

Meeting of Primary Care Commissioning Committee

Date: 24th September 2019

Time: 09:00

Location: Vassal Centre, Gill Avenue, Bristol. BS16 2QQ

Agenda number: 11

Report title: Primary Care Quality Report

Report Author: Bridget James, Associate Director Quality; Jacqui Yuill, Lead Quality Manager and Kat Tucker, Quality Support Manager, BI Support-Helen Hanson, Senior BI Analyst (Primary Care).

Report Sponsor: Jan Baptiste-Grant, Director of Nursing and Quality

1. Purpose

The purpose of this report is to provide the Committee with an update on quality measures for primary care (General Practice). This monthly metric update includes recently published CQC inspection reports and Friends and Family Test (FFT). The specific focus for this month is Patient Experience. The report also provides information on a Quality Improvement project and flu preparation.

2. Recommendations

The committee is asked:

To note the updates on monthly quality data and the outcome from the Patient Experience data and associated actions.

3. Executive Summary

CQC: Since last reported, one practice had a CQC inspection report published between 19th July and 5th September. The practice, Montpelier Health Centre, received an overall rating of

'Requires Improvement' with a 'Requires Improvement' rating for the Effective and Well Led domains.

Friends and Family test (FFT): Data for July 2019 showed a compliance rate of 73.2%, which is above the national average of 59.4% and continued higher performance than 2018. The Quality and Contracts teams will continue to reiterate the contractual requirements with practices who do not submit data on a monthly basis.

GP Patient Survey: The GP patient survey results were published in July 2019 and provides information on patients overall experience of primary care services and their overall experience of accessing these services. Within BNSSG, 26,270 questionnaires were sent out and 9,330 were returned completed between January and March 2019. This represents a response rate of 35.5% which is a deterioration of 1.5% from the 2018 response rate. The CCG response rate remains above the national response rate of 33.1%.

Overall BNSSG CCG benchmarked well against the majority of indicators. BNSSG CCG benchmarked in line with or higher than the National average for most questions regarding GP access. However the CCG does have lower figures for ease of accessing the practice by phone. The Quality Team are already involved in ongoing discussions with Primary Care Contracting and Resilience teams to support the GP Practices who have the lowest patient experience results.

Healthwatch reports: Updates are provided on recently published Healthwatch reports by Bristol and North Somerset Healthwatch groups. These focus on public views on planned changes within Primary Care and what they would like to see (Bristol) and in North Somerset a report on the experiences of a number of different areas of health and social care.

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment): The GP ReSPECT working group has been working on a digital solution along with awareness raising and communications to ensure all GPs and other primary care staff are prepared for the launch on 10th October 2019. This group will work with other key stakeholders, to integrate the ReSPECT and EPaCCS templates.

Influenza Preparation: The Nursing and Quality team has set up a BNSSG Seasonal Flu Group which meets fortnightly to ensure that the needs of the population are met. Planned work includes optimising uptake of vaccination in patient and staff groups, coordinated messaging to the public and consistency of approach with regard to care home arrangements.

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

Actions to address any highlighted risks have been added to the paper under each section

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 alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

9. Implications for Public Involvement

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

Agenda item: 11

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). This monthly metric update includes recently published CQC inspection reports and Friends and Family Test (FFT) data. The specific focus for this month is Patient Experience. The report also provides information on the Quality Improvement project and flu preparation.

2. Primary Care Monthly Quality Monitoring

a. Care Quality Commission (CQC)

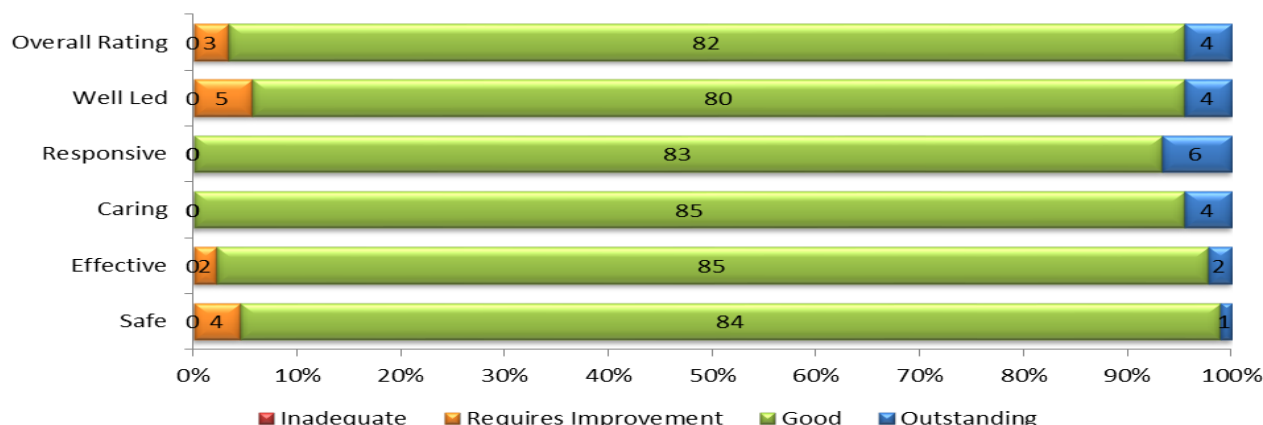
One practice received their CQC inspection report, published between 19th July and 5th September. The practice, Montpelier Health Centre, received an overall rating of 'Requires Improvement' with a 'Requires Improvement' rating for the Effective and Well Led domains.

Figure 1: Recently published CQC ratings for domains

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Montpelier	02/09/19	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

The graph below 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



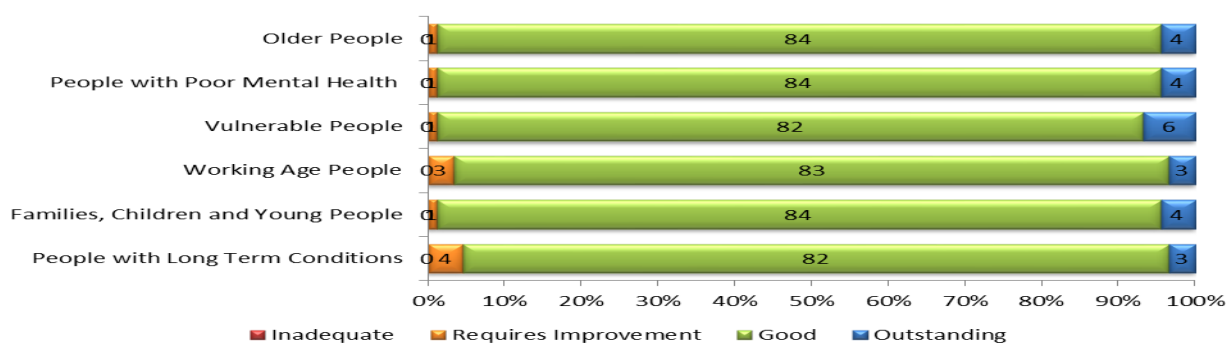
Within Primary Care the CQC also inspects the quality of care for six population groups. Montpelier Health Centre received a 'requires improvement' rating in all population groups.

