

Primary Care Commissioning Committee

22 February 2017

Details	Part 1	x	Part 2		Agenda Item No.	10
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 PCCC 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?	x
Supports NHS Bury CCG Governance arrangements	

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).

2. Primary Care Workstream Group (February 2017)

2.1 Progress on operating Plan Issues

2.1.1 Terms of Reference

A Lepiorz circulated the Workstream TOR which has been approved by Clinical Cabinet; there is recognition that PC Workstream may not fully fit within this TOR as the group reports into the PCCC. PCWG members were asked to consider any current gaps in the membership for consideration at the next meeting. The group acknowledged that on occasion it may be necessary to hold a Part 2 meeting.

2.1.2 Primary Care Workplan

Reports highlighting areas of concern (i.e. schemes that had been RAG rated as amber or red in the workplan) were provided to PCWG and included Clinical Waste, Education Group, Friends & Family Test, QP - GP Patient Survey, Basket 1 Combined LCS & Basket 2 Ear Syringing, Clinical Issues Audits, Dementia LCS monitoring, Updating Dynamic Distribution Lists/Practice Contact List, Meeting with Pennine Care-Utilisation E-RS, RBMS Operational Review and Patient Transport. Due to the focus of the meeting there was insufficient time to focus on these in detail. Going forward these reports will be reviewed by the group and shared with the PCCC.

2.1.3 Primary Care Health & Wellbeing Strategy

It was noted that the high level action plan informed by the Primary Care Health & Wellbeing Strategy will be brought to the PCWG in March, for discussion.

2.1.4 Practice Merger Process

R Schofield submitted a flowchart of the localised process to be used following a request for practice merger; this will be included in a paper that is to be prepared for the PCCC which will also make reference to the underlying commissioning principles including potential conflicts of interests. The group were asked to feedback as a matter of some urgency as we are aware of requests for practice mergers currently in progress. Consideration will be given to practicalities such as performance monitoring, particularly where merged practices occupy more than one site.

2.1.5 Phase 2 of the Quality in Primary Care

R Schofield reported that work continues on the Quality in Primary Care Contract (Phase 2), it is anticipated a revised version will be circulated in the near future.

2.2 Performance Monitoring

2.2.1 QlikView

The group briefly discussed progress on the rollout of QlikView practice information system. T Edge indicated greater volume and quality of feedback from practices was needed. D Goldstone (Project Lead) will be attending the March PCWG to provide a more detailed update.

2.2.2 Mersey Internal Audit Actions - update

R Schofield submitted a paper detailing Mersey Internal Audit key findings upon their scrutiny of the Quality in Primary Care contract in October 2016. The action plan resulting from these findings was shared and the group who were assured all issues had been addressed. The paper will now be submitted to the Audit Committee.

2.2.3 CQC Reports (appendix 1 & 2)

M Ricioppo provided the PCWG with a summary of recent CQC reports, along with a newsletter which has been circulated to practices; these documents are appended to this briefing. It is intended to provide this summary on a monthly basis, where changes in reporting have been published.

2.2.4 Audit of Patient Participation Groups

N Nolan advised that at the request of the Patient Cabinet, practices were audited regarding their Patient Participation Groups in December 16 and whilst there had been a reasonable level of responses, contractual compliance issues had been highlighted. N Nolan was asked to feed back the findings to the PCWG so that appropriate action can be taken.

2.2.5 RightCare

It was agreed to add RightCare as a standing item to the PCWG agenda. RightCare is to begin producing GP level data which hopefully will help with focus and improve understanding.

2.2.6 Quality in Primary Care – Phase 1

Q3 data has been circulated to practices and was discussed standard by standard at the PCWG, T Edge is responding to queries from practices as they arise. The new Outcomes Manager system was used to extract data, this proved to be a smooth process.

2.2.7 Primary Care Quality visits – Practice list order

PCWG sense checked the current version of the practice list order for PC Quality Visits and agreed the order was as expected. It was agreed this list could be further enhanced by the inclusion of soft intelligence from the Referral Centre Manager and complaints received by the Operations and Engagement Manager; these will be included in the next iteration.

