

Nursing & Quality	Primary Care Quality Report	March 2022
<p>Authors: Jacci Yuill, Sandra Muffet, Zoe Moloney</p> <p>Sponsors: Michael Richardson, Rosi Shepherd</p>	<p>Report for : PCOG/PCCC/Quality Committee</p> <p>This report aims to provide an overview of the current issues and the work being undertaken regarding quality and patient safety.</p>	
<p><u>Key Lines of Enquiry (principles)</u></p> <ul style="list-style-type: none"> ▪ Support to GP Practices with acknowledged quality issues identified via the dashboard ▪ Specific areas of focus in these practices include patient access, complaints, safeguarding and the management of pathology results/prescriptions/letters. ▪ Themed work includes specific domains related to Patient Safety, Clinical Effectiveness, Responsiveness and Leadership 	<p><u>Risks</u></p> <ul style="list-style-type: none"> ▪ A number of practices require focussed support to improve identified quality issues which could potentially impact on patient health outcomes resulting in patient harm. <p><u>Assurance</u></p> <ul style="list-style-type: none"> ▪ Quality Dashboard Spotlight provides evidence of focussed support to practices and is shared at PCOG/PCCC(closed). ▪ Quality Standard Operating Procedure, Quality Stocktake and Escalation Plan will be used to identify issues and enable a process for quality improvement. ▪ Quality, Development (Resilience) and Contracting meet CQC monthly to discuss issues with practices in BNSSG. 	<p><u>Next Steps:</u></p> <p>To work with Primary Care to deliver the vision for quality and patient safety to shape the future vision with aims to:</p> <ul style="list-style-type: none"> ▪ Monitor quality and support the delivery of quality improvement. ▪ Drive up improvements in population health, reduce health inequalities and develop the personalised approach to help people achieve their health goals. ▪ Ensure services are safe and effective, making the best of combined resources ▪ Promote and champion a learning culture within primary care

Practices which have undergone a CQC inspection:

Current position

- **3** Practices have an **Overall 'Outstanding'** Rating
- **68** Practices have a **'Good'** rating
- 5 practices have **'Requires Improvement'** overall
- There are no practices which have an Inadequate rating

Actions and Projects

- Monthly relationship meetings with CCG and CQC to discuss high risk practices, forthcoming inspections and process updates
- CQC have restarted inspections from 1st February 2022. Due to covid they are prioritising inspections where there is evidence of risk to life, or the immediate risk of serious harm to people. Where they can support increasing capacity across the system, particularly in adult social care and where a focus on the urgent and emergency care system will help us understand the pressures, where local or national support is needed, and share good practice to drive improvement.
- CQC will be looking at the Good and Outstanding practices who are at the 5 year position to undertake a 'dip sample' involving a clinical search and monitoring call. Depending on the outcome further investigation may include a site visit with full inspection.
- It is likely that most of the CQC activity in Q3 will be outside BNSSG however they will continue to undertake a risk based approach intervening as required.
- Next steps will involve addressing those amber rated practices to ensure that improvements are taking place and they don't tip towards red.

Current situation in Primary Care:

- Incidents reported onto the CCG Datix system are reviewed by the Quality and Medicines Optimisation Teams.
- All providers are asked to investigate further/share learning within the practice/PCN.

Key Lines of Enquiry

- Work is required to establish which BNSSG GP Practices require training to enable them to report incidents onto the Datix system
- The numbers of incidents being reported onto Datix is constant. In quarter 3 of 2021/22 there were a total of 195 incidents submitted onto Datix compared to 272 for the same period in 2020/21.
- The drop in numbers maybe due to staffing levels, the urgency of the vaccination programme and system pressures.
- The reported Datix incidents are reviewed and broken down into themes; this allows learning to be identified and is provided in the slides below. The learning is also shared quarterly in a newsletter to Primary Care.

