

CCG REPORT COVER SHEET

Meeting Title:	Primary Care Commissioning Committee (Public)	Date: 14th September 21								
Report Title:	Primary Care Quality Quarterly Briefing Paper	Agenda Item: 2.3								
Chief Officer:	Jessica Bawden, Director of Primary Care									
Clinical Lead:	Dr Abby Richardson									
Report Author:	Danielle Harding and Karen Key									
Document Status:										
Report Summary:	The purpose of this report is to assure the committee of the quality monitoring processes in place. The report will cover emerging issues and share lessons learned, working in partnership with stakeholders, Member Practices and Primary Care Networks (PCNs) across Cambridgeshire and Peterborough CCG.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td>x</td> <td>For Decision</td> <td></td> <td>For Approval</td> <td>x</td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance	x	For Decision		For Approval	x	For Recommendation		
For Assurance	x	For Decision		For Approval	x	For Recommendation				
Recommendation:	<p>Section 2.1 – Quality Assurance Framework -planned visits – the Committee is asked to note the progress made in Q2 and ambitions for Q3 activity</p> <p>Section 2.2 - Emergency Department (ED) Attends: Supporting Patient Access - the Committee is asked to note the progress made to date and actions agreed to address emerging themes.</p> <p>Section 2.3 Other Concerns / Ad hoc safety huddles raised in Quarter 2 - the Committee is asked to note the concerns raised in Q2 and associated mitigations</p> <p>Section 2.4 Occupational Health Pilot the Committee is asked to note the progress made to date and ambitions for Q3 activity</p>									
Link to Corporate Objective:	Ensure everyone has the opportunity to improve their health and well-being	X								
	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities	X								
	Focus time and resources on areas where people receive most of their health and care services, the community	X								
	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.	X								
	Deliver our statutory financial commitments as best as possible									
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
CAF12	There is a risk of serious impact to patients as a result of a failure in quality, safety and patient experience in the services that the CCG commissions as a result of the covid pandemic and recovery requirements	20								
CAF13	Risk of insufficient capacity to meet general practice demand	16								
Impact Assessments	Equality	N/A								
	Health Inequalities	N/A								
	Health Impact	N/A								
	Data Privacy	N/A								
	Sustainability	N/A								
Quality	N/A									
Financial Impact	N/A									
Chief Officer/ SRO Sign Off:	Jessica Bawden									
Chief Finance Officer Sign Off: (if required)	N/A									
Legal implications including equality and diversity assessment:	N/A									
Conflicts of Interest	N/A									
Report history:	Quality Update reported to Committee 15 June 2021									
Next steps:	Next quarterly update December 2021									

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE

AGENDA ITEM: 2.3

DATE: 14 SEPTEMBER 2021

TITLE: Primary Care Quality Quarterly Briefing Paper

FROM: KAREN KEY AND DANIELLE HARDING
PRIMARY CARE QUALITY AND WORKFORCE LEADS (NORTH & SOUTH)

1 ISSUE

A sustainable primary care sector offering high quality primary care services is an essential element of the Cambridgeshire and Peterborough systemwide approach as we transform to an Integrated Care Partnership (ICP). The CCG therefore wishes to, and has a formal duty to, assist and support NHS England with quality through its delegated authority for contracting GP services. This includes monitoring the quality of primary care services commissioned and responding to concerns arising as well as fulfilling its own statutory duty to work to improve the quality of primary care services.

The purpose of this report is to:

- Update the Committee of the implementation of the Quality Assurance Framework
- Update the Committee on items related to patient experience and patient safety

Note: Workforce updates will be presented in a separate paper

2 KEY POINTS

The Quality Assurance Framework - Implementation

2.1 Update on planned visits

In discussion with Primary Care Quality Improvement and Surveillance Group a programme of virtual visits has been agreed, prioritising the top quartile of practices who benchmark as a priority on our dashboard, and any practices currently assessed by the Care Quality Commission (CQC) as 'Requires Improvement or Inadequate'. This created a cohort of 27 practices who we contacted as a priority. For the purposes of this process, we have approached the constituent parts of Octagon, so we can build on a conversation about how the proposed de-merged groups will adapt their processes. 22 visits have been completed to date from this cohort. For a full list please see Appendix 1.

