Primary Care Commissioning Committee

26 April 2017

Details	Part 1	x	Part 2		Agenda Item No.	**10**
Title of Paper:	Primary Care Workstream Update					
Board Member:	Dr Jeff Schryer, Primary Care Clinical Lead					
Author:	Zoe Alderson, Head of Primary Care					
Presenter:	Dr Jeff 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: • 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 will 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).

2. Primary Care Workstream Group (April 2017)

2.1 Progress on operating Plan Issues

2.1.1 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 Outcomes Manager Phase 2, RBMS Operational Review, Clinical Waste, QinPC Phase 2, AUA 15/16. These issues were discussed individually with actions agreed to progress where appropriate.

2.1.2 QP Indicators

17/18 QP Indicators are - Increase recording of AF (new), Antibiotic prescribing and GP Patient Surveys (continuing). The Primary Care Team will set up a task and finish group to work on increasing the recording of AF with support from N Saleem (clinical support), S Paynter (public health) and S Tomlinson (quality) among others. The group has asked to see the all QP Project Plans at the June PCQG meeting.

2.1.3 QlikView update

A Wood and D Goldstone attended the meeting and gave an overview of QlikView progress. The programme has been improved following input from practices and CCG colleagues and going forward the BI team will have the ability to make changes as required. Roll out of the programme has been delayed due to demands on the BI Team to support the Locality Plan but will begin in the near future. Discussion centred on ways of ensuring QlikView was useful and used within practices. Roll out will take place during May/June and members of the team will undergo training to help support this.

2.1.4 National Diabetes Audit summary (appendix 1)

National Diabetes Audit summary - 100% of Bury GPs participated report attached. Significant under-representation of some ethnic groups in Bury - agreed a piece of work was needed to validate this data and progress as appropriate.

2.1.5 G P Online Services

M Culshaw supplied activity data to the April meeting and was asked to provide his project plan for increasing practice uptake, to PCWG in May.

2.1.6 PC Health & Wellbeing Strategy action plan

A draft action plan was shared with the PCWG; the final iteration will be submitted to the PCCC in due course. Care will be taken to avoid duplication of work with the Bury Locality Plan, however, some schemes will be progressed as business as usual and are not dependant on transformation funding.

2.1.7 Phase 2 of the Quality in Primary Care

R Schofield confirmed that all practices have confirmed their 'Intent to deliver' Quality in Primary Care Contract (Phase 2).

2.2 Performance Monitoring

2.2.1 Learning from Datix

'You Said, We Did' reporting to sectors of themes logged on Datix will resume from May 2017 and be published quarterly by the CCG Quality Team.

2.2.2 Primary Care Quality Visits

M Ricioppo gave a verbal report on recent visits, schedule is ongoing.

2.2.3 CQC Reports (appendix 2)

M Ricioppo provided the PCWG with a summary of the most recent CQC report, which saw Huntley Mount improving from Requires Improvement to Good overall; the summary is appended to this briefing.

2.2.4 Friends & Family Test Data

A report noted there is a large variation between practices, some of whom are submitting nil returns to meet contractual requirements; consideration will be given to improving engagement and aligning any breaches with the CCG breach process currently being written.

2.2.5 Quality in Primary Care Phase 1 KPI clarification

The PCWG discussed possible scenarios and agreed standard initial responses to practices around achievement of KPIs.

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.

Jeff Schryer
Chair of Primary Care Workstream Group and Primary Care Clinical Lead
April 17

Appendix 1 - National Diabetes Audit summary
Appendix 2 – CQC Summary Reports February 2017

NHS
Bury Clinical Commissioning Group

National Diabetes Audit (NDA) 2014/15 and 2015/16

Summary of the Bury CCGs and GP practices Report

28 February 2017

Introduction

The National Diabetes Audit is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. The NDA collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes.

The National Diabetes Audit (NDA) answers four key questions:

- Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
- What percentage of people registered with diabetes received the nine NICE key processes of diabetes care?
- What percentage of people registered with diabetes achieved NICE defined treatment targets for glucose control, blood pressure and blood cholesterol?
- For people with registered diabetes what are the rates of acute and long term complications (disease outcomes)?

Summary

100% of Bury GPs participated in the 2015/16 NDA
Bury CCG Participation rate well above England performance (81.4%)
Bury CCG Participation rate well above the Greater Manchester CCG average (92.7%)

Bury registrations for Type 1 and Type 2 diabetes by age bands is very similar to that of the England average.
Significant under representation of white and ethnic minority groups for Type 1 and Type 2 registrations – is the ethnicity being recorded in the first instance?
Proportion of those from least deprived areas registered with Type 1 and Type 2 diabetes are well below England average – are these areas suitably targeted for diabetes awareness or genuinely not developing diabetes?

