

<b>Title of meeting:</b>		<b>Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC)</b>					
<b>Date of Meeting</b>	April 2016	<b>Paper Number</b>	13				
<b>Title</b>	Primary care Joint Co Commissioning Quality Reports for <ul style="list-style-type: none"> <li>• NHS Slough CCG</li> <li>• NHS Bracknell &amp; Ascot CCG</li> <li>• NHS Windsor, Ascot and Maidenhead CCG</li> </ul>						
<b>Sponsoring Director</b> (name and job title)	Jan Fowler, Director of Nursing, NHS England, South, South Central						
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)							
<b>Author(s)</b>	Hattie Gill, Business Support Assistant, NHS England, South, South Central and Rebecca Tyrrell, Quality Improvement Manager, NHS England, South, South Central						
<b>Purpose</b>	This report is prepared to support information sharing in relation to patient experience, safety and quality for co-commissioning of Primary Care by NHS England South Central and NHS East Berkshire Federation (Windsor, Ascot and Maidenhead, Slough, Bracknell and Ascot CCG) for the 48 practices within the combined CCG areas.						
<b>The Primary Care Joint Commissioning Committee is required to (please tick)</b>							
<b>Approve</b>	<input type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input checked="" type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Highlighted in 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</b> <b>(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 everything it does The NHS works across organisational boundaries and in						

	<p>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>	Fits with Primary Care Co Commissioning
<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>	None for this report
<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></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	Date Director of Nursing sign off.....
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	Quality Team
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	Implicated in individual surveys
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><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>
<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 through Co-commissioning

Is this paper related to a NHS England statutory function?	YES Primary Care Commissioning
Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	None
Are all voting members eligible to vote?	No vote required
<p><b><u>Executive Summary</u></b></p> <p>This report details the current level of quality information routinely collected and collated by NHS England. Additional data may also be available to the CCGs. This report contains data up to:</p> <ul style="list-style-type: none"> <li>• For Slough CCG 11/02/2016 concerning CQC inspections</li> <li>• For WAM CCG 28/01/2016 concerning CQC inspections</li> <li>• For B&amp;A CCG 17/09/2015 concerning CQC inspections</li> </ul> <p>Complaints data for November, December and January and for Friends and Family Test December data.</p>	
<p><b><u>Recommendation(s)</u></b> The Committee is asked to note.</p>	

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

CCV1

**Primary Care Joint Co  
Commissioning  
Quality Report  
NHS Bracknell and Ascot  
CCG  
March 2016**

Choose an item.

**OFFICIAL**

## **Primary Care Joint Co Commissioning Quality Report NHS Bracknell and Ascot CCG March 2016**

Version number: 1

First published: 02/03/2016

Prepared by: Hattie Gill, Business Support Assistant, NHS England South (South Central) and supported by Rebecca Tyrrell, Quality Improvement Manager, NHS England South (South Central)

Classification: (OFFICIAL)

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

## Contents

Contents .....	4
1 Introduction and Context .....	5
2 Summary .....	5
3 Care Quality Commission (CQC) GP Inspections .....	6
4 Patient Experience .....	9
5 Incidents .....	21

## 1 Introduction and Context

This report is prepared to support information sharing in relation to patient experience, safety and quality for co-commissioning of Primary Care by NHS England South Central and NHS Bracknell and Ascot CCG for the 15 practices within the CCG area.

The availability of reported quality metrics for primary care services is limited and a national primary care dashboard is under development. This report details the current level of quality information routinely collected and collated by NHS England. Additional data may also be available to the CCG. This report contains data up to 17/09/2015 concerning CQC inspections; complaints data for November, December and January and for Friends and Family Test December data.

## 2 Summary

### 2.1 CQC Findings

At the time of this report the CQC are progressing with visiting practices under their new inspection regime.

Eleven practices have had an inspection report published. Overall ratings: ten were rated as 'good', no practice received a rating of 'requires improvement', and one was rated overall as 'inadequate'.

### 2.2 Patient Experience

#### 2.2.1 Complaints

As of 26 February 2016 South Central has 95 active cases. Two of these cases are currently with the Health Service Ombudsman for their review.

For the period 1 November 2015 to 31 January 2016, South Central received 100 complaints relating to Primary Care Services including GP Practices, Dentists etc. Of these two relate to GP practices within Bracknell and Ascot.



## 2.2.2 Friends and Family Test

FFT is a contractual requirement with a mandatory duty that practices report data to NHS England every month, as well as publishing their own results locally. Regional Primary care FFT support is through the NHS England South Central FFT Project Manager and nationally through the NHS England National FFT team.

## 2.2.3 GP Patient Survey

The annual GP Patient survey covers aspects of patient experience for primary care services, including access to services, waiting times, satisfaction with opening hours, the quality of care received from GPs and practice nurses, out of hours GP services, and NHS dental services.

## 2.2.3 Safeguarding

NHS England, as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHS England South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

## 2.3 Incidents

One serious incident was reported for GP practices in NHS Bracknell and Ascot CCG from October to December 2015. There have been no non serious incidents reported in the same period.

# 3 Care Quality Commission (CQC) GP Inspections

## 3.1 CQC overall ratings and their definitions



*Outstanding* - The service is performing exceptionally well.



*Good* - The service is performing well and meeting our expectations.



*Requires improvement* - The service isn't performing as well as it should and we have told the service how it must improve.



*Inadequate* - The service is performing badly and we've taken action against the person or organisation that runs it.

### 3.2 CQC Inspections for NHS Bracknell and Ascot CCG up to 17/09/2015

In preparation for CQC Inspections and learning from other areas within South Central based on the NHS England framework <http://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf> "Responding to The Care Quality Commission's (CQC) Inspection of GP Practices Standard Operating Procedure" has been produced.

Newsletters identifying top tips in relation to CQC inspections have also been shared with practices across the Bracknell and Ascot locality. These tips included:

- Know the Regulations.
- Practice website - Check that the practice website is up to date and user friendly.
- Patient Engagement - It is now a contractual responsibility to have a Patient Participation Group (PPG).
- Presentation and preparation.
- Population groups.
- Get familiar with the CQC website.
- Domains; Safety and Well Led.

The following table shows when inspections by the CQC have taken place and practices rated as overall 'good'.

Practice Name	Binfield	Forest End	Gainsborough	Heath Hill	Kings Corner	Magnolia House	The Boundary House Surgery
Date of Inspection report published	03/09/15	13/08/15	08/01/15	17/08/15	20/08/15	22/01/15	08/01/15
Overall Rating	Good	Good	Good	Good	Good	Good	Good
Safe	Good	Good	Good	Good	Good	Requires Improvement	Good
Effective	Good	Good	Good	Good	Good	Good	Good
Caring	Good	Good	Good	Good	Good	Good	Good
Responsive	Good	Good	Good	Good	Good	Good	Good
Well Led	Good	Good	Good	Good	Good	Good	Good
Requirement Notices						HSCA 2008 (RA) Regs 2010 Regulation 12 (2)(a)(b)	
Enforcement Actions							

Choose an item.

Practice Name	The Evergreen Practice	The Sandhurst Group Practice	The Waterfield Practice
Date of Inspection report published	20/08/15	20/08/15	20/08/15
Overall Rating	Good	Good	Good
Safe	Good	Good	Good
Effective	Good	Good	Good
Caring	Good	Good	Good
Responsive	Good	Good	Good
Well Led	Good	Good	Good

The following table shows when inspections by the CQC have taken place and practices rated as overall 'inadequate'.

Practice Name	Green Meadows Partnership
Date of Inspection report published	13/08/15
Overall Rating	Inadequate
Safe	Inadequate
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well Led	Inadequate
Requirement Notices	HSCA 2008 (RA) Regs 2014 12 (2)(g) 19 (1)(a)(b)(c) (2) (4) 18 (2)(a)
Enforcement Actions	HSCA 2008 (RA) Regs 2010 12 (2)(h) HSCA 2008 (RA) Regs 2014 17 (2)(a)(b)(c)(f)

There have been six registered breaches of regulation standards within the inspection group, with all but one of these breaches recorded at the practice that has been placed under special measures.

Three of these breaches have resulted in requirement notices, two have resulted in enforcement actions and one – the breach at the practice rated overall as good – has resulted in a compliance action.

The themes from these breaches three involve regulation 12: safe care and treatment (2014) / cleanliness and infection control (2010). In each case, these breaches refer to situations where the proper safety protocols have not been followed in the work place creating a potential of risk for staff and patients.

The remaining three breaches are all from the Green Meadows Partnership and are breaches to regulations 17: good governance, 18: staffing and 19: fit and proper persons employed. These regulation breaches all relate to issues with the leadership and management of the practice. They include ensuring that appropriate recruitment processes are followed as well as the safe storage of records so that they are easily accessible in a timely manner. These breaches highlight the need to support the practice in the development of robust management practices to support the team and protect patients

## 4 Patient Experience

### 4.1 Complaints

Complaints are monitored through the NHS central contact centre.

As of 26/02/2016

	Allocated	In progress
<b>South Central</b>	<b>1</b>	<b>95</b>

As of 26 February 2016 South Central has 95 active cases. Two of these cases are currently with the Health Service Ombudsman for their review.

For the period 1 November 2015 to 31 January 2016, South Central received 100 complaints relating to Primary Care Services including GP Practices, Dentists etc. Of these seven are prison healthcare complaints and three are Immigration Removal Centre complaints.

## NHS Bracknell & Ascot CCG

2 complaints received for period 1 November 2015 to 31 January 2016 for NHS Bracknell and Ascot CCG. These complaints relates to GP practices.

Below is the statutory return (KO41b) which practices have to complete which gives numbers and themes.

