

Meeting of Primary Care Commissioning Committee

Date: Tuesday 25th June 2019

Time: 09:00

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

Agenda number: 9

Report title: Primary Care Quality Report

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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, Friends and Family Test (FFT) and quarterly monitoring on incident reporting data. The specific domains focused on for this month are Prescribing and Respiratory Disease.

2. Recommendations

The committee is asked:

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

3. Executive Summary

CQC: Since last reported, four practices had a CQC inspection report published between 9th April and 14th June. It is noted that Southmead and Henbury received an overall rating of

'Good' and 'Good' for all of the domains. Fireclay (St George Health Centre) received an overall rating of 'Good', though received a 'Requires Improvement' rating for the 'Safe' domain.

Charlotte Keel's report relates to an inspection in November 2018, the Practice appealed the initial report which was published on 8th February 2019 which had an overall rating of 'Requires Improvement' and a 'Requires Improvement' rating for 'Effective' and 'Safe' domains. These ratings have now been amended to 'Good' overall with a rating of 'Requires Improvement' for the 'Safe' domain only.

Clarence Park had previously had a report published in December 2018, with a 'Good' overall rating and 'Requires Improvement' rating for the 'Well-Led' domain. A focused inspection was carried out on 2nd April, specially looking at the domains of 'Safe', 'Effective' and 'Well-Led'. The practice now has an overall rating of 'Good' and 'Good' for all domains.

Friends and Family test (FFT): Data for April 2019 showed a compliance rate of 75.6%, which is above the national average of 61.2% and continued higher performance than 2018.

In May those practices who had continued not to submit data were formally written to by the Head of Primary Care Contracts. Improvements following these letters are expected to be seen in the May 2019 data.

Prescribing Data: The NSAID indicators are currently showing that BNSSG CCG is slightly below the England averages, however, the two antibiotic related indicators are showing an equal or better performance than the England average. Further information regarding the work being undertaken by the Medicines Optimisation teams can be found in the main paper.

Respiratory Disease Data: Of the seven indicators for Respiratory Disease BNSSG as a whole achieved the target for the six indicators with a nationally set target. Further information regarding the work being undertaken regarding Respiratory Care can be found in the main paper.

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 and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

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1. Background

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2. Primary Care Monthly Quality Monitoring

a. Care Quality Commission (CQC)

Four practices had a CQC inspection report published between 9th April and 14th June. It is noted that Southmead and Henbury received an overall rating of 'Good' and 'Good' for all of the domains. Fireclay (St George Health Centre) received an overall rating of 'Good', though they received a 'Requires Improvement' rating for the 'Safe' domain. Explanations for this rating and actions being taken are given on page 3.

Charlotte Keel's report relates to an inspection in November 2018, the Practice appealed the initial report which was published on 8th February 2019 which had an overall rating of 'Requires Improvement' and a 'Requires Improvement' rating for 'Effective' and 'Safe' domains. These ratings have now been amended to 'Good' overall with a rating of 'Requires Improvement' for the 'Safe' domain only. Further detail on this rating is given on page 4.

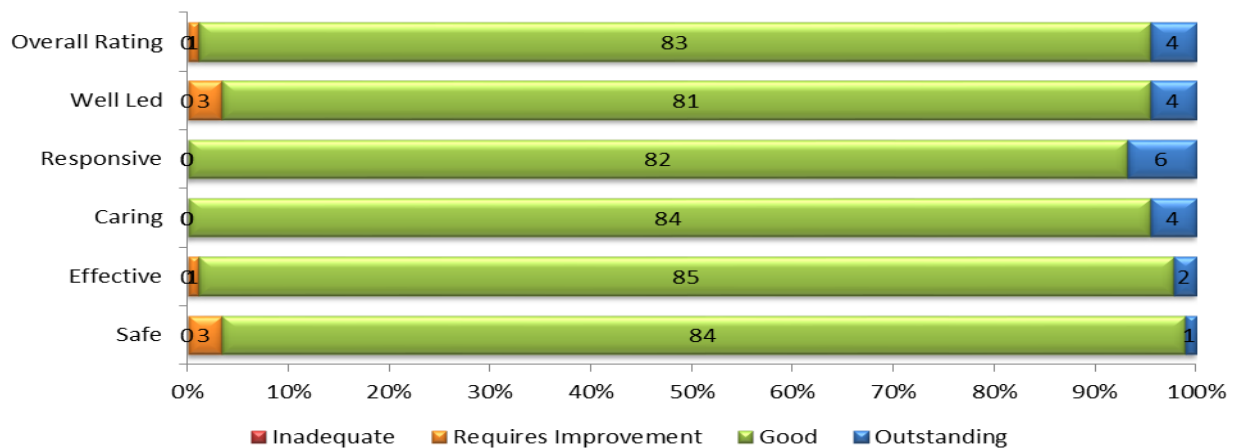
Clarence Park had previously had a report published in December 2018, with a 'Good' overall rating and 'Requires Improvement' rating for the 'Well-Led' domain. A focused inspection was carried out on 2nd April, specially looking at the domains of 'Safe', 'Effective' and 'Well-Led'. The practice now has an overall rating of 'Good' and 'Good' for all domains.

Figure 1: Recently published CQC ratings for domains

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Southmead & Henbury	15.04.19	Good	Good	Good	Good	Good	Good
Fireclay(St George Health Centre)	29.04.19	Good	Good	Good	Good	Good	Requires Improvement
Charlotte Keel	14.05.19	Good	Good	Good	Good	Good	Requires Improvement
Clarence Park	17.05.19	Good	Good	Good	Good	Good	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



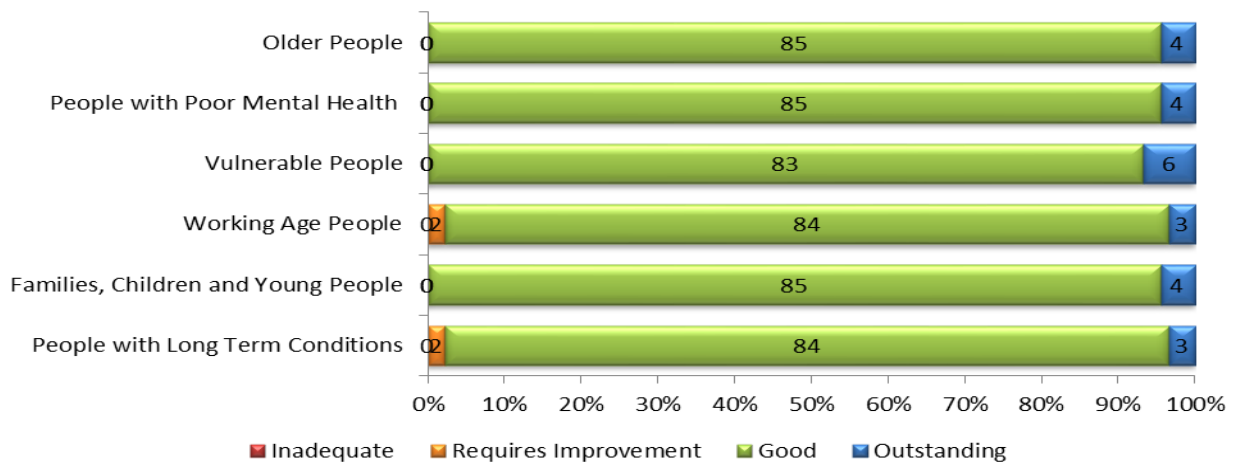
Within Primary Care the CQC also inspects the quality of care for six population groups, as shown in the table below. Fireclay, Charlotte Keel and Clarence Park all received a ‘Good’ rating for all six population groups, however Southmead and Henbury received a ‘Requires Improvement’ rating for the ‘Long Term Conditions’ population group.

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
Southmead and Henbury	15.4.2019	Good	Requires Improvement	Good	Good	Good	Good
Fireclay (St George)	29.04.2019	Good	Good	Good	Good	Good	Good
Charlotte Keel	14.05.2019	Good	Good	Good	Good	Good	Good
Clarence Park	17.05.19	Good	Good	Good	Good	Good	Good

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



Below are listed the specific recommendations and actions highlighted within the GP practices' CQC reports.

Fireclay

Fireclay was rated as “Requires Improvement” for providing safe care because:

- Not all emergency medicines were in date and ready to use, and there was no risk assessment to support that the practice had assessed they did not require to hold paediatric pads available for use with the defibrillator.

- The practice did not consider that training in the Mental Capacity Act or competence to give consent to be mandatory for all clinicians, as recommended in recognised guidance and there was no evidence that two clinicians had received such training.
- There was no clear system of clinical supervision and support available for nursing staff.
- There was no evidence that patients being seen by a healthcare assistant as part of a mental health service had been assessed by a clinician as being appropriate to be seen by a health care assistant.

