

Primary Care Commissioning Committee

Date: 31st July 2018

Time: 9.00-11.10am

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda item: 8

Report title: Primary Care Quality & Performance Assurance Report

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Report Sponsor: Anne Morris, Director of Nursing and Quality and Lisa Manson, Director of Commissioning.

1. Purpose

This paper describes BNSSG Quality and Performance metrics available to recognise where targeted support for improvement in general practice is warranted and provide a systematic process for managing unwarranted variation.

2. Recommendations

The committee is asked to receive and note the Primary Care Quality and Performance Assurance report.

3. Background

From 1st April 2018 BNSSG has the delegated authority for contracting primary care medical services as well as the statutory duty to assist and support NHS England with the quality assurance of primary care medical service provision.

The CCG also has a responsibility for improving and developing the quality of primary care general practice, reducing variation and in supporting their member practices.

Whilst practices as providers of primary care services are accountable for the quality of services, and are required to have their own quality monitoring processes in place, NHS England and CCGs as commissioners have a shared responsibility for quality assurance. The principle is to be

supportive whilst enhancing quality and preventing harm to patients. Through the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality.

4. Primary Care Quality Monitoring

a. Primary Care Web Tool (PCWT)

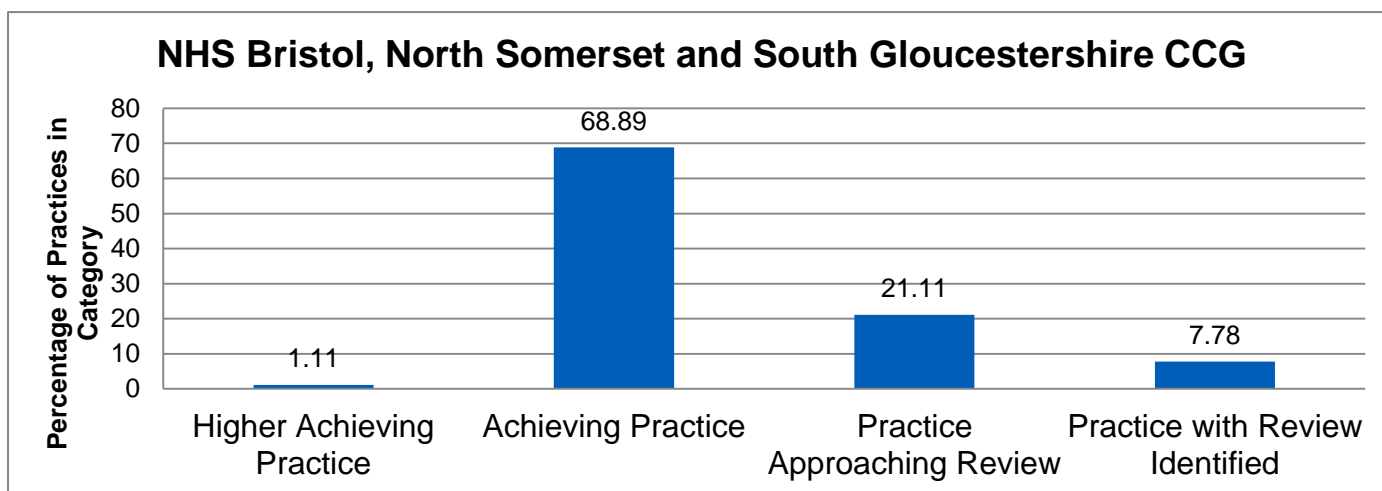
In early June, NHS England relaunched the Primary Care Web Tool (PCWT) with updates to improve functionality and user experience. This update brings together information previously held in the General Practice Outcome Standards (GPOS) and General Practice High Level Indicators (GPHLI) modules, creating a single unified indicator set. The aim of this review was to streamline the indicators to support quality assurance and improvement of GP services; to implement a single, robust outlier identification methodology; and to align with the Care Quality Commission (CQC) approach, where possible.

This web tool reports on 46 indicators in the following areas, Respiratory, Diabetes, Coronary heart disease, Mental Health, Clinical Diagnosis, Public Health, Medicines management, urgent care, patient experience and includes additional data such as exception reports (for Quality Outcome Framework (QOF) metrics), practice list size, Index of Multiple Deprivation, and practice demographics. Where relevant, indicators are measured against the national average and outliers identified.

