NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 29th January 2019
Time: 9-11am
Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 10

Report title: Primary Care Quality Report

Report Author: **Bridget James, Associate Director Quality**
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Report Sponsor: **Janet Baptiste-Grant, Interim Director of Nursing and Quality**

1. Purpose

The purpose of this report is to provide the Committee with an update on 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, also included are the Quarterly Medicines Optimisation and Incident updates. The specific domain focus for this month is Primary Care Workforce.

2. Recommendations

The committee is asked:

- To note the updates on monthly quality data, quarterly medicines optimisation data and specific performance indicators for Primary Care Workforce and Resilience
- To agree the proposed escalation process for failure to submit FFT data.

3. Executive Summary

CQC: Since last reported five practices have had a CQC report published, one practice received an overall rating of 'Requires Improvement' and three practices were rated as 'Requires Improvement' for the 'Well Led' Domain. All other practices received a 'Good' overall rating. The practices with 'Requires Improvement' domains are being contacted to discuss the issues raised.

Friends and Family test (FFT): Data for November showed a response rate of 60% which is below the national average of 61%. The percentage of patients who would recommend their practice increased to 91% which is 1% above the national average. A proposed plan to address the issue of non-submission of FFT data is included within the report.

Flu Vaccination Uptake: The most recent flu vaccination uptake rates show that BNSSG is above the national average for both at risk patients after 6 months – 65 years and for over 65's and is above the national end of season ambition for patients aged 65 years and over.

Incident Reporting: BNSSG practices have reported 16 incidents during quarter 3 2018/19, a theme regarding vaccination issues was identified and best practice guidance is being developed and shared with all practices.

Medicines Optimisation: BNSSG benchmarks well against the England CCG median for antibiotic prescribing and reduction is continuing. However the CCG remains above the England CCG Median for broad spectrum antibiotic prescribing, further improvement in this area is required. Support is offered by the Medicines Optimisation team to individual GP practices that continue to show above average rates.

Workforce and Resilience Data: The report identifies an expected shortfall of 70 GPs by 2020 in terms of maintaining current numbers of GPs. Details regarding the work programmes in place to address this issue within the STP are detailed within the report.

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 as a result of over 50% of practice nurses being over 50 years of age, and BNSSG is expecting a shortfall of 70 GPs in 2020, with four GPs retiring every three months (the shortfall will reduce to 20 GPs if we manage to recruit 50 International GPs in BNSSG). There are programmes of work being led by NHS England to improve both recruitment and retention, improve process in general practice to relieve pressure from GPs and work around developing the primary care team and new ways of working.

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. In the programme of work to improve workforce in BNSSG, health inequalities fellowships are being offered to three GPs and three practice nurses, addressing areas of health inequalities, with learning to be

shared across BNSSG. Health Inequalities Fellowship posts are part of BNSSG's Local GP Retention Programme.

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, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services. As a result, the Community and Primary Care Workforce Development Sub-group of the Healthier Together Workforce Steering Group (LWAB), is seeking advice from BNSSG CCG's Partnerships Engagement Manager regarding how to best engage patients in the workforce programme.

Agenda item: 10

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1. Background

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2. Primary Care Quality Monitoring

a. Care Quality Commission (CQC)

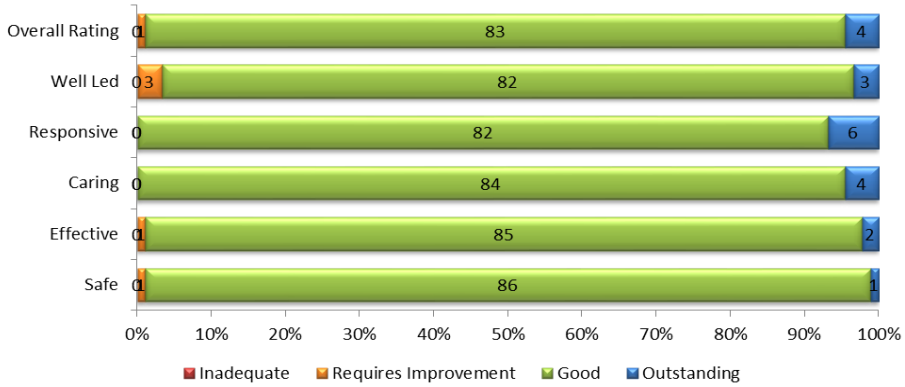
Five practices have had a CQC inspection report published between 4th December and 3rd January. It is noted that one practice received an overall rating of 'Requires Improvement' and three practices were rated as 'Requires Improvement' for the 'Well Led' Domain.

Figure 1: Recently Published CQC ratings for domains

Practice	Publication Date	**Overall Rating**	Well Led	Responsive	Caring	Effective	Safe
Clarence Park	06.12.18	**Good**	Requires Improvement	Good	Good	Good	Good
Eastville	11.12.18	**Good**	Good	Good	Good	Good	Good
Graham Road	17.12.18	**Requires Improvement**	Requires Improvement	Good	Good	Good	Requires Improvement
Harbourside	02.01.19	**Good**	Good	Good	Good	Good	Good
Leap Valley	02.01.19	**Good**	Requires Improvement	Good	Good	Good	Good

The below graph shows the overall CQC rating position of all practices within BNSSG. There are currently no practices with a rating of "inadequate" in any domain.

Figure 2: CQC ratings for domains for all BNSSG Practices



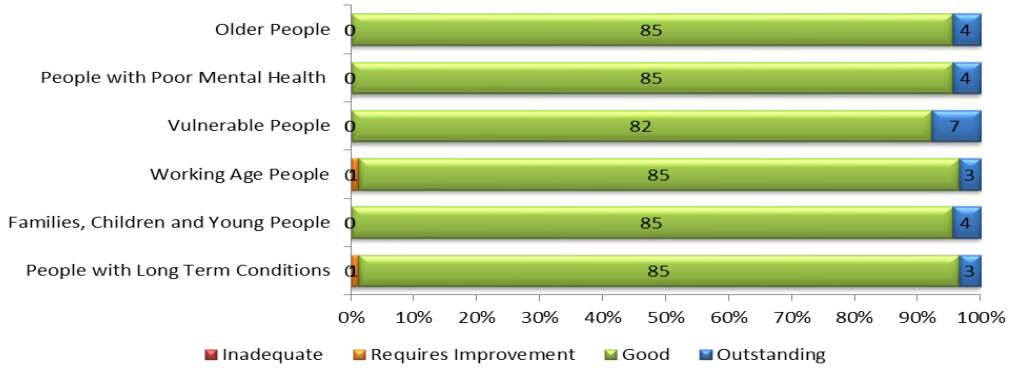
Within Primary Care the CQC also inspects the quality of care for six population groups, as shown in the table below. All of the practices inspected during this time period received a "Good" rating for all six population groups.

