

# **BNSSG Primary care Commissioning Committee**

**Date: 25<sup>th</sup> April 2018**

**Time: 11:00 – 13:00**

**Location: Academy 1+2, Holiday Inn, Bond St, Bristol, BS1 3LE**

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## **Agenda item: 8**

### **Report title: Primary Care Quality Development Report**

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#### **1. Purpose**

The purpose of this report is to inform the Committee of the current position and proposed plans for Primary Care (General Practice) quality monitoring following delegation of commissioning of primary care to BNSSG CCG.

#### **2. Recommendations**

To note the proposed plans for monitoring and gaining assurance regarding primary care quality following delegation of the commissioning responsibility to the CCG.

#### **3. Background**

In January 2018, BNSSG CCGs were informed that their bid to take over responsibility for the commissioning of primary care medical services from April 2018 had been successful. To support and inform the transition of the key areas and functions within commissioned primary care services from NHS England to the CCG, the CCG are developing a governance framework to operationalise this work. This will ensure that quality assurance and surveillance are managed and reported in the right place. To drive the delivery of this a transition group with representatives from the CCG, NHSE and primary care has been established.

Primary care quality monitoring is a key function that will be impacted by delegated commissioning to the CCG. To support the transition to CCG commissioning NHS England have produced a draft document - Memorandum of Understanding for Nursing and Quality Support for Delegated CCGs, which outlines what specific areas within quality monitoring will transfer to the CCG. Further work is still required on this to finalise specific lines of accountability between the CCG and NHSE.



However, from this draft report the quality areas that have been identified as part of the transitioned responsibilities to CCG commissioning are:

- Supporting practices with poor CQC ratings or those who are in Special Measures following a CQC inspection.
- Supporting the development of a patient safety culture
- Primary care quality reporting (incident reporting)
- Safeguarding
- Patient Experience (FFT, Surveys, etc)

Areas of quality monitoring that will remain within the remit and responsibility of NHSE's primary care team will be Complaints Management and the Primary Care Performers List, GP appraisal and revalidation.

NHSE South West (North area) primary care team established a Primary Care Hub to support quality monitoring within NHSE. The Hub meets on a bi-monthly basis and the CCGs were invited to join in May 2017 and have attended all meetings to date. The purpose of the group is to review available quality data and discuss areas of concern and next steps to support quality improvement. The Hub also includes membership from the CQC.

It is proposed that the CCG will continue to hold this group in order to support the sharing of issues and concerns between the CCG and stakeholder colleagues to support quality improvement. Through the primary care governance arrangements quality monitoring will be reported through to the Primary Care Operational Group with assurances reported to the Primary Care Commissioning Committee.

In addition any identified primary care quality issues are also addressed by the Locality/Area teams and CCG quality team if/when appropriate.

To inform our preparatory work on this, conversations have also been held with Quality colleagues in neighbouring CCGs who already have delegated responsibility for primary care quality monitoring and examples of their approaches to quality monitoring have been shared.

#### **4. Quality data sources and current analysis**

Quality data is currently collated, analysed and monitored by NHS England. NHSE produced a report in October 2017 that detailed their approach to quality monitoring, sources of data and an example of a quality dashboard for a CCG area. We have also attached the example dashboards for Bristol, North Somerset and South Gloucestershire CCGs based on data from October 2017 (Appendices 1a-c). These include information regarding workforce, safety, patient experience and quality outcomes showing how this data be presented. Updated dash boards have been requested from NHSE.

The purpose of these example dashboards is to bring all the available quality information for primary care into one place for clarity and ease of interpretation. These dashboards incorporate a number of indicators and highlights areas of good quality care and areas that could be of concern. The data reflects one point in time and, therefore will need to be considered with other local

intelligence.

There are currently numerous quality intelligence Tools and Reports available from various sources including NHS England and other Arm's Length Bodies. The data sources for the dashboard are detailed below.

## Data Sources

Meetings have been held with NHS England to discuss handover of this information and access to the various data sources. Training on interrogation of the data is being produced by NHSE and will be available next month.

