

Primary Care Commissioning Committee

21 December 2016

Details	Part 1	x	Part 2		Agenda Item No.	12
Title of Paper:	Primary Care Workstream Update					
Board Member:	Dr J Schryer, Primary Care Clinical Lead					
Author:	Zoe Alderson, Head of Primary Care					
Presenter:	Dr J Schryer, Primary Care Clinical Lead					
Please indicate:	For Decision		For Information	x	For Discussion	

Executive Summary

Summary	The attached Primary Care Workstream briefing has been prepared to provide Primary Care Commissioning Committee with an overview of the schemes and progress currently being delivered/supported by the team. Work is ongoing to produce a robust workstream programme.					
Risk	High		Medium	x	Low	
	Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". NB Risks can include failure to act and lost opportunities.					
	The briefing highlights a number of concerns which the team have raised/discussed.					
Recommendations	The Primary Care Commissioning Committee is asked to:					
	<ul style="list-style-type: none"> Note the briefing being presented 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	x
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements x

Primary Care Workstream Briefing

1. Introduction

This briefing has been prepared in order to provide Primary Care Commissioning Committee (PCCC) with an overview of the work currently being discussed/progressed via the Primary Care Workstream Group (PCWG).

Work is progressing to review the remit and frequency of the PCWG (formerly Primary Care Quality Improvement Group) with a view to becoming a channel to report wider Primary Care Workstream matters to PCCC in a timely manner. The PCCC will be presented with a proposal of membership recommendations once further details are available.

2. Primary Care Workstream Group (December 2016)

2.1 Risk register

The Primary Care Team Risk Register is included on the agenda as a standing item and will be reviewed on a monthly basis at the PCWG meeting, beginning in January 2017.

K Lee advised RBMS line on risk register, solution identified is provision of a second server which is awaiting authorisation.

2.2 Primary Care Health & Wellbeing Strategy

A verbal update on the progress of the Primary Care Health & Wellbeing Strategy was given by A Lepiorz; she assured the group this was on schedule. Z Alderson, Head of Primary Care, will be leading the work on formulation of the Work Plan.

2.3 Quality Assurance

2.3.1 BARDOC

R Schofield presented an action plan designed to demonstrate quality assurance for this contract. The BARDOC Out of Hours KPI report for October 2016 is appended to this briefing to fulfil the mandatory obligation to publish this information. PCWG have scheduled quarterly review of this contract.

2.3.2 Extended Working Hours

R Schofield is leading on the 3 month mobilisation of the Extended Working Hours contract which began 1 December. PCWG have scheduled quarterly review of this contract.

2.3.3 Bealeys

R Schofield is also leading on the Bealeys contract which began 24.10.16. PCWG have scheduled quarterly review of this contract.

2.4 Quality Premium - Hypertension

N Saleem provided an update on behalf of MOT. READ code work within practices has yielded almost all the required patients, however this approach does not identify non-diagnosed hypertensive patients. QP in Hypertension project lead to provide the action plan and minutes from the last meeting to PCWG,

for information, to ensure plans are in place for identifying non-diagnosed hypertensive patients in the wider population.

2.5 Practice Performance Dashboard

An update on the Roll Out plan for the Practice Performance Dashboard was submitted to the PCWG which provided the assurance as requested.

2.6 Datix

Representatives of the Quality Team confirm that reporting of themes to practices will be reinstated from December 16. They advise they are currently devising a guide for practices to ensure the pertinent information is recorded on Datix to streamline the process.

R Schofield advised themes identified by GPs as inappropriate requests were reported to Pennine Acute and an agreement reached that we would re-audit after 12 months. S North sent out holding letter to practices; the re-audit process is about to begin. Standard core GP contract has changed significantly to indicate where responsibility lies with such requests (secondary care) with the BMA issuing a statement supportive of GPs.

2.7 Contractual Issues

2.7.1 Breach Process

The Primary Care Team are to formalise a generic process by which practices are advised when they are in breach of deadlines, this will be submitted to PCCC early 2017 for sign off.

2.7.2 Practice Merger Request

A Practice Merger request has been received. The Primary Care Team to establish a clear process for response, particularly as further merger requests are expected. The process will be submitted to PCCC for sign off.

2.7.3 Accessible Information Standard

R Schofield confirmed that outstanding declarations have now been submitted.