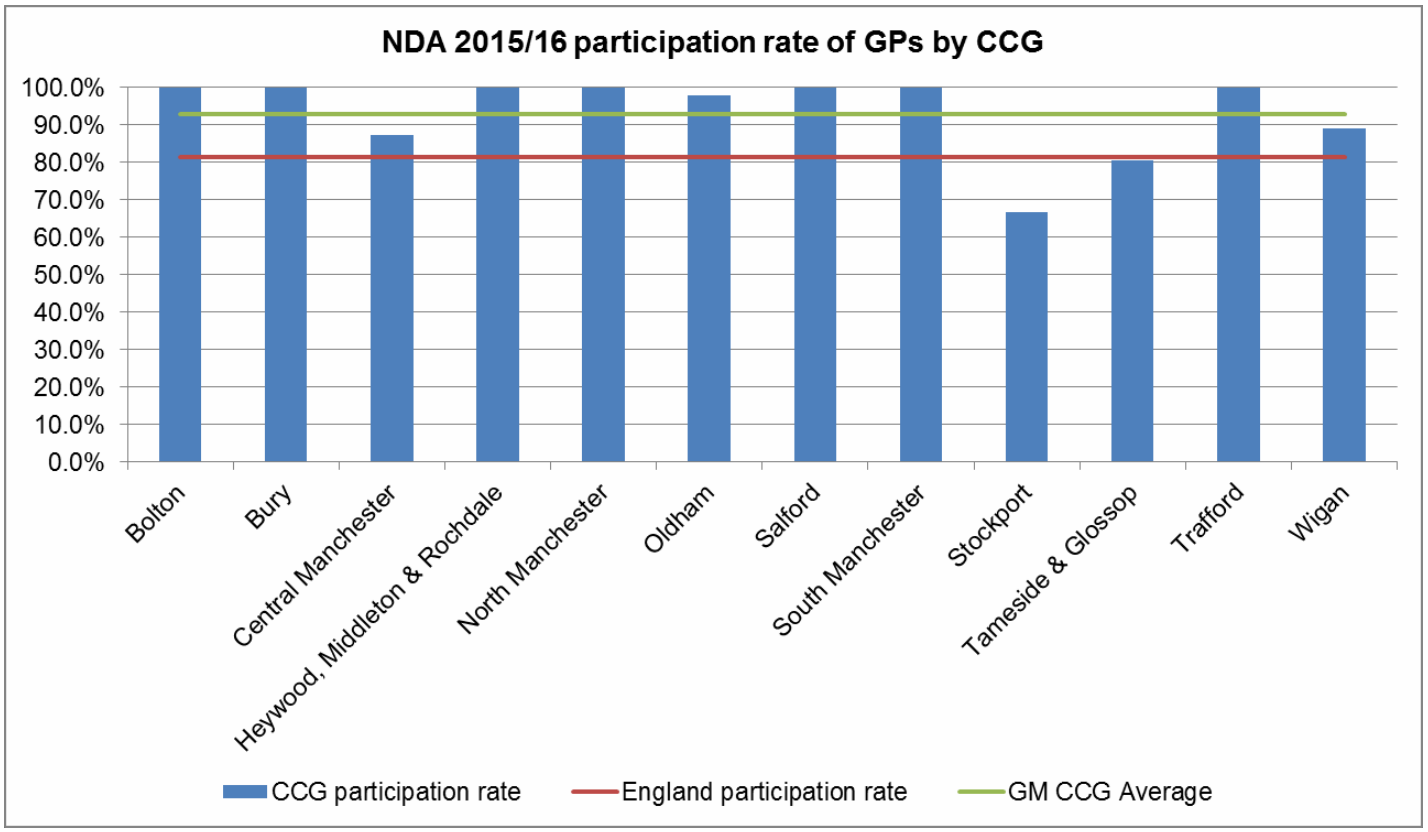
Type 1 and Type 2 Care process in Bury is generally higher than expected compared with the England performance.
Overall Bury CCG in top 2/3 Greater Manchester CCGs
No processes in Bury performing lower than expected.
Top performing CCG in Greater Manchester for HbA1C for Type 1 diabetes

19.4% of Bury patients diagnosed with Type 1 diabetes offered Structured Education – lowest rate in Greater Manchester and well below the England rate of 35.8%.
Rate of SE offered for Type 1 diabetes up from 10.5% in 2013
Third highest acceptance rate of Structured Education (3.2%) though still lower than England rate of 4.2%.

60.7% of Bury patients diagnosed with Type 2 diabetes offered Structured Education – second lowest rate in Greater Manchester and well below the England rate of 80.6%
Rate of SE offered for Type 2 diabetes up from 48.0% in 2013
All GM CCGs have lower than England rate of acceptance (7.6%) except Wigan CCG
No change in Bury acceptance rate since 2013

Participation

All GP practices in Bury participated in the 2015/16 NDA, there appears to have been no participation in the 2014/15 audit from Bury GPs. Bury CCG, along with nine other CCGs in Greater Manchester are well above the England participation rate of 81.4%. Bury is also well above the Greater Manchester average participation rate of 92.7% along with seven other CCGs.



Demographic comparisons

The following charts compare the demographic profiles of Type 1 and Type 2 registrations with the England and the GM CCG averages by age, gender, Index of Multiple Deprivation and Ethnicity. By comparing the profiles, we can identify any outliers among specific groups in Bury.

Type 1 diabetes registrations

In terms of Type 1 registrations by gender, there is little difference in Bury compared with both the GM CCG average and the England average.

