Primary Care Quality Report

Report Number 3; January 2017

1. Introduction

1.1 This report builds on the information within the first 2 reports, please refer to these for background information.

Patient Safety

2. Incidents

2.1 During the next three months leading up to full CCG delegation, the CCG and NHS England are collaborating to establish and embed an effective system for sharing incident data. It has been confirmed that the National Reporting and Learning System is currently under review to take account of the transfer to CCGs, though the reporting route and functionality may not have changed by April 2017. The CCG will therefore be reliant on NHS England to share incident data until these changes have been made.

2.2 Whilst all incidents logged to the NRLS are reported to NHS England, practices are required to tick a box to confirm their agreement to share the report with the CCG. The CCG has directly received 11 NRLS incident reports since April 2016, year to date. In addition, NHS England have received another 4. There were no Serious Incidents logged to the STEIS system originating in Primary Care.

2.3 For these incidents, the incidents are related to medication errors (most often linked to prescribing), a concern relating to community nurse competency for syringe drivers, issues relating to clinical IT system functionality and a backlog of clinical letters. There are plans in place to learn from all of these incidents and the CCG has actively become involved in multiple cases to facilitate learning between primary, community and secondary care.

2.4 In early 2017 the Quality Team are developing a ‘learning bulletin’ to be shared with practices and will share learning and feedback through the GP forum events.

2.5 The breakdown is provided below for all incidents reported since April 2016.
2.6 The Quality Team has seen an increase in incidents reported via the NRLS both as a whole and the proportion directly reported to the CCG. Practices which have received direct feedback or action by the Quality Team as the result of a report, appear to be increasing their use of the system.

2.7 Please also refer to the CQC section later in this report for further detail about the Innovator Practice Scheme run by the Academic Health Science Network and which supports practices to embed a safety and reporting culture.

3. **Safeguarding**

- The NHS Adult Safeguarding intercollegiate guidance was briefly published by NHS England but withdrawn again shortly after. Once re-published, the CCG will review its' Safeguarding Strategy and undertake a mapping exercise against the guidance. This information will be used to inform future training development for primary care, which is currently unable to source training above Level 2 which is consistent and benchmarked.

4. **Infection Control**

4.1 There have been 30 C.Difficile infections attributable to Wiltshire practices since April 2016. These cases are across 16 practices, however, there are another 33 cases attributed to primary care which have not been linked to a specific practice.

4.2 For each of the practices recorded with a C.Diff infection, analysis indicates that the C.Diff rate is proportionate to list size. There is therefore potential opportunity for the CCG to support development of improved infection control practice in these practices.
4.3 The CCG’s new Quality Manager with lead for Infection, Prevention and Control will be actively supporting practices and sharing learning from root cause reviews. In addition, the Quality Team will also be re-establishing a support, learning and development network for primary care nurses, which will encompass infection control issues and practice.

4.4 The CCG’s Quality Team is working with Medicines Management to support the review of antibiotic prescribing within practices, as this is also potentially linked to the rise in C.Difficile cases. Initial review however, does not appear to correlate with the location of C.Difficile cases.

4.5 To support this work, the Quality Team is planning to reconvene the C.Diff Task and Finish group that demonstrated a positive impact in 2015.

4.6 The investigation of an MRSA case which was attributed to a practice in September 2016 has highlighted a number of areas. The learning includes the importance of good record keeping so that all staff are able to understand the interventions that have been undertaken for a patient; the need to ensure training is up to date so that staff can maintain best practice, and communication with partners in community and secondary care to ensure that care planning is consistent and appropriate. This learning has been fed back to the individual practice and will be communicated via the learning bulletin.

Patient Experience

5. Complaints

5.1 NHS England remains the responsible body for receiving and managing primary care contractor complaints. There is currently no intention for CCGs to manage these complaints following full delegation.

5.2 Currently, the only information available to the CCG is that there have been 24 complaints since April 2016 in relation to primary care services. NHS England are currently unable to share further detail with the CCG, although the Quality Team continues to engage with the central team to attempt to resolve this.

6. Friends and Family Test

6.1 Information on the Friends and family Test is available here: https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/

6.2 The most recent results for the Friends and Family Test data (for November 2016) show that 31 of 55 practices submitted FFT data. This is a Wiltshire compliance rate of 56% which is an improvement of 3%, but is however 8% lower than the national rate of 64%
6.3 The data demonstrated a recommendation rate of 94%, which is an improvement of 5%, the national rate is 89%. The chart below demonstrates the most recent results.

