Agenda item: 12

Report title: Primary Care Quality Report

1. Background

The purpose of this report is to provide the Committee with an update on quality measures for primary care (General Practice). Monthly metric updates include recently published CQC inspection reports, Friends and Family Test (FFT) data and Flu vaccine uptake. The specific domain focus for this month is Diabetes.

2. Primary Care Monthly Quality Monitoring

a. Care Quality Commission (CQC)

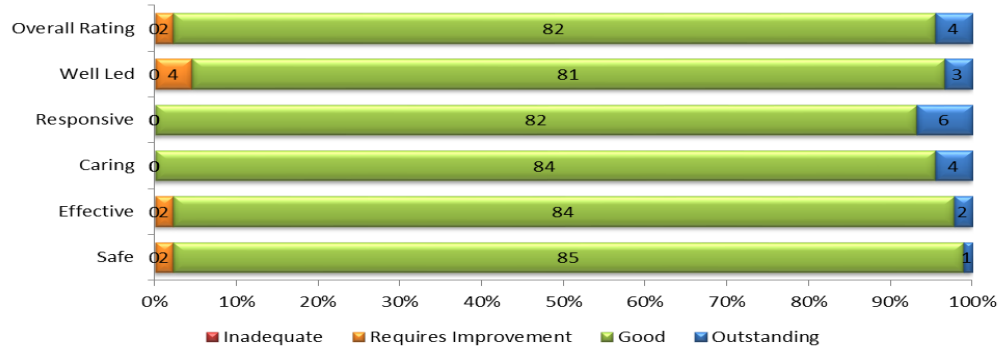
Four practices have had a CQC inspection report published between 3rd January and 8th February 2019. It is noted that Charlotte Keel received 'Requires Improvement' overall, with 'Requires Improvement in both the 'Effective' and 'Safe' domain. Emersons Green received 'Requires Improvement' for the 'Well Led' domain.

Figure 1: Recently published CQC ratings for domains

Practice	Publication Date	**Overall Rating**	Well Led	Responsive	Caring	Effective	Safe
Emersons Green	17.01.19	**Good**	Requires Improvement	Good	Good	Good	Good
Maytrees	30.01.19	**Good**	Good	Good	Good	Good	Good
Wellspring	06.02.19	**Good**	Good	Good	Good	Good	Good
Charlotte Keel	08.02.19	**Requires Improvement**	Good	Good	Good	Requires Improvement	Requires Improvement

The below graph shows the overall CQC rating position of all practices within BNSSG. There are currently no practices with a rating of "inadequate" in any domain.

Figure 2: CQC ratings for domains for all BNSSG practices



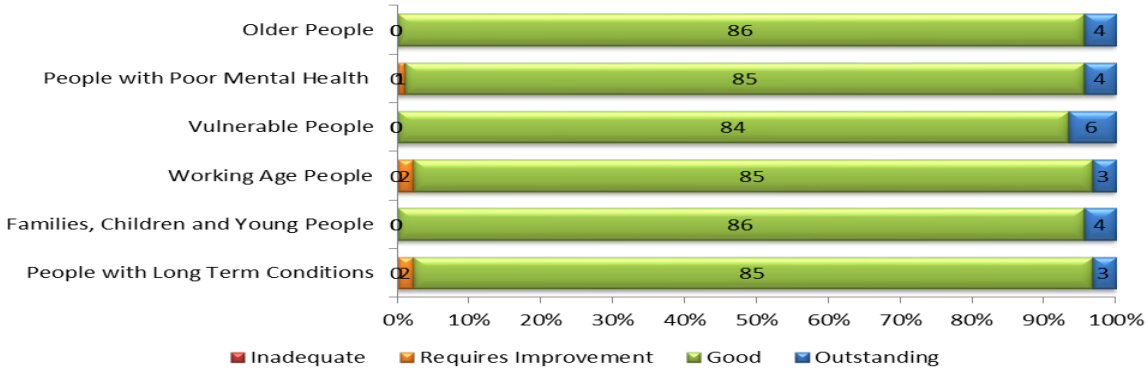
Within Primary Care the CQC also inspects the quality of care for six population groups, as shown in the table below. Maytrees received a “Requires Improvement” rating for “Working Age People”, Charlotte Keel received a “Requires Improvement” rating for “Long Term Conditions” and “Mental Health”. Emersons Green and Wellspring received a “Good “rating for all of the population groups.