A series of key topics were built into the structured conversation plan for the each of the planned visits. These key topics are listed here along with common themes raised during these meetings:

Key Topics	Themes
Impact of COVID-19	<ul style="list-style-type: none"> • Many practices felt that their teams pulled together and worked well during the pandemic – given the circumstances. • Positive feedback on internal leadership, CCG support and guidance. • Experienced low levels of staff. • Some remaining issues linked with hard-to-reach populations but aware of support available.
Supporting patients with access	<ul style="list-style-type: none"> • Many surgeries aware of increase to patient demand, frustrations, and complaints. Reports of increased verbal abuse to staff. • Several practices raised issues relating to phone systems, patient education and language barriers. • Issues with equitable access to surge and extended access appointments. Solutions employed by practices include: • Increase of reception staff to manage increased call volumes. • Highlight self-help resources and online web access, where available, to reduce phone demands.
Progress with CQC Action Plans	<ul style="list-style-type: none"> • No concerns from any of the practices visited to date. • General feeling that key issues had been addressed and progress had been made against their action plans. • Many keen for inspection to share evidence of the improvements that have been made.
Workforce Issues	<ul style="list-style-type: none"> • Some issues with long-term GP vacancies and use of locums. • Many practices aware and engaging with Training Hub schemes such as Tier 2 sponsorship, becoming training practices to support GP Registrars and EOIs for GP Fellowships. • Practices experiencing issues with Nurse related vacancies are in touch with Kathryn Caley from the Training Hub who is supporting recruitment, succession planning and education applications. • A few queries relating to Pharmacy recruitment which have been referred to Training Hub.
QOF / Flu / Cytology	<ul style="list-style-type: none"> • Feedback that number of monthly manual returns had increased over last year. • Updating internal teams with latest guidance relating to child Imms and QOF • Several requests for clarity of the role of PCNs in Flu vaccine delivery.
PCN	<ul style="list-style-type: none"> • Practices are keen to utilise ARRS funding to secure additional workforce • Some issues re comms and relationships within PCNs.

In addition, we have sent invites to practices in the lower quartile, and other practices in the middle quartiles, so we can approach our planned conversations from the other end of the dashboard and pull out any lessons learned, from practices who benchmark more positively to the indicators included in our local dashboard. This has

resulted in an additional 4 visits to date (see Appendix 1). We will continue to confirm dates with the remaining 61 practices which we will aim to report on at the next quarterly update.

Recommendation: The Committee is asked to note the progress made in Q2 and ambitions for Q3 activity

2.2 Emergency Department (ED) Attends: Supporting Patient Access

Data collected from across the system has demonstrated an increasing rate in activity across all providers with Primary care seeing an 18% increase in activity (LMC Primary Care review) and 111 increase in demand of 141% of predictor. ED activity is increasing to and is significantly above 19/20 activity at NWAFT, which has led to overcrowding, capacity challenges, and flow out of ED, with numbers of MH patients being held in A&E and assessment units impacting on resource/staffing and crowding. This has an impact on the increasing numbers of ambulance handover delays due to sustained high bed occupancy.

In response to this issue, an audit was completed on activity at ED for the dates April 2020 – March 2021, highlighting a cohort of patients who attend but do not attract a diagnostic or treatment code (identified as VB11Z). This data generated a list of 14 practices, located in the north of the patch, who were at variance to their peers, per thousand population. Utilising local intelligence collected from Healthwatch and with the support of the LMC a project team was established, to agree how we could raise this observation with the named practices and begin to explore what may be causing this variance and possible solutions that could be implemented from a primary care perspective. The named practices have been contacted, data packs have been shared and invited to meet with the CCG, LMC (if requested) and a GP Clinical lead to explore some of the patient flow issues and influencing factors related to workload within GP practices.