**Friends and Family Test results (November '16)**

![Bar chart showing Friends and Family Test results]

6.4 Whilst low response rates may affect results, there were 6 practices whose ‘not recommended’ rates indicated poorer performance than the national average results. The Quality Team will offer these practices advice in collecting and using FFT feedback.

7. **GP Survey**

7.1 The GP Survey is carried out twice a year by Ipsos MORI and ensures that patients have the opportunity to comment on their experience of their GP practice. Further information is available here: [https://gp-patient.co.uk/](https://gp-patient.co.uk/)

7.2 There have been no data publications since the previous issue of this report, the next publication is due at the end of January 2017. The Quality Team will review these results and work with primary care to address the findings of this patient-reported feedback.

**Effectiveness**

8. **Progress Towards Quality Premium**

8.1 Further information regarding the Quality Premium is available in previous reports and at the following link: [https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/](https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/).

8.2 Three of the four national measures for 16/17 relate to three areas in primary care. Progress against the Quality Premium Targets is demonstrated in the table at the end of this section which contains the most recent available data.
8.3 The Quality Premium targets are:-

- **GP patient survey** (20% of quality premium)- overall experience of making a GP appointment which will be evidenced by 85% of respondents who said they had a good experience of making a GP appointment or a 3% increase from July 2016 publication of respondents who said they had a good experience.

- **Improved antibiotic prescribing in primary care** (10% of quality premium)-this is split into two parts with the first part focussed on a reduction in numbers of antibiotics prescribed in primary care (4% reduction on 13/14) and the second part on the number of co-amoxiclav, cephalosporins and quinolones prescribed as a proportion of the total number. Broad spectrum antibiotics, such as these should be prescribed in line with prescribing guidelines and local microbiology advice. Reducing their inappropriate use is aimed at protecting patients from healthcare acquired infections such as Clostridium difficile infection.

- **E-Referrals** (20% of quality premium)- this will be evidenced through a year on year increase in the percentage of referrals made by primary care to secondary care via e-referral, meeting a level of 80% by March 2017.

**Wiltshire Practices’ e-referral rate**

![Graph showing e-referral rates](image)

**Progress against Primary Care Quality Premium Measures**

<table>
<thead>
<tr>
<th></th>
<th>Target Rate</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Patient Survey</td>
<td>&gt;85%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Referrals</td>
<td>&gt;80%</td>
<td>59.7%</td>
<td>59.7%</td>
<td>57.2%</td>
<td>58.3%</td>
<td>62.6%</td>
<td>59.1%</td>
<td>55.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotic prescribing 1</td>
<td>&lt;1.161</td>
<td>1.051</td>
<td>1.047</td>
<td>1.042</td>
<td>1.037</td>
<td>1.039</td>
<td>1.038</td>
<td>1.031</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotic prescribing 2</td>
<td>&lt;11.9</td>
<td>13.36</td>
<td>13.18</td>
<td>13.00</td>
<td>12.75</td>
<td>12.56</td>
<td>12.35</td>
<td>12.11</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

8.4 Achievement of the e-referral and patient survey targets will be challenging. The Quality Team will include information relating to the Quality Premium in the draft primary care Quality Team bulletin. Additionally, the team are attending the February GP Learning Event and will offer advice and guidance relating to achievement of the Quality Premium measures.

9. **GP Practice CQC Status**

9.1 During the Co-Commissioning period, CCGs and NHSE both have a responsibility to ‘ensure there are clear and transparent improvement plans in place and support appropriate interventions if services to patients are at risk’ (NHSE, 2015).
9.2 The Quality Team is developing a clear offer of support to practices which will also form part of the wider ‘tool kit’ which is in development by the Primary Care Team. There is also guidance from NHS England titled: *NHSE (2015) Framework for responding to CQC inspections of GP Practices*. Available at: [http://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf)

9.3 The current status (as at January 12th 2017) of CQC compliance for Wiltshire practices (based on 46 inspection results) is as per the chart below. Nine of the fifty five practices are currently pending inspection results.

**Chart demonstrates Wiltshire Primary Care CQC ratings.**

9.1 There are no practices rated as overall ‘Inadequate’. Wiltshire practices are performing above national average CQC inspection ratings.

