

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	8 March 2016
Officer	Matt Wain, Head of Patient Safety and Risk, NHS Dorset CCG
Subject of Report	<b>Quality in General Practice Services in Dorset</b>
Executive Summary	The purpose of this paper is to provide the Dorset Health Scrutiny Committee with information relating to the quality of General Practitioner services in Dorset and the work that NHS Dorset Clinical Commissioning Group (CCG) is undertaking to monitor and support practice in making improvements.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Care Quality Commission. Ipsos MORI.
	Budget: N/A
	Risk Assessment:  Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk: LOW

	Other Implications: N/A
Recommendation	That the Committee consider and comment on the findings within the report.
Reason for Recommendation	The work of the Health Scrutiny Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of all Dorset's citizens.
Appendices	None
Background Papers	None
Report Originator and Contact	Name: Matthew Wain Tel: 01305 368946 Email: matt.wain2@dorsetccg.nhs.uk

## **1 Introduction**

- 1.1 The purpose of this paper is to provide the Dorset Health Scrutiny Committee with information relating to the quality of General Practitioner services in Dorset and the work that NHS Dorset Clinical Commissioning Group (CCG) is undertaking to monitor and support practice in making improvements.
- 1.2 Across the Dorset CCG area there are 98 GP practices covering rural and urban communities and a registered population of 788,645.
- 1.3 Since April 2013 the responsibility for the commissioning and monitoring of Primary Care services (including GPs) has been the responsibility of NHS England. Over the past 12 months the CCG has been co-commissioning General Practice services with NHS England, but as of 1 April 2016 this responsibility will be transferred solely to the CCG under a scheme of delegation. NHS England will only retain the responsibility for individual GP Performance issues and act as the legal contract owner (as set out in the Care Act 2012). NHS England will also retain the responsibility for GP complaints.
- 1.4 There are a wide range of sources of information relating to the quality of Primary Care services and the experience of patients when using their services. An independent review of indicators of quality of care in General Practices in England concluded that better use of data in the NHS could support significant improvements in care (The Health Foundation, October 2015).
- 1.5 As part of the preparation for the delegated commissioning of GP services, the CCG is working closely with NHS England on the handover of responsibilities. It is identifying the key data sources to create a 'profile' of practices across Dorset. This will enable the CCG to target support where it is most needed to improve quality and ensure a good patient experience. It is important to note that the practice profile will give one aspect of the quality of services based on data, but should not be viewed in isolation as the reliability of data sources can vary.
- 1.6 The practice profiling will be a constantly evolving document and will be updated to reflect not only nationally available data sources, but also local intelligence identified through contract monitoring and other primary care work streams.
- 1.7 In order to have a more robust triangulation of information, the profiling data set will be used to identify:
  - Best practice;
  - Trends;
  - Variation in performance;
  - Areas of service improvement need;
  - Practices that may require additional support.and ultimately will be developed to:
  - Support improvements in care;
  - Enable patients, carers and service users to make informed choices;
  - Better account for the quality and outcomes of general practice;

- Provide data for research and practice development.

1.8 The initial indicators that the CCG is looking to bring into the practice profiling include:

- Quality and Outcome Framework achievement
- Referral performance
- Prescribing performance
- Workforce
- Patient Experience
- Primary Care web-tool achievement
- Local intelligence.

1.9 NHS England has also developed a pilot scheme aimed at supporting 'vulnerable practices'. This scheme will provide matched funding to practices identified, either by commissioners or themselves, as requiring additional support. The CCG is currently working with NHS England to identify 'vulnerable practices' and arrange for appropriate support.

1.10 The CCG has established a Primary Care Commissioning Committee, a sub committee of the Governing Body, which will oversee the quality of Primary Care.

1.11 For the purpose of this paper the key elements of CQC compliance and patient experience have been explored, in addition to the support structure the CCG has established.

## **2 CQC Visits**

2.1 Since 2013 GP practices have had to be registered with the Care Quality Commission (CQC) in order to provide services. The CQC is the regulator for Health and Social Care Services in England and monitors compliance against a set of 'fundamental standards of care' that all providers must achieve. These fundamental standards are split into five domains each of which contain a number of core standards, these are:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

2.2 The CQC assess compliance with the fundamental standards by visiting GP Practices with an inspection team of between three and five inspectors. The inspection team is generally comprised of a lead inspector, a GP, a practice management expert and can contain specialist inspectors such as Practice Nursing experts. Based on the visit findings the CQC will issue a rating to the Practice, of which there are four levels of rating:

- outstanding – the service is performing exceptionally well

- good – the service is performing well and meets CQC's expectations
- requires improvement – the service isn't performing as well as it should and CQC has told the service how it should improve
- inadequate – the service is performing badly and CQC has taken action against the person or organisation that runs it.