Group Code	Group Name	<u>Service_Area_Medical_Total</u>	<u>Service_Area_Medical_Upheld</u>	<u>Service_Area_Dental_Total</u>	<u>Service_Area_Dental_Upheld</u>	<u>Service_Area_GPAdministration_Total</u>	<u>Service_Area_GPAdministration_Upheld</u>	<u>Service_Area_Other_Total</u>	<u>Service_Area_Other_Upheld</u>	<u>Subject_of_Complaint_Communications_Total</u>	<u>Subject_of_Complaint_Communications_Upheld</u>	<u>Subject_of_Complaint_Premises_Total</u>	<u>Subject_of_Complaint_Premises_Upheld</u>	<u>Subject_of_Complaint_Management_Total</u>	<u>Subject_of_Complaint_Management_Upheld</u>	<u>Subject_of_Complaint_GPAdministration_Total</u>	<u>Subject_of_Complaint_GPAdministration_Upheld</u>	<u>Subject_of_Complaint_Clinical_Total</u>	<u>Subject_of_Complaint_Clinical_Upheld</u>	<u>Subject_of_Complaint_Other_Total</u>	<u>Subject_of_Complaint_Other_Upheld</u>
Q82	SOUTH CENTRAL DCO REGION NHS Bracknell and Ascot	2086	889			1973	976	509	226	1102	559	41	20	412	181	1178	607	1615	666	293	113
10G	CCG	73	37			77	47	15	2	36	19	0	0	9	1	58	39	55	23	8	2

## 4.2 Friends and Family Test

GP practices across England have now been reporting FFT feedback for one year. Dental practices will be one year in April 2016. The contractual requirement for NHS settings is primarily to submit monthly statistical data to enable NHS England to publish numbers of response, % recommended (R) and % not recommended (NR). In December 2015 (latest available data), the data shows:

	GP FFT			Dentist FFT		
	Response Rate	% R	% NR	Response Rate	% R	% NR
England	0.24%	88%	6%	0.42%	97%	1%
Bracknell & Ascot	0.18%	89%	7%	0.37%	96%	1%

It is worth noting that response rates across England are still low. Practices are also advised to publish results locally including feedback outcomes to patients via the 'You Said, We Did' poster.

Support for the FFT is provided by the NHS England FFT team and links to the national FFT Programme. There will be a national Patient Insight and Feedback Conference on 17th March themed around improving quality by learning from feedback.

The data below shows GP and Dental FFT returns for December (statistical) and a further table highlighting 'You Said, We Did' activity. Greyed rows on tables below are noted as follow up action (taking into account the low response rate) along with 'no data' results.

### FFT GP practices – Bracknell & Ascot – December 2015

Name	Practice List Size	Total Responses	% R	% NR
<b>England</b>	<b>57,186,403</b>	<b>136,938</b>	<b>88%</b>	<b>6%</b>
<b>Bracknell &amp; Ascot</b>	<b>139,994</b>	<b>248</b>	<b>89%</b>	<b>7%</b>
GREAT HOLLANDS PRACTICE	3,901	0	NA	NA
RINGMEAD MEDICAL PRACTICE	15,704	2	*	*
BOUNDARY HOUSE SURGERY	8,717	2	*	*
EASTHAMPSTEAD SURGERY	5,261	5	100%	0%
THE SANDHURST GROUP PRACTICE	19,612	6	100%	0%
THE GAINSBOROUGH PRACTICE	9,959	20	90%	5%
GREEN MEADOWS SURGERY	9,953	27	93%	7%
KINGS CORNER SURGERY	7,531	33	97%	0%
HEATH HILL SURGERY	7,096	33	85%	6%
FOREST END MEDICAL PRACTICE	11,594	33	82%	15%
BINFIELD SURGERY	10,342	36	94%	3%
THE WATERFIELD PRACTICE	12,052	51	84%	12%
MAGNOLIA HOUSE SURGERY	9,197	no data		
CROWN WOOD MEDICAL CENTRE	4,903	no data		
EVERGREEN PRACTICE	4,172	no data		

Note: % R = % Recommended and %NR = % Not Recommended

**FFT Dental practices – Bracknell & Ascot – December 2015**

Name	Patients treated Jan-December 2015	Total Responses	% R	% NR
<b>England</b>	<b>22,777,028</b>	<b>96,150</b>	<b>97%</b>	<b>1%</b>
<b>Bracknell &amp; Ascot</b>	<b>63,436</b>	<b>233</b>	<b>96%</b>	<b>1%</b>
Academy Dental Surgery, SANDHURST	487	0	NA	NA
J M Frankel And Associates, High Street,ASCOT	326	0	NA	NA
Dental Surgery,12 Bywood,BRACKNELL	826	1	*	*
Crowthorne Dental Centre, CROWTHORNE	3,018	4	*	*
The Sunninghill Dental Surgery, ASCOT	4,714	4	*	*
Warwick House Dental Surgery, BRACKNELL	969	5	100%	0%
Haverleigh Dental Surgery, ASCOT,Berkshire	752	7	100%	0%
Owlsmoor Dental Surgery, SANDHURST	303	8	100%	0%
Dental Surgery,10 Crown Row,BRACKNELL	2,655	9	100%	0%
Ascot Dental Practice,13 London Road,ASCOT		12	100%	0%
The Dental Centre- Wildridings, Bracknell	4,398	13	100%	0%
Dental Surgery,129 Binfield Road,BRACKNELL	276	14	100%	0%
Rounds Hill Dental Practice, Bracknell,Berkshire	8,334	14	100%	0%
Park House Dental Surgery, BRACKNELL	1,488	20	100%	0%
Berkshire Dental Surgery,37 Yeovil Road,Owlsmoor,Sandhurst	4,172	25	80%	4%
38 Upper Village Road,Ascot,Berkshire	1,161	27	100%	0%
7 York Way,SANDHURST,Berkshire	7,741	31	94%	0%
Sunningdale Dental Practice, 105 London Road	2,415	39	92%	3%
Dental Surgery,11 - 13 High Street,BRACKNELL	14,617	No data		
Dental Surgery,50A Ripplesmere,BRACKNELL	2,820	No data		
Heathwood Dental Surgery, Crowthorne	776	No data		
Deepfield Road Dental Practice, Bracknell	1,188	No data		

**4.2.1 'Feedback from practices across South Central 'You said, we did' for December 2015**

You Said	We Did
Dental: Patients found registering new patient very long winded, took up to 2 weeks.	This has now been actioned and time reduced.
Dental: Customers commented on the amount of time waiting to see a dentist.	This has now been improved (with the exception of emergencies delaying an appointment).
GP Practice reviewed methodology used. Patients fed back that using a tablet is an excellent way to complete the FFT but there are some difficulties with understanding the process (elderly) and remembering to complete it.	Practice staff read the screen to elderly people, they are then very happy to complete it. Practice reception staff make time to ask everyone to use the Tablet, mostly when people are making further appointments.
GP participating in FFT SIP Children & Young People Project: the children's FFT form needs to be easier to use as they are finding it difficult to understand.	This feedback will be passed to the external evaluation team – John Moore Liverpool University.



### 4.3 GP Survey

The annual GP Patient survey covers aspects of patient experience for primary care services, including access to services, waiting times, satisfaction with opening hours, the quality of care received from GPs and practice nurses, out of hours GP services, and NHS dental services. It also captures information about the general population state of health. The data is based on the January 2016 GPPS publication. This combines two waves of fieldwork, from January to March 2015 and July to September 2015, providing practice-level data. For more information about the survey please visit <https://gp-patient.co.uk/>.

*Please note: All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.*

The NHS Bracknell & Ascot CCG response rate to the 2015 GP Patient Survey was 37% and performs **at, above and below** the national average across the survey questions. For example:

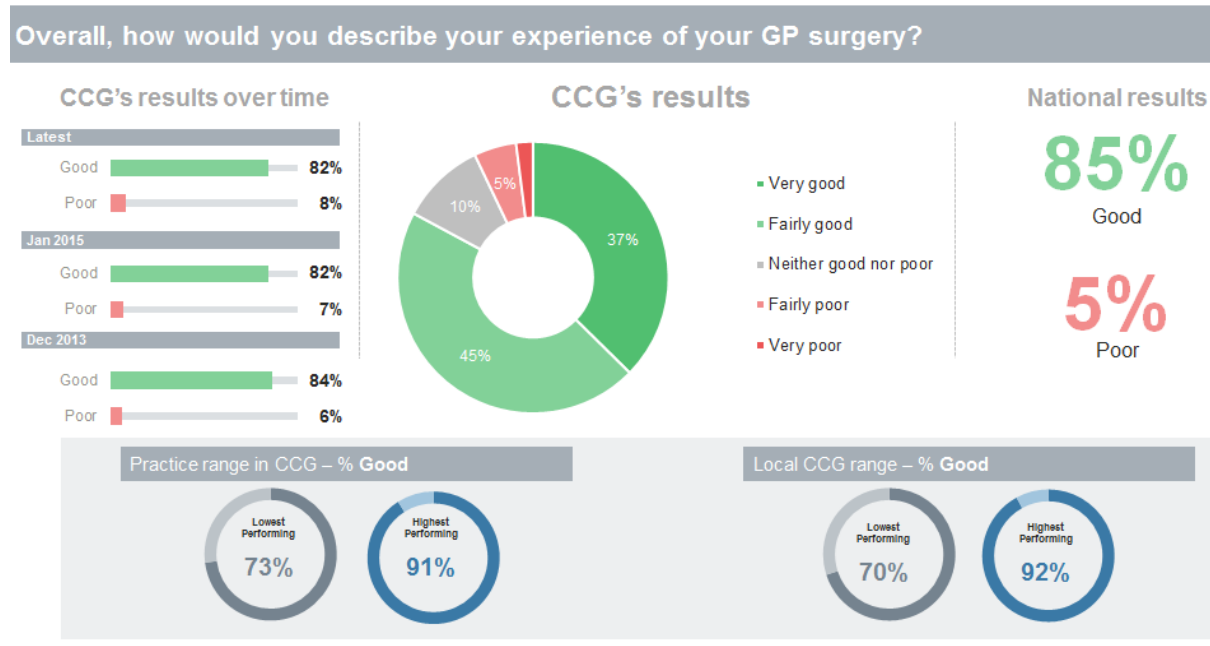
Question	National	Bracknell & Ascot
Overall, how would you describe your experience of making an appointment?	73% - Good 12% - Poor	71% - Good 14% - Poor
Did you have confidence and trust in the GP you saw or spoke to?	92% - Yes 5% - No	91% - Yes 5% - No