2.7.4 Quality in Primary Care Contract

The Task & Finish group has now met in order to develop and progress Phase 2 of the QIPC; the draft contract will be shared for comment with PCWG members and subsequently Practices, in December. It was noted the proposals were aspirational at present as the level funding available has not yet been identified. If necessary the primary care clinical lead and senior managers will meet to rank standards to be included.

2.7.5 CQC Query re Named GP

Following publication of the CQC report for Woodbank Practice which indicated the practice 'Requires Improvement', the Clinical Director for Primary Care and the Head of Primary have arranged to meet with the practice. At the meeting Dr Schryer and Z Alderson will also seek assurance as to how the practice are fulfilling their contractual requirements with respect to patients being unable to book an appointment with their named GP.

2.8 Primary Care Complaints

A Lepiorz advises that despite two requests by email for update she has had no further information from NHSE. L Featherstone has asked N Nolan to try once again, if still no response this will be escalated to

director level. C Trembath to attend the Quality surveillance meeting on 15 December where she will also make further enquiries.

Concern:

- ***The CCG is currently not receiving details of General Practice complaints***

2.9 PCQ visits – update

The Group agreed the methodology for prioritising these visits and the schedule will be reviewed at the monthly PCWG meetings. The newly appointed Primary Care Project Manager joins the team in January; she will be managing the PCQ visits. The team will schedule practice visits from February onwards with a plan for all practices to be visited in 2017.

2.10 GP – IT

2.10.1 Patient Access Online Records

M Culshaw is progressing an action plan view a view to increasing the number of patients accessing online systems to; this is expected to go to sector meetings in February to raise awareness with practices and patients and increase patient usage. The PCWG will review activity levels in April 2017.

2.10.2 M Culshaw confirmed the roll-out of Wi-Fi to GP practices has been delayed but should be completed in January 2017.

2.10.3 G P Federation have requested that practices set up and use Generic Email Addresses; whilst there formerly were IG issues with this, these have now been resolved. M Culshaw to work with G P Federation to issue joint comms to practices.

Concern:

- ***Communications sent to individuals may be missed if on holiday/sick leave.***

2.10.4 A Lepiorz advised the CCG are current supporting two practices who are co-located and have ongoing issues with their telephone system. The senior management team will be asked to consider the level of financial support the CCG would be willing to offer, given other practices may find themselves in the same position in due course.

Concern:

- ***In supporting these practices the CCG may set a precedent for future requests.***

2.11 Whistle Blower Policy

R Schofield confirmed this has been disseminated to all practices.

2.12 HMR Practice Boundary

We are advised by HMR CCG that it has been agreed for Heady Hill surgery to reduce the practice boundary. Bury practices potentially affected had been consulted with.

Jeff Schryer

Chair of Primary Care Workstream Group and Primary Care Clinical Lead

December 2016

Appendices:

2.3 BARDOC Out of Hours KPI report - October 2016



NHS Bury CCG Out-of-Hours KPI Report October 2016



REPORT TO THE CSU	
Compiled by	Business Intelligence Analyst - Andrea Bretherton
Purpose	The purpose of this report is to provide the CSU with information and data on medical out of hours performance for Bury for the month of October

Report Overview

BARDOC Update

BARDOC have added a number of initiatives to our service to maintain the highest level of patient safety and satisfaction, which also aligns with our efforts to increase in contract compliance.

Our actions include the introduction of additional clinical staff including Pharmacist Triage advisors and Telephone Triage Nurses.

From the beginning of November we have introduced fast tracking – This process involves senior clinicians identifying patients who do not need a full clinical triage as the outcome is unlikely to be self care, these patients would be passed to the visiting GP sooner as they likely be a home.

We are reintroducing floorwalkers to aid, support and guide the clinicians. These are senior clinical staff as identified by our Head of Clinical Services and our Medical Director who are best placed to ensure that the clinical aspect is fully assisted, will help to prioritise calls and visits and would act as an escalation and support with any issues.

We have also taken on 10 additional operational staff who are coming to the end of their training and mentoring period, and are now being supported in taking on independent shifts.

We have replaced RCGP Toolkit and introduced Clinical Guardian as our clinical audit software, which is a robust and effective solution which allows us to audit, monitor and feedback to clinicians. This also increases our ability to monitor trends within clinical patterns, for example if one clinician is overly using a clinical code such as 'Other Reasons for Encounter' it would enable us to identify and provide any additional training or feedback.

