

# Primary Care Commissioning Committee (PCCC)

Date: Tuesday 27<sup>th</sup> November

Time: 9.00-10.50am

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

---

## Agenda number: 8

### Report title: Primary Care Quality Report

Report Author: **Bridget James, Associate Director Quality**  
**Kat Tucker, Quality Support Manager**

Report Sponsor: **Anne Morris, Director of Nursing and Quality**

#### 1. Purpose

The purpose of this report is to provide the Committee with an update on specific quality measures for primary care (General Practice) following delegation of commissioning of primary care to BNSSG CCG. Monthly metric updates include recently published CQC inspection reports, Friends and Family Test (FFT) data and Flu vaccine uptake.

#### 2. Recommendations

The committee is asked to:

- To note the updates on monthly quality data

#### 3. Executive Summary

Since last reported four practices have had CQC reports published, all of these had 'Good' overall ratings. One had a rating of "Requires Improvement" for the 'Effective' Domain and 'Long Term Condition' and 'Working Age People' population groups.

Friends and Family test data for August showed a response rate of 62% which is below the national average of 66%. The percentage of patients who would recommend their practice was 88% which is 2% below the national average.

Flu Vaccination uptake is being reported as above national average for the BNSSG area.

It was intended to provide a full overview of the updated Quality Data from the Primary Care Webtool in November following publication in October; however the updated information has not yet been published. This review will be provided to the committee following the publication of the data.

#### **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**

There are no specific risk implications highlighted in this paper

#### **7. Implications for health inequalities**

Monitoring of primary care quality 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, nationally and locally sourced patient experience data is reviewed alongside other quality indicators.

## Agenda item: 8

### Report title: Primary Care Quality Report

#### 1. Background

The purpose of this report is to provide the Committee with an update on specific quality measures for primary care (General Practice) following delegation of commissioning of primary care to BNSSG CCG. Monthly metric updates include recently published CQC inspection reports, Friends and Family Test (FFT) data and Flu vaccine uptake.

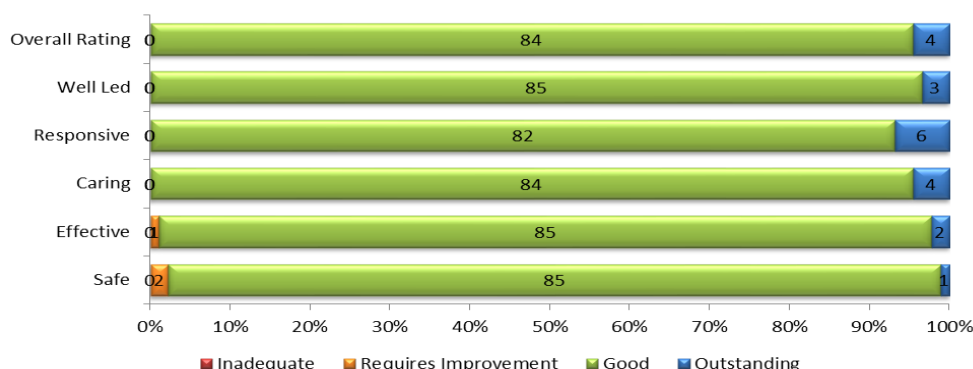
#### 2. Primary Care Quality Monitoring

##### a. Care Quality Commission (CQC)

Four practices have had CQC inspection reports published in between 5<sup>th</sup> October and 16<sup>th</sup> November. These were all given an overall rating of ‘Good’ and are shown in the table below, one practice received a rating of ‘Requires Improvement’ within the ‘Effective’ domain.

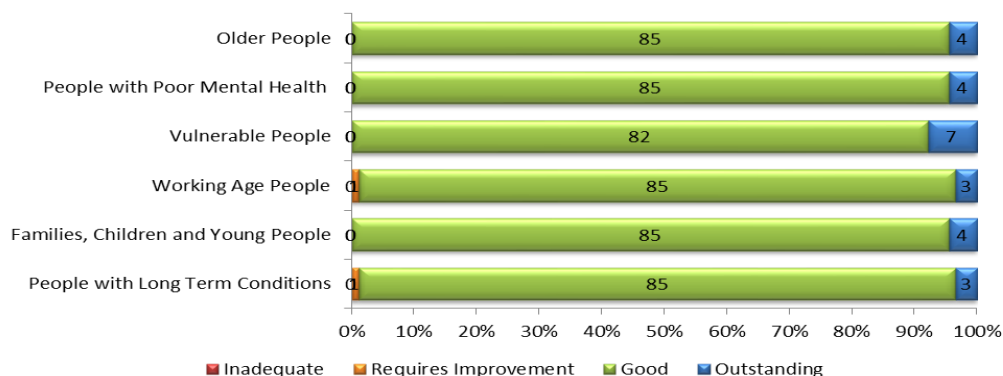
Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Monks Park	17/10/2018	Good	Good	Good	Good	Requires Improvement	Good
Air Balloon	06/11/2018	Good	Good	Good	Good	Good	Good
New Court	09/11/2018	Good	Good	Good	Good	Good	Good
Crest Family	13/11/2018	Good	Good	Good	Good	Good	Good

