

19th September 2013

7.

Maintaining and Improving Quality in the New Primary Care Health System

Ward(s) All

Portfolios: Councillor Ali- Public health and protection
 Councillor McCracken- Social care

Executive Summary:

CCGs have a duty to assist and support NHS England in securing continuous improvement in the quality of primary medical services. They will need to do this working alongside the NHS England Area Teams, local Healthwatch and other parts of the system.

NHS England will have responsibility for overseeing the quality of primary care provision, including performance management of individual GP practices, dentists, opticians and pharmacists.

In order to discharge its responsibility for acting on any concerns about primary care practitioners, the CCG Safety, Quality & Performance Committee has agreed to establish a Quality Improvement Sub-Committee which will be responsible for ensuring that the CCG takes necessary action when responding to concerns or issues related to quality.

Reporting to the CCG Governing Body via the Safety, Quality & Performance Committee, the Quality Improvement Sub-Committee will include Chair of the Primary and Community Services Programme Board, Lead Nurse (Quality Improvement and Partnerships), Head of Medicines Management and Primary Care and NHS England representative. The Quality Improvement Sub-Committee will proactively, through information it routinely collects, or reactively, through information received from a third party seek to ensure that any intelligence it receives is handled appropriately including escalation e.g. to NHS England (Area Team) for contractual issues

In addition this report details the work already initiated by the CCG in raising awareness and analysis of the Primary Care Web tool which is a reflective tool for quality improvement purposes. The CCG has also initiated a work stream to further support patients to manage their condition and feedback will be measured via the GP Patient Survey.

Reason for scrutiny:

Quality has been enshrined in legislation through the Health and Social Care Act 2012. The Act has also defined success in terms of the outcomes that are actually achieved for patients and service users. The NHS Outcomes sets out the national outcomes that all providers of NHS-funded care should be contributing towards

Recommendations:

1. Panel to note the contents of the report
2. Support the CCG Quality Improvement Sub-Committee to discharge its responsibilities

Resource and legal considerations:

CCGs are under an important duty to assist and support NHS England in securing continuous improvement in the quality of primary medical services. They will need to do this working alongside the NHS England Area Teams, local Healthwatch and other parts of the system.

The CCG will seek to protect whistle blowers and other people raising concerns about the quality of services they have commissioned through the local CCG policy on whistle blowing and, where applicable, the Public Interest Disclosure Act 1998.

Citizen impact:

Maintaining patient safety and protecting the public

Whenever concerns are raised about primary care there is always the potential for the matter to have an impact upon patient safety or for it to impinge upon the wider public interest. In all cases where a concern is raised the CCG will therefore evaluate the particular circumstances and associated risks to determine whether any immediate action is required in order to protect patients.

1. Report

Definition of Quality

A single definition of quality for the NHS was first set out in “High Quality Care for All “in 2008, following the NHS Next Stage Review led by Lord Darzi, and has since been embraced by staff throughout the NHS.

This definition sets out three dimensions to quality, all three of which must be present in order to provide a high quality service:

- clinical effectiveness – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes;
- safety – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual’s safety; and
- patient experience – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

Role of NHS England

In relation to primary care, the NHS England will have responsibility for overseeing the quality of primary care provision, including performance management of individual GP practices, dentists, opticians and pharmacists. For GPs, they make sure all doctors are competent and fit to practice and maintain a performers list. This will include all primary care professionals who have been assessed as being suitable to hold NHS contracts for the provision of primary care. For GPs, this assessment will include information received as part of the routine medical revalidation cycle and the Responsible Officers within the NHSCB will act as the link between the revalidation process and the maintenance of the performers list.

Where a GP is removed from the performers list due to concerns about the quality of care they are providing, NHS England will inform the GMC who will consider whether regulatory action is also required.

NHS England will need to assure itself of the quality of services that they commission, looking to the CQC in terms of whether a provider is compliant with the ‘essential standards of quality and safety’, as well as monitoring its own information and intelligence about providers.

Where NHS England has concerns about whether providers are meeting the essential standards of quality and safety, these should be raised with the CQC and any other parts of the system (particularly the professional regulators if there are professional standards issues) with an interest through local or regional Quality Surveillance Groups.