To date. 7 visits have been completed with 4 booked in for future dates and 1 practice who has shown a lack of engagement with the team (full list found in Appendix 2).

Emerging themes from 7 visits completed to date:

Themes	Feedback / Support Requests
Comms	<ul style="list-style-type: none"> Revised comms pack on 'How to access the NHS' in different languages Expand social media presence Share examples of practice websites Develop individual comms plan for each practice and target groups – offer short term support package
Business Intelligence	<ul style="list-style-type: none"> Patient level data to help further understand what might be influencing patients to attend ED Figures based on weighted, non-weighted, and atypical population figures
Training	<ul style="list-style-type: none"> Access Training Hub to support reception and admin training me – active signposting and conflict resolution
MOT	<ul style="list-style-type: none"> Information on the Community Pharmacy programme and how this be utilised Patients being directed into practice for scripts, so they do not have to pay

Ideas for Support	<ul style="list-style-type: none"> • Audit of demand and capacity • Staff sharing between practice within PCN • Comms to Community Pharmacists to remind use of formulary guidance • Use of Arden's template • Videos shown on waiting room screen – in different languages • Equity of appointments to all patients • Encourage self-care • Encourage working population to use the GP Hub • Use of algorithm to allow staff to easily book patients with correct clinicians • Need headspace to address access issues • Encourage patient use of NHS App or SystemOne online
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Recommendation: The Committee is asked to note the progress made to date and actions agreed to address emerging themes. The project will be fully reported on at the next quarterly update in Q3.

2.3 Other Concerns / Ad hoc safety huddles raised in Quarter 2

Through a range of sources and forums, various concerns have been flagged to the Quality and Workforce team. This additional information is shared at the Primary Care Implementation & Surveillance Group and shared with the Nursing and Quality Team at the Senior managers meeting and the Extended Quality Patient Safety Huddle, to ensure other CCG colleagues are aware of any ongoing concerns. There have been twelve meetings since the last report and the areas addressed have been around short and longer term workforce availability and contract changes and transition management.

Recommendation: The committee is asked to note the issues raised in Q2.

2.4 Enhanced Occupational Health (OH) pilot

Following a successful bid by the system Health, Safety & Wellbeing (HSWB) Group, funding has been secured from NHS England and Improvement to pilot an Enhanced Occupational Health Pilot. The project, unlike any other across the 14 systems who received funding to pilot enhanced OH and wellbeing offers, the Cambridgeshire & Peterborough offer is aimed at addressing the significant variance in provision and quality of access to commissioned OH services across Primary Care. The service has been offered to all General Practices, 3 GP Federations and 65 Independent/ small Community Pharmacies across the system (approximately 3,300 staff).

In addition to providing an OH referrals service, Immunisations, Sharps line, Employee Assistance Programme and a Wellbeing app, the enhancement to the pilot is a helpline for Practice Managers and Community Pharmacy leads. This includes a Human Resources advice line. This element of the project is yet to be launched with the recruitment of a HR Business Partner currently underway. The project has partnered with evaluation partners, Eastern Academic Health Science Network and University of East Anglia to provide a review of the project based on implementation, service and client outcomes. The data will be captured via a baseline survey, staff survey (balance of employee and referring party), activity data and semi-structured interviews.

Project progress to date:

- Optima Health commissioned to provide Occupational Health service
- Steering Group and Project Delivery Group set up with key stakeholders including LMC, LPC, Training Hub, ICS Staff Support Hub, Optima, Evaluation Partners
- Senior Project Manager recruited to lead and manage pilot
- Pilot launched on 1st July 2021 as planned with all General Practices automatically being opted into the pilot, and currently 1 GP Federation and 4 Community Pharmacies taking up the offer
- Communications materials including User Guides, posters, leaflets and training videos have been distributed
- Two training events have been hosted by the Training Hub to support Managers making a referral (31 attendees) with FAQs tailored to the training released following the events
- Immunisation's clinics set up at three locations across the patch utilising sessional/void space through NHS Property Services
- Contract and technical issues have been identified during implementation phase. Meetings are in progress to resolve.

