

Quality in Primary Care B&NES, Swindon and Wiltshire CCG

October 2020



Dashboard

The dashboard on the following page is an extraction of selected indicators, displayed at PCN level. The dashboard includes more detailed indicators and is available by practice. The response to the COVID19 Pandemic has impacted on some of the data in the dashboard, including the activity and admission data.

The BSW Primary Care Quality Dashboard is still in development – since the previous report, data on LED Health Checks has been included, as well as some screening and immunisations data. The Quality Team continue to work with colleagues to include the Flu vaccine uptake data and to determine if cancer diagnosis rates can be included. Further development to the dashboard will be undertaken in a way that supports monitoring of PCN outcomes.

Key observations of the data include:-

- Dementia diagnosis rates remain an area of priority focus – there are some PCNs and practices who are strong performers in this area. The Team will make contact with these practices to seek their support in sharing their good practice more widely.
- Learning Disability Health checks are below the March 2021 target for all three localities.
- All three localities continue to report above national average levels of FFT scores (these are pre-COVID19) despite variation between practices.
- The latest GP Patient Survey data was published in July which will reflect 2019 data collections. This is included in this dashboard and the practice level results are currently being reviewed and an action plan is in development to offer support to those practices indicated by the data.
 - The Great Western PCN is particularly notable across many indicators, including QOF achievement and Patient Experience measures. This is likely to be as a result of the data from Moredon and Abbeymeads which were previously managed by IMH and were transferred to GWH in late 2019. There is a full improvement plan in place and the practices are receiving CCG support. These indicators are showing some improvement and they will continue to do so as the actions and improvements progress.
- The variation across practices in incident reporting rates remains, pending the introduction of the BSW incident reporting framework.
- The data from the dashboard will be shared with practices if requested and with the Quality and Risk Group meeting once established.

Dashboard Extract – by PCN

Practice Details	Effectiveness							Patient Experience				Patient Safety											
	Quality and Outcomes Framework Achievement (2019/20)					Mental Health Indicators		Friends and Family Test (Feb 20)	GP Patient Survey (July 2020)			Incidnet Reporting	Infection Control			Immunisation Vaccines				Workforce NHE E Dec 19 data			
Practice name	Overall achievement	Clinical domain	Public health domain	Public health additional services	Quality improvement	Dementia Diagnosis Rate (July 20)	Learning Disability Health Check Performance Q4 1920 Target 67% by Mar 2021	FFT Score	FFT Response rate	Q31 Overall, how would you describe your experience of your GP Practice	Q41 Have you agreed a plan with a healthcare professional from your GP Practice to manage your condition (conditions)	Number of complaints made about practice (Apr 20 to Sept 20)	Number of SIs reported (Apr to Sept 20)	Number of incidents reported on the NRLS system (Apr to Sept 20)	C. diff cases attributed to practice (Apr to Dec 19)	GNBSI cases attributed to practice (Apr to Nov 19)	MRSA cases attributed to practice	Over 70 year old received the Shingles vaccine (Q1 20/21)	MMR Vaccine Uptake Catch-Up Cohort Age 12-18 (2019/20)	MMR Vaccine Uptake Catch-Up Cohort Age 2-18 (2019/20)	MenACWY Vaccine Uptake (2019/20)	Number of Patients per GP WTE	Number of Patients per Nurse WTE
Calne	94.55%	92.71%	97.04%	99.76%	100.00%	47.6%	53.2%	91%	387	86.67%	63.67%	-	-	-	4	13	-	2.77%	57.87%	54.67%	37.23%	2020.86	2846.44
Chippenham, Corsham and Box	98.13%	97.27%	99.95%	99.62%	100.00%	71.9%	61.5%	98%	387	88.00%	55.80%	-	-	-	8	24	-	10.06%	91.48%	84.82%	65.58%	1328.99	3193.97
Devizes	96.45%	95.19%	98.32%	99.77%	100.00%	43.8%	49.6%	78%	20	93.50%	55.75%	1	-	-	8	14	-	7.55%	89.50%	85.75%	54.60%	1540.12	3042.95
East Kennet	96.80%	95.81%	97.90%	100.00%	100.00%	46.2%	48.4%	90%	50	91.50%	59.33%	-	-	3	3	16	-	6.38%	88.00%	84.35%	70.08%	1212.51	2814.94
Melksham and Bradford on Avon	97.71%	96.68%	99.79%	100.00%	100.00%	61.4%	25.2%	92%	665	81.00%	74.33%	-	-	2	9	30	2	1.33%	86.73%	82.27%	58.60%	1509.10	2369.74
North Wilts Border	97.36%	96.88%	96.92%	99.88%	100.00%	49.0%	39.8%	81%	400	88.17%	51.25%	-	-	-	13	25	-	6.25%	76.12%	71.37%	53.42%	1724.05	3635.50
Sarum North	95.85%	94.63%	97.10%	99.02%	100.00%	64.2%	53.6%	90%	855	88.60%	69.00%	-	1	1	8	19	-	1.04%	83.46%	79.24%	50.46%	2371.84	2488.18
Sarum South	96.37%	95.66%	96.62%	94.33%	100.00%	69.2%	34.9%	92%	916	87.40%	54.20%	-	-	1	14	28	-	7.54%	86.46%	81.98%	53.40%	1909.02	3830.72
Sarum West	96.95%	96.28%	97.02%	99.08%	100.00%	58.9%	37.0%	98%	641	96.29%	58.00%	-	-	2	5	10	-	5.67%	75.50%	71.83%	54.80%	1045.50	3302.16
Trowbridge	97.83%	96.87%	99.71%	100.00%	100.00%	56.3%	62.1%	93%	1,484	83.00%	59.00%	-	-	7	7	25	-	4.85%	90.20%	84.15%	57.35%	1978.39	2847.71
Westbury & Warminster	98.90%	98.63%	99.15%	98.50%	100.00%	71.7%	24.6%	80%	53	77.50%	73.50%	-	-	3	8	18	-	6.80%	81.10%	78.25%	42.75%	1789.63	1902.56
Brunel 1	95.80%	95.20%	94.90%	96.27%	100.00%	48.2%	27.4%	93%	408	85.67%	67.33%	-	-	-	-	-	-	0.83%	82.90%	79.33%	59.93%	1976.92	3185.83
Brunel 2	88.78%	85.17%	94.79%	85.85%	100.00%	28.9%	28.1%	76%	114	69.17%	67.67%	-	-	-	-	-	-	3.93%	76.87%	75.65%	42.42%	3752.18	4600.19
Brunel 3	96.39%	95.09%	98.63%	97.58%	100.00%	48.7%	28.9%	100%	14	80.33%	56.33%	-	-	-	-	-	-	3.60%	88.37%	83.50%	56.87%	1843.11	3885.85
Brunel 4	85.91%	85.78%	74.35%	95.36%	100.00%	50.6%	30.8%	#DIV/0!	-	87.00%	73.00%	-	-	-	-	-	-	10.20%	84.00%	80.00%	64.90%	2514.28	3062.65
Great Western Healthcare	61.10%	52.86%	60.17%	91.14%	100.00%	38.9%	15.4%	#DIV/0!	-	57.00%	65.00%	-	-	-	-	-	-	0.45%	90.20%	84.15%	55.85%	6046.80	3390.31
None S	100.00%	100.00%	100.00%	100.00%	100.00%	35.8%	43.2%	#DIV/0!	-	71.00%	54.00%	-	-	-	-	-	-	0.00%	0.00%	0.00%	0.00%	3271.74	15805.00
Wyvern	96.47%	95.18%	99.31%	92.52%	100.00%	61.1%	52.6%	93%	813	82.17%	62.00%	-	-	2	-	-	-	1.60%	88.00%	82.88%	60.22%	1813.67	3653.76
Bath Independents	96.03%	94.73%	98.36%	93.91%	100.00%	59.0%	58.6%	#DIV/0!	-	93.00%	57.67%	-	-	-	-	-	-	4.83%	83.10%	81.37%	65.20%	1557.96	6077.55
Keynsham	88.34%	83.16%	98.58%	100.00%	100.00%	54.4%	59.3%	80%	5	92.00%	66.00%	-	-	-	-	-	-	6.85%	93.10%	85.85%	68.25%	1823.46	3553.51
Minerva	99.08%	99.02%	98.76%	97.73%	100.00%	66.8%	37.1%	#DIV/0!	-	92.00%	58.00%	-	-	-	-	-	-	9.22%	86.46%	82.18%	65.68%	1479.72	3347.03
None B	95.82%	94.44%	98.32%	93.77%	100.00%	82.3%	59.2%	#DIV/0!	-	90.00%	48.00%	-	-	-	-	-	-	4.35%	85.45%	82.45%	63.30%	1541.26	3902.01
Three Valleys	97.89%	97.44%	97.80%	99.85%	100.00%	51.2%	51.8%	100%	55	92.56%	62.89%	-	-	2	-	-	-	11.21%	82.20%	77.34%	65.77%	1510.34	4418.82
Unity Medical Group	83.24%	78.66%	75.66%	77.61%	100.00%	24.5%	11.2%	96%	54	91.33%	45.00%	-	-	-	-	-	-	18.37%	60.53%	65.37%	52.30%	2701.77	6200.64

