

Title of meeting: Primary Care Joint Commissioning Committee Committee in Common							
Date of Meeting		10th Jan 2017		Paper Number		Item 10	
Title				Primary Care Quality Report - Improving Patient Safety in Primary Care Medical Services for: <ul style="list-style-type: none"> • Bracknell & Ascot CCG • Windsor, Ascot & Maidenhead CCG • Slough CCG 			
Sponsoring Director (name and job title)				Sarah Bellars Director of Nursing and Quality			
Sponsoring Clinical / Lay Lead (name and job title)							
Author(s)				Jo Greengrass Associate Director of Nursing – Quality and Safety			
Purpose				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.			
The Primary Care Joint Commissioning Committee in Common is required to (please tick)							
Approve		Receive		Discuss		Note	
						x	
Risk and Assurance <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			
Legal implications/regulatory requirements				National Guidance			
Public Sector Equality Duty				None for this report			
Links to the NHS Constitution (relevant patient/staff rights)				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 everything it does			

	<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>Strategic Fit <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Fits with Primary Care Co Commissioning</p>
<p>Commercial and Financial Implications <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>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Quality Team</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Implicated in individual surveys</p>
<p>NHS Outcomes <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 harm.</p>

Co-Commissioning governance	
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><u>Executive Summary</u></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"> • CQC inspections • Incident Reporting • FFT • Infection Prevention and Control • Quality Premium • GP Data Base and dashboard <p>The committee is to note that the risk register is an internal document. The high risk areas are added to the corporate risk register that supports the Assurance framework. The Assurance framework is presented in public via the CCG Governing Body meeting. The risk register will therefore not be presented at this meeting in the future.</p>	
<p><u>Recommendation(s)</u></p> <p>The Joint Commissioning Committee in Common is asked to note the report .</p>	

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

Primary Care Quality Report

September to November 2016

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

December 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 September to November 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. Practices that were rated 'Requires Improvement' or 'Inadequate' will be re-inspection in 6 months from the time of the report publication by CQC. Since the last report 1 practice that has moved from 'Inadequate' to 'Requires Improvement' at their last inspection, and 1 practice from Requires improvement to Good.

CQC Ratings as of 26/09/2016

Practice	Rating
Slough CCG	
40 Ragstone Road	Requires Improvement
240 Wexham Road	Re-inspected and now Requires Improvement
242 Wexham Road	Good
The Avenue Medical Centre	Good
Bharani Medical Centre	Good
Slough Walk in Health Centre (BHFT)	Requires Improvement
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	Good
Langley Health Centre	Outstanding
Manor Park Medical Centre	Good
The Orchard Practice	Good
Shreeji Medical Centre	Good
The Village Medical Centre	Requires Improvement
Bracknell & Ascot CCG	
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	Good
Magnolia House Surgery	Good

Ringmead Medical Practice	Requires Improvement
The Sandhurst Group Practice	Good
The Waterfield Practice	Good
Windsor, Ascot & Maidenhead CCG	
Radnor House Surgery and Ascot Medical Centre	Inadequate (special measures)
Cedars Surgery	CQC have inspected but awaiting report
Claremont Surgery and Holyport Practice	CQC have inspected but awaiting report
Clarence Medical Centre	Good
Cookham Medical Centre	Good
Cordwallis Road Surgery (Bharani Medical Centre)	Good
Datchet Health Club	Good
Linden Medical Centre	Good
Lee House Surgery	Good
Redwood House Surgery	Good
Ross Road Medical Centre	Good
Rosemead Surgery (Dr Hutchings and Partners)	Requires Improvement
Runnymede Medical Practice	Inadequate (special measures)
Sheet Street Surgery	Good
Symons Medical Centre	Good
South Meadow Surgery and Dedworth Medical Centre	Good
Woodlands Park Surgery	Good

To support resilience in General Practice; GP Forward View response paper outlines how General Practice will be supported. The CCG and NHSE Quality teams are working with practices that are rated 'inadequate'. Those rated 'requires improvement' are being offered support by the CCG. There is also resilience funding for these practices to support their move to a rating of 'Good'. Following a move to 'Good' the practices will also be offered a visit in 6 months from the CCG using a diagnostic tool to ensure sustainability of the improvement. The Primary Care team for the CCG are looking at ways that practices can be supported through the resilience programme.

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 5 incidents reported on this system in the reporting period from September to November. Slough reported 3, 1 from Bracknell and Ascot and 1 from Windsor Ascot and Maidenhead CCGs. 3 of these incidents were reported about other providers and were not the practices' patient safety incidents.

The GP incident reporting Datix system work stream is progressing well. The system is now at a stage where it can be tested with practices and there are a number who have volunteered to do this. The CCG will upload the incidents to the NRLS and CCG to start looking at any themes or trends.