We have included a sample of practices' performance across NHS Bracknell & Ascot CCG highlighting high & low performers against a question in two of the following categories:

1. *Overall experience of GP surgeries*
2. Access to GP services
3. *Making an appointment*
4. Waiting times at the GP surgery
5. Perceptions of care at patients' last GP appointment
6. Perceptions of care at patients' last nurse appointment
7. Satisfaction with the practice's opening hours
8. Out-of-hours services

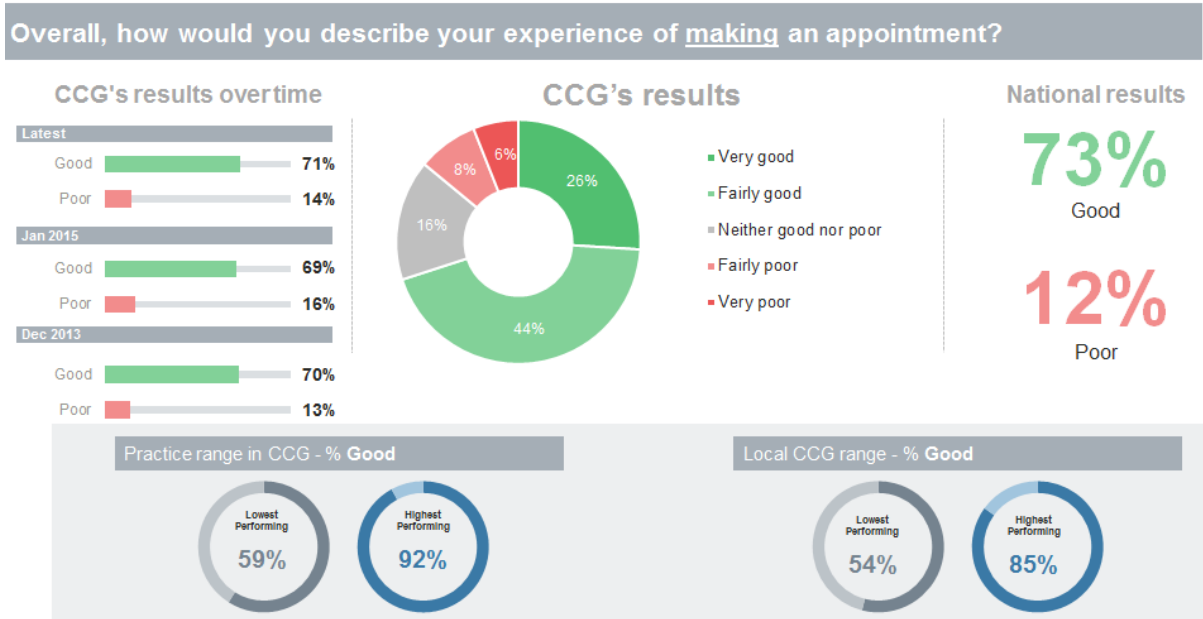
We have selected a question from categories 1 & 3 for this meeting information.

# 1. Overall, how would you describe your experience of your GP surgery?



Top three performers			Lowest three performers		
Crownwood Medical Centre <b>(91%)</b>	Green Meadows Surgery <b>(90%)</b>	Magnolia House Surgery <b>(89%)</b>	Forest End Medical Practice <b>(73%)</b>	East Hampstead Surgery <b>(74%)</b>	The Waterfield Practice <b>(75%)</b>

## 2. Overall, how would you describe your experience of making an appointment?



Top three performers			Lowest three performers		
Crownwood Medical Centre <b>(92%)</b>	Evergreen Practice <b>(82%)</b>	Magnolia House Surgery <b>(81%)</b>	The Gainsborough Practice <b>(59%)</b>	Forest End Medical Practice <b>(59%)</b>	The Waterfield Practice <b>(61%)</b>

Data provided by the South Central Commissioning Hub

GPPS 2014-15 key indicators by CCGs

Accessing GP services, making an appointment and open hours

Ease of getting through to someone at GP surgery on the phone			Helpfulness of receptionists at GP surgery			Able to get an appointment to see or speak to someone		
% Easy	Difference with England average	Difference with 2013-14	% Helpful	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
67%	-3.30%	-6.50%	83%	-3.50%	-1.20%	85%	-0.60%	-1.80%

Nurse quality of care

Rating of nurse giving you enough time			Rating of nurse listening to you			Rating of nurse explaining tests and treatments		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
77%	-2.00%	-4.50%	75%	-3.30%	-5.20%	71%	-4.40%	-5.70%
Rating of nurse involving you in decisions about your care			Rating of nurse treating you with care and concern			Confidence and trust in nurse		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
61%	-4.60%	-3.40%	75%	-2.70%	-5.20%	84%	-0.40%	-2.50%

**Overall experience GP practice**

Overall experience of GP surgery			Recommending GP surgery to someone who has just moved to the local are		
% Good	Difference with England average	Difference with 2013-14	% Recommend	Difference with England average	Difference with 2013-14
81%	-4.20%	-2.90%	71%	-6.30%	-5.30%

**Out of Hours GP service**

Know how to contact an out-of-hours GP service			Tried to call an out-of-hours GP service in past 6 months			Ease of contacting the out-of-hours GP service by telephone		
% Yes	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Easy	Difference with England average	Difference with 2013-14
58%	1.60%	-0.30%	18%	4.60%	-1.30%	78%	1.10%	0.50%
Time it took to receive care from the out-of-hours GP service was about right			Confidence and trust in out-of-hours clinician			Overall experience of out-of-hours GP services		
% Right	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
62%	1.30%	-1.60%	78%	-2.80%	-3.80%	67%	-1.30%	0.00%

**6. Managing long term conditions**

Long-standing health condition <sup>1</sup>			In last 6 months, had enough support from local services or organisations to help manage long-term health condition(s)			Confidence in managing own health		
% Yes	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Confident	Difference with England average	Difference with 2013-14
<b>52%</b>	-2.50%	<b>0.00%</b>	<b>59%</b>	-4.00%	<b>-1.80%</b>	<b>95%</b>	2.00%	<b>0.50%</b>

## 4.4 Safeguarding

The New Assistant Director of Nursing – Patient Experience & Safeguarding has recently been recruited. During his induction he is making contact with Bracknell and Ascot CCG safeguarding colleagues and will be attending both the Children's and Adults Safeguarding Boards.

The NHS England South Central (NHSE SC) Safeguarding team facilitate a quarterly Safeguarding Network which is attended by the CCG Designated nurse.

NHS England South Central will be refreshing the annual audit of primary care safeguarding in early January 2016 and rolling out in Q1 2016/17. Key areas for attention will be primary care level assurance regarding:

- Children's Sexual Exploitation related safeguarding
- Awareness of and statutory reporting of Female Genital Mutilation
- Awareness and reporting of PREVENT related information
- Implementation of Adult safeguarding requirements as mandated in the Care Act 2014

### Bracknell Forest Safeguarding Children Board (LSCB) activity

- 1 Child sexual exploitation (CSE) is one of the Board's key priorities. One area of concern noted with potential for young people to access emergency contraception from a variety of pharmacies with no link being made.
- 2 Looked After Children – concern noted where host Local Authority (LA) policy is not to include children who have been placed in their area by other LAs in their CSE/missing child processes.
- 3 LSCB inaugural meeting of Young People's Reference Group scheduled for March 2016.
- 4 Child C Serious Case review was published on February 15<sup>th</sup> – this review concerned a 2 month old baby was seriously harmed as a result of abuse.

Additional information regarding Bracknell Forest Safeguarding Adult Partnership Board is being developed and will be included in subsequent reports.

## 5 Incidents

The level of reporting of patient safety incidents from general practice is low in comparison to acute/secondary care services. From February 2015 it has been a requirement for general practice staff to use an E Reporting system to report incidents onto the National Reporting and Learning System (NRLS). Reporting incidents to a national central system helps protect patients from avoidable harm by increasing opportunities for the NHS to learn when things go wrong. The NHS England Patient Safety Domain uses patient safety incident reports submitted to the NRLS to identify key themes and trends and take action at a national level to prevent similar incidents from occurring, often via Patient Safety Alerts. Incident reporting is also important at a local level as it supports commissioners, clinicians and the whole practice team to learn about the root cause of an incident and what can be done locally to keep patients safe from avoidable harm.

As NHS England South, South Central we are actively encouraging GP practices to report incidents as part of an improving patient safety culture - for openness and honesty to learn from incidents.

### 5.1 Serious Incidents

There has been one primary care serious incident reported from October to December 2015. It was a diagnostic screening incident that was part of a wider serious incident involving the Berkshire Diabetic Eye Screening Service.

### 5.2 Non Serious Incidents

No primary care non serious incidents were reported for GP practices from October to December 2015.



**Primary Care Joint Co  
Commissioning  
Quality Report  
NHS Slough CCG  
March 2016**

Choose an item.

**OFFICIAL**

## **Primary Care Joint Co Commissioning Quality Report NHS Slough CCG March 2016**

Version number: 1

First published: 02/03/2016

Prepared by: Hattie Gill, Business Support Assistant, NHS England South (South Central) and supported by Rebecca Tyrrell, Quality Improvement Manager, NHS England South (South Central)

Classification: (OFFICIAL)

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

## Contents

Contents .....	4
1 Introduction and Context .....	5
2 Summary .....	5
3 Care Quality Commission (CQC) GP Inspections .....	6
4 Patient Experience .....	10
5 Incidents .....	22

## 1 Introduction and Context

This report is prepared to support information sharing in relation to patient experience, safety and quality for co-commissioning of Primary Care by NHS England South Central and NHS Slough CCG for the 16 practices within the CCG area.

The availability of reported quality metrics for primary care services is limited and a national primary care dashboard is under development. This report details the current level of quality information routinely collected and collated by NHS England. Additional data may also be available to the CCG. This report contains data up to 11/02/2016 concerning CQC inspections; complaints data for November, December and January, and for Friends and Family Test December data.

## 2 Summary

### 2.1 CQC Findings

At the time of this report the CQC are progressing with visiting practices under their new inspection regime.