Patient Safety- Incidents Process

The Quality Team have instigated a new approach to practices reporting incidents. All incidents are now reported to the NRLS under BSW CCG following the removal of each individual CCG from the system. Each practice reporting an incident now receives a phone call confirming receipt of the incident by the Quality Team. After the Quality Team has reviewed the incident, any queries regarding the incident, or pre or post incident patient care are requested from the practice. Practices are supported when they identify incidents occurring during another providers care.

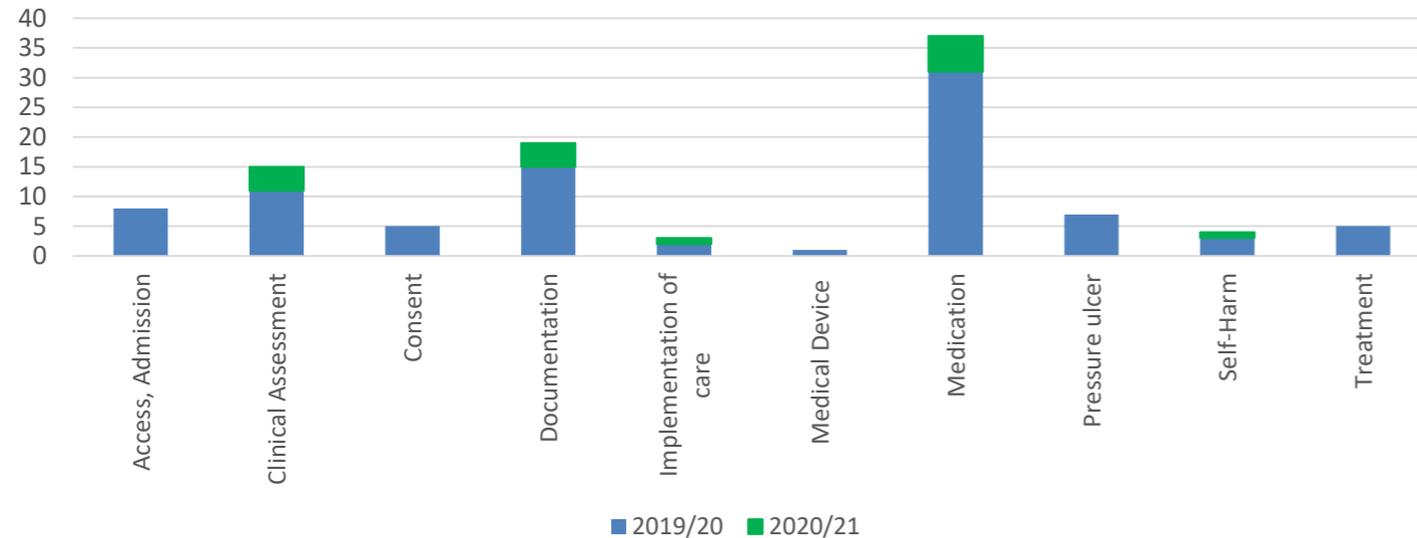
The team are also developing revised guidance and tools to support practices in the incident process and will offer training and support once these are finalised. PCNs will be supported implementing the new national Patient Safety Incident Response Framework which requires them to appoint Patient Safety Specialists.