Figure 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
Montpelier	02/09/2019	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	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



The CQC report highlighted the following must do and should do actions for the Montpelier Health Centre Practice.

Montpelier Health Centre	
Must Do's	Should Do's
Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.	Improve the identification of carers to enable this group of patients to access the care and support they need.
	Continue to improve uptake of cervical smears.

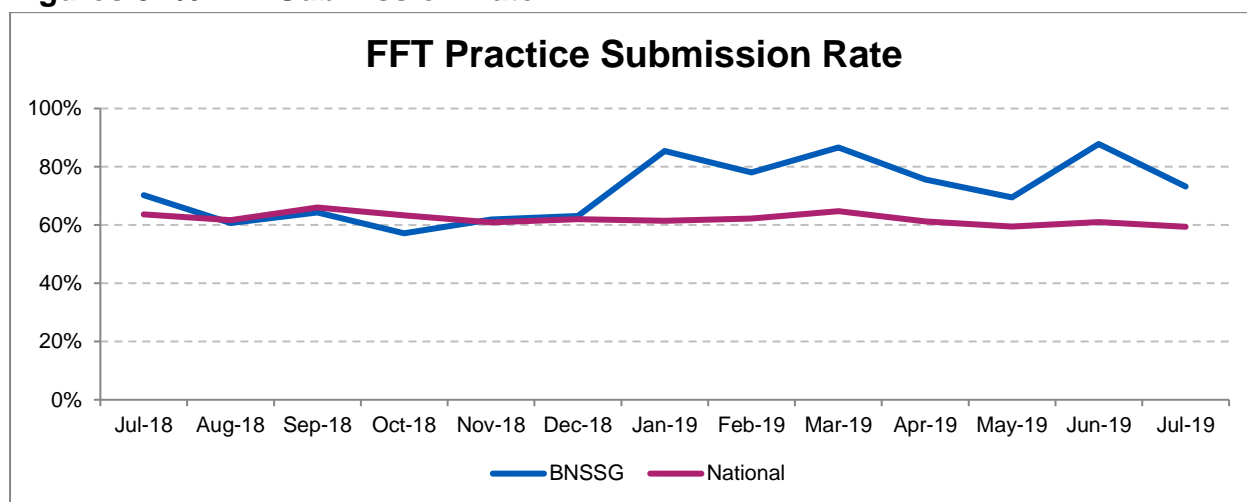
The CCG quality team is currently in discussions regarding the report outcomes with both the practice and the CQC. The report highlights that with regards to the 'Effective' domain the oversight of patient outcomes was not always effective and not all staff were up to date or had received necessary training. The practice 'Exception Reporting' was higher (24.1%) than local (13.1%) and national averages (9.7%). In the 'Well Led' domain systems to support good governance were not always effective and processes to mitigate risk were not always embedded. The Practice are currently drafting an action plan for submission to CQC within 28 days from receipt of the report. The CCG is meeting with them to provide support during this process to discuss the required improvements.

b. Friends and Family Test (FFT) June 2019 data July Data published 12/09/2019 - this section will be amended prior to PCCC

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. 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 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 July 2019. This shows that 60 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 73.2% which is above the national rate of 59.4%. Further contact will continue to be made with the practices that have not been submitting data to ensure that this improves further and is sustained.

Figures 3: % FFT Submission 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.