Six practices have had an inspection report published. Overall ratings: one was rated 'outstanding', two were rated as 'good', one received a rating of 'requires improvement', and two were rated overall as 'inadequate'.

### 2.2 Patient Experience

#### 2.2.1 Complaints

As of 26 February 2016 South Central has 95 active cases. Two of these cases are currently with the Health Service Ombudsman for their review.

For the period 1 November 2015 to 31 January 2016, South Central received 100 complaints relating to Primary Care Services including GP Practices, Dentists etc. Of these two relate to GP practices within Slough.

## 2.2.2 Friends and Family Test

FFT is a contractual requirement with a mandatory duty that practices report data to NHS England every month, as well as publishing their own results locally. Regional Primary care FFT support is through the NHS England South Central FFT Project Manager and nationally through the NHS England National FFT team.

## 2.2.3 GP Patient Survey

The annual GP Patient survey covers aspects of patient experience for primary care services, including access to services, waiting times, satisfaction with opening hours, the quality of care received from GPs and practice nurses, out of hours GP services, and NHS dental services.

## 2.2.3 Safeguarding

NHS England, as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHS England South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

## 2.3 Incidents

No serious incidents were reported From October to December 2015. There have been five non serious incidents reported for GP practices in NHS Slough CCG from October to December 2015.

## 3 Care Quality Commission (CQC) GP Inspections

### 3.1 CQC overall ratings and their definitions



*Outstanding* - The service is performing exceptionally well.



*Good* - The service is performing well and meeting our expectations.



*Requires improvement* - The service isn't performing as well as it should and we have told the service how it must improve.



*Inadequate* - The service is performing badly and we've taken action against the person or organisation that runs it.

### 3.2 CQC Inspections for NHS Slough CCG up to 11/02/2016

In preparation for CQC Inspections and learning from other areas within South Central based on the NHS England framework <http://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf> "Responding to The Care Quality Commission's (CQC) Inspection of GP Practices Standard Operating Procedure" has been produced.

Newsletters identifying top tips in relation to CQC inspections have also been shared with practices across the Slough locality. These tips included:

- Know the Regulations.
- Practice website - Check that the practice website is up to date and user friendly.
- Patient Engagement - It is now a contractual responsibility to have a Patient Participation Group (PPG).
- Presentation and preparation.
- Population groups.
- Get familiar with the CQC website.
- Domains; Safety and Well Led.

The following table shows when inspections by the CQC have taken place and practices rated as overall 'outstanding'.

<b>Practice Name</b>	<b>Langley</b>
<b>Date of Inspection report published</b>	02/07/15
<b>Overall Rating</b>	<b>Outstanding</b>
<b>Safe</b>	Good
<b>Effective</b>	Outstanding
<b>Caring</b>	Good
<b>Responsive</b>	Good
<b>Well Led</b>	Outstanding

Choose an item.

The following table shows when inspections by the CQC have taken place and practices rated as overall 'good'.

Practice Name	Bharani Medical Centre	Manor Park Medical Centre
Date of Inspection report published	28/01/2016	07/01/16
Overall Rating	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well Led	Good	Good

The following table shows when inspections by the CQC have taken place and practices rated as overall 'requires improvement'.

Practice Name	The Avenue Medical Centre
Date of Inspection report published	11/02/16
Overall Rating	Requires Improvement
Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well Led	Good
Requirement Notices	HSCA 2008 (RA) 2014 11(1) 12(1)(2)(a)(b)(g)(h) 17(1)(2)(a)(b)
Enforcement Actions	



The following table shows when inspections by the CQC have taken place and practices rated as overall 'inadequate'.

Practice Name	The Orchard	240 Wexham Rd Dr Veena Sharma
Date of Inspection report published	23/07/15	11/02/16
Overall Rating	Inadequate	Inadequate
Safe	Inadequate	Inadequate
Effective	Inadequate	Requires Improvement
Caring	Requires Improvement	Requires Improvement
Responsive	Requires Improvement	Requires Improvement
Well Led	Inadequate	Inadequate
Requirement Notices	<b>HSCA 2008 (RA) 2014</b> 12 (1) (2)(g) 12 (1) (2)(h) 13 (2)	<b>HSCA 2008 (RA) 2014</b> 12 (1) (2)(a)(g) 18(2)(a) 19(3)(a)(b)
Enforcement Actions	<b>HSCA 2008 (RA) 2014</b> 17 (1) (2)(a)(b)	<b>HSCA 2008 (RA) 2014</b> 17 (1) (2)(b)(d)(e)(f)

As a result of the CQC visits there are eleven recorded regulation breaches, across three practices. Of these, nine resulted in requirement notices, with a further two receiving enforcement actions.

In common with the other CCGs in the Berkshire East area, the two main areas of concern are regulation 12: safe care and treatment and regulation 17: good governance. Of the breaches in regulation 12, four relate specifically to breaches in medicines management and infection control. Support is being provided to practices by the CCG and NHS England to enable them to adhere to best practice which. Whilst this involves all staff, it needs to be addressed systemically across teams by the leaders in those teams.

There were also three recorded breaches across section 17: good governance demonstrating further the need to support the development of robust leadership and management within these teams. It should be noted that two of these breaches ended in enforcement actions, highlighting the severity of the breaches in question.

## 4 Patient Experience

### 4.1 Complaints

Complaints are monitored through the NHS central contact centre.

As of 26/02/2016

	Allocated	In progress
<b>South Central</b>	<b>1</b>	<b>95</b>

As of 26 February 2016 South Central has 95 active cases. Two of these cases are currently with the Health Service Ombudsman for their review.

For the period 1 November 2015 to 31 January 2016, South Central received 100 complaints relating to Primary Care Services including GP Practices, Dentists etc. Of these seven are prison healthcare complaints and three are Immigration Removal Centre complaints.

#### NHS Slough CCG

3 complaints received for period 1 November 2015 to 31 January 2016 for NHS Slough CCG. These complaints relates to GP practices.

Below is the statutory return (KO41b) which practices have to complete which gives numbers and themes.

Group Code	Group Name	<u>Service Area Medical Total</u>	<u>Service Area Medical Upheld</u>	<u>Service Area Dental Total</u>	<u>Service Area Dental Upheld</u>	<u>Service Area GPAdministration Total</u>	<u>Service Area GPAdministration Upheld</u>	<u>Service Area Other Total</u>	<u>Service Area Other Upheld</u>	<u>Subject of Complaint Communications Total</u>	<u>Subject of Complaint Communications Upheld</u>	<u>Subject of Complaint Premises Total</u>	<u>Subject of Complaint Premises Upheld</u>	<u>Subject of Complaint Management Total</u>	<u>Subject of Complaint Management Upheld</u>	<u>Subject of Complaint GPAdministration Total</u>	<u>Subject of Complaint GPAdministration Upheld</u>	<u>Subject of Complaint Clinical Total</u>	<u>Subject of Complaint Clinical Upheld</u>	<u>Subject of Complaint Other Total</u>	<u>Subject of Complaint Other Upheld</u>
Q82	DCO REGION	2086	889			1973	976	509	226	1102	559	41	20	412	181	1178	607	1615	666	293	113
10T	NHS Slough CCG	73	37			61	18	12	2	34	13	1	0	5	1	51	18	73	38	6	2

## 4.2 Friends and Family Test

GP practices across England have now been reporting FFT feedback for a year. Dental practices will have been reporting for one year in April 2016. The contractual requirement for NHS settings is primarily to submit monthly statistical data to enable NHS England to publish numbers of response, % recommended(R) and % non-recommended (NR). In December 2015 (latest available data), the data shows:

	GP FFT			Dentist FFT		
	Response Rate	% R	% NR	Response Rate	% R	% NR
England	0.24%	88%	6%	0.42%	97%	1%
Slough						

It is worth noting that response rates across England are still low. Practices are also advised to publish results locally including feedback outcomes to patients via the 'You Said, We Did' poster.

Support for the FFT is provided by the NHS England FFT team and links to the national FFT Programme. There will be a national Patient Insight and Feedback Conference on 17th March themed around improving quality by learning from feedback.

The data below shows GP and Dental FFT returns for December (statistical) and a further table highlighting 'You Said, We Did' activity. Greyed rows on tables below are noted as follow up action (taking into account the low response rate) along with 'no data' results.

**FFT GP practices – Slough– December 2015**

Name	Practice List Size	Total Responses	%R	%NR
<b>England</b>	<b>57,186,403</b>	<b>136,938</b>	<b>88%</b>	<b>6%</b>
<b>Slough</b>	<b>151,834</b>	<b>367</b>	<b>79%</b>	<b>8%</b>
Langley Health Centre	17,538	0	NA	NA
Farnham Road Practice	24,206	3	*	*
Manor Park Medical Centre	10,324	4	*	*
The Village Medical Centre	13,661	5	100%	0%
The Avenue Medical Centre	6,907	8	100%	0%
Ragstone Road Surgery	3,331	11	82%	18%
Crosby House Surgery	11,327	17	94%	6%
240 Wexham Road	4,664	17	82%	0%
Kumar Medical Centre	4,536	23	87%	0%
Shreeji Medical Centre	6,117	45	100%	0%
Slough Walk-In Health Centre	6,530	234	72%	10%
Wexham Road Surgery	4,260	no data		
Herschel Medical Centre	12,544	no data		
Bharani Medical Centre	12,937	no data		
Dr Nabi	5,234	no data		
The Orchard Surgery	7,718	no data		