Case Study

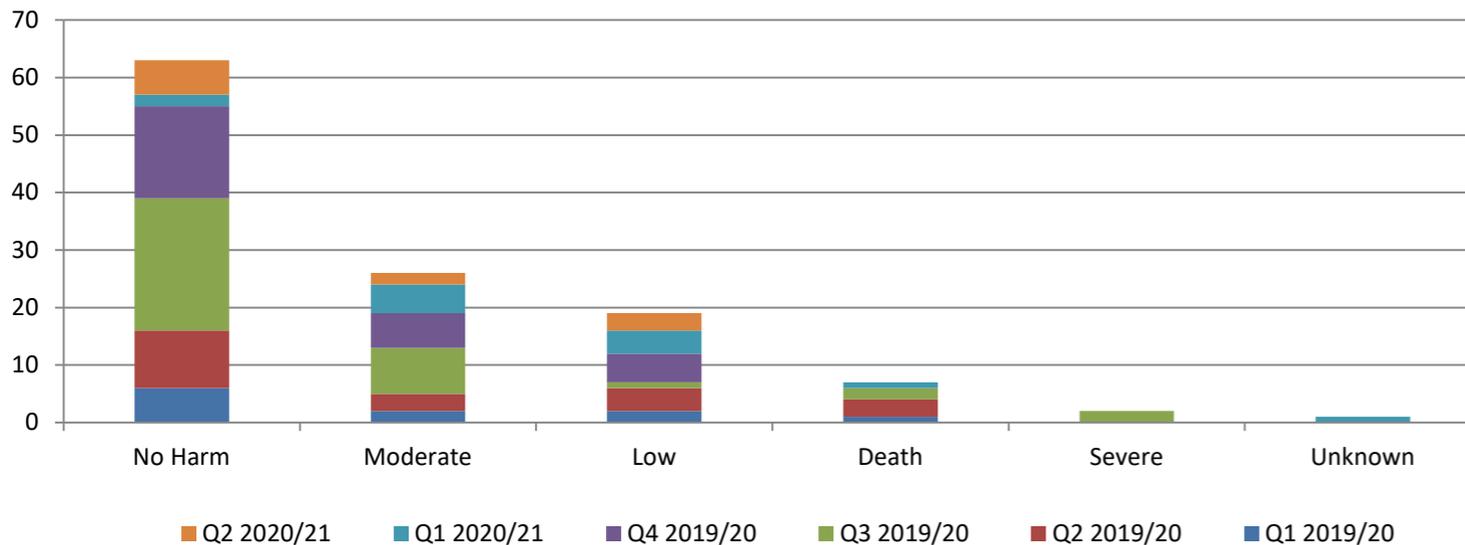
Incident Description	Outcome and Learning
<p>Patient attended for routine bloods and blood pressure. Prior to arrival at the surgery they had been triaged by the surgery as being low risk for having a covid infection. Blood pressure was noted to be low during his consultation but this was discussed with a GP before he was allowed to leave. The Patient collapsed in his car parked along the road, not in the surgery car park. A relative returned to surgery saying the patient had collapsed. Two clinical staff attended in full PPE and commenced CPR on the patient in his car. The resuscitation equipment including the defibrillator arrived shortly after the CPR was commenced, brought by 2 more clinical staff members in PPE. The relative was instructed to dial 999 by clinical staff once it was obvious the patient had arrested and a member of staff in the surgery also called 999 for an ambulance and a patient summary was prepared.</p> <p>When ambulances arrived the clinical team was asked to assist the ongoing emergency treatment by the paramedic team until the air ambulance crew arrived.</p> <p>The surgery received an appreciation letter from the Air Ambulance in recognition of the care given being above what would usually be expected in the situation. The Practice carried out a review of the incident in line with good practice. This discussed what went well and reviewed what could have been done better. The patient survived this event.</p>	<p>The practice identified the following learning:-</p> <p>The patient was slumped over and their airway was completely compromised in the car so they were re positioned and their air way extended. Their face was not covered by a cloth as per the Resuscitation Council guidelines for CRP during the covid pandemic. This was discussed after the event with the team trained in CPR but the clinicians who did this felt the risks to the patient of dying if this had not been done outweighed the risks to themselves from contracting covid.</p> <p>All the resuscitation and emergency equipment and the defibrillator were brought to the scene of the incident but some of the items needed were not easily found within the emergency red bag. The placement of items in the emergency red bag have been reviewed to make it more user friendly. PPE has been added to the red bag and emergency trolley for use if there is a future incident during the covid pandemic.</p>

Patient Safety- Incidents

The charts on this page show the incidents reported by BSW practices from the beginning of 2019-20. Reporting across BSW is variable. The Quality Team have implemented a new process for supporting practices with incident reporting, incident investigation and opportunities will be established to share learning and expertise across PCNs and practices.



