

JOINT COMMISSIONING COMMITTEE

MEETING DATE:	Thursday 9 April 2015
AGENDA ITEM NUMBER:	Item 7.0
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JOB TITLE:	Director of Risk and Quality Assurance
DEPARTMENT:	NHS North Lincolnshire Clinical Commissioning Group

QUALITY OF GP SERVICES: SOURCES OF ASSURANCE

PURPOSE/ACTION REQUIRED:	To note the information and decide if further assurance processes are required.
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Information for this paper has been collated from the Primary Care Development Group, the Quality Group and NHS England Performance Team.
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

This report provides the Joint Commissioning Committee with details of the current methods of assurance monitoring in relation to the Quality of Services provided by Primary Care in North Lincolnshire.

The report describes the sources of assurance that are currently collated and their reporting framework within the CCG governance structure.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	

3. ASSURANCES TO THE JOINT COMMISSIONING COMMITTEE

This report provides an overview of the current assurance processes within Primary Care.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	X	No	
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There is potential that if the assurance processes are not in place and/or effective there will be risks within Primary Care commissioned services that could impact on patient safety or service delivery.

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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6. LEGAL IMPLICATIONS:

Yes		No	X
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7. RESOURCE IMPLICATIONS:

Yes	X	No	
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There is the potential for resource implications within the CCG as further assurance processes and activity is considered.

8. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X
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10. RECOMMENDATIONS:

The Joint Commissioning Committee is asked to note the information and decide if further assurance processes are required.

Sources of Quality Assurance for Primary Care in North Lincolnshire

1. Introduction

Currently, Primary Care is directly commissioned by NHS England. In commissioning these services, NHS England are required to contract services from Providers who are registered with the Care Quality Commission [CQC] and must drive continuous quality improvement through the subsequent contract management. NHS England has responsibility for overseeing the quality of primary care provision, including performance management.

Co-commissioning of Primary Care Services enables CCGs to play a stronger role in driving quality improvement and transforming services and therefore requires clear lines of accountability and a clear and effective assurance model.

This report provides the current position on the source of information collected, and the level of data available to provide assurance with regard to the quality of Primary Care Services. This has been described through the relevant committee structure.

2. NHS England

The main source of information is the primary care web tool. The Web V tool has the GP high level indicators, outcomes modules and flags where a GP practice reaches a criterion of triggers. NLCCG has implemented a process so that, when a practice has triggered a potential performance issue, NHS England, the Senior Manager for Quality and the Relationship Managers, work together with the practice to identify if there are on-going concerns, or to assist with making changes to practice to improve the relevant performance area(s). This process has been initiated on six occasions during 2013/14.

NHS England also reviews 'soft intelligence' gathered through any complaints, serious incidents or patient feedback.

3. Quality Group

As a sub-committee of the Board, the Quality Group reviews a variety of data and information.

In relation to Primary Care the following is reviewed:

- 3.1. *Medicines Management* - review of practice prescribing trends, financial summary and achievement of QIPP plans
- 3.2. *Patient Experience* – Friends and Family Test results will be submitted and reviewed over 2015/16.

- 3.3. *Mortality***
Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) provide a monthly Mortality Report that is reviewed at the Quality Contract meetings. This report will also be submitted to the Quality Group.

The Medical Director, Dr Jaggs-Fowler, has attended the NLAG Mortality meetings to ensure that both acute and community clinicians were represented in the discussions. These meetings are currently under review by NLAG and we await the 2015/16 dates.

Dr Jaggs-Fowler and Mr Lawrence Roberts, Acting Medical Director, NLAG have agreed to share the information on 30 day deaths to ensure the review is undertaken robustly across both acute and Primary Care pathways.

- 3.4. *Primary Care Development*** - specific items referred from the Primary Care Development Group.

4. Primary Care Development Group

- 4.1. *Mortality Data Primary Care*** – as 3.3
- 4.2.** A *Primary Care Strategy* has been developed to set out our vision for Primary Care and describes how the CCG will support member practices in obtaining the necessary skills, workforce and infrastructure to deliver a more efficient, resilient and sustainable service for North Lincolnshire. The strategy is part of our transformational vision for out-of-hospital services, by shifting the focus of care (and resources) away from an acute bed based model, and instead, to commission integrated pathways of care that are firmly rooted in primary and community services.
- 4.3.** *Training needs analysis and training plans* – are being developed between the Federation and the CCG, to ensure that all staff within Primary Care have the opportunity to access training and development.
- 4.4.** *GP Educational Training - Protected Learning Time* - A training programme of sessions is run six times per year to offer practice clinical staff a range of areas for continuous professional development.
- 4.5.** *Workforce Planning* - The CCG has GP representation on the Humber Sub-Regional Workforce Planning Group. This provides participation in schemes such as a recruitment strategy of GPs potentially from overseas. The group is also looking at workforce challenges and plans for Practice Nurses.
- 4.6.** *Medicines Management* - as 3.1
- 4.7.** *Practice Nurse Development* - Further work is required to establish more detailed information with regard to Practice Nurse workforce planning, skill and competency to ensure fitness for the future.

Currently, the nurses are part of the protected learning time agenda and wherever possible the Director of Risk and Quality Assurance provides a specifically tailored training session for their development. This needs to be further established.

5. Relationship Managers

- 5.1. *Practice Budget reports* – Issued monthly to every Practice with full details of the CCG position and by Practice
- 5.2. *Practice level benchmarking* – Issued monthly to every GP Practice with the full CCG position
- 5.3. *GP Monitoring* – Issued monthly to each Practice for their data only
- 5.4. *Referral analysis* - Additional data as and when outliers are identified in Practice data/monitoring

6. Quality Surveillance

On-going quality surveillance is identified through the incident and serious incident processes. This is monitored by the Director of Risk and Quality Assurance and the Quality Team and, if concerns are identified, escalated to the Medical Director, who will meet with the GP/Practice concerned and discuss.

The regional QSG meeting provides the opportunity for the CCG and regulators to share information and concerns; Primary Care will now be included in that agenda.

Care Quality Commission (CQC) reports reviewed and if/where improvements are required, the CCG and Sub-region can work with the practice to support those developments.

7. Recommendations

- Further sharing of data between the sub-region and CCG to ensure that the most accurate data is reviewed and correlation of information provided is effective: for example, Quality and Outcomes Framework (QOF) & complaints information;
- Further review of the practice nurse workforce planning data;
- Identify resources to implement primary care development;
- Assess the impact of co-commissioning.