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 number of complaints received by NHS England from 1 April to 30 November 2016

There have been;

NHS Slough CCG

20 complaints received for the period 1 April 2016 to 30 November 2016 for NHS Slough CCG and these were all GP practice related.

NHS Windsor, Ascot & Maidenhead CCG

9 complaints received for the period 1 April 2016 to 30 November 2016 for Windsor, Ascot & Maidenhead CCG and these were all GP practice related.

Bracknell & Ascot CCG

6 complaints received for the period 1 April 2016 to 30 November 2016 for NHS Bracknell & Ascot CCG and these were all GP practice related.

NHSE are only able to provide numbers of complaints to the CCG due to Information Governance therefore there can be no triangulation of the complaints with other data gathered.

5: Family and Friends Test (FFT)

The embedded report shows the latest quarterly figures for the FFT. Some practices are now using the text messaging platform to send a message to patients after their appointment with the FFT question. The next report should show whether this has been successful but indications so far from 2 practices is that they have had an increase in the number of people responding.



Friends Family Test
Report Q2 Final Versi

6: Infection Prevention and Control

The Infection Prevention and Control Nurse (IPCN) has been supporting Practices if there have been any issues and in the last 3 months visited a number of practices. She has been carrying out a number of assurance visits and reports showing areas of compliance and/or improvement. She has produced a newsletter to Primary Care on IPC issues.

SUMMARY

- The method for calculating the limits for *Clostridium difficile* infection (CDI) remains unchanged for 2016/17, however, due to an overall small rise in the median rate of

CDIs, NHS England is carrying over the CDI objectives for 2015/16 into 2016/17. The allocated monthly figures and year to date totals (YTD) are stated in the relevant tables.

- Post investigation reviews (PIR) for the ‘Community Acquired’ CDI are now being undertaken for all identified patients. Whenever possible, the PIR meetings for pre-72hr CDI cases at Frimley Park and Wexham Hospitals are also being attended.
- **Bracknell & Ascot are now above the monthly and annual (year-to-date) objectives.**
- Data is taken from the Public Health England HCAI Data Capture System website: <https://hcaidcs.phe.org.uk/WebPages/HomePage.aspx> figures can change (up until 15th of every month).

Table 1: *Clostridium difficile* objectives East Berkshire 2015/16 and 2016/17

CCG	<i>C. difficile</i> objective (number of cases) 2015/16 ¹	<i>C. difficile</i> ACTUAL (number of cases) 2015/16	<i>C. difficile</i> objective (number of cases) 2016/17 ²	<i>C. difficile</i> ACTUAL (number of cases) 2016/17 YTD
Bracknell and Ascot CCG	18	15	18	16
Slough CCG	22	19	22	10
Windsor, Ascot and Maidenhead CCG	33	22	33	17

¹ 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>

² *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>

The numbers of *Clostridium difficile* cases 2016/17-to-date for each Berkshire East CCG are shown in the tables below.
Please note that some of the numbers may change as the data on the DCS (data capture system) is not verified until 6-weeks after the end of each month.

Table 2a: *Clostridium difficile* cases in NHS Bracknell and Ascot CCG

<i>C.difficile</i> cases	2016/17												
	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17	Mar17	No.pts
Pre-72hr cases	0	2	1	1	1	2*	2	2					16
Post 72-hr cases	0	1	0	0	0	2	2	0					
Monthly limits	1	2	1	2	2	3	2	1	1	1	1	1	n/a
YTD cases	0	3	4	5	6	10	14	16					
YTD limits	1	3	4	6	8	11	13	14	15	16	17	18	n/a

*Sept16 – there are 3 pre-72hr cases for Bracknell & Ascot on the DCS, but one of these cases is a duplicate so has not been included above.

Table 2b: *Clostridium difficile* cases in NHS Slough CCG

<i>C.difficile</i> cases	2016/17												
	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17	Mar17	No.pts
Pre-72hr cases	1	1	1	1	1	0	0	0					9
Post 72-hr cases	1	0	1	0	1	0	2	0					
Monthly limits	1	2	2	2	2	3	2	2	1	1	2	2	n/a
YTD cases	2	3	5	6	8	8	10	10					
YTD limits	1	3	5	7	9	12	14	16	17	18	20	22	n/a

N.B.: 1 patient in Slough CCG accounts for 2 CDI cases; the patient had a CDI episode in August and a repeat case in October.