Medication errors continue to represent the most frequently reported incidents. The Medicines Optimisation team support review of these incidents and provide advice and guidance. During the COVID19 response, reporting rates have reduced. There have been no incidents directly reported in relation to COVID19.



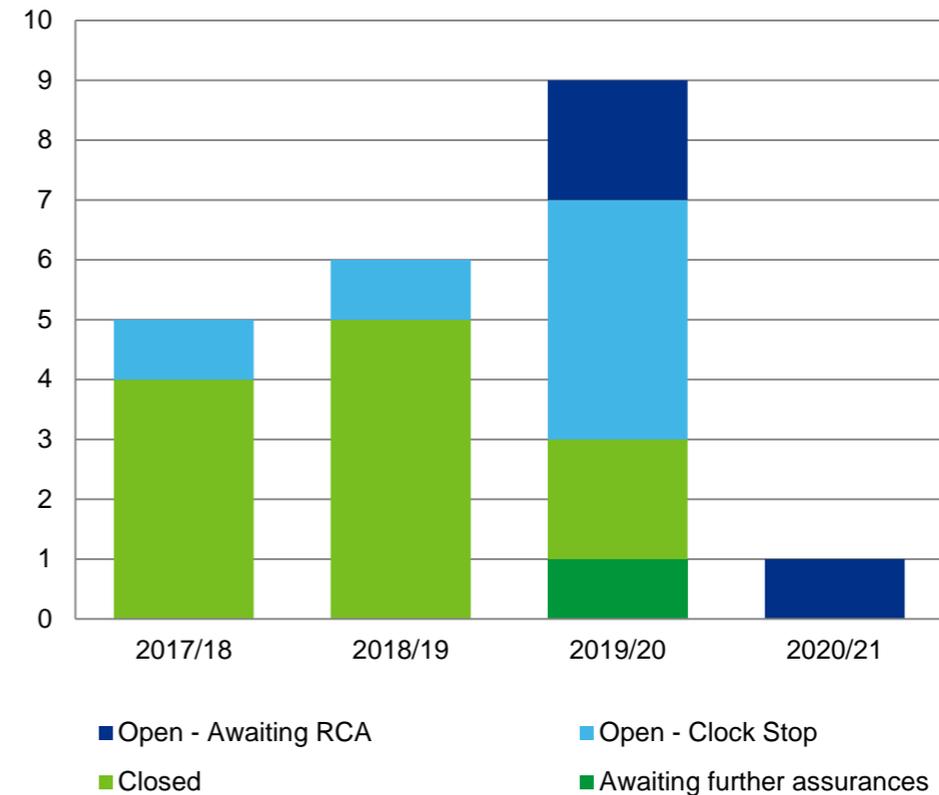
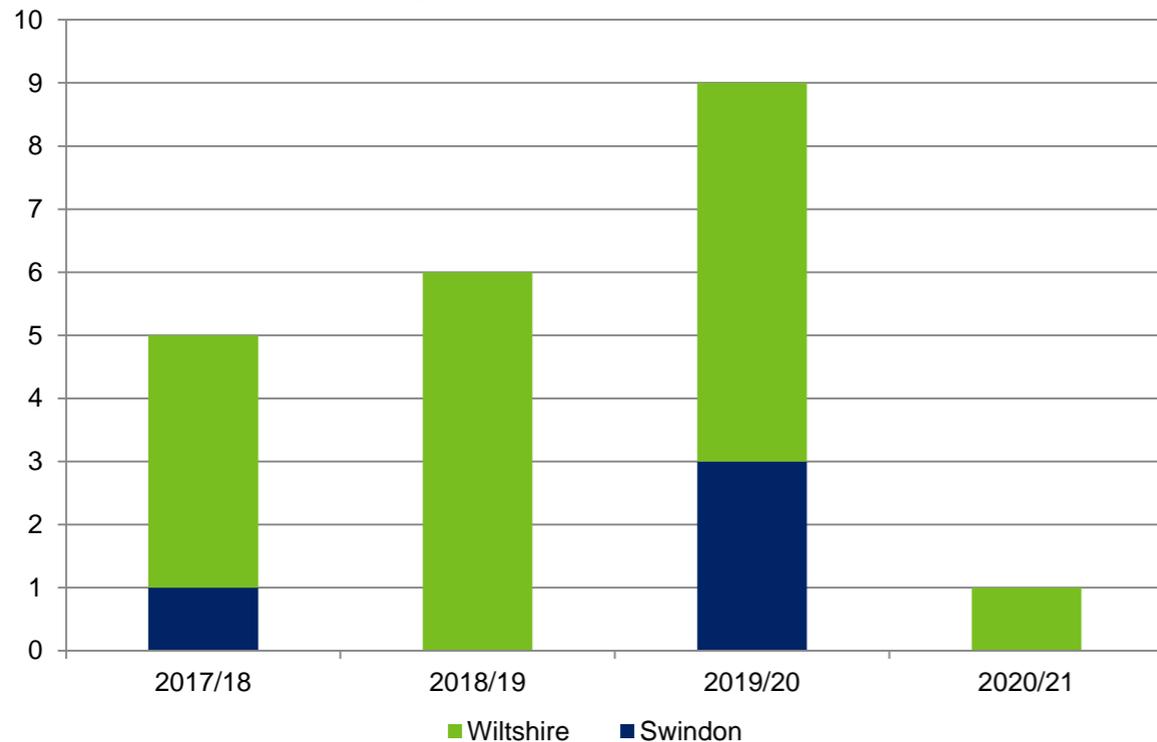
The highest number of patient safety incidents reported have no patient harm and are considered to be 'near misses', however all incidents are reviewed by the Quality Team and questions and concerns are discussed with the practice to improve processes and patient outcomes to prevent any subsequent incidents.