Figure 3: Recently Published CQC ratings for population groups

Practice	Publication Date	Older People	Long Term Conditions	Families, Children & Young People	Working Age People	Vulnerable People	Mental Health
Clarence Park	06.12.18	Good	Good	Good	Good	Good	Good
Eastville	11.12.18	Good	Good	Good	Good	Good	Good
Graham Road	17.12.18	Good	Good	Good	Good	Good	Good
Harbourside	02.01.19	Good	Good	Good	Good	Good	Good
Leap Valley	02.01.19	Good	Good	Good	Good	Good	Good

The below graph shows the overall rating position of BNSSG practices for the six population groups.

Figure 4: CQC ratings for population groups for all BNSSG Practices



It is noted that Graham Road and Clarence Park are both managed by Locality Health Centre CIC.

Below are listed the specific recommendations and actions highlighted within the Graham Road CQC report:

'Must Do' Actions	'Should Do' Actions
RECRUITMENT PROCESS: The recruitment process must ensure that all necessary information is obtained such as current Disclosure and Barring Service (DBS) check before a new member of staff is employed. This related to one member of staff.	**STAFF IMMUNISATION**: The provider should continue with developing a central oversight of staff's immunisation status to ensure that staff and patients were protected from the spread of infection.
STAFF TRAINING: The provider must ensure a	**PATIENT GROUP DIRECTIVES (MEDICINES**

good oversight of the training achieved and the training required for staff.	**MANAGEMENT)** The provider should continue with developing an effective monitoring system so that out of date information and instructions such as patient group directions for the provision of immunisations are removed and replaced when required.
MEDICINES MANAGEMENT: Ensure safe medicines management systems are followed as out of date medicines were not identified and removed	
HEALTH AND SAFETY: The provider must ensure they continue with the development of the overarching health and safety management including fire safety	
SERIOUS INCIDENT EVENT/COMPLAINT MANAGEMENT: The provider needs to continue to develop how it records significant event management and complaints to monitor themes and trends and to ensure that actions put in place are effective to prevent reoccurrence.	

Below are listed the specific recommendations and actions highlighted within the Clarence Park CQC report:

'Must Do' Actions	'Should Do' Actions
HEALTH AND SAFETY: continue with the development of the overarching health and safety management including fire safety.	**STAFF IMMUNISATION:** continue with developing a central oversight of staff's immunisation status to ensure that staff and patients were protected from the spread of infection.
DETERIORATING PATIENT (SEPSIS) take measures to help manage the risks associated with sepsis - conducting staff training in recognising and responding to acutely unwell or deteriorating patients	**HEALTH AND SAFETY:** continue with the changes put in place to the external security of clinical waste so that it could not be tampered with or removed from the premises by unauthorised people.
SERIOUS INCIDENT EVENT/COMPLAINTS: continue to develop the recording of significant event management/complaints. To monitor themes and trends ensuring that actions put in place are effective to prevent reoccurrence.	**MENTAL HEALTH/DEMENTIA REVIEWS**: continue with an effective programme to ensure that patients with mental health needs and dementia have the necessary reviews and care plans in place to meet their needs.
	PATIENT GROUP DIRECTIVES (MEDICINES MANAGEMENT): continue with developing an

	effective monitoring system so that out of date information and instructions such as patient group directions for the provision of immunisations are removed and replaced when required.

At the time of the inspection Clarence Park were in the process of reviewing the services provided with the possibility of merging the patient lists with Graham Road into one location, this issue is being discussed with the Primary Care Contracting team.

As can be seen above several of the recommendations relate to both of these practices. The CCG Quality team have discussed the issues raised in the Graham Road and Clarence Park CQC report with the Practice Manager and reviewed their action plan to address the issues. Assurance has been received that the following actions have been taken:

- All staff records have been checked and now have the correct DBS information.
- The recruitment process now includes a checklist for assurance that all appropriate documentation has been received and reviewed.
- An employee training record is completed for each staff member through the GP Team Net platform with details and a plan for completing outstanding training.
- Proof of staff immunisations are held in the individual staff records, an overview is being developed to ensure that staff immunisation status can be reviewed at a glance.
- Assurance was given that medication held at the practice has been alphabetically labelled on the shelves and will be checked by the nursing team, using an electronic data collection system which will be audited.
- The expired Patient Group Directive has now been amended and added to the appropriate file.

Discussions are being held with the Primary Care Contracting, Development and Medicines Management Teams to triangulate all intelligence and support being offered to this practice, in order to support quality improvement.

Below are listed the specific recommendations and actions highlighted within the Leap Valley CQC report:

‘Must Do’ Actions	‘Should Do’ Actions
GOOD GOVERNANCE: Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.	**EMERGENCY MEDICINES:** Risk assess the emergency medicines which were not held by the practice.
	RECEPTION TRAINING: Update training for reception and administrative staff in respect of sepsis and provision of accessible information.

Leap Valley Surgery merged management with Emersons Green Medical Centre in April 2018. A telephone call has been booked with the management of Leap Valley Surgery

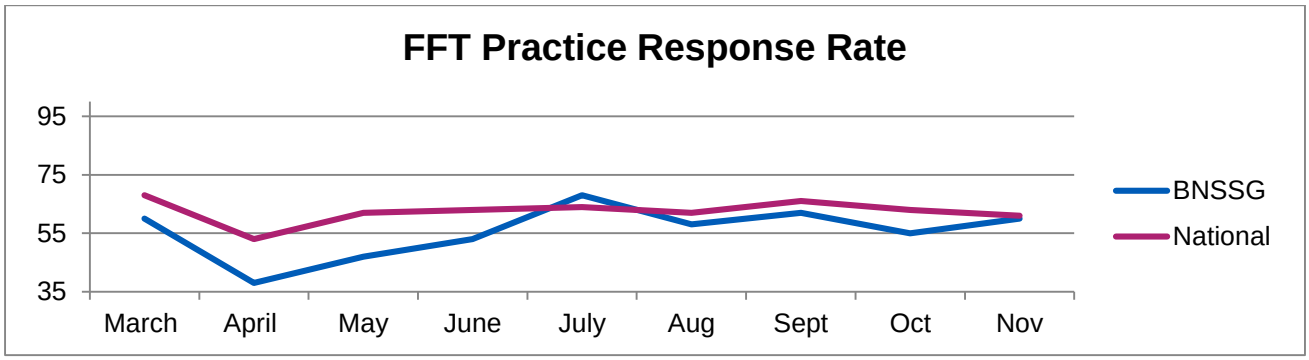
during the week commencing 21st January to discuss the concerns raised within the report and what actions are being put in place to rectify these issues.

b. Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a feedback tool that supports the principle that those who use NHS services should have the opportunity to provide feedback on their experience which can be used to improve services. It is a continuous feedback cycle between patients and practices. FFT is only one method of feedback that GPs receive; there are other robust mechanisms, such as the national annual GP Patient Survey and outcome measures which can also be utilised. FFT for each practice can help to inform current and prospective patients about the experiences of those who use the practice's services and help mark progress over time. FFT data is published on the NHS England website.

Response rates: The most recent results for the Friends and Family Test (FFT) data are for November 2018. This shows that 50 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 60%, which is below the national rate of 61% however it is a 5% increase from October.

Figure 5: FFT Response Rate



We have also presented the last three months data by both area and locality to show the variation. These are presented in the following two charts and include the overall BNSSG and the national averages in both. It is noted that all practices in the Woodspring locality have submitted FFT data for the last 3 months.

Figure 6: FFT Response Rate by Locality

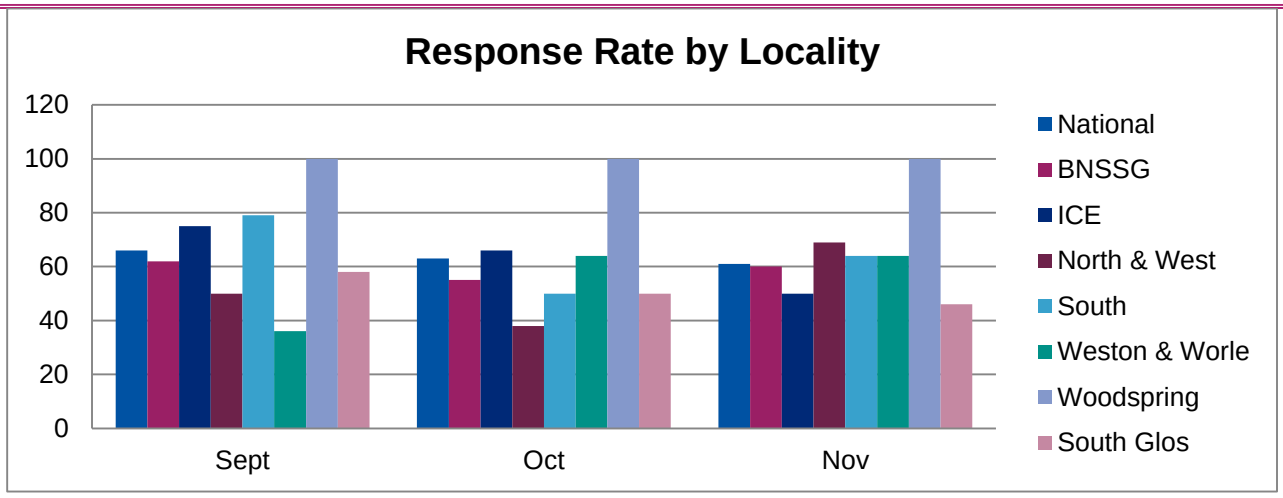
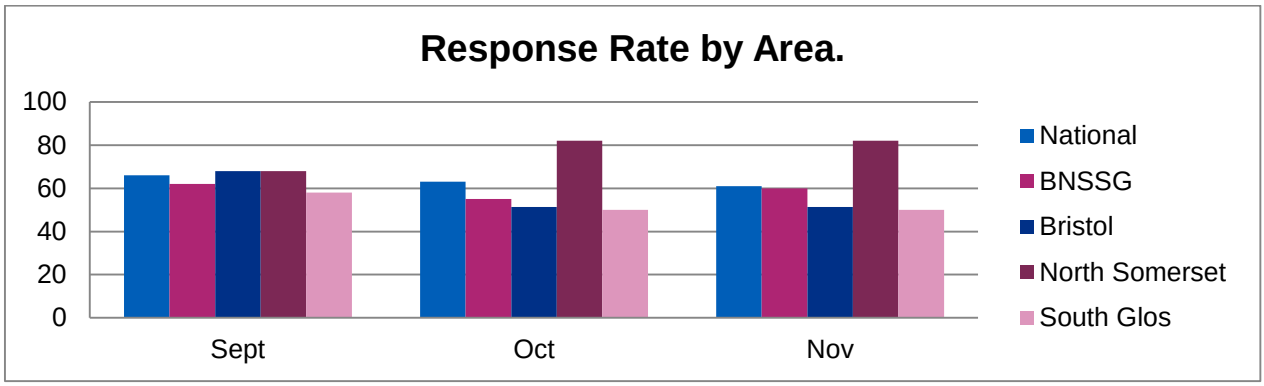


Figure 7: FFT Response Rate by Area



Practices have been contractually required to submit FFT data since February 2015 via the Calculating Quality Reporting Services (CQRS) tool, during a 12 day window at the beginning of each month. NHS England have not actively prompted practices for this information prior to delegation and there may be some practice that remain unclear of their contractual reporting obligations. The issue of non-submission of FFT data has been discussed with the contracting team, the following plan is proposed:

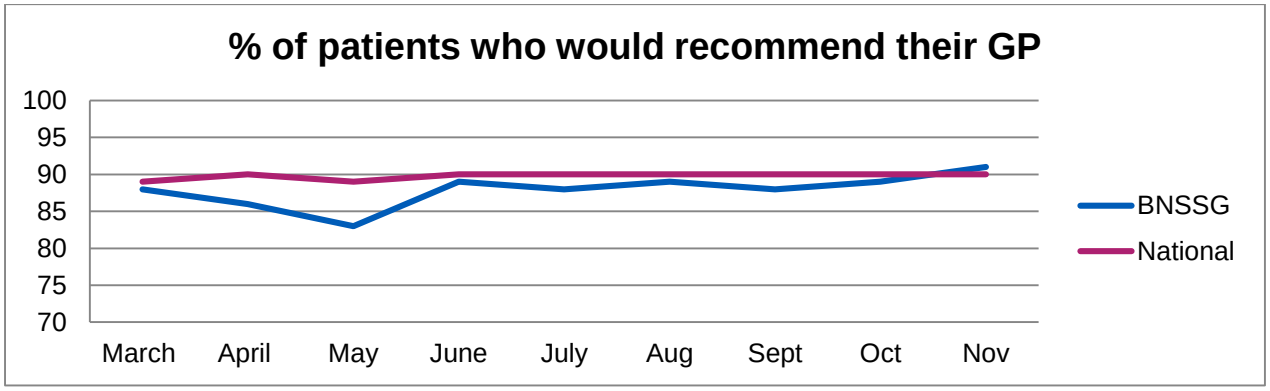
First missed submission	A telephone call will be made to the Practice Manager to gain clarity on the reasons for non-submission and offer support required. Contractual obligations will be outlined and consequences of further submission failures will be advised.
Second consecutive missed submission	A formal letter will be sent to the Practice Manager and Senior Partner reiterating the importance of reporting and of their contractual obligations, and providing details of the next

	contractual step should submissions continue to be missed.
Third consecutive missed submission	A contractual visit will be arranged with the practice and a Remedial Notice issued if required.

It is acknowledged that the timeframe between the CCG being aware of non-submission and the submission closure date for the next month is very tight, hence the proposal to allow a three month overall timescale for practices to rectify reporting behaviours.

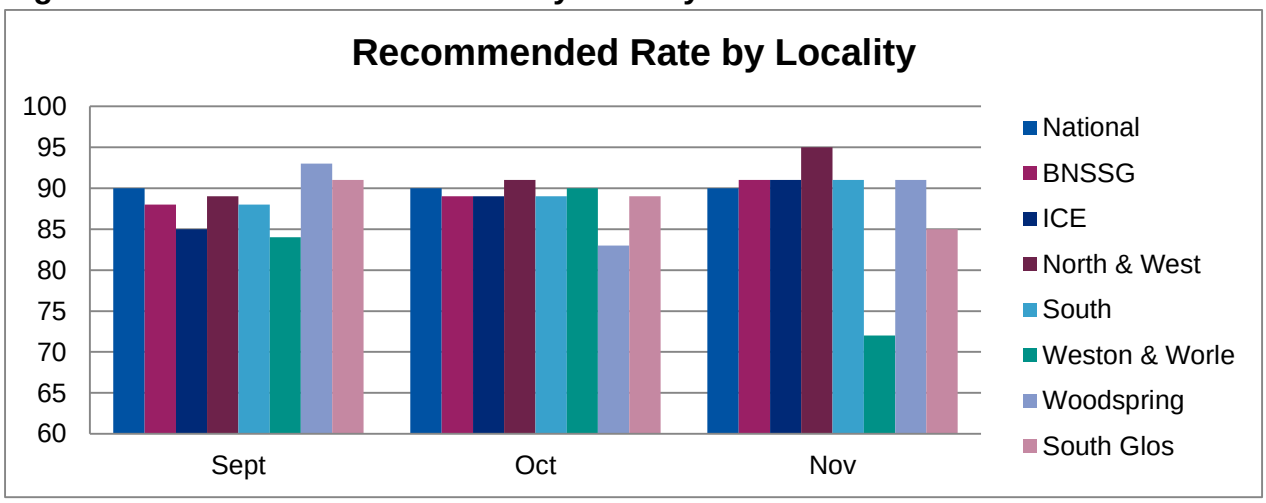
Recommendation rates: Across BNSSG CCG 91% of respondents would recommend their GP Practice; this is just above the national average of 90% and a 2% increase from the previous month. The percentage of patients who would not recommend their GP Practice was 6%. This is the same as the national average and 1% lower than the previous month.

Figure 8: FFT Recommended Rate



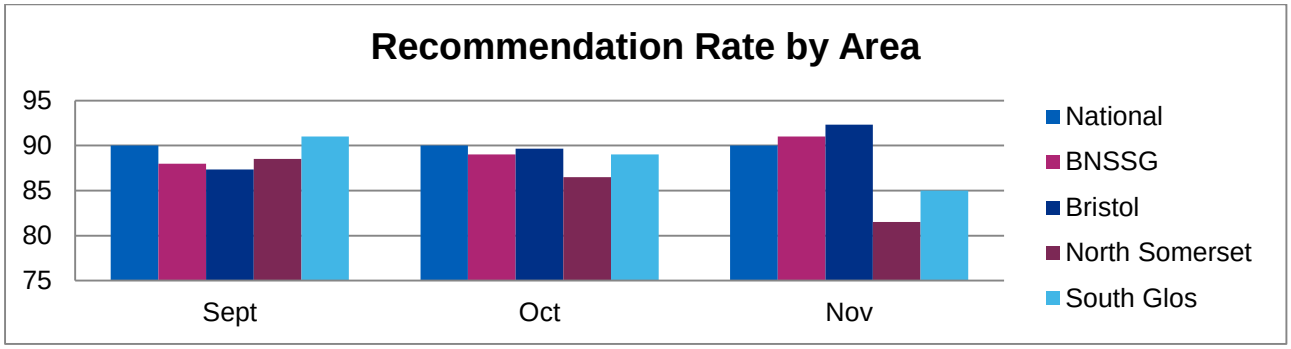
Again this data has been presented by both area and locality for the last three months to show variation. These are presented in the following two charts and include the BNSSG and the national averages.

Figure 9: FFT Recommended Rate by Locality



There has been a significant deterioration in the recommended rate for Weston & Worle, this relates to two practices which had a poor recommended rate, who had previously not consistently been reporting. This is also reflected in the below chart for the recommendation rate for North Somerset. This issue is being addressed with the practice directly.

Figure 10: FFT Recommended Rate by Area



The total number of FFT responses received in November for BNSSG was 3786. This is a 38% increase in the number of responses received in October. For those practices who submitted a response the numbers ranged from 0 – 710.

On average this is 76 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 annual 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, and are ahead of the national end of season ambition for patients aged 65yrs and over. The latest position for BNSSG relates to Week 1, week ending Sunday 6th January 2019.

Figure 11: Flu Vaccination Uptake Rates

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%	45.1%	48.2%	75%	69.9%	75.6%

The CCG Quality team has contacted individual practices to identify areas where there have been difficulties in gaining uptake. Several reasons for this have been identified:

- An anti-vaccination for children social media campaign has been active. – Health visitors have been attending nurseries to promote the need for vaccination.
- Some BME groups opposed to the injections.