Role of the Clinical Commissioning Group (CCG)

The report from the National Quality Board on Quality in the new health system - maintaining and improving quality from April 2013 stipulated that “**CCGs should use their interactions with providers to seek to drive continuous quality improvement**

but also be alert to any concerns about quality of services which may arise. Where there are concerns they should work with providers to put quality problems right”.

In acting upon its local quality intelligence the CCG has established a framework for decision-making and has established clear roles and responsibilities for individuals and groups involved in the process. These are set out below:

Safety, Quality & Performance Sub-Committee

In order to discharge its responsibility for acting on any concerns about primary care practitioners, the Safety, Quality & Performance Committee has agreed to establish a Quality Surveillance Sub-Committee which will be responsible for ensuring that the CCG takes necessary action when responding to concerns or issues related to quality.

Reporting to the Safety, Quality & Performance Committee, the Quality Improvement Sub-Committee will be chaired by a GP from the Governing Body and will meet on a monthly basis.

Figure 1 below demonstrates how the Quality Improvement Sub-Committee will respond to quality intelligence it receives.

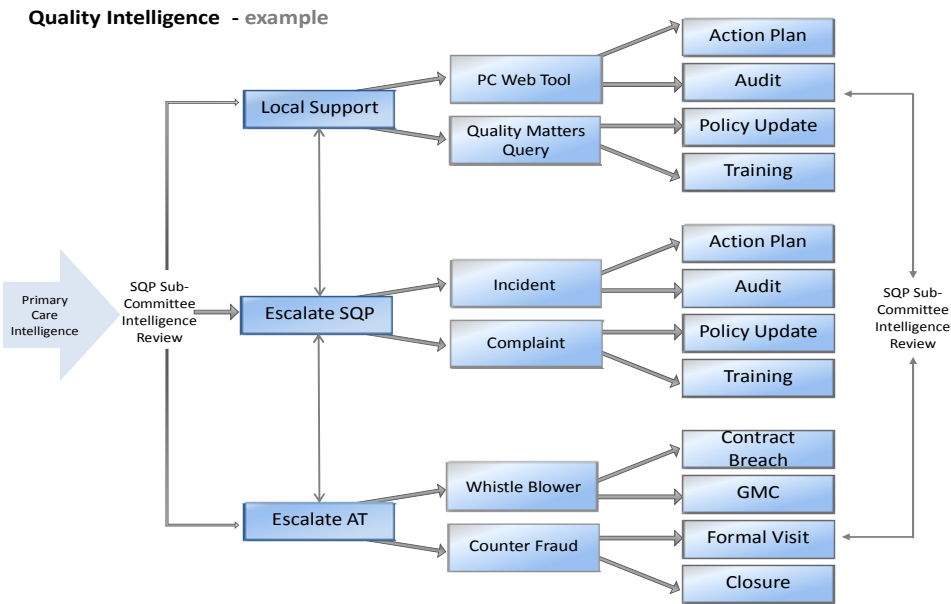


Figure 1

CCG Key Principles

All those within the CCG who are involved with the handling of concerns or issues in primary care will seek to ensure that their working arrangements and procedures

comply with certain key principles. All procedures have therefore been designed with the aim of:

- Protecting patients and the public, and enhancing their confidence in the NHS;
- Identifying the possible causes of concerns;
- Ensuring that action is based on reliable evidence;
- Being clearly defined and open to scrutiny;
- Ensuring equality and fairness of treatment and avoiding discrimination;
- Safeguarding information; and
- Being supportive of all those involved.

Concerns or issues handled under these arrangements could range from practitioners or contractors needing temporary support whilst they resolve a short-term problem to more complex issues involving quite clear clinical, professional, management or organisational issues. It is important that all parties have confidence in the process and accordingly the CCG will seek to raise awareness and understanding amongst all stakeholders about how they operate.

Understanding issues / concerns

When issues / concerns arise they may relate solely to an individual practitioner who is performing services under an NHS contract or agreement or in certain circumstances may relate to the contractor who is the person [or persons] who is the holder of the contract or agreement. It is therefore important to identify who is involved as this will to some degree dictate the course of action that needs to be taken.