Figure 4: FFT Submission Rate by Locality

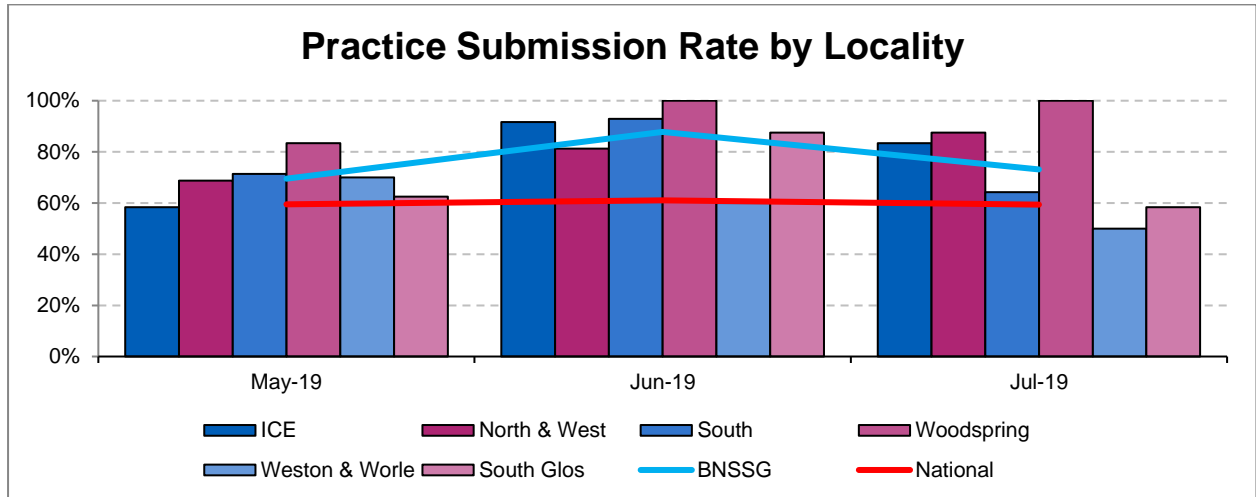
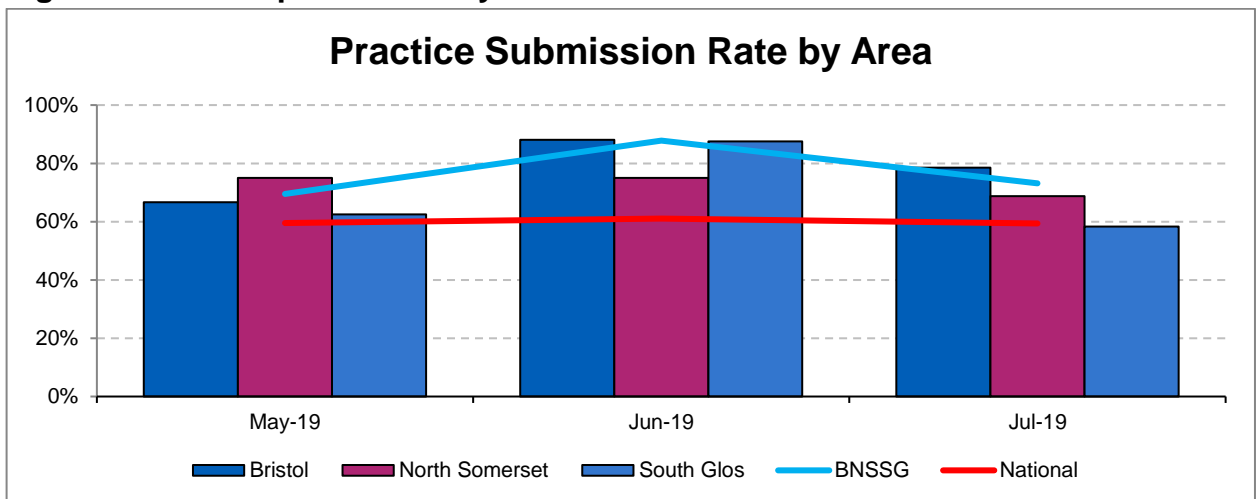
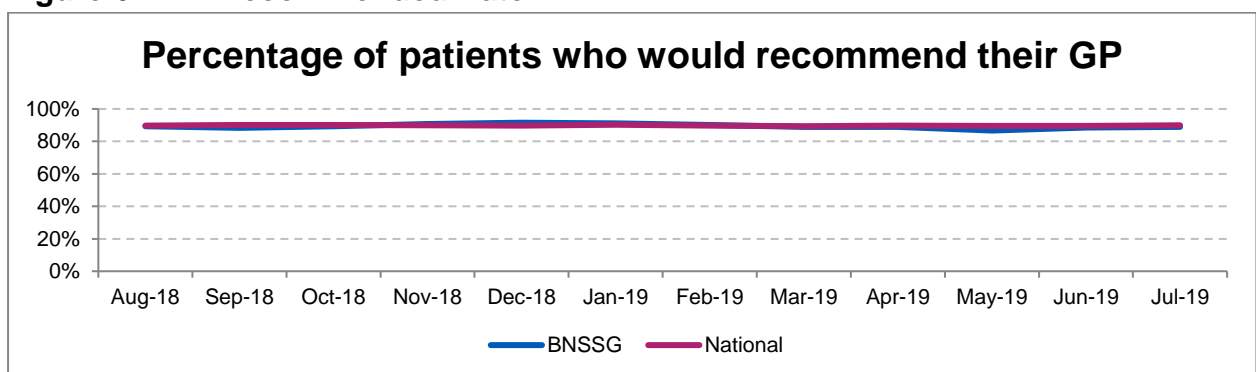


Figure 5: FFT Response Rate by Area



Recommendation rates: Across BNSSG CCG 89.0% of respondents would recommend their GP Practice; this is 1.0% below the national average and a 0.4% increase on the previous month. The percentage of patients who would not recommend their GP practice was 6.0%. This is 1.8% higher the national average and a 1.8% decrease from the previous month.

Figure 6: 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 7: FFT Recommended Rate by Locality

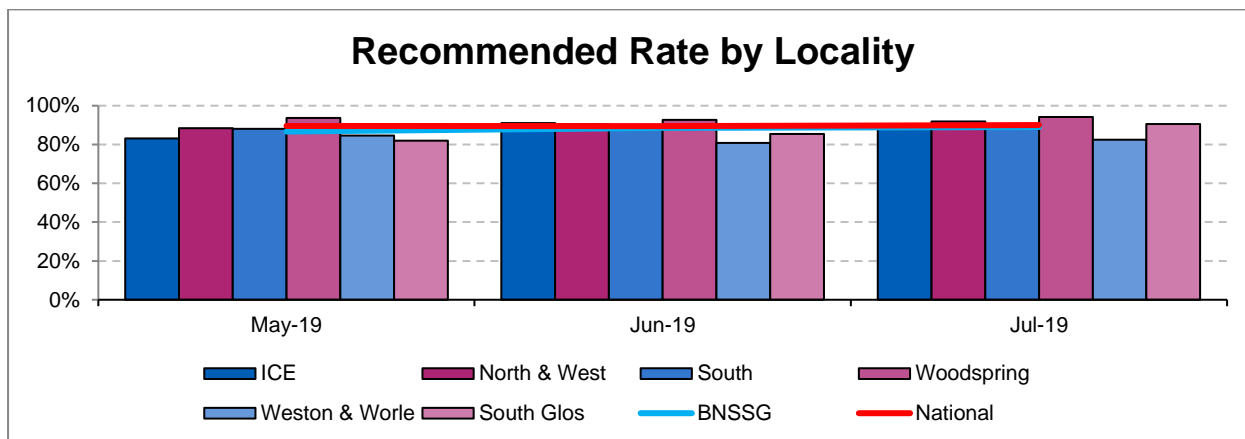
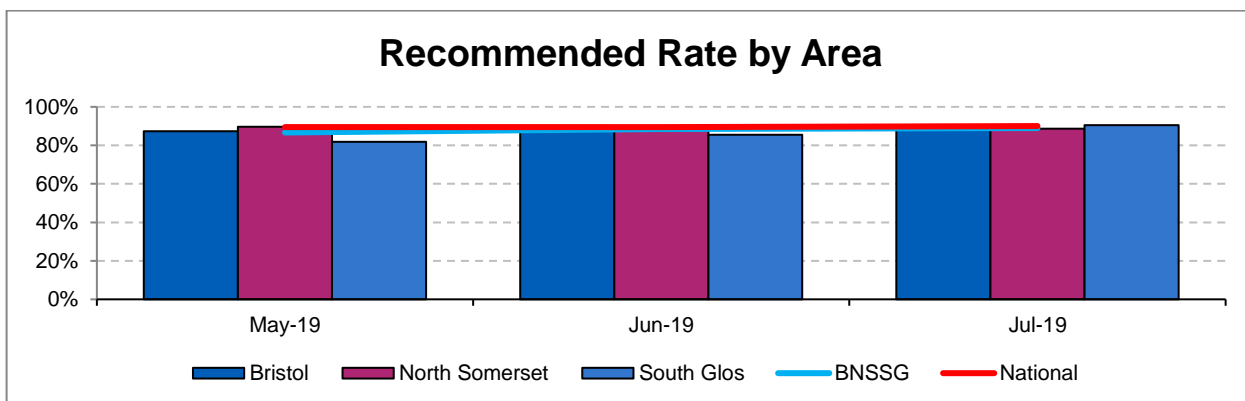


Figure 8: FFT Recommended Rate by Area



The total number of FFT responses received in July for BNSSG was 3598. This is an increase from June. For those practices who submitted a response the numbers ranged from 0 to 299. On average there were 62 responses per submitting 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.

