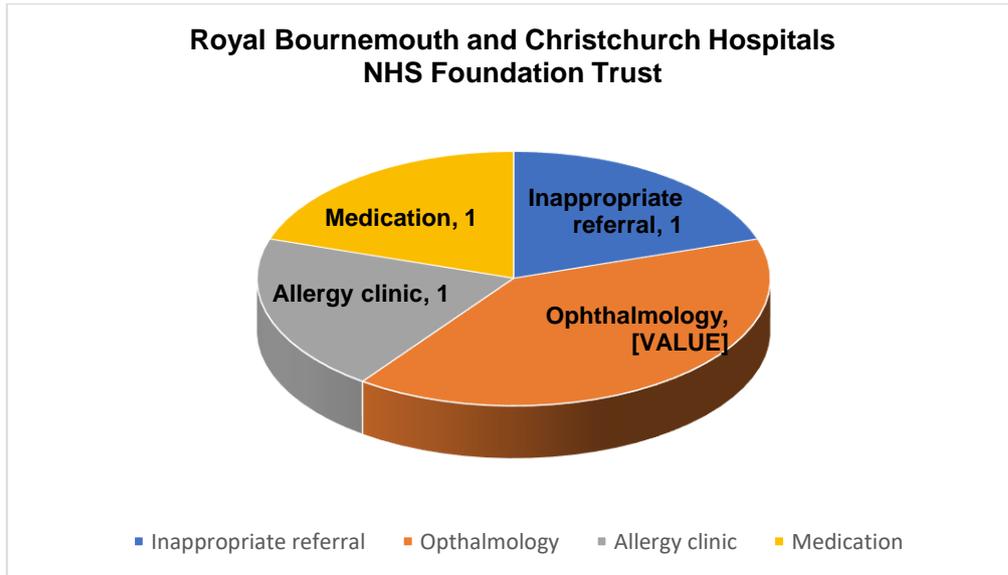
- 3.5 The spread of incidents reported were fairly even across Dorset, compared to previous reporting which were concentrated in the West of Dorset.



Incidents reported by General Practice relating to other providers.

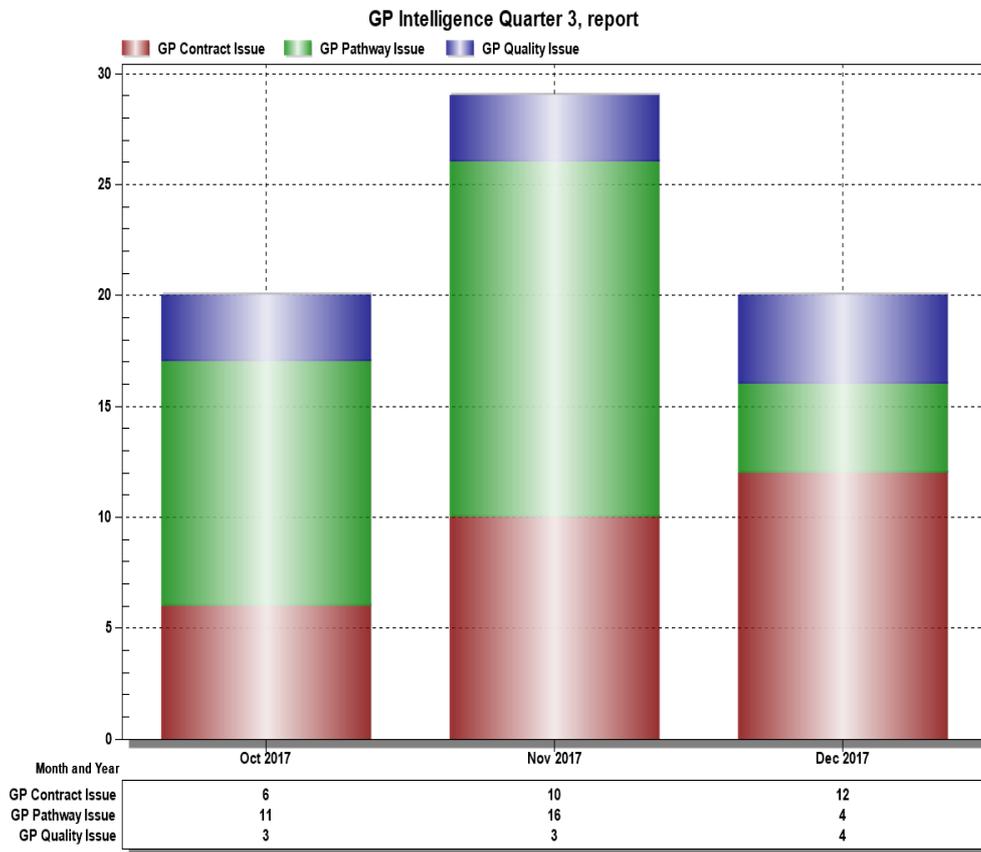
3.6 In Q3, there were 13 incidents reported relating to other Providers.