A methodology has been developed to enable outlying practices to be identified and all practices to be grouped according to their overall performance across the indicators.

GP practices are then grouped into one of four categories (Higher achieving practice, Achieving practice, Approaching review and Review identified) based on their overall assessment of performance across the indicators.

Within BNSSG (based on the most recent data) 1 practice has been categorised as “higher achieving” and seven practices are categorised as “review identified”, with 19 Practices “approaching review”. The following graph shows the percentages of practices categorised under the four headings.



Four of the seven practices categorised as “review identified” due to outlier indicators for cervical screening and three for diabetes management. Other areas related to mental health physical health checks, COPD management, and child immunisations. It is noted that four of the seven practices categorised as ‘review identified’ have been involved in mergers and contractual changes during 2017/18.

It should be noted that whilst indicators regarding medications and emergency admissions are based on Quarter One 2017/18 data, cervical screening is based on Quarter 3 2016/17 data and the majority of other indicators are reported on an annual basis, relating to 2016/17. Following publication of the 2017/18 data further analysis will be undertaken of individual practices with outlier indicators an overall category of ‘Review identified’.

This information is being discussed with the Area Directors and will be reviewed at the Primary Care Quality and Resilience Sub Group to discuss triangulation with other data sources and actions which will be progressed with each practice.

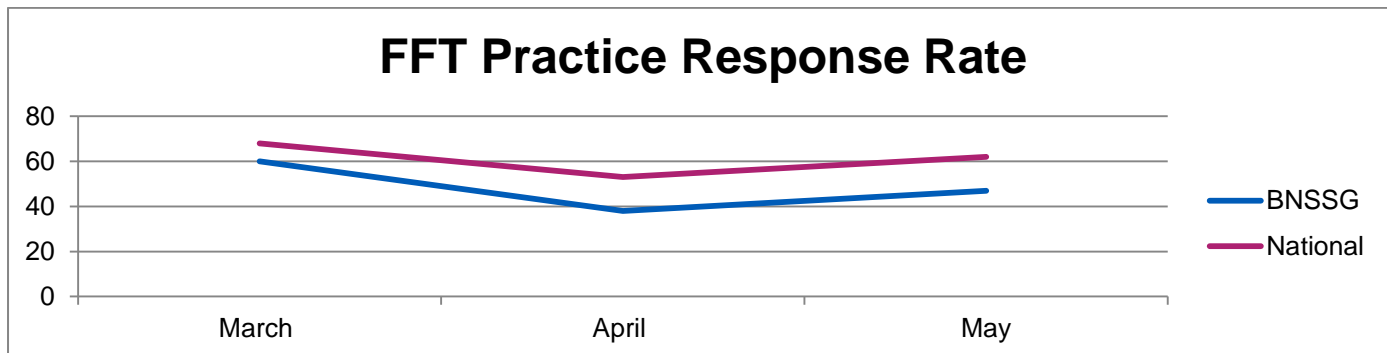
Alignment with CCG Health priorities

The list of primary care indicators has been reviewed and where appropriate aligned to the CCGs identified health priorities. These are listed in appendix 1 and will be used in the quality and resilience dataset in order to facilitate the understanding and oversight of quality and resilience within BNSSG GP practices. The dataset will be presented at the PCCC in September.

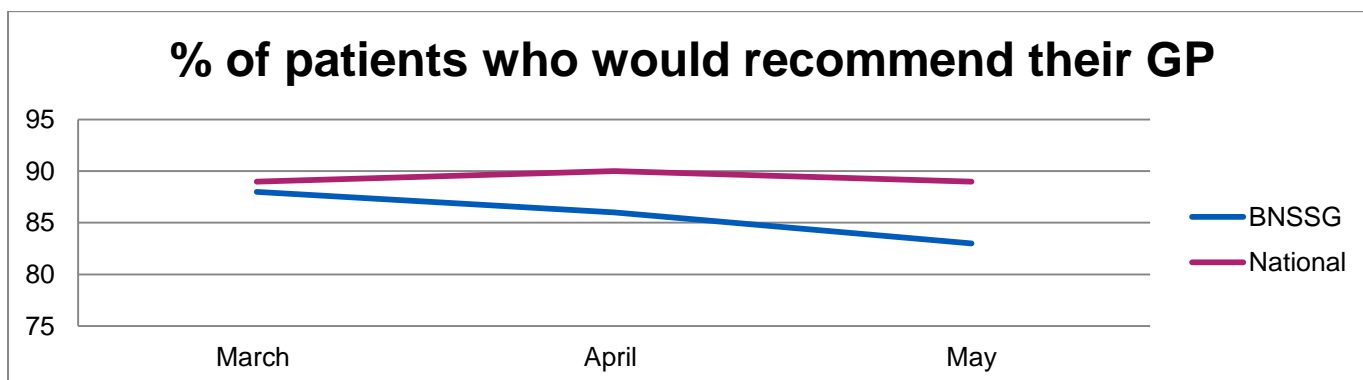
To support the inclusion of broader health prevention measures to the dataset a meeting has been arranged with the PCCC Public Health representative on 31st July.