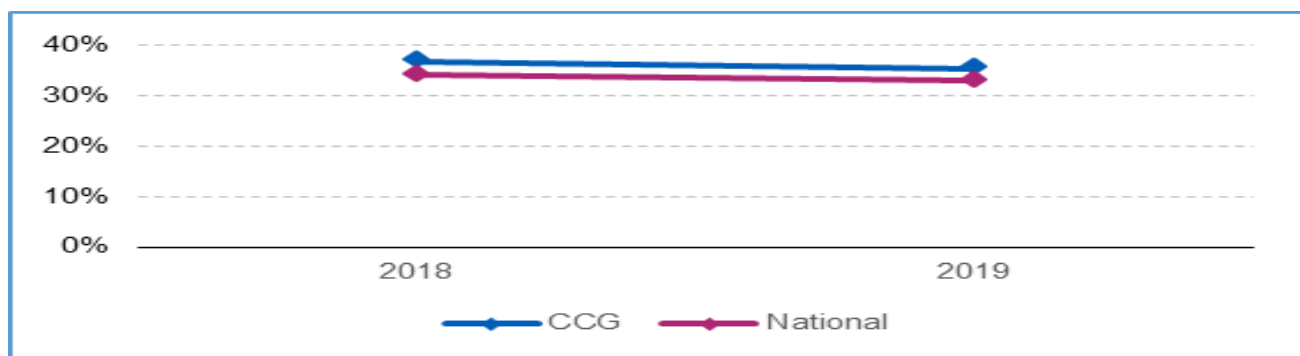
3. Focused Primary Care Quality Domains

This month's quality domain for further detailed analysis is Patient Experience.

3.1 GP Patient Survey

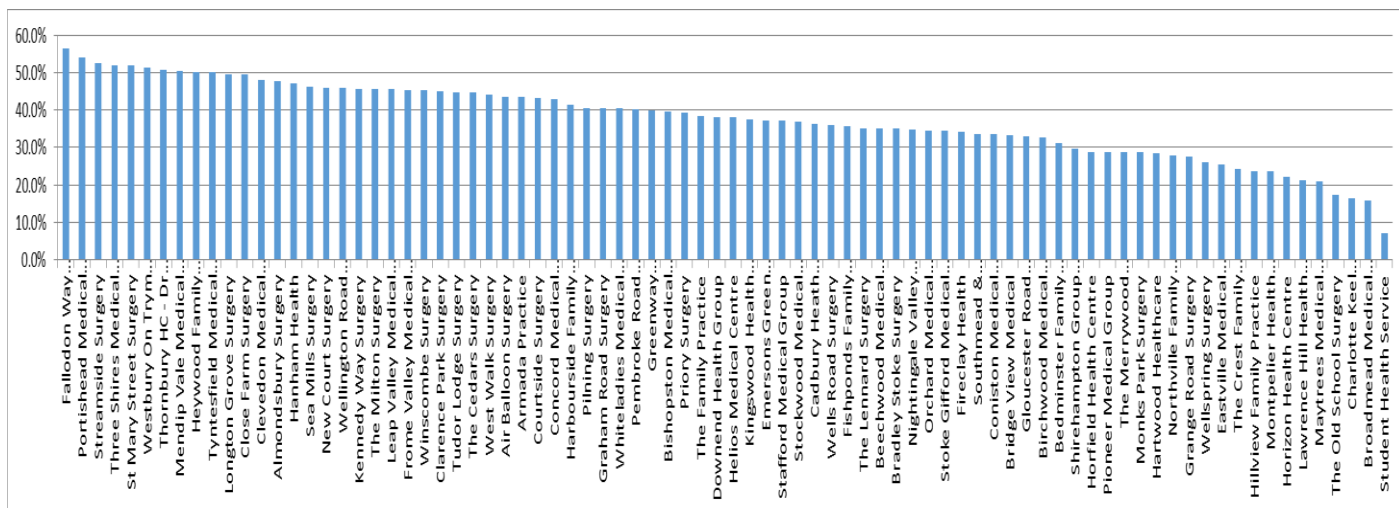
Response Rate: Within BNSSG, 26,270 questionnaires were sent out and 9,330 were returned completed between January and March 2019. This represents a response rate of 35.5% which is a deterioration of 1.5% from the 2018 response rate. The CCG response rate remains above the national response rate of 33.1%.

Figure 11: Response Rate



Individual Practice response rates vary considerably across BNSSG with the highest response rate at Falloden Way 56.5% and the lowest at Student Health 7.0%. Explanations for this could include methods of engagement as the survey was only sent as a postal questionnaire and by no other means.

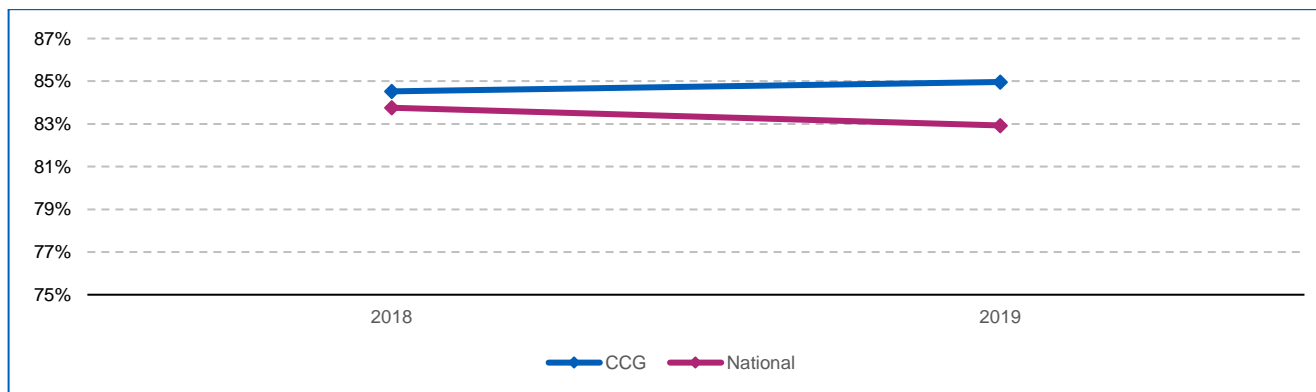
Figure 12: Response Rate by Practice



The Quality Team have reviewed the response rate of the Friends and Family test (FFT) data with the GP patient survey data and there is no correlation between the two sources of information.