Patient Safety – Serious Incidents

The CCG encourages an open reporting and learning culture. All practices are supported by the CCG to investigate Serious Incidents when they occur. There is variation between the three localities in the use and rate of reporting mechanisms. The Quality Team will standardise the approach to incidents across BSW whilst ensuring the practices receive individualised support which reflects their locality. The Patient Safety Standard Operating Procedure and Root Cause Analysis template is being reviewed following the publication of the Draft Patient Safety Investigation Framework. This will form part of the Governance Toolkit the Team seeks to have in place by January 2021.

The charts below show the number of Serious Incidents reported across BSW since delegation. A number of incidents are 'clock stopped' which means that the timeframe for completing the investigation has been halted. In some cases this is because SIs are linking to ongoing wider investigations, and in others because the incident involved multiple organisations which the CCG is facilitating to work together on the investigations. There has been 1 Serious Incident reported in primary care. This was a treatment delay in May 2020 and was in relation to a breast clinic and subsequent cancer diagnosis.

Example of Improvement; Avon Valley Practice and Sarum Health Group have implemented the Freedom to Speak Up Programme by appointing guardians and having feedback boxes in the practices. Themes and concerns raised are addressed in team meetings. The Freedom to Speak Up Programme will be included in the Governance Toolkit which will be launched by the Quality Team across BSW in 2021.



Patient Experience – PALS and Complaints

Please note that the Friends and Family Test data is not compiled for the period of the COVID19 response and has not been included in this report. The GP Patient Survey data for 2019 has not yet been fully reviewed.

Complaints about primary care are managed by NHS England and for reasons of potential conflict, the CCG is not sighted on much of the data. Understandably however, patients often contact the CCG PALS and Complaints service with enquiries about primary care and sometimes, wanting to initiate a complaint. The three locality areas have managed this process historically in different ways, but work is underway to align more closely and going forward the same level of detail will become available across the locality areas.

Chart 1 illustrates PALS contact activity in relation to Primary Care for the previous 18 months for BSW. Contacts peaked in July 2019, but overall the trajectory has decreased.

Chart 2 shows PALS contacts for Quarter 2 2020/21. The predominant theme of concerns and enquiries for this quarter related to Care and Treatment. This includes a case where there were delays in a cancer diagnosis because of delays in obtaining an appointment at the GP practice. Access to Services remains a theme and includes being able to reach practices by phone and to make timely appointments. Where possible, the CCG teams work with practices to resolve queries and issues.

Chart 3 shows formal complaints for Q2 2021/20. Access and waiting remains the main theme of complaints. Recent complaints received include concerns relating to practice staff not wearing PPE and the ability to access services, including where patients were referred to surgeries in other locations for routine blood tests during COVID19. The Quality Team has worked with practices in these cases to understand and resolve concerns – an example of this is how a practice has reserved some same day appointments for callers after 2pm – this supports reducing the need to refer patients to appointments the next day and reduces the possibility of them needing to contact 111 out of hours.

Chart 1

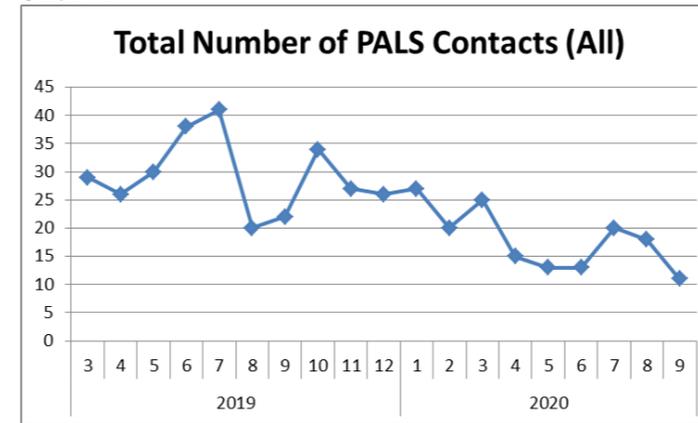
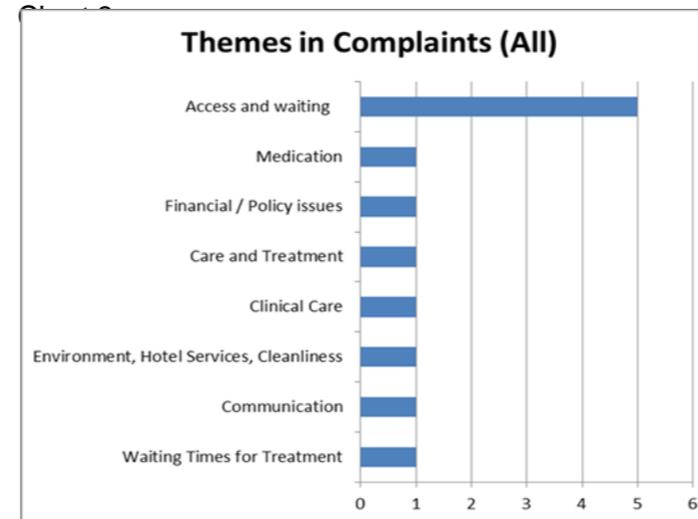
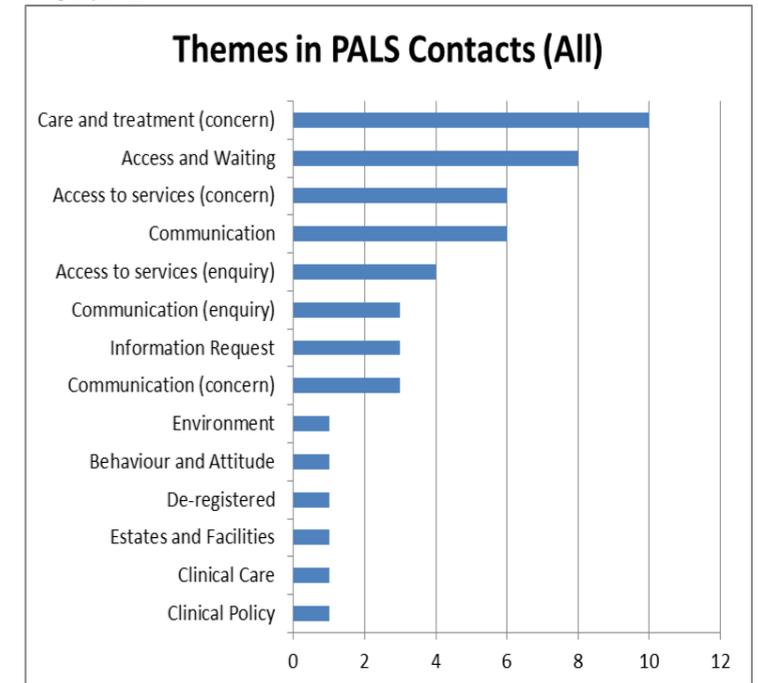