b. Friends and Family Test (FFT)

The most recent results for the Friends and Family Test (FFT) data (for May 2018) show that 42 BNSSG CCG practices submitted their data to NHS England as required. This is a compliance rate of 47%, which is lower than the national rate of 62%.



Across BNSSG CCG 83% of respondents would recommend their GP Practice, this is slightly lower than the national average of 89%. The percentage of patients who would not recommend their GP Practice was 11%. This is higher than the national average of 6%.



Each Practice which has not submitted FFT data for April and May has been contacted in order to identify the reasons why this data has not been submitted. Support will then be provided to practices to ensure processes are in place to support the collection of patient FFT data and submission of such to NHS England.

c. Medicines Optimisation

Antibiotic prescribing

The CCG medicines management team monitor the antibiotic prescribing rates for all GP practices. This work focuses on reducing the number of prescribed broad spectrum antibiotics: Co-amoxiclav, Cephalosporins and Quinolones. The target is for less than 10% of antibiotics prescribed to be broad spectrum. North Somerset met this target in 2017/18, but Bristol and South Gloucestershire did not although the table below shows there has been a significant reduction in the prescribing of these in all CCGs during 2017/18.

Prescribing of broad spectrum antibiotics		
CCG	Year to April 17	Year to March 2018
Bristol	10.9	10.1
North Somerset	9.9	9.5
South Gloucestershire	11.8	10.8

In addition, antibiotic prescribing is also monitored in relation to Quality Premiums (QP) schemes. In 2017/18 these were:

- Antibiotic prescribing per STAR-PU (this is overall prescribing rates with a comparator factor) the target was 1.161. The three CCGs met this with a significant margin
- Trimethoprim: Nitrofurantoin ratio, increasing the amount of Nitrofurantoin prescribed and reducing the proportion of Trimethoprim due to concerns of resistance to Trimethoprim. Each CCG was set an individual target which they all met.
- There was also a QP to reduce by 10% (from a baseline year to May 2016) the number of Trimethoprim items prescribed to patients 70 years and greater. Again this was met by the three CCGs.

In 2018/19 quality premiums are continuing for antibiotic prescribing in primary care alongside the reduction of gram negative bacteraemias. There is a new target for antibiotics/STAR-PU of 0.965 and a target to reduce by 30% the trimethoprim items prescribed to patients aged 70 years and greater. The Trimethoprim: Nitrofurantoin ratio QP is not continuing into 2018/19.

To support the practices in meeting the targets antibiotic data is being sent frequently to practices and an education session is being arranged by the Medicines Optimisation team for later in 2018. The scheme also includes an audit on broad spectrum antibiotic prescribing to aid the reduction of any inappropriate prescribing of these.

Data collection on pyelonephritis is also occurring to assist in the production of a new pyelonephritis pathway as BNSSG CCG has been identified on right care data as being an outlier for hospital admissions for this. Work was undertaken last year to review and re-release urinary tract infections (UTI) treatment guidelines to assist in the Trimethoprim targets, however these will need review later in the year with changes to the PHE diagnosis guidelines and the release of NICE treatment guidelines. The BNSSG antibiotic guideline is continually reviewed and updated as required.

In addition to the medicines management work the quality team launched the catheter passport and hydration leaflet and have embedded this within practices to support the work to achieve the required 10% reduction in cases of E. coli bacteraemia

Medicines Optimisation Prescribing Quality Scheme

The scheme aims to improve the quality, safety and cost effectiveness of prescribing across BNSSG and is offered to all practices.