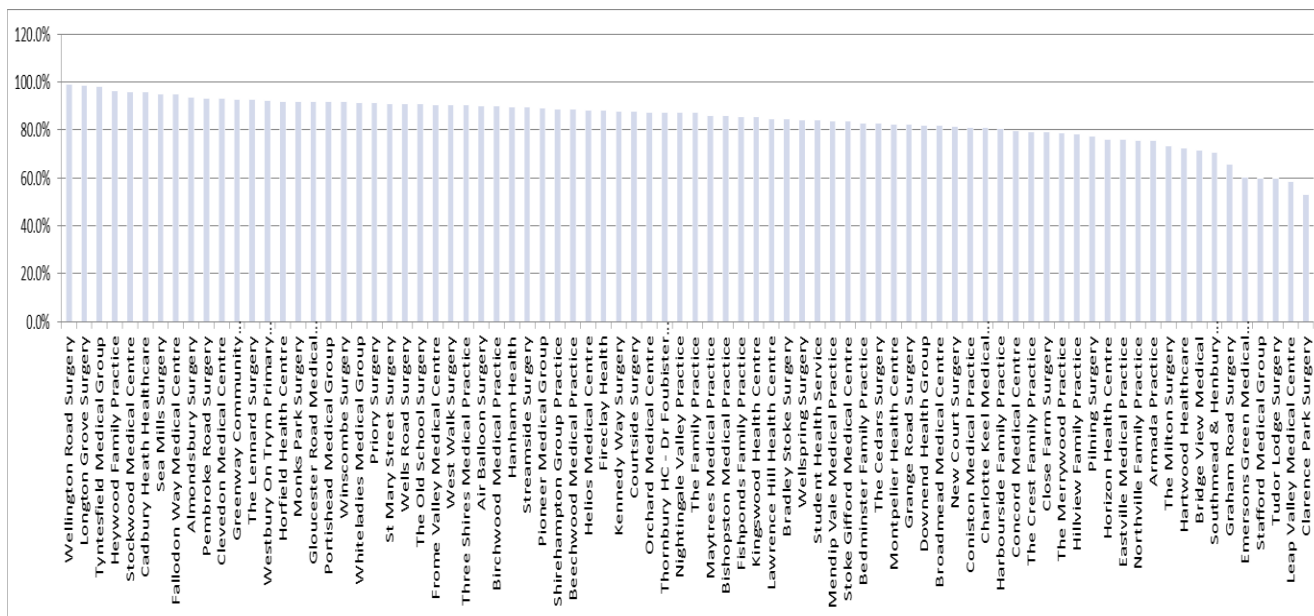
Experience: Overall BNSSG CCG benchmarked well against the majority of indicators, including experience of the GP practice. Nationally there has been deterioration in the number of patients rating their overall experience of their GP Practice as ‘Very Good’ or ‘Fairly Good’. In BNSSG this indicator has improved since 2018 and is above the national average.

Figure 13: Overall Experience of GP Practice



Individual Practice overall experience varies considerably across BNSSG with the highest satisfaction rate at Wellington Road 99.1% and the lowest at Clarence Park 53.3%

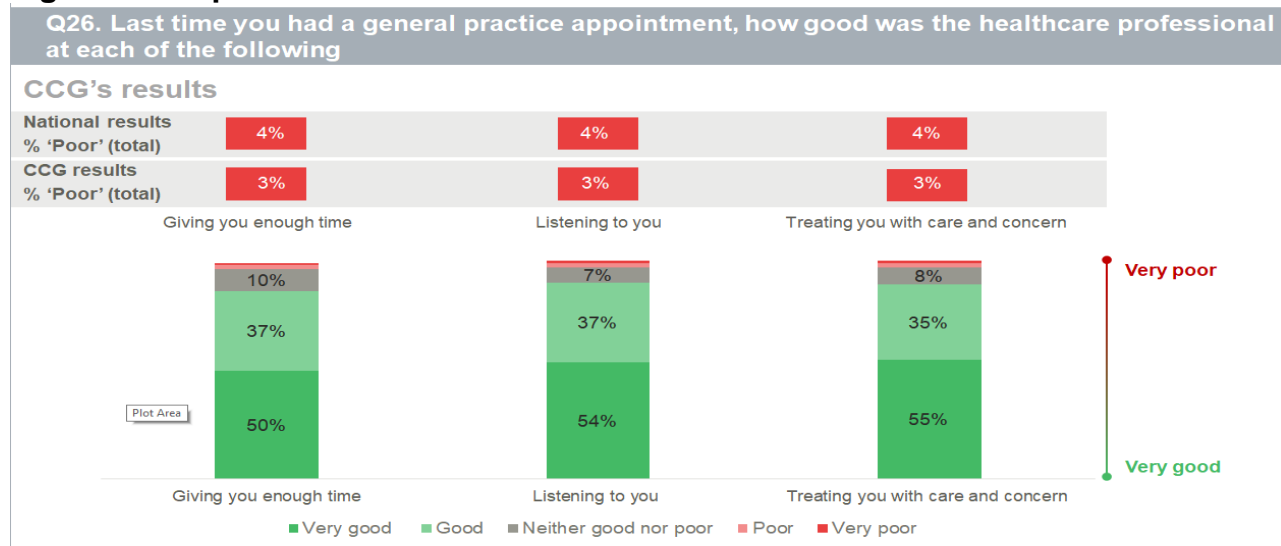
Figure 14: Overall Experience by Practice



The CCG also had higher satisfaction levels than the national average in terms of the care received by health professionals.

The Quality Team have reviewed the recommendation rate of the FFT data with the GP patient survey Overall Experience data and again there is no correlation between the two sources of information.

Figure 15: Experience of Care Received



The CCG benchmarked well in relation to the questions regarding management of mental health needs and long term health conditions, however there is a slight deterioration in the results compared to 2018.