GP Intelligence

- 3.7 During Q3 2017/18 there were 69 GP intelligence issues reported. GP pathway issues were the largest amount reported overall.
- 3.8 The below graph shows the overall individual themes identified with the most prevalent relating to inappropriate requests to Primary Care.



3.9 The following graph highlights themes between January and December 2017. Inappropriate request to Primary Care remains the highest reported breach of contract. Contract breaches are discussed with the acute providers during regular contract review meetings.

3.10 Types of contract breaches included:

- providers to issue 'fit notes' to patients under their care, where required;
- timely production and transmission of clinic letters, to GP Practices, no later than 10 days/7 days;
- a requirement for hospitals to put in place efficient arrangements for handling patient and GP queries promptly;
- providers to supply patients with medication following attendance at OPD;
- hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility;
- stopping hospitals adopting blanket policies under which patients who DNA are automatically discharged back to GP;
- enabling hospital onward referral to, and treatment by, another professional within same provider for a related condition;
- hospitals to notify patients of the results of clinical investigations and treatments;
- send discharge summaries by electronic or email transmission within 24 hours;
- providers to supply patients with medication following discharge from inpatient or day case care.

4. Quality Improvement

4.1 Training is being delivered by the Quality Improvement team in Practices to support the implementation of the ISPACE dementia friendly Practices project previously run by Wessex Academic Health Science Network. Currently 58 Practices have completed the programme, 21 Practices are in the process of undertaking the programme. Five Practices have not responded and two have declined to undertake the programme.

4.2 The Quality Improvement team have been working closely with the Primary Care Workforce centre (PCWC). The previously circulated quarterly newsletter to practice nurses has been merged into the PCWC newsletter

very successfully. This provides a monthly nursing section within the PCWC newsletter going forward.

- 4.3 The Quality Improvement team are also working closely with the PCWC to ensure Practice Nurses have access to the right training opportunities. This includes a pilot clinical supervision project with General Practice Nurses in the Weymouth and Portland locality. A conference for GP nurses is also being planned for May 2018.
- 4.4 Wessex Academic Health Science Network (AHSN) have developed a Safer Practice Framework which is a self-assessment tool to support General Practice staff to review current practise and to support the delivery of good quality of care by harnessing a patient safety culture. It is based upon the CQC key lines of enquiry. It helps Practices to identify core practice and enhanced practice to aid them to strive towards outstanding ratings. A number of Practices were approached along with a message in the bulletin to ask for Practices willing to pilot the tool for the AHSN. 21 Practices have come forward to participate. The pilot is planned to run until the end of March 2018 and the only requirement on Practices is to complete the tool by the end of March 2018 and complete a short questionnaire which takes approximately five minutes.

5. Conclusion

- 5.1 The CCG is committed to assuring quality care and good patient experience in Primary Care. Quality improvement through collaborative working with colleagues and external partners is key to achieving this.

Author's name and Title: Karen Payne, Primary Care Quality Lead
Luna Hill, Principal Primary Care Lead
Date: 14 March 2018
Telephone Number: 01305 213501 (KP)
01305 213519 (LH)