The quality section of this includes two essential reviews – antibiotics as discussed above and multidisciplinary medication reviews. Patients will be identified for the medication review through several methods including anticholinergic burden, number of medicines and frailty scores. There are also targeted reviews where a practice is either benchmarked high nationally or locally or can provide evidence that the project will add local clinical value. The targeted reviews are:

- Respiratory – reviewing therapy in line with COPD guidelines
- Gabapentinoids – reviewing recent initiations to inform future work
- Inappropriate mild-moderate opioid prescribing – reviewing non-cancer use of fentanyl patches and tramadol prescribing
- Osteoporosis – reviewing duration of treatment and bisphosphonate holidays
- Diabetes – reviewing patients with a HbA1c <53 taking medications with a risk of hypoglycaemia
- Benzodiazepines and Z drugs – reviewing patients prescribed these and initiating practice policies for future prescribing
- Cardiovascular – reviewing amiodarone prescribing
- Laxatives – reviewing prescribing
- Proton pump inhibitors – ensuring these are stopped or stepped down following treatment phase

Wider STP Projects

As part of Medicines safety work The ‘Medicines Safety Dashboard’ is available in all GP practices in BNSSG. This highlights on EMIS patients that fall into a criterion that requires their medication to be reviewed. Examples of issues highlighted are; incorrect NOAC doses based on renal function; interactions between medication which may cause harm; and lab results that indicate a review is required.

d. Infection control – C difficile

Linked with the work to reduce the numbers of broad spectrum antibiotics for all community related C difficile cases the GPs are asked to complete a root cause analysis (RCA) template which includes antibiotic prescribing. In 2017/18 the response rate of RCA completions by GP practices was low (54%), against a target of 100% compliance. In reviewing the reasons for the response

rate it was noted that from the analysis of all cases some patients had recurring infections which led to a nil response from the GP, especially if the post infection review did not add additional information from the previous investigation. Further work is being undertaken to support GP compliance with all cases along with the introduction of a single online review tool for root cause analysis of C difficile across BNSSG CCG by October 2018.

Analysis of the returned RCA forms identified that 66 of 71 cases had no identified lapses in the care pathway. Six out of 71 forms returned identified that antibiotics had been prescribed outside of the BNSSG prescribing guidance most notably for the treatment of urinary tract infections and were therefore recorded as a lapse in the care pathway. Feedback was provided to GPs where prescribing outside of BNSSG guidance was identified to support individual learning. As a result of this analysis antimicrobial prescribing guidance has been updated.

e. CQC Update

Within BNSSG, one practice has a CQC overall rating of “Requires Improvement”. An improvement plan is in place which has been approved and is monitored by the CQC and shared with the CCG. It is noted that the re-inspection for this practice took place on 26th June 2018 and publication of the report is pending. On receipt of the CQC report the CCG will ensure any recommendations and associated actions for improvement will be monitored for compliance.

There has been no further Primary Care CQC inspection reports published within BNSSG CCG since this was last reported.

In addition to the practice which has an overall rating of “Requires Improvement” there are two further practices with “Requires Improvement” ratings for the “safe” domain. One practice was re-inspected on 3rd July 2018 and publication of the report is pending. A visit has been arranged with the other practice on 29th August to discuss the issues highlighted within the CQC report.

Further work is taking place on CQC outcomes to look for themes and use these to plan our programme of quality visits. Members of the newly formed Practice Nurse Network will be part of the team to support the peer reviews along with colleagues from the Area teams. In addition we are planning a workshop event in September to develop a collaborative vision for supporting a culture of continuous quality and resilience improvement across BNSSG GP practices. The outputs from this will be used to develop an implementation plan and this will feed into the work to refresh the overall BNSSG Primary Care Strategy.

f. Incident Management

Serious Incidents/Significant Event Analysis

A process has been agreed with NHS England whereby both NHS England and the CCG will be routinely sighted on and involved in the management of all GP primary care significant events and

serious incidents. This process will be reviewed at the end of September with the intention of the CCG taking full ownership of GP primary care incidents.