To date the Locality and Quality teams have been given access to the Primary Care Web Tool and from here a first draft dashboard reflecting performance data has been developed by the locality teams. There is the option to incorporate quality data into this, and this will need to be explored going forward. Further work is required on this to determine the quality indicators to report on and the frequency of reporting. This work will include engagement from primary care colleagues to ensure the information produced has relevance to the practices, localities, areas and the CCG and support validation of the data.

Part of the preparatory work will include noting the significant diversity across BNSSG practices to support where this can highlight any health inequalities. The use of other external reports will also be considered, such as the reports produced by Healthwatch who have visited individual practices and reported on the patient experience.

## 5. Primary Care quality initiatives

The CCG has encouraged and supported primary practices to join the Primary Care Collaborative led by West of England Academic Health Science Network (WEAHSN). The aim of the collaborative is to support practices to develop a safety culture that engages with patients and staff to support the delivery of safe and reliable healthcare in primary care teams.

To date there have been two cohorts of the primary care collaborative with a third due to start in May 18. Collaborative meetings include specific input from speakers on Sign Up to Safety, a Coroners perspective, incident reporting, human factors theories and safety in the nuclear industry. At the meetings practices are encouraged to share and learn knowledge and good practice. They are also supported to undertake a culture survey on their approach towards safety.

There have been 15 practices across BNSSG who have joined either the first or second Primary Care Collaborative with invites currently out for practices to join cohort three.

## 6. Next Steps

Following an initial meeting between Quality, Commissioning, Business Intelligence, Primary Care and Locality teams further work is needed to scope the specific requirements going forward. The aim of the primary care quality dashboard will be to provide assurance on the safety, effectiveness and experiences for patients who receive the commissioned services. It is anticipated through triangulation of the various sources of data this will allow early identification of 'quality hot spots' so further enquiry and relevant support can be offered.

Therefore to progress the quality metrics and dashboard the following next steps need to be taken:

<b>Next Steps</b>	<b>Proposed Timescale</b>
Determining the primary care contractual obligations relating to quality performance	End of Quarter 1
Determining what quality metrics need to be monitored to provide this assurance, securing access to all relevant data sources with NHS England	End of Quarter 1
Determining the frequency and level of monitoring, i.e. monthly, bi-monthly, quarterly or six monthly and also whether data is presented at practice, cluster, locality or CCG level.	End of Quarter 1
Close working with General Practice colleagues to understand and support the collection and sharing of data, especially in terms of learning from incidents/adverse events	End of Quarter 1
Implementation of a 'dashboard' task and finish group with identification of adequate resource from Primary Care, Commissioning, Business Intelligence, Area and Quality directorate colleagues to achieve the above.	Established by May 2018
Continuation and encouragement of practices to join the WEAHSN Primary Care Collaborative to help promote incident reporting and sharing of learning with other practices.	End of April 2018
Further linking with other CCGs who have already taken on primary care commissioning.	Planned for 30 <sup>th</sup> May 2018

## 7. Financial resource implications

The financial/resource implications for the CCGs in relation to quality monitoring in primary care will need to be scoped and will be determined by the frequency and level of quality monitoring required.

## 8. Legal implications

There are no legal implications for the CCGs in relation to quality monitoring in primary care raised in this paper.

## 9. Risk implications

Currently the CCG has access to the Primary Care web tool, but need to assess and gain access to all relevant sources of data to support quality monitoring. NHS England is part of the transition working groups so this will be worked through to ensure full access is achieved. NHSE have also informed the CCG that a training package will be provided as this will be required for generating quality reports/dashboards and this will be available shortly.

Engagement from General Practices to share data in terms of incident reporting and learning outside of their practices is currently minimal. Incident reporting occurs within practices, but to support patient safety, learning needs to be shared in a supportive way across primary care. The WEAHSN and the Primary Care Hub can support this. In addition with the implementation of the Datix incident reporting tool a training plan will be devised to support primary care colleagues on what and how to report incidents/adverse events.