Figures 3: Recently Published CQC ratings for population groups

Practice	Publication Date	Older People	Long Term Conditions	Families, Children & Young People	Working Age People	Vulnerable People	Mental Health
Emersons Green	17.01.19	Good	Good	Good	Good	Good	Good
Maytrees	30.01.19	Good	Good	Good	Requires Improvement	Good	Good
Wellspring	06.02.19	Good	Good	Good	Good	Good	Good
Charlotte Keel	08.02.19	Good	Requires Improvement	Good	Good	Good	Requires Improvement

The below graph shows the overall rating position of BNSSG practices for the six population groups.

Figure 4: CQC ratings for population groups for all BNSSG Practices



Listed below are the specific recommendations and actions highlighted within the Emersons Green CQC report:

‘Must Do’ Actions	‘Should Do’ Actions
Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.	Risk assess appointment availability to reduce waiting times for routine appointments.
	Continue to monitor and improve the uptake of cancer screening for disease prevention.

The quality team have spoken with the Practice Manager, during the week of 21st January and 4th February for their action plan to address the issues. Assurance has been given that the action plan is being developed and will be forwarded as soon as complete. The Practice Manager has been sent a reminder regarding the action plan.

Below are listed the specific recommendations and actions highlighted within the Maytrees CQC report.

'Must Do' Actions	**'Should Do' Actions**
No breaches of regulations	Take action to review the system for monitoring high risk medicines.
	Take action to review the medicines alert system so that action taken is auditable.
	Continue to take action to improve the uptake of health screening such as cervical smears, and increase immunisation rates.

Maytrees Practice was rated as "Requires Improvement" for working age people because of the uptake of screening for cancer. The Quality Team has spoken to the Practice Manager who gave assurance that the practice is producing a letter to be sent to the health screening non-attenders. It was also discussed that there has been a local research study by GP Registrar, which has shown that women from Black, Asian and Minority Ethnic (BAME) backgrounds are much less likely to attend cervical screening than White British women. The methods to improve cervical screening attendance have been shared with the practice which are as follows:

- Make it clear that the clinician taking smears is female
- On receipt of 3rd non attend letter – practice send letter in the appropriate language endorsed by GP – explains test and Human Papillomavirus (HPV)
- Work with link workers
- A link to smear screening videos in community languages

The Practice Manager reported that Jo's Trust charity has been contacted to have an advertising table in the waiting room to raise the importance of cervical screening profile.

Listed below are the specific recommendations and actions highlighted within the Charlotte Keel CQC report.

'Must Do' Actions	**'Should Do' Actions**
Ensure that care and treatment is provided in a safe way	Continue to implement actions to improve patient satisfaction

Charlotte Keel was rated as 'Requires Improvement' for providing safe services. The report identified that there was no evidence that consistent actions had been taken when temperature monitoring indicated vaccine fridges had operated outside of the recommended range. The arrangements for managing clinical waste also did not adhere to

national guidance. The Quality Team has spoken to the Practice Manager who gave assurance that an audit process has been put in place to ensure the monitoring of the vaccine fridges. NHS Properties has been contacted with regard to the clinical waste management. The Practice Nurse who is managing this action plan has been contacted by the Quality Team for assurance regarding this action plan.

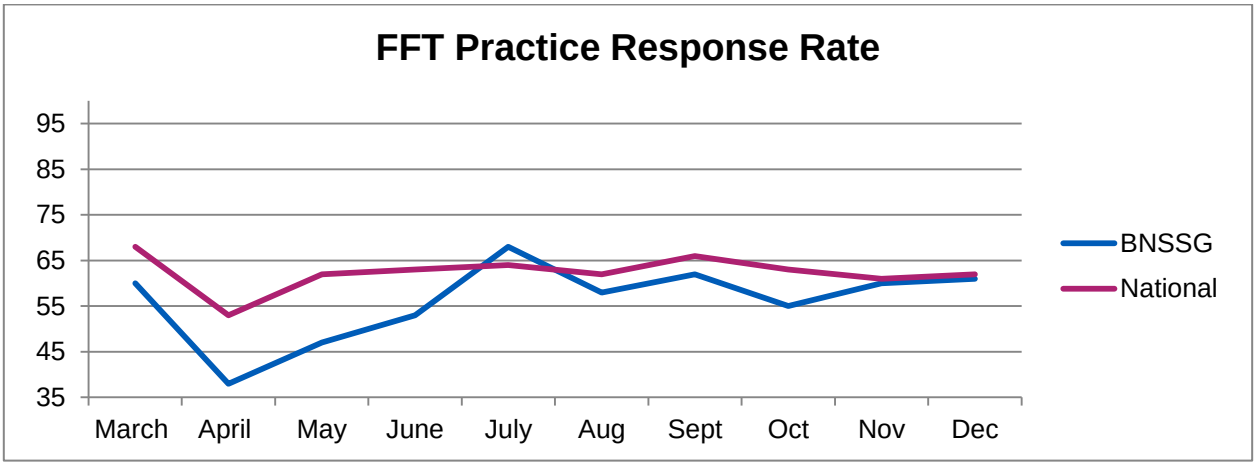
Charlotte Keel was also rated as 'requires improvement' for the for the population groups: people with long term conditions and people experiencing poor mental health (including people with dementia). The practice exception reporting was higher than local and national averages in several Quality and Outcomes Framework (QOF) indicators.

b. Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a feedback tool that supports the principle that those who use NHS services should have the opportunity to provide feedback on their experience which can be used to improve services. It is a continuous feedback cycle between patients and practices. FFT is only one method of feedback that GPs receive; there are other robust mechanisms, such as the national annual GP Patient Survey and outcome measures which can also be utilised. FFT for each practice can help to inform current and prospective patients about the experiences of those who use the practice's services and help mark progress over time. FFT data is published on the NHS England website.

Response rates: The most recent results for the Friends and Family Test (FFT) data are for December 2018. This shows that 51 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 61%, which is below the national rate of 62% however it is a 1% increase from November.

Figures % FFT Response Rate



We have also presented the last three months data by both area and locality to show the variation. These are presented in the following two charts and include the overall BNSSG

and the national averages in both. It is noted that all practices in the Woodspring locality have submitted FFT data for the last 5 months.

Figure 6: FFT Response Rate by Locality

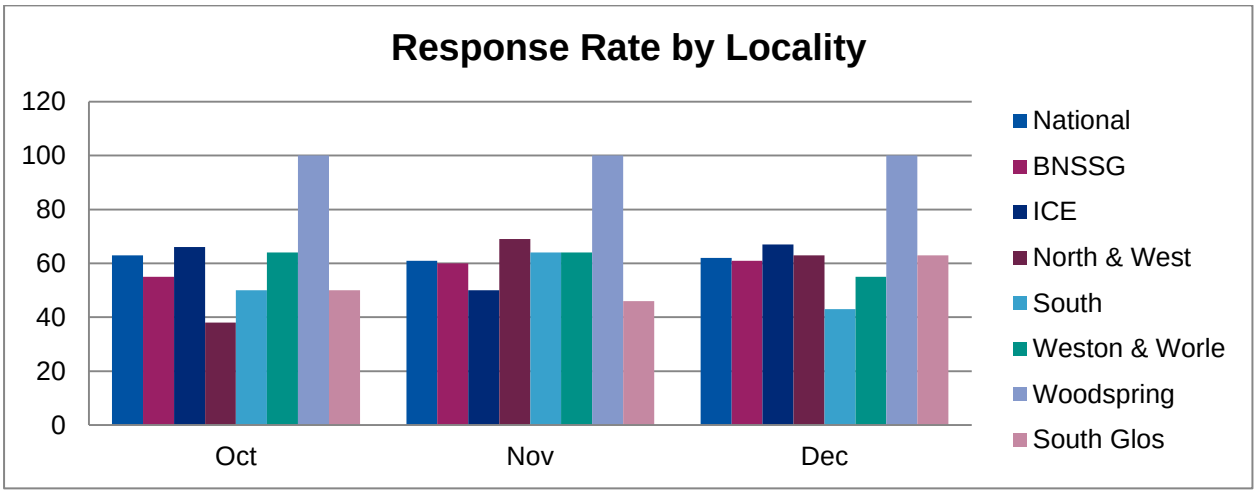
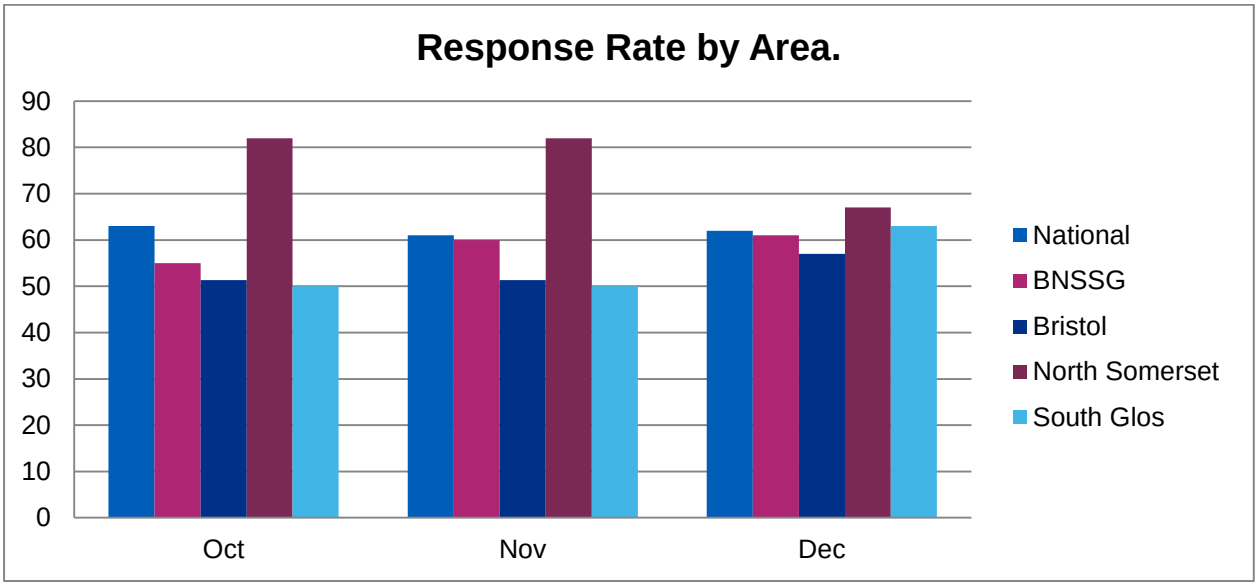


