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| **Date:** | 17 August 2017 |  | **Report Title:** |
| **Meeting:** | JCC |  | Primary Care Dashboard update |
| **Item Number:** |  |  |
| **Public/Private:** | Public  Private |  |
|  |  |  | **Decisions to be made:** |
| **Author:**  *(Name, Title)* | Tracey Wartnaby  PC Support Manager |  | JCC to note Dashboard Content.  JCC to consider format of HULL CCG GP Practice Level Quality Monitoring example and provide agreement of format/content for future JCC submission. |
| **GB Lead:**  *(Name, Title)* | Dr R Jaggs-Fowler |  |
| **Director approval/authorisation**  *(Name)* | Dr R Jaggs-Fowler |  |  |

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| **Continue to improve the quality of services** |  | **Improve patient experience** |  |
| **Reduced unwarranted variations in services** |  | **Reduce the inequalities gap in North Lincolnshire** |  |
| **Deliver the best outcomes for every patient** |  | **Statutory/Regulatory** |  |

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| **Executive Summary (Question, Options, Recommendations):** |
| There have been some updates to data provided within the re-formatted Dashboard since the last JCC meeting. These include:   * F&F Test and GP survey. The accompanying narrative reflects the changes. * GP incident reports on the QIR form. Narrative gives overview of this update. * We have also added Patient Online registration tables for Prescribing and Appointments – with an update to the narrative included.   Also attached is an outline page of the GP practice level quality monitoring dashboard (format adopted from Hull version identified as good practice). Request was made not to share the data included.  Business Intelligence and Primary Care have adopted the format provided, and populated some of the data fields, acknowledging there needs to be further work to establish appropriate data sources and quality once the JCC have agreed to this format/content. |

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| **Equality Impact** | Yes  No |  |
| **Sustainability** | Yes  No |  |
| **Risk** | Yes  No |  |
| **Legal** | Yes  No |  |
| **Finance** | Yes  No |  |

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| ***Patient, Public, Clinical and Stakeholder Engagement to date*** | | | | | | | | | |
|  | ***N/A*** | ***Y*** | ***N*** | ***Date*** |  | ***N/A*** | ***Y*** | ***N*** | ***Date*** |
| **Patient:** |  |  |  |  | **Clinical:** |  |  |  |  |
| **Public:** |  |  |  |  | **Other:** |  |  |  |  |

**North Lincolnshire CCG**

**Primary Care Dashboard - August 2017**

The PC Dashboard is an on-going development to be used to monitor some areas of performance in General Practice and provide the Joint Commissioning Committee with a brief overview of how North Lincolnshire practices are performing.

June 2017 is the 5th Dashboard to be published by NHS North Lincolnshire CCG and provides information covering a number of areas (these and other areas will be included and excluded within the Dashboard at the most applicable time to allow for a wider inclusion of data/information):

* Friends and Family Test
* GP Patient Survey
* Quality Outcomes Framework
* Public Health Statistics – GP Practice Profiles for Mortality, Adults and Older Adults
* Infection Prevention and Control Audits
* CQC Ratings
* Prescribing
* Quality Issue Reporting

**2 What are the Indicators?**

All of the information included is readily available and content, data and information presented has been obtained from a range of sources including NHS England, NHS Digital, Public Health England, Public Health Intelligence NLC and the CQC. The dashboard pulls it into one place and compares practices across North Lincolnshire.

It is widely acknowledged that practices serve different populations and the pressures vary from practice to practice. It is also known that due to the demographics of some practices scoring positively in some areas is very difficult.

There is a large amount of information that sits behind the Dashboard, including demographics and more detailed information. This information is available via other sources and in some cases via the CCG Business Intelligence Zone (BIZ) <http://biz.nyhcsu.org.uk/nlccg/>

**3 North Lincolnshire GP Practices:**

NHS North Lincolnshire CCG is comprised of 19 practice members and split into three Care Networks East, West and South.

**4 Care networks**

NHS North Lincolnshire CCG is comprised of 19 practice members and split into three Care Networks East, West and South. Care Network profiles are available on: <http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/care-networks/Care%20Networks.pdf> complimented by the GP profiles.