Note: % R = % Recommended and %NR = % Not Recommended

**FFT Dental practices – Slough– December 2015**

Name	Patients treated Jan- Dec 2015	Total Responses	%R	%NR
<b>England</b>	<b>22,777,028</b>	<b>96,150</b>	<b>97%</b>	<b>1%</b>
<b>Slough</b>	<b>41,676</b>	<b>190</b>	<b>90%</b>	<b>1%</b>
Dentalcare Ltd (Ho), Langley, Slough	9,399	6	100%	0%
Dental Surgery,5 Sheffield Road,Slough	3,832	8	100%	0%
Dental Surgery,162a Langley Road,Slough	984	10	100%	0%
Chippenham Medical Centre,100 Weekes Drive,Slough	3,856	10	100%	0%
Beechwood House,10 Windsor Rd,Slough	447	27	89%	0%
Smile Dental Centre,24 High Street,Slough		38	58%	5%
Moonlight Dental Surgery,Wentworth Av	2,742	91	100%	0%
Dental Access Centre,Upton Hospital, Slough	998	No data		
Dental Surgery,275 Farnham Road,Slough		No data		
Acorn Dental Surgery,8 Stoke Poges Lane,Slough	2,286	No data		
Dental Surgery,1a Yew Tree Road,Slough	383	No data		
Dental Surgery,208 Wexham Road,Slough	5,053	No data		
Westwood Dental Practice,29 London Road,Slough	1,854	No data		
Broken Acre Dental Surgery,92 Burnham Lane,Slough	4,557	No data		
The Dental Studio,5 Kingfisher Court	2,351	No data		
Ground Floor,108 Windsor Road,Slough	2,934	No data		

Note: % R = % Recommended and %NR = % Not Recommended

#### 4.2.1 'Feedback from practices across South Central 'You said we did' for December 2015

You Said	We Did
Dental: Patients found registering new patient very long winded, took up to 2 weeks.	This has now been actioned and time reduced.
Dental: Customers commented on the amount of time waiting to see a dentist.	This has now been improved (with the exception of emergencies delaying an appointment).
GP Practice reviewed methodology used. Patients fed back that using a tablet is an excellent way to complete the FFT but there are some difficulties with understanding the process (elderly) and remembering to complete it.	Practice staff read the screen to elderly people, they are then very happy to complete it. Practice reception staff make time to ask everyone to use the Tablet, mostly when people are making further appointments.
GP participating in FFT SIP Children & Young People Project: the children's FFT form needs to be easier to use as they are finding it difficult to understand.	This feedback will be passed to the external evaluation team – John Moore Liverpool University.

### 4.3 GP Survey

The annual GP Patient survey covers aspects of patient experience for primary care services, including access to services, waiting times, satisfaction with opening hours, the quality of care received from GPs and practice nurses, out of hours GP services, and NHS dental services. It also captures information about the general population state of health. The data is based on the January 2016 GPPS publication. This combines two waves of fieldwork, from January to March 2015 and July to September 2015, providing practice-level data. For more information about the survey please visit <https://gp-patient.co.uk/>.

*Please note: All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.*

The NHS Slough CCG response rate to the 2015 GP Patient Survey was 28% and performs **at, above and below** the national average across the survey questions. For example:

Question	National	Slough
Overall, how would you describe your experience of making an appointment?	73% - Good 12% - Poor	54% - Good 23% - Poor
Did you have confidence and trust in the GP you saw or spoke to?	92% - Yes 5% - No	87% - Yes 9% - No

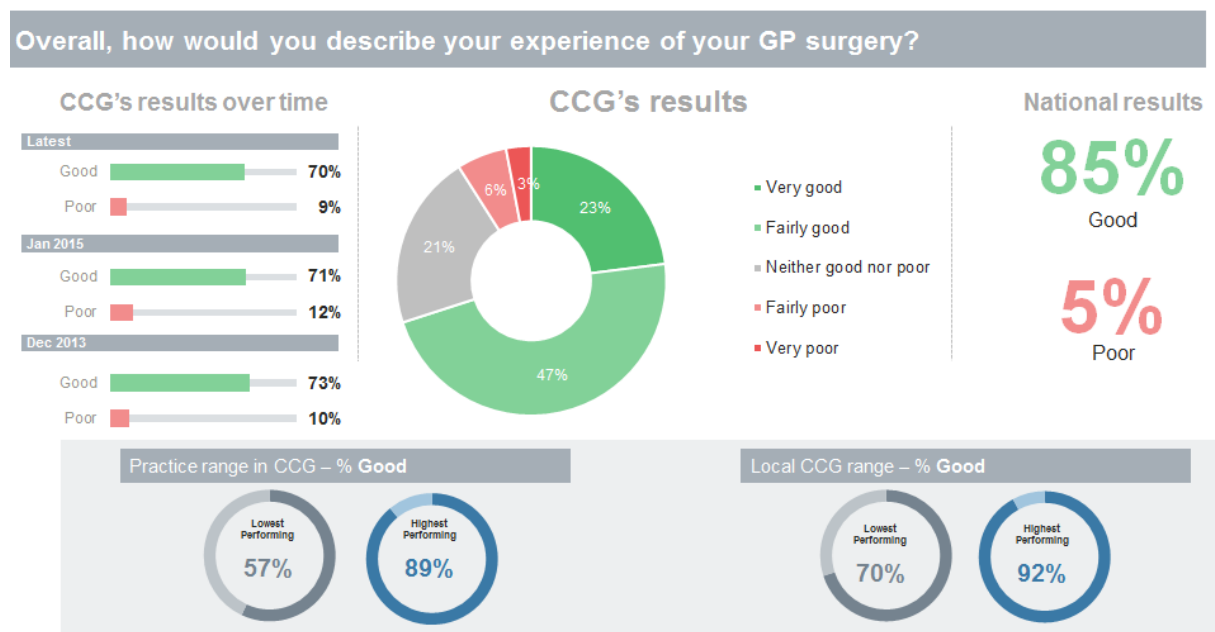
Choose an item.

We have included a sample of practices' performance across NHS Slough CCG highlighting high & low performers against a question in two of the following categories:

1. Overall experience of GP surgeries
2. Access to GP services
3. Making an appointment
4. Waiting times at the GP surgery
5. Perceptions of care at patients' last GP appointment
6. Perceptions of care at patients' last nurse appointment
7. Satisfaction with the practice's opening hours
8. Out-of-hours services

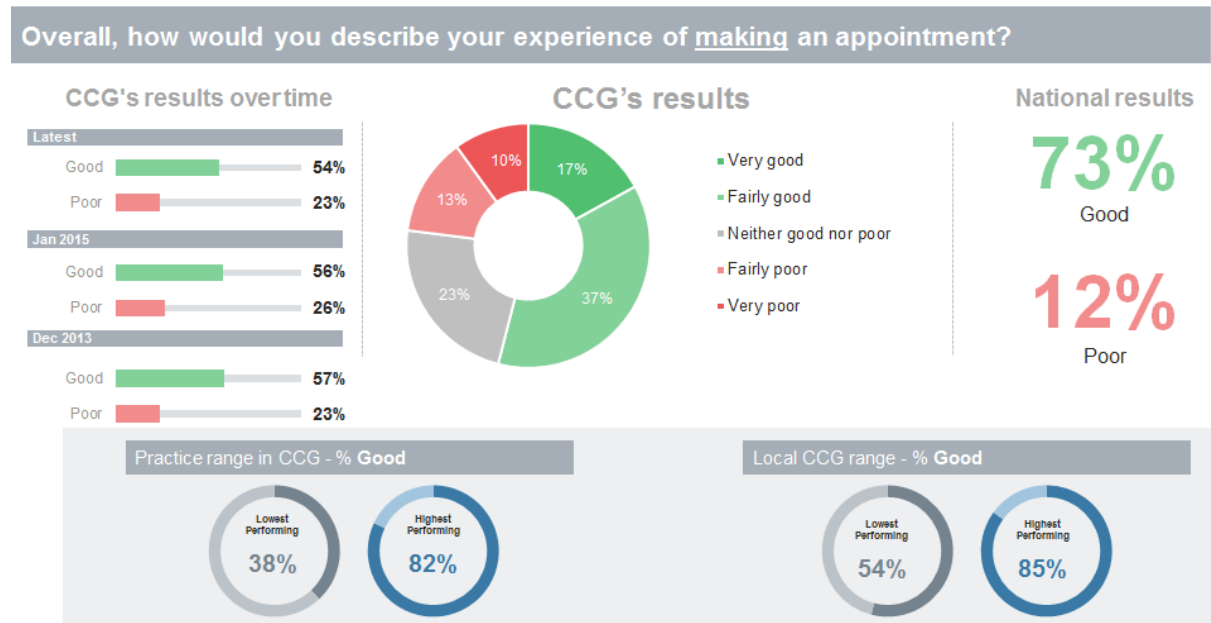
We have selected a question from categories 1 & 3 for this meeting information.

### 1. Overall, how would you describe your experience of your GP surgery?



Top three performers			Lowest three performers		
The Avenue Medical Centre <b>(83%)</b>	Wexham Road Surgery <b>(85%)</b>	Manor Park Medical Centre <b>(76%)</b>	Bharani Medical Centre <b>(57%)</b>	Ragstone Road Surgery <b>(59%)</b>	240 Wexham Road <b>(62%)</b>

## 2. Overall, how would you describe your experience of making an appointment?



Top three performers			Lowest three performers		
Wexham Road Surgery (82%)	The Avenue Medical Centre (76%)	Kumar Medical Centre (71%)	Bharani Medical Centre (38%)	Ragstone Road Surgery (44%)	Langley Health Centre (45%)



Data provided by the South Central Commissioning Hub

GPPS 2014-15 key indicators by CCGs

Accessing GP services, making an appointment and open hours

Ease of getting through to someone at GP surgery on the phone			Helpfulness of receptionists at GP surgery			Able to get an appointment to see or speak to someone		
% Easy	Difference with England average	Difference with 2013-14	% Helpful	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
47%	-23.70%	-0.20%	81%	-6.20%	2.70%	76%	-8.70%	3.10%
Convenience of appointment			Overall experience of making an appointment					
% Convenient	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14			
83%	-8.70%	-0.20%	55%	-18.70%	-0.60%			
Satisfaction with opening hours			Is GP surgery currently open at times that are convenient					
% Satisfied	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14			
69%	-5.90%	-1.80%	64%	-9.40%	-1.90%			

**GP quality of care**

Rating of GP giving you enough time			Rating of GP giving you enough time			Rating of GP explaining tests and treatments		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
78%	-7.10%	0.40%	81%	-6.10%	0.40%	74%	-7.20%	-2.30%
Rating of GP involving you in decisions about your care			Rating of GP treating you with care and concern			Confidence and trust in GP		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
67%	-7.50%	1.90%	73%	-9.80%	-0.10%	87%	-5.30%	0.30%