- Muslim population not wanting children to have the nasal flu vaccination due to issues of gelatine inclusion. – It has been confirmed with the medicines management team that children in the 'at risk categories' are able to be vaccinated with the injection.

Assurance was received from practices that they are contacting patients again via letters, emails, text messages and posters in clinics and that clinicians and care navigators are asking patients at every opportunity.

d. Primary Care Incident Reporting

Historically practices have managed their incidents internally at Significant Event meetings and reported these to NHS England via a Significant Event Audit form. Whilst CQC reports evidence good management of incidents within most practices, reporting of these incidents to NHS England has been low.

From September 2018, BNSSG CCG is responsible for the management of Primary Care (General Practice) incident reporting. The Datix system which has previously been used for reporting GP concerns about secondary care has now been developed as a tool for Primary Care to report their significant events/internal incidents. The Clinical Lead for Quality attended GP forums to promote the use of this tool and the importance of reporting incidents in order to share learning and improve quality.

During quarter 3 2018/19 practices within BNSSG have reported 16 incidents, none of these incidents have been assessed by the CCG as Serious Incidents. The incidents have been analysed and it has been noted that the majority reported are relating to vaccination issues. This has been discussed with the CCG Practice Nurse Leads and the Medicines Optimisation team. A best practice guide for vaccinations is being drafted and will be shared with all practices. This communication will emphasise the value and importance of reporting incidents in order to share learning and best practice.

e. Medicines Optimisation

Antibiotic prescribing

The CCG Medicines Optimisation team monitor the antibiotic prescribing rates for all GP practices. Antibiotic prescribing is monitored in relation to the Quality Premium schemes. In 2018/19 these are:

Part b) (i) A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June 15-May 16).

Data is available up to September 2018 and shows a continued reduction in the prescribing of Trimethoprim patients over 70 years, with the target to prescribe below 19,406 items being met and is continues to show a downward trend.

Figure 12: Trimethoprim for over 70 year old prescribing figures

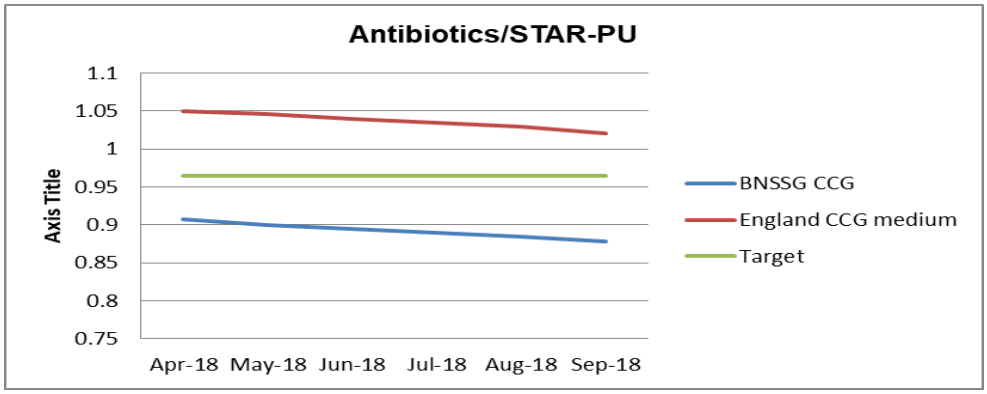
Month	April 18	May 18	June 18	July 18	Aug 18	Sept 18	TARGET
Trimethoprim prescriptions patients ≥ 70 year to date BNSSG CCG	19,390	18,724	17,995	17,480	16,888	16,271	19,406

Part c) i) the number of antibiotics prescribed in primary care to be equal to or below the England 2014/14 mean CCG value of 1.161 items per STAR-PU

Part c) ii) Additional reduction in the number of antibiotics prescribed in primary care to be equal to or below 0.965 items per STAR-PU. This additional threshold supports the UK ambition to reduce inappropriate antibiotic prescribing by 50% by 2020.

Data is available up to September 18 and the CCG is meeting the additional threshold and benchmark well against the England CCG median and continues to show a reduction.

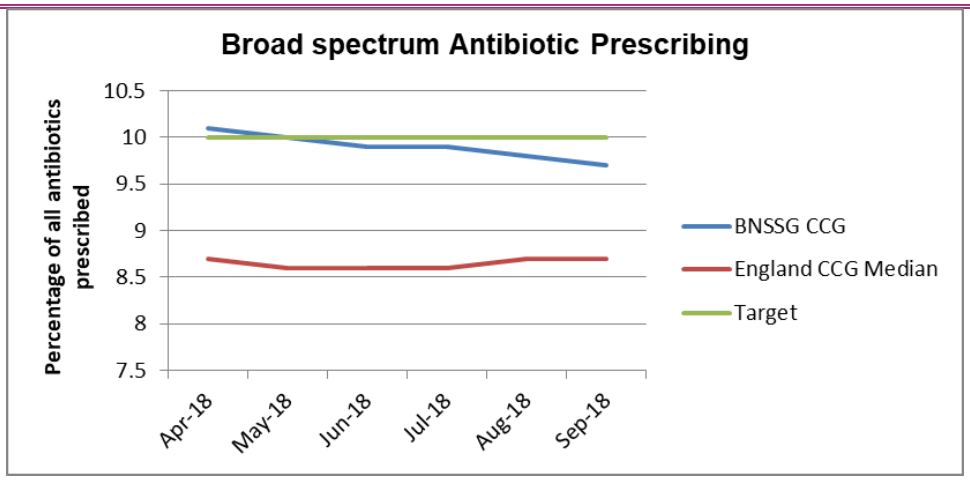
Figure 13: Antibiotic prescribing per STAR-PU



Work also continues on reducing the number of prescribed broad spectrum antibiotics: Co-amoxiclav, Cephalosporins and Quinolones. This is a CCG Improvement and Assessment Framework (IAF) indicator with a target of broad spectrum antibiotics being 10% or less of all antibiotics prescribed in primary care.

Data is available until September 18 and since May 18 the CCG has met the target and a continued improvement is being seen. However the CCG is still above the England CCG median therefore further improvement is still required.