We also have diarised a new Patient Engagement Forum to try to get better feedback from our service users.

We were pleased to recently receive the results of our yearly national benchmark conducted by Urgent Health UK which audit on:

Patient Safety (Core Detailed Review)

Does BARDOC operate and deliver a safe service to patients?

Performance & Risk Management (Core Detailed Review)

Does the BARDOC effectively monitor and manage performance and risks?

Information Governance (Core Detailed Review) Does BARDOC have effective controls in place for managing and protecting information?

GP Training & Education Arrangements (Remote Review)

What arrangements are in place for the provision of out of hours training to GP Registrars? Do these vary between members?

Patient Safety Culture Staff Survey (Remote Survey)

Do staff feel that BARDOC operate with a culture of safety?

BARDOC are pleased to inform commissioners that our rating is: **Commendable**

Mitigating Factors

30 Minute Speak To were missed by less than 3%

1 Hour Speak To were missed by less than 6%

2 Hour Speak To were missed by less than 6%

2 Hour Face to Face Visits were missed by less than 1%

6 Hour Face To Face Visits were missed by less than 1%

Breaches are clinically reviewed and delayed patient contacts due to peaks in call volumes are routinely preceded by comfort calls to confirm patient safety and no deterioration.

Areas of Concern

NQR 1	Providers must report regularly to CCGs on their compliance with the Quality Requirements.	Date Sent:	29/11/2016	To: Stewart Reynolds From: Andrea Bretherton	100.00%	100%
NQR	Key Performance Indicator (KPI)	Total Volume Relating to KPI	Total Volume Compliant to KPI	Total Volume Non-Compliant	%	KPI Target
2	Reporting OOH consultations to patient's GP practice by 8am	1367	1367	0	100.0%	>95%
3	Special Notes flagged on the computer.	1367	152	1215	11.1%	
7	Matching capacity to changing demand					
	Call Handlers (Indication not exact)					>95%
	Clinicians (Indication not exact)				99.3%	>95%
	Telephone Clinical Assessment					
	Within 3 Minutes	0	0	0	100.0%	
	Within 20 Minutes	138	133	5	96.4%	
	Within 30 Minutes	35	33	2	94.3%	>95%
	Within 1 Hour	287	258	29	89.9%	>95%
	Within 2 Hours	383	343	40	89.6%	>95%
	Within 6 Hours	473	464	9	98.1%	>95%
	Within 12 Hours	0	0	0	100.0%	
	Number of calls with a case type of Medication Request	4				
	Face-to-Face Clinical Assessment (Walk-ins)					
	Identification of immediate Life Threatening Conditions	0	0	0	100.0%	>95%
	Start DCA for Urgent calls answered<20 minutes	1	1	0	100.0%	>95%
	Start DCA for All other calls answered<60 minutes	2	2	0	100.0%	>95%
Following priority determined by definitive clinical assessment (DCA)						
	Face-to-Face Consultations (Primary Care Centre)					
	Within 1 Hour	0	0	0	100.0%	>95%
	Within 2 Hours	83	83	0	100.0%	>95%
	Within 6 Hours	242	242	0	100.0%	>95%
	Within 12 Hours	9	9	0	100.0%	>95%
	Face-to-Face Consultations (Home Visits)					
	Within 1 hour	0	0	0	100.0%	>95%
	Within 2 hours	77	73	4	94.8%	>95%
	Within 6 hours	185	175	10	94.6%	>95%
	Within 12 hours	0	0	0	100.0%	>95%

NQR 1	Providers must report regularly to CCGs on their compliance with the Quality Requirements.	Date Sent:	29/11/2016	To: Stewart Reynolds	100.00%	100%
				From: Andrea Bretherton		

Clinicians and Call Handler audits (1% Quarterly)			
2nd Quarter: July - September 2016 (Bury, HMR and Bolton combined)			
GP's worked	100	GP Calls audited	163
Nurses worked	35	Nurse Calls audited	113
ANP's worked	16	ANP/NP Calls audited	30
Pharmacists worked	5	Pharmacist Calls audited	14
Total Audits			320
% of Cases Audited			1.52%

Service Demand	No.	%
Total	1367	100%
Midweek (Including Bank Holidays)	546	40%
Weekend	820	60%

Face to Face	No.	%
Total	608	100%
Midweek (Including Bank Holidays)	221	36%
Weekend	387	64%

NQR5	Reporting on audits of patient's experience of the service (2% Quarterly)
	Please see additional report sent Separately. This report is produced by 'CFEP UK Surveys' on behalf of BARDOC and will show the results from the previous month due to delays in patient response.

