

<b>Title of meeting:</b>				<b>Primary Care Joint Commissioning Committee Committee in Common</b>			
<b>Date of Meeting</b>		11 <sup>th</sup> October 2016		<b>Paper Number</b>		Paper 12	
<b>Title</b>				Primary Care Quality Report - Improving Patient Safety in Primary Care Medical Services for: <ul style="list-style-type: none"> <li>• Bracknell &amp; Ascot CCG</li> <li>• Windsor, Ascot &amp; Maidenhead CCG</li> <li>• Slough CCG</li> </ul>			
<b>Sponsoring Director</b> (name and job title)				Sarah Bellars Director of Nursing and Quality			
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)							
<b>Author(s)</b>				Jo Greengrass Associate Director of Nursing – Quality and Safety			
<b>Purpose</b>				This report is prepared to provide an update as to what the Quality and Safety Team have been doing and how NHS England and the CCG's have been working together to help drive improvements in quality and patient safety.			
<b>The Primary Care Joint Commissioning Committee in Common is required to (please tick)</b>							
<b>Approve</b>		<b>Receive</b>		<b>Discuss</b>		<b>Note</b>	
						x	
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				These are highlighted within the paper			
<b>Legal implications/regulatory requirements</b>				National Guidance			
<b>Public Sector Equality Duty</b>				None for this report			
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>				The NHS provides a comprehensive service available to all. Access to NHS services is based on clinical need, not an individual's ability to pay The NHS aspires to the highest standards of excellence and professionalism The NHS aspires to put patients at the heart of			

	<p>everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>
<p><b>Strategic Fit</b> <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Fits with Primary Care Co Commissioning</p>
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>None for this report</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i> <i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Quality Team</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Implicated in individual surveys</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i> <i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable</p>

	harm.
<b>Co-Commissioning governance</b>	
Which CCG does this Paper relate to or potentially effect?	Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell & Ascot <input checked="" type="checkbox"/>
Is this paper related to a CCG statutory function?	Yes delegated
Is this paper related to a NHS England statutory function?	Yes, the commissioning of Primary Care services (Medical)
Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	GP's
Are all voting members eligible to vote?	YES
<p><b><u>Executive Summary</u></b></p> <p>The Quality report provides an overview or the work undertaken by NHS England and the CCG's to help drive improvements in quality and patient safety.</p> <p>This report includes:</p> <ul style="list-style-type: none"> <li>• CQC inspections</li> <li>• Incident Reporting</li> <li>• Complaints</li> <li>• FFT</li> <li>• Safeguarding</li> <li>• Infection Prevention and Control</li> <li>• Quality Premium</li> <li>• GP Data Base</li> <li>• GP patient survey</li> </ul>	
<p><b><u>Recommendation(s)</u></b></p> <p>The Joint Commissioning Committee in Common is asked to note the report .</p>	

<b><u>Chairs Use Only</u></b>	
Any known conflicted committee members from Declarations of Interest register?	No

# **Primary Care Quality Report**

**July to August 2016**

**For the Clinical Bracknell and Ascot  
Clinical Commissioning Group  
Slough Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical  
Commissioning Group**

**September 2016**

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## Glossary

Abbreviation	Full Term	Definition
CQC	Care Quality Commission	It is the independent regulator of health and adult social care services across England. Their responsibilities include registration, review and inspection of services and their primary aim is to ensure that quality and safety are met on behalf of patients.
FFT	Family and Friends Test	A national programme which asks patients whether they would recommend for example hospital wards maternity and A&E to their friends and family if they needed similar care or treatment
KPI	Key performance indicator	A type of performance measure which helps an organisation to define and measure their progress.
NRLS	National Reporting and Learning System	The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care
MRSA	Methicillin-resistant Staphylococcus aureus.	MRSA is a type of bacteria that's resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

## 1: Introduction

This report provides data where possible from July to August 2016. The report looks at the key quality issues in Primary Care. The report also highlights the different initiatives that are supporting the understanding of Quality in General practice by NHS England and the CCGs. It is envisaged that over the next year more Quality data will be able to be reported.