Within BNSSG there are no practices with an overall rating of ‘Requires Improvement’ or ‘Inadequate’. 95% of practices had an overall rating of ‘Good’ this is above the national average which is 91%.



Within Primary Care the CQC also inspects the quality of care for six population groups, as shown in the table below.

Practice	Publication Date	Older People	Long Term Conditions	Families, Children & Young People	Working Age People	Vulnerable People	Mental Health
Monks Park	17/10/2018	Good	Requires Improvement	Good	Requires Improvement	Good	Good
Air Balloon	06/11/2018	Good	Good	Good	Good	Good	Good
New Court	09/11/2018	Good	Good	Good	Good	Good	Good
Crest Family	13/11/2018	Good	Good	Good	Good	Good	Good



The CQC report for Monks Park rated three areas as ‘Requires Improvement’. These related to the ‘Efficient’ domain of the main inspection and to ‘Long Term Conditions’ and ‘Working Age People’ of the population groups. The report identified 6 ‘should’ do actions for the practice.

- Risk assess the emergency medicines which were not held by the practice.
- Retain evidence of documentation reviewed as part of the recruitment process such as qualifications.
- Establish effective systems and processes to ensure clinical oversight supports the effective delivery of treatment including treatments provided by the nurse team such as cervical screening.
- Review the practice treatment protocols so that there is a continuity of care for patients.
- Review the protocol for exception reporting so that the decision making process is clear.
- Review the process for responding to medicine safety alerts so that the practice document actions taken to rectify concerns.

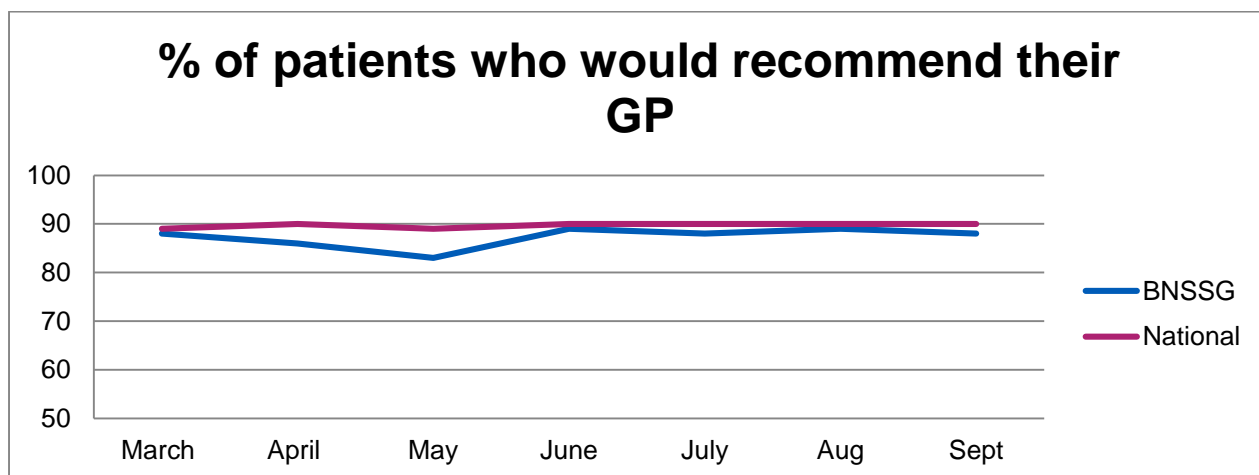
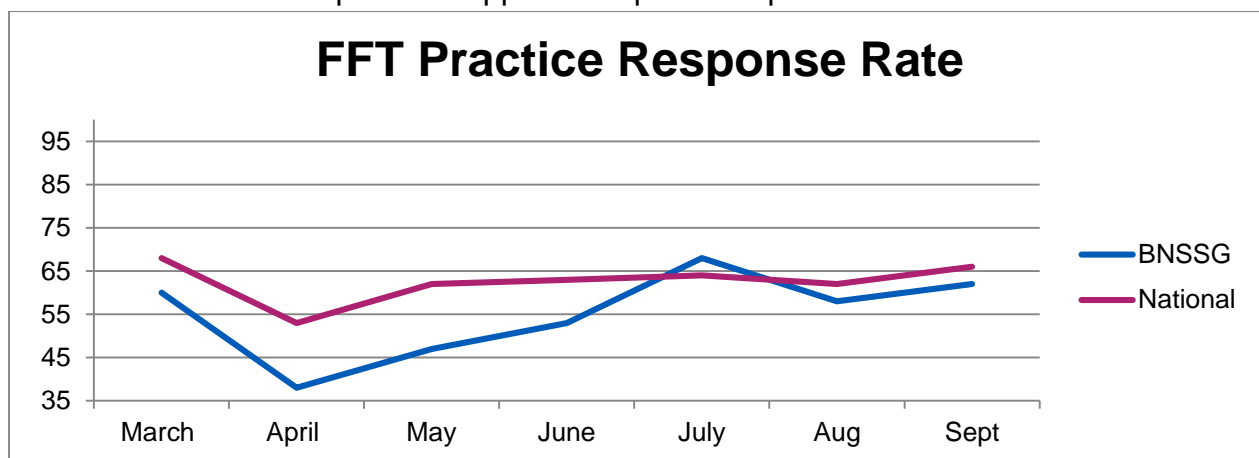
Several of the issues highlighted relate to the use and support of a part time locum nurse to manage patients with Long Term Conditions. These issues will be raised with the Practice