**Nurse quality of care**

Rating of nurse giving you enough time			Rating of nurse listening to you			Rating of nurse explaining tests and treatments		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
73%	-6.20%	-0.80%	72%	-6.00%	-2.70%	71%	-4.90%	-1.60%
Rating of nurse involving you in decisions about your care			Rating of nurse treating you with care and concern			Confidence and trust in nurse		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
62%	-3.00%	0.00%	72%	-4.90%	0.70%	82%	-3.00%	0.30%

**Overall experience GP practice**

Overall experience of GP surgery			Recommending GP surgery to someone who has just moved to the local area		
% Good	Difference with England average	Difference with 2013-14	% Recommend	Difference with England average	Difference with 2013-14
71%	-14.00%	1.00%	60%	-17.30%	-0.50%

**Out of Hours GP service**

Know how to contact an out-of-hours GP service			Tried to call an out-of-hours GP service in past 6 months			Ease of contacting the out-of-hours GP service by telephone		
% Yes	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Easy	Difference with England average	Difference with 2013-14
54%	-2.20%	0.60%	19%	5.82%	-1.30%	69%	-8.00%	-0.40%
Time it took to receive care from the out-of-hours GP service was about right			Confidence and trust in out-of-hours clinician			Overall experience of out-of-hours GP services		
% Right	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
52%	-8.70%	-0.90%	78%	-2.40%	6.00%	59%	10.00%	-1.80%

**Managing long term conditions**

Long-standing health condition1			In last 6 months, had enough support from local services or organisations to help manage long-term health condition(s)			Confidence in managing own health		
% Yes	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Confident	Difference with England average	Difference with 2013-14
49%	-4.90%	-0.90%	56%	-7.70%	1.50%	89%	-3.20%	1.10%

## 4.4 Safeguarding

The New Assistant Director of Nursing – Patient Experience & Safeguarding has recently been recruited. During his induction he is making contact with Slough CCG safeguarding colleagues and will be attending both the Children's and Adults Safeguarding Boards.

The NHS England South Central (NHSE SC) Safeguarding team facilitate a quarterly Safeguarding Network which is attended by the CCG Designated nurse.

NHSE SC will be refreshing the annual audit of primary care safeguarding in early January 2016 and rolling out in Q1 2016/17. Key areas for attention will be primary care level assurance regarding:

- Children's Sexual Exploitation related safeguarding
- Awareness of and statutory reporting of Female Genital Mutilation
- Awareness and reporting of PREVENT related information
- Implementation of Adult safeguarding requirements as mandated in the Care Act 2014

### Slough Safeguarding Children Board activity

- Focus on safeguarding in faith and community schools
- Gang activity
- FGM strategy and pathway for both adult and children have been developed – adult females are being identified in the ante natal pathway in Slough
- CSE
- Radicalisation of young people and Prevent reporting

Additional information regarding from the Slough Safeguarding Adult Board is being developed and will be included in subsequent reports.

## 5 Incidents

The level of reporting of patient safety incidents from general practice is low in comparison to acute/secondary care services. From February 2015 it has been a requirement for general practice staff to use an E Reporting system to report incidents onto the National Reporting and Learning System (NRLS). Reporting incidents to a national central system helps protect patients from avoidable harm by increasing opportunities for the NHS to learn when things go wrong. The NHS England Patient Safety Domain uses patient safety incident reports submitted to the NRLS to identify key themes and trends and take action at a national level to prevent similar incidents from occurring, often via Patient Safety Alerts. Incident reporting is also important at a local level as it supports commissioners, clinicians and the whole practice team to learn about the root cause of an incident and what can be done locally to keep patients safe from avoidable harm.

As NHS England South, South Central we are actively encouraging GP practices to report incidents as part of an improving patient safety culture - for openness and honesty to learn from incidents.

### 5.1 Serious Incidents

There have been no primary care serious incidents reported from October to December 2015.

### 5.2 Non Serious Incidents

Five primary care non serious incidents were reported for GP practices from October to December 2015. Three of these were medication incidents, one was a delayed diagnosis incident and one was an immunisation incident.

**Primary Care Joint Co  
Commissioning  
Quality Report  
NHS Windsor, Ascot and  
Maidenhead CCG  
March 2016**

Choose an item.

**OFFICIAL**



## **Primary Care Joint Co Commissioning Quality Report NHS Windsor, Ascot and Maidenhead CCG March 2016**

Version number: 1

First published: 02/03/2016

Prepared by: Hattie Gill, Business Support Assistant, NHS England South (South Central) and supported by Rebecca Tyrrell, Quality Improvement Manager, NHS England South (South Central)

Classification: (OFFICIAL)

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Contents .....	4
1 Introduction and Context .....	5
2 Summary .....	5
3 Care Quality Commission (CQC) GP Inspections .....	7
4 Patient Experience .....	9
5 Incidents .....	21

## 1 Introduction and Context

This report is prepared to support information sharing in relation to patient experience, safety and quality for co-commissioning of Primary Care by NHS England South Central and NHS Windsor, Ascot and Maidenhead CCG for the 17 practices within the CCG area.

The availability of reported quality metrics for primary care services is limited and a national primary care dashboard is under development. This report details the current level of quality information routinely collected and collated by NHS England. Additional data may also be available to the CCG. This report contains data up to 28/01/2016 concerning CQC inspections; complaints data for November, December and January, and for Friends and Family Test December data.

## 2 Summary

### 2.1 CQC Findings

At the time of this report the CQC are progressing with visiting practices under their new inspection regime.

Eight practices have had an inspection report published. Overall ratings: seven were rated as 'good' and one received a rating of 'requires improvement', no practices were rated overall as 'inadequate'.

### 2.2 Patient Experience

#### 2.2.1 Complaints

As of 26 February 2016 South Central has 95 active cases. Two of these cases are currently with the Health Service Ombudsman for their review.

For the period 1 November 2015 to 31 January 2016, South Central received 100 complaints relating to Primary Care Services including GP Practices, Dentists etc. Of these complaints one GP practice relates to Windsor, Ascot and Maidenhead.

### **2.2.2 Friends and Family Test**

FFT is a contractual requirement with a mandatory duty that practices report data to NHS England every month, as well as publishing their own results locally. Regional Primary care FFT support is through the NHS England South Central FFT Project Manager and nationally through the NHS England National FFT team.

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The annual GP Patient survey covers aspects of patient experience for primary care services, including access to services, waiting times, satisfaction with opening hours, the quality of care received from GPs and practice nurses, out of hours GP services, and NHS dental services.

### **2.2.3 Safeguarding**

NHS England, as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHS England South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

## **2.3 Incidents**

One serious incident was reported from October to December 2015. There have been seven non serious incidents reported for GP practices in NHS Windsor, Ascot and Maidenhead CCG from October to December 2015.

## 3 Care Quality Commission (CQC) GP Inspections

### 3.1 CQC overall ratings and their definitions



*Outstanding* - The service is performing exceptionally well.



*Good* - The service is performing well and meeting our expectations.



*Requires improvement* - The service isn't performing as well as it should and we have told the service how it must improve.



*Inadequate* - The service is performing badly and we've taken action against the person or organisation that runs it.

### 3.2 CQC Inspections for NHS Windsor, Ascot and Maidenhead CCG up to 28/01/2016

In preparation for CQC Inspections and learning from other areas within South Central based on the NHS England framework <http://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf> "Responding to The Care Quality Commission's (CQC) Inspection of GP Practices Standard Operating Procedure" has been produced.

Newsletters identifying top tips in relation to CQC inspections have also been shared with practices across the Windsor, Ascot and Maidenhead locality. These tips included:

- Know the Regulations.
- Practice website - Check that the practice website is up to date and user friendly.
- Patient Engagement - It is now a contractual responsibility to have a Patient Participation Group (PPG).
- Presentation and preparation.
- Population groups.
- Get familiar with the CQC website.
- Domains; Safety and Well Led.

Choose an item.

The following table shows when inspections by the CQC have taken place and practices rated as overall 'good'.

Practice Name	Cookham Medical Centre	Cordwallis Road Surgery	Datchet	Redwood House Surgery	Ross Road	South Meadow	The Symons
Date of Inspection report published	14 May 2015	28 January 2016	14 May 2015	23 April 2015	8 May 2015	25 June 2015	14 May 2015
Overall Rating	Good	Good	Good	Good	Good	Good	Good
Safe	Requires Improvement	Good	Good	Good	Good	Requires Improvement	Good
Effective	Good	Good	Good	Good	Good	Good	Good
Caring	Good	Good	Good	Good	Good	Good	Good
Responsive	Good	Good	Good	Good	Good	Good	Good
Well Led	Good	Good	Good	Good	Good	Good	Good
Requirement Notices	HSCA 2008 (RA) Regs 2014 Regulation 12 (1) (2)(h) Regulation 17 (2)(a)(b)(d)(i)					HSCA 2008 (RA) Regs 2014 Regulation 12 (2)(g)	
Enforcement Actions							

The following table shows when inspections by the CQC have taken place and practices rated as overall 'requires improvement'.

Practice Name	Clarence
Date of Inspection report published	21 May 2015
Overall Rating	Requires Improvement
Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well Led	Good
Requirement Notices	HSCA 2008 (RA) 2014 Regulation 12 (1) (2)(h)
Enforcement Actions	

The tables above present the CQC inspection results for practices in the Windsor, Ascot and Maidenhead CCG area, illustrating a varied but on the whole positive outcome following CQC inspection. The majority of practices have been placed in the 'good' category, with only one of the eight practices rated as 'requires improvement' and none inadequate.

Of the eight practices inspected three have received requirement notices but no enforcement actions have been needed. Two of the practices with requirement notices have been rated 'good' overall.

The main focus of the requirement notices is in relation to regulation 12 for all which in these cases relate to the safe management of medicines and infection control. In all three cases the practice teams with the support of NHSE and the CCG will be working on ensuring that there are processes in place for instituting and maintaining rigorous safety checks in-line with national requirements, and changing systems of practice within the working team to take into account standards of best practice.

## 4 Patient Experience

### 4.1 Complaints

Complaints are monitored through the NHS central contact centre.