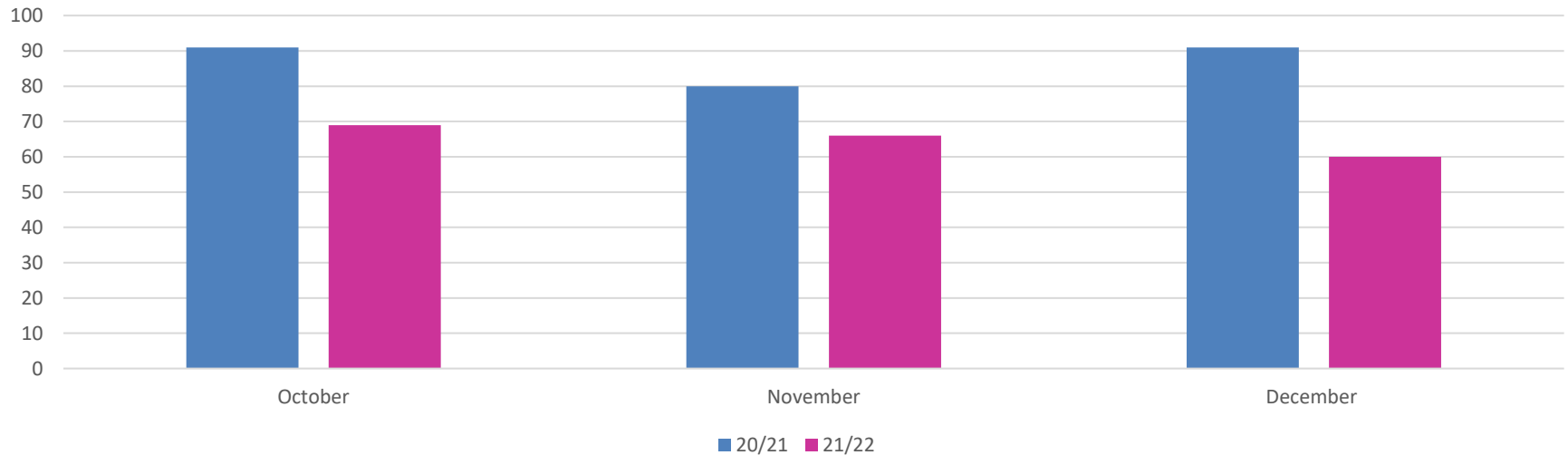
Risks

- With the number of reported incidents increasing, this is impacting on the time taken to review them; this has resulted in a higher number of open incidents being on the Datix system.
- There are a total of 319 incidents open incidents on the Datix system relating to the Quality team. These incidents have all been seen by a member of the quality team to identify any incidents which require immediate attention.

Assurances

- The Quality team view all incidents that are submitted. All medication incidents are reviewed by the Medicines Optimisation Team.
- Medicines related incident trends are monitored and shared in newsletters and networks. Incident trends inform the medicines safety related work and projects.
- Incidents are shared with relevant parties to investigate, feedback or to share the learning in line with the Standard Operating Procedure agreed.
- The Quality team provides direct support to GP practices and providers to resolve incidents when they are challenging or complex.
- Serious incidents and escalations are discussed with the GP Quality Lead for review and support to take forward concerns and themes into the system.
- A Patient Safety primary care project manager has been employed in the Quality team to implement the patient safety strategy within Primary care.
- Meetings with the Acute providers are held with the Medication Safety Officers to discuss all medication related concerns and the primary care leads to discuss any patient safety concerns to take any incident learning forward. The same approach has been introduced in the Community sector.

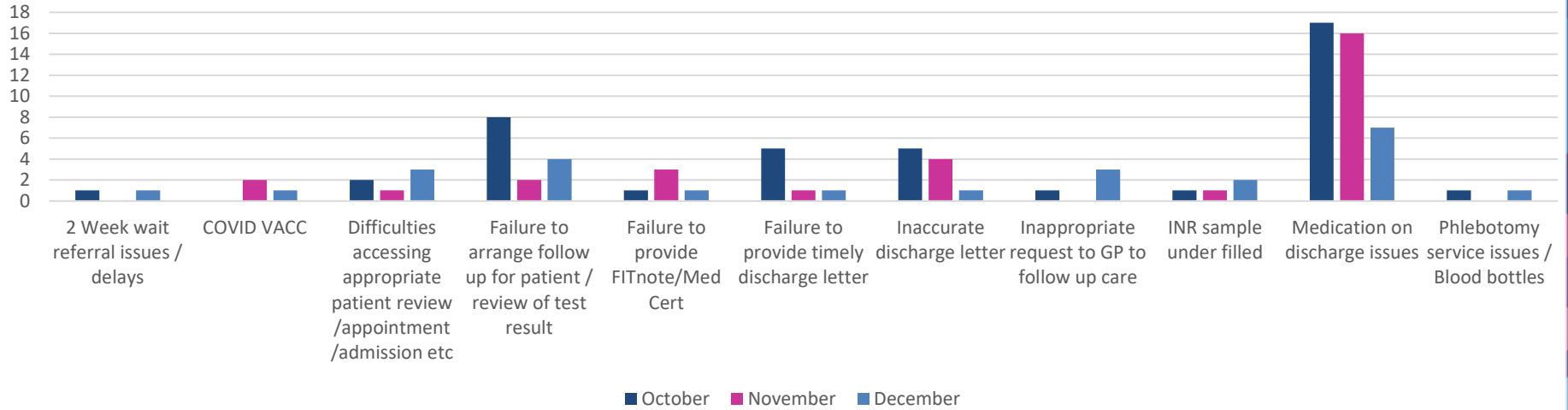
Quarter 3 Incident number comparison 2020 and 2021