## **10. Implications for health inequalities**

There are no identified health inequalities in this paper.

## **11. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

There are no identified implications for equalities in this paper.

## **12. Consultation and Communication including Public Involvement**

N/A

## **13. Appendices**

Appendix 1a-c – Example dashboards for Bristol, North Somerset and South Gloucestershire CCGs

### PROFILE

TOTAL PATIENTS	MALE	FEMALE
504498	253055	251443
SPLIT	50.2%	49.8%

Area Deprivation Level CCG Average  
1 - Most Deprived to 5 - Least Deprived  
**2.5**

Vulnerable Practice  
**NO**

Practice Patient Ages		
No. of Patients over 65	<b>64,134</b>	<b>13%</b>
No. of Patients 0 - 64	<b>442,334</b>	<b>87%</b>

### PRACTICE WORKFORCE

WORKFORCE	
Total GP's	362
Total Nurse's	211
Total DPC's	107
Total Health Care Assistant's	64
Total Phlebotomist's	20
Total Pharmacist's	22
Total Dispenser's	0
Total Physio's	0
Total Podiatrist's	0
Total Physician Associate's	0
Total Therapist's	0
Practice Managers FTE	81

WORKFORCE	
% GPs over 55 years	20%
% Locum GPs	0%
% Nurses over 55 years	32%
Number of patients per WTE GP	1939
Number of patients per WTE Nurse	3997
Staff Satisfaction	

### SAFETY

No. of Serious Incidents Oct 2016 - Sept 2017	0
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OVERALL ANTIBIOTIC PRESCRIBING LEVELS	1.67
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ANTIBIOTIC PRESCRIBING		Rate
Percentage of broad spectrum prescribed antibiotic items by quarter		1014%
Total number of prescribed antibiotic items per 1000 registered patients by quarter		123.6
Total number of prescribed antibiotic items per STAR-PU by quarter		0.2

Significant Event Audits by Type (From 2013 to Present)						
Type	Medication	Clinical assessment	Immunisation, Screening, Vaccination	Access, admission, transfer, discharge	Consent, communication, confidentiality	Documentation
Number of	2	4	2	2	0	1
Type	Death	Treatment, procedure	Infection control	Infrastructure	Clinical assessment (including diagnosis, scans, tests, assessments)	Documentation (including electronic & paper records, identification and drug charts)
Number of	0	0	0	0	0	0
Total SEA's by CCG					14	

WELL LED	
REVALIDATION STATUS	Awaiting Intel
REGISTERED MANAGER STATUS	Awaiting Intel

SAFEGUARDING CONCERNS	
NONE	
SECTION 11 AUDIT	
Placeholder - Awaiting Intel	

### PATIENT EXPERIENCE

FAMILY AND FRIENDS FFT					
	May-17	Jun-17	Jul-17	Nat Avg	STP Avg
Total Responses	1047	953	1530	89%	86%
% Recommended	87%	89%	90%		
% Not Recommended	9%	5%	6%		

FFT RESPONSES BREAKDOWN					
Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know
726	177	30	25	58	19
662	155	39	28	38	13
1186	183	24	23	73	23

GP Patient Survey - 2016	
Overall experience of GP surgery - total responses	6779
Very good	2771
Fairly good	3010
Neither good nor poor	646
Fairly poor	275
Very poor	20

### QUALITY

QOF SCORES		OF TOTAL
Average score (max. 559)	539	96%
YOY Increase 2015-16	NO	

CARE QUALITY COMMISSION - No. of Practices					
Overall	No published rating	Inadequate	Requires improvement	Good	Outstanding
	1	0	0	45	3
Good	No. of Practices in Special Measures		Total Written Complaints		
	0		275		