Onward Referrals	No.	%
Admitted to Hospital by Clinician	35	2.6%
Sent to Casualty by Clinician	54	4.0%
Safe Guarding for Children	1	0.1%
Safe Guarding for Vulnerable Adults	0	0.0%

NQR6	Reporting on Complaints (Quarterly) (NHS Bury Medical Only)		
	Month	Complaints	Compliments
	Q1 Apr-Jun 2016	4	1
	Q2 Jul-Sep 2016	5	2
	Q3 Oct-Dec 2016		
Q4 Jan-Mar 2017			

Referrals From	No.	%
Bury Urgent Treatment Centre (Bury Pt's)	5	0.37%
Bury Urgent Treatment Centre (Non Bury Pt's)	0	0.00%
Prestwich Walk in Centre (Bury Pt's)	0	0.00%
Prestwich Walk in Centre (Non Bury Pt's)	0	0.00%
Rochdale Urgent Care Centre (Bury Pt's)	21	1.54%
Rochdale Urgent Care Centre (Non Bury Pt's)	0	0.00%

NQR11	Ensuring that patients are treated by the Clinician best equipped to meet their needs.
	Please see Graph

Top Ten Clinical Codes	
Clinical Code	Times Used
8B3H. Medication requested	87
K15.. Cystitis	76
H06z1 Lower resp tract infection	61
ZV6.. [V]Other reasons for encounter	61
677B. Advice about treatment given	53
H05z. Upper respiratory infect.NOS	42
8CA.. Patient given advice	37
R0701 [D]Vomiting	35
R090. [D]Abdominal pain	34
94... Death administration	34

Prescribing Audit		
Drug Category	Audited	Appropriate
Cephalosporins	1	No
Co-amoxiclav	1	Yes
NSAIDS	1	Yes
Quinolones	1	Yes
Sip feeds	0	NA
Feedback given to Clinician		