While the age breakdown for Type 1 diabetes registrations does not differ significantly to that of the England rate, there is a slightly larger rate of Type1 registrations among those aged under 40 across GM CCGs (47.8%) compared with Bury (43.5%)

Registrations by ethnicity have the largest variation for Bury compared with both the GM CCG average and England average. The proportion of white patients registered with Type 1 diabetes in Bury (36.2%) is significantly below both GM CCG average (64.5%) and the England average of 71.0%. this is similar for those patients from a Minority Ethnic Origin.

The under representative proportion of registrations among white and ethnic minorities in Bury seems to be explained by the over representation of those registered as unknown/not stated, with 61.2% of Type 1

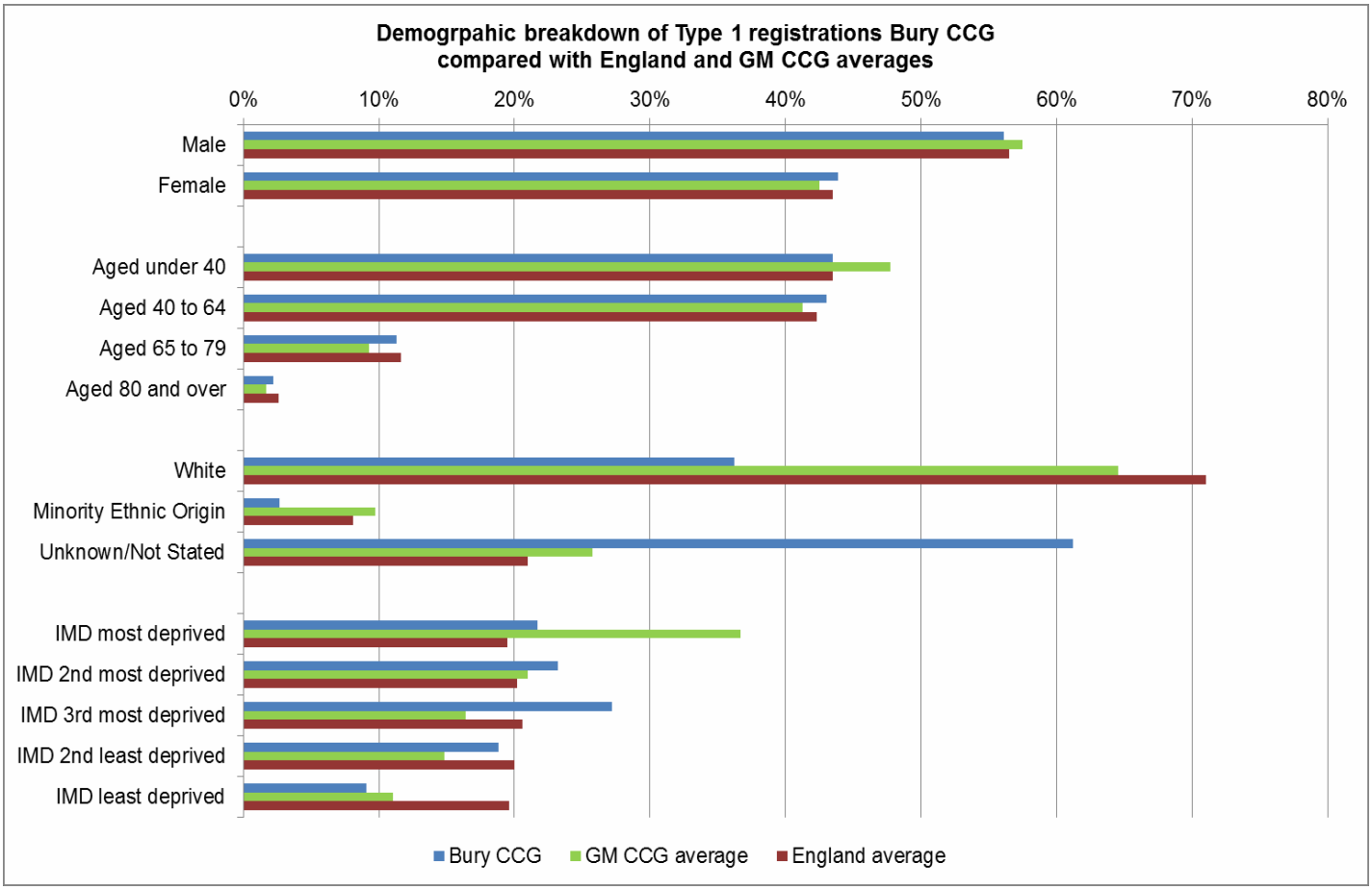
diabetes registrations in Bury falling into this group compared with 25.7% among the GM CCG average and 21.0% of England average.

The Index of Multiple Deprivation 2015 (IMD) is the official measure of relative deprivation for small areas1 (or neighbourhoods) in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area).

Although environmental factors act as initiators or accelerators and type 1 diabetes is not entirely genetically determined you would expect Type 1 registration to have a consistent level across all areas within Bury, similar to that in England, however, there is clearly a higher proportion of type 1 registration in Bury's most Deprived areas and a clear lower proportion in the least deprived area of Bury.

Type 1 registrations within the most deprived areas of Greater Manchester (36.7%) are well above Bury's registration rate (21.7%) and the England average (19.5%). This ranges from a high of 67.2% in North Manchester to a low of 13.9% in Stockport.