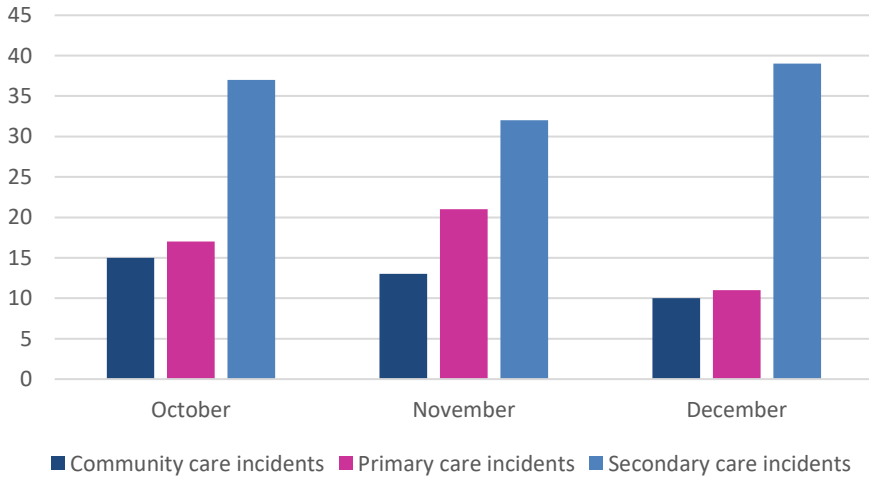
In quarter 3 of 2021/22 there were a total of 195 incidents submitted onto the DATIX system compared to 272 for the same period in 2020/21.

Monthly reports are cascaded to the acute providers; the information is then communicated to the providers internal teams to enable monitoring of any themes identified during that month. Regular feedback has been requested from the providers.