Support will be provided to practices where serious incidents are identified with regards to investigation and root cause analysis of the incident. Since April 2018 there has been one primary care Serious Incident reported to NHSE and shared with the CCG. This relates to a misdiagnosis and is currently under investigation. As stated above the CCG is reviewing SI reporting processes to ensure practices know what and how to report such events. Working with the Clinical Lead for Quality we are developing a peer review approach at locality/practice level to support SI reporting and learning. From here themes and trends will be identified and learning shared across primary care. In addition a meeting has also been arranged with the Academic Health Science Network (AHSN) to explore what future work they are doing in terms of the primary care collaborative initiatives.

Reporting Patient Care Concerns

The BNSSG Quality Team has harmonised the way clinicians inform the CCG of issues regarding the quality of patient care across BNSSG. In Bristol this was previously via the 'contact us' service, in North Somerset the 'Datix reporting tool' and in South Gloucestershire the 'Quality Portal'. On 16th July the new online reporting tool 'Datix' went live. The emphasis of the new reporting tool will be the identification of themes affecting the quality or safety of patient care. Themes will be followed up by the quality team with the providers in question and any learning will be shared on the quality pages of the BNSSG website which is currently in development.

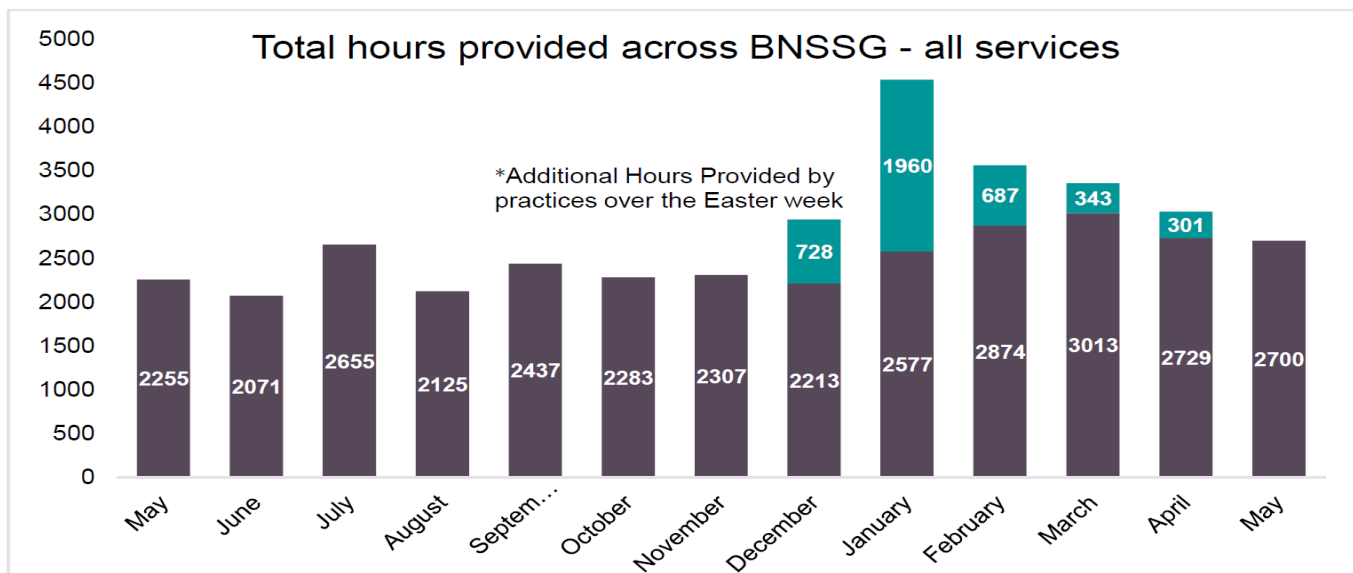
5. Primary Care Performance Management Monitoring