Figure 16: Experience of Mental Health Care

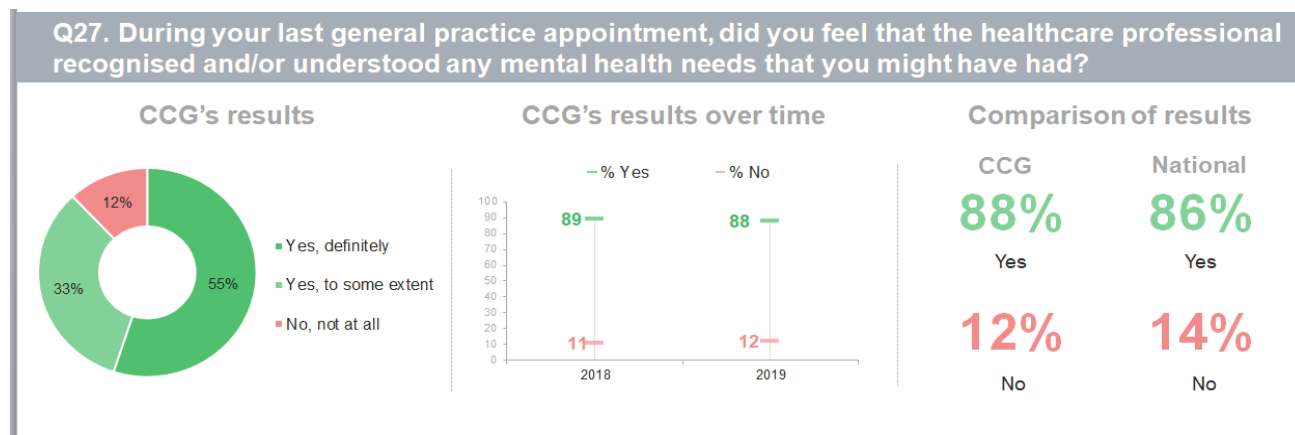
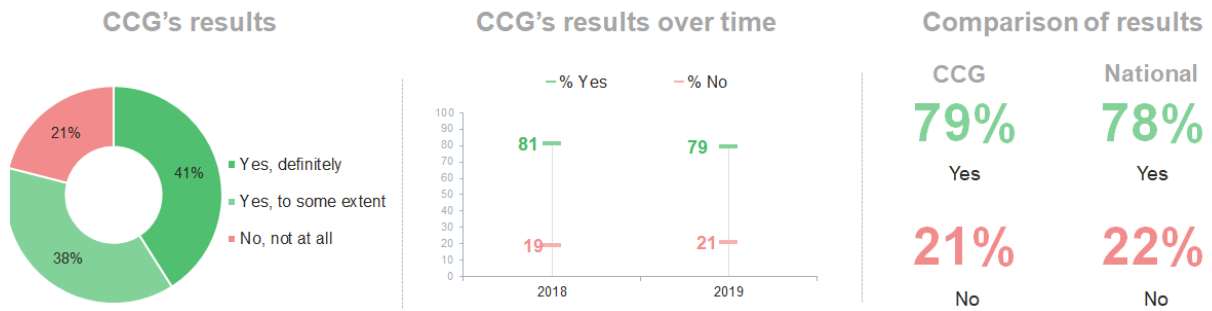


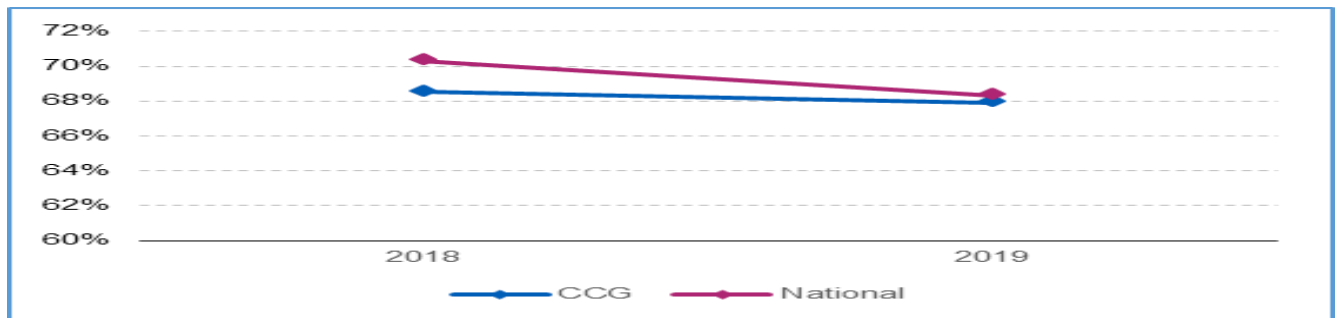
Figure 17: Experience of Long Term Conditions Care

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?



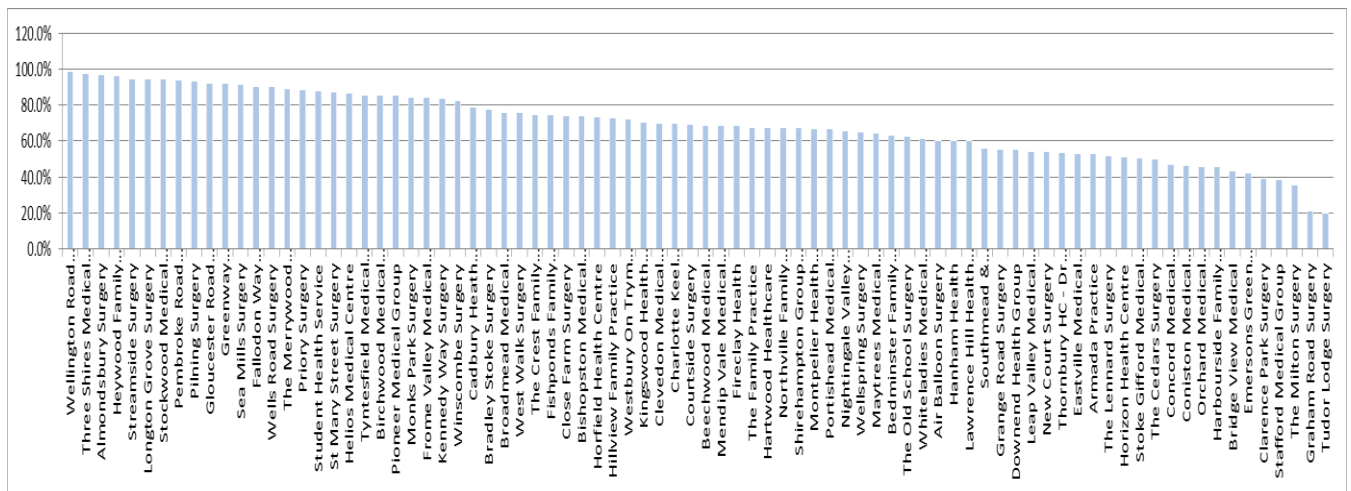
BNSSG CCG benchmarked in line with or higher than the National average for most questions regarding GP access. However the CCG does have lower figures for ease of accessing the practice by phone.

