

## Oxfordshire Primary Care Commissioning Committee

<b>Date of Meeting:</b> 4 August 2020	<b>Paper No:</b> 6.1
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<b>Title of Paper:</b> Primary Care Quality Assurance
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b> ✓	<b>Decision</b>		<b>Information</b> ✓
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<b>Conflicts of Interest</b> (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

<b>Purpose and Executive Summary:</b> This paper provides information on quality assurance for GP practices in Oxfordshire and planned actions by the Quality Team.
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<b>Engagement: clinical, stakeholder and public/patient:</b>
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<b>Financial Implications of Paper:</b> Nil
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<b>Action Required:</b> Note the content and actions.
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<b>OCCG Priorities Supported</b> (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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## Introduction

This report provides an update on the Quality Team's core areas of work to assure the quality of primary care medical services in the first quarter of 2020-21. This includes:

- supporting practices in improving quality for OCCG assurance
- helping them meet CQC requirements;
- developing and maintaining a dataset to support the Primary Care Quality Report;
- management of incidents and concerns in primary care to identify areas of risk and potential improvements.

### 1. CQC Update

CQC routine inspections are currently suspended, and it is anticipated that they will resume in September 2020. Ratings for Oxfordshire practices therefore remain unchanged, with 4 practices rated Outstanding, 61 rated Good and 2 rated Requires Improvement.

### 2. Quality & Outcomes Framework (QOF)

#### 2.1 QOF Achievement: Interim results for 2019-20

Payment data is now available on the Clinical Quality Reporting System showing Oxfordshire practices' achievement for the most recent full QOF year. This data is regarded as interim pending national adjustments for list sizes and prevalence, and is therefore not available for sharing, however it usually provides a reliable indication of performance. Validated data will be published in October, at which point it will also be possible to compare Oxfordshire against national averages and those of neighbouring CCGs and also to analyse trends at disease group or individual indicator level.

A number of changes to indicators were made for 2019-20, including more challenging targets for some clinical indicators and the introduction of two quality improvement modules. Changes were also made to the way that exceptions were reported using the Personalised Care Adjustment (PCA). Exception reporting data is not included in this report as it is not yet clear whether the CQRS PCA data is directly comparable to previous exceptions data.

Only 5 practices achieved 100% as compared to 10 last year and there has been a drop in average achievement of just over 1% (to 96.4 from 97.5). The majority of practices remained at the same level as last year, but 18 practices had reductions between 2-10%. Comparative data by indicator is not yet available but it is noticeable that lower-scoring practices have struggled to reach thresholds for full payment for HbA1c management for diabetic patients and blood pressure control. There may also have been an impact for some practices on end-of-year activities such as exception reporting and coding checks due to COVID-19 – this has been recognised in a national payment adjustment. Practices with reduced scores this year and those with persistently lower scores year on year, will be prioritised for support from the quality team over the next few months.

At the other end of the spectrum, 4 practices should be congratulated on having made significant improvements in their scores. All these practices had received focused support from the quality team to improve their QOF performance.

## **2.2 QOF QI Elements for 2020-21**

Clinical and commissioning leads for learning disability and cancer are moving forward with measures to support practices in delivering the two QI modules for this QOF year. There are no deadlines for completion, but QOF guidance advises that practices are expected to be working on these improvement activities throughout the QOF year. Given the impact of COVID-19 it is unlikely that many practices will have commenced work on these modules as yet. A suggested timetable for carrying out the improvement activities and discussing in PCNs is being developed and is likely to span the remainder of this year and the early part of 2021-22. The recent Preparedness Letter from NHS England-Improvement has indicated that the QI modules are being “recast” to adjust to the current Covid-19 situation, so it is likely that there will be some changes to the requirements in the near future.

The cancer module requires practices to undertake activity to increase uptake of national breast, cervical and bowel cancer screening and to promote early diagnosis by improving referral practices. This activity supports the work being led by local public health commissioning teams and Cancer Alliances. Cancer leads in the planned care team have integrated the QI requirements into the ongoing cancer programme for primary care being delivered in partnership with national cancer charities and the NHS England Screening & Immunisation Team and have provided detailed guidance to practices via their cancer champions. As Oxfordshire practices have been participating in the cancer programme for over a year now, it is anticipated that they will find it fairly straightforward to deliver this module and the planned care team will continue to provide support.