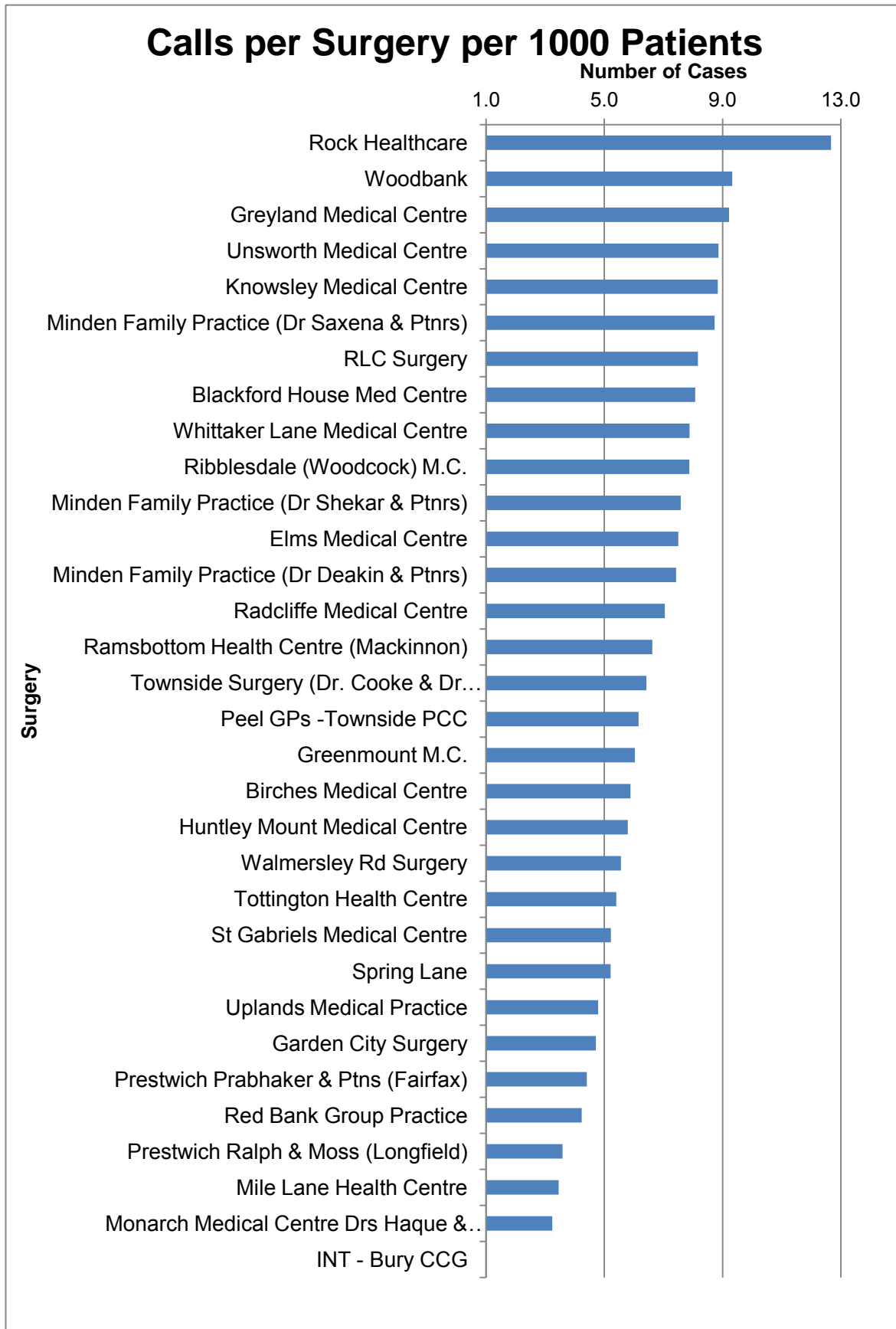
NQR13	Use of Interpreter	1 - Urdu
	Use of Type Talk	0

Prescribed Drugs			
Monthly : October	%	Volume	% of Contacts that led to a Prescription
Within Formula	62.38%	388	29.77%
Outside Formula	37.62%	234	

Repeat Medication Audit	Medication	Active Date	Onward Advice: Re Future Prescriptions	Case No	Appropriate ?	Appropriate Quantity?	Comments
	Epilim	01/10/2016	Yes	74263	Yes	Yes	
	Request Norithisterone	07/10/2016	N/A	77164	N/A	N/A	Obtained from own GP
	Request Codeine	14/10/2016	N/A	80705	N/A	N/A	To see own gp
	Request ocp	23/10/2016	N/A	85378	N/A	N/A	Unable to wait for call back