In addition Fireclay was given one 'Must do' and one 'Should do' action:

- The Provider must ensure that care and treatment is provided in a safe way.
- The Provider should ensure that appropriate standards for the management of sharps are maintained.

Fireclay provided the Quality Team with their action plan on 10.6.2019. In order to improve their 'Safety' domain the following actions are being undertaken:

- System established for checking emergency medications.
- Paediatric Defibrillator pads have been purchased.
- Mental Capacity training certificates to be obtained, training auditing and this to be made mandatory for HCAs.
- Evidence regarding supervision sessions to be recorded in personnel files and monitored by admin staff.
- A named GP partner to approve patients to be seen by an HCA as part of the Wellbeing signposting service. Audits to be undertaken to check approval in place prior to appointment. The Quality Team has spoken to the practice regarding this issue to clarify the role of the HCA in patient signposting.

Charlotte Keel was rated as "Requires Improvement" for providing safe care because:

- The CQC 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.

Charlotte Keel practice provided their action plan and assurance to the Quality Team, which was shared in the March 2019 PCCC paper relating to the Vaccine Fridge Temperature Monitoring and the operations for Managing Clinical Waste. The practice has purchased data loggers and external fridge thermometers, staff have been trained in vaccine storage and there are weekly checks to ensure compliance which has been incorporated into the Lead Nurse role. There will be a weekly audit of clinical waste to ensure correct labelling, disposal and storage.

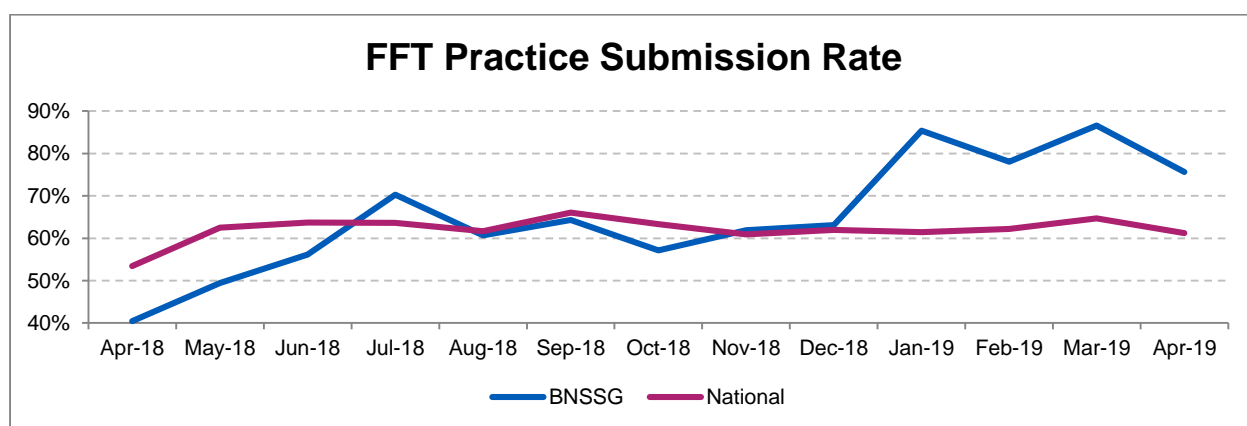
Southmead & Henbury practices have been asked for their assurance regarding the “Requiring Improvement” for patients with Long Term Conditions with regard to reducing exception reporting these patients. Long term condition management achievement was lower than the local and national averages. PCCC will be updated with these details.

b. Friends and Family Test (FFT) April 2019 data

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 April 2019. This shows that 62 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 75.6% which is above the national rate of 61.2%. On a monthly basis practices are contacted to reiterate the contractual requirement to submit data. In May those practices who had continued not to submit data were formally written to by the Head of Primary Care Contracts. Improvements following these letters are expected to be seen in the May 2019 data.

Figures 5: % 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.

Figure 6: FFT Response Rate by Locality

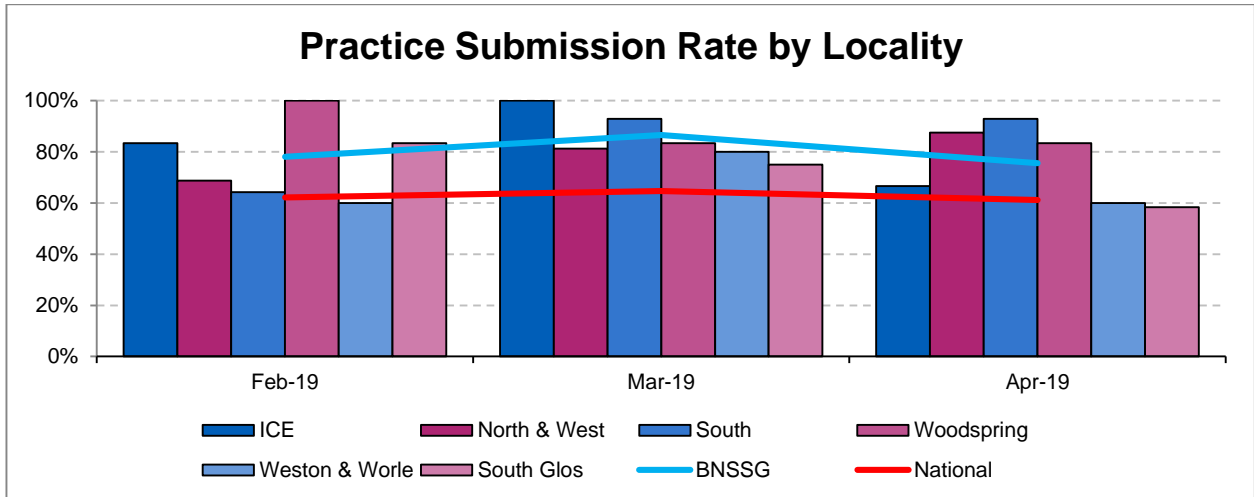
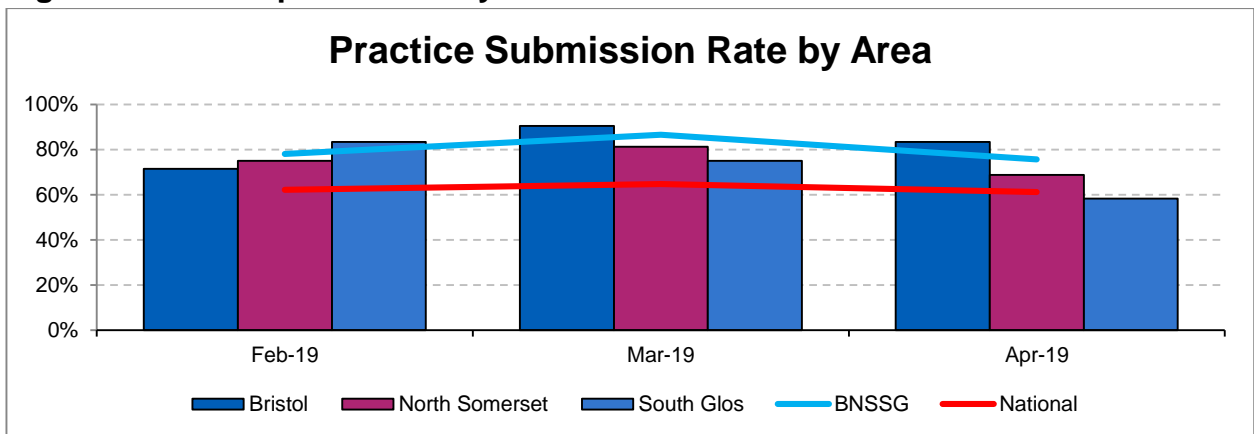
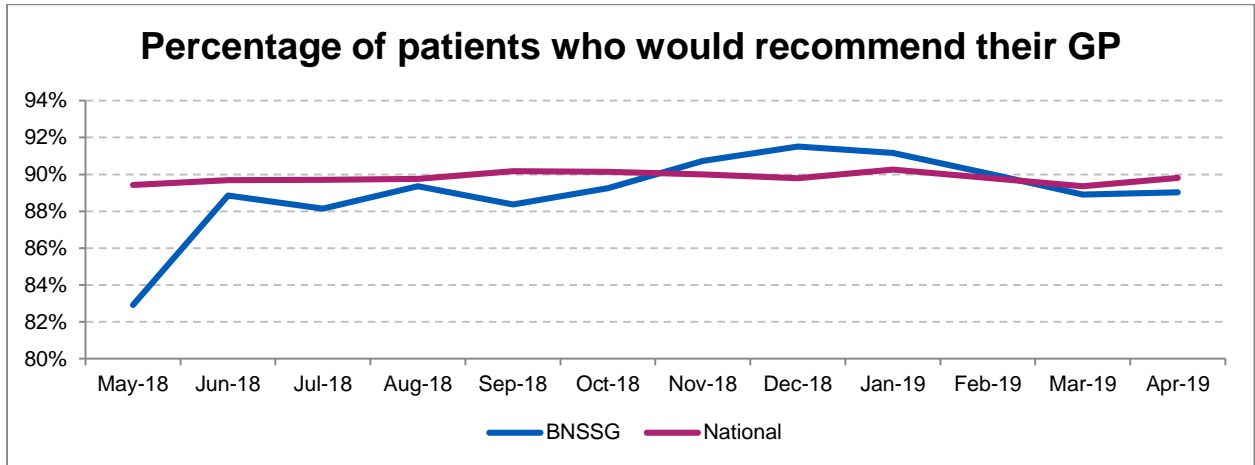