In the least deprived area of Bury, the proportion of Type 1 registration is 9.1% this is slightly below the Greater Manchester proportion of registrations (11.0%) and well below the England average or (19.6%) this raises the question are patients in these least deprived areas genuinely not developing Type 1 diabetes or are they not visiting GPs with concerns/symptoms.



Type 2 registrations

There is little significant differences among male and females being registered with Type 2 diabetes in Bury compared with the GM CCG average and the England average.

Broadly speaking there are no significant differences in age groups registered with Type 2 diabetes in Bury compared with the England average. Compared with the average of the Greater Manchester CCGs, the variation among the age groups is a little more pronounced. While there are fewer Type 2 registrations for

those aged 40 to 64 (41.4%) in Bury compared with the GM CCG average (44.8%), there are more registrations in Bury for those aged 65 to 79 (40.5%) and those aged 80 and over (15.0%) compared with the GM CCG average of 37.5% and 13.6% respectively.

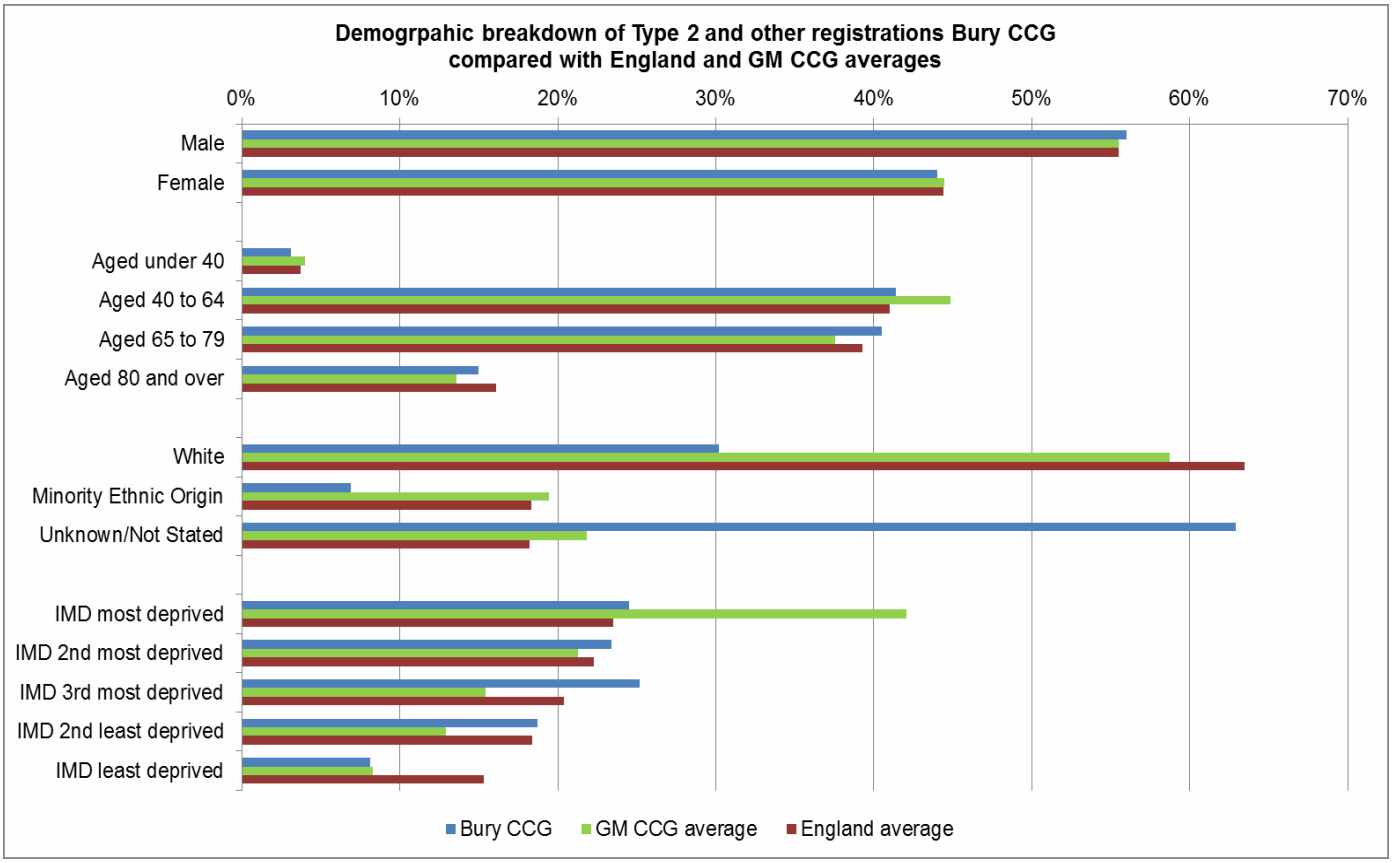
As with Type 1 registrations, Type 2 registrations by ethnicity have the largest variation for Bury compared with both the GM CCG average and England average. The proportion of white patients registered with Type 2 diabetes in Bury (30.2%) is significantly below both GM CCG average (58.7%) and the England average of 63.5%. this is similar for those patients from a Minority Ethnic Origin.