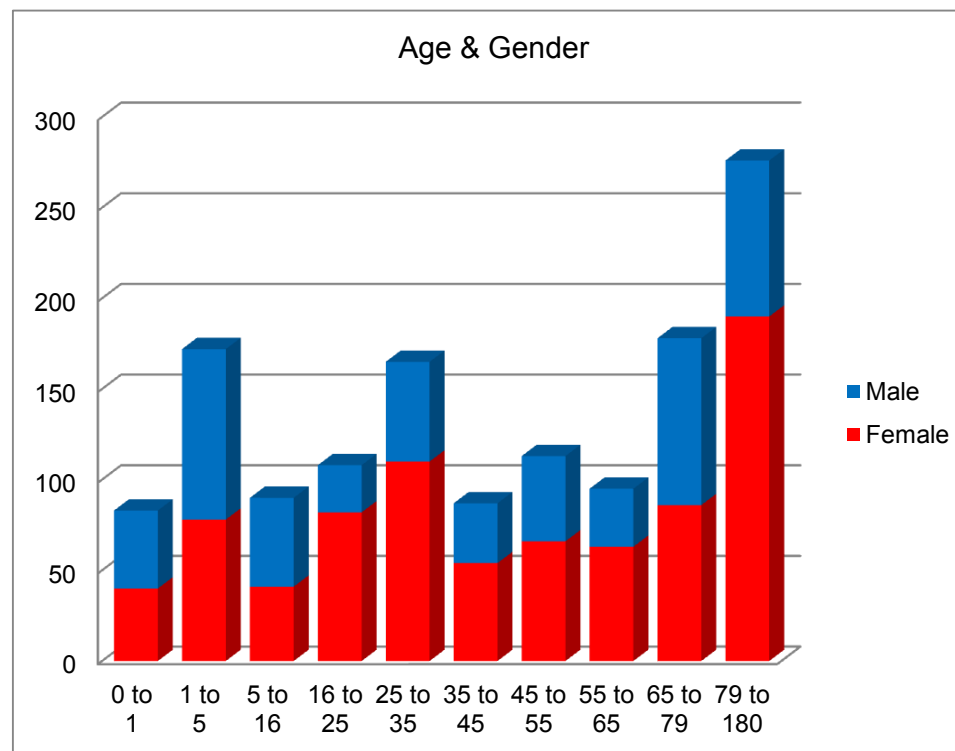
Surgery Contacts and Special Notes

GP Surgery	Sector	List Size	Number of Contacts per Surgery	% of Contacts per Surgery	Number of Contacts per 1000 Patients	Number of Special Notes Per Surgery	% of Special Notes per List Size
Rock Healthcare	East	4263	54	4%	12.7	2	0.05%
Woodbank	North	4826	45	3%	9.3	3	0.06%
Greyland Medical Centre	South	2170	20	1%	9.2	0	0.00%
Unsworth Medical Centre	South	7222	64	5%	8.9	10	0.14%
Knowsley Medical Centre	East	4528	40	3%	8.8	7	0.15%
Minden Family Practice (Dr Saxena & Ptnrs)	East	5268	46	3%	8.7	8	0.15%
RLC Surgery	West	2939	24	2%	8.2	4	0.14%
Blackford House Med Centre	South	7680	62	5%	8.1	6	0.08%
Whittaker Lane Medical Centre	South	6470	51	4%	7.9	35	0.54%
Ribblesdale (Woodcock) M.C.	East	7743	61	4%	7.9	13	0.17%
Minden Family Practice (Dr Shekar & Ptnrs)	East	7513	57	4%	7.6	14	0.19%
Elms Medical Centre	South	6134	46	3%	7.5	3	0.05%
Minden Family Practice (Dr Deakin & Ptnrs)	East	6057	45	3%	7.4	10	0.17%
Radcliffe Medical Centre	West	8377	59	4%	7.0	8	0.10%
Ramsbottom Health Centre (Mackinnon)	North	8456	56	4%	6.6	18	0.21%
Townside Surgery (Dr. Cooke & Dr. Stoddart)	East	5294	34	2%	6.4	2	0.04%
Peel GPs -Townside PCC	East	10400	64	5%	6.2	3	0.03%
Greenmount M.C.	North	9950	60	4%	6.0	16	0.16%
Birches Medical Centre	South	4417	26	2%	5.9	1	0.02%
Huntley Mount Medical Centre	East	2933	17	1%	5.8	2	0.07%
Walmersley Rd Surgery	East	2879	16	1%	5.6	0	0.00%
Tottington Health Centre	North	12581	68	5%	5.4	9	0.07%
St Gabriels Medical Centre	South	8429	44	3%	5.2	8	0.09%
Spring Lane	West	6327	33	2%	5.2	16	0.25%
Uplands Medical Practice	South	8773	42	3%	4.8	15	0.17%
Garden City Surgery	North	4664	22	2%	4.7	0	0.00%
Prestwich Prabhaker & Ptns (Fairfax)	South	10430	46	3%	4.4	2	0.02%
Red Bank Group Practice	West	10166	43	3%	4.2	2	0.02%
Prestwich Ralph & Moss (Longfield)	South	5302	19	1%	3.6	0	0.00%
Mile Lane Health Centre	West	3767	13	1%	3.5	2	0.05%
Monarch Medical Centre Drs Haque & Irshad	West	3708	12	1%	3.2	2	0.05%
INT - Bury CCG		0	78	0%	0.0	0	0.00%
Total		199666	1367	94%	206	221	0.11%



Surgery, Age and Gender

Age Band	Female	Male	Total
0 to 1	40	43	83
1 to 5	78	94	172
5 to 16	41	49	90
16 to 25	82	26	108
25 to 35	110	55	165
35 to 45	54	33	87
45 to 55	66	47	113
55 to 65	63	32	95
65 to 79	86	92	178
79 to 180	190	86	276
Total	810	557	1367