Figure 14: Broad spectrum Antibiotic Prescribing



All GP Practices have been sent localised targets as part of the Medicines Optimisation Quality scheme. Discussions are held and support offered to Individual GP practices that continue to show above average rates to understand why and ascertain if anything can be done to reduce prescribing. To support all practices in meeting their targets antibiotic prescribing data is sent out and an audit on the prescribing of broad spectrum antibiotics has been undertaken. A successful Education event took place in November on Antibiotic Stewardship in the community with 53 practices across BNSSG represented.

An audit on pyelonephritis has also been completed. The audit was helpful to inform the production of a new pyelonephritis pathway, which will be released imminently. The BNSSG urinary tract infections guidelines are being updated in line with the release of NICE guidelines and the updated PHE diagnosis guidelines.

The BNSSG primary care antibiotic guideline is continually reviewed and updated as required, by the medicine optimisation team working closely with local microbiology experts.

Medicines Optimisation Prescribing Quality Scheme

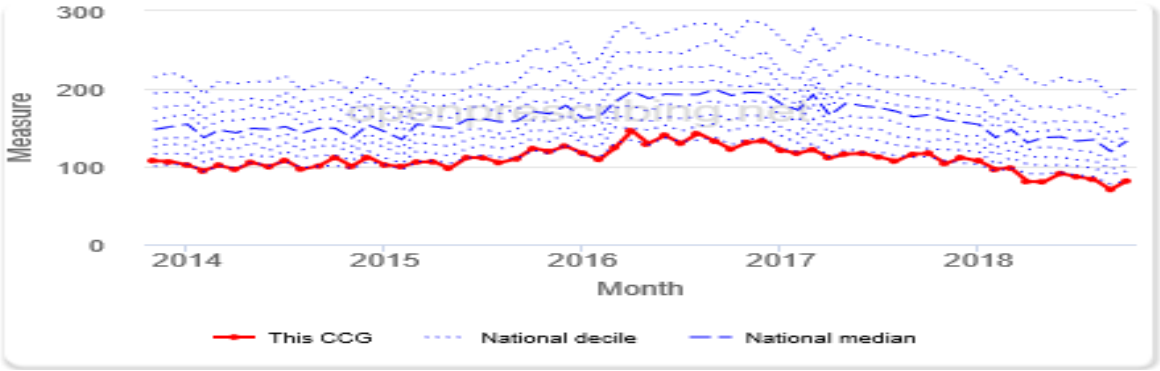
The scheme aims to improve the quality, safety and cost effectiveness of prescribing across BNSSG and is offered to all GP practices. Practices are undertaking their targeted reviews where a practice has either benchmarked high nationally or locally or can provide evidence that the project will add local clinical value. Included in this audit is a multidisciplinary medication review. Work is on-going to increase the number of patients that self-care for minor conditions in line with national and locally approved guidelines.

Wider STP Projects

The CCG benchmarks well for prescribing of medicines of low clinical value and work continues with GP practices and acute trusts to reduce this further.

NHS England Low Priority Treatment – All low priority treatments

Figure 15: Prescribing of medicines of low clinical value



Work has started across the system to reduce inappropriate polypharmacy. An example of this programme of work is collaboration with local trusts to reduce inappropriate prescribing of Proton Pump Inhibitors.

The CCG received funding from the NHS England's Pharmacy Integration fund to commission North Somerset Community Partnership to host a team of pharmacists and pharmacy technicians for two years who will work to optimise medicines use in Care Homes. This team starts in January 2109, initially in North Somerset then expanding to the whole of BNSSG. The CCG also directly employs two pharmacists to undertake this role in South Gloucestershire and a pharmacy technician focussed on the Bristol area. Support is available for both residential and nursing homes.

Medicines optimisation in care homes has been shown to:

- Improve quality of care through better medicines use

3. Focused Quality Domain – Workforce and Resilience

This month's domain for further detailed analysis is GP workforce and resilience, as per the quality calendar presented to the PCCC (Appendix 1). Workforce is one set of indicators that we use to measure resilience in primary care, and work is ongoing to develop a framework that better defines and evaluates practice resilience. An update on the Healthier Together General Practice Transformation and Resilience work stream will be presented to PCCC in the coming months. For the purpose of this report, the focus is on workforce metrics.

Within the baseline annual data (all practices submit to the Workforce Minimum Dataset, NHS Digital) there are five indicators regarding workforce:

- %GPs aged 55 years and over
- % locum GPs
- % Nurses aged 55 years and over
- Number of patients per full time equivalent (FTE) GP
- Number of patients per FTE Nurse.

The data below shows the workforce indicators broken down by area, against the national and CCG picture:

	England	BNSSG	Bristol	North Somerset	South Glos	For every indicator a lower figure is better.
%GPs aged 55 years and over	22%	20%	19.1%	26.3%	17.5%	
% locum GPs	2.7%	1.5%	0.9%	1.6%	2.5%	
% Nurses aged 55 years and over	34%	32%	32.5%	29.6%	30.9%	
Number of patients per FTE GP	2094	1886	1820	1964	1573	
Number of patients per FTE Nurse	4042	3669	3530	2784	1955	

CCG Improvement and Assessment Framework 2017/18 Q4 (IAF) showed:

- Primary Care workforce is improving in the Bristol area
- Primary Care workforce in South Gloucestershire is in the top quartile

