

Nursing & Quality	Primary Care	Reporting Period: Nov-Dec 2020
<p>Governance: Primary Care Quality feeds into Primary Care Quality, Resilience & Contracting Sub Group then to Primary Care Operational Group and Primary Care Commissioning Committee.</p>	<p>Report for : PCOG, PCCC and Quality Committee</p>	<p>Jacci Yuill</p>
<p><u>Current Issues</u></p> <ul style="list-style-type: none"> ▪ 7 practices out of 80 have ‘requires improvement’ overall ratings from Care Quality Commission(CQC) inspections ▪ 2 practices with ‘Responsive’ domain Inadequate with Inadequate in all the Population Groups ▪ Ongoing risk of COVID-19 outbreaks, infection spread and local/national lockdowns ▪ Influenza vaccine programme challenges and risks due to COVID-19 ▪ Increased pressures and challenges to workforce regarding business as usual practice work as pandemic continues. ▪ Improvements required to increase the number and quality of Learning Disability (LD) Health checks being undertaken in Primary care. 	<p><u>Actions</u></p> <ul style="list-style-type: none"> ▪ Monitor and manage issues regarding quality in GP Practices at the monthly Primary Care Quality/Resilience and Contracting meeting. ▪ Quality Team supporting practices with RI CQC ratings, Inadequate domains and escalations. ▪ Engagement with practices on CQC action plans and issues that have arisen with the change to CQC process. ▪ Involvement in BNSSG System Flu Planning to manage vaccination programme and outbreaks which is reported to PCCC. ▪ Quality LD Lead working with LD team and GP practices to improve uptake through identification and communication with LD Clinical Leads in each practice ▪ Raising awareness to support people with a Learning Disability through GP Team Net and Primary Care Bulletins. ▪ Support provided to practices with COVID Outbreaks from Public Health England Health Protection Team, Quality and Contracting teams and the Infection Prevention & Control Cell. 	<p><u>Actions cont.</u></p> <ul style="list-style-type: none"> ▪ Reinforcement of social distancing when not patient facing, handwashing, car sharing with colleagues/rest room areas, isolation of contacts, cleaning advice and PPE-Donning/Doffing training. <p><u>Risks</u></p> <ul style="list-style-type: none"> ▪ COVID-19 outbreaks with implications for business continuity and Infection Prevention and Control Management. ▪ Influenza vaccine programme risks are detailed within the flu report. ▪ Suspension of Friends and Family Test collection during COVID pandemic ▪ Priorities including focusing on work that had not been undertaken during COVID, such as cervical screening could impact outcomes.

Key successes

- BNSSG has **4** Practices with an Overall ‘Outstanding’ Rating and **69** Practices with a ‘Good’ rating
- System collaboration to increase the uptake of seasonal flu vaccinations in the Eligible Cohorts to 75% ambition target
- BNSSG wide Practice Nurse Forum has been established

Assurance

- Quality Assurance reports to PCOG/PCCC and Quality Committee.
- Practices with CQC escalations and quality concerns are reported to PCCC (closed).
- System Governance structure for Influenza Seasonal Planning
- Collaboration with Infection Prevention and Control Cell to support Primary Care as required.
- Plan has been developed and being implemented to maximise LD Health checks in Primary Care.
- Infection Prevention and Control Cell supporting outbreak management in practices as required
- CQC operating transitional regulatory approach using risk based system to take action where there are concerns

Nursing & Quality

Care Quality Commission Update Nov-Dec 2020

Current position

- BNSSG = 80 Practices
- 4 Practices have an **Overall 'Outstanding'** Rating and 69 Practices have a **'Good'** rating
- 69-73 Practice Key Questions (Domains) are rated **'Good'**.
- 70-74 Practices have **'Good'** ratings for their **Population Groups**
- 7 practices out of 80 have **'Requires Improvement'** overall ratings from Care Quality Commission(CQC) inspections
- 2 practices with 'Responsive' domain Inadequate with Inadequate in all the Population Groups
- CQC inspection process changes due to COVID-19. CQC operating transitional regulatory approach using risk based system to take action where there are concerns

Actions

- Quality Assurance reports to Quality Committee and Primary Care Commissioning Committee.
- Support to practices with RI CQC ratings and Inadequate domains.
- Support to practices pre and post inspection
- Fortnightly meetings with Quality Lead and CQC local inspectors
- Quarterly meetings with CQC/Primary Care Development/Contracts to oversee Quality issues

Risks

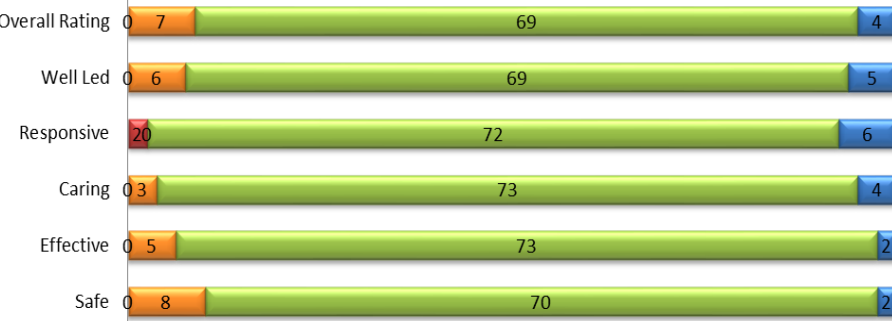
- Practice ratings which are not improving following action plans and assurance assessments made by CQC
- Recovery and return to business as usual could impact on preparation for CQC process inspections