Table 2c: *Clostridium difficile* cases in NHS Windsor, Ascot and Maidenhead CCG

<i>C.difficile</i> cases	2016/17												
	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17	Mar17	No.pts
Pre-72hr cases	2	1	1	2	2	0	1	2					16

Post 72-hr cases	0	1	1	1	0	0	2	1					
Monthly limits	2	2	2	4	4	5	3	3	1	3	2	2	n/a
YTD cases	2	4	6	9	11	11	14	17					
YTD limits	2	4	6	10	14	19	22	25	26	29	31	33	n/a

N.B.: 1 patient in WAM CCG accounts for 2 CDI cases; the patient had a CDI episode in June and a repeat reportable case in July. Synopses are given below for the October and November post-infection reviews.

From the October & November CDI reviews:

- 1 lapse for Windsor/Ascot/Maidenhead case at WPH as antibiotics were not in line with policy.
- There was no learning or lapses from the other cases.

1 October case is still awaiting its formal review at Wexham Park (as no clinician turned up for the review scheduled in November).
3 November cases are still to have their reviews completed.

MRSA bacteraemias for Berkshire East CCGs and Frimley Health NHS Foundation Trust 2016/17

Table 3: MRSA bacteraemia:

Month	Bracknell & Ascot CCG	Slough CCG	WAM CCG	Frimley Health (FPH/Wex)
April	0	0 *	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	1
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
TOTAL	0	0	0	1

* A Slough CCG (pre-48hr case) MRSA bacteraemia in April 2016 was attributed to 'third party'.

A WAM CCG (post-48hr case) MRSA bacteraemia in July 2016 was attributed to Frimley Health NHS Foundation Trust (Wexham Park hospital site)

Other Organisms

Analysis of E.coli bacteraemias will be required shortly as they feature in the Quality Premiums for 2017/18-onwards where a reduction in the number of gram negative blood-stream infections (BSIs) in each healthcare economy will be required.

The required performance in 2017/18 must be a 10% reduction, or greater, in all E. coli BSI based on 2015/16 performance. Ref: Quality Premiums 2017/18 Appendix B¹)

Table 4: *E.coli* bacteraemia Cases by CCG by Month 2016/17-to-date

Organisation Name	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Total
NHS BRACKNELL AND ASCOT CCG	4	2	5	7	4	8	7	5	42
NHS SLOUGH CCG	4	11	4	7	11	16	14	9	76
NHS WINDSOR, ASCOT AND MAIDENHEAD CCG	11	5	11	10	11	14	7	5	74

Data obtained 5/12/16 from PHE Data Capture System via:

<https://hcaidcs.phe.org.uk/WebPages/GeneralHomePage.aspx>

The data in table 4 details the size of the E.coli bacteraemia issue for the Berkshire East CCGs. To meet the 2016/17 reduction target, work will need to take place across the healthcare economy to review this issue and to plan for future cohesive working.

The Microbiology and infection prevention & control teams at Frimley Health Foundation Trust and Berkshire East CCGs are setting up a process to review these cases together.

6.1 Latent Tuberculous Infection (LTBI) Screening Project

TB is very difficult to catch and most people in this country only develop it from a dormant form of TB (also called Latent or Sleeping TB) which sits in the blood stream for many years. A person may have been exposed to the TB bacteria but may remain well for many years. An illness or anything affecting the immune system can trigger the Latent TB to become Active TB. Therefore we are working hard to identify the most at risk groups which may have LTBI and inviting them for testing, which is based at King Edward VII hospital.

The New Entrant service aims to test anyone who is newly arrived in this country within the last five years from countries with a high burden of TB from the age of 16-35. The patients are identified and referred from GP practices but referral can come from a number of other sources.