Figure 7: FFT Response Rate by Area



Recommendation rates: Across BNSSG CCG 89.0% of respondents would recommend their GP Practice; this is 0.8% below the national average and a 0.1% increase on the previous month. The percentage of patients who would not recommend their GP practice was 7.4%. This is 2.2% higher the national average and a 1.0% decrease from the previous month.

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 BSSG and the national averages.

Figure 9: FFT Recommended Rate by Locality

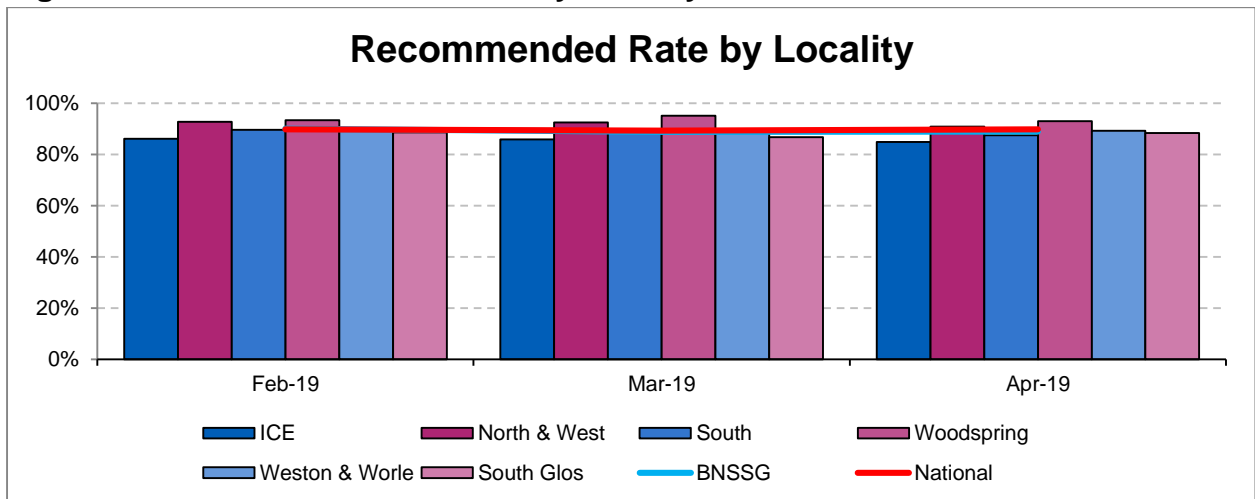
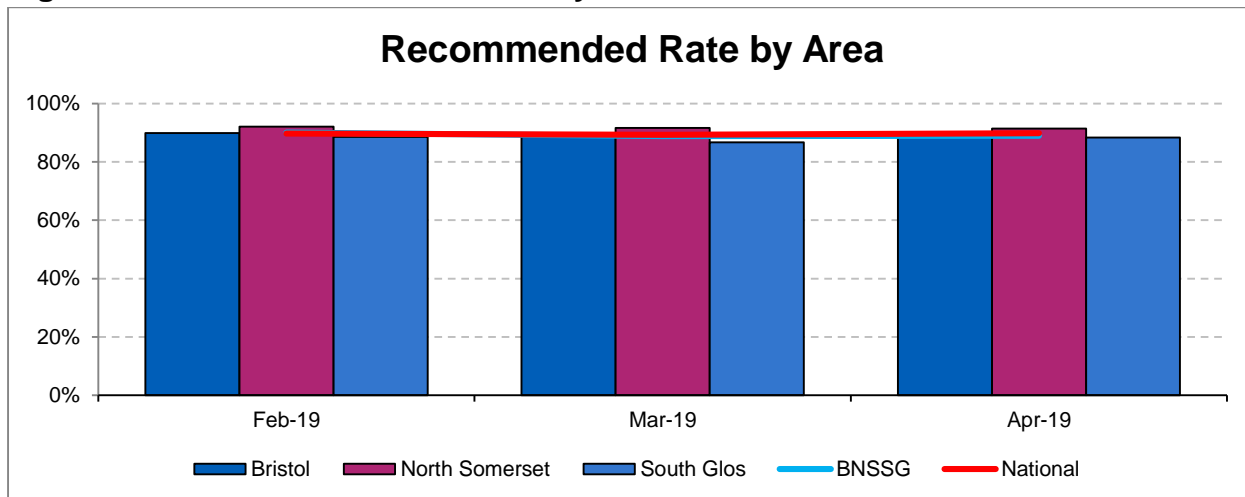


Figure 10: FFT Recommended Rate by Area



The total number of FFT responses received in April for BNSSG was 3100, which is a decrease from March. For those practices who submitted a response the numbers ranged from 0 – 233. On average there were 52 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. Quarterly Quality Monitoring

a. Primary Care Incident Reporting

During quarter 4 2018/19, practices within BNSSG have reported 12 incidents.

Incident Type	Number of Incidents
Suicide	1
Diagnostic Delay	1
Medication Incident	8
Treatment Delay	2

As can be seen the majority of incidents relate to Medication Incidents, four of these related to vaccination issues (incorrect storage with temperatures being affected from fridges; out of date vaccines) and four related to incorrect dosage or medication plans. Two of the medication errors have been escalated to Serious Incidents and are currently being investigated following the BNSSG CCG Serious Incident Process. The suicide incident involved a patient who was not receiving treatment from the Mental Health services and had attended the surgery to discuss a medication issue. Assurance was provided by the GP that

there was no evidence of depression at the time of consultation which had happened over two months prior to the death.

We recognise that the number of incidents reported is unlikely to be a true representation of activity in Primary Care; therefore the Quality Team has undertaken work to raise the profile of incident reporting to BNSSG CCG. The team attended the GP Bristol Member Event on the 14 May 2019 to present the aims and objectives regarding incident reporting to enable the identification of themes and for sharing across the system of learning for quality improvement. Dr Jeremy Maynard, GP Corporate Clinical Lead for Quality, has been developing an online Quality eForum as a platform to share the learning with practices.

b. Healthwatch

The North Somerset Healthwatch Enter and View report is due in July and will be reported to PCCC when complete.

c. Complaints

The Quality Team has requested the complaints information from NHSE/NHSI which is due to be published at the end of June 2019. Once this has received it will be reported on a quarterly basis to the Primary Care Commissioning Committee.

4. Focused Primary Care Quality Domains

This month's quality domains for further detailed analysis are Prescribing (deferred from May) and Respiratory as per the revised quality calendar presented to the PCCC which can be found in appendix 1.

4.1 Prescribing

Historically there have been four prescribing indicators from the Primary Care Web tool, in order to review recent data relating to these indicators, data from the NHS Business Services Authority (NHS BSA) has been used. The four indicators regarding prescribing are as follows:

1. Naproxen and Ibuprofen as a percentage of NSAID prescribing
2. Oral NSAIDS ADQs/STAR-PU
3. Antibacterial Items/STAR- PU
4. Percentage of co-amoxiclav, cephalosporins and quinolones as a proportion of the total number of antibiotics prescribed in primary care

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 over time.

Primary Care Quality Assurance Dashboard				
Domain	Blue	Green	Amber	Red
Prescribing Q1 2017/18	2	43	36	1
Prescribing Q3 2018/19	0	44	35	3

Overview

The NSAID indicators are currently showing that BNSSG CCG is slightly below the England averages, however, the two antibiotic related indicators are showing an equal or better performance than the England average.