NHS 111 Referrals Summary

	Initial Referral Case Type					
	% Advice	% GP Advice	% Medication Request	% Repeat Prescription	% Treatment Centre	% Visit
October	91.69%	0.10%	0.00%	5.31%	0.19%	2.71%

	Advice	GP Advice	Medication Request	Repeat Prescription	Treatment Centre	Visit
01/10/2016	50	0	0	5	0	2
02/10/2016	59	0	0	3	0	3
03/10/2016	20	0	0	0	0	0
04/10/2016	17	0	0	1	0	0
05/10/2016	9	0	0	0	0	1
06/10/2016	13	0	0	0	0	0
07/10/2016	11	0	0	2	0	0
08/10/2016	56	0	0	10	0	0
09/10/2016	53	0	0	1	1	0
10/10/2016	22	0	0	1	0	0
11/10/2016	21	0	0	0	0	1
12/10/2016	13	0	0	1	0	1
13/10/2016	19	0	0	1	0	0
14/10/2016	28	0	0	1	0	1
15/10/2016	69	0	0	10	0	2
16/10/2016	56	0	0	1	0	1
17/10/2016	26	0	0	0	0	0
18/10/2016	14	0	0	0	0	0
19/10/2016	22	0	0	0	0	1
20/10/2016	23	0	0	1	1	0
21/10/2016	28	0	0	0	0	0
22/10/2016	68	0	0	6	0	3
23/10/2016	67	1	0	0	0	1
24/10/2016	9	0	0	0	0	0
25/10/2016	13	0	0	1	0	2
26/10/2016	15	0	0	1	0	2
27/10/2016	11	0	0	0	0	0
28/10/2016	22	0	0	0	0	1
29/10/2016	44	0	0	7	0	3
30/10/2016	52	0	0	1	0	2
31/10/2016	19	0	0	1	0	1
Total	949	1	0	55	2	28

	Final Case Type							
	% Advice	% GP Advice	% Medication Request	% Mobile Advice	% Prescription Collect	% Repeat Prescription	% Treatment Centre	% Visit
	36.56%	11.99%	0.10%	0.58%	2.22%	2.90%	27.66%	17.99%

	Advice	GP Advice	Medication Request	Mobile Advice	Prescription Collect	Repeat Prescription	Treatment Centre	Visit
15	5	1	0	3	3	14	16	
31	3	0	0	1	3	11	16	
13	2	0	0	0	0	4	1	
11	0	0	0	0	1	4	2	
2	1	0	1	0	0	3	3	
6	2	0	0	0	0	3	2	
6	2	0	0	0	2	3	0	
25	7	0	0	1	4	19	10	
17	2	0	0	1	0	24	10	
7	0	0	0	1	0	11	4	
9	1	0	0	0	0	7	5	
3	3	0	0	1	0	7	2	
7	7	0	0	0	0	5	1	
11	4	0	0	0	1	10	4	
22	12	0	0	5	4	18	20	
23	3	0	0	2	0	18	12	
12	2	0	0	1	0	6	5	
7	2	0	1	0	0	3	1	
7	5	0	0	1	0	8	2	
7	9	0	0	0	0	4	4	
16	3	0	0	0	0	6	3	
18	14	0	0	1	4	31	9	
28	9	0	0	1	0	22	9	
3	3	0	0	0	0	2	1	
6	0	0	0	0	1	4	5	
5	2	0	2	0	1	4	4	
6	2	0	0	0	0	3	0	
10	4	0	1	0	0	6	2	
16	8	0	1	2	6	8	13	
22	6	0	0	0	0	11	16	
7	1	0	0	2	0	7	4	
378	124	1	6	23	30	286	186	