a. Improved Access

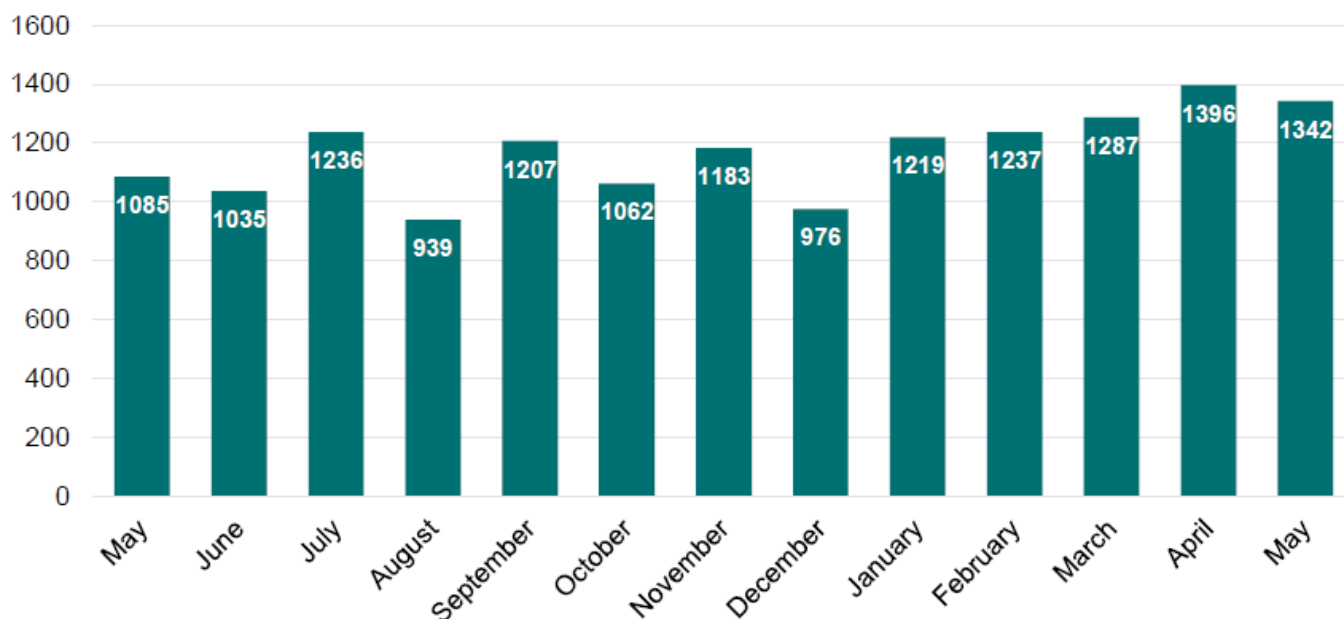
BNSSG CCG currently commission Improved Access from One Care (BNSSG) Ltd. One Care are commissioned to deliver on average an additional 45 minutes / 1000 population (weighted) per week access to general practice.

Current performance across BNSSG and locality is as follows:

Month	Av Minutes / Week BNSSG	Narrative
April 2018	39.6	An increase in the weighted population has resulted in an increased number of hours being required to deliver the overall increase in minutes. Delivery is no longer being provided by the walk in centre which is a decrease in 250 hours.
May 2018	37.9	Practice provision in South Gloucestershire decreased compared to the previous month, reasons for this will be investigated. Utilisation rates in the wound clinics remain lower than expected. Solutions for this are being investigated by One Care.



Total hours provided by BNSSG practices



b. Referral Variation

In 2017/18 a referral tool to consider variation in referral rates into secondary care was developed to support practices to compare themselves with one another across BNSSG, and in their local clusters. The tool indicates any hospital specialities where a practice is over 3 standard deviations from the BNSSG average over the last 3 years, and also in the last year. This helps to identify patterns and trends rather than random variation. The tool is based on GP referred 1st Outpatient activity, which includes 2ww referrals.

This provided a focus for any quality improvement projects practises wished to undertake, and could highlight areas where education or support might be of benefit to referrers. The approach to date has been to work in an informed and balanced way based using strong data and education. The CCGs offered support and education to practices or to groups of referrers where this will help reduce variation.

In line with the CCG constitutions, BNSSG CCGs continue to want to reduce unexplained variation, and aim to see all practices move to within 2 standard deviations. The tool shows the number of GP referred outpatient appointments which are required to move from over 3SD to within 2SD.

Revised 2018/19 referral data has been shared with BNSSG Locality Leadership Groups (LLG). LLG's have discussed and are considering how practice outliers can best be supported to change referral patterns where clinically appropriate to do so.

c. Locally Enhanced Services

The current locally enhanced services come in three forms, noting legacy arrangements. The primary care Contracts team are in the process of receiving 2018/19 quarter one submissions which are currently being assessed. Moving forward LES arrangements are being reviewed and it will be important to ensure reporting is robust and transparent to support presentation of delivery and any variation.