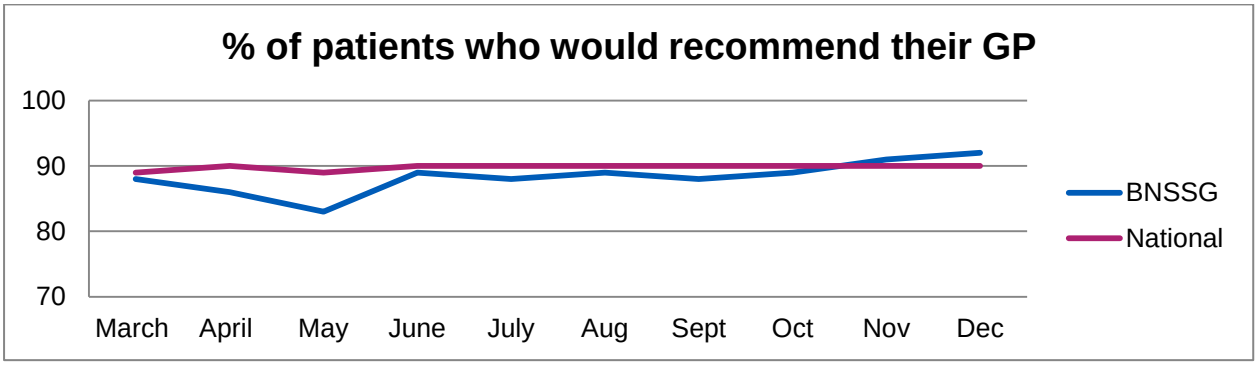
Figure 7: FFT Response Rate by Area



As was describe and agreed at the January PCCC, the practices which did not submit December's data, will be contacted by telephone to gain clarity on the reasons for non-submission and offer support if required. Contractual obligations will be outlined and consequences of further submission failures will be advised.