Management information provided by Optima shows that for the first month since launch 6 practices have used the OH service, resulting in 14 referrals:

The project continues at pace with the following ambitions for Q3:

- Continue to support Primary Care
- Recruit HR Business Partner
- Launch HR Helpline for Practice Managers and Pharmacy Leads

Recommendation: The Committee is asked to note the progress made to date and ambitions for Q3 activity.

3. PATIENT EFFECTIVENES

3.1 Quality Monitoring Processes during the recovery phase of Covid-19

The Primary Care team have introduced a SITREP report (issued 3 times weekly) to record any workforce issues in GP Practices due to self-isolation requirements and support any access issues for Polymerase chain reaction (PCR) swabbing or Lateral Flow testing. No issues to raise in this quarterly report

Updated guidance has been prepared by the Infection, Prevention and Control team and been issued via the Gateway to reflect the guidance changes post 16 August.

Representatives from the Local Medical Committee (LMC), Care Quality Commission (CQC) and Healthwatch continue to attend the monthly Primary Care Quality Improvement group and the quarterly Primary Care Quality Surveillance group. Local intelligence is added to the Quality Dashboard and forms part of the priority scoring process, so we can direct appropriate and proportionate support accordingly, to our member practices. We will continue to work with both the LMC, CQC and Healthwatch colleagues to understand how we can best respond to local intelligence by triangulating these details with other sources of local information and agree any actions.

3.2 CQC Inspection Update

CQC completed an announced inspection at Hampton (10 June) and Central Medical (5 July). The full reports are now published on the CQC website. Congratulations to both Practices for their hard work in achieving improvements in their CQC assessments:

- Hampton has been rated Good overall, which is an improvement from their previous inspection in May 2019 (rated as requires improvement).
- Central Medical has been rated Good overall, which evidences an improvement from their previous inspection in Nov 2017 (rated as requires improvement for providing caring services).

Appendix 3 lists the CQC Ratings report for GP Practices as of 2 August 2021. Cambridgeshire and Peterborough currently have 10 practices who remain as requiring improvement.

We have invited Greta Evans (CQC Inspector) to attend the monthly Primary Care webinars, as an additional agenda item to answer any queries raised by GP practice staff. Formalised teaching sessions will be offered if there are emerging areas for development and learning from our GP practice staff.

4. PATIENT SAFETY

4.1 Serious Incidents –

There are currently no 'open' Serious Events from Primary Care.

5. PATIENT EXPERIENCE

5.1 Friends and Family Test Data

This data set is not currently being monitored. We have been given no estimated date for this to recommence.

5.2 Complaints and Concerns

So far in 2021/22, NHS England have received 20 complaints regarding GP practices in the Cambridgeshire and Peterborough area. 10% have been upheld and require the practice to review and update their process going forward by using identified learning, 10% have been partially upheld and 20% have not been upheld which means that the care/treatment by the provider was satisfactory. 60% are still under investigation. Please see Appendix 3 for further details.

The current CCG complaint and concern processes about Primary Care are being reviewed to ensure that all the information gathered via these routes are collated in a reportable format. This is part of a wider organisation policy review. The aim is for all Primary Care related cases to be aligned to this policy with the ability to enable data to be accurately extracted and reported to this Ccommittee.

5.3 GP Patient Survey

The latest GP Patient Survey, produced by Ipsos MORI on behalf of NHS England, has been published. The survey contacted 2.3 million people nationally, to gather information on how patients feel about their local GP. The survey was carried out before the pandemic, between January and March 2020. Approximately a third of

patients contacted returned the survey and the majority described the overall experience as 'very good' (44%) or 'fairly good' (38%). 5% said their overall experience was 'fairly poor' and 2% described it as 'very poor'.