## 2: Care Quality Commission (CQC) Inspections

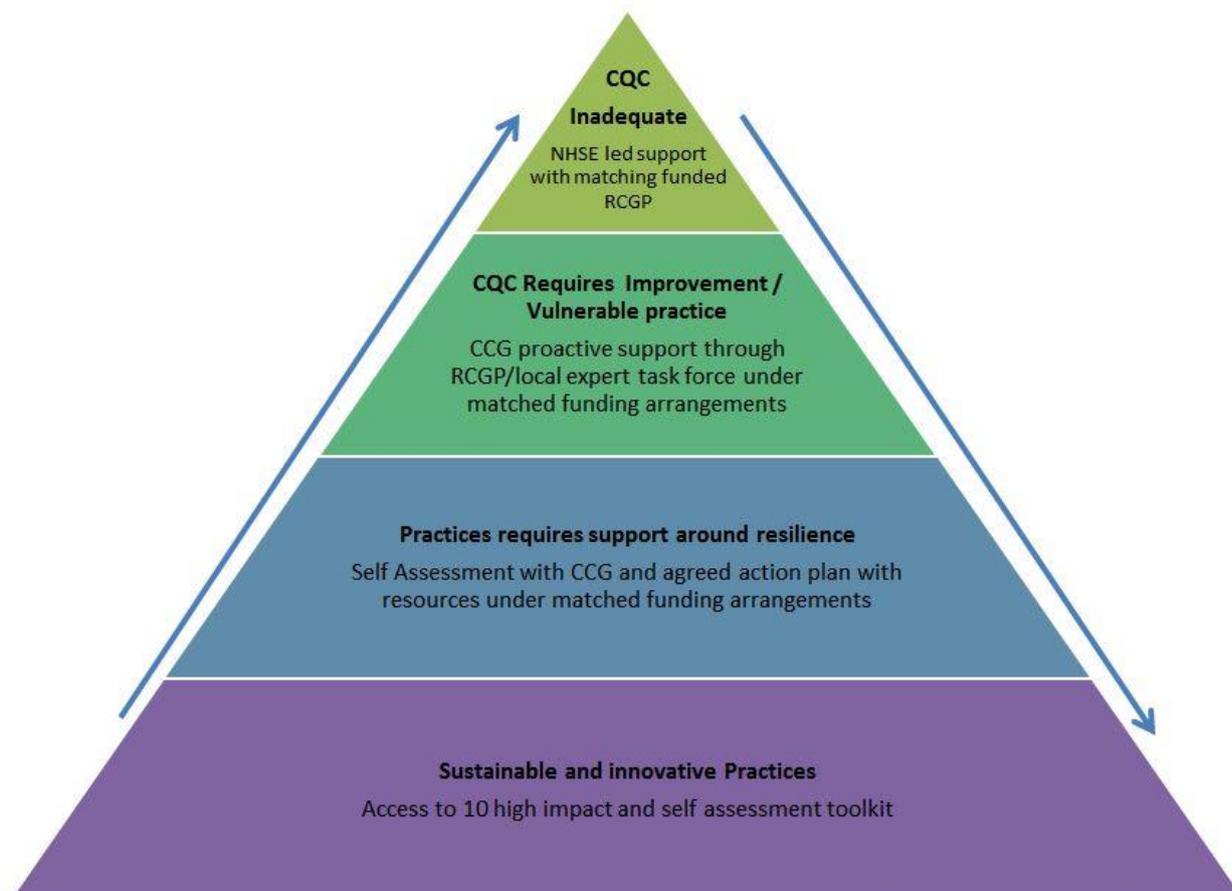
The table below identifies the position of all the Practices with reference to the CQC inspections. There are still a number of practices that are waiting for an inspection. Practices that were rated 'Requires Improvement' or 'Inadequate' will be re-inspected in 6 months from the time of the report publication. There is 1 Practice that is rated 'Outstanding' and 2 that have moved from 'Inadequate' to 'Good'.