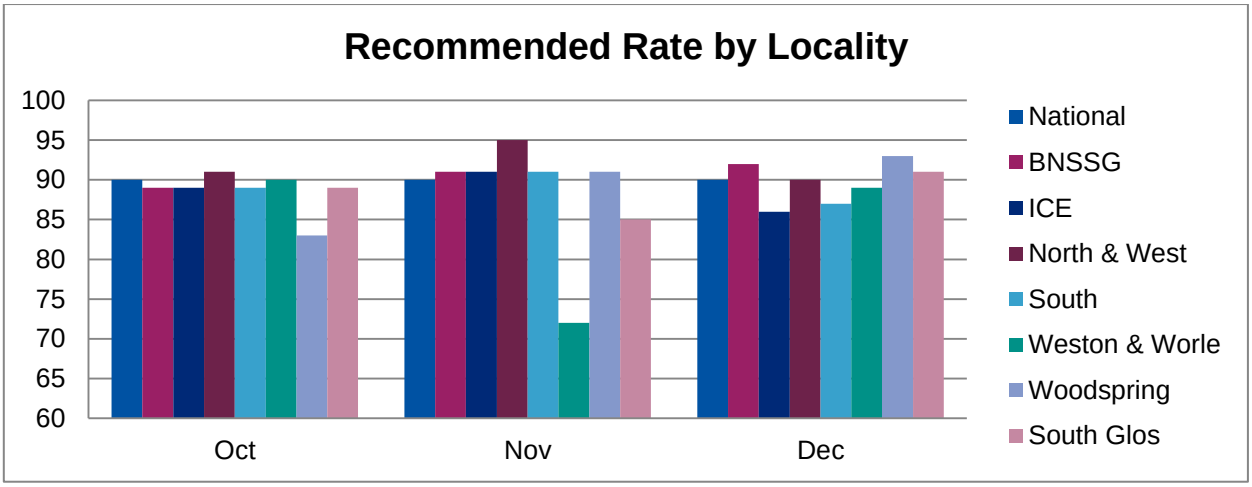
Recommendation rates: Across BNSSG CCG 92% of respondents would recommend their GP Practice; this is just above the national average of 90% and a 1% increase from the previous month. The percentage of patients who would not recommend their GP Practice was 5%. This is 1% lower than the previous month and 1% lower than the national average.

Figure 8: FFT Recommended Rate



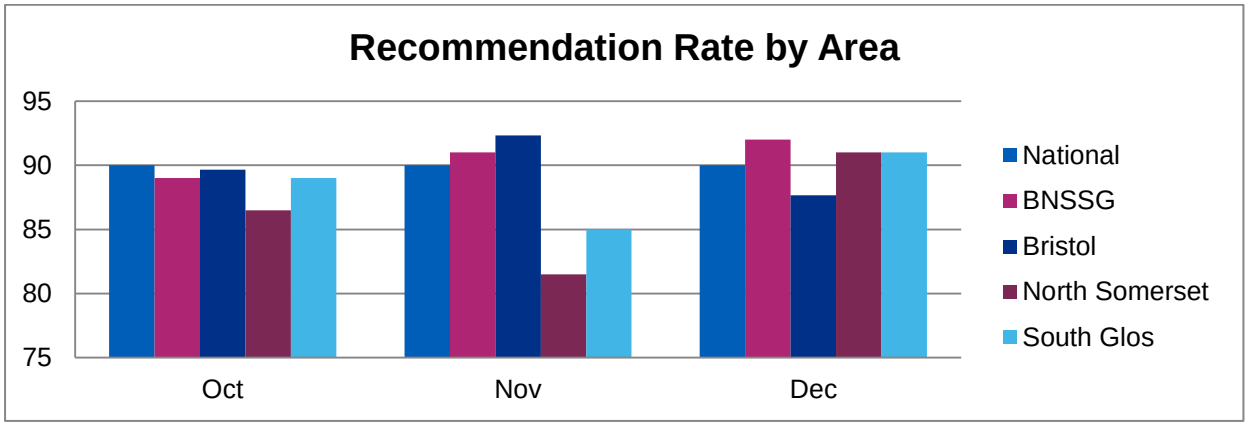
Again this data has been presented by both area and locality for the last three months to show variation. These are presented in the following two charts and include the BNSSG and the national averages.

Figure 9: FFT Recommended Rate by Locality



The low recommended rate noted in November in the Weston and Worle locality has significantly improved for December, the Quality Team will continue to monitor to ensure that this improvement is sustained.

Figure 10: FFT Recommended Rate by Area



The total number of FFT responses received in December for BNSSG was 2389. For those practices who submitted a response the numbers ranged from 0 – 663. On average this is 47 responses per practice, it is therefore important that Primary Care FFT recommendation rates should be triangulated with other patient experience data including complaints and the annual GP Patient Survey rather than viewed in isolation. The number of respondents for each practice on a monthly basis is small and therefore it is not possible in most cases to draw statistical significance at an individual practice level. However, practices use FFT as one of several patient feedback mechanisms which feed into their Patient Participation Groups.

c. Flu Uptake

GP Practices are submitting flu uptake figures on a weekly basis. BNSSG CCG is currently above the national average with regards to flu vaccination uptake, and are ahead of the national end of season ambition for 65 and overs. The latest position for BNSSG relates to Week 4, week ending Sunday 27th January 2019.