Top 10 best rated GP surgeries in Cambridgeshire and Peterborough:

GP Practice	Rating
Great Staughton Surgery, St Neots	1
Kimbolton Medical Centre, Huntingdon	2
East Barnwell Health Centre, Cambridge	3
Moat House Surgery, Warboys	4
Alconbury Surgery, Huntingdon	5
Bottisham Medical Practice, Cambridge	6
Burwell Surgery, Cambridge	7
Bourn Surgery, Cambridge	8
Over Surgery, Cambridge	9
Papworth Surgery, Cambridge	10

The 10 lowest rated GP surgeries in Cambridgeshire and Peterborough:

GP Practice	Rating from lowest
Nightingale Medical Centre, Peterborough	1
Waterbeach Surgery, Cambridge	2
Willow Tree Surgery, Peterborough	3
Botolph Bridge Community Health Centre, Peterborough	4
Maple Surgery Bar Hill Health Centre, Cambridge	5
Riverside Practice, March	6
Ailsworth Medical Centre, Peterborough	7
Hampton Medical Centre, Peterborough	8
Octagon Medical Practice, Peterborough	9
New Queen Street Surgery, Whittlesey	10

6 BACKGROUND INFORMATION

Whilst GP Practices are accountable for the quality of services they are contracted to provide and are required to have their own quality monitoring processes in place, the CCG as commissioner still has a shared responsibility for quality assurance by supporting GP Practices to deliver primary care services that are consistently of high quality for the benefit of patients and to a standard that the local population should expect to receive.

Through a duty of candour, and the contractual relationship between the CCG and GP Practices, it is expected that Practices (and PCNs) will engage in system wide approaches to improving quality, reduce variation and the implementation of this Framework.

7. CONCLUSION

The building of trust and relationships is vitally important for two way open and honest conversations with all our member practices to support our member practices to deliver safe, effective services which will provide good health experiences and outcomes for our local population.

The Committee is asked to note the work completed and the contents of this report.

Author *Karen Key and Danielle Harding*
Quality and Workforce Leads (North & South)
7 September 2021

Appendices

Appendix 1: Primary Care Quality Surveillance Meeting – Visits Log

Appendix 2: CQC Ratings report for GP Practices as at 2nd Aug 2021

Appendix 3: Summary of NHSE Complaints 2021/22

Appendix 1: Primary Care Quality Surveillance Meeting – Visits Log

Practice Name	PCN
Waterbeach Surgery	Cambridge North Villages
Willow Tree Surgery	Peterborough 1
*Nightingale Medical Centre, Peterborough	Peterborough 1
*Hampton Health	Octagon
Westwood Clinic, Peterborough	Peterborough 1
Clarkson Surgery, Wisbech	Wisbech
*Central Medical Centre, Peterborough	Central Thistlemoor
Huntingdon Road, Cambridge	Cantab Medical Practices
North Brink, Wisbech	Wisbech
*St Neots Health Centre	St Neots
The Grange Medical Centre, Peterborough	Peterborough 1
**Acorn Surgery, Huntingdon	Huntingdon
*Boroughbury Medical Centre	BMC Paston
Parson Drove Surgery	Wisbech
Spinney Surgery, St Ives	St Ives
Cambridge Access Surgery	Cambridge City
Haddenham Surgery	Ely South
New Queen Street Surgery, Whittlesey (Lakeside)	South Peterborough
*Botolph Bridge Community Health Centre, Peterborough	Peterborough 1
Nuffield Road, Cambridge	Cambridge City
Paston Health Centre, Peterborough	BMC Paston
Trumpington Street Medical Practice, Cambridge	Cam Medical Network
Octagon – Park Medical Octagon - Jenner healthcare Octagon – Nene Valley & Hodgson Medical centre Octagon – Bretton Medical Centre Thomas Walker & Westgate Medical Practice	Octagon
Maple Surgery, Bar Hill Health Centre	Cambridge North Villages
George Clare, Chatteris	South Fenland
Monkfield Medical Practice, Cambourne	St Neots
Wellside Surgery, Sawtry	A1 Network