Again, the under representative proportion of registrations among white and ethnic minorities in Bury seems to be explained by the over representation of those registered as unknown/not stated, with 62.9% of Type 2 diabetes registrations in Bury falling into this group compared with 21.9% among the GM CCG average and 18.2% of England average.

Although less of a contributor to Type 1 diabetes than Type 2, environmental factors act as initiators or accelerators for type 2 diabetes you would expect Type 2 diabetes, to follow a similar pattern to that of the England average across all areas within Bury.

Type 2 registrations within the most deprived areas of Greater Manchester (42.1%) are well above Bury's registration rate (24.5%) and the England average (23.5%). This ranges from a high of 68.9% in North Manchester to a low of 17.6% in Stockport.

Type 2 registrations in the least deprived area of Bury (8.1%) is similar to that of the least deprived areas in Greater Manchester (8.3%), however, both are well below the England average (15.3%). As with Type 1 registrations in the least deprived area of Bury this raises the question are patients in these areas genuinely not developing Type 2 diabetes or are they not visiting GPs with concerns/symptoms.



Care Process completion

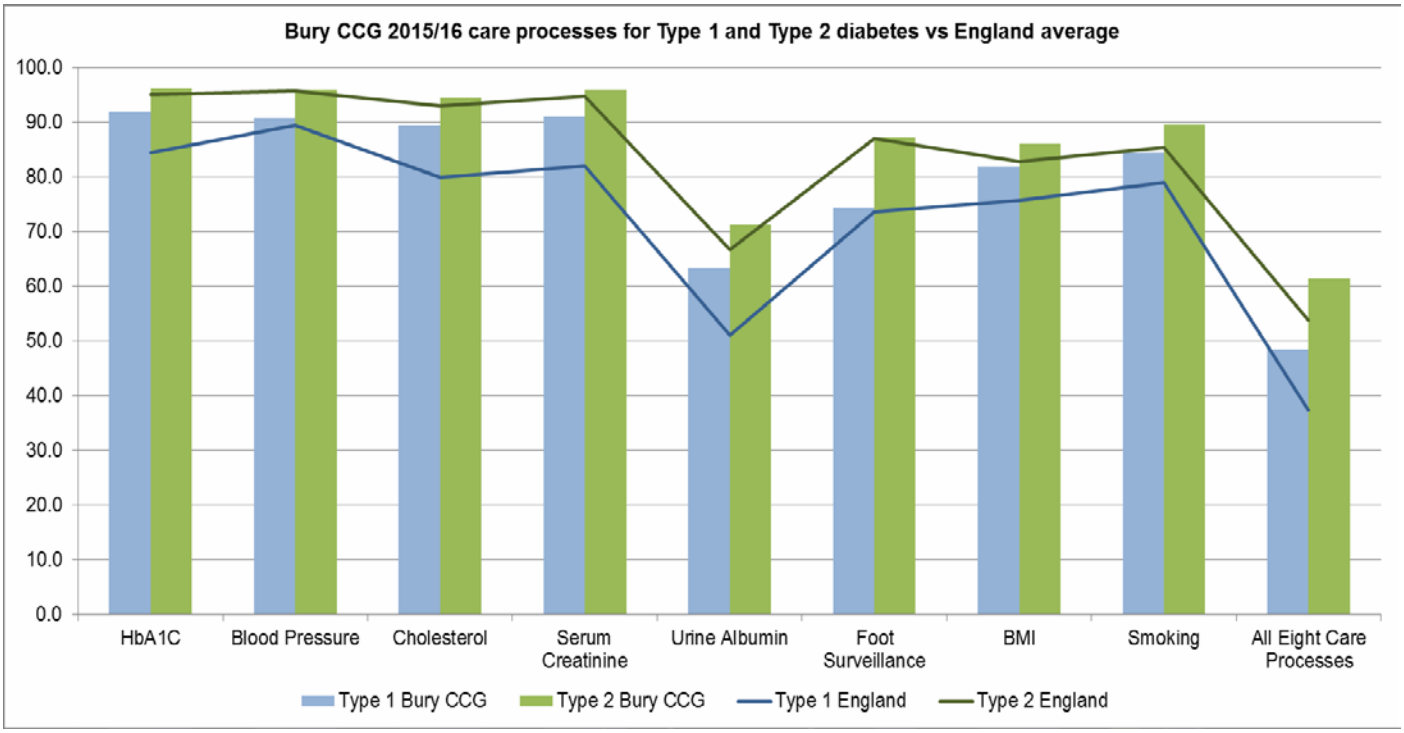
The NDA has investigated whether Care Process Completion and Treatment results are influenced by patient characteristics. The statistical models derived showed that patient characteristics did impact on whether routine annual measurements took place (e.g. weight, blood tests, foot exam) but did not impact on the treatment results (HbA1c, BP, Cholesterol).

Taking these factors into account, a CCG not achieving as high a rate of completion for a process as would be expected from the national rate, is banded as "lower than expected" and coloured red in the table below, While this doesn't mean that the CCG is under performing, it can indicate that further investigation could be beneficial.