Nurse Network and the Locality Team, to review further and provide appropriate support to the practice.

## b. Friends and Family Test (FFT)

The most recent results for the Friends and Family Test (FFT) data are for September 2018. This shows that 52 BNSSG CCG practices submitted their data to NHS England as required. This is a compliance rate of 62%, which is below the national rate of 66%. This is a 4% increase from August.

Further contact has been made with each practice which has not submitted data, to identify the reasons for this and provide support to improve response rates.



Across BNSSG CCG 88% of respondents would recommend their GP Practice, this is just below the national average of 90% and a one percentage decrease from the previous month. The percentage of patients who would not recommend their GP Practice was 7%. This is higher than the national average of 5%.

The total number of FFT responses received in September for BNSSG was 2724. For those practices who submitted a response the numbers ranged from 0 – 509. On average this is 52 responses per practice, it is therefore important that Primary Care FFT recommendation rates should be triangulated with other patient experience data including complaints and the 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.

### c. Flu Uptake

GP Practices are submitting flu uptake figures on a weekly basis. BNSSG CCG is currently above the national average with regards to flu vaccination uptake. The latest position for BNSSG relates to Week 45, week ending Sunday 11<sup>th</sup> November 2018.

At Risk – (6 months – to Under 65 years)			65 and Over		
National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG
55%	33.90%	36.78%	75%	51.70%	58.57%

Vaccinations are commissioned by Public Health England and NHS England. The CCG Medicines Optimisation team meet with the NHS England immunisation team to discuss progress and issues on a fortnightly basis.

## 3. Focused Quality Domain

It was intended to provide a full overview of the updated Quality Data from the Primary Care Webtool in November following publication in October; however the updated information has not yet been published. This review will be provided to the committee following the publication of the data.

## 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

There are risk implications highlighted with the low uptake of flu vaccines in some practices. Issues relating to this are being picked up by the medicines management team in conjunction with NHS England. There are also risks associated with the limited supply of vaccines, though as noted above the CCG medicines management team are working with NHS England on this.

## 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 and performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

## 9. 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.

## 10. Recommendations

- To note the updates on monthly quality data.

**Report Author: Bridget James, Associate Director Quality and Kat Tucker, Quality Support Manager**

**Report Sponsor: Anne Morris, Director of Nursing and Quality**

### Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations. .

<b>Primary Care Operational Group (PCOG)</b>	a sub group of the PCCC where operational issues are managed and/or escalated to PCCC
----------------------------------------------	---------------------------------------------------------------------------------------

<b>Primary Care Commissioning Committee (PCCC)</b>	The CCG decision making body for anything related to primary care
<b>Friends and Family Test (FFT)</b>	A quick and anonymous way for any patient to give their views after receiving care or treatment across the NHS.
<b>Care Quality Commission (CQC)</b>	The independent regulator for all health and social care services in England.