Figure 11: Flu Vaccination Uptake Rates

At Risk - (6 months - to Under 65 years)			65 and Over		
National end of season ambition	**National Uptake**	**BNSSG**	**National end of season ambition**	**National Uptake**	**BNSSG**
55%	46.7%	49.4%	75%	71.2%	76.3%

The CCG Quality team is continuing to contact individual practices to identify areas where there have been difficulties in gaining uptake. Several reasons for this were identified in the January report. It was confirmed by medicines management that children in the ‘at risk categories’ are able to be vaccinated with the injection if they do not wish to have the nasal spray due to this containing Gelatine, which will assist the practices in their flu vaccination uptake.

Assurance continues to be received from practices that they are contacting patients again via letters, emails, text messages and posters in clinics and that clinicians and care navigators are asking patients at every opportunity.

3. Focused Primary Care Quality Domain - Diabetes

This month's quality domain for further detailed analysis is GP Diabetes services, as per the quality calendar presented to the PCCC. This can be found in appendix 1.

Within the baseline annual data from the Primary Care Webtool there are three indicators regarding Diabetes Care that can be nationally benchmarked.

- The percentage of diabetes patients where last BP is 140/80mmHg or less.
- Percentage of diabetes patients with cholesterol of 5 mmol/l or less
- Percentage of diabetes patients with IFCC-HbA1c is 64 mmol/mol or less.

3.1 Current picture

The practice level performance against each of the indicators has been aggregated to a domain rating of each practice; the following table shows the BNSSG position.

Primary Care Quality Assurance Dashboard				
Domain	**Blue**	**Green**	**Amber**	**Red**
Diabetes Care 2016/17	**1**	**62**	**26**	**0**
Diabetes Care 2017/18	**2**	**55**	**31**	**1**

It is noted that BNSSG as a whole reported higher compliance than the national average, for all three indicators as can be seen in the table below, however performance against two of the indicators deteriorated between 2016/17 and 2017/18.

Figure 12: Performance against the Diabetes Indicators

	% of diabetes patients where last BP is 140/80mmHg or less.			% of diabetes patients with cholesterol of 5 mmol/l or less			% of diabetes patients with IFCC-HbA1c is 64 mmol/mol or less.		
	2016/17	**2017/18**	**Direction**	**2016/17**	**2017/18**	**Direction**	**2016/17**	**2017/18**	**Direction**
BNSSG	79.76%	78.68%	↓	82.77%	83.59%	↑	80.77%	79.74%	↓
England	78.15%	77.67%	↓	80.08%	80.06%	↓	79.46%	78.76%	↓

The most recent National Diabetes Audit (NDA) was published in November 2018, providing data from the 15 months to March 2018, the indicators within the NDA include those within the Primary Care Quality Assurance Dashboard. Nationally, the NDA showed a trend of falling achievement in these three indicators compliance when comparing 2016/17 to 2017/18. BNSSG CCG has attempted to mimic the NDA indicators with a series of EMIS searches. The methodology and results do not exactly match NDA, however we are able to achieve more real time results and hope to repeat these local searches on a monthly basis from March 2019.

The below table compares NDA data for England and for BNSSG for 2017/18 (15 months to March 2018) to the local searches for the same period and then our local searches for 15 months to end December 2018 – i.e. covering the period of the work above.

Figure 13: National Diabetes Audit and Local Searches Outcomes

Treatment Targets (Type 2 DM)	2017/18 15 months to 31st March 2018			15 months to Dec 2018	Local searches % improved Mar to Dec
	NDA England	NDA BNSSG	Local BNSSG	Local BNSSG	
HbA1c < 58	65.8%	59.62%	53.85%	60.14%	6.30%
BP < 140/80	73.8%	72.00%	65.91%	65.48%	-0.43%
Total Chol < 5	76.6%	78.13%	71.57%	73.58%	2.01%
All 3 Treat Targets	40.1%	35.8%	35.94%	38.89%	2.95%

This data shows that there has been an improvement in HbA1C and Cholesterol indicators between March and December 2018, however there has been a slight deterioration in BP compliance. There is significant evidence which shows that improvement on these indicators, if sustained, will reduce the incidence of long term macrovascular and microvascular complications of diabetes.