Indicator	Good is	Time Period	England	South of England	BNSSG
1. Naproxen and Ibuprofen as a percentage of NSAID prescribing	High	June 18 - August 18	79.8%		78.3%
		December 18- February 19	76.4%		76.1%
2. Oral NSAIDS ADQs/STAR-PU	Low	June 18- August 18		1.153	1.145
		December 18- February 19		1.063	1.075
3. Antibacterial Items/Star PU	Low	Q4 17/18	Target 0.965	Target 0.965	0.859
		Q3 18/19	Target 0.965	Target 0.965	0.833
4. Percentage of co-amoxiclav, cephalosporins and quinolones as a proportion of the total number of antibiotics prescribed in primary care	Low	Q4 17/18	Target 10%	Target 10%	10.0%
		Q3 18/19	Target 10%	Target 10%	9.2%

NSAID prescribing

There are long-standing and well-recognised gastrointestinal and renal safety concerns with all NSAIDs. There is also an increased risk of cardiovascular events with many NSAIDs, including COX-2 inhibitors and some traditional NSAIDs. The MHRA recommends that the lowest effective dose of an NSAID should be prescribed for the shortest time necessary for control of symptoms.

In 2005, a review by the European Medicines Agency identified an increased risk of thrombotic events, such as heart attack and stroke, with COX-2 inhibitors. In 2006, they also concluded that a small increased risk of thrombotic events could not be excluded with non-selective NSAIDs, including diclofenac, particularly when they are used at high doses for long-term treatment. This risk does not appear to be shared by ibuprofen at 1200 mg per day or less, or naproxen at 1000 mg per day. Although a specific NSAID project was not included in the Prescribing Quality Scheme for 2018/19, work has been undertaken by the Medicines Optimisation team in previous years to highlight the risks associated with NSAIDs. This has included specific audits reviewing prescribing practice as well as newsletter articles and OptimiseRx messages to promote safe prescribing. In 2019/20, part of the medicines optimisation quality work stream will look at the prescribing of NSAIDs and whether there is any gastro-protection to reduce patient harms.

There are no national targets for these indicators and so the local values have been compared with the England or South of England averages for benchmarking purposes. Overall, the BNSSG CCG is showing a slightly poorer performance than the national average, however, it is important to note that improvements have been seen by BNSSG CCG with a reduction in overall NSAID prescribing being noted. An encouraging reduction from 1.145 to 1.075 ADQ for the oral NSAIDs ADQ/STAR-PU indicator has been shown.

GP practice prescribing data is available from the NHS Business Service Authorities (NHSBSA), until February 2019. The most recent three month period is therefore December 18 – February 19. With regards to oral NSAIDs ADQs/STAR-PU in this period, there are 46 practices showing a value equal to or better than the South of England average of 1.063 (a low value here is desired). This value remained the same as in June – August 18. An improvement was noted with regards to the number of practices that were more than 15% higher the South of England average, with 22 practices being identified in this group, a reduction from 25 practices in June- August 18.

Naproxen and Ibuprofen should be considered as first line NSAIDs of choice when prescribing for patients, so for this indicator we would expect to see a higher percentage. When reviewing the prescribing of naproxen/ ibuprofen as a percentage of total NSAIDs compared to the national average for the most recent three month period (December 18-February 19) 43 practices had a value equivalent or better than the national average of 76.4%. This is an increase from 37 practices in June- August 18 which is encouraging. The number of practices that were more than 15% below the national average was 7 practices, which was a decrease from 9 practices which is an improvement. Individual practice data should be interpreted carefully with respect to their specific practice population.

Up to date data will be fed back to practices at CCG and individual practice level, to allow practices to reflect on their prescribing practice relating to NSAIDs. The Medicine optimisation team pharmacists will be working with the specific outliers to discuss and

implement the appropriate action. Prescribing support messages will also continue to help improve these indicators.

It is important to note that there have been recent national supply issues and price concessions (or NCSO) affecting naproxen which may have impacted on prescribing patterns however, the CCG position has not deteriorated as much as the national position. Also BNSSG CCG has worked hard to encourage practices to follow the recent national self-care recommendations, specifically encouraging self-care of over the counter analgesia (small quantities of ibuprofen), and this may have also impacted on the results.

Antibiotic prescribing

Increased and inappropriate use of antibiotics is known to drive antimicrobial resistance. By reducing the inappropriate use of antibiotics the development of antimicrobial resistance that leads to patient harm from infections that are harder and more costly to treat will be delayed. Reducing inappropriate antibiotic use will also protect patients from healthcare acquired infections such as *Clostridium difficile* infections.

Significant work has been undertaken around antibiotic prescribing year on year and this continues to be a team priority.

In 2018/19 the Prescribing Quality Scheme included mandatory practice engagement with antibiotic prescribing:

- An audit of pyelonephritis for appropriate diagnosis and treatment
- An audit to assist in the reduction of broad spectrum antibiotic prescribing

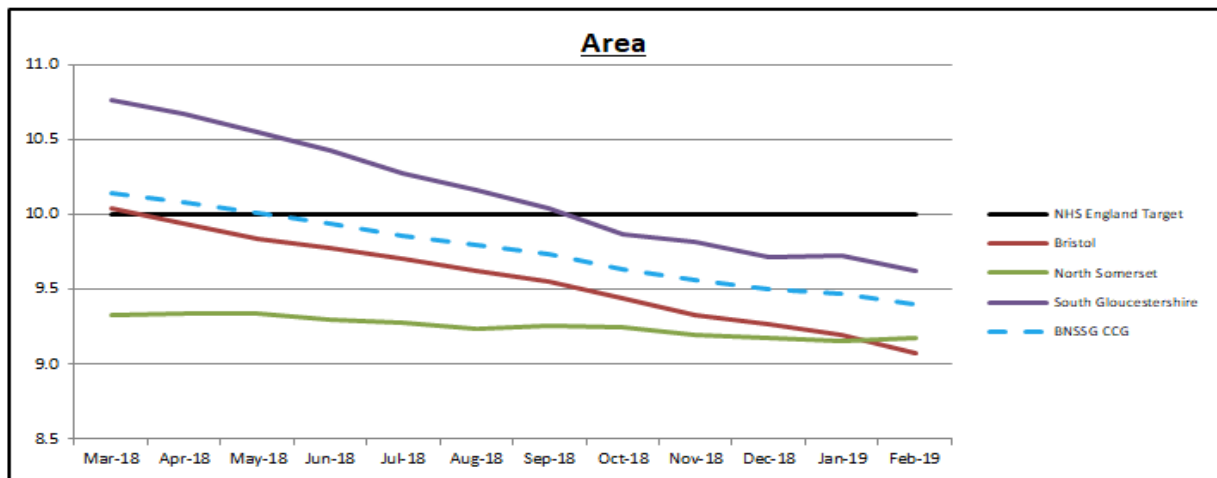
Regular data was circulated to GP practices on their monthly total antibiotics prescribing and broad spectrum antibiotic prescribing. A teaching session for practices on antibiotic stewardship in primary care was well attended.

The specific markers antibiotic prescribing/STAR-PU and cephalosporins, quinolones and co-amoxiclav accounting for 10% or less of all antibiotic prescribing have been taken from the national Quality Premium and the CCG Improvement and Assessment Framework. Year to date data is available until February 2019.

There are 70 practices meeting the 0.965 target for antibiotics/STAR-PU, the overall antibiotic prescribing measure (17 of which meeting the target during the past year), with 13 not meeting the target. The CCG is in the best quartile across CCGs in England for this measure.

There are 61 practices meeting the target that 10% or less of all antibiotics prescribed are cephalosporins, quinolones and co-amoxiclav (13 practices meeting this target during the past year). 22 practices are not meeting the target. The CCG has met the 10% target this year. The Medicine Optimisation team will continue to work with practices to drive down the use of antibiotics where appropriate. Practices that are still not achieving will be a focus, with additional support and reviews conducted to understand the issues and subsequent

work required to reduce inappropriate prescribing. This remains a focus in the 19/20 Prescribing Quality Scheme.