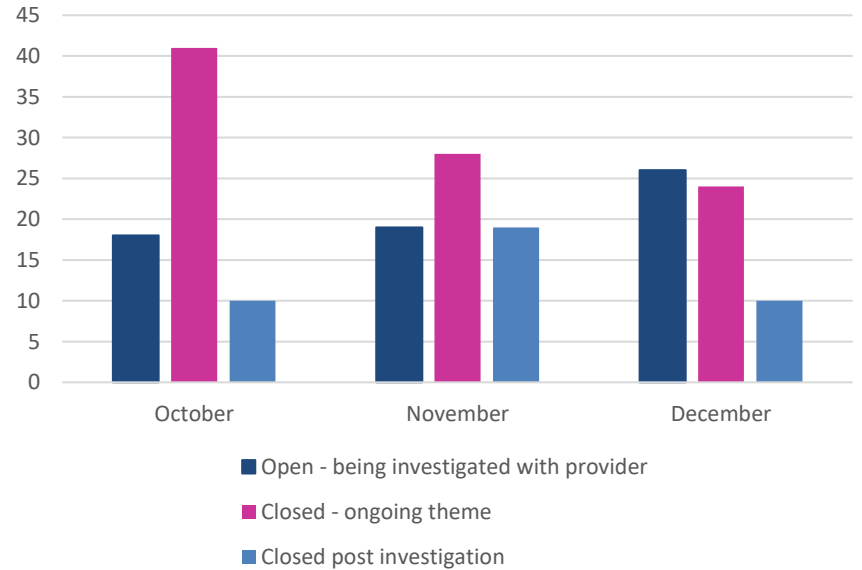
Quarter 3 incident categories



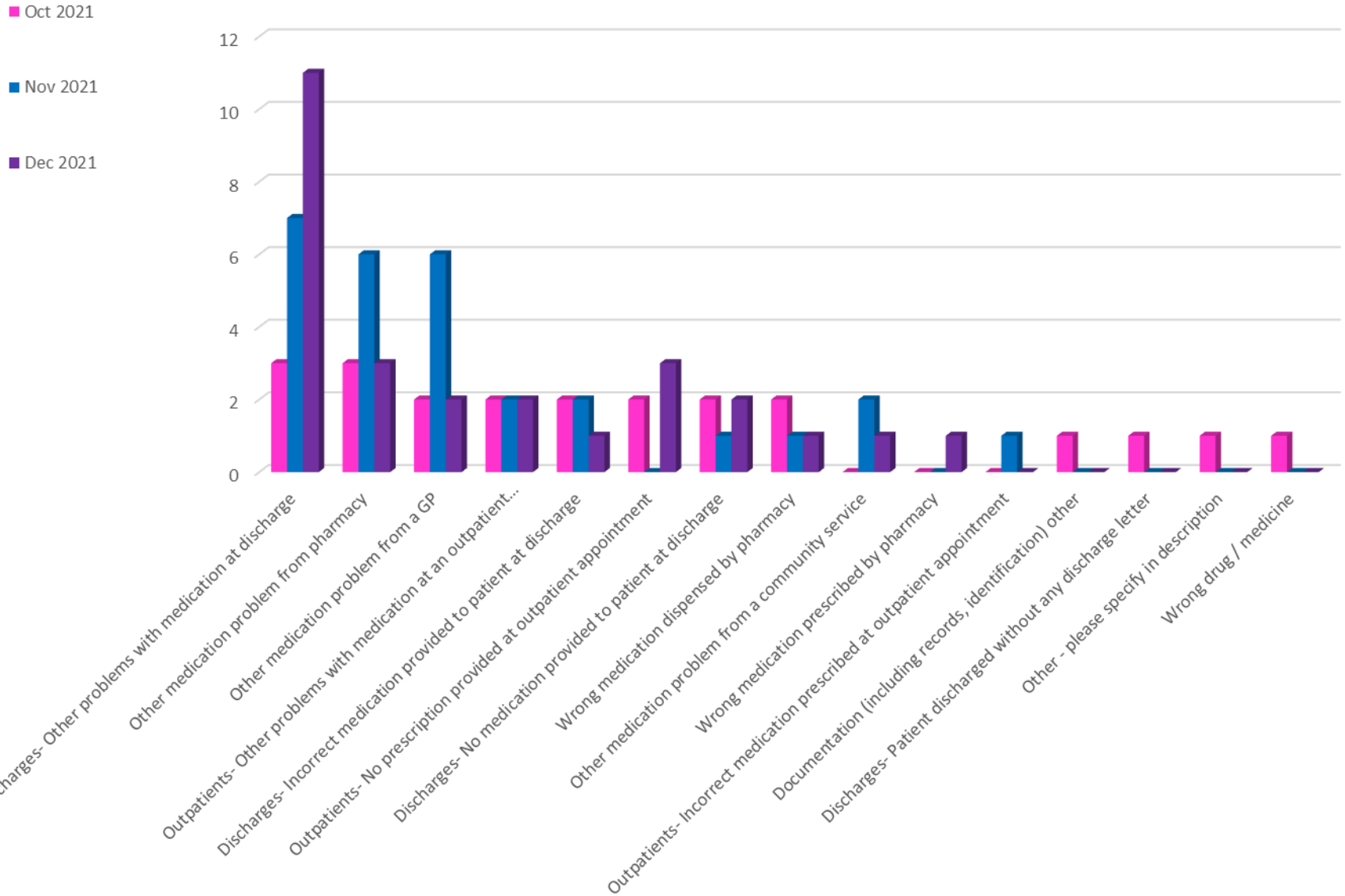
Incidents reported about which provider



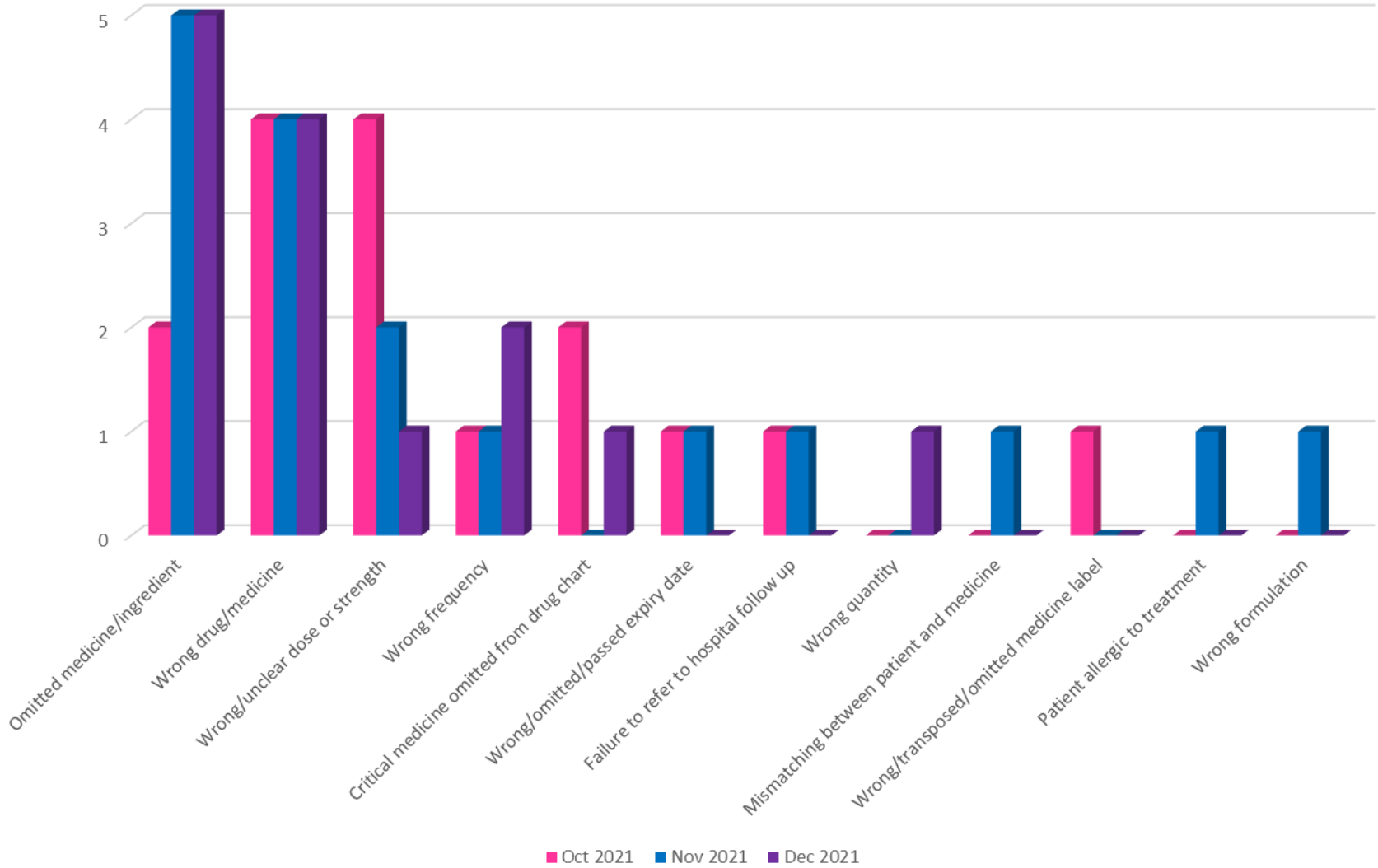
Actions taken with each incident



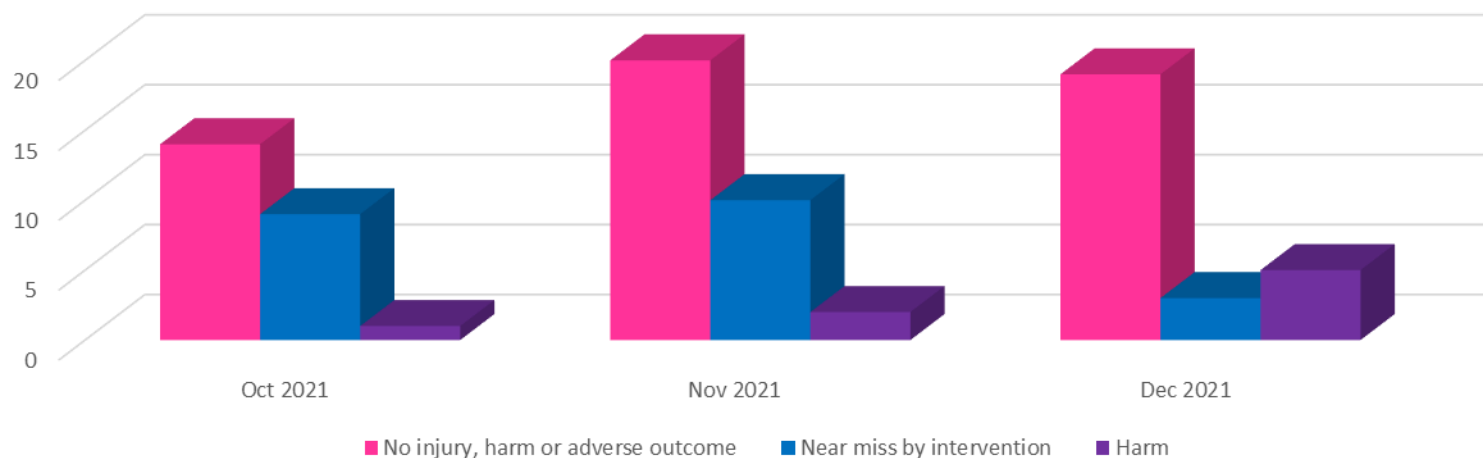
Medication Incident by Adverse Event Q3



Medication Incident by Error Q3



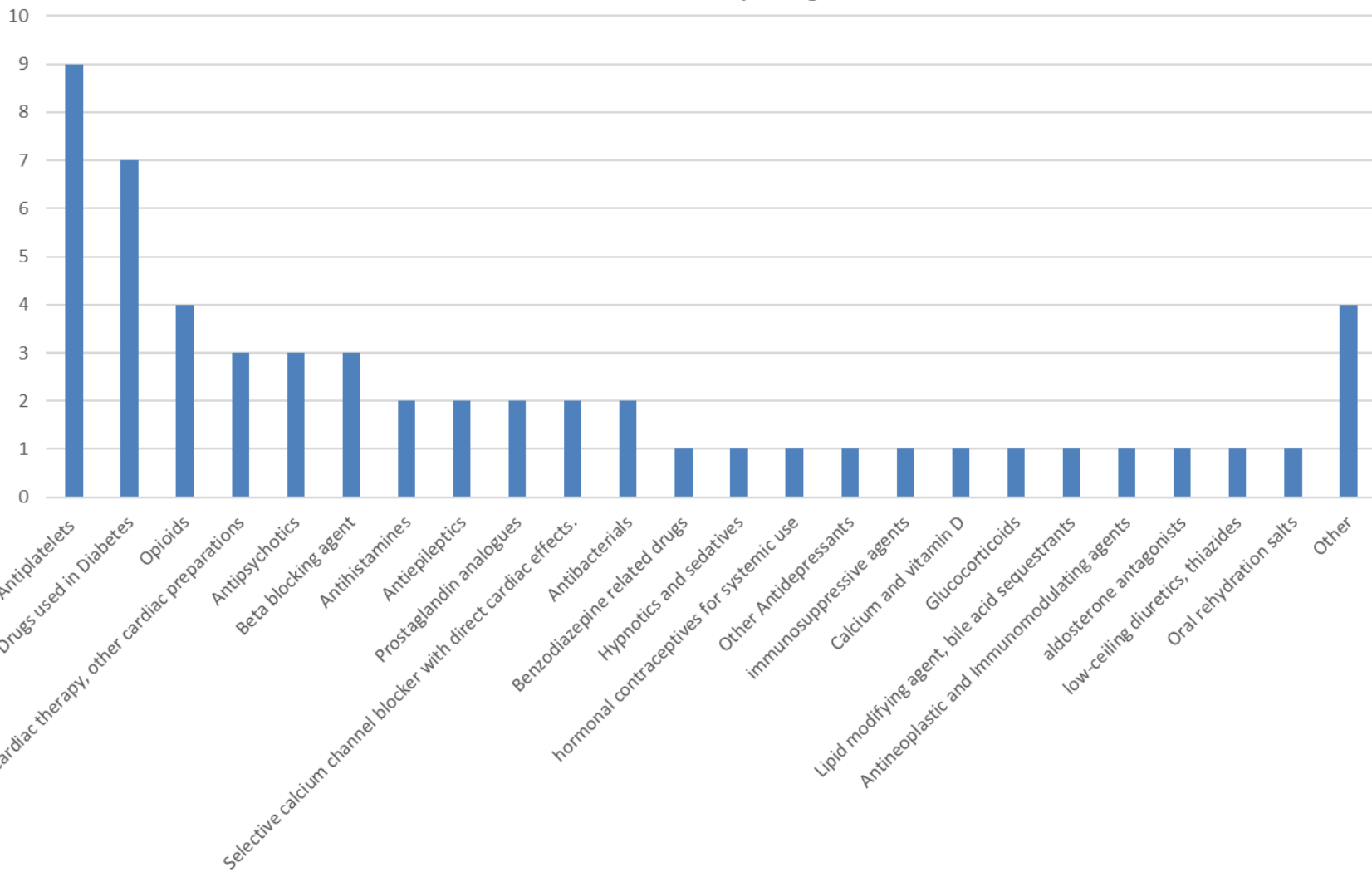
Medication Incidents by Harm Q3



*Medication incidents by harm

	Oct 2021	Nov 2021	Dec 2021	Total
No injury, harm or adverse outcome	14	20	19	53
Near miss by intervention	9	10	3	22
Harm (5 negligible and 3 minor)	1	2	5	8
Total	24	32	27	83

Number of Incidents in Q3 by Drug Class



Themes	Actions/Outcomes/Shared Learning
Ongoing themes	<p>Acute provider actions taken this year</p> <ul style="list-style-type: none"> ➤ Collaborating with the End of Life group to improve the Notification of Death process. ➤ Ongoing work with the