ADMISSIONS	
RATE OF EMERGENCY ADMISSIONS	82.5
RATE OF A&E ADMISSIONS	251.0
RATE OF ACS ADMISSIONS	14.1

Additional Indicators				
Indicator Number	No.	% of Total with condition	Level of Data	
Adults - identified as having a QOF diagnostic learning disability		639	94%	Practice
14-18 yrs olds - identified as having a QOF diagnostic learning disability		38	6%	Practice
Patients with record of dementia aged 0 to 64.	DEMENTIA_REGISTER_0_64	100	3%	Practice
Patients with record of dementia aged 65 and above.	DEMENTIA_REGISTER_65_PLUS	3026	97%	Practice
Number of patients with a record of receiving an assessment for dementia by the GP practice	ASS_Received_GP	715	23%	Practice
Number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia	ASS_Declined_GP	252	8%	Practice
Number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice within the 12 month period	DIAG_Received_Care_Plan	2392	77%	Practice
Select STP Level Indicators		Value	Trend	Level of Data
(Use drop down menu's to select which indicators)		Prevalence %		
1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	90637	1.4	Increasing	STP
1.04 - First time entrants to the youth justice system	10401	426.4	Decreasing and getting better	STP
3.02 - Chlamydia detection rate (15-24 year olds)	90776	1731.5	Decreasing and getting worse	STP
3.03xiv - Population vaccination coverage - Flu (aged 65+)	30314	72.6	Decreasing and getting worse	STP
4.11 - Emergency readmissions within 30 days of discharge from hospital	No recorded data	No recorded data	No data	STP

The STP Level data contains an average value over the last 3 years



### PROFILE

TOTAL PATIENTS	MALE	FEMALE
217818	106906	110912
SPLIT	49.1%	50.9%

Area Deprivation Level CCG Average  
1 - Most Deprived to 5 - Least Deprived  
**3.6**

Vulnerable Practice  
**NO**

Practice Patient Ages		
No. of Patients over 65	49,492	23%
No. of Patients 0 - 64	165,691	77%

### MALE - PATIENTS BY AGE

### FEMALE - PATIENTS BY AGE

### PRACTICE WORKFORCE

WORKFORCE	
Total GP's	161
Total Nurse's	98
Total DPC's	69
Total Health Care Assistant's	47
Total Phlebotomist's	9
Total Pharmacist's	2
Total Dispenser's	6
Total Physio's	0
Total Podiatrist's	0
Total Physician Associate's	1
Total Therapist's	0
Practice Managers FTE	40

### WORKFORCE

% GPs over 55 years	36%
% Locum GPs	1%
% Nurses over 55 years	33%
Number of patients per WTE GP	2376
Number of patients per WTE Nurse	3990
Staff Satisfaction	

### SAFETY

No. of Serious Incidents Oct 2016 - Sept 2017	<b>1</b>
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OVERALL ANTIBIOTIC PRESCRIBING LEVELS	1.09
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ANTIBIOTIC PRESCRIBING		Rate
Percentage of broad spectrum prescribed antibiotic items by quarter		916%
Total number of prescribed antibiotic items per 1000 registered patients by quarter		154.2
Total number of prescribed antibiotic items per STAR-PU by quarter		0.3

### Significant Event Audits by Type (From 2013 to Present)

Type	Medication	Clinical assessment	Immunisation, Screening, Vaccination	Access, admission, transfer, discharge	Consent, communication, confidentiality	Documentation
Number of	6	0	0	1	0	0
Type	Death	Treatment, procedure	Infection control	Infrastructure	Clinical assessment (including diagnosis, scans, tests, assessments)	Documentation (including electronic & paper records, identification and drug charts)
Number of	0	0	0	1	0	0
Total SEA's by CCG					9	

WELL LED	
REVALIDATION STATUS	Awaiting Intel
REGISTERED MANAGER STATUS	Awaiting Intel

### SAFEGUARDING CONCERNS

NONE

### SECTION 11 AUDIT

Placeholder - Awaiting Intel

### PATIENT EXPERIENCE

#### FAMILY AND FRIENDS FFT

	May-17	Jun-17	Jul-17	Nat Avg	STP Avg
Total Responses	118	201	145	89%	86%
% Recommended	85%	91%	92%		
% Not Recommended	3%	7%	6%		