9.2 The table on the following page shows the overall rating for each Wiltshire practice.
Charts outline overall CQC rating for Wiltshire practices.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEWSEY SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>MARLBOROUGH SURGERY</td>
<td>Carrying Out Checks</td>
</tr>
<tr>
<td>RAMSBURY SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>BURBAGE SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>OLD SCHOOL HOUSE SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>MALMESBURY MEDICAL PARTNERSHIP</td>
<td>Outstanding</td>
</tr>
<tr>
<td>TOLSEY SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>PURTON SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>TINKERS LANE SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>NEWCOURT SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>CRICKLADE SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>PORCH SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>BOX SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>RAYMOND SURGERY</td>
<td>Carrying Out Checks</td>
</tr>
<tr>
<td>JUBILEE FIELD SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>LODGE SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>NORTHLUDS SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>PATFORD HOUSE SURGERY PARTNERSHIP</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>BEEVERS BROOK MEDICAL CENTRE</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>HARCOURT MEDICAL CENTRE</td>
<td>Good</td>
</tr>
<tr>
<td>SALISBURY MEDICAL PRACTICE</td>
<td>Carrying Out Checks</td>
</tr>
<tr>
<td>MILLSTREAM MEDICAL CENTRE</td>
<td>Carrying Out Checks</td>
</tr>
<tr>
<td>WHITE PARISH SURGERY</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>ST ANN STREET SURGERY</td>
<td>Outstanding</td>
</tr>
<tr>
<td>ENDLESS STREET SURGERY</td>
<td>Good</td>
</tr>
<tr>
<td>THREE SWANS SURGERY</td>
<td>Good</td>
</tr>
</tbody>
</table>

9.3 Whilst there are seven ‘Outstanding’ practices in Wiltshire, there are no practices which have been rated as outstanding in the safety domain. The CCG is collaborating with the Academic Health Science Network in the Innovator Practice Scheme which intensively supports practices to embed and sustain a safety culture; implement a cycle of continuous learning and improvement; and supports with practical safety improvement work at practice level. A second cohort opportunity opens in spring 2017.

9.4 Three practices are merging in 2017 to become a new Health Centre in the Trowbridge area. These practices will join the Innovator Practice scheme and will receive support from the CCG Quality Team. By the end of 2017, the new Health Centre will be in place and the ambition is for them to become patient safety beacon site to other practices to share learning and offer support more widely.

9.5 Previous reports have aggregated themes from CQC inspection outcomes. With a strong performance of seven outstanding Wiltshire practices, the summary below focuses on what has made these practices outstanding with a view to the Quality Team sharing and transferring this learning across Wiltshire practices:-
9.6 In the Wiltshire Outstanding practices:-

- There was strong, clear and visible leadership with an embedded and robust clinical governance process.
- There was a clear vision and strategy for the practice which placed Quality and Patient Safety at the top - all staff were familiar with this.
- The practices worked well as a team and every member of staff knew their role in the team and felt valued. There was an open culture of sharing and supporting each other.
- The practices actively promoted staff training and education, supporting staff with time to achieve and use this within the practice setting.
- Practices actively sought staff feedback and were able to evidence changes and improvement made as a result.
- Best practice and learning was actively shared and sought across provider boundaries, both within primary care and with community provider organisations.
- Some practices had implemented a ‘patient liaison’ role (various job titles), to effectively link with other services, maintain contact with patients and support patients to remain out of inpatient care. In some cases, this role also visited patients in hospital to facilitate a quicker and safer discharge.
- Practices actively engaged with their Patient Participation Groups and there was evidence of the outcomes this had had – for example, services offered to groups of patients at scale, connecting individual patients together to support each other, and developing a repository of information on local support services for patients to access.
- Resources were shared across practice boundaries (this includes staff and in some cases, equipment).
- Practices used complaints and significant event information to make improvements in safety and patient experience – both within the practice and working collaboratively with others.
- Carers were actively identified and supported – this included offering regular health checks to carers, setting up a carer network and offering a priority booking service.
- Some practices offered ‘open door’ clinics to some vulnerable groups of patients.
- Patients’ emotional wellbeing was looked after and patients and took a holistic approach to care planning.
- Nurse led clinics demonstrated improved outcomes for patients with long term conditions, evidenced promotion and of self-care and some took a ‘coaching’ approach to assist patients in managing their condition.
- Innovative use was made of technology and information systems
- 7-day nursing services were accessible to patients
- Support and education was offered to local care homes to help manage some of the more frequently occurring types of problem.
- Opportunities to review patients were maximised (i.e. offering BP checks at the same time a flu vaccinations etc.).
10. **Workforce Development**

10.1 The CCG’s Quality Team continues to participate in the Primary Care Workforce Sub Group. This group, which includes the development of the CEPN (Community Education and Provider Network) is undertaking many projects and a separate report is available from this group.

