NHS
Portsmouth
Clinical Commissioning Group

Update - review of GP Contractual & Quality visits

1. Background

Under delegated commissioning arrangements NHS Portsmouth CCG is responsible for the quality, safety and performance of services delivered by providers, within their area of responsibility.

The 'Primary Medical Care Policy and Guidance Manual' developed by NHS England provides commissioners of GP services with the context, information and tools to commission and manage GP contracts. The section on 'Assurance Framework Contractual Review' highlights the need for commissioners to adopt a rolling programme of deep dive contract reviews.

Across February and March 2019 two practices participated in pilot visits which were invaluable in helping the CCG shape the content and structure of the visits. As these were formal in nature they have been included as part of the overall rolling programme.

2. Visit programme

The CCG has now visited 12 of the 15 practices in the city. One practice visit remains on hold pending a decision regarding formal merger with another practice; 2 practice visits have been postponed due to the outbreak of Coronavirus.

A range of subject matters are covered, in accordance with visit template at Appendix 1, and the meetings are designed to be supportive yet robust in terms of assurance. Whilst there is no intention to duplicate the Care Quality Commission (CQC) reviews, some elements of the CCG visit may support the aim of meeting such requirements.

The CCG visit team is made up of the following:

- Clinical Lead
- Primary Care Relationship Manager
- Clinical Quality Manager
- Primary Care Commissioning Officer
- Member of the Safeguarding team

Practices representatives usually include:

- GP Partner
- Practice/Business Manager(s)
- Other members of staff as appropriate

The opportunity to meet with practice representatives regarding the provision of primary medical services from a contractual and quality perspective has been valuable, whilst practices have been very accommodating and helpful throughout the process.

3. Findings

3.1 Contractual matters

The CCG visit team has found that overall practices are very resolute in terms of ensuring contractual requirements are met. Notwithstanding this, some issues are highlighted below:

- One practice did not have a Patient Participation Group (PPG) in place as this had ceased to exist around 12-18 months ago. This was a clear contractual breach resulting in a formal Contractual Remedial Notice being issued to the practice. An action plan has been developed and supportive materials shared by the CCG. A contract breach notice will however need to be issued if the PPG is not up and running within the required timeframe given. The practice now has a PPG in place.
- It was often found that practice leaflet and websites did not quite reflect contractual requirements, with information missing or incomplete. These omissions were deemed to be fairly minor, and practices have taken actions to address this.
- Most contracts appeared to be up to date, although there was the occasional glitch such as practice boundary missing. These relatively minor issues will be rectified when the contracts concerned are next updated through a necessary variation.
- The most common issue highlighted through a review of the E-Declarations (the annual contractual self-declaration by practices) was that it was not known by practice staff who they could contact externally if they had concerns – e.g. Freedom to Speak Up Guardian, Whistle blowing lead. The CCG has since confirmed that NHS England can be contacted on such matters, and guidance has been shared with practices.

Contractual discussions have also led to one practice submitting an application to change its boundary (which was subsequently agreed).

3.2 Quality

The CCG visit team has found that practices are generally well engaged with the Quality agenda. Findings from the different areas covered are outlined below:

3.2.1 Review of GP Quality dashboard / improving achievement

Good discussions held with practices – evident that the dashboard is being reviewed and practices are comparing against (and sharing learning with) their peers. Agreed that Primary Care Networks (PCNs) will also help facilitate this. There were some good examples of where practices had made improvements, and this ranged from Learning Disability Healthchecks to online access. Practices were encouraged to continue this work and link up with the CCG as necessary.

3.2.2 Review of Quality and Outcomes Framework (QOF)

Some examples of good practice were found, including pro-active and robust processes for annual reviews prior to using exception reporting. However in some cases the exception reporting levels were high, yet achievement of the optimum target was not met. Discussions took place with those practices regarding the need to identify priority areas and adopt processes designed to maximise uptake and reduce the need for exception reporting.

3.2.3 Review of Enhanced services

Some general discussions were held about the enhanced services. Nothing significant came out of these discussions and the CCG is currently undertaking a separate piece of work in reviewing all services.

3.2.4 Feedback, concerns and complaints

Ahead of the visits, practices had submitted various information, including complaints policies and procedures and a summary of their last three complaints. The CCG Clinical Quality Manager then chose one complaint to discuss in detail during the visit. Some of the common themes were:

- Practices tended to deal with concerns and complaints spontaneously, resolving them verbally with the complainant at the time they are raised;
- Practices' target timeframes for a full response to formal complaints varied between 10 working days and 40 working days; Practices with a target set above 20 working days were encouraged to review and consider reducing it to 20 as a minimum;
- There was frequent reference in complaints leaflets, policies and letters to PALS services that were not available for patients in primary care;
- Some complaint responses failed to include a statement explaining the complainant's right to ask the Parliamentary and Health Service Ombudsman (PHSO) to review their case should they remain dissatisfied;
- Most complaints policies, procedures and leaflets needed an update;
- The majority of complaints were handled effectively and practices were able to talk about changes they had made as a result of complaints they had upheld. There were instances however where the CCG felt the responses could have been better, and the odd one or two were not particularly appropriate. Advice was given accordingly.
- Some practices had a robust process in place for identifying themes and taking forward learning. However others were not able to demonstrate this and again advice was given in this regard.