#### FFT RESPONSES BREAKDOWN

Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know
53	29	18	3	5	3
137	40	4	7	11	2
105	20	4	2	7	0

#### Patient Online

Practices with Online Appointments Enabled	18
% Of Reg Population with online appointment enabled	100%
Av no. times a patient has accessed the online appointments service	0.03
Order Medication Online Enabled	17
% Of Reg Population with order medication online enabled	94.4%
Av no. a patient has accessed the online medication service	0.05

#### GP Patient Survey - 2016

Overall experience of GP surgery - total responses	3043
Very good	1392
Fairly good	1245
Neither good nor poor	257
Fairly poor	119
Very poor	10

### QUALITY

QOF SCORES		OF TOTAL
Average score (max. 559)	544	97%
YOY Increase 2015-16	NO	

#### CARE QUALITY COMMISSION - No. of Practices

Overall	No published rating	Inadequate	Requires improvement	Good	Outstanding
	0	0	1	17	1
Good	No. of Practices in Special Measures		Total Written Complaints		
	0		73		

#### ADMISSIONS

RATE OF EMERGENCY ADMISSIONS	87.4
RATE OF A&E ADMISSIONS	317.9
RATE OF ACS ADMISSIONS	14.2

Additional Indicators	Indicator Number	No.	% of Total with condition	Level of Data
Adults - identified as having a QOF diagnostic learning disability		227	95%	Practice
14-18 yrs olds - identified as having a QOF diagnostic learning disability		13	5%	Practice
Patients with record of dementia aged 0 to 64.	DEMENTIA_REGISTER_0_64	49	2%	Practice
Patients with record of dementia aged 65 and above.	DEMENTIA_REGISTER_65_PLUS	2148	98%	Practice
Number of patients with a record of receiving an assessment for dementia by the GP practice	ASS_Received_GP	411	19%	Practice
Number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia	ASS_Declined_GP	5	0%	Practice
Number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice within the 12 month period	DIAG_Received_Care_Plan	1629	74%	Practice

Select STP Level Indicators	Indicator Number	Value	Trend	Level of Data
(Use drop down menu's to select which indicators)		Prevalence %		
1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	90637	1.4	Increasing	STP
1.04 - First time entrants to the youth justice system	10401	426.4	Decreasing and getting better	STP
3.02 - Chlamydia detection rate (15-24 year olds)	90776	1731.5	Decreasing and getting worse	STP
3.03xiv - Population vaccination coverage - Flu (aged 65+)	30314	72.6	Decreasing and getting worse	STP
4.11 - Emergency readmissions within 30 days of discharge from hospital	No recorded data	No recorded data	No data	STP

The STP Level data contains an average value over the last 3 years

### PROFILE

TOTAL PATIENTS	MALE	FEMALE
266676	132209	134467
SPLIT	49.6%	50.4%

Area Deprivation Level CCG Average  
1 - Most Deprived to 5 - Least Deprived  
4.7

Vulnerable Practice  
NO

Practice Patient Ages		
No. of Patients over 65	49,082	18%
No. of Patients 0 - 64	218,556	82%

### MALE - PATIENTS BY AGE

### FEMALE - PATIENTS BY AGE

### WORKFORCE

Total GP's	190
Total Nurse's	114
Total DPC's	66
Total Health Care Assistant's	40
Total Phlebotomist's	14
Total Pharmasist's	7
Total Dispenser's	2
Total Physio's	1
Total Podiatrist's	0
Total Physician Associate's	1
Total Therapist's	0
Practice Managers FTE	53

### WORKFORCE

% GPs over 55 years	22%
% Locum GPs	2%
% Nurses over 55 years	32%
Number of patients per WTE GP	1873
Number of patients per WTE Nurse	3864
Staff Satisfaction	