Diabetes is an area which was highlighted as an issue in the three previous CCGs with Bristol and North Somerset being rated as 'requiring improvement' and South Gloucestershire rated as 'inadequate' against the 'Improvement and Assessment Framework (IAF).

Figure 14: Improvement and Assessment Framework Outcomes

	NHS England expected level of performance used by their Independent Clinical Panel.	Bristol CCG performance	North Somerset CCG performance	South Gloucestershire CCG performance
Overall assessment rating		**Requires Improvement**	**Requires Improvement**	**Inadequate**
Achievement of NICE treatment targets (% of diabetes patients achieved all the NICE recommended treatment targets 2017/18)	National median (40%) and 25th percentile (37.9%)	Assessed at 32.7%	Assessed at 36%	Assessed at 35.9%
		Current BNSSG performance extracted March 2018 35.8%		

Structured education attendance (% of people with diabetes diagnosed less than a year attend a structured education course (2016 cohort)	National average (7.3%)	Assessed at 6.3%	Assessed at 15.7%	Assessed at 1.4%
		Current BNSSG performance (November 2018) 2%. This figure is from the NHS England CCG IAF dashboard and the BI team are investigating this further.		

There has been a large rise in the number of newly diagnosed type 2 diabetics since 2015-16, however the number of newly diagnosed type 1 diabetics has remained stable. This is shown in the below graph.

Figure 15: Number of newly diagnosed diabetic patients

	2015/16	**2016/17**	**2017/18**
Type 1 Diabetics	150	160	155
Type 2 Diabetics	2490	3350	4115

This large increase in the number of newly diagnosed type 2 diabetics along with the performance detailed above, means that diabetes is one of the key focuses of work for the BNSSG STP.

3.2 Next steps

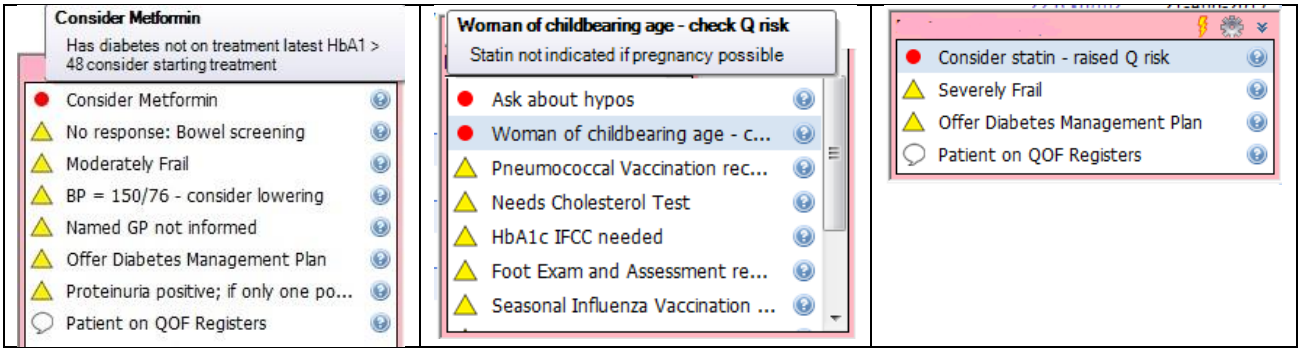
To support improvement in the BNSSG overall performance against the three key indicators the CCG has established several projects and areas of work.

Treatment targets project

NHS England has funded a BNSSG CCG treatment targets project, which is designed to improve the proportion of people with diabetes who achieve the NICE treatment targets. 72% of BNSSG GP practices signed up to the project and BNSSG CCG are working on engaging the remaining ones. There are several elements to this project which include:

- EMIS pop up alerts; these have been installed in all practices involved in the project to remind clinicians that a person might need a blood test or medication review. The alerts are designed to undermine clinical inertia, to encourage starting metformin treatment for diabetes, review and start statins and alert to risk of over treatment and hypos. The below diagram illustrates an example of these pop ups.