**5 Narrative**

The following narrative provides a written account of any key issues highlighted from the Dashboard performance tables and graphs on the successive pages.

*5.1 F&FT*

Currently, there are six practices in North Lincolnshire for which no data is provided. In addition, there were too few responses for Church Lane Medical Centre & Killingholme Surgery to calculate an accurate percentage.

Compared to March 2017 data there are no significant changes in response rates and overall the data suggests that a substantial number of patients would recommend their Practice.

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses.

When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both a good and poor patient experience. This feedback is vital in transforming NHS services and supporting patient choice.

*5.2 GP Survey*

Overall Patient Experience from March 2017 suggests that 81% of respondents rated their overall experience with their GP practice as either good or very good compared to 85% in 2016; with 14% of respondents rating their experience as neither good nor bad (compared to 10% previously) and the remaining 5% rating either fairly poor or very poor.

The Primary Care team supports and encourages practices to improve response rate, particularly as there has been a slight drop in response rate from 45% in 2016 to 44% in March 2017, and identify areas that can be improved.

5.3 Patient Online

Reporting up to March 2017 identifies 4 practices unable to meet the combined 10% benchmark for patient online registrations for appointments and prescription requests. One practice in particular has fallen below this benchmark. All practices have continued to promote Patient Online and other strategies for increasing registrations are being explored. Primary Care is assured however, that all practices do endeavour to promote Patient Online.

*5.4 Quality Outcomes Framework*

The Quality Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. Rewarding practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.

The most recent QOF publication provides data for the reporting year April 2015 to March 2016. The indicators for the QOF change annually, with new measures and indicators been retired. The 2015/16 QOF awarded practices achievement points for:

* Managing some of the most common chronic diseases, e.g. asthma and diabetes
* Managing major public health concerns, e.g. smoking and obesity
* Implementing preventative measures, e.g. regular blood pressure checks

Practices are encouraged to work to achieve QOF. Where they have difficulties reviewing some of the patients they have the option to ‘exception report’ them. This should only be used once maximum effort has been taken to obtain patient engagement with the process.

High exception reporting practices will be reviewed to understand the challenges experienced by the practices.

The CCG together with NHS England following review will look to provide support and in some cases may challenge the financial outcomes.

*5.5 North Lincolnshire GP Practice Profiles (produced by NLC Public Health Intelligence*)

These 3 GP practice profiles provide a snapshot of some public health indicators at GP practice level, and are intended to complement the Care Network Profiles produced on behalf of the ACP.

<http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/care-networks/Care%20Networks.pdf>

They represent a fraction of what Public Health Intelligence can and have already produced at GP practice level. Additional profiles, which are both condition and life-stage specific can be provided.

They are presented in this format to enable readers to compare practices at a glance across a range of population and public health indicators.

They suggest where there might be opportunities for sharing initiatives aimed at reducing risk, improving health, reducing or delaying unnecessary admissions, and improving end of life care.

The benchmark employed in these profiles is the North Lincolnshire average, although it may be possible to use other comparators, e.g. national or 10 most similar CCGs, where the data are available, and where the data suggest North Lincolnshire as a whole is an ‘outlier’.

No judgement is made about whether variation between practices is ‘warranted’ or ‘unwarranted’.

The shading highlights which results are statistically significantly different to the North Lincolnshire average, using a 95% confidence interval. It is possible to apply a 98% or 99% interval.

A cell highlighted in blue indicates that the result is significantly below the North Lincolnshire average, and a cell highlighted in orange, that it is significantly above the North Lincolnshire average. Unshaded cells are not statistically significantly different to the North Lincolnshire CCG average. Blank cells indicate missing data.

For some indicators a rate above the CCG average may be desirable, in others a lower rate maybe the desired outcome. In some cases the desired direction of travel is open to local interpretation.

The profiles include both raw numbers as well as rates.

We have not used ‘weighted’ practice population data to calculate rates. This data were not available by age group at the time of writing.

Where possible and appropriate, the rates are directly standardised for age and sex, and thus take account of the different age profiles of GP practice patient lists within North Lincolnshire.