Chart 2



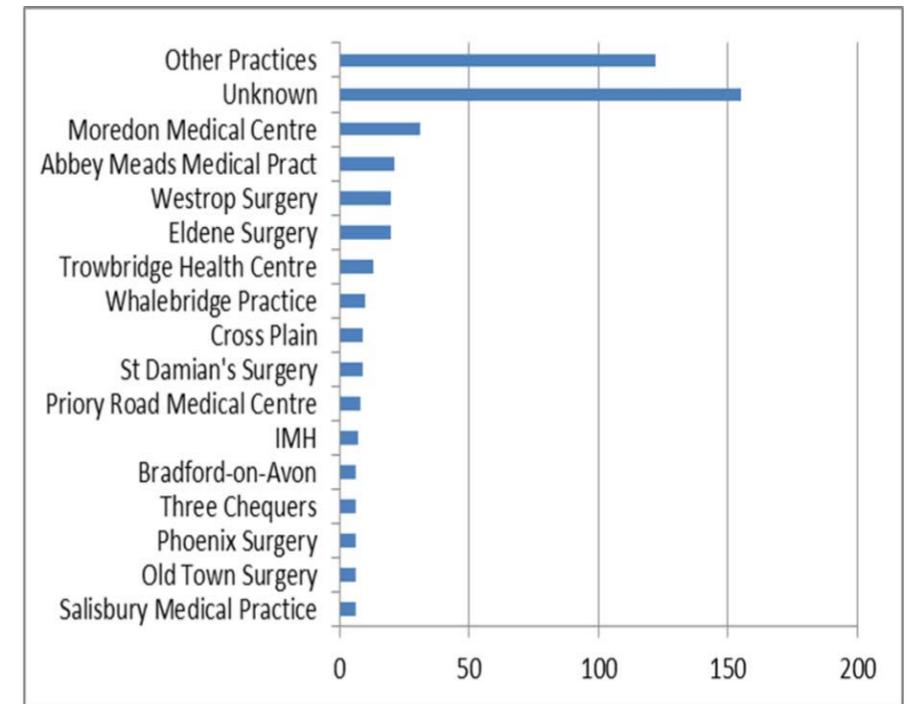
Patient Experience – PALS and Complaints

The chart on the right shows concerns raised by patient by GP practice for the previous 18 months for BSW. The category for 'Other Practices' is where there have been 6 or less concerns raised; where the GP practice is 'Unknown' these are general enquiries or where the patient does not want to give the name of the GP practice. The practices formerly managed by IMH (which appear top of this chart) presented as a theme and area of significant concern for quarters 1 & 2 2019/20. There were 74 PALS concerns and two formal complaints recorded during this period.

The themes arising from these concerns included:

- The telephone appointment system
- Waiting time for calls to be answered
- A lack of promised call backs from GPs, and no record that these call backs were promised
- Lack of GP appointments both online and over the telephone
- Length of time/delay in referrals being made
- Attitude of staff / staff morale

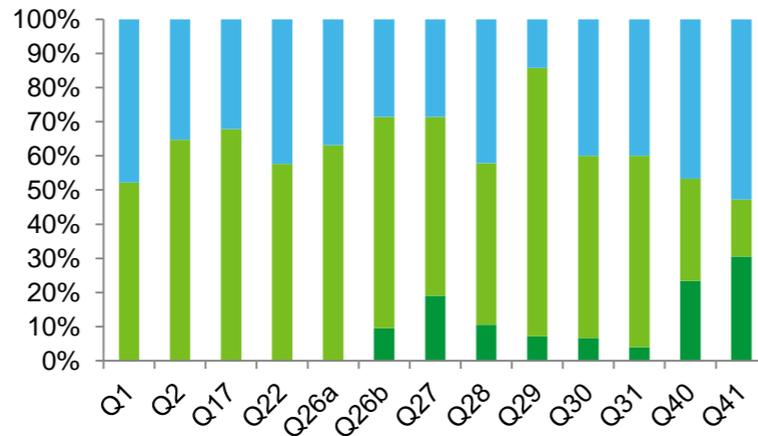
Although the full review of the GP Patient Survey is ongoing, the former IMH practices have also recorded poor results within the survey. The practices are now managed by other providers who have made significant improvements within the practices and the number of PALS and Complaints concerns has significantly decreased. The practices have been advised to repeat the GP patient survey questions to evidence improvement in key areas to support the next round of inspections by CQC.