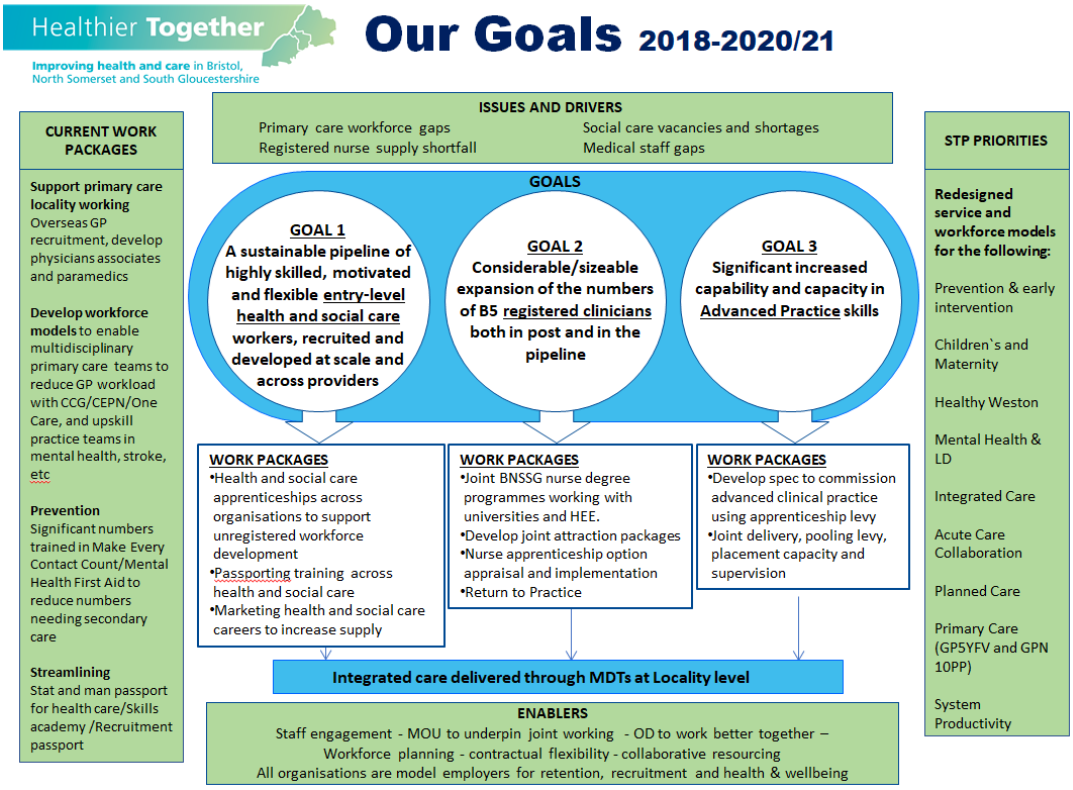
The General Practice Forward View is committed to strengthening the general practice workforce.

In partnership with Health Education England (HEE), the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA), NHS England plans to increase the number of GPs in England by a minimum of 5000, and other health professionals in the general practice workforce by at least a further 5000, although the date is yet to be set for when this will be achieved. This will enable bigger teams of staff providing a wider range of care options for patients and freeing up time for GPs to focus on patients with more complex needs.

BNSSG is expecting a shortfall of 70 GPs in maintaining current numbers by 2020, with four GPs retiring every three months (the shortfall will reduce to 20 GPs if we meet our goal of recruiting 50 International GPs in BNSSG by 2020). This shortfall is in terms of maintaining current numbers of GPs and does not take into account our development of new models of care.

What we are doing about it:

BNSSG Healthier Together Workforce Goals



Governance

The Community and Primary Care Workforce Development sub-group has been set up as a sub-group of the Healthier Together Workforce Steering Group (LWAB). It acts as an enabling workstream for both Healthier Together (STP) and General Practice Forward View. The sub-group provides overall assurance, through relevant organisation and system representation, subject experts/professional groups, reviewing the development, design and delivery of plans of relevant Healthier Together work streams, programmes and projects and Primary Care Development/General Practice Forward View.

The Community and Primary Care Workforce Development sub-group includes membership from Healthier Together (Workforce Programme Lead), NHS England, Health Education England, the Avon LMC, the CEPN, One Care, Local Authority, and BNSSG CCG.

Over £1m HEE and NHSE 18/19 funding has been secured to support BNSSG Community and Primary Care Workforce transformation. The sub-group works to ensure the various funding sources, work streams and programmes of work

- align and form a cohesive, overall workforce programme with a whole system perspective and approach,

- oversee the implementation of the workforce programme to deliver the expected benefits,
- provide best value for the system, and
- engage with local, regional and national stakeholders to co-ordinate inputs from HEE, NHSE and other Healthier Together member organisations.

The sub-group horizon scans to inform existing programmes of work and develops new programmes of work and bid/funding opportunities for future investment.

The Community and Primary Care Workforce sub-group reports to both the

- Healthier Together Workforce Transformation Steering Group (Local Workforce Action Board (LWAB)), which reports to Sponsoring Board, and the
- Primary Care Operations Group which reports to the Primary Care Commissioning Committee (PCCC)

BNSSG Workforce Initiatives

BNSSG Primary Care has been supported by NHS England and investments for bespoke projects made on the basis of the current infrastructure:

- The geographical area includes one STP, one Community Education Provider Network (CEPN), and one Clinical Commissioning Group (CCG)
- BNSSG CCG have invested in a primary care development team, including a specific role in primary care workforce development
- BNSSG CCG have employed lead practice nurses to:
  - Champion the role of Practice Nursing in primary care
  - Support the GP Forward View
  - Deliver the GP Nursing 10 Point Plan (GPN10PP)
  - Primary Care Workforce Modelling Project (to be delivered by One Care)
  - Deliver the priorities of the 'Three Workforce Goals' of the Healthier Together BNSSG STP

BNSSG has developed a primary care workforce trajectory. NHS England's operating plan guidance states that there is an expectation that the workforce profile for the STP will be refreshed and we are awaiting further guidance.

Current primary care workforce initiatives in BNSSG include:

Priority Area	Initiative	Aim of Initiative	Delivered by
NHSE GPFV: Increasing GP recruitment to meet the shortfall in	• NHSE International GP Recruitment Programme in BNSSG	• Aiming to recruit 25 international GPs in 2019 and 25 GPs in 2020 in BNSSG	December 2020

numbers of GPs in BNSSG	• One Care BNSSG Recruitment Portal	• Targeted GP recruitment in BNSSG	Ongoing
	• NHSE Intensive Support Scheme (ISS) (linked to the implementation of the Increasing Time to Care Programme) in Weston, Worle and Villages (WWV)	• Targeted recruitment to practices in WWV Locality	March 2019
NHSE GPFV: Improving GP retention	• NHSE Intensive Support Scheme (ISS) in Weston, Worle and Villages	• To improve 'back office functions' in practices relieving pressure from practices making general practice an attractive place to work • Radically changing appointment processes • Creating a new patient pathway in general practice	March 2019
	• NHS England Local GP Retention Programme in BNSSG	• Retaining GPs in the first five years through a leadership programme, and setting up ongoing support networks • Health inequalities fellowship opportunity for three GPs working in areas of deprivation of BNSSG, with learning shared throughout BNSSG	March 2019