6. Current Contracts

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	68	11	87

*NHS England has offered new contracts to all PMS practices.

**APMS contract for SAS included.

a. PMS Contract Update

The position regarding the number of PMS contracts issued by CCG and the number signed is to be reviewed as a number are reverting to GMS contracts.

b. Single handed Contractors holding GMS/PMS contracts

Practice	Code	List Size (01/04/18)	Contract Type
Cedars/Worle (Pimm)	L81643	15,219	PMS

The medical team are currently reviewing all single-handed contracts. The Single Handed GP Contractor Assurance Framework review has been delayed due to other priorities – this work will be reported on next month.

c. Core Hours assurance

Clarification of the annual e-Declaration has been undertaken regarding the delivery of core hours in line with national expectations of service delivery. There is some further work to finalise this with a small number of practices where their service model needs to be reviewed.

7. Procurements/Contract Expiries

a. Current Procurements

Service	CCG	Status	Expected Contract Award date	Anticipated Service commencement date
Northville Family Practice	BNSSG	CCG is able to issue Single Tender Waiver – separate paper	N/A	N/A
Locality Health Centre	North Somerset	Pre-procurement engagement on 5/7/18	July 2018	1 November 2018

Northville is on the agenda to discuss the option of a single tender waiver and the CCG issued a Prior Information Notice (PIN) for Locality Health Centre on Wednesday 11th July with interested parties to make a declaration of interest by Weds 18th July 2018.

b. APMS Contract Expiries

Practice	CCG	Contract Type	Agreed End date	Notes
Locality Health Centre (Weston)	North Somerset	APMS	31/10/2018	See procurement as above
Bishopston Medical Practice and Charlotte Keel	BNSSG	APMS	31/03/2019	With option to extend by 1 year. Initial work on

Practice	CCG	Contract Type	Agreed End date	Notes
Medical Practice				procurement commenced
Northville Family Practice	South Gloucesters hire	APMS	31/03/2019	Initial work on procurement commenced
Broadmead Medical Centre (Y02578)	Bristol	APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)	Bristol	APMS	30/09/2031	With option to extend by 5+5 years
Emersons Green Medical Centre (L81362)	South Gloucesters hire	APMS	31/01/2032	With option to extend by 5+5 years

8. Practice Mergers

a. Approved Mergers

The following mergers have been approved with effect following 1st April 2018.

CCG	Practices
BNSSG	Mendip Vale Medical Practice and Riverbank Medical Practice have been approved to merge with effect from 1 July 2018. Circa 35,700 patients
	Mendip Vale Medical Practice and Sunnyside Surgery have been approved to merge with effect from 1 September 2018. Circa 43,000 patients

b. New Merger Applications

No new merger applications.

9. Close List Applications

No new applications.

10. Approved List Closures

None in BNSSG

11. Temporary Practice Hour Changes

The table below details the number of applications received since 1st April 2018 (no additions since May paper).

	N/Somerset	Bristol	S Glos	Totals
Applications	1	5	1	7
Practices	1	5	1	7

Practice Name	Area	Date	Time	Reason
Sunnyside Surgery	NS	17/08/18	13:30-16:30	Staff Training
West Walk Surgery	B	30/04/18	13:00-15:00	Practice Meeting / Staff Training
Stockwood Medical Centre	B	25/04/18	12:00-14:30	Staff Training
Bishopston Medical Practice	B	04/07/18	13:00-18:30	Staff Training
Horfield Health Centre	B	18/05/18	12:15-15:15	Staff Training
Horfield Health Centre	B	11/06/18	12:30-16:00	Other
Courtside Surgery	SG	31/07/18	12:30-16:00	IT Update
Downend Medical Centre	SG	22/06/18	13:00-19:00	IT Update

12. Applications to Change Practice Boundaries

No new applications.

13. Branch Surgery Closures and Variation of Opening Times

As reported at the last meeting Bridge View Medical are relocating the branch at St Johns Lane to Markesbury Road due to take place in early July this year. In order to manage the disruption, the St Johns Lane site will be closed on 6th July 2018 (with clinicians distributed to other sites), new site to be fully functional on Monday 9th July 2018.

14. Contract Breach and Remedial Notices

None issued.

15. Financial resource implications

There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.

16. Legal implications

There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.