Assurances

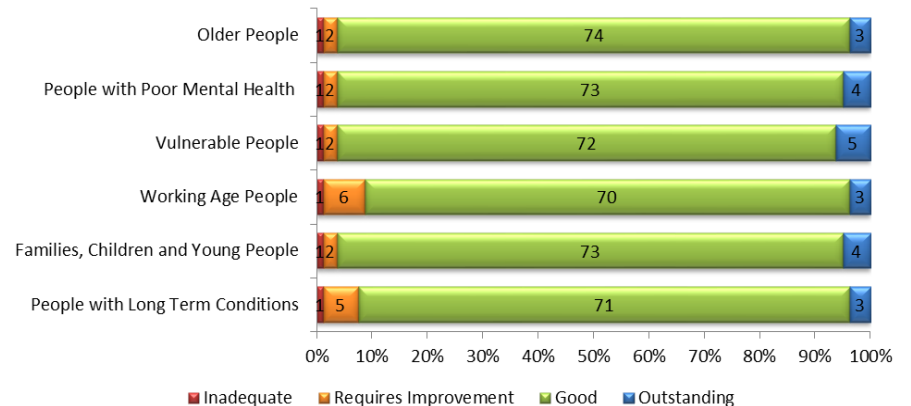
- Escalation to PCCC (Closed) with Practice Quality concerns
- From October 2020 CQC will begin using a Transitional Monitoring approach for regulation. This includes using existing Key Lines of Enquiry(KLOE) to monitor the risks in a service. CQC will also use technology and information on local relationships by contacting people who are using the services, their families and staff.
- CQC will target inspections where there are concerns. <https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect>

CQC Domain Ratings

■ Inadequate ■ Requires Improvement ■ Good ■ Outstanding



CQC Ratings for population groups



Current position

- 256 concerns were reported to the CCG Datix from April 2019-November 2019.
- For the same time period in 2020 there was a total of 479 which is an increase of 87%.

Main themes are :

- Primary Care regarding Secondary Care where inappropriate requests for Primary Care to undergo further testing or onward referrals for patients from secondary care.
- Secondary care reporting under filled and unlabelled INR blood bottles sent to Pathology
- Inaccurate discharge letters from Secondary to Primary Care

Actions

- Datix entries are shared with providers for information with the request to undertake a brief investigation and feedback of findings
- Monthly Quality Assurance reports to Quality Committee and PCCC quarterly.
- Support to GP practices regarding incident management.
- Quality patient safety team reviewing incidents with Primary Care Quality Leads and Medicines Optimisation Team.
- Escalations reported to GP Quality Lead for review and support to take forward concerns into the system.

Risks

- Secondary Care reporting about Primary Care is on the rise since the start of the COVID-19 Pandemic
- Poor communication following discharge is a consistent theme

Assurances

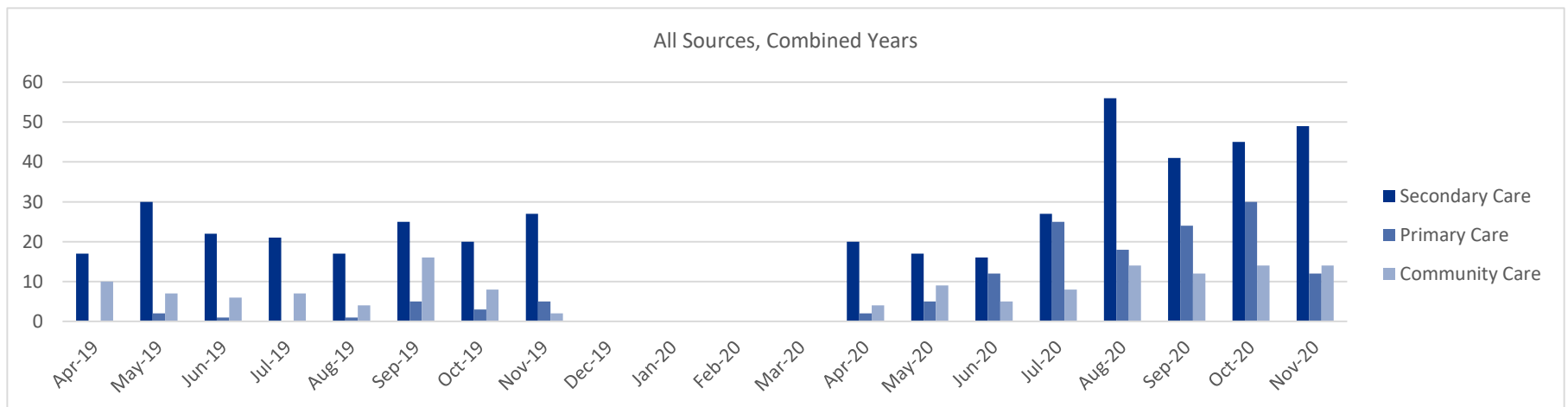
- Escalation to Quality Committee and Closed PCCC regarding Quality concerns
- Patient Safety team are working with Primary Care Quality Leads on how best to communicate with providers for wider improved communications.
- GP Practice Significant Incident Reporting Guidance shared with PCCC in March 2020.