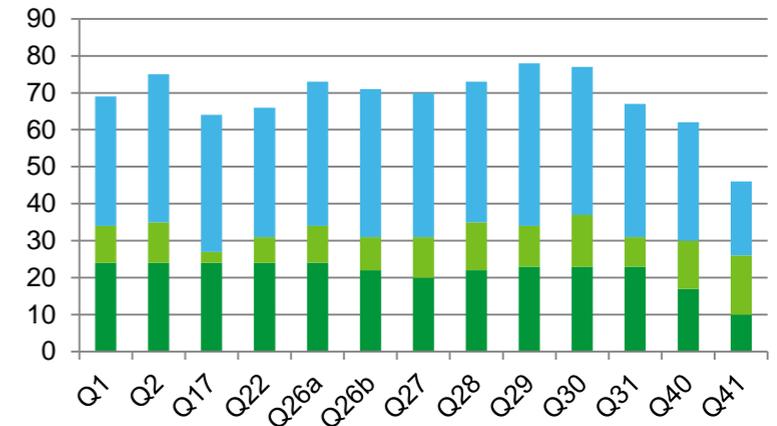
Patient Experience – GP Patient Survey

The GP patient survey was sent to patients during January – March 2020. The results published on 9 July 2020 are available at CCG and practice level. In the CCG area, 25,522 questionnaires were issued and 10,953 were returned. This is a response rate of 43%. The data is weighted and adjusted to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually completed a questionnaire. The survey tells us about people’s experiences with interactions with practice staff, people’s experiences of the functional aspects of care i.e systems and processes such as booking appointments and people’s behaviour such as the actions they take and the choice they make when accessing healthcare

This graph shows the BSW practices below the national average. Twenty five practices scored below the national average for overall experience.



This graph shows the BSW practices above the national average. Twenty two practices scored 95% and above with the national average at 82% for overall experience.



From the range of topics covered in the questionnaire, thirteen questions were chosen relating to patient experience:-

- Q1 Generally how easy is it to get through to someone at your GP practice on the phone?
- Q2 How helpful do you find the receptionists at your GP practice?
- Q17 were you satisfied with the type of appointment (s) you were offered?
- Q22 Overall, how would you describe your experience of making an appointment ?
- Q26a Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?
- Q26b Last time you had a general practice appointment, how good was the healthcare professional at listening to you?
- Q27 Last time you had a general practice appointment how good was the healthcare professional at treating you with care and concern
- Q28 During your last general practice appointment did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had
- Q29 During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment
- Q30 Thinking about the reason for your last general practice appointment, were your needs met
- Q31 Overall, how would you describe your experience of your GP Practice
- Q40 Have you had a conversation with a healthcare professional from your GP Practice to discuss what is important to you when managing your condition(s)?
- Q41 Have you agreed a plan with a healthcare professional from your GP Practice to manage your condition (conditions)?

GP Survey

The GP Patient Survey allows us to compare the experience of different groups including gender, age, ethnicity, gender and carer status. Further work is needed to understand the data and to triangulate with other sources of patient feedback.

Patient Experience – next steps

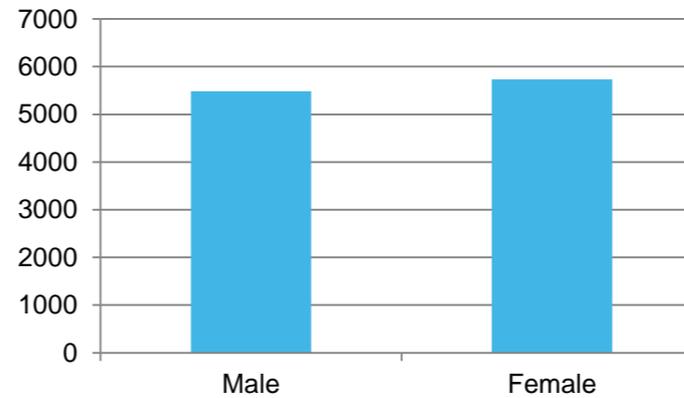
A Patient Experience Action Plan is in development which includes:-

A deep dive of the GP patient survey results for BSW practices triangulating key themes and trends to understand whether the data indicates challenges in a particular part of the pathway

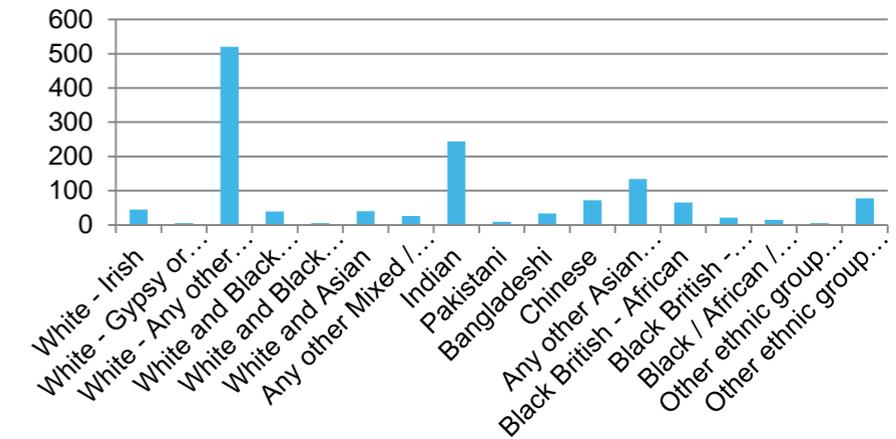
To engage with practices to improve patient experience indicators and support them in understand how these relate to regulatory outcomes.

Invite practices to participate in a patient experience event across BSW to support learning and sharing of good practice. This will be a joint event with the Comms team and link to the development work with PPGs. The aim will be to demonstrate how patient feedback is used to influence service improvement.