2.2.8 Primary Care Quality visits – Deep Dive of data

PCWG looked at an initial deep dive of data for a selected practice to begin to look at proactive ways of identifying potential performance/quality areas ahead of CQC inspections, giving the wider Primary Care Team an opportunity to support. The hope would be that this information would be available in a more automated way, freeing up time to provide supportive analytical interpretation. The PCWG members were tasked with looking at the data provided on this occasion and feeding back to T Edge to inform future iterations.

2.2.9 Contractual Issues - Clinical Audit (non-compliance)

Data was provided by T Edge to illustrate the ongoing problems caused by the late/non-submission of Clinical Audit figures. Despite monthly reminders from Data Quality the submission rate is poor and this directly impacts on reporting/monitoring of contracts as well as capacity within the Data Quality team. It was agreed that Dr Schryer and A Lepiorz would contact the practices who repeatedly fail to provide this data on time, being mindful that a small number of practices have had technical difficulties. It was suggested that timely submission of this data be reiterated as a clause in the Quality in Primary Care contract (phase 2).

2.2.10 GM Shared Service Contract Validation

Z Alderson advised the PCWG of her concerns around the current contract validation process lead by GMSS as she is aware the current member of staff is leaving her post; the CCG has not been formally advised. Previously the Primary Care Team have requested a copy of the contract with GMSS so that it can be reviewed, A Lepiorz to expedite this. The Medicines Optimisation Team will work with the Primary Care Team in forming an amended contract which is more supportive to the Team's needs acting on the recommendations from MIAA.

2.3 Risks Update

2.3.1 Primary Care Risk Register

The Primary Care Team Risk Register was submitted to the meeting for information; A Lepiorz and Z Alderson review risks on a monthly basis.

Amy Lepiorz

Vice Chair of Primary Care Workstream Group and Deputy Director of Primary Care

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Appendix 1 – CQC Summary Reports January 2017

Appendix 2 – CQC Inspection Outcomes - newsletter

CQC Summary of Reports – January 2017

The RLC Surgery

- The practice was originally inspected on the 16 February 2016, following the inspection the practice was rated as 'good' overall and in the key standards with the exception of the question safe were one area was identified as requiring improvement
- A requirement notice was issued to the practice for the proper and safe management of medicines
- A follow up inspection was carried out on the 5 December where the practice were able to demonstrate that they are now meeting the requirements in the above area
- The practice received a rating of 'good' for the 'Safe' standard at the latest inspection

Greylands Medical Centre

- The practice was originally inspected by CQC on the 19 May 2015, following the inspection the practice was rated as overall requires improvement, achieving good in the effective caring and responsive domains and requires improvement in the safe and well-led domains
- Two requirement notices were issued to the practice for ensuring that documented risk assessments were in place to include those risks to patients, staff and the general environment, paying particular attention to fire safety and infection control and also ensuring all staff received current training in safeguarding vulnerable adults and children
- A further comprehensive inspection was carried out on the 6 December 2016 where the practice were able to demonstrate that they are now meeting the requirements in the above areas
- The practice received an overall rating of good and in each of the five key standards at the latest inspection
- Areas of outstanding practice were noted in the report for the highest results for the uptake of seasonal influenza vaccine in the local CCG area for 2015/16. The GP not only delivered the programme in the surgery but also made numerous home visits to ensure that their eligible patient population had the opportunity to receive the vaccine in a timely manner. As a result of this the GP was invited by Public Health Bury to attend the Seasonal Flu Group to share good practice with other colleagues

Garden City

- Garden City Medical Centre was originally inspected by CQC on the 7 June 2016, following the inspection the practice was rated as overall requires improvement; achieving good in the caring domain; requires improvement in the safe, responsive and well-led domains and inadequate in the effective domain.
- A requirement notice was issued to the practice for procedures to effectively ensure that staff have the appropriate checks to carry out their role
- A warning notice was issued to the practice in relation to the governance of the practice as there was a lack of systems and processes in place to ensure the assessment, monitoring and improvement to the quality and safety of services provided
- A focused inspection was carried out by CQC on the 15 December 2016 to confirm that the practice had achieved compliance with the warning notice. At this visit CQC found that the practice had satisfied the requirement of the notices, however, the original ratings will remain unchanged until the practice is re-inspected in the near future.