Practice specific recommendations and improvement actions were agreed with practices following each visit.

3.2.5 Patient safety

As with complaints, practices were asked to provide policies and procedures and a summary of their last three patient safety incidents. The CCG Clinical Quality Manager then chose at least one patient safety incident to discuss in detail during the visit. Key findings were:

- All practices had named patient safety champions in place whom had attended at least one patient safety champion learning session; two had presented cases & learning at these sessions. The visits have now become an opportunity to encourage practices to share learning at the sessions;
- Practices rarely reported patient safety incidents to NRLS; in some instances there is confusion over what constitutes a patient safety incident. Practices were encouraged to report in future;
- As with complaints, some issues or incidents are dealt with spontaneously and it is not always clear if these have been recorded anywhere; this can reduce the opportunity to for thematic review and learning;
- Most policies and procedures needed a review; none of them referenced or reflected the CCG Incident Reporting Procedure for Primary Care;
- Incidents and investigations were managed effectively and learning was shared within practices;
- Triangulation of data and wider shared learning are two key areas for development,
  i.e. Triangulating incidents, complaints and other intelligence to identify trends and;
  Sharing learning with other practices in Portsmouth (this is being explored through the patient safety learning sessions). Submission of data to NRLS will support learning on a national level;
- Separate Infection prevention & control (IPC) audit visits were carried out by the CCG IPC Lead; to date these all have received a good score. However there were in some cases a number of issues to follow up from the audits. Upon further review by the CCG visit team, recommendations were made for follow-up actions and a re-visit by the IPC Lead at a later date.

Recommendations and improvement actions in relation to patient safety were agreed with practices following each visit.

3.2.6 Safeguarding

The CCG Safeguarding Team reviewed practice policies and procedures and joined the visiting team on two occasions. After the fourth visit a set of standards were developed and practices were asked to provide information to evidence how they meet these standards pre-visit. The Team would then decide, based on the practice response, whether a safeguarding lead would attend the visit.

The standards are as follows:

- There is a safeguarding lead for each practice (adult and child/clinical and non-clinical);
- The practice has up to date policies for adult safeguarding, child safeguarding, chaperone, WNB/DNA and whistleblowing;
- The practice is able to provide training records for safeguarding in line with the intercollegiate documents (adult/child);

- The practice can identify how many safeguarding concerns it has raised in the last 12 months;
- The practice is able to provide evidence of safeguarding peer discussion and support;
- The practice is aware of the domestic violence and abuse pathway and understands the process for making a referral into the process;
- The practice can demonstrate how it identifies LAC/Children on CP Plans/children on CIN plans;
- The practice has regular meetings with the Health Visitor to discuss vulnerable children and with Community Nurses to discuss vulnerable adults.

There were some common areas for development including a need to update safeguarding policies and information displayed on boards. Advice was also given to some practices regarding updates required for their policies and procedures. There was a concern noted where *no referrals* had been made by a practice to social care services - the CCG's Head of Safeguarding will be reviewing the practice's processes with them in more depth and will consider if additional training is required.

3.2.7 CQC compliance

The CCG visit team followed up with practices on any relevant actions plans, following an inspection, and it was clear that issues had been addressed with CCG support as necessary. A small number of issues were picked up during some of the guided tours of the premises, which may have presented improvement actions for CQC purposes, including –

- out of date safeguarding information
- storage of prescription requests not secure
- COSHH cupboard inappropriately wedged open
- Food and drink left within clinical storage area

There were also a number of registration issues that individual practices and the CCG were working together to rectify.

3.2.8 Workforce

Discussions focussed on how practices were utilising the workforce to meet demand, and what plans were in place for the future. The team was assured that workforce plans were as robust as they could be and that practices were looking at making best use of the diverse workforce available. Notwithstanding this it was clear that this was still an area of risk in terms of whether any lost workforce (e.g. due to retirements) could be adequately replaced.

3.2.9 Requests for support

There were some areas where a practice requested support from the CCG. This included guidance in undertaking clinical audits and involvement in a project to develop standardised records. In all cases the relevant CCG teams are looking at how practices can be supported.

4. Next steps

The CCG will monitor the various action plans that have emerged from these visits, and ensure they are progressed accordingly. Lessons learned will be shared across all practices. Due to Coronavirus the final two practice visits will not take place within the immediate future and the visit programme is currently on hold. It will also be reviewed in light of the emerging Primary Care Networks.

The committee is asked to note the content of the report and share any observations or raise questions.

Steve McInnes
Primary Care Relationship Manager

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