Although we cannot ‘weight’ each GP practice indicator for deprivation, (another proxy for case mix), we have included the proportion of patients on each practice list who reside in the most deprived 20% neighbourhoods in North Lincolnshire.

*5.5.1 Data Sources*

Some of the data sources, (e.g. Exeter population) are publically available. Other indicators are based on local unpublished data sources, including hospital activity, (HES) and mortality data, (PCMD).

Where possible we have used the latest available annual data.

Where the number of events is small we have pooled these over three years or more. Readers will need to take this into account when considering the raw numbers.

The metadata for each profile is attached.

*5.5.2 What the data suggests…*

*5.5.2.1 Adult Profile*

GP practices which serve some of our most deprived working age residents, have the highest risk factors for poor health, and also tend to have the highest unscheduled admission rates for people under the age of 65 years, including for ambulatory care sensitive conditions. However there are some noticeable exceptions which suggest opportunities for shared learning and further improvement.

The profiles also highlight opportunities for targeting public health interventions at high risk vulnerable residents, and increasing uptake of early detection and intervention services such as cancer screening, stop smoking and weight management services in communities with low take up.

*5.5.2.2 Older Adults*

The GP practices which serve some of the poorest and most frail pensioners in North Lincolnshire also tend to have the highest A&E attendance and emergency admission rates of 65+. These GP practices also tend to have number of residential and nursing home residents on their patient lists.

The profiles highlight opportunities for targeting public health interventions aimed at reducing vascular and COPD risk in older age, and increasing uptake of early detection services such as bowel cancer screening and sharing learning within care networks.

*5.5.2.3 Mortality data*

Some of the differences in deprivation, lifestyle risk and activity rates between GP practice populations, are reflected in relative life expectancy and premature mortality rates.

Those practices which serve the most deprived and vulnerable residents tend to have the highest premature death rates and lowest life expectancy, largely as a result of higher rates of premature deaths from lung cancer and respiratory disease.

Some GP practices have a high number and proportion of very frail elderly residents on their patient lists (as measured by deaths in nursing and care homes), suggesting opportunities for sharing best practice in supporting end of life care at home/care home between and across care networks.

*5.6 Infection control*

Infection Prevention and Control (IPC) audits are completed within GP surgeries by the specialist nurse infection prevention and control North Lincolnshire CCG (NLCCG). Overall Total Audit results are shown as percentages in the graph provided below. The graph below details the IPC audits undertaken in 2015/16 and 2016/17 to date.

In future data will be presented within this dashboard that demonstrates practice audit dates and provides year on year comparator - this data is being sought.

During 2016/17 there were no cases of Community acquired MRSA, however 19 cases of Community acquired C.diff were recorded in 2016/17.

Future IPC audit schedule: a review of action plans with all practices will take place throughout the year; currently no further audits have been carried out during April and May 2017.

*5.7 CQC Ratings*

During inspections, the CQC looks at how the practice provides services to six particular population groups, these are:

·         Older people

·         People with long-term conditions

·         Families, children and young people

·         Working-age people

·         People whose circumstances may make them vulnerable

·         People experience poor mental health

The CQC assesses whether the services being provided for each group are safe, effective, well-led, responsive and caring. By looking at services for each group, the CQC can ensure that their inspections look at the outcomes for all people, including those who are particularly vulnerable.

*5.8 Prescribing*

Detailed prescribing data is provided by accessing the links on the Scorecard table including access to the full Scorecard. Updates from medicines management relating to identified drugs and issues to be provided in subsequent Dashboards.

*5.9 Quality Issue Reporting*

All North Lincolnshire practices have now been trained in the use of the reporting App, however not all are engaged in the use of the reporting process and two in particular have demonstrated no reporting.

During the period 1 to 31 July 2017, there was NIL Quality Issue Reports (QIR) raised against GP Practices by other healthcare providers.

During the period 1 January 2016 to 31 March 2017 (16/17), a total of 27 QIRs have been resolved and 1 remains under investigation.

During the period 1 April to 31 July 2017 (17/18), 2 QIRs remain under investigation.

During the period 1 to 31 July 2017, there were 7 incidents identified/reported and addressed by GP Practices.

All QIRs are reviewed however the committee is reminded that not all