Marina Ricioppo
Primary Care Project Manager

Primary Care Team Update

Message from the CCG

CQC Inspections Overall Outcomes

Welcome to the first newsletter of 2017, this issue will focus on the outcomes of the CQC Inspections that were carried out across General Practice in 2015/16.

CQC provides an opportunity for shared learning between practices and our aim through this issue and the upcoming Primary Care Quality Visits is to promote some of the best practice highlighted in the reports.

Last year 30 out of our 31 member practices were inspected as part of the new CQC inspection regime to inspect and rate every GP practice in England by April 2016. Practices were inspected across five key standards, considering the extent to which they are safe, effective, responsive, caring and well-led. They were rated in one of four categories; outstanding; good; requires improvement; or inadequate.

The Primary Care Team has reviewed all the published reports and overall the standards achieved in our CQC inspections have been Good. The CCG would like to congratulate practices on this outcome and for all of their hard work which has seen the Bury practices ranked amongst some of the best in GM.



Inside This Issue

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Primary Care Team Update

How were we rated?

As well as giving practices a rating for each of the key questions above, the CQC also gave practices an overall rating for the quality of care they provide:

- 3% of Bury CCG member practices were rated as Outstanding
- 72% were rated as Good
- 22% were rated as Requiring Improvement

The table below shows the ratings for each standard by practice

Practice	Overall	Caring	Effective	Responsive	Safe	Well-led
Blackford House	Good	Good	Good	Good	Good	Good
Fairfax Group Practice	Req. Imp.	Good	Req. Imp.	Good	Req. Imp.	Req. Imp.
Garden City	Req. Imp.	Good	Inadequate	Req. Imp.	Req. Imp.	Req. Imp.
Greenmount	Good	Good	Good	Good	Good	Good
Greyland - Dr Laurence Howard Sherman	Req. Imp.	Good	Good	Good	Req. Imp.	Req. Imp.
Huntley Mount Medical Centre	Req. Imp.	Good	Req. Imp.	Req. Imp.	Req. Imp.	Good
Knowsley Medical Centre	Good	Good	Good	Good	Good	Good
Longfield Medical Practice	Req. Imp.	Good	Req. Imp.	Req. Imp.	Req. Imp.	Req. Imp.
Mile Lane Surgery	Good	Good	Good	Good	Good	Good
Minden - Wave - Deakin Norman Sutcliffe	Good	Good	Good	Good	Good	Good
Minden - Anchor - Saxena Bowden Saxena	Good	Good	Good	Good	Good	Good
Minden - Yacht - Shekar et al	Good	Good	Good	Good	Good	Good
Monarch Medical Centre	Good	Good	Good	Good	Good	Good
Peel - Dr S A Chacko & Dr R E Hubber - pre merger	Good	Good	Good	Good	Good	Good
Peel - GPs - pre merger	Good	Good	Good	Good	Good	Good
Radcliffe Medical Practice	Good	Good	Good	Good	Good	Good
Ramsbottom Medical Practice	Good	Good	Good	Good	Good	Good
Redbank Medical Practice	Good	Good	Good	Good	Good	Good
Ribblesdale Medical Practices - Dr Woodcock & Partners	Good	Good	Good	Good	Good	Good
Rock Healthcare Limited	Outstanding	Good	Good	Outstanding	Good	Outstanding
Spring Lane Surgery	Good	Good	Good	Good	Req. Imp.	Good
St Gabriel's Medical Centre	Good	Good	Good	Good	Good	Good
The Birches - visit not scheduled until 2017						
The Elms	Req. Imp.	Good	Req. Imp.	Good	Req. Imp.	Req. Imp.
The RLC Surgery	Good	Good	Good	Good	Req. Imp.	Good
The Uplands Medical Practice	Good	Good	Good	Good	Good	Good
Tottington Medical Practice	Good	Good	Good	Good	Good	Good
Townside Surgery (formerly Ribblesdale GP - Dr Subbiah)	Good	Good	Good	Good	Good	Good
Unsworth Medical Centre	Good	Good	Good	Good	Good	Good
Walmersley Road - Dr Afzal Hussain	Good	Good	Good	Good	Good	Good
Whittaker Lane Medical Centre	Good	Good	Good	Good	Good	Good
Woodbank	Req. Imp.	Req. Imp.	Req. Imp.	Good	Req. Imp.	Req. Imp.