Percentage Broad Spectrum Antibiotic prescribing at Area level (NHS England target of <10%)

Other key prescribing areas:

Other key prescribing areas that have improved the quality of prescribing and optimised patient care or improved the overall healthcare system with regards to prescribing include the following:

Improvements to dressings ordering

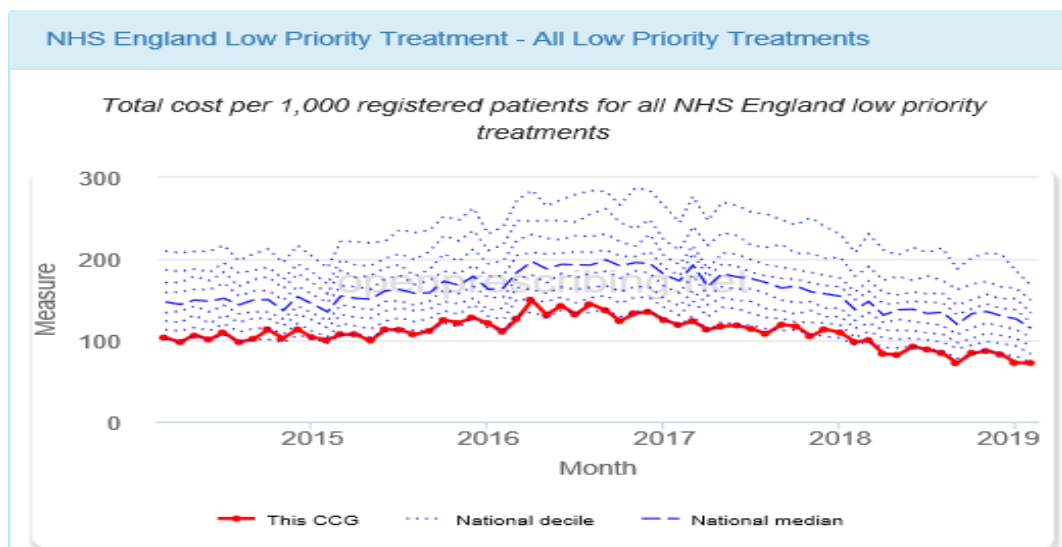
BNSSG CCG is a member of the Pan Avon Dressings Formulary Group, whose purpose is to improve patient experience and quality of patient care through agreement of a formulary which supports clinical and cost-effective wound management for patients.

Bristol and North Somerset area previously transferred their dressings supply for GP practices and nursing homes from FP10 over to NHS Supply Chain several years ago. During 2018/19 progress has been made to move the South Gloucestershire area onto online ordering. Using an online system has several quality advantages; it improves timely access to appropriate dressings for patients and staff, enables good stock control by nursing teams and minimises dressings waste, supports compliance with the Pan Avon Wound Care Formulary, and is more cost effective. All South Gloucestershire GP practices and Nursing Homes should be able to order online by the end of May 2019.

A heightened focus on items which should not routinely be prescribed in primary care

In November 2017, NHS England and NHS Clinical Commissioners issued guidance for CCGs around 18 products which should not be routinely prescribed in primary care <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

These products fell into one or more of the following categories: products of low clinical effectiveness, products which are clinically effective but where more cost-effective products are available or products which are clinically effective but due to the nature, deemed low priority for NHS funding. This document has been discussed at General Practice meetings between the prescribing team and the CCG along with a quarterly report of the prescribing of these items which is sent to practices for information. Work has been undertaken across BNSSG to review the products prescribed as per the NHS England guidance and there has been a significant reduction in prescribing since January 2018 (16715 items in quarter 3 of 2017/18 compared to 8412 items in quarter 3 of 18/19, a 49.6% reduction). As a CCG we benchmark favourably compared to CCGs across England.



Source: www.openprescribing.net – accessed 29.04.2019

An update and consultation on this previous guidance has recently closed after 3 months, with the update potentially adding an additional 8 items to the guidance. BNSSG CCG awaits publication of the updated guidance and will review this accordingly once it becomes available.

Medicines Optimisation in Care Homes

Following a successful bid to NHS England's Pharmacy Integration fund, North Somerset Community Partnership have been commissioned by BNSSG CCG for two years from January 2019 to host a team of two Pharmacists and two Pharmacy Technicians who will work to optimise medicines use in Care Homes, initially in the North Somerset area. BNSSG CCG also directly employs two pharmacists to undertake this role in the South Gloucestershire area and a pharmacy technician focussed on the Bristol area. Support is available to both residential and nursing homes.

Medicines optimisation in care homes has been shown to:

- Improve quality of care through better medicines use
- Reduce risk of harm from medicines through medicines optimisation and safer medicines systems and staff training

- Release resources through medicines optimisation and waste reduction, reduction in hospital admissions and release of staff time.

The team are engaging with Care Homes, their GP practices and Community Pharmacies to undertake medication reviews with the aim of reducing inappropriate polypharmacy, medicines related adverse events and hospital admissions and improve quality of care for individual residents. The team will work across the system and link with other providers when appropriate to improve admission, discharge and patient flow regarding medicines.

The team will also undertake quality improvement projects to improve medicines management processes (linking with practice prescription clerks and community pharmacies) aiming to reduce medicines waste, improve communication and reduce prescription queries. Care homes will also receive support around achieving the NICE Quality Standards as well as support around homely remedies, covert administration, PRN and bulk prescribing, use of compliance aids, controlled drugs, antimicrobial stewardship and audits. Outcomes from the work in North Somerset will be available in due course.

Outcomes from work in South Gloucestershire between October 2015 to December 2018 have been summarised; the pharmacists worked with 19 GP practices and 50 care homes (both nursing and residential) to review 2001 patients. 3827 prescribing interventions were made, an average of 1.9 interventions per patient. The top 5 types of prescribing intervention were:

- Stopping drugs that were no longer needed
- Switching drugs to more cost effective alternatives
- Stopping drugs for a clinical reason
- Monitoring was required
- Non-formulary drugs were switched to formulary choices

Some recurring clinical themes can be identified:

- Stopping medicines linked to falls e.g. anticholinergic drugs, z-drugs and codeine products.
- Stopping sip feeds as they were no longer clinically indicated.
- Stopping laxatives as they were no longer needed and volumes prescribed were contributing to medicines waste.
- A significant number of interventions where doses or frequency of medicines were reduced due to frailty of the patient, notably paracetamol dosing.
- Interventions to rationalise prescribing and amend formulations for patients with swallowing difficulties to reduce choking risk.
- Appropriate use of topical preparations including barrier creams. Again this links to reducing medicines waste.
- Stopping medicines appropriately at end of life.

Promotion of self-care

As GPs need to spend more time treating patients with complex health problems and long term illnesses it is important that people are encouraged and empowered to self-care for minor ailments and common conditions with, for example, OTC medications.

There is evidence to show that supporting self-care improves symptom management, general health, quality of life and patient satisfaction. Additionally, self-care impacts on the use of services by decreasing primary care consultations, visits to outpatients, A&E attendances, use of hospital resources and admittance in to secondary care.

During the summer of 2017, Bristol, North Somerset and South Gloucestershire CCGs consulted on a proposal to promote self-care to patients with minor illnesses and encourage them to seek advice and support from pharmacists and buy medicines themselves, rather than through GP prescriptions. The results of the consultation are available online <https://bnssgccg.nhs.uk/get-involved/surveys-and-consultations/self-care-and-over-counter-medicines/> Subsequently NHS England have undertaken a national consultation on this topic and published guidance for CCGs on conditions for which OTC medicines should not be routinely prescribed <https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/> along with a patient information leaflet and implementation tools.

The CCG Medicines Optimisation team has developed support materials and information on products which are available over the counter for local prescribers in order to support local implementation of the NHS England guidance. In 2018 the CCG launched a communications campaign to encourage people to visit 'pharmacy first' for advice and support on the management of minor ailments (such as hay fever). This campaign will be ongoing throughout 2019/20.

Evaluation of a Repeat Prescription Management Hub

A Repeat Prescription Management Hub was developed and set up by the Medicines Optimisation team at North Somerset CCG in conjunction with staff working within the Tyntesfield Medical Group (TMG) of GP practices. The Hub's main objectives were to reduce the demands on GP workload as well as to reduce the growth and issuing of unnecessary prescription items, ensuring good medicines optimisation and improved safety.

Having a dedicated team experienced in managing prescribing issues enables practices to action local and national programmes of work more effectively. This approach supports one of the key aims of the NHS Five Year Forward View which is to enhance multi-disciplinary team working in GP practices to better support GPs in delivering high quality care.

The pilot was monitored and evaluated using a number of qualitative and quantitative data collection methods. The results highlighted that the Hub pilot reduced prescribing workload and freed up time for prescribers and operational staff within TMG to focus on other

healthcare related priorities. It was also identified that this type of centralised prescribing system can help to improve medication safety and patient care as well as to ensure equity in prescribing.

A reduction from the spend level of 2016/17 was also noted, with the Hub practices showing a reduction in spend (4.2%) greater than that seen in North Somerset (0.3%) GP practices (excluding the Hub), or BNSSG CCG. Hub practices also generally showed lower levels of items prescribed (2.5% reduction) than the other North Somerset practices (2.2% increase) and the rest of the BNSSG CCG compared to 2016/17.