### CQC Ratings as of 26/09/2016

Practice	Rating
<b>Slough CCG</b>	
40 Ragstone Road	Requires Improvement
240 Wexham Road	Inadequate (special measures). They were re-inspected in September and are awaiting the report.
242 Wexham Road	Good
The Avenue Medical Centre	Requires Improvement
Bharani Medical Centre	Good
Slough Walk in Health Centre (BHFT)	Good
Crosby House Surgery	Requires Improvement
Farnham Road Surgery	CQC have not inspected this service yet under the new regime
Cippenham Surgery	Good
Hershal Medical Centre	Requires Improvement
Kumar Medical Centre	CQC have not inspected this service yet under the new regime
Langley Health Centre	Outstanding
Manor Park Medical Centre	Good
The Orchard Practice	Good
Shreeji Medical Centre	Good
Upton Medical Partnership	Requires Improvement
The Village Medical Centre	Requires Improvement
<b>Bracknell &amp; Ascot CCG</b>	
Forest End Medical Centre	Good
Binfield	Good
Boundary House Medical Centre	Good
Crownwood Medical Centre	Good
Easthampstead Surgery	Inadequate (special measures)
Evergreen Practice	Good
Gainsborough Practice	Good
Great Hollands Practice	Requires Improvement
Green Meadows Practice	Good
Heath Hill Surgery	Good

Kings Corner Surgery	<b>Good</b>
Magnolia House Surgery	<b>Good</b>
Ringmead Medical Practice	<b>Requires Improvement</b>
The Sandhurst Group Practice	<b>Good</b>
The Waterfield Practice	<b>Good</b>
<b>Windsor, Ascot &amp; Maidenhead CCG</b>	
Radnor House Surgery and Ascot Medical Centre	<b>Inadequate (special measures)</b>
Cedars Surgery	<b>CQC have not inspected this service yet under the new regime</b>
Claremont Surgery and Holyport Practice	<b>CQC have not inspected this service yet under the new regime</b>
Clarence Medical Centre	<b>Good</b>
Cookham Medical Centre	<b>Good</b>
Cordwallis Road Surgery (Bharani Medical Centre)	<b>Good</b>
Datchet Health Club	<b>Good</b>
Linden Medical Centre	<b>Good</b>
Lee House Surgery	<b>Good</b>
Redwood House Surgery	<b>Good</b>
Ross Road Medical Centre	<b>Good</b>
Rosemead Surgery (Dr Hutchings and Partners)	<b>Requires Improvement</b>
Runnymede Medical Practice	<b>The surgery have been inspected but report not published</b>
Sheet Street Surgery	<b>Good</b>
Symons Medical Centre	<b>Good</b>
South Meadow Surgery and Dedworth Medical Centre	<b>Good</b>
Woodlands Park Surgery	<b>Good</b>

Support resilience in General Practice; GP Forward View response paper outlines how General Practice will be supported in the future following CQC inspections.



### 3: Incident Reporting

General Practice has an internal reporting system but these incidents are very rarely reported to the National Reporting and Learning system (NRLS) through the General Practice Patient Safety Incident Report Form. There have been 4 incidents reported on this system in the reporting period from Slough only. 2 of the incidents were concerning other Providers and would have been better reported as a clinical concern. One incident was reported to NHSE and has been declared as a Serious Incident following a patient death. The incident involved a number of organisations but the incident has been attributed to Primary Care. The last incident was an immunisation error and again this has been reported to NHSE. The CCG's have agreed to fund an Incident reporting system for General Practice and a number of practices have agreed to support the development and piloting of this. A Quality team member presented to a Primary care patient safety day on the Datix System and has had a number of surgeries who are interested in working on this. They would also like this to support their complaints. The incidents will be viewed by the CCG's Quality team and NHS England and will be uploaded to the NRLS.