17. Risk implications

There are no specific risk implications highlighted in this paper.

18. 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.

19. 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.

20. Consultation and Communication including Public Involvement

Whilst there has not been 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.

21. Appendices

Appendix 1 – CCG Health Priority Indicators

Glossary of 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
Alternative Provider of Medical Services (APMS)	Type of GP contract
General Medical Services (GMS)	Type of GP contract
Personal Medical Services (PMS)	Type of GP contract
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.

Appendix 1

Area	CCG Aim	Indicator	Frequency	Source
Cancer	Ensuring more instances of cancers can be prevented and diagnosed earlier; treatment is carried out within national guidance timeframes; patients live well with and beyond cancer, and patient experience improves.	Cervical Screening	Quarterly	PC Web Tool
		Breast Screening (females aged 50/70)	Annual	NHS England
Cardiovascular	Improving outcomes and reduce health inequalities. We're developing ways of working to improve efficiency, value and quality of care throughout the area.	% CHD cholesterol 5 mmol/l or less	Annual	PC Web Tool
		%Hypertension BP reading 150/90mmHg or less	Annual	PC Web Tool
Stroke	Managing preventable risk factors to reduce the number strokes in our area, improving urgent care services and providing support close to home for people living with the effects of stroke.	%AF anticoagulation therapy CHADS2-VASc Score>1	Annual	PC Web Tool
Children & Maternity	Improving mental health support for young people, developing a new Local Maternity System, and improving services for young people with special education needs, disabilities and complex health needs.	% Child Imms DTaP/IPV/Hib	Annual	PC Web Tool
		% Child Imms PVC booster	Annual	PC Web Tool
		% Child Imms Hib/Men C booster	Annual	PC Web Tool
		% Child Imms MMR	Annual	PC Web Tool

		Flu Vaccine uptake Children 0-3 & Pregnant Women	Annual	Immform Website
Continuing Healthcare	Creating a consistent approach to 'Continuing Healthcare' across the area, developing ways to ensure all people receive the care they need, closer to home.	Care Home LES data	Quarterly	LES data
Dementia	Continuing progress in improving the diagnosis rates for dementia, and improving access to and provision of support for people after their diagnosis.	Dementia Face to Face review	Annual	PC Web Tool
Diabetes	Improving prevention of type two diabetes, while giving people with the condition care that is focused on their own individual needs.	% Diabetes BP reading 140/80 mmHg or less	Annual	PC Web Tool
		% Diabetes cholesterol 5 mmol/l or less	Annual	PC Web Tool
		% Diabetes IFCC-HbA1c 64 mmol/mol or less	Annual	PC Web Tool
Frailty	Further developing community services to ensure frail patients receive timely, appropriate care closer to home. This includes supporting teams in the community and care homes to create consistent care across the area.	Flu vaccine uptake 65 years and over	Annual	Immform Website
Mental Health	Working on ways to provide mental health support where it is needed alongside more planned care	% first choice generic SSRIs	Quarterly	PC Web Tool



	and home treatment.	% SMI BP record	Annual	PC Web Tool
		% SMI alcohol record	Annual	PC Web Tool
		% MH comprehensive	Annual	PC Web Tool
Respiratory	Improving the care that people receive for conditions such as Chronic Obstructive Pulmonary Disease (COPD), ensuring there is access for all and improve the breadth and depth of pulmonary rehabilitation.	Spirometry achievement	Annual	PC Web Tool
		% COPD review dyspnoea scale	Annual	PC Web Tool
		% Asthma variability reversibility	Annual	PC Web Tool
		% Asthma RCP assessment	Annual	PC Web Tool
		% Smoking status recorded	Annual	PC Web Tool
		% LTC Smoker offer support	Annual	PC Web Tool
Urgent & emergency care	Ensuring patients wait no longer than four hours to receive urgent and emergency care with seven-day services available for the whole population and primary care at the forefront of urgent care provision.	A&E attendance rates	Quarterly	PC Web Tool
		Emergency Asthma admissions	Quarterly	PC Web Tool
		Emergency CHD admissions	Quarterly	PC Web Tool
		Emergency COPD admissions	Quarterly	PC Web Tool
		Emergency Dementia		



		admissions	Quarterly	PC Web Tool
		Emergency Diabetes admissions	Quarterly	PC Web Tool