The graph shows:

Secondary Care-concerns reported from Primary Care about Secondary Care

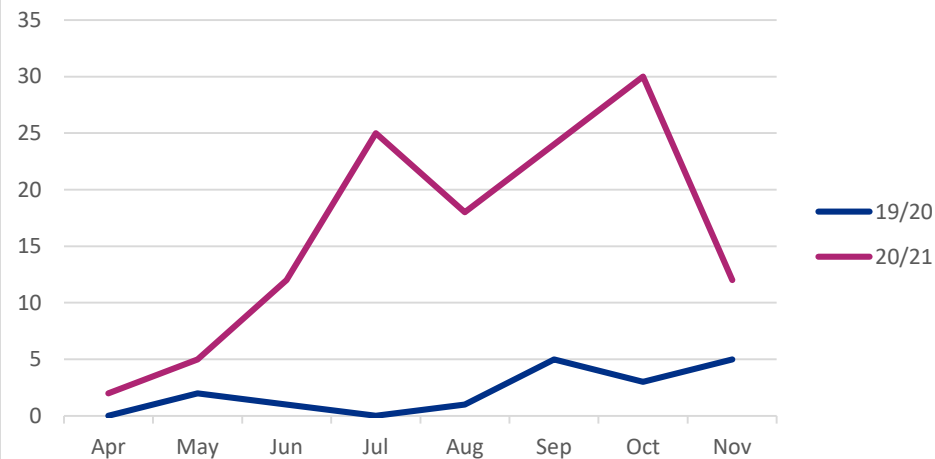
Primary Care-concerns reported from Secondary Care about Primary Care and Primary Care reporting independently

Community Care (Sirona/AWP/BrisDoc/GP Care-concerns from Primary Care about Community Care

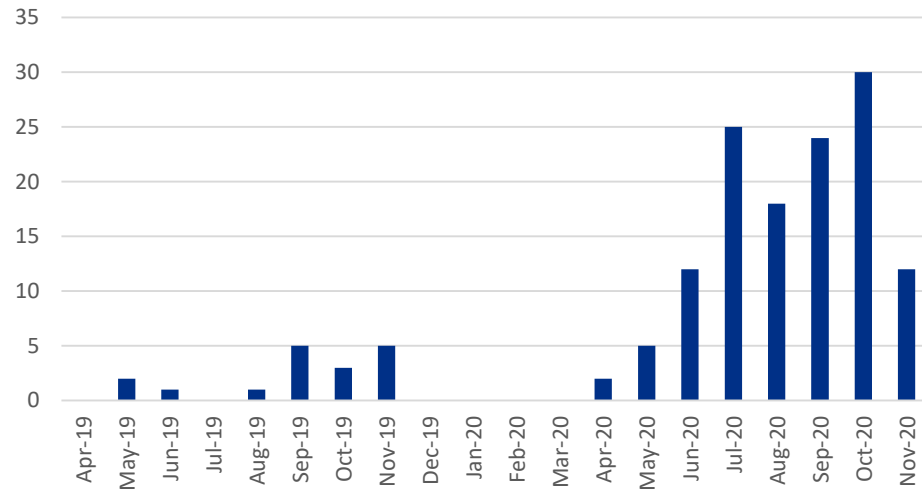


PRIMARY CARE INCIDENTS

Primary Care Incidents
Year on Year Comparison



Primary Care Incidents - Time Series



This year we have seen an increase in the number of Primary Care incidents being reported onto Datix.

Of these incidents the main themes are:

- Medicines related incidents on discharge
- Inaccurate discharge letters from Secondary to Primary Care
- Under filled and unlabelled INR blood bottles sent to Pathology
- No ReSPECT/TEP/DNARCPR form provided

Incidents around the quality of discharge summaries and communicating changes in medicines between care settings are being managed through the quality patient safety team with support from the medicine optimisation team with learning shared to all providers involved. Community pharmacy dispensing errors are investigated with the pharmacy and prescriber and shared with NHS England.

- Top tips regarding the INR blood bottles filling and labelling has been shared with Primary Care through the One Care Team Net communications.
- Secondary care have been asked to investigate the incidents regarding ReSPECT forms and the team is working with the providers to resolve this through Quality Sub Group meetings. In the meantime Primary Care will get a message informing them that this is being investigated.