Chief Clinical Information Officer to improve discharge summaries at North Bristol Trust. ➤ Programme of work with Clinical Leads to improve awareness amongst Junior Doctors on the importance of completing discharge summaries in a timely and correct manner, highlighting the impact of incorrect discharge summaries on patient care. ➤ IM&T working on our new Electronic Patient Record system, which will improve communication with Primary Care. ➤ Project work with the BNSSG Remedy team to update BNSSG clinical pathways. ➤ Working with the Referral Service on improvements and resolving issues. ➤ Maintenance of inhouse intranet pages to keep updated on what we must do for our patients so that there is awareness about contract obligations. ➤ Pharmacy leads made aware of the issues of medication in our discharge summaries.
Medicines	<ul style="list-style-type: none"> ➤ Incident reports relating to medicines continue to be reported from across BNSSG, monitored for trends and learning shared where appropriate. ➤ Actions taken this quarter include: ➤ Sharing learning with relevant groups such as the Medicines, Quality and Safety group and its subgroups (Anticoagulant Safety, Diabetes Safety and Prescribed Dependence Forming working groups) including highlighting incidents relating to harm (5 x negligible, 3 x minor). ➤ 2 LASA (Look-Alike, Sound-Alike) dispensing errors occurred in Q3 which prompted the Medicines Optimisation Team to write an article on LASA errors for the BNSSG System wide medicines safety newsletter for shared learning. ➤ Second incident reported in the same year on Datix where a woman, with an intact uterus, was prescribed unopposed oestrogen HRT (oestrogen therapy alone without progesterone). This incident prompted the MO team to write an article for the BNSSG System wide medicines safety newsletter and MO monthly newsletter for shared learning. Incident has also been highlighted to GP Menopause working Group. ➤ A new theme is developing where GP practices are increasingly being asked to prescribe amber and sometimes red TLS medicines in primary care. This theme will be shared with the CCG Formulary Team, Joint Formulary Group and Medicines Quality and Safety Group in March 22 meeting for discussion to see if any further work is needed around the prescribing of these medicines. ➤ Issues with medication on discharges – ongoing theme, discharge related datix themes shared with MSOs ➤ Incidents continued to be shared for shared learning and investigation with: Medication Safety Officers (MSOs); NHS England (where the incidents involve a community pharmacy); Controlled Drugs Accountable Officer (CDAO) South West (where the incidents involve controlled drugs); Any other relevant clinical teams (e.g. Antibiotics Specialist Pharmacist)