2.3 During 2014 GP Practices in Dorset were assessed as part of the CQC 'pilot', to test their review methodologies, and 27 practices across Dorset were selected to take part. As this was a pilot, the CQC did not provide ratings for practices. The new model of inspection, which commenced in Dorset in April 2015, provides a rating for each practice and those that were visited as part of pilot will also be revisited by April 2017 and given a rating.

2.4 For all practices that receive a rating of 'inadequate' or 'requires improvement' there is a regulatory requirement to produce a formal action plan to rectify the areas identified.

2.5 To date the CCG has been notified that there have been 24 reports published relating to Dorset Practices, of which 18 were rated as 'good' and six were rated as 'requiring improvement'.

2.6 The CCG is working closely with practices identified as 'requiring improvement' to ensure that robust actions are in place to address the identified issues.

### **3 Patient Experience**

3.1 Annually NHS England commissions Ipsos MORI to undertake an independent national survey of patients to seek their views on the quality, safety and experience of GP services. The latest survey results were published in January 2016.

3.2 The comprehensive survey covers 62 questions and covers the key areas of:

- Accessing GP services
- Ease of making an appointment
- Waiting times
- Practice staffing
- Opening times
- Overall experience.

3.3 The results are published in the public domain and the scores for all questions can be benchmarked against national performance.

3.4 The experience of people accessing GP services in Dorset is good with the majority of practices scoring higher than the national average against individual indicators.

3.5 For the indicator relating to 'overall experience' Dorset GPs scored 90% on average against the national average of 85%. Only 10% of Dorset practices scored below the national average for this indicator with no practice scoring below 75%.

- 3.6 In relation to getting through to their surgery, Dorset patients reported that 81% found it 'very easy' or 'easy' to get through to their practice against a national average of 70%.
- 3.7 There were no areas of the survey results where Dorset GPs did not have a combined average that is higher than the national average. As part of the developing practice profiling, individual scores are being looked at for key areas with targeted support being offered to make improvements.

#### **4 CCG Support to General Practice**

- 4.1 Following the CQC pilot visits in 2014 the CCG reviewed the themes and trends from the published reports. Based on these themes the CCG created a menu of options for practices to choose from when accessing support from the CCG which covered:
- Signposting practices to resources
  - Subject specific facilitated visits to practices (as resources permit)
  - Generic visits to practices (advice on evidence collation and preparing for CQC visits, creating action plans).
- 4.2 To date approximately a third of practices have requested support of one form or another and those practices that have been identified as 'requiring improvement' have been proactively targeted.
- 4.3 The CCG will be continuing this work over the coming year and will be providing additional advice and training in the following areas:
- Medicines Management/Prescribing
  - Patient Safety and Risk
  - Quality Improvement
  - Adult Safeguarding
  - Mental Capacity Act
  - Child Safeguarding
  - Professional practice and staffing
  - Infection Prevention and Control
  - Customer Care/Complaints
  - End of Life Care
  - Learning Disability
  - Dementia.
- 4.4 Ahead of taking over delegated responsibility in April 2016 the CCG has established six work-streams that Quality will be integral to, these are:
- Business Intelligence
  - Estates development
  - Commissioning and Contract Management
  - Workforce
  - Innovation
  - Models of Care/Vanguard.
- 4.5 These work streams will evolve over the coming months and with the aim of ensuring that there is continuous improvement in GP services and that Dorset is well prepared to deal with the future challenges in Primary Care.

- 4.6. The CCG has developed a number of task and finish groups to support the work described in this paper and one of these is focussing on quality improvement and practice profiling. The CCG has also employed two (GP) Clinical Leads to provide leadership to these work streams and support the development of Primary Care and where necessary provide challenge/support their peers.

## **5 Conclusions**

- 5.1 This document provides an overview of key elements of quality relating to general practice and the work that the CCG has done to date in relation to the quality and experience of those accessing primary care in Dorset.
- 5.2 The CCG has a clear plan on how it will develop systems to commission and monitor primary care services following delegation in April and the embedding of quality improvement is integral to this.
- 5.3 An update on progress against the work programmes highlighted in this report will be available to the Health Overview and Scrutiny Committee in the future.

**Author:** Matthew Wain, Head of Patient Safety and Risk, NHS Dorset CCG

**Telephone:** 01305 368946