As of 26/02/2016

	Allocated	In progress
<b>South Central</b>	<b>1</b>	<b>95</b>

As of 26 February 2016 South Central has 95 active cases. Two of these cases are currently with the Health Service Ombudsman for their review.

For the period 1 November 2015 to 31 January 2016, South Central received 100 complaints relating to Primary Care Services including GP Practices, Dentists etc. Of these seven are prison healthcare complaints and three are Immigration Removal Centre complaints.

#### **NHS Windsor, Ascot and Maidenhead CCG**

One complaint received for period 1 November 2015 to 31 January 2016 for NHS Windsor, Ascot and Maidenhead CCG. This complaint relates to a GP complaint.

Below is the statutory return (KO41b) which practices have to complete which gives numbers and themes.

Group Code	Group Name	Service_Area_Medical_Total	Service_Area_Medical_Upheld	Service_Area_Dental_Total	Service_Area_Dental_Upheld	Service_Area_GPAdministration_Total	Service_Area_GPAdministration_Upheld	Service_Area_Other_Total	Service_Area_Other_Upheld	Subject_of_Complaint_Communications_Total	Subject_of_Complaint_Communications_Upheld	Subject_of_Complaint_Premises_Total	Subject_of_Complaint_Premises_Upheld	Subject_of_Complaint_Management_Total	Subject_of_Complaint_Management_Upheld	Subject_of_Complaint_GPAdministration_Total	Subject_of_Complaint_GPAdministration_Upheld	Subject_of_Complaint_Clinical_Total	Subject_of_Complaint_Clinical_Upheld	Subject_of_Complaint_Other_Total	Subject_of_Complaint_Other_Upheld
Q82	SOUTH CENTRAL DCO REGION NHS Windsor Ascot and Maidenhead	2086	889			1973	976	509	226	1102	559	41	20	412	181	1178	607	1615	666	293	113
11C	CCG	51	24			56	29	13	3	26	7	0	0	14	9	30	16	49	23	7	2

## 4.2 Friends and Family Test

GP practices across England have now been reporting FFT feedback for a year and dental practices for a year in April 2016. The contractual requirement for NHS settings is primarily to submit monthly statistical data to enable NHS England to publish numbers of response, % recommended (R) and % not recommended (NR). In December 2015 (latest available data), the data shows:

	GP FFT			Dentist FFT		
	Response Rate	% R	% NR	Response Rate	% R	% NR
England	0.24%	88%	6%	0.42%	97%	1%
WAM	0.11%	91%	4%	0.37%	99%	1%

It is worth noting that response rates across England are still low. Practices are also advised to publish results locally including feedback outcomes to patients via the 'You Said, We Did' poster.

Support for the FFT is provided by the NHS England FFT team and links to the national FFT Programme. There will be a national Patient Insight and Feedback Conference on 17th March themed around improving quality by learning from feedback.

The data below shows GP and Dental FFT returns for December (statistical) and a further table highlighting 'You Said, We Did' activity. Greyed rows on tables below are noted as follow up action (taking into account the low response rate) along with 'no data' results.



**FFT GP practices – Windsor, Ascot & Maidenhead – December 2015**

<b>Name</b>	<b>Practice List Size</b>	<b>Total Responses</b>	<b>% R</b>	<b>% NR</b>
<b>England</b>	<b>57,186,403</b>	<b>136,938</b>	<b>88%</b>	<b>6%</b>
<b>WAM</b>	<b>152,071</b>	<b>166</b>	<b>91%</b>	<b>4%</b>
COOKHAM MEDICAL CENTRE	7,656	4	*	*
CLAREMONT HOLYPORT SURGERY	18,001	6	100%	0%
THE SYMONS MEDICAL CENTRE	12,208	8	88%	0%
CLARENCE MEDICAL CENTRE	14,657	8	63%	25%
WOODLANDS PARK SURGERY	3,083	9	100%	0%
CORDWALLIS ROAD SURGERY	3,533	19	74%	5%
DATCHET HEALTH CENTRE	10,296	49	94%	4%
SOUTH MEADOW SURGERY	13,315	63	95%	3%
RUNNYMEDE MEDICAL PRACTICE	12,139	no data		
LINDEN MEDICAL CENTRE	9,663	no data		
ROSS ROAD MEDICAL CENTRE	2,804	no data		
THE CEDARS SURGERY	10,377	no data		
LEE HOUSE SURGERY	7,267	no data		
SHEET STREET SURGERY	9,534	no data		
ROSEMEAD SURGERY	6,124	no data		
REDWOOD HOUSE SURGERY	6,319	no data		
RADNOR HOUSE SURGERY AND ASCOT MED CTR	5,095	no data		

**FFT Dental practices – Windsor, Ascot & Maidenhead – December 2015**

<b>Name</b>	<b>Patients treated Jan-Dec 2015</b>	<b>Total Responses</b>	<b>% R</b>	<b>% NR</b>
<b>England</b>	<b>22,777,028</b>	<b>96,150</b>	<b>97%</b>	<b>1%</b>
<b>WAM</b>	<b>42,903</b>	<b>160</b>	<b>99%</b>	<b>1%</b>
KH Lee Dental Practice, MAIDENHEAD,Berkshire	254	0	NA	NA
1 Horton Road,Datchet,SLOUGH,Berkshire	3,507	0	NA	NA
Orchard Dental Surgery,MAIDENHEAD,Berkshire	1,164	1	*	*
Dental Practice, MAIDENHEAD,Berkshire	3,518	5	100%	0%
67 Dedworth Road,WINDSOR,Berkshire	5,209	10	100%	0%
St Annes House Surgery, Cookham,MAIDENHEAD		17	100%	0%
2 Belmont Road,MAIDENHEAD,Berkshire	2,499	18	100%	0%
96 Oxford Road,Windsor,Berkshire	2,066	18	100%	0%
Linden Dental Surgery, MAIDENHEAD,Berkshire	2,310	22	100%	0%
Rodericks, Cookham,MAIDENHEAD	5,431	22	95%	5%
Optima Dental Care, MAIDENHEAD,Berkshire	4,130	47	100%	0%
Oasis Dental Surgery,WINDSOR,Berkshire	1,740	No data		
Stoneleigh Dental Practice, MAIDENHEAD	965	No data		
Maidenhead Dental Centre, MAIDENHEAD		No data		
Dental Surgery, Old Windsor,WINDSOR	1,355	No data		
Dental Surgery,WINDSOR,Berkshire	3,593	No data		
Dental Surgery, WINDSOR,Berkshire	2,444	No data		
6 Welley Road,Wraysbury,STAINES,Middlesex	866	No data		
Dental Surgery, MAIDENHEAD,Berkshire		No data		
Woodlands Dental Practice, MAIDENHEAD	442	No data		
The Dental Surgery, WINDSOR,Berkshire	231	No data		
Berkshire CDS HQ,St Marks Hospital, MAIDENHEAD	356	No data		
122 High Street,Maidenhead,Berkshire	823	No data		

#### 4.2.1 'Feedback from practices across South Central 'You said we did' for December 2015

You Said	We Did
Dental: Patients found registering new patient very long winded, took up to 2 weeks.	This has now been actioned and time reduced.
Dental: Customers commented on the amount of time waiting to see a dentist.	This has now been improved (with the exception of emergencies delaying an appointment).
GP Practice reviewed methodology used. Patients fed back that using a tablet is an excellent way to complete the FFT but there are some difficulties with understanding the process (elderly) and remembering to complete it.	Practice staff read the screen to elderly people, they are then very happy to complete it. Practice reception staff make time to ask everyone to use the Tablet, mostly when people are making further appointments.
GP participating in FFT SIP Children & Young People Project: the children's FFT form needs to be easier to use as they are finding it difficult to understand.	This feedback will be passed to the external evaluation team – John Moore Liverpool University.

### 4.3 GP Survey

The annual GP Patient survey covers aspects of patient experience for primary care services, including access to services, waiting times, satisfaction with opening hours, the quality of care received from GPs and practice nurses, out of hours GP services, and NHS dental services. It also captures information about the general population state of health. The data is based on the January 2016 GPPS publication. This combines two waves of fieldwork, from January to March 2015 and July to September 2015, providing practice-level data. For more information about the survey please visit <https://gp-patient.co.uk/>.

*Please note: All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.*

The NHS Windsor, Ascot & Maidenhead CCG response rate to the 2015 GP Patient Survey was 36% and performs **at, above and below** the national average across the survey questions. For example:

Question	National	WAM
Overall, how would you describe your experience of making an appointment?	73% - Good 12% - Poor	71% - Good 12% - Poor
Did you have confidence and trust in the GP you saw or spoke to?	92% - Yes 5% - No	94% - Yes 4% - No

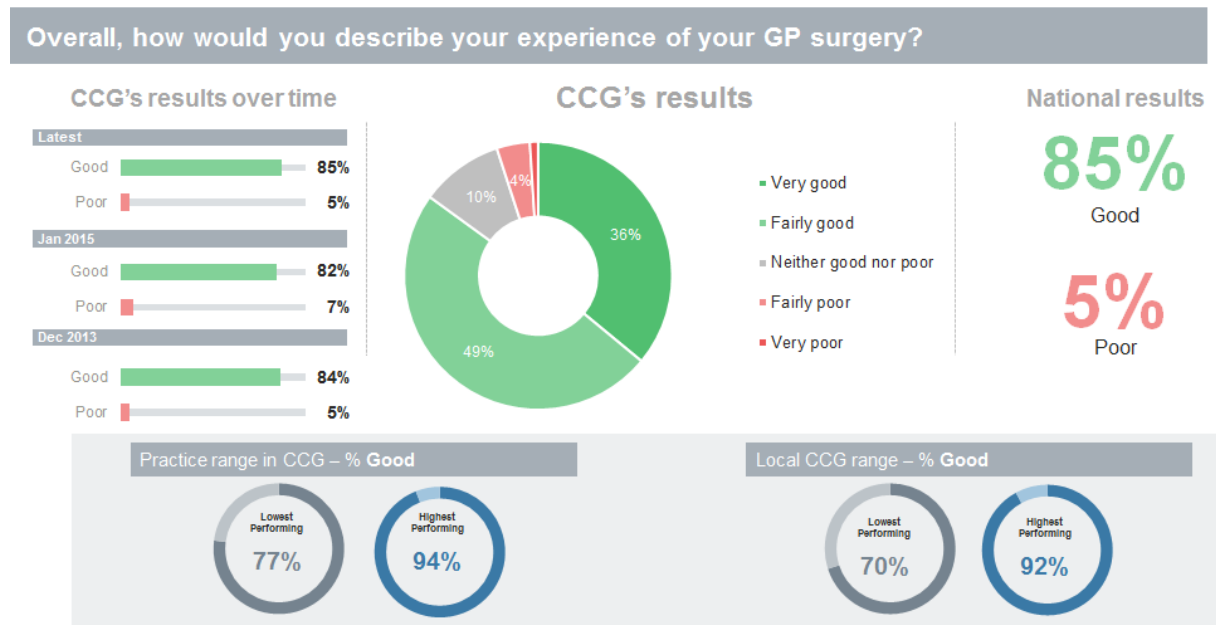
Choose an item.