GENERAL PRACTICE NURSE 10 POINT PLAN REPORT

Liz Mallett

General Practice Nurse Lead

BNSSG CCG

In collaboration with the AVON Local
Medical Committee and BNSSG
Training Hub

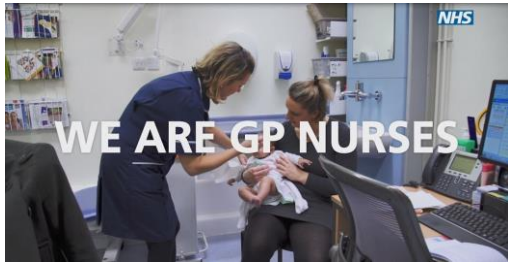




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MEDICAL COMMITTEE



Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group



Projects in 2021/22

- Care programme completed by a cohort of 12 nurses (Quality Improvement and Leadership). Evaluating the programme, support participants and continue to embed learning
- Continue to roll out shiny minds app with workforce survey incorporated
- Clinical Supervision training for supervisors and supervisees provided to GPNs by GPNEs. Developing training for supervisees as well as supervisors.
- Student Nurse toolkit completed and launched – interest from Health Education England(HEE) to use across the area.
- Collaborative work with ALMC/Training Hub to improve Continuing Professional Development process.
- Wellness resources promoted , nurses engaged to find out issues and what they feel will help.
- Monthly GPN forums monthly with good feedback and engagement from GPNs.
- Induction programme for Primary Care developed by ALMC and toolkit for new into practice nurses.
- Linking digital nurse champions with initiatives such as more simulation based training in practice



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Projects for 2022

New to Practice: NHSE/I Transformation Funds - £99,999

Jointly developed by ALMC, BNSSG Practice Nursing team and BNSSG Training Hub

Aims:

- To encourage nurses to take up roles in General Practice and aid retention
- To support 10 new to practice nurses by providing a preceptorship programme (protected CPD time) and Fundamentals of nursing course
- To create a legacy nurse mentor 0.4 wte for the 10 nurses and other projects

Nurse Associate Development: HEE Funded Programme - £69,291

To develop the role of Nurse Associates across SW

Within BNSSG joint work between ALMC who will provide the Leadership and the Training Hub who will provide project support (£27k & £42k respectively)

Aims:

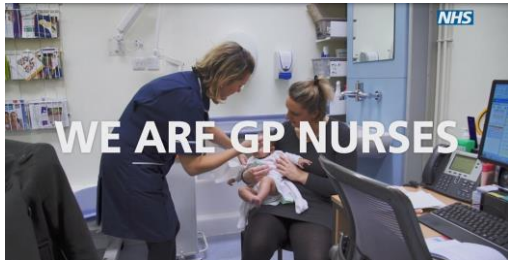
- To increase uptake of Trainee Nurse Associate Roles by 1 in each PCN in 2022/23 and to develop a TNA Roadmap and support network
- Support employers and potential apprentices to meet the entry requirements of the programme.
- Support practices & PCNs to develop the educational infrastructure require to support apprentices and students



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GPN System Leadership: NHSE/I Funds(pending confirmation)

To create a strategic GPN Leadership Role

- Will act as a co-ordinator for local workforce recruitment and retention initiatives and ensure that we are aligned to national priorities. This has been put on hold until the end of Feb but the funding has been agreed in principle.

New to Practice(funding for 2 GPNs): NHSE/I Funds - £73,000

Jointly supported by ALMC/BNSSG Practice Nursing team/
BNSSG Training Hub

Aims:

- The funding is to enable the salaries of two 1.0 FTE band 5 GPNs new to practice per system
- To train and support two new-to-general-practice nurses for one year
- To encourage nurses to take up roles in General Practice/aid retention

Other Projects 2022:

- Further Motivational Interviewing facilitation training for GPNs from June
- Scoping for Video Group Consultation training
- Development of Safeguarding package including webinars for GPNs
- Continuing work to develop Primary Care Network CN GPN leads
- Development of a system wide respiratory interest group