Telephony data showed that the Hub was successful in achieving all of the targets set prior to the launch of the Hub, answering 97% of all telephone calls received and re-queuing only 1.3% of calls. These outcomes show enhancement in the quality and efficiency of the service provided, as this would have resulted in a more timely access to medication-related information and advice for patients.

A full evaluation document is available on request.

Overview of the Medicines Optimisation quality projects from 2018/19

In order to promote safe and effective prescribing across BNSSG practices were required to complete quality projects as part of the Prescribing Quality Scheme (PQS) 2018/19. Practices were able to choose from a variety of projects. Using benchmarking data, practices were directed to projects that were deemed, clinically, a higher priority on an individual basis. Practices were able to select projects from the following list:

1. Respiratory

Chronic Obstructive Pulmonary Disease (COPD) is a major cause of morbidity and mortality (fourth leading cause of death in the world) which is likely to rise due to exposure to causative factors and increasing age. A reduction in quality of life is caused by exacerbations. One of the goals for treating COPD is to reduce future events such as exacerbations with optimal treatment.

This project aimed to improve care for patients with COPD by ensuring that inhalers prescribed were appropriate and effective and that patients were being referred for pulmonary rehabilitation where this was indicated.

The BNSSG COPD prescribing guidelines were updated in 2018 and this project also supported adherence to these.

2. Proton Pump Inhibitors (PPI)

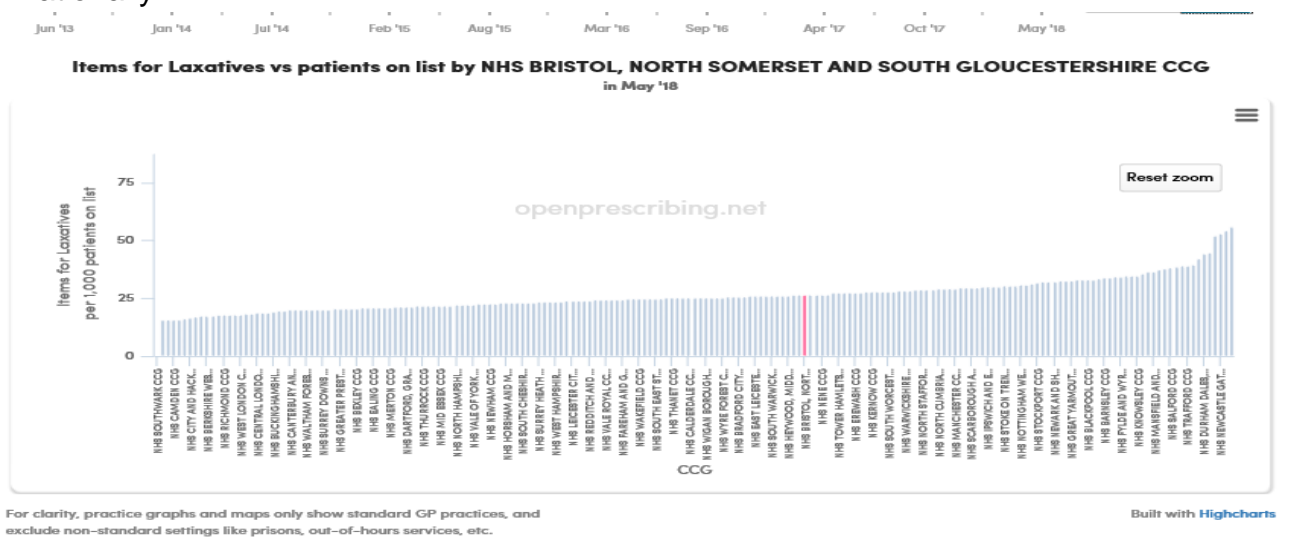
Although the incidence of short-term adverse events is relatively low for PPIs, over recent years there has been increasing concern regarding long-term use and possible serious adverse drug reactions with PPIs. The concerns regarding long term PPIs include increased

risk of fracture, infection, hypomagnesium, dementia and chronic kidney disease. However it should be noted that the evidence is mainly from retrospective observational studies with some conflicting findings. Therefore, given these possible risks review of long-term PPI treatment is encouraged.

This project aimed to review patients at highest risk of adverse effects to ensure the PPI is still indicated and patients are being stepped down/stopped appropriately.

3. Laxatives

The current annual cost of all laxative preparations across BNSSG is significant at £1.3 million, with around 30,000 patients across BNSSG having a current repeat prescription for a laxative. The graph below illustrates how BNSSG CCG compares to other CCGs nationally.

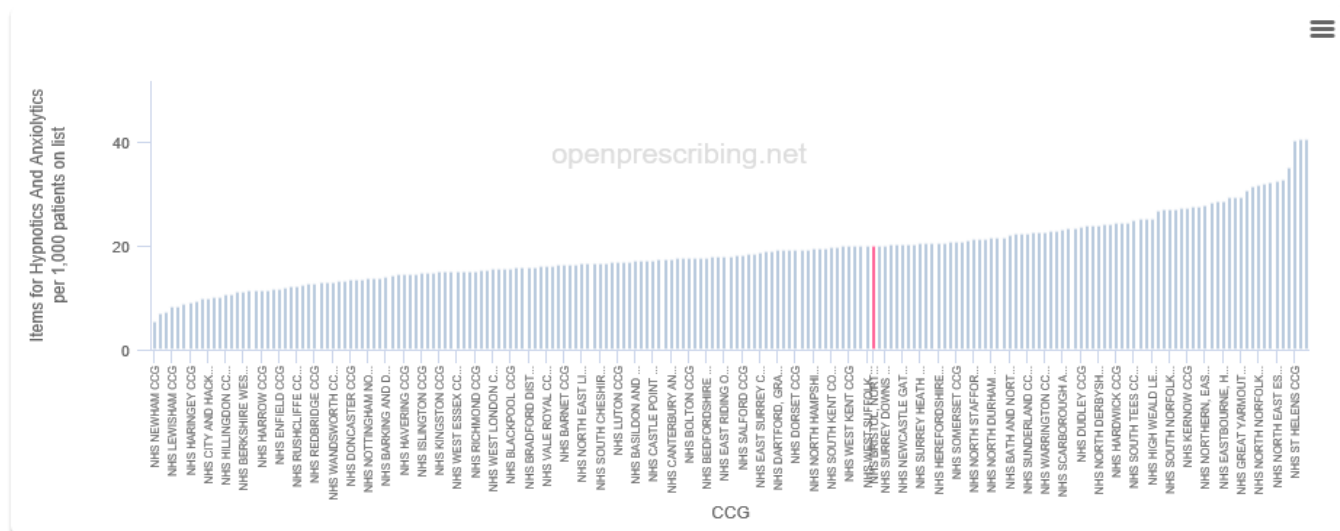


This project aimed to support prescribing in line with NICE guidelines which recommends that laxatives are reviewed to ensure that they are only prescribed routinely when dietary and lifestyle measures have been proven unsuccessful.

4. Benzodiazepines

The risks associated with the long term use of benzodiazepines and Z-drugs have been well documented for many years. These include falls, accidents, cognitive impairment, dependence and withdrawal symptoms. In addition to this, more recent observational studies suggest that benzodiazepine use is associated with an increased risk in mortality and dementia.

The graph below demonstrates how benzodiazepine and z drugs prescription items for BNSSG CCG compares to other CCGs nationally.



This project aimed to review patients prescribed benzodiazepine to ensure prescribing is appropriate and is in line with NICE recommendations. The project also supported practices to implement a benzodiazepine and z-drug practice prescribing policy if they did not already have one.

The number of items for BNSSG CCG has reduced by approximately 4000 despite an increase in practice list size of approximately 17 000 between Jan 2018 and Feb 2019.

5. Gabapentinoids

The term gabapentinoids is used for the drugs gabapentin and pregabalin. Gabapentin and pregabalin are both licensed for peripheral pain, anxiety and epilepsy. Misuse of gabapentinoids has been noted for some years and they are also associated with an increased risk of respiratory depression, particularly when taken with other drugs that depress the central nervous system.

An upward trend in number of items of gabapentinoids has been noted for BNSSG (see below). It should be noted that the graph below does not differentiate whether prescribing is for pain, epilepsy or anxiety.