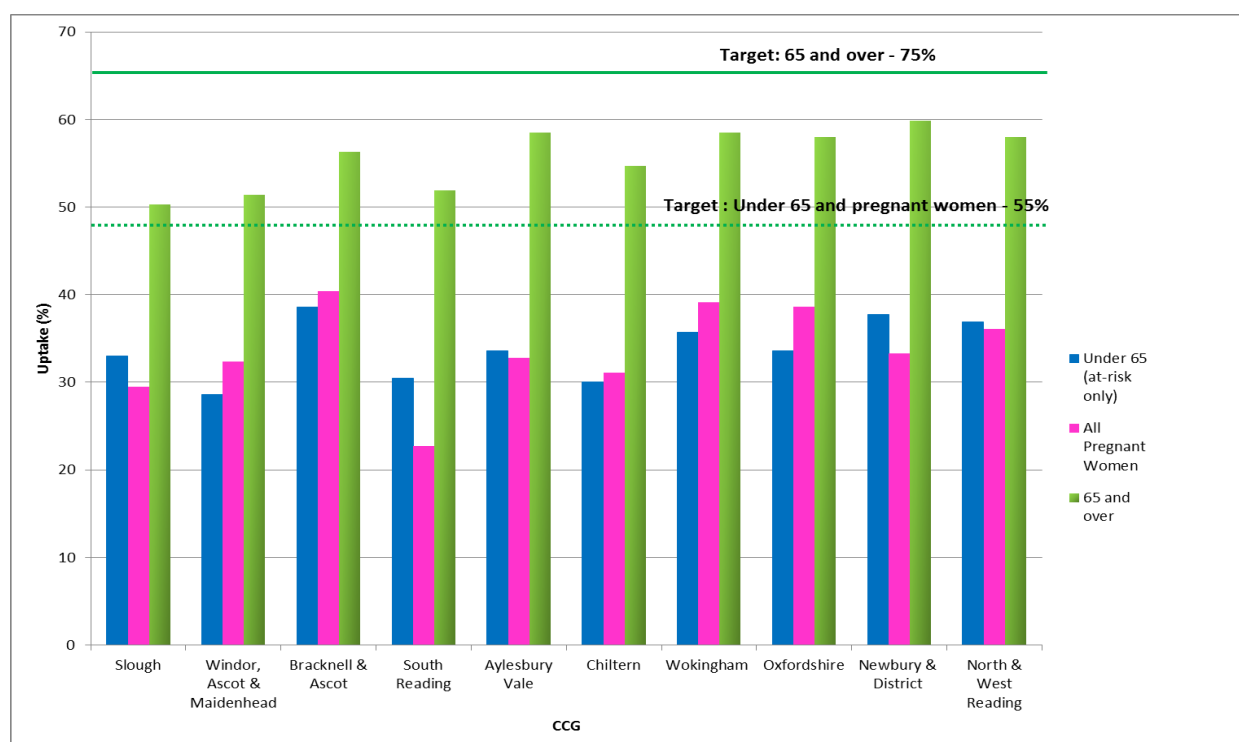
The project is also working hard to educate communities and workplace staff to address the stigma which reduces attendance for testing.

This two pronged approach is to greatly reduce the burden of Active and Latent TB in Slough which has a high level of TB. The project has been working with the Frimley Health respiratory service to increase the number of people who are screened for LTBI. We have 13 of 16 practices on board in Slough for retrospective and prospective searches of all their patients in the at risk group.

6.2 Flu vaccination

The CCGs are working with Public Health, Providers and NHSE to increase the update of flu vaccination. The flu campaign is led by NHSE who commission this. There is a significant amount of work that supports the flu campaign, through communication, supporting all providers and monitoring the data. There have been a number of issues identified, with a low uptake in children in Slough with some schools not allowing the School Nurse vaccination team in and the continuing concern with the children's vaccine and porcine gelatine. There is an evaluation of the flu campaign at the end of the season.

Below is the latest figures we have for the Thames Valley.



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

Quality Premium Progress Update

A 3% point increase on the number of patients that had a good overall experience of making a GP appointment

There were originally 12 GP practices that were offered a meeting to discuss improving access within the surgery and patient satisfaction with making an appointment. The 12 practices were selected based on the results from the previous publications of the GP patient survey. Out of the practices that were approached 6 accepted an offer of support and a meeting was set-up to;

- discuss recent data,
 - the process within the surgery for making an appointment
- Bracknell and Ascot Clinical Commissioning Group
 Slough Clinical Commissioning Group
 Windsor, Ascot and Maidenhead Clinical Commissioning Group
 Thinking Locally, Working Together
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- to go through the improving access guide to determine whether efficient improvements could be made.

A number of options were suggested for each practice with follow ups also arranged to determine if there is anything the surgery would like to pilot. So far initial practice visits from those originally targeted for support have been conducted with:

- Datchet Health Centre (WAM CCG) – Follow up also completed.
 - Bharani Medical Centre (Slough CCG)
 - Langley Health Centre (Slough CCG)
 - The Orchard Surgery (Slough CCG)
- (this surgery had already introduced a number of changes to their appointment system so were advised to evaluate these first before making any further changes)
- Binfield Surgery (Bracknell & Ascot CCG) – Follow up also completed.
 - Forest End Medical Centre (Bracknell & Ascot CCG)

After the initial practice visits were completed the remaining practices across the three east Berkshire CCGs were also offered a visit to their practice to go through the same process and determine whether efficient improvements could be made to their appointment system. The practices that requested a meeting and were visited include:

- Hershel Medical Centre (Slough CG)
- Heath Hill Surgery (Bracknell & Ascot CCG)

For more details of each practice visit and to see what pilot processes each practice has opted for please click on the embedded document below. Also embedded is the 'improving patients overall experience of making a GP appointment guide' which is the tool used during each practice visit.

8: GP Data Base

The Quality Team have developed a GP data base that holds all the Quality information in place concerning practices. Examples of the information on the data base are FFT, NHS choices, incidents and safeguarding. This is being reviewed at present following its development to improve the information that it provides. A dashboard has been developed from the data base and this will then be reported to the Primary Care Quality Improvement meeting.