Those performing 'as expected' (i.e. statistically indistinguishable from peers) have a banding of "as expected" and are not coloured in the table. Those coloured green are performing "Higher than expected", and the CCG is performing better than would be expected given the demographic of their diabetic population.

Overall, Bury CCG has "higher than expected" results compared with England average for the 2015/16 Care Process for both Type 1 and Type 2 diabetes. Other care processes are all performing "as expected" compared with the England average.

	Type 1		Type 2	
2015/16 Care Process	**Bury CCG**	**England**	**Bury CCG**	**England**
HbA1C	91.9	84.5	96.2	95.1
Blood Pressure	90.8	89.4	95.9	95.8
Cholesterol	89.5	80.0	94.4	93.1
Serum Creatinine	91.1	82.1	96.0	94.8
Urine Albumin	63.4	51.0	71.2	66.8
Foot Surveillance	74.3	73.7	87.2	87.1
BMI	81.9	75.8	86.1	82.8
Smoking	84.4	79.0	89.7	85.4
All 8 Care Processes	48.5	37.3	61.4	53.9



Care process completion for those with Type 1 diabetes

Where Bury CCG performs "higher than expected", it is in most cases, in the top three GM CCGs. Overall Bury CCG (48.5%) is third after Central Manchester CCG (54.8%) and Oldham CCG (50.2%) and is well above Trafford CCG (30.3%), the only lower than expected CCG in Greater Manchester.

	Bolton	Bury	C. Man	HMR	N. Man	Oldham	Salford	S. Man	Stockport	T&G	Trafford	Wigan	England
HbA1C	82.7	91.9	90.1	93.0	91.1	92.4	86.1	84.0	89.1	82.4	87.6	78.2	84.5
Blood Pressure	87.7	90.8	91.7	93.3	92.1	93.6	90.4	89.2	90.8	88.3	90.8	86.9	89.4
Cholesterol	79.1	89.5	88.4	89.6	88.6	90.5	85.5	82.7	86.5	82.3	81.9	74.5	80.0
Serum Creatinine	83.5	91.1	90.0	92.4	90.5	92.1	87.8	81.2	87.3	82.9	80.8	75.4	82.1
Urine Albumin	55.3	63.4	66.8	62.7	62.8	65.2	66.2	44.1	54.5	45.7	43.7	45.3	51.0
Foot Surveillance	77.3	74.3	77.2	74.1	78.8	75.1	74.2	67.3	73.9	73.1	71.7	75.2	73.7
BMI	73.6	81.9	85.5	81.5	76.3	84.3	79.0	68.8	75.6	66.6	76.2	70.5	75.8
Smoking	80.1	84.4	91.7	86.8	86.1	87.6	80.7	78.5	79.5	79.8	76.1	80.4	79.0
All 8 Care Processes	37.4	48.5	54.8	48.3	48.0	50.2	44.6	29.3	39.6	31.9	30.3	32.1	37.3

Care process completion for those with Type 2 diabetes

Where Bury CCG performs "higher than expected", it is in most cases, the top CCG in Greater Manchester. Overall Bury CCG (61.4%) is second after Bolton CCG (61.5%) and is well above Trafford CCG (48.6%); Tameside and Glossop CCG (48.9%) and Wigan CCG (51.3%) the three "lower than expected" CCGs in Greater Manchester. There are a number of CCGs performing lower than expected in Greater Manchester (highlighted red)