Appendix 2: CQC Ratings report for GP Practices as at 2nd Aug 2021

PRIMARY CARE

Current CQC Ratings for Cambridgeshire and Peterborough – GP Practices (As of 2 Aug 2021) – Accessed 25 August via <https://future.nhs.uk/STPanalytics/view?objectid=42542917>

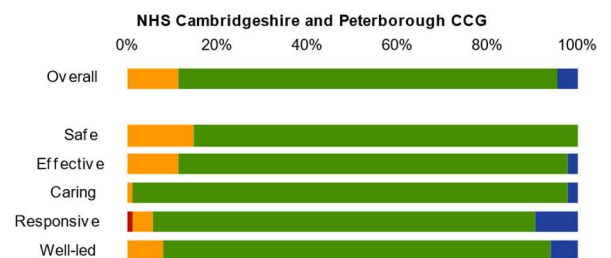
The CCG continue to monitor those practices which are rated IA or RI, through action plans submitted to the CQC/CCG.

A Quality and Patient Safety Report is submitted quarterly to Primary Care Commissioning Committee.

GP Practices rated Inadequate or Requires Improvement:

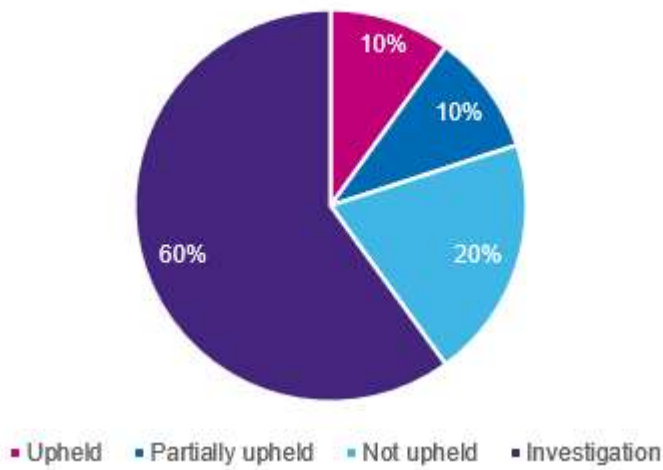
ODS Code	GP Name	Location	O	S	E	C	R	W
D81042	Waterbeach Surgery	Cambridge	Orange	Green	Orange	Green	Red	Orange
D81062	Haddenham Surgery	East Cambs	Orange	Green	Orange	Green	Orange	Green
D81002	Huntingdon Road Surgery	Huntingdon	Orange	Green	Orange	Green	Orange	Green
D81065	Nightingale Medical Centre	Peterborough	Orange	Green	Orange	Green	Orange	Green
D81044	Nuffield Road Medical Centre	Cambridge	Orange	Green	Orange	Green	Orange	Green
D81022	Octagon Medical Practice	Peterborough	Orange	Green	Orange	Green	Orange	Green
D81049	Spinney Surgery	Huntingdon	Orange	Green	Orange	Green	Orange	Green
Y02769	St Neots Health Centre	Huntingdon	Orange	Green	Orange	Green	Orange	Green
D81629	The Willow Tree Surgery	Peterborough	Orange	Green	Orange	Green	Orange	Green
D81073	Westwood Clinic	Peterborough	Orange	Green	Orange	Green	Orange	Green

	IA	RI	GO	OU	NR	Total
National	30	276	5,804	317	192	6,619
	0.5%	4.3%	90.3%	4.9%	2.9%	
East of England	7	41	573	24	24	669
	1.1%	6.4%	88.8%	3.7%	3.6%	
C&P CCG	0	10	73	4	0	87
	0.0%	11.5%	83.9%	4.6%	0.0%	



Appendix 3: Summary of NHSE Complaints 2021/22

NHSEI Complaints 21/22



Categorisation of NHSE Complaints | 21/22