What do we do well?

- 97% of practices were rated as good for staff being involved and treating people with compassion, kindness, dignity and respect
- 90% of practices were rated as either good or outstanding for services that are organised so that they meet people's needs

Good Practice

These results are testament to the close cooperation seen between practices when preparing for CQC visits and their willingness to share resources. There are many examples of good practice highlighted throughout the reports and we have shared some of them below for practices to consider adopting to further improve the quality of care for their patients:

- A 'one stop' service where postnatal mothers and vaccination checks are carried out in one clinic, reducing the number of patients who do not attend. This resulted in an excellent response for children who were not immunised
- Co-ordinated appointments so that patients can see the GP and the nurse on the same day
- An effective telephone triage system that ensures poorly children are seen as soon as possible
- Reception staff alerted through the IT system when vulnerable patients fail to collect their prescriptions
- Working with a voluntary organisation to specifically identify patients with or at risk of dementia in the South East Asian communities and running a walk in clinic for those who are concerned about possible memory problems
- Staff have the flexibility to adjust clinic start times to accommodate working people
- GPs contact the relatives of bereaved patients to offer their condolences and an appointment for support
- An unlimited number of urgent appointments available which supports the practices low accident and emergency attendance rates
- Nursing staff have lead roles in chronic disease management and patients at risk of hospital admission are identified as priority
- Reception staff are trained in dementia care so that they can offer support to patients and careers when they visit the practice
- Longer appointments and home visits were available to allow for care planning
- Saturday morning flu clinics

What can we improve?

- 26% of practices there is an increased risk that people are harmed or there is limited assurance about safety
- 19% of practices the leadership, governance and culture do not always support the delivery of high-quality person-centered care and people are at risk of not receiving effective care or treatment.

Lessons Learned

There has been a vast improvement seen in the number of initial 'requires improvement' ratings across practices, which shows that practices are working hard to address the issues identified by CQC. Those who receive a 'requires improvement' rating in any of the 5 key areas routinely receive a supportive visit from the CCG to look at how we can support the practice in demonstrating competency in the required areas and providing assurance to CQC. Progress will be followed up through the primary care quality visits process

Primary Care Team Update

Listed below are some of the most commonly raised issues by CQC across our area which practices who have received a 'requires improvement' rating may wish to focus on:

- DBS checks carried out for staff members including those who chaperone
- Formal appraisals held and documented for all staff members
- Comprehensive and up to date staff training records
- Active Patient Participation Group
- Regular practice meetings with minutes taken
- Medicines should be checked and monitored to ensure their safe use, this includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal
- Ongoing clinical audits to monitor effectiveness of clinical care and improve patient outcomes including; assessment, diagnosis, and referral to other services
- A clear vision and strategy in place to deliver high quality care and promote good outcomes
- Documented learning and improvement from safety incidents
- An open and transparent complaints procedure which includes the recording of investigation and outcomes

Next Steps....

In the upcoming months our new Primary Care Project Manager will be focusing on re-launching the Primary Care Quality Visits with the aim of building on the achievements of CQC and continuing to improve quality within primary care. This includes the launch of our new 'one stop' data system Qlikview, which provides practices with access to the tools the CCG use to monitor practices. The system brings together the various primary care data sources such as; GPOS, secondary care activity, CQC and GP Survey which will empower practices to remain in front of their data and identify key areas for development.

The CCG continues to remain ahead of the game with primary care developments including the introduction of Phase 2 of the Quality in Primary Care Contract planned for April. This means we will continue to reduce the variation in general practice and further improve the quality of care for our patients, putting us at the forefront of our GM counterparts