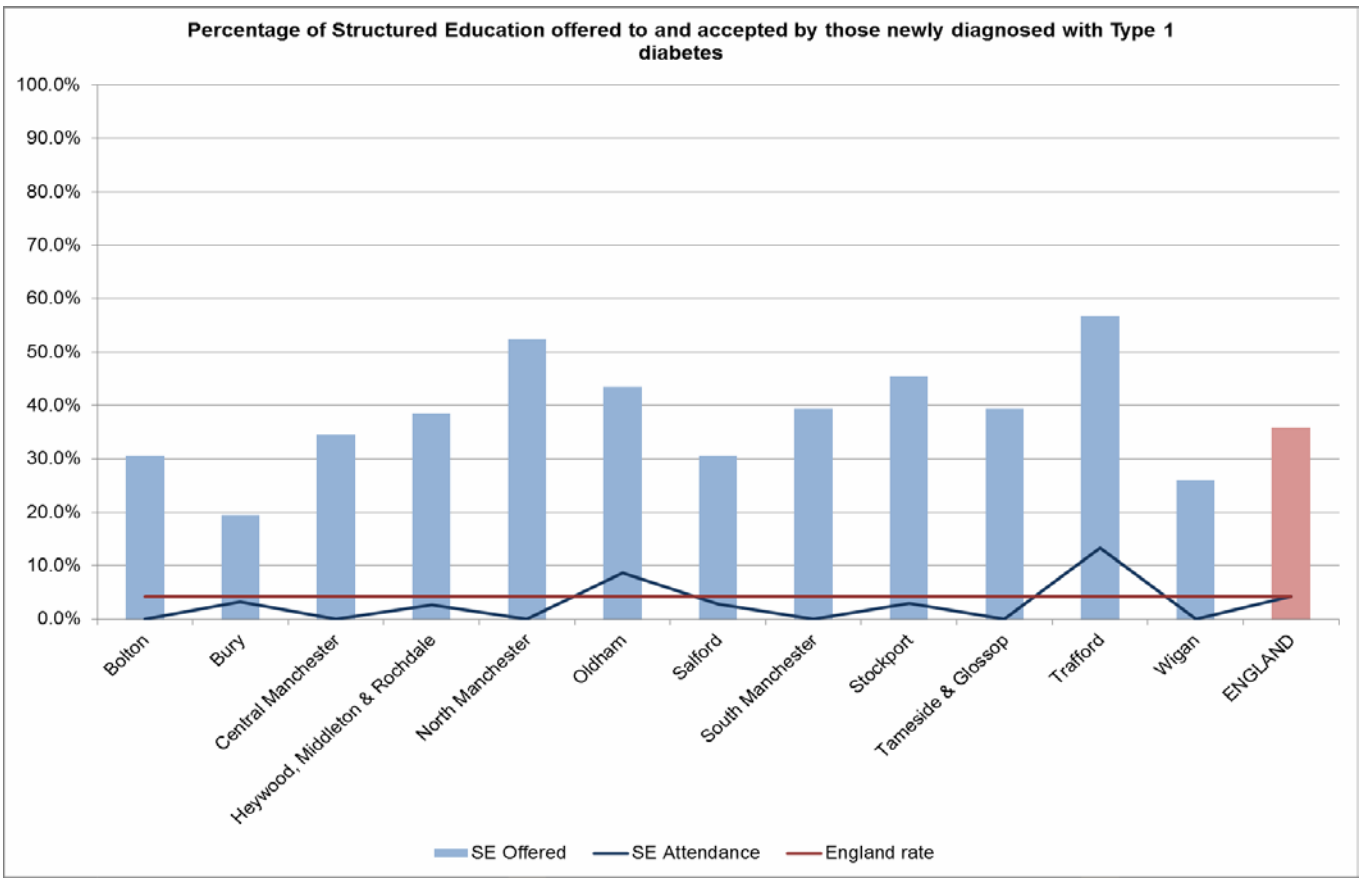
	Bolton	Bury	C. Man	HMR	N. Man	Oldham	Salford	S. Man	Stockport	T&G	Trafford	Wigan	England
HbA1C	95.6	96.2	94.5	96.6	95.4	96.5	95.0	93.2	96.3	96.3	95.3	94.3	95.1
Blood Pressure	95.8	95.9	95.5	97.2	95.7	96.9	95.8	94.9	97.2	96.7	96.3	95.6	95.8
Cholesterol	93.8	94.4	93.2	95.6	94.1	95.4	93.2	91.0	94.9	95.0	93.3	92.6	93.1
Serum Creatinine	95.3	96.0	93.3	96.2	94.4	95.7	94.8	92.2	96.1	95.8	94.6	94.2	94.8
Urine Albumin	75.6	71.2	62.6	66.2	58.8	66.8	71.0	56.3	70.6	64.8	61.8	65.1	66.8
Foot Surveillance	85.8	87.2	84.4	89.4	87.4	87.4	82.9	83.6	86.4	87.8	88.2	86.6	87.1
BMI	87.5	86.1	78.3	83.3	78.5	83.6	83.2	69.6	85.1	77.7	78.5	82.8	82.8
Smoking	90.5	89.7	83.7	88.0	84.4	86.6	89.2	81.0	84.3	85.0	85.0	88.5	85.4
All 8 Care Processes	61.5	61.4	50.1	56.4	46.9	54.6	56.1	43.8	56.4	48.9	48.6	51.3	53.9

Structured Education

Structured Education was collected differently in the 2015/16 audit. This has meant that the time between diagnosis and the offer of structured education to the person with diabetes can be determined in days.