### 4: Complaints

Patients, who wish to make a complaint about their practice, can make complaints directly with their practice or to NHS England. The majority of patients choose to do this directly with the

practice., the numbers below are the numbers of complaints received by NHS England from 1 Jan 2016 to now. There have been;

Slough CCG

13 complaints received for the period 1 April 2016 to 31 August 2016 and these were all GP practice related.

Windsor, Ascot & Maidenhead CCG

6 complaints received for the period 1 April 2016 to 31 August 2016 and these were all GP practice related.

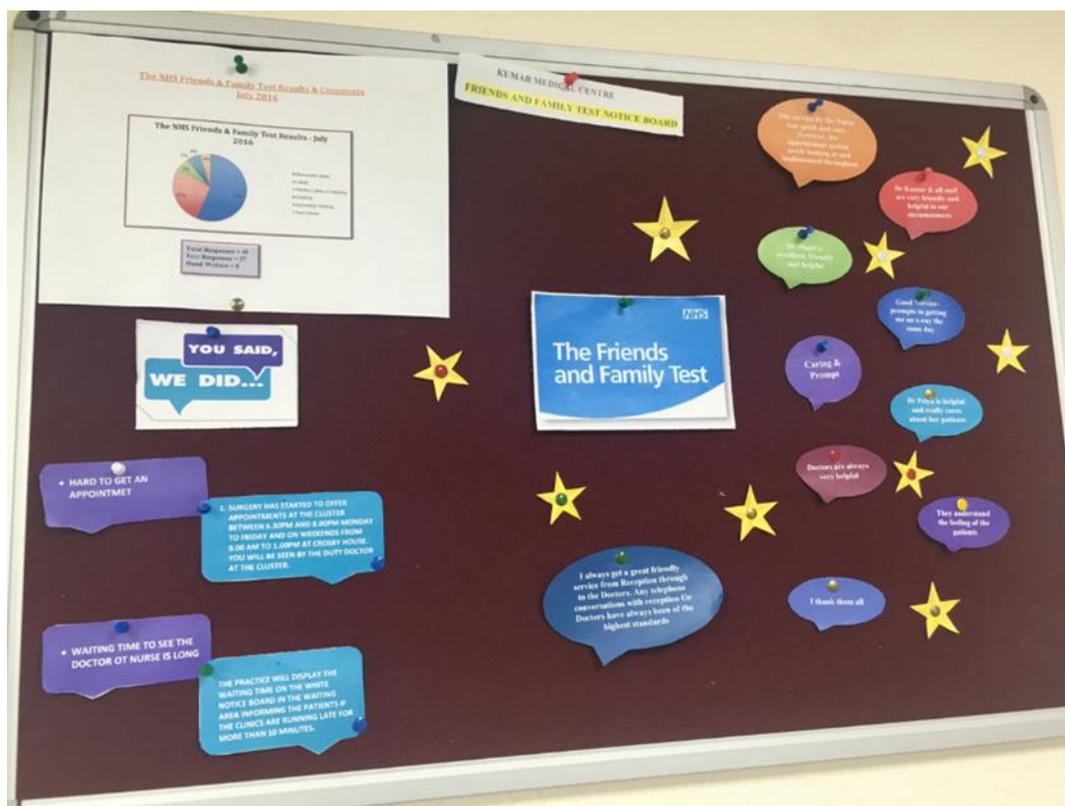
Bracknell & Ascot CCG

6 complaints received for the period 1 April 2016 to 31 August 2016 and these were all GP practice related.

Unfortunately due to Information Governance issues no other information was able to be shared from NHS England for this report.

## **5: Family and Friends Test (FFT)**

There are currently two practices across East Berkshire (Kumar Medical Centre and Ringmead Medical Practice) piloting a 'you said we did' display board where the feedback gained from the FFT data is used to shape improvements in practice suggested by patients. The improvements that have been implemented will then be communicated on the practices friends and family test board to patients.



Kumar Medical Centre Family and Friends test Notice Board

Across the three CCGs the incidence of reporting during Q1 varies quite substantially; typically Bracknell & Ascot CCG and Slough CCG have the most practices reporting on a consistent basis from month to month, whereas Windsor, Ascot and Maidenhead CCG is probably the least consistent across the CCGs for practice reporting with some practices failing to report at all or only once throughout Q1.