### PRACTICE WORKFORCE

### SAFETY

No. of Serious Incidents Oct 2016 - Sept 2017	1
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OVERALL ANTIBIOTIC PRESCRIBING LEVELS	0.97
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ANTIBIOTIC PRESCRIBING		Rate
Percentage of broad spectrum prescribed antibiotic items by quarter		1129%
Total number of prescribed antibiotic items per 1000 registered patients by quarter		144.5
Total number of prescribed antibiotic items per STAR-PU by quarter		0.3

Significant Event Audits by Type (From 2013 to Present)						
Type	Medication	Clinical assessment	Immunisation, Screening, Vaccination	Access, admission, transfer, discharge	Consent, communication, confidentiality	Documentation
Number of	2	0	2	1	0	1
Type	Death	Treatment, procedure	Infection control	Infrastructure	Clinical assessment (including diagnosis, scans, tests, assessments)	Documentation (including electronic & paper records, identification and drug charts)
Number of	1	1	0	2	0	0
Total SEA's by CCG				10		

WELL LED	
REVALIDATION STATUS	Awaiting Intel
REGISTERED MANAGER STATUS	Awaiting Intel

SAFEGUARDING CONCERNS	
NONE	
SECTION 11 AUDIT	
Placeholder - Awaiting Intel	

### PATIENT EXPERIENCE

FAMILY AND FRIENDS FFT					
	May-17	Jun-17	Jul-17	Nat Avg	STP Avg
Total Responses	646	583	552	89%	86%
% Recommended	82%	80%	80%		
% Not Recommended	9%	14%	15%		

Patient Online	
Practices with Online Appointments Enabled	25
% Of Reg Population with online appointment enabled	100%
Av no. times a patient has accessed the online appointments service	0.02
Order Medication Online Enabled	24
% Of Reg Population with order medication online enabled	96.0%
Av no. a patient has accessed the online medication service	0.04

FFT RESPONSES BREAKDOWN					
Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know
418	129	34	15	35	6
412	85	18	21	34	2
356	123	24	20	22	2

GP Patient Survey - 2016	
Overall experience of GP surgery - total responses	3695
Very good	1388
Fairly good	1687
Neither good nor poor	436
Fairly poor	133
Very poor	10

### QUALITY

QOF SCORES		OF TOTAL
Average score (max. 559)	541	97%
YOY Increase 2015-16	NO	

CARE QUALITY COMMISSION - No. of Practices					
Overall	No published rating	Inadequate	Requires improvement	Good	Outstanding
	1	0	0	21	2
Good	No. of Practices in Special Measures		Total Written Complaints		
	0		189		

ADMISSIONS	
RATE OF EMERGENCY ADMISSIONS	78.9
RATE OF A&E ADMISSIONS	272.6
RATE OF ACS ADMISSIONS	12.8

Additional Indicators	Indicator Number	No.	% of Total with condition	Level of Data
Adults - identified as having a QOF diagnostic learning disability		132	96%	Practice
14-18 yrs olds - identified as having a QOF diagnostic learning disability		6	4%	Practice
Patients with record of dementia aged 0 to 64.	DEMENTIA_REGISTER_0_64	42	2%	Practice
Patients with record of dementia aged 65 and above.	DEMENTIA_REGISTER_65_PLUS	1954	98%	Practice
Number of patients with a record of receiving an assessment for dementia by the GP practice	ASS_Received_GP	458	23%	Practice
Number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia	ASS_Declined_GP	278	14%	Practice
Number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice within the 12 month period	DIAG_Received_Care_Plan	1496	75%	Practice

Select STP Level Indicators			
(Use drop down menu's to select which indicators)	Indicator Number	Value	Trend
1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	90637	1.4	Increasing
1.04 - First time entrants to the youth justice system	10401	426.4	Decreasing and getting better
3.02 - Chlamydia detection rate (15-24 year olds)	90776	1731.5	Decreasing and getting worse
3.03xiv - Population vaccination coverage - Flu (aged 65+)	30314	72.6	Decreasing and getting worse
4.11 - Emergency readmissions within 30 days of discharge from hospital	No recorded data	No recorded data	No data

The STP Level data contains an average value over the last 3 years