The guidance for the QI module for learning disability refers to a wide range of measures:

- 1) Improving the accuracy of the GP register so that people with LD can be proactively invited for health checks, vaccinations etc.
- 2) Increasing uptake of annual health checks and production of personalised action plans.
- 3) Optimisation of medications in line with the STOMP initiative (stopping over prescribing of medication for people with learning disability).
- 4) Recording reasonable adjustments required and preferred means of communication and checking that this is provided.
- 5) Consideration of the use of wider community support, in collaboration with people with a learning disability and their families and carers.

As last year, there is some ambiguity in the guidance about the number of measures that practices are required to cover in their improvement activity but it is expected that at least one measure should be included. The quality team is supporting leads for learning disability and mental health in this work in the context of the Learning Disabilities Plan for Oxfordshire, with a particular focus on collating relevant health data relating to learning disability to inform commissioners and providers.

### **3. Quality assurance in (CALM) Services**

COVID-19 Assessment, Liaison & Management Services (CALM) have been operating effectively since April, providing an alternative route to primary care services for patients who have suspected or confirmed COVID-19 or who have been in close contact with someone who has had or may have had the virus. These patients need to be managed away from their own GP surgery and with a particularly high level of infection control to prevent the spread of infection in general practice. Patients are able to attend a number of clinics provided by GP federations across the county for urgent and essential routine primary care services, with a home visiting service available for those who are unable to attend the clinics in person.

The model for the CALM services is currently under review as we move into a new phase of the pandemic and OCCG primary care quality and infection control leads have been working with GP federations to review the standard operating procedures (SOP) for CALM services. The aim is to make sure that the SOPs reflect latest guidance and best practice and that they are in alignment with plans for delivering care in wider general practice during the next stage of COVID-19. So far, the CALM Clinic SOP has been substantially revised and clinical governance provisions included to formalise and record processes for monitoring the safety & quality of services. This has involved cross-reference with the CQC's identified COVID-19 risks in primary care (primarily infection control, staff capacity and barriers to access to services for some groups of patients).

The SOP for the CALM visiting service is also to be reviewed and there is an ongoing assessment of all the COVID-related guidance and other information now hosted on the Clarity Team Net website to ensure that those working in general practice and in the CALM services can access up-to-date information quickly and easily.

### **4. PCN DES - Enhanced support to care homes**

The quality team has been involved in the development of guidance to support GPs in delivering the requirements of the care home element of the Primary Care Network Directed Enhanced Service (PCN DES). Multidisciplinary teams (MDTs) are currently being established to support clinical leads for care homes (usually GPs) with the aim of delivering more coordinated and effective care to people in residential and nursing homes.

In addition to the lead GP for the home (or other clinician in some cases) the MDTs will involve members from different organisations, key members being community nursing staff from the Oxford Health Care Home Support Service, clinical pharmacists from PCNs and Oxford Health, and care home staff. A collaboration agreement has been drafted to establish how the teams will work and includes a clinical governance template. A template for a privacy impact assessment has been made available by SCWCSU information governance team to support secure sharing of patient information on MS Teams between members of the MDT.

The quality team will continue to support quality assurance in this and other elements of the PCN DES as it is implemented across the county during Q2-3.

## **Conclusion**

The Committee is asked to note the progress to date with activities to provide assurance of quality in primary care. The key areas of focus for the second quarter of 2020-21 will be as follows:

- Contact practices to offer support in improving QOF outcomes.
- Continue to support quality improvement and assurance in CALM services.
- Complete data collection projects to inform the Oxfordshire learning disability plan and the plan for patients with long term conditions.
- Support practices in preparing for CQC inspections re-starting in September, in particular the two practices currently rated Requires Improvement.
- Review and report on results of the GP Patient Survey and General Practice Information (GPI) full year data (both due to be published during July 2020)