Figure 16: EMIS Pop Up Examples



- EMIS population searches have been written and installed for the practices involved in the project. They help identify people with diabetes who have measurements outside of range. The searches produce small manageable lists of patients which assist the practice to choose which lists to prioritise for review and whether to do that within virtual clinics or by practice review. An example of this would be:
    - Patients who do not have a diabetes diagnosis, however most recent HbA1c result is > 47, possibly diagnostic of diabetes, and test was taken at least 3 months ago
    - Women of childbearing age with diabetes and prescribed teratogenic medications
    - On a hypoglycaemic agent with Hba1c < 53 (? At risk of hypos)
- Dietetic and psychological support. This is a 6 month pilot for those people identified as needing additional dietetic or psychological support to help them achieve their treatment targets.
- Multidisciplinary Virtual Clinics. These involve the practice diabetes team meeting with a Diabetes Specialist Nurse and often other diabetes specialists including, Consultants and Pharmacists to discuss particular patients identified by the GP practice. They support shared learning that can be replicated outside of the clinic.

Diabetes GP Champions

This role has been commissioned by NHS England to find and share good practice with the aim of improving treatment targets. There are two GP champions for BNSSG CCG. They have been visiting practices with highest and lowest achievement of the treatment targets across BNSSG to identify any reasons for this variation in care. They are sharing good practice and top tips across BNSSG and the Southwest region to help practices improve treatment targets.

Projects being managed locally to support patients is Primary Care

Hypoglycaemia

This collaborative project has been ongoing between the Community Diabetes Specialist Nurses (DSN) and South Western Ambulance Service NHS Foundation Trust (SWAST), to manage patients requiring assistance due to hypoglycaemia and reduce the referrals to SWAST and acute hospitals. Patients not conveyed to hospital can be referred to the

community DSNs who review the EMIS record and may contact the patient immediately, write a plan of care with actions including, cancelling diabetic medications treatment and reducing insulin doses. Initial findings suggest a reduced incidence of hypoglycaemia. It is hoped to expand the service, by automating the referral which might increase the number of contacts to the DSN service.

Diabetes Structured Education

The NDA shows that BNSSG CCG has a low update of Diabetes Structure Education. It is understood that this is largely a coding and reporting issue; as the data is gathered from GP practices, however the education sessions are offered by other providers. It is believed that there is therefore a significant proportion of attendances which are not recorded onto the GP EMIS systems and an accurate understand of performance is therefore not held.

The previous three CCGs structured education services were commissioned and delivered in different ways. In order to have a consistent structured education service across BNSSG a new service specification has been written and was approved by Commissioning Executive in January 2019. The CCG's contracting team are now working with the providers to make the necessary adjustments to contracts to support implementation.

Reduction in Amputations

The NDA identified that BNSSG CCG was in the lowest performing band for 'foot surveillance'. It is noted that a new diabetic footcare service specification has been designed by clinical colleagues working across secondary and community services, and was approved by Commissioning Executive on the 10th January 2019. The new service specification has now been passed to the contracting team to implement into contracts from the 1st April 2019. The CCG is reliant on SUS data flows to monitor the overall performance which has a 3 month delay for reporting. For October 2018, a considerable drop in major amputations was noted, which was in line with expectations. This chart is not yet available.

4. Financial resource implications

There are no specific financial resource implications highlighted within this paper.

5. Legal implications

There are no specific legal implications highlighted within this paper.

6. Risk implications

There are risk implications highlighted with two of the indicators for Diabetes deteriorating between 2016/17 and 2017/18. There are programmes of work being led by the BNSSG CCG to improve the management of patients in Primary Care.

7. Implications for health inequalities

Monitoring of primary care quality and performance will highlight any areas of health inequalities within BNSSG, which will then be addressed accordingly

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Monitoring of primary care quality and performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

9. Consultation and Communication including Public Involvement

Whilst there has not been any direct consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

10. Recommendations

- To note the updates on monthly quality data, and specific performance indicators for Primary Care Diabetes Care.

Appendix 1 – Quality Domain Calendar

Report Authors: Bridget James, Associate Director Quality, Jacci Yuill Lead Quality Manager, Kat Tucker, Quality Support Manager and John Moore, CCG Practice Nurse Lead (Diabetes)
Report Sponsor: Janet Garde-Baptiste, Interim Director of Nursing and Quality

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

Primary Care Operational Group (PCOG)	a sub group of the PCCC where operational issues are managed and/or escalated to PCCC
Primary Care Commissioning Committee (PCCC)	The CCG decision making body for anything related to primary care
Friends and Family	A quick and anonymous way for any patient to give their views

Test (FFT)	after receiving care or treatment across the NHS.
Care Quality Commission (CQC)	The independent regulator for all health and social care services in England.