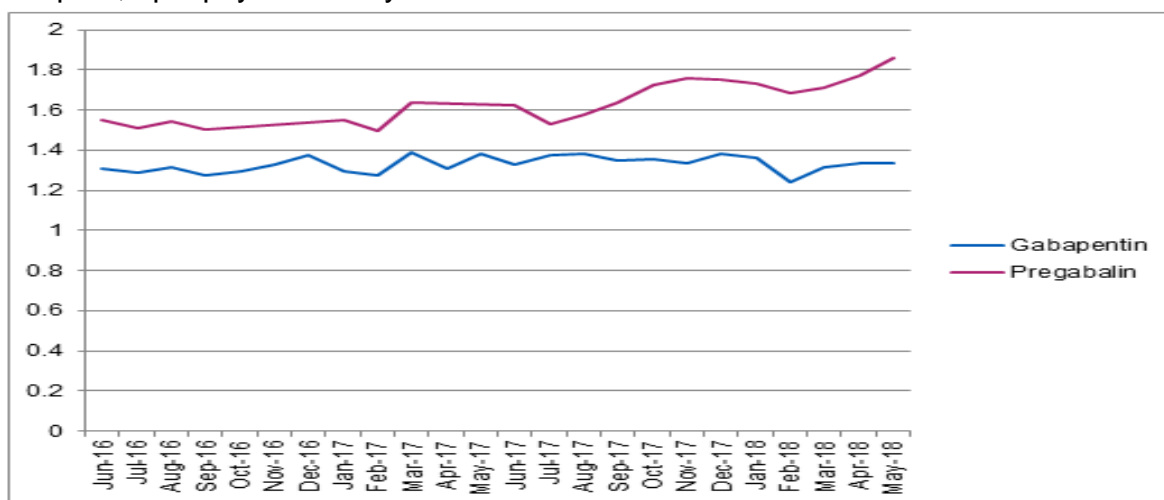


Chart 1: gabapentin and pregabalin prescribing July 2016 to May 2018

This project focussed on auditing patients prescribed gabapentinoids for pain. This data collected would be used to assess whether future work is required to develop a clinical pathway.

6. Opiates prescribing reviews

Tramadol

Tramadol is a weak opiate that is used in mild to moderate pain. There is no evidence that tramadol is superior to other weak opiates. Whilst instances of common side effects such as nausea, constipation and drowsiness and sedation are similar in frequency to codeine and dihydrocodeine, the serotonin-norepinephrine reuptake inhibitor (SNRI) effect of tramadol results in unique (but rare) side effects compared to other weak opiates including: convulsions, psychiatric reactions (including hallucinations), hypoglycaemia and hyponatraemia.

Since tramadol was re-classified as a schedule 3 controlled drug in the 'Misuse of Drug Regulations 2001' in 2014, there has been a small decline in prescribing has been seen across BNSSG.

This project aimed to review prescribing of tramadol to ensure it is in line with national and local guidance, focussing on ensuring the indication is appropriate, it is being reviewed and not being misused.

Fentanyl

Fentanyl is a synthetic opioid used in the treatment of pain. Fentanyl patches are second line on the BNSSG formulary and should only be prescribed for patients who have stable pain, pain that is opioid responsive but they are intolerant to side effects with morphine or other opioids or patients who have difficulty with the oral route.

This project aimed to review all patients prescribed fentanyl patches for non-cancer pain to ensure appropriate prescribing.

Diabetes

Hypoglycaemia is when blood glucose level is less than 4mmol/L, some of the symptoms include sweating, shaking, blurred vision, confusion, and in extreme cases, coma. The most common cause of hypoglycaemia within diabetes patients is certain types of medication or combinations of medication used, typically insulin and sulphonylureas.

NICE guidelines for Type 2 Diabetes states that for adult patients taking a drug associated with hypoglycaemia, patients should be supported to achieve a target HbA1c of 53 mmol/mol or higher.

This project supported review of type 2 diabetic patients who are taking hypoglycaemic drugs but achieving lower than 53 mmol/mol of HbA1c, therefore, at risk of hypoglycaemia.

Results for PQS 2018/19 projects are currently being evaluated and written up. These results will be reported in next year's annual prescribing primary care quality report.

Medicines Optimisation quality project plans for 2019/20

For 2019/20 the Prescribing Quality Scheme quality projects will focus on polypharmacy, frailty and medicines safety.

1. Polypharmacy

This project is focussed on conducting multidisciplinary medication reviews on an at risk cohort of patients. Practices will be able choose cohorts of patients to review as this may vary depending on practice demographics.

The Healthier Together Medicines Optimisation STP has a polypharmacy work stream which will advise on tool to support this work.

2. Osteoporosis

This project will support practices to review patients prescribed a bisphosphonate and assess whether a bisphosphonate holiday is recommended whilst also ensuring calcium and vitamin D preparations are prescribed as per national and local guidelines

3. Medicine safety

This will consist of two projects. The first is an audit on Red drugs, to ensure they are correctly documented in EMIS and that the practice has a system in place to maintain this. The second is an EMIS safety dashboard and PINCER (pharmacist led information technology intervention for medication errors) project that will identify 'at-risk' patients who are being prescribed drugs commonly associated with medication errors.

These projects will support the World Health Organisation (WHO), Medication without Harm, global campaign and also supports the NHS England GP Contract Quality Improvement safer prescribing projects.

4. Antibacterial stewardship

This project will focus on supporting practices to achieve the NHS England Quality Premium targets with the aim of reducing antimicrobial resistance which is a World Health Organisation global concern.

5. Mental Health

This project will support the national STOMP (stopping over medication of people with a learning disability, autism or both) campaign. Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines,

when they do not have the health conditions the medicines are for. Children and young people are also prescribed them.

This project will focus on reviewing prescribing of antipsychotics in people with learning disabilities and autism and will ensure that the recommended health checks have been undertaken.

4.2 Respiratory Care

Within the baseline annual data from the Primary Care Web tool there are seven indicators regarding Respiratory Care that can be nationally benchmarked. The seven indicators regarding Respiratory are as follows:

1. % Spirometry Achievement
2. % of patients with COPD who had a review undertaken in the preceding 12 months.
3. % of patients with asthma with measures of variability and reversibility.
4. % of patients with asthma, on the register, who have had an asthma review in the preceding 12 months including use of the 3 RCP questions.
5. % GP recorded patient smoking status (selected long term conditions).
6. % offer of support and treatment to smokers with a long term condition.
7. % of patients with long term conditions who smoke.

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 in 2016/17 and 2017/18.

Primary Care Quality Assurance Dashboard				
Domain	Blue	Green	Amber	Red
Respiratory Care 2016/17	0	72	10	0
Respiratory Care 2017/18	0	73	9	0

Indicator	Good Is	Year	Target	England	Highest Core City	Lowest Core City	BNSSG	Inner City & East	North & West	South	Woodspring	Weston Worle & Villages	South Glos
1. % Spirometry Achievement	High	16/17	80	88.9	90.4	86.2	86.2	85.9	86.7	86.7	85.7	86.6	85.4
		17/18	80	88.4	90.2	86.2	87.0	89.3	85.8	87.2	85.2	87.9	86.4
2. % of patients with COPD who had a review undertaken in the preceding 12 months.	High	16/17	90	90.4	93.1	86.1	91.1	91.6	92.9	90.4	92.9	89.7	89.8
		17/18	90	89.7	91.5	86.9	91.2	92.3	93.8	90.4	93.0	90.6	90.4
3. % of patients with asthma with measures of variability and reversibility.	High	16/17	80	88.5	90.6	85.2	88.6	87.7	88.2	89.7	89.5	91.2	86.7
		17/18	80	88.5	92.3	85.2	87.9	86.2	87.6	87.8	86.8	92.6	87.1
4. % of patients with asthma, on the register, who have had an asthma review in the preceding 12 months including use of the 3 RCP questions.	High	16/17	70	76.4	78.7	75.3	75.7	77.0	75.3	72.5	77.0	73.6	77.0
		17/18	70	76.0	78.5	74.6	74.9	76.6	75.9	74.5	74.6	73.3	75.4
5. % GP recorded patient smoking status (selected long term conditions).	High	16/17	90	95.3	97.3	94.4	94.4	93.4	94.0	94.1	95.1	94.9	94.9
		17/18	90	95.1	97.4	94.1	94.1	93.0	93.1	93.7	93.9	95.8	94.7
6. % offer of support and treatment to smokers with a long term condition	High	16/17	96	96.7	97.5	93.3	97.5	98.3	98.0	97.9	99.2	96.0	96.5
		17/18	96	96.4	97.6	95.1	97.5	96.6	98.2	97.3	98.7	96.6	97.5
7. % of patients with long term conditions who smoke.	Low	16/17		15.0	23.2	13.6	14.7	19.2	15.3	19.5	9.8	12.0	11.5
		17/18		14.7	22.8	13.2	14.7	19.7	15.4	19.2	9.4	11.3	11.3

BNSSG as a whole have achieved the target for the six indicators with a nationally set target.