	• Health Education England (HEE) GP Induction and Refresher Course in BNSSG	• To attract doctors back into general practice in BNSSG	Ongoing
NHSE GPFV: Identifying the skill mix based on competencies required in primary care	• BNSSG Primary Care Workforce Modelling Project (being piloted in one locality)	• To identify competencies required in primary care to carry out tasks rather than job titles, ensuring all staff are practising at the top of their license	May 2019
	• E-consultation (by 2020 95% of the practice population will have access to electronic consultation)	• Improve access to primary care • Ensuring patients access the right place, right person, right time • Making workloads more manageable for GP practices	December 2020
	• BNSSG CEPN placement initiative with UWE: Paramedics in primary care	• To offer professions not traditionally working in primary care 'portfolio' careers, aiding retention and reducing pressure on GPs, aiming for a further 27 Paramedics to be working in primary care by 2020	December 2020
	• BNSSG are developing and evaluating Physicians Associates as a role	• To support the primary care team and reduce the workload of GPs, aiming for a further 7 Physicians Associates to be	December 2020

		working in primary care by 2020	
	• BNSSG Health and Social Care Workforce Project	To create a framework that supports a resilient social care workforce as part of Healthier Together workforce transformation, resulting in a positive impact on primary care ensuring people receive 'joined up' care in the community, helping to prevent acute medical episodes in people with long term conditions. This project will be hosted by one of the local authorities in BNSSG. The aim of the project will be • to engage with providers to identify and put in place actions that most effectively address pipeline and retention across BNSSG social care workforce • to promote engagement and understanding between health and social care partners • to analyse the work undertaken at the interface between Health and Social Care to explore and test the impact of hybrid roles The project will focus on both the directly employed and the commissioned domiciliary care workforce (60 providers across BNSSG) and the unregistered direct care workforce, who present	January 2020

		the highest volume and highest retention and the registered manager workforce, who have the greatest impact on service quality across social care	
	• Developing and evaluating the Care Navigator role	• To ensure patients are given the appropriate information for improved self-care. Plans are currently being developed to support practice teams to introduce and develop active signposting	March 2019
	• NHSE Clinical Pharmacist Programme	• To increase the numbers of clinical pharmacists in primary care to optimise patient medication and relieve pressure from GPs. 47 Clinical Pharmacists have been employed in BNSSG through the NHSE Clinical Pharmacist Programme (Waves 1 & 2). Wave 3 and 4 of the programme are being promoted through each of the localities, with particular focus on North Somerset and South Gloucestershire localities, where uptake is not as high as in the Bristol	Next wave Feb 2019

		localities. However some practices have employed pharmacists independently of this scheme.	
	• Upskilling the BNSSG primary care workforce through a co-ordinated training programme based on analysis of need and linked to STP priorities through CEPN, LMC, and One Care	• To ensure the workforce operate to their maximum potential and to support an increase in out of hospital care	Ongoing
	• Passport-ing training across health and social care in BNSSG	• Improve the ease of cross-organisational working eg rotational posts into primary care to improve retention	December 2020
NHSE General Practice Nursing 10 Point Plan	• BNSSG CCG Locality lead practice nurses in post	• Working with local schools and colleges to promote practice nursing as a career • Promoting Advanced Clinical Practitioner roles in Primary Care in BNSSG	March 2019
	• BNSSG CCG Workforce Lead Practice Nurse in post	• Working with local universities and practices to increase the number of nursing placements in primary care	March 2019
	• BNSSG Mentorship Training	• Increasing the numbers of practice nurses qualified in	Ongoing

		mentoring to enable an increase in the numbers of nursing placements in primary care	
	• BNSSG Practice Nurse Health Inequalities Fellowship	• NHSE have agreed to fund three practice nurses to complete a health inequalities fellowship (Public Health Post Graduate Certificate) in BNSSG. They will work closely with three GPs on the LGPR programme to ensure multidisciplinary working, improving the retention of doctors and nurses in areas of deprivation, and sharing learning across BNSSG	March 2019
	• BNSSG and NHS England GPN10PP	• Working with Programme Lead for SE and SW Regions to scope a primary care nurse bank	TBC

4. Quality Improvement Work

A workshop is scheduled for 22nd January with Commissioner and Primary Colleagues with an aim of developing a vision for a culture of continuous improvement in Primary Care. This will include development of a process to achieve a system of learning and improvement. Following the workshop an implementation plan will be developed, which will be shared with the committee.

5. Financial resource implications

There are no specific financial resource implications highlighted within this paper.

6. Legal implications

There are no specific legal implications highlighted within this paper.

7. Risk implications

There are risk implications highlighted as a result of over 50% of practice nurses being over 50 years of age (there is currently a high proportion of practice nurses between the ages of 50-55), and BNSSG is expecting a shortfall in maintaining current numbers of 70 GPs in 2020, with four GPs retiring every three months (the shortfall will reduce to 20 GPs if we meet our goal of recruiting 50 International GPs in BNSSG by 2020). There are programmes of work being led by NHS England to improve both recruitment and retention, and improve processes in general practice to relieve pressure from GPs and work around developing the primary care team and new models of care.

8. 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. In the programme of work to improve workforce in BNSSG, health inequalities fellowships are being offered to three GPs and three practice nurses, addressing areas of health inequalities, with learning to be shared across BNSSG. Health Inequalities Fellowship posts are part of BNSSG's Local GP Retention Programme. Also of note, NHSE Intensive Support Scheme funding is being targeted to a locality with known workforce issues and is being delivered in an area of health inequality (Weston, Worle and Villages).

9. 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.

10. 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. As a result, the Community and Primary Care Workforce Development Sub-group of the Healthier Together Workforce Steering Group (LWAB), is seeking advice from BNSSG CCG's Partnerships Engagement Manager regarding how to best engage patients in the workforce programme.

11. Recommendations

- To note the updates on monthly quality data, quarterly medicines optimisation data and specific performance indicators for Primary Care Workforce and Resilience
- To agree the proposed escalation process for failure to submit FFT data.

Appendix 1 – Quality Domain Calendar

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Report Sponsor: Anne Morris, Director of Nursing and Quality

Glossary of terms and abbreviations

Please explain all initials, technical 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
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

Quality Calendar

Items reported every month:

- Care Quality Commission updates.
- Friends and Family Test data.
- Quality improvement updates.
- Quality escalations identified in month.

Items reported on a Quarterly Basis:

- Medicines Optimisation.

Month	**Domain**
October	Children
November	Update on National Annual Data
December	Cancer
January	Workforce & Resilience
February	Diabetes
March	Cardiovascular
April	Mental Health
May	Prescribing
June	Respiratory
July	Dementia
August	Urgent & Emergency Care
September	Patient Experience