We have included a sample of practices' performance across NHS Windsor, Ascot & Maidenhead CCG highlighting high & low performers against a question in two of the following categories:

1. Overall experience of GP surgeries
2. Access to GP services
3. Making an appointment
4. Waiting times at the GP surgery
5. Perceptions of care at patients' last GP appointment
6. Perceptions of care at patients' last nurse appointment
7. Satisfaction with the practice's opening hours
8. Out-of-hours services

We have selected a question from categories 1 & 3 for this meeting information

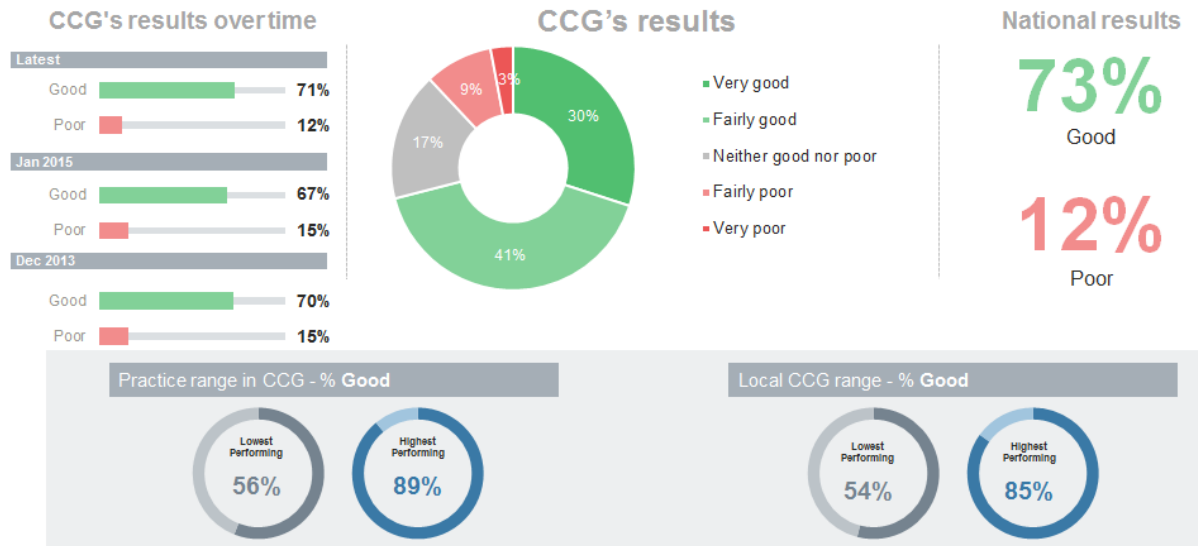
### 1. Overall, how would you describe your experience of your GP surgery?



Top three performers			Lowest three performers		
Taplow Health Centre (94%)	Claremont Holyport Surgery (94%)	Woodlands Park Surgery (93%)	Clarence Medical Centre (81%)	Datchet Health Centre (77%)	Ross Road Medical Centre (77%)

## 2. Overall, how would you describe your experience of making an appointment?

Overall, how would you describe your experience of making an appointment?



Top three performers			Lowest three performers		
Ascot Medical Centre <b>(89%)</b>	Woodlands Park Surgery <b>(87%)</b>	Rosemead Surgery <b>(85%)</b>	Taplow Health Centre <b>(61%)</b>	Ross Road Medical Centre <b>(59%)</b>	Datchett Health Centre <b>(56%)</b>

Data provided by the South West Commissioning Hub

GPPS 2014-15 key indicators by CCGs

Accessing GP services, making an appointment and open hours

Ease of getting through to someone at GP surgery on the phone			Helpfulness of receptionists at GP surgery			Able to get an appointment to see or speak to someone		
% Easy	Difference with England average	Difference with 2013-14	% Helpful	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
72%	1.00%	4.70%	83%	-4.10%	-0.60%	86%	1.20%	2.30%
Convenience of appointment				Overall experience of making an appointment				
% Convenient	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14			
89%	-2.80%	0.20%	69%	-4.10%	0.70%			
Satisfaction with opening hours			Is GP surgery currently open at times that are convenient					
% Satisfied	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14			
67%	-7.90%	-0.20%	66%	-8.00%	1.50%			

**GP quality of care**

Rating of GP giving you enough time			Rating of GP giving you enough time			Rating of GP explaining tests and treatments		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
84%	-1.10%	1.20%	87%	-0.30%	0.30%	78%	-3.00%	-3.40%
Rating of GP involving you in decisions about your care			Rating of GP treating you with care and concern			Confidence and trust in GP		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
73%	-1.40%	0.80%	81%	-1.40%	0.10%	92%	0.00%	-0.80%

**Nurse quality of care**

Rating of nurse giving you enough time			Rating of nurse listening to you			Rating of nurse explaining tests and treatments		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
76%	-3.00%	-2.70%	75%	-3.70%	-2.70%	72%	-3.90%	-3.70%
Rating of nurse involving you in decisions about your care			Rating of nurse treating you with care and concern			Confidence and trust in nurse		
% Good	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14
59%	-6.10%	-6.00%	75%	-2.40%	-2.40%	84%	-0.90%	-1.20%

**Overall experience GP practice**

Overall experience of GP surgery			Recommending GP surgery to someone who has just moved to the local area		
% Good	Difference with England average	Difference with 2013-14	% Recommend	Difference with England average	Difference with 2013-14
83%	-2.30%	-0.30%	75%	-2.80%	-0.70%

**Out of Hours GP service**

Know how to contact an out-of-hours GP service			Tried to call an out-of-hours GP service in past 6 months			Ease of contacting the out-of-hours GP service by telephone		
% Yes	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Easy	Difference with England average	Difference with 2013-14
58%	1.60%	-0.90%	16%	2.30%	-2.50%	76%	-0.80%	-3.70%
Time it took to receive care from the out-of-hours GP service was about right			Confidence and trust in out-of-hours clinician			Overall experience of out-of-hours GP services		
% Right	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Good	Difference with England average	Difference with 2013-14
64%	3.00%	1.30%	79%	-1.30%	-2.60%	64%	-5.10%	-4.40%



**Managing long term conditions**

Long-standing health condition1			In last 6 months, had enough support from local services or organisations to help manage long-term health condition(s)			Confidence in managing own health		
% Yes	Difference with England average	Difference with 2013-14	% Yes	Difference with England average	Difference with 2013-14	% Confident	Difference with England average	Difference with 2013-14
48%	-6.40%	-0.80%	59%	-4.10%	-3.30%	94%	1.70%	1.70%

## 4.4 Safeguarding

The New Assistant Director of Nursing – Patient Experience & Safeguarding has recently been recruited. During his induction has made contact with Windsor, Ascot and Maidenhead CCG safeguarding colleagues and will be attending both the Children's and Adults Safeguarding Boards.

The NHS England South Central (NHSE SC) Safeguarding team facilitate a quarterly Safeguarding Network which is attended by the CCG Designated nurse.

NHS England South Central will be refreshing the annual audit of primary care safeguarding in early January 2016 and rolling out in Q1 2016/17. Key areas for attention will be primary care level assurance regarding:

- Children's Sexual Exploitation related safeguarding
- Awareness of and statutory reporting of Female Genital Mutilation
- Awareness and reporting of PREVENT related information
- Implementation of Adult safeguarding requirements as mandated in the Care Act 2014

### Windsor and Maidenhead Safeguarding Children Board activity

Key activity currently:

- Escalation policy for resolving professional disagreements about safeguarding children amended February 2016
- Increased number of missing children and young people noted and being monitored by Thames Valley Police.
- Child sexual exploitation and missing children – greater focus being put on return home interviews.
- Audits planned – missing children, thresholds to issuing care proceedings, young people's journey into custody.
- Risks/concerns – child protection conferences not being quorate

Additional information regarding the Windsor and Maidenhead Safeguarding Adult Partnership Board is being developed and will be included in subsequent reports.

## 5 Incidents

The level of reporting of patient safety incidents from general practice is low in comparison to acute/secondary care services. From February 2015 it has been a requirement for general practice staff to use an E Reporting system to report incidents onto the National Reporting and Learning System (NRLS). Reporting incidents to a national central system helps protect patients from avoidable harm by increasing opportunities for the NHS to learn when things go wrong. The NHS England Patient Safety Domain uses patient safety incident reports submitted to the NRLS to identify key themes and trends and take action at a national level to prevent similar incidents from occurring, often via Patient Safety Alerts. Incident reporting is also important at a local level as it supports commissioners, clinicians and the whole practice team to learn about the root cause of an incident and what can be done locally to keep patients safe from avoidable harm.

As NHS England South, South Central we are actively encouraging GP practices to report incidents as part of an improving patient safety culture - for openness and honesty to learn from incidents.

### 5.1 Serious Incidents

There has been one primary care serious incident reported from October to December 2015. It involved the prescription of medication.

### 5.2 Non Serious Incidents

Seven primary care non serious incidents were reported for GP practices from October to December 2015. Three of these were cold chain incidents, three were medication incidents and one was an immunisation incident.