BNSSG system wide is undertaking work with NHS Improvement (NHSI) to ensure that all people receive guideline level care with regards to the management of their Chronic Pulmonary Disease (COPD). This aim will be achieved by delivering the following to GP practices:

- Validation of COPD disease registers
- Classification of severity and patient management in line with the GOLD Report
- Referral to local services where appropriate
- Up-skilling/mentorship of practice staff in line with practice needs

Population Needs

There are 16,835 known cases of COPD in Bristol, North Somerset and South Gloucestershire (BNSSG). COPD prevalence is projected to rise by 39% by 2030, particularly in females. This would mean an estimated 23,400 people diagnosed with COPD across BNSSG. This does not take into account the estimated undiagnosed cases. Respiratory disease is a major contributor to the gap in life expectancy seen between the most and least deprived communities across Bristol, North Somerset and South Gloucestershire (BNSSG).

The premature mortality rate for respiratory disease is higher for males than for females across BNSSG. There has been an upward trend in premature mortality rates for respiratory disease in females in Bristol and North Somerset in recent years. Rates for males have been fairly stable across BNSSG. The mortality rate for chronic obstructive pulmonary disease (COPD) varies across BNSSG. In Bristol it is significantly worse than the England rate overall, and is rising. In North Somerset and South Gloucestershire, the mortality rate for COPD remains lower than the England average. For more information consult the BNSSG Respiratory chapter for the Joint Strategic Needs Assessment, November 2017 (<https://www.bristol.gov.uk/policies-plans-strategies/adults-jsna>)

In order to achieve this two respiratory specialist nurses have been recruited and the plan is to:

- Identify all patients with a READ code diagnosis of COPD and invite for clinical review
- Confirm COPD diagnosis, using spirometry that is established as good quality.
- Ensure that all practices are using the BNSSG formulary and COPD guidelines and the current work in BNSSG to support the quality prescribing schemes in GP practices.
- Refer patients to local services for Pulmonary Rehabilitation, Psychological support for anxiety and depression and smoking cessation support.
- Patients to complete two Patient Reported Outcome (PROM) tools to assess their experience of the service
- To undertake a survey to establish the level of training and qualification of practice staff with the responsibility to deliver this care. The Local Medical Committee is facilitating this action.
- Accredited training to be offered
- Mentorship support to be provided on completion of the training needs analysis
- End of Life patients to be identified and care escalated within the practice

It is proposed that BNSSG CCG and NHSI implement the following process to engage practices:-

The BNSSG CCG Clinical Effectiveness team to produce information on the level of need within all practices in the six localities, based on the following data:-

- Planned care variation data
- NHS RightCare Intelligence Practice level data packs
- Prescribing Quality Scheme data
- <https://fingertips.phe.org.uk/>
- COPD emergency admission data
- The practices that did or did not engage with the previous respiratory medicines optimisation project in primary care

Localities to agree which practices the project should approach first for expressions of interest as they have the greatest need.

NHSI and BNSSG CCG to send a letter of engagement to all the priority practices outlining the service offered and benefits to both them and their patients. Interested practices will be asked to phone a NHSI scheduling line to book a suitable date for service commencement by a set deadline. Support will be delivered on a first come first served basis.

Depending on uptake, if there is capacity, the letter asking for expressions of interest will be sent to the remaining practices, again support will be delivered to these practices on a first come first served basis.

A minimum of 20 practices should be scheduled for service delivery at project commencement to ensure that the NHSI nurses can 'hit the ground running'.

There are currently no projects ongoing for the care of patients with asthma.

5. 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:

- Ongoing discussions with Primary Care Contracting and Resilience Teams regarding outstanding issues following CQC reports and FFT results.
- Practices not submitting FFT data will be contacted further.

Area	Action	Timeline
NSAID prescribing	<ul style="list-style-type: none"> • Discuss NSAID prescribing at next Medicines Optimisation Pharmacists (MOP) meeting. • Share up to date prescribing data to GP practices via MOPs to allow reflection on prescribing • Newsletter article to remind prescribers about the risks 	<p>Complete - MOP meeting 21st May 2019</p> <p>Complete – Data shared with MOPs at meeting on 21st May and also emailed.</p> <p>Planned for the June 19</p>

	<p>associated with NSAIDs and the first line choices</p> <ul style="list-style-type: none"> Review prescribing support messages 	<p>newsletter</p> <p>By end of May 2019 – Complete messages reviewed</p>
Antibiotic prescribing	<ul style="list-style-type: none"> Regular prescribing data to be circulated to practices via the MOPs. Project to be written and circulated for the Prescribing Quality Scheme for 2019/20 to ensure a continued focus on antibiotic prescribing Practices to specifically focus on areas where they need improvements using practice self assessments and audits to identify any areas of inappropriate prescribing Any outlier practices to be highlighted and prescribing discussed at GP practice meetings 	<p>Prescribing data circulated every other month (April/June/August/October/December/February)</p> <p>Project to be written by end July 2019- Complete project written and circulated 04.06.19</p> <p>Discussion with outliers at GP practice visits and emails - to be completed by end of July 2019</p>
Dressings	<ul style="list-style-type: none"> All South Gloucestershire practices and Nursing homes to be set up with the online ordering system 	<p>By the end of May 2019 - complete all participating South Gloucestershire practices and Nursing Homes are now set up.</p>
Items not routinely prescribed in primary care	<ul style="list-style-type: none"> Monitor prescribing data 	<p>Quarterly data to be shared with practices via the MOPs (June 19/ September 19/ December 19/March 20)</p>
Medicines in care homes	<ul style="list-style-type: none"> Monitor clinical interventions and savings made by the care home team 	<p>Monitoring to be discussed at monthly MOCH Implementation Group and quarterly MOCH Steering Group</p>
Promotion of self-care	<ul style="list-style-type: none"> Monitor progress and any issues raised. Prescribing data to be shared with practices via MOPs 	<p>Prescribing scorecard to be circulated to practices every other month (April 19/June 19/August 19/October 19/ December 19/February 20)</p>
Evaluation of	<ul style="list-style-type: none"> Finish evaluation report and 	<p>Evaluation report complete -</p>

a Repeat Prescription Management Hub	share with the PCOG for discussion	Presented at PCOG on 09/05/2019
Evaluation of quality projects from 2018/19	<ul style="list-style-type: none"> Collate responses, write up and share learning Report summary of findings in the next annual prescribing report 	<p>By end of August 2019</p> <p>May/June 2020</p>
Prescribing quality projects for 2019/20	<ul style="list-style-type: none"> Highlight the prescribing quality scheme and projects to MOPs in GP practices at the next MOP meeting and at practice visits 	MOP meeting planned for 21 st May 2019 and GP practice meetings ongoing – to be completed by end of July 2019

- That work needs to be undertaken to reduce the percentage of patients with long term conditions who smoke.

6. Financial resource implications

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

7. Legal implications

There are no specific legal implications highlighted within this paper.

8. Risk implications

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

9. 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

10. 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.

11. 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.

12. Recommendations

To note the updates on monthly quality data and specific performance indicators for prescribing and respiratory data and associated actions.

Appendix 1 – Quality Domain Calendar

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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.
NSAID	Non-steroidal anti-inflammatory drugs (NSAIDs) are medicines that are widely used to relieve pain, reduce inflammation, and reduce a high temperature.
Average Daily Quantity (ADQ)	The Average Daily Quantity (ADQ) value for a medication is an analytical unit used to compare prescribing activity
Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU)	A STAR-PU (or Specific Therapeutic group Age-sex Related Prescribing Unit) is a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group

**Pharmacist led
information
technology
intervention for
medication errors
(PINCER)**

PINCER (pharmacist led information technology intervention for medication errors) project that will identify 'at-risk' patients who are being prescribed drugs commonly associated with medication errors

Quality Calendar 19-20

Month	Domain	Monthly data	Quarterly Info
May	Seminar on Quality	CQC, FFT	Incidents
June	Domain – Prescribing and Respiratory	CQC, FFT	Patient Exp and Quality Premium
July	Domain – Dementia and Urgent & Emergency Care	CQC, FFT	HCAI and Practice Nurses
August	Seminar	CQC, FFT	Incidents
September	Domain –Patient Experience	CQC, FFT	Patient Exp and Quality Premium and Meds optimisation
October	Domain - Children	CQC, FFT, Flu	HCAI and Practice Nurses
November	Domain - Cancer	CQC, FFT, Flu	Incidents
December	Seminar	CQC, FFT, Flu	Patient Exp and Quality Premium and Meds optimisation
January	Domain – Workforce & resilience	CQC, FFT, Flu	HCAI and Practice Nurses
February	Seminar	CQC, FFT, Flu	Incidents
March	Domain – Diabetes and CVD	CQC, FFT, Flu	Patient Exp and Quality Premium and Meds optimisation