Figure 18: Ease of Access the Practice by Phone



Individual Practice ease of access by phone varies considerably across BNSSG with the highest satisfaction rate at Wellington Road 98.7% and the lowest at Tudor Lodge 20.1%. Some of these practices are in the Weston Super Mare area where the 'Ask My GP' pilot has been in operation since January 2019. This system aims to make it easier for patients to access GP services; however the outcomes from this may not have had any impact at the time when the GP Patient survey was being undertaken.

Figure 19: Ease of Access by Phone by Practice



The Quality team have reviewed the responses for all practices for each question and with BI support ranked the patient experience of each practice. The five practices with the **highest** patient experience results from the patient survey are:

- Longton Grove
- Wellington Road
- Sea Mills
- Almondsbury
- Three Shires

The five practices with the **lowest** patient experience results from patient survey are:

- Leap Valley
- Graham Road
- Tudor Lodge
- Clarence Park
- Emerson’s Green

The Quality Team are already involved in ongoing discussions with Primary Care Contracting and Resilience teams to support the GP Practices who have the lowest patient experience results.

Specifically they have been meeting with the GP Partners and Practice Manager from Leap Valley and Emerson’s Green since June 2019 to support resilience and findings from their CQC reports. Clarence Park is closing from the 1st October. There has been a change in management at Graham Road with The Pier Health Group taking over the contract and there are plans to meet with the practice. As discussed above the Weston practices are part of the ‘Ask My GP’ pilot and it is expected that this may improve the patient experience. The outcomes from these will be shared once the actions have been undertaken and addressed.

3.2 Healthwatch Reports

Healthwatch North Somerset annual review for 2018/2019 has been published and the highlights are as follows:

Last year Healthwatch North Somerset heard from 789 people who told them about their experiences of a number of different areas of health and social care. The examples of the changes these people wanted to see are:

- Make it easier to see a doctor or nurse quickly
- Staff should take the time to speak to people about what to expect next
- Healthcare professionals should have a positive attitude and be empathetic
- Services should provide information so that people can make informed decisions about their care

Healthwatch North Somerset has been involved in Healthy Weston and has supported the CCG with public involvement/consultation events that have been held across North Somerset.

Healthwatch North Somerset - Enter and View Team conducted four GP practice visits during the year, including Harbourside Family Practice in Portishead, Riverbank Medical Centre in Worle, Clarence Park Surgery, Horizon (formerly Locality Health Centre) and Graham Road. Many of the recommendations made by the team were actioned on, or just after, the day at the practices visited, including:

- Adding signs for baby changing facilities
- More comment box forms to be made available
- Displaying the practice mission statement
- Water to be made available at reception
- Sanitizing gel to be easily accessible
- Translator services to be advertised

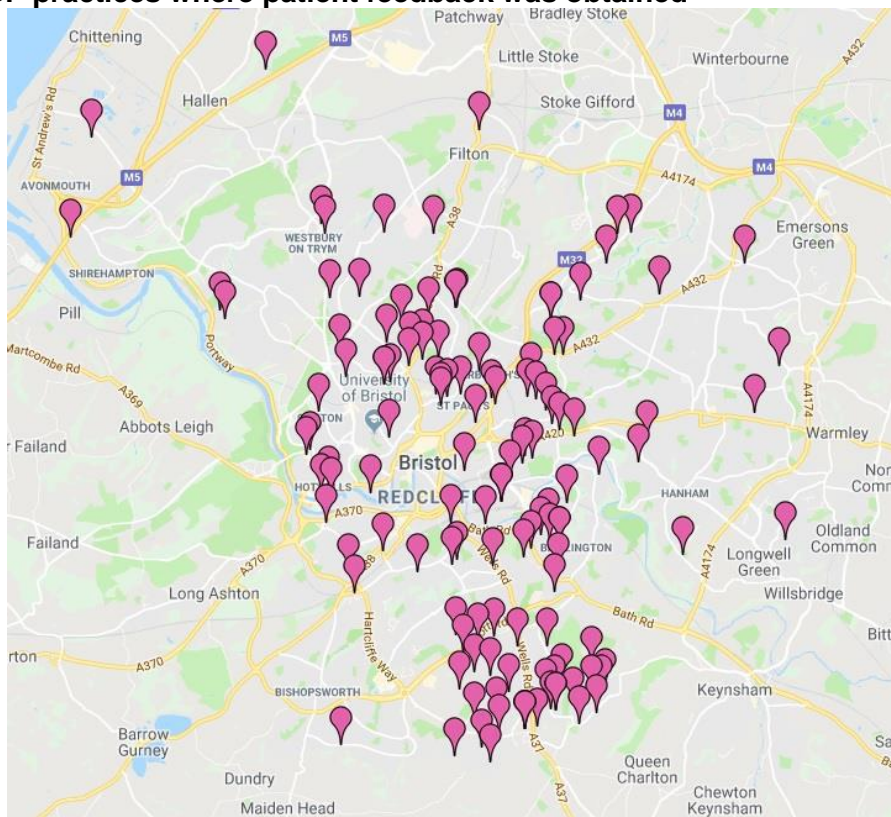
Other suggestions relating to staffing shortages, imminent practice mergers/closure/ or council related issues, including not enough disabled car parking spaces available in the residential area nearby were noted by the practices and will be followed up in future project updates.

Bristol Healthwatch recently published their report regarding a **Primary Care Survey** into the public's understanding of the upcoming changes to Primary Care and how these changes have impacted/ are impacting on people's experiences.

The views of 359 Bristol residents were captured from 47 different GP surgeries across the city (see map below). The survey involved approaching patients in practices which meant the survey captured the views of people from a variety of cultures and backgrounds with 20% of respondents reporting being from a BAME background.

The survey was also promoted through Healthwatch website, social media & engagement events.

Figure 20; GP practices where patient feedback was obtained



Healthwatch, Bristol acknowledged that drawing statistically significant conclusions or comparisons between GP surgeries is difficult, but see the feedback from the survey as providing a snapshot of people's views and opinions about the changes that are happening across GP services.