Whilst most health care professionals practice to a very high standard, some individuals may occasionally work in ways that pose a serious risk to patient safety. In many instances this can be unintentional and the clinician's performance may be affected by a combination of personal and situational factors, such as illness or professional isolation. The CCG will therefore always seek to take the most appropriate action in order to protect patient safety and to help the practitioner or contractor involved.

The CCG may become aware of issues / concerns about a primary care practitioner's or contractor's performance either proactively, through information it routinely collects, or reactively, through information received from a third party (e.g. concerns raised by colleagues). The CCG will also collate feedback from Patient Representative Groups, community groups, patient forums, Public Board meetings and directly from individual patients. In utilising a variety of sources of information the CCG will seek to ensure that any intelligence it receives is escalated as necessary e.g. NHS England (Area Team) for contractual issues.

The types of intelligence which the CCG can receive are detailed below:

- Serious Incidents
- Incidents
- External Reports
- Audits
- Medicines Management
- Complaints
- Whistleblowing

- Quality Concerns inbox
- General Practice High Level Indicators and General Practice Outcome Standards (available via the Primary Care Web tool)

Maintaining confidentiality and safeguarding information

The CCG is governed by the law, which requires confidentiality about concerns relating to an individual practitioner or contractor to be respected unless the duty of confidentiality to the individual is outweighed by the public interest for the information to be disclosed to another body. The CCG will therefore, in all cases, take appropriate steps to ensure that confidentiality is safeguarded where necessary.

Primary Care Web tool

The Primary Care Web Tool has been developed by NHS England as one part of an assurance framework using comparative data to provide a reflective tool for quality improvement purposes, by raising awareness amongst GPs about achievement and create an impetus for development and improvement. It contains two sections, General Practice High Level Indicators and General Practice Outcome Standards.

General Practice High Level Indicators

The General Practices High Level Indicators report includes 38 indicators and can be produced for Local Area Teams, CCGs or practices. Each report begins with providing demographic detail, and continues to provide data against the High Level Indicators; identifying performance against national, local averages and identifies GP practices with data which is for some reason outside what is considered the statistical norm.

A report was produced on 3rd July 2013 and within this 4 practices were identified as having 5 or more points which are considered to show variation. Please note that one of these practices closed last year.

As some of the data contained in the report was from 2011/2012, further investigation into local data is underway to determine if the practices were still demonstrating variation for those indicators. The Quality Improvement Sub-Committee will be reviewing this data in conjunction with other sources of intelligence noted earlier in the report to develop an action plan in conjunction with practices.

People feeling supported to manage their condition

Responses are derived from questions in the GP Patient Survey and intend to provide a picture of NHS contribution to improving the quality of life for those affected by long term conditions. Comparative data has been produced at CCG, Locality and Practice level. The Chair of the Primary Care and Community Services Programme Board has attended all 4 Locality meetings to encourage practices to further improve patient response to the Survey and practices with below Walsall average scores have received correspondence from the Chair. Reviews undertaken in practices for patients with Long Term Conditions offer an ideal opportunity to seek direct feedback from such patients and to understand any concerns and anxieties they have and an opportunity to provide direct support or signpost them to alternative services dependent on the issue(s) raised.

Summary and Next Steps

This report demonstrates that Walsall CCG recognises its duty to drive continuous quality improvement but at the same time be alert to any concerns relating to quality of services provided. In this respect the CCG has identified the need to assimilate intelligence by working closely with NHS England, CQC, Healthwatch, Patient Representative Groups and other stakeholders.

A Quality Improvement Sub-Committee has been established to gather “intelligence” and ensure that any concerns received are triangulated to ensure that there is robust contextualisation. As noted earlier in the report this Sub-Committee will respond accordingly to any concerns and support NHS England with the development, implementation and monitoring of action plans to improve quality of services for patients.

The CCG has already undertaken an exercise to review the General Practice High Level Indicators and the Quality Improvement Sub-committee will be reviewing this data in conjunction with other sources of intelligence to triangulate data and develop an improvement plan.