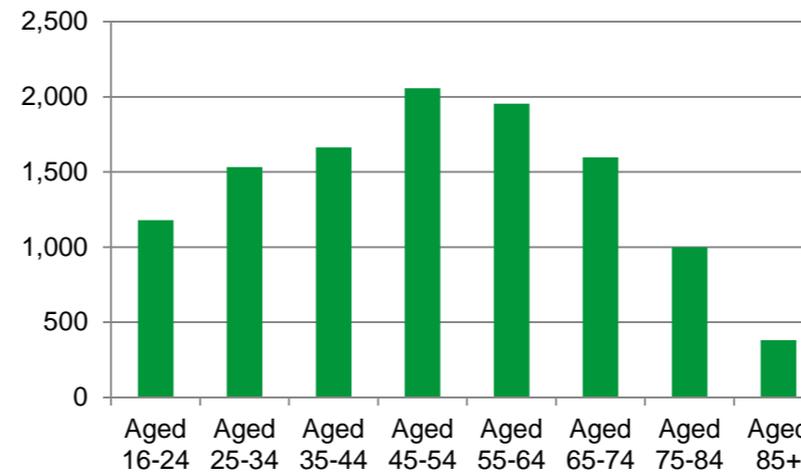
Gender



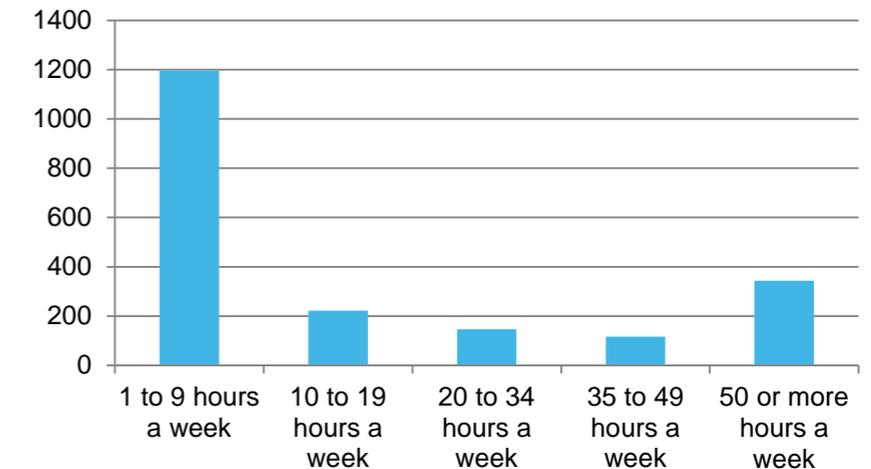
Ethnic Groups



Age Groups



Carers



Effectiveness – CQC Update

Emergency Support Framework

As part of their COVID19 response, CQC ceased all inspections and introduced an Emergency Support Framework. There were no concerns that arose within BSW practices as a result of the ESF process. The CQC launches its new Transitional Monitoring Approach week commencing 19th October. Further information about this can be found at:-

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect>

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/monitoring-questions-primary-care-dental-providers>

These inspections follow a virtual model, but also allow the CQC to carry out a detailed review of a sample of patient records. Unlike the ESF approach, ratings can be changed through the new process. The CCG maintains good relationships with CQC and works closely with the practice and regulator if concerns arise to offer support to practices.

Inspection Outcomes and Support

There are currently 4 practices rated as Requires Improvement and 1 rated as Inadequate across BSW. Action plans are in place for each of these practices and the Quality Team is offering support.

The Quality Team are developing a number of tools and an offer of support to practices regarding CQC preparedness and post inspection outcomes. This will be made available on the planned GP Teamnet page for Quality.

Category	IA	RI	GO	OU	NR	Total	IA %	RI %	GO %	OU %	NR %	Ratings Score	Key:
National England	78	309	5,869	319	201	6,776	1.2%	4.7%	89.3%	4.9%	3.0%	66	
Region South West	2	19	491	47	13	572	0.4%	3.4%	87.8%	8.4%	2.3%	68	
STP BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	1	4	78	8	3	94	1.1%	4.4%	85.7%	8.8%	3.2%	68	
CCGs NHS Bath and North East Somerset, Swindon and Wiltshire CCG	1	4	78	8	3	94	1.1%	4.4%	85.7%	8.8%	3.2%	68	

Key:
Outstanding
Good
Requires improvement
Inadequate
Not formally rated as yet

Summary and Next Steps

Priorities for Quarter 2

- Continued support to practices for improvement required by CQC,
- Support and preparation for the Flu season
- Review and feedback of Quality schedule responses
- Development of the support framework and offer
- Embedding the team and developing relationships with practices and continuing to support the pandemic response and understand risks to patient care including the impact of delayed / held referrals. Importantly, the team will continue to build relationships with practices and PCNs and will also respond to practices as required following the dissemination of the patient safety briefing
- The GP patient survey results will be reviewed when published.

Action Completed

- Assurance achieved from all practices that Flu Plans meet the LMC checklist requirements.
- Team introduction shared with practices – this set out how we can support practices and how they can contact us.
- Developed and implemented BSW Incident process for all GP practices.
- Agreed Terms of Reference for the new BSW Primary Care Quality and Risk Group
- Further developed the Quality Dashboard
- Undertook End to End review of example cases working with Medvivo, in relation to the use of virtual assessment during COVID.
- Primary Care Quality Work Plan agreed via each PCOG
- Continued support to practices post CQC inspection.

Priorities For Quarter 3

- Launch and embed new Quality and Risk Group meetings to support an evidence based understanding of risk and support
- Develop and publish Governance Toolkit available for use by all surgeries on GP Team Net. Expected rollout January 2021
 - this will expand to become a single access point for all Quality Team advice and support
- Offer training and support in Incident Review and Investigation (requested by practices)
- Support PCNs with consideration and implementation of the new national Patient Safety Incident Response Framework
- Offer training in Quality Improvement and advice regarding the new QOF Quality Improvement indicators.
- Work with PCNs and Practices to offer advice and support in remote triage training and using auditing as a learning and governance tool.
- Confirm the plans for a Patient Experience event