

## OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

**Date of Meeting:** 4 June 2019

**Paper No:** 9

**Title of Paper:** Primary Care Quality Assurance Report June 2019

**Paper is for:**

(please delete tick as appropriate)

**Discussion** ✓

**Decision**

**Information** ✓

**Purpose and Executive Summary:**

This paper provides information on quality assurance of GP practices in Oxfordshire and planned actions by the Quality Team.

**Financial Implications of Paper:**

NIL

**Action Required:**

Note the content and actions

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

Not required

**Link to Risk:**

AF26 Delivery of Primary Care Services

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# Primary Care Quality Assurance Report - June 2019

## 1. Introduction

This report provides an update on the Quality Team's core areas of work to assure the quality of primary care medical services during Quarter 4 2018-19 and Quarter 1 2019-20. The paper covers assurance activities, including an update on CQC ratings for Oxfordshire practices.

## 2. Update on activities

A detailed report on primary care quality improvement activities is provided to the OCCG Quality Committee. The sections below provide a high level summary.

### 2.1. CQC Update

All practices are rated **Good** at the moment, with the exception of the following:

- One practice in Oxford City is rated **Requires Improvement** overall and has been re-inspected. CCG quality leads worked closely with the practice manager and GPs to address the issues raised and to prepare for re-inspection. The revised rating following the re-inspection has not yet been published.
- Four practices remain **Outstanding** and have not yet been re-inspected.

A further practice in Oxford has been inspected recently. No final rating has been published yet, but it is anticipated that the practice will be rated Requires Improvement overall. Quality team leads are working with the practice to develop their action plan in response to issues raised.

Five practices have participated in phone calls with the CQC to discuss changes, since their last inspection, in line with the new approach taken by the CQC. Several of these practices have since been informed that they are likely to be inspected soon due to the length of time since their last inspection (2015-16), but have been advised that the inspection will be focused rather than comprehensive, in most cases focusing on the Effective and Well-led domains. Three practices received support from the CCG in preparing for their phone calls and one other received support ahead of their subsequent inspection.

### 2.2 Quality & Outcomes Framework (QOF) 2019-20

Achievement for QOF 2018-19 is not yet available, but estimated achievement based on practice declarations will be available towards the end of Q1 and will be reported to the next meeting of the Committee.

The Quality team has been working with the Medicines Optimisation team and the clinical lead for end of life care to develop a programme of support for practices

working on the new Quality Improvement modules of the QOF over the coming year. The focus of these indicators is to embed a quality improvement culture in practices, initially focusing on prescribing safety and end of life care. Guidance will be made available on the OCCG website and we will use the GP Bulletin to prompt practices to complete the various stages of their improvement programmes over the course of the year.

This element of the QOF is predicated on the understanding that practices will meet as primary care networks (PCN) at two key stages and the timetable for completion will be dependent upon PCNs being in place.

### **2.3. Flu outbreak management in general practice**

Although flu levels were lower than usual in Oxfordshire and nationally, the season extended for longer than usual and there were flu outbreaks in care homes from mid-December to early May. Nine flu alerts were received from Thames Valley Public Health England (TVPHE) with five confirmed as positive for flu A. All five confirmed outbreaks were managed by GP practices under the CCG's locally commissioned service, which provides antivirals to patients in care homes who may have been exposed to flu.

### **2.4. Quality Improvement Visit Programme**

Support in quality improvement has been provided to 14 practices, with 24 visits taking place since the programme commenced in October. The initial focus was on practices with negative variation in QOF, Health Checks or Patient Survey ratings, but a growing number of practices have requested support in preparing for CQC inspections. Three practices have received intensive support following CQC inspections where areas for improvement have been flagged up.

Feedback on the programme has been positive, with a number of practices requesting repeat visits in Q4 to follow up on actions taken in Q3. Support in developing quality improvement processes for QOF will be an additional focus for 2019-20. The programme will also be adapted to facilitate provision of quality improvement support at Network level where appropriate.

### **2.5. Local Investment Scheme for Primary Care**

As part of the Local Investment Scheme for Primary Care 2018-19, practices were funded to review their protocols for the management of test results and clinical correspondence, carry out audits and spot checks and revise protocols based on the results.

Practices in Oxford City benefitted from the availability of a good template provided by OXFED on GP Team Net whilst practices who had participated in the Insight Solutions training for Management of Clinical Correspondence in 2017 had access to a very detailed and robust sample protocol that they could tailor to their own specific approaches. Both these examples represent good practice and are able to be amended to suit the particular circumstances of the practice. Other practices had designed their own protocols or adapted existing templates and best practice was

shared within localities. The locality meetings provided a forum for practices to share learning derived from the process and to feed back to the CCG on issues which need to be addressed by hospital and community providers.

There was some variation in the quality of the evidence initially received and a number of practices were provided with advice on how to improve their protocols. However, by the year-end, the majority of practices had returned good evidence including copies of improved protocols and evidence of review processes. A small number of practices requested more time to carry out their review and test their processes and one practice failed to participate.

The quality team will continue to promote good practice via the GP Bulletin and a new Primary Care Quality section on the OCCG website, focusing particularly on those practices who would benefit from further testing and developing their protocols.

## 2.6 Significant Events Management

During 2018-19 practices have carried out significant event analysis in 26 cases and shared with the CCG. The majority of issues were raised by Oxford Health NHS FT and Oxford University Hospitals NHS FT. The current status is that 16 cases have been completed and closed, 5 are awaiting a response from the practice and 5 completed responses are awaiting review by clinical leads.

<b>Reported by</b>	<b>No.</b>
OHFT	8
OUHFT	8
Practice (self-referred)	5
Safeguarding	2
MP office	1
NHS England	1
Patient	1

<b>Type</b>	<b>No.</b>
Treatment & Care	16
Access	5
Medication management	4
Information governance	1

One practice had 3 issues raised during the year and three other practices had two. We are already working intensively with the first of these practices and will continue to monitor the issues in the other 3 and provide support as required. A detailed report on trends and learning from significant events will be shared with practices at the end of Q3.

## Summary

The Committee is asked to note the progress made to date in implementing primary care quality assurance processes. Priorities for the next quarter will be as follows:

- Ensure that all practices are aware of the new Quality Improvement modules in QOF and are able to access guidance and support from the CCG.
- Develop processes for developing quality improvement via Primary Care Networks with PCN Directors.