All three CCGs incidence of FFT reporting over the last year has varied considerably from month to month however all three are typically reporting less responses during Q3 with response rates improving in Q4 2015/16. Both Bracknell & Ascot CCG and Slough CCG are consistently reporting upwards of at least 200 responses each month and have done since the beginning of 2015. Windsor, Ascot and Maidenhead CCG are reporting substantially less in Q1 than they have done previously throughout the year. It is advised that each CCG highlights the importance of collecting FFT data to practices so that awareness and the amount of responses received improves. The FFT data was analysed alongside the GP Patient Survey data to determine if there was a correlation between patient satisfaction and how likely patients were to recommend or not recommend the service however there was no significant correlation.

The number of patients ‘extremely likely’ or ‘likely’ to recommend a family or friend to their practice is often proportional to the number of responses received so although less patients may recommend the service from month to month it is important to consider this against the number of responses received. During Q1 there was a downward trend in Bracknell & Ascot CCG and Slough CCG patients stating that they were ‘extremely likely’ or ‘likely’ to recommend the service whereas Windsor, Ascot and Maidenhead CCG respondents reported an upward trend during the same time period. There was however an upward trend through Q1 for Bracknell & Ascot CCG and Slough CCG patients stating that they were ‘extremely unlikely’ or ‘unlikely’ to recommend the service whilst there was a downward trend for Windsor, Ascot and Maidenhead CCG patients. It is recommended that practices are encouraged to distribute and collect FFT data going forward with a particular focus on those practices reporting substantially less than others. The Quality team are also going to discuss with the Patient Participations groups to see if they can help with more patients taking part.

## 6: Safeguarding

CQC inspections across primary care have taken place during 2015 – 2016. The CCG safeguarding team led by the Designated Nurse and Associate Director for safeguarding have an important role in supporting practices to prepare for their inspections and assist any improvements following inspections where safeguarding issues have been highlighted by the inspectors. The safeguarding team have good and effective relationships with primary care colleagues and the level of commitment demonstrated by primary care to improve their safeguarding practices has been good. Since the last report there is to be a safeguarding adult review for a person who died, this review involves Primary care. The person had a learning disabilities and there was a number of agencies involved in their care.

## 7: Infection Prevention and Control

The Infection Prevention and Control Nurse (IPCN) has been supporting Practices if there have been any issues raised by CQC unfortunately this position is vacant at present. The CCG’s have support for 10 hours a week from an experienced IPCN until the position is appointed to.

### 7.1: Clostridium difficile infections

#### **Clostridium difficile objectives 2016/17**

*Clostridium difficile* objectives for the three CCGs are shown in **Error! Reference source not found.** below.

**Table 1: Clostridium difficile objectives for three CCGs within East Berkshire 2015/16 and 2016/17**

CCG	<b>C. difficile objective (number of cases) 2015/16<sup>1</sup></b>	<b>C. difficile ACTUAL (number of cases) 2015/16</b>	<b>C. difficile objective (number of cases) 2016/17<sup>2</sup></b>	<b>C. difficile ACTUAL (number of cases) 2016/17</b>

<sup>1</sup> CDI Objectives for normal, teaching and specialist acute trusts and CCGs for 2015/16

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/02/clostridm-difficile-infect-objct-15-16-guid-feb152.pdf>

<sup>2</sup> Clostridium difficile infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/05/c-diff-objectives-guidance-16-17-v2.pdf>

				YTD
Bracknell and Ascot CCG	18	15	18	6
Slough CCG	22	19	22	8
Windsor, Ascot and Maidenhead CCG	33	22	33	11

Source: Public Health England<sup>3</sup>; YTD:Year -to-date

**Table 2: Number of actual *Clostridium difficile* cases in 2016/17 in Bracknell and Ascot CCG along with monthly limits, YTD actual and YTD limits**