The survey aimed to get the public's views on the NHS transformation changes that have happened, but many of the responses focused on access and included some of the following findings:

- The public want to be able to make appointments easily. Many saying that waiting times had increased and difficulty seeing their named GP.
- The use of digital services was largely welcomed, but with caution for some people who do not have access to smart phones and the internet.
- In terms of practice changes in their area, 78% of respondents said that they would be prepared to attend a specialist community setting such as podiatry, physiotherapy or similar service.

- In relation to what services patients would like to see in their area the highest response (67%) want to see mental health support services within their primary/community health settings.
- In terms accessing other health venues, 66% said that transport issues were barriers to them attending other primary care settings.

The South Gloucestershire annual report for 2018/19 was shared in the July 2019 PCCC report and focused on an Enter and View visit looking at the experiences of patients with learning disabilities rather than the whole patient experience.

3.3 Complaints

During Quarter 4 2018/19 NHS England received 44 complaints about GP practices in BNSSG, 24 of these were investigated and have received full responses. Of the 20 which were not fully investigated, four were duplicates or not for NHS England to investigate, for 16 no consent to investigate was received from the patient. These complaints related to 14 practices

Of the 24 complaints fully investigated 1 was upheld, 4 were partially upheld and 19 were not upheld. Eight of the complaints were multi-agency complaints. The three most frequent themes within these complaints were clinical treatment, communications and attitude and delays including diagnosis and referrals.

A meeting is planned with NHSE customer service team to discuss the sharing of learning resulting from GP complaints.

4. Quality Improvement Projects

4.1 ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

Primary Care Involvement

To support the implementation of the process a GP ReSPECT working group has been established. ReSPECT is a process to support patient discussions about their clinical care in an anticipated future emergency in which they no longer have the capacity to make or express choices. There is a national mandate to adopt ReSPECT, which has been developed by the Resuscitation Council, working alongside stakeholders.

To ensure the successful implementation of ReSPECT all care providers across BNSSG have been involved in the planning. Primary Care, namely GPs are essential to the process, so awareness sessions, via clinical forums have been held over 2019 to ensure all GPs are aware of the planned change and will recognise the new forms if they are presented with one by a patient. Likewise GPs need to be familiar with the

process to guide selected patients through an extended conversation, sometimes more than one conversation, resulting in the completion of the ReSPECT form that details the person's wishes for their care, along with appropriate clinical recommendations. The form also records a Do Not Attempt Cardiopulmonary Resuscitation (DNAR) decision if one has been made. However, ReSPECT is about much wider care preferences and treatment ceilings and is equally applicable to patients for whom resuscitation is appropriate.

The GP ReSPECT working group has been working on a digital solution along with awareness raising and communications to ensure all GPs and other primary care staff are prepared for the launch on 10th October 2019. An EMIS template has been created to record the ReSPECT conversation, which then auto-populates a branded, printable form. The EMIS template has been coded in such a way that the entries in the EMIS template will be viewable by other organisations through connecting care and also the coding will allow it to match to the EPaCCS template.

In the coming weeks prior to the launch, further update sessions will be held for GPs including a presentation at the members event, weekly update emails until the launch, including information on the online training, the EMIS template, and on downloadable material and app. A briefing paper will also be presented to the end of life programme board on the full details of this QI project in September.

Over the next year, the GP ReSPECT working group are planning, with other key stakeholders, to integrate the ReSPECT and EPaCCS templates. Work will also include scoping and developing an end of life quality improvement project based on the ReSPECT process in line with the changes to QOF requirements as part of the new GP contract.

5. Influenza Preparation

Preparations for the influenza 2019/20 season are underway. The Nursing and Quality team has set up a BNSSG Seasonal Flu Group which meets fortnightly. This group has an overview for the strategic BNSSG Seasonal Flu Planning to ensure that the needs of the population are met. Planned work includes optimising uptake of vaccination in patient and staff groups, coordinated messaging to the public and consistency of approach with regard to care home arrangements.

The Quality Team attended the South West Flu meeting on 6th September organised by Public Health England and the Screening and Immunisation team. Reassurance was given that vaccine ordering is all going to plan, however there may be a slight delay with the availability which is proposed for between October and November. It was confirmed that EU Exit plans are in place and there are vaccines supplies for this season available as normal. The Local Medical Committee confirmed that all BNSSG practices are prepared for this season.

Last season BNSSG met/exceeded the regional average uptake percentage when compared with other Southwest CCGs; however there was recognition that there is significant variation amongst GP practices in our area. The Public Health England Screening and Immunisation Team are contacting and working with the lowest performing practices. It is also noted that those patients in the 'at risk' groups (Chronic Respiratory, Heart Disease, Renal, Liver, Neurological, Diabetes, Immunosuppressed) will also be a focus in the work plan to increase uptake.

Consideration is being given to deploying a pilot project looking at Point of Care Testing for influenza in areas where there will be greatest patient benefit.

6. CCG Actions/Next Steps

Details of actions/next steps for each area of Primary Care Quality are fully detailed within the above report. A summary of these actions are below:

- Further work with Montpelier Health Centre to support improvements relating to CQC report.
- Ongoing discussions with Primary Care Contracting and Resilience Teams regarding outstanding issues following CQC reports, FFT and GP Patient Survey results.
- Practices not submitting FFT data will be contacted further.
- Discussion with locality teams on the use of GP patient survey data and analysis to support quality improvements at GP practice, PCN and locality level.
- Report progress on ReSPECT implementation
- Meet with NHSE complaints team to share learning from GP complaints
- Ongoing planning with the seasonal influenza programme and for the committee to be updated with progress with the pilot for POCT

7. Financial resource implications

There are no specific financial resource implications highlighted within this paper at this stage although the POCT project may incur costs.

8. Legal implication

There are no specific legal implications highlighted within this paper.

9. Risk implications

Actions to address any highlighted risks have been added to the paper under each section.

10. 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

11. 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.

12. 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.

13. Recommendations

To note the updates on monthly quality data, specific performance indicators and associated actions.

Report Authors: Bridget James, Associate Director Quality,
Jacci Yuill Lead Quality Manager,
Kat Tucker, Quality Support Manager,
Helen Hanson, Senior BI Analyst (Primary Care)

Report Sponsor: Janet -Baptiste- Grant, 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 Test (FFT)	A quick and anonymous way for any patient to give their views after receiving care or treatment across the NHS.
Care Quality Commission (CQC)	The independent regulator for all health and social care services in England.