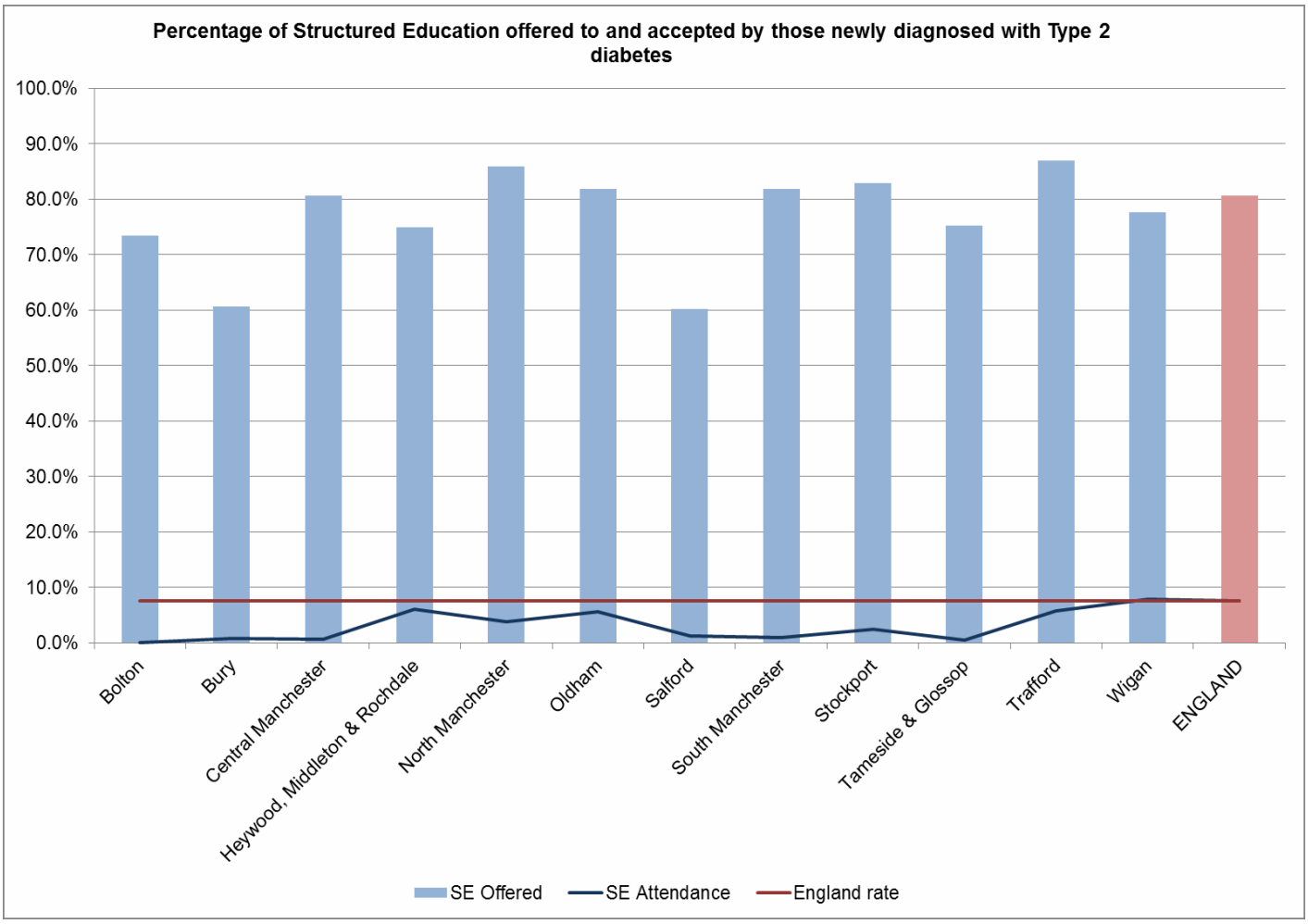
Structured Education for Type 1 diabetes diagnosed in previous 12 months

19.4% of Bury patients diagnosed with Type 1 diabetes in the last 12 months were offered Structured Education in the 12 months following diagnosis. While this is a strong improvement since 2013 (10.5%) it is well below the England rate of 35.8% and is the lowest of the Greater Manchester CCGs. With the exception of Oldham and Trafford CCGs all other CCGs in Greater Manchester have a lower attendance rate than the England rate of 4.2%. There is no 2013 attendance rate for Bury patients.



Structured Education for Type 2 diabetes diagnosed in previous 12 months

60.7% of Bury patients diagnosed with Type 2 diabetes in the last 12 months were offered Structured Education in the 12 months following diagnosis. As with type 1 diagnoses, this has improved since 2013 (48.0%) however it is well below the England rate of 80.6% and is the second lowest in Greater Manchester, after Salford CCG (60.2%). With the exception of Wigan CCG (7.8%) all CCGs in Greater Manchester have a lower attendance rate than the England rate of 7.6%. There has been no change in the Bury attendance rate since 2013.



Zach Butcher
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NHS Bury CCG
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Bury Clinical Commissioning Group

CQC Summary of Reports – March 2017

Huntley Mount Medical Practice

- Huntley Mount Medical Practice was originally inspected by CQC on the 19 May 2016, following the inspection the practice was rated as overall requires improvement; achieving good in the caring and well-led domains and requires improvement in the safe, effective and responsive domains.
- A requirement notice was issued to the practice for the following areas:
  - The provider must take action to ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection
  - The provider must improve the system of staff recruitment to ensure that patients are protected by operating effective recruitment and selection procedures that includes relevant checks being carried out (and evidenced) when staff are employed or are engaged in a role where such checks are required
  - The provider must take action to ensure suitable systems are in place to effectively recall patients to attend health reviews and assessments and to follow up people who do not attend
- A further comprehensive inspection was carried out on the 24 January 2017 were the practice are able to demonstrate that they have taken action to address the areas identified for improvement at the previous inspection.
- The following areas were highlighted for improvement in the latest report:
  - Detailed analysis of significant events should take place with detailed records kept of the findings and actions taken to address any changes to practice
  - A record should be kept of meetings held for the purpose of monitoring issues discussed
  - More detailed information needs to be recorded in clinical audits and a plan should be drawn up for the completion of future audits
- The practice was rated as overall good and in all the 5 key standards at the latest inspection.
- The following area of outstanding practice was noted in the report:
  - The practice staff organised a dementia awareness day working in consultation with national charities and local hospital consultants. This day was open to all Bury patients. Staff were also arranging a crown green bowling event in the park opposite surgery with Bury Council funding; this was planned for Summer 2017.

Marina Ricioppo
Primary Care Project Manager