<i>C. difficile</i> cases	2016/17											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	0	3	1	1	1							
Limit	1	2	1	2	2	3	2	1	1	1	1	1
YTD actual	0	3	4	5	6							
YTD Limit	1	3	4	6	8	11	13	14	15	16	17	18

Source: Public Health England<sup>4</sup>; YTD:Year -to-date

**Table 3: Number of actual *Clostridium difficile* cases in Slough CCG in 2016/17 along with monthly limits, YTD actual and YTD limits**

<i>C. difficile</i> cases	2016/17											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	2	1	2	1	2							
Limit	1	2	2	2	2	3	2	2	1	1	2	2
YTD actual	2	3	5	6	8							
YTD Limit	1	3	5	7	9	12	14	16	17	18	20	22

Source: Public Health England; YTD:Year -to-date

<sup>3</sup> <https://hcaidcs.phe.org.uk/WebPages/HomePage.aspx>

<sup>4</sup> <https://hcaidcs.phe.org.uk/WebPages/HomePage.aspx>

**Table 4: Number of actual *Clostridium difficile* cases in Windsor, Ascot and Maidenhead CCG in 2016/17 along with monthly limits, YTD actual and YTD limits**

C. <i>difficile</i> cases	2016/17											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	2	2	2	3	2							
Limit	2	2	2	4	4	5	3	3	1	3	2	2
YTD actual	2	4	6	9	11							
YTD Limit	2	4	6	10	14	19	22	25	26	29	31	33

Source: Public Health England; YTD:Year -to-date

**Table 5: Number of *Clostridium difficile* cases within the three CCGs in 2016/17 compared to the same month in 2015/16**

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year end
2015/16	4	4	4	7	6	4	10	4	4	3	1	5	56
2016/17	4	6	5	5	5								

Source: Public Health England

- All 'community acquired' *Clostridium difficile* cases are now being reviewed at Post Infection Reviews.

## 7.2: MRSA infections

**Table 6: Monthly count of MRSA bacteraemia CCG PIR assigned cases from April 2016 to March 2017 in the three CCGs within East Berkshire.**

CCGs	2016/17											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bracknell & Ascot	0	0	0	0								
Slough	1	0	0	0								
Windsor, Ascot & Maidenhead	0	0	0	0								
<b>Total YTD</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>								

Source: Public Health England

## 8: Quality Premium 2016/17 – Good Experience of making an appointment

A working group has been set up to focus on the quality premium aimed at improving the overall experience of making a GP appointment. The aim is for there to be a 3% point increase from the July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment.

July 2016 baselines:

National Average: 73%

Bracknell & Ascot CCG: 72%

Slough CCG: 58%

Windsor, Ascot & Maidenhead CCG: 71%

July 2017 scores to secure quality premium:

Bracknell & Ascot CCG: 75%

Slough CCG: 61%

Windsor, Ascot & Maidenhead CCG: 74%

The working group has met three times in total and a number of teleconferences have been completed with practice managers from all three CCGs. A learnings guide/presentation has been collated based on sources from the GP Patient Survey, Healthwatch and intelligence gathered from practice staff. The guide will then be circulated across practices and presented at the Primary Care event on Tuesday 4th October. The practices identified from the GP Patient Survey with low patient satisfaction for overall experience of making a GP appointment will be offered support where some of the processes outlined in the guide will be piloted.

A leaflet to be sent to patients will also be created once some of the pilot sites have implemented the processes outlined in the guide. The leaflet will highlight the changes that have been in general practice to improve overall satisfaction of making a GP appointment. This should have a positive influence on patient's perception of access. The GP patient survey responses will next be collected between January-March 2017 with the results being published in the July 2017 publication.

## **9: GP Data Base**

The Quality Team have developed a GP data base that holds all the Quality information in place concerning practices. It will be able to provide reports to support the Quality function in the future and identify any themes and trends. A dashboard will be developed by December 2016 from the data base and this will then be reported to the Primary care Quality Improvement meeting.