NHS Bury

Frequent Callers

Patients who contacted the Out of Hours Service 4 or more times in October

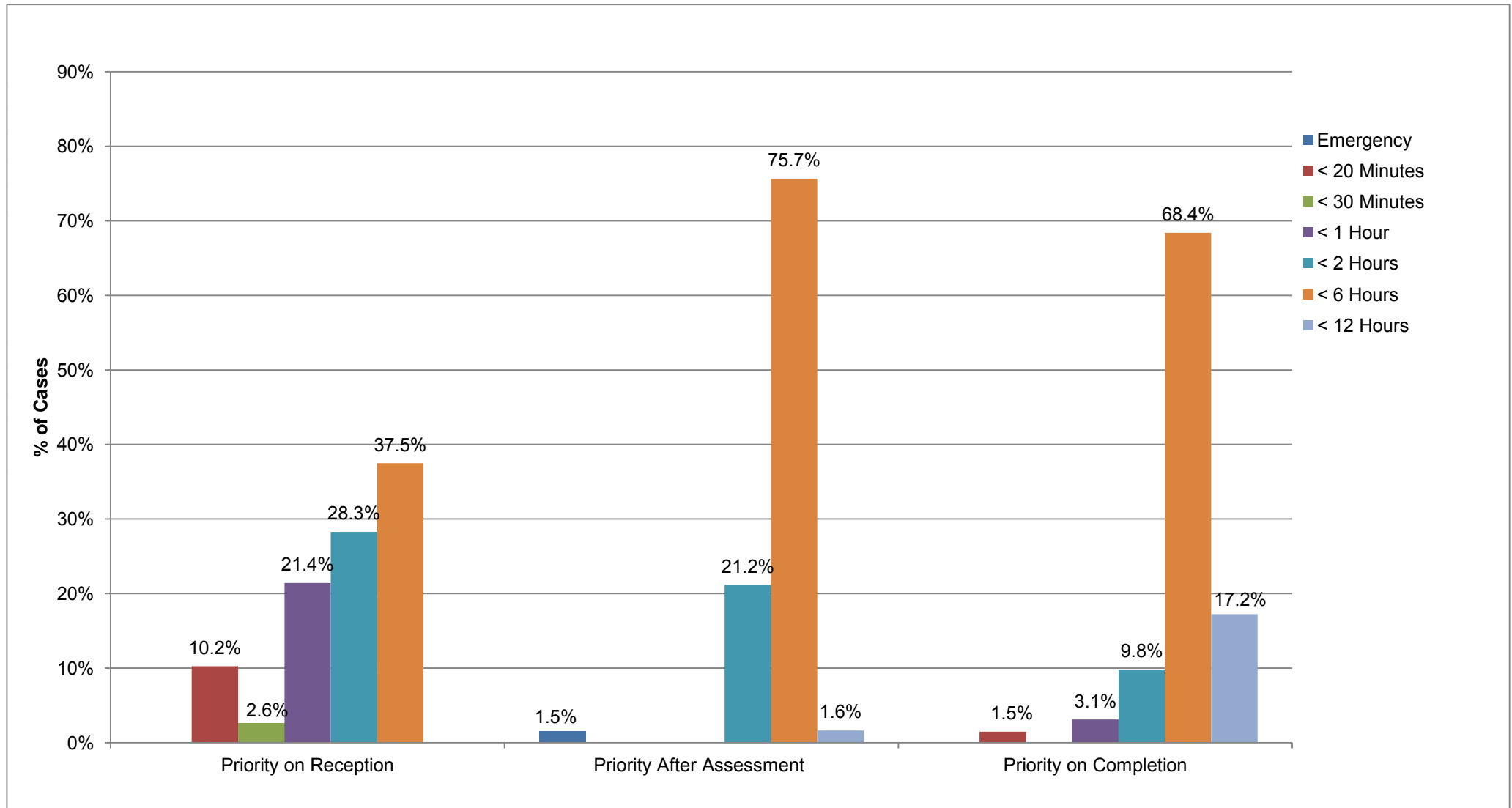
Surgery Name	Gender	Age	Times Called (MTD ≥4)	Times Called (2016 ≥10)	Special Notes	Admitted to Hospital / Called 999	Number of prescriptions issued
Birches Medical Centre	Female	53	4	-	No	No	2
Ribblesdale (Woodcock) M.C.	Male	3	4	-	No	No	None
Rock Healthcare	Male	78	4	-	No	No	2
Spring Lane	Female	75	6	39	Yes	No	None
				-	-	-	-
				-	-	-	-
				-	-	-	-
				-	-	-	-

NWAS Alternative to Transfer

In Hours	32	Patients sent to hospital	19
OOH	128	% Avoidance	88.13%
Total Referrals	160		

Change in Priority

Change in priority throughout the various stages of the case



Trendlines - Mapping Performance (YTD 2016)

