

Meeting of Primary Care Commissioning Committee

Date: 30 November 2021

Time: 9:30- 11:15

Location: Microsoft Teams

Agenda Number:	9	
Title:	Quarterly Primary Care Quality Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: For Information		
Key Points for Discussion:		
<p>This following quality report slides aim to provide an overview of the current issues and the work being undertaken for quality and patient safety in primary care. The focus this month is on CQC inspections.</p> <p>The slides provide an overview of the key lines of enquiry, risks, assurance, and next steps. It highlights the current position regarding the numbers of practices who have undergone a CQC inspection and their ratings and recent publications.</p> <p>An update is provided on the CQC inspections at the Graham Road and Horizon Health Centre GP Practices which were published on 5 November 2021. Both practices received a requires improvement rating overall with required assurance actions which are noted in the report. Details regarding the quality improvement plan and next steps are included.</p>		
Recommendations:	To note the update provided	
Previously Considered By and feedback :	Primary Care Operational Group	

Management of Declared Interest:	None declared.
Risk and Assurance:	GP Practices who are identified through the primary care dashboard and other sources of patient safety information such as complaints and incidents could have an impact on patient safety. Specific programme risks have been highlighted in the report and those identified 'at risk' are added to the risk register.
Financial / Resource Implications:	There are no specific financial or resource implications highlighted within this report.
Legal, Policy and Regulatory Requirements:	There are no legal implications associated with this paper.
How does this reduce Health Inequalities:	Monitoring of primary care quality will highlight any areas of health inequalities or variation to service within BNSSG which will then be addressed accordingly.
How does this impact on Equality & diversity	As above.
Patient and Public Involvement:	Whilst there has not been any direct consultation and communication with the public in production of this report, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurances regarding Primary Care services. Healthwatch has been involved in work with some of the practices referred to in this report.
Communications and Engagement:	This report is being discussed in an open session of PCCC. The CQC reports referred to in the paper have been published publicly.
Author(s):	Jacci Yuill, Lead Quality Manager-Primary Care; Sandra Muffett, Head of Patient Safety and Clinical Governance
Sponsoring Director / Clinical Lead / Lay Member:	Michael Richardson, Deputy Director of Nursing; Rosi Shepherd, Director of Nursing

Nursing & Quality	Primary Care Quality Report	November 2021
<p>Authors: Jacci Yuill, Sandra Muffet Sponsors: Michael Richardson Rosi Shepherd</p>	<p>Report for : PCOG/PCCC/Quality Committee 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. ▪ CQC are now physically inspecting practices following the pandemic. ▪ 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 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
- **67** Practices have a **'Good'** rating
- 6 practices have **'Requires Improvement'** overall
- There are no practices which have an Inadequate rating
- **Montpelier Health Centre** CQC inspection outcome has resulted in the practice moving from 'Requires Improvement' to **Good** overall and Good in all domains. This practice has been part of the quality and resilience support programme.
- The details of recent CQC published reports can be found on Slide 3

Actions and Projects

- Monthly relationship meetings with CCG and CQC to discuss high risk practices, forthcoming inspections and process updates
- Face to face inspections have resumed following the pandemic
- 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.

	Horizon	Graham Road	Montpelier
Published Date	5.11.2021	5.11.2021	17.11.2021
Overall	Requires improvement	Requires improvement	Good
Safe	Requires improvement	Requires improvement	Good
Effective	Requires improvement	Inadequate	Good
Caring	Good	Requires Improvement	Good
Responsive	Good	Requires Improvement	Good
Well Led	Requires Improvement	Requires Improvement	Good
People with LTC	Requires Improvement	Inadequate	Good
Families, Children and Young People	Requires Improvement	Inadequate	Good
Older people	Good	Requires Improvement	Good
Working Age People	Requires Improvement	Requires Improvement	Good
People experiencing with Mental Health	Requires Improvement	Requires Improvement	Good
People who are vulnerable	Good	Requires Improvement	Good

Primary Care Quality

Graham Road-CQC Inspection August 2021. Published 5th Nov 2021

Date of Inspection: 19.8.2021

Report dated: 5.11.2021

This inspection included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Breaches

Regulation 12 CQC (Registration) Regulations 2009

Statement of purpose

How the regulation was not being met:

The "registered persons had not done all that was reasonably practicable to mitigate risk to the health and safety of service users receiving care and treatment". In particular

- There was insufficient levels of staff to deliver services safe and effectively.
- The practice had a backlog of summarising patients notes.
- There was insufficient resource to manage the demand through the electronic system (ask my GP) and the telephony system was not able to manage demand causing patients an inability to access services when required.
- Not all patients were receiving the level of monitoring required for their health conditions and prescribed medicines in line with published guidance.
- The practice did not have an up to date fire risk assessment in place.

Breaches

Regulation 17 HSCA (RA) Regulations 2014
Good Governance

How the regulation was not being met:

The registered person had systems and processes in place that were operating ineffectively in that they failed to enable to registered person to assess, monitor and mitigate the risk relating to the health, safety and welfare of patients and others who may be at risk. In particular:

- The practice was not effective in monitoring of Quality of Framework (QoF) data and performance was below local and national averages for many indicators.
- Patient satisfaction for the practice was poor and there was limited evidence of plans to address this.
- Performance for national prevention schemes were below average.
- Not all staff had received regular supervision or appraisal.
- Systems and processes were in place but there was insufficient oversight of these systems to ensure that information was relevant and up to date in order to keep staff and patients safe. For example, acting upon the medicines reviews and the fire safety risk assessment.

Primary Care Quality

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Breaches

Regulation 12 HSCA (RA) Regulations 2014
Safe care and treatment

How the regulation was not being met:

The "registered persons had not done all that was reasonably practicable to mitigate risk to the health and safety of service users receiving care and treatment". In particular

- Not all patients were receiving the level of monitoring required for their health conditions and prescribed medicines in line with published guidance.

Breaches

Regulation 17 HSCA (RA) Regulations 2014
Good
Governance

How the regulation was not being met:

The "registered person had systems and processes in place that were operating but not fully embedded to assess, monitor and mitigate the risk relating to the health, safety and welfare of patients and others who may be at risk". In particular:

- The practice was not effective in monitoring of Quality of Framework (QoF) data and performance continued to be below local and national averages for many indicators.
- Performance for national prevention schemes continued to be below average.
- Systems and processes were in place but oversight of these systems was not fully embedded to ensure that information was relevant and up to date in order to keep staff and patients safe. For example, acting upon the medicines reviews.

Graham Road/Horizon Quality Improvement Plan and CQC Action Plan Update and next steps

- The provider must send CQC an action plan detailing what actions they are going to take to meet the regulation breaches.
- The CCG Quality team is meeting with the leadership team at both Graham Road and Horizon (recent meeting 23 November 2021) to seek assurance and progress the actions from the recent CQC inspection.
- In addition the quality improvement action plan from the CCG field visits in the summer is also being cross referenced with the CQC findings to ensure the good traction so far continues on all aspects of the improvement programme. This enables the CCG to maintain oversight of progress.
- The CCG Quality team is arranging a meeting with Healthwatch to discuss the outcome of the CQC reports, update on progress and next steps.