## **10: GP Patient Survey (July 2016) Summary**

The overall patient experience of GP practices within the CCG's is good. There has been a noticeable improvement on a number of indicators since the last publication however there are some indicators that be improved further to increase patient satisfaction.

The overall patient experience of GP practices varies between CCGs with Bracknell & Ascot CCG and Windsor, Ascot & Maidenhead CCG typically falling in line with the national average for a majority of its indicators. Slough CCG is typically performing below the national average for a number of indicators however the range has narrowed from the previous publication as performance improves. The overall patient experience of GP practices appears to be positive as 81% of respondents across the CCGs rated it as good, though there is some improvement required to bring it up to the national average of 85%. Slough CCG patients have the least positive experiences of their GP practice with a score of 73% which is a 3% increase from the January 2016 publication however still contributory to the reduction of the overall average across the 3 CCGs which would otherwise be 84.5%.

The national average for the overall confidence and trust within GPs and Nurses increased to 95% and 97% respectively. The average across the three CCGs for confidence in a GP is 94% and 96% for a nurse which is a 3% and 5% increase from the previous publication. The score for patients that have no trust in their GP was in line with the national average of 5% for Bracknell & Ascot CCG (5%) and Windsor, Ascot and Maidenhead CCG (4%). Slough CCG was slightly below the national average with 8% which is a 1% improvement since the previous publication. The perceptions of care at patient's last GP/Nurse appointment across the three CCGs highlighted that there was a good interaction between nurses/GPs and patients with the majority specifying that they had a good experience of services.

All three CCGs varied for patient satisfaction with opening times as Windsor, Ascot and Maidenhead CCG respondents were the least satisfied with a score of 69% which is 7% below the national average. 72% of Slough CCG respondents and 74% of Bracknell & Ascot CCG respondents were satisfied with practice opening times however this is still 2-4% below the national average. A majority of respondents preferred appointments on a Saturday or after 6.30pm which is a shift from the previous publications results where the majority specified that they would like to see more Sunday appointments. The three CCGs are all focusing on extending hours across general practice therefore it is predicted by the next publication that patient satisfaction with opening times will improve.

The CCGs scored lower than the national average for patients overall experience of making an appointment. On average 67% of patients across the three CCGs reported a positive overall experience of making an appointment which is 6% below the national average however this average has been brought down by Slough CCGs score of 58% which is 15% below the national average. 19% of Slough CCG respondents also reported that they had a poor overall experience of making an appointment which is 7% above the national average and 6-7% higher than the two neighbouring CCGs. A working group has been established to support the achievement of the quality premium (3% point increase from the July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment) with results available during the next GP patient survey publication in July 2017.

Windsor, Ascot and Maidenhead CCG and Bracknell and Ascot CCG are 1% above the national average for patients not waiting too long for an appointment both scoring 59% however Slough CCG currently has a score of just 42% with 50% of patients specifying that they do wait too long which is 15% below the national average and a likely factor in the lower overall satisfaction score reported by Slough patients in comparison to the two neighbouring CCGs. However it should be noted that for Slough CCG this is a 4% improvement for patients stating that they do wait too long and a 3% improvement for patients stating that they do not wait too long.

Bracknell and Ascot CCG respondents were the most satisfied with the out of hours GP service scoring 6% above the national average with 73%; the CCG also had the least amount of patients that reported a poor experience with 13% which is 2% below the national average. Windsor, Ascot and Maidenhead CCG and Slough CCG were below the national average of 67% for respondents that were satisfied with the out of hours GP service scoring 65% and 60% respectively.

Patient awareness and usage of online services has improved across all three CCGs with Bracknell and Ascot patients having the highest awareness. Interestingly this does not correlate with usage as Windsor, Ascot and Maidenhead CCG patients use the online booking system the most out of the three CCGs although Bracknell & Ascot CCG report a higher usage for online repeat prescriptions. Slough CCG respondents are below the national average for awareness and usage of online systems and therefore it is recommended that a communications campaign across Slough would be beneficial to increase this score.