10.2 In order to establish current risks and in line with the objective described in the first issue of this report, the Quality Team undertook an exercise to establish existing medical, clinical and administrative staffing vacancies within Wiltshire primary care services. This information is held in a ‘register’ and is be updated on a regular basis by the Quality Team. The original survey was undertaken in September and has been updated in January 2017.

10.3 The intelligence from the vacancy survey was fed into the Sustainability and Resilience Programme CCG level assessment which was submitted to NHS England, shared with Workforce Sub Group and is a component of the Primary Care Quality Dashboard, which is nearing development completion. The information will also contribute to the identification and support of vulnerable practices.

10.4 The chart below shows the change in reported vacancies across Wiltshire practices. It appears to show that GP and Clinical Staff vacancies have improved slightly, however there has been an increase in vacancy for administration and support roles.

![Practice Vacancy Survey](image)

*Jan ’17 survey based on 52 practices’ responses.

10.5 Practices also provided very rich and helpful information, along with their views as demonstrated below. This information will be fed into Workforce Group, Resilience Group and inform the wider work of the Quality Team.
Sample feedback from practices

“As individual practices we can attract replacement staff reasonably easily because we are nice places to work, pay well and run highly regarded practices that support their staff - so we get people asking us about vacancies rather than seeking people out. However, these staff may be working in another local NHS service (e.g. community team or another practice and if they leave that service may become more vulnerable”

“...we have given up trying to recruit a nurse and are trying to back fill with HCA”

“...we are about to lose a GP partner who we have been unable to replace (no enquiries despite ads in BMJ, Pulse, NHS job, LMC website)....”

“...our main problem is trying to cover for sickness and annual leave”

“...actually we are all quite vulnerable. Lose one GP or one nurse and immediately we start to struggle”

“we are aware that GP’s are difficult to recruit and practice nurses even more so...”

“...if there was sufficient funding e could look to recruit spare admin and nursing time over and above our requirements, however the funding does not allow for this. Discussions with neighbouring practices about sharing staff e.g. phlebotomist or using staff for cover have not led anywhere”

10.6 The CCG Quality Team engages with the national drive, aligned to the General Practice Forward View, to further develop practice nurses and co-ordinates and facilitates the Practice Nurse Development Forum. The CCG is currently engaging with practice nurses and partner organisations to establish a refreshed approach and format for this forum. The new approach will align with and link to the Workforce Development group and will support a sustainable model of practice nurse networking, development and information sharing.

10.7 The forum will also facilitate nurse revalidation which all nurses are now required to complete; [http://revalidation.nmc.org.uk](http://revalidation.nmc.org.uk).

10.8 Working with Health Education England and all providers in Wiltshire, the CCG Quality Team allocated funding to a number of training courses. The courses are not part of statutory / mandatory training, or continuing professional development. The
training available supports transformation. Over 50% of available courses were
allocated to Primary Care. The current uptake of courses is demonstrated below:

Chart demonstrates uptake of funded courses via Health Education England

10.9 There are high numbers of vacant places in several key areas. Despite allocating
named individuals to courses, practices are struggling to release staff to be able to
attend. The uptake rate however is considerably improved from 15/16 and courses
commence throughout the year so opportunity exists for places to be filled. The
information about the uptake of these opportunities is being fed into the Practice
Nurse Forum, and CEPN.
11. Additional work focusing on Primary Care

11.1 The Quality Team has continued to develop the draft Primary Care Quality Dashboard. An example of the dashboard is demonstrated below. There are some refinements to be made in relation to data available from NHS England, however, it is anticipated that the dashboard will be ready for launch at the end of January 2017.

11.2 The dashboard will feed into the Quality Team’s development and support work, and the Resilience and Workforce groups.

11.3 Further developments proposed include:
- The development and launch of the practice Quality and Safety bulletin (either via separate communication or through a single point of access intranet site).
- The development and sharing of a suite of tools to support practices to self-assess and identify risk areas.
- Working with practices to use to Manchester Patient Safety Framework for Primary Care (www.nrls.npsa.nhs.uk/resources/?EntryId=59796) to identify potential steps to improve patient safety.
- Sharing learning from the Primary Care Collaborative and Innovator Practice Scheme.