

NHS Rotherham Clinical Commissioning Group

Primary Care Sub Group – 25 November 2020

Primary Care Committee – 09 December 2020

General Practice Contract & Quality Visits: an update

Lead Executive:	Ian Atkinson, Executive Place Director
Lead Officer:	Rachel Garrison, Senior Contract Manager (Primary Care)
Lead GP:	Dr Avanthi Gunasekera, SCE Lead for Primary Care

Purpose:

To brief the committee on the outcome of the latest round of GP Contract & Quality visits.

Background:

The 'Process for Managing Quality and Contracting' was first brought to the Committee for approval in September 2017; this document contains an overview of the routine quality assurance visits which also began that September. It was agreed that a report providing insight into the outcomes of the reviews would come to Primary Care Committee on a quarterly basis.

With the onset of Covid-19 these visits were temporarily stood down, but were reinstated in virtual form over the summer of 2020.

Primary Care Delegation Responsibility:

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	✓
Delegated	
Both Rotherham CCG and delegated	

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	✓
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC / quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Please indicate which of the Delegated Duties Decisions this paper requires:-

Delegated Duties – iii – Decisions in relation to the establishment of new GP practices (including branch surgeries) and closures of GP practices.	N/A
Delegated Duties – iv – Decisions about ‘discretionary payments’.	N/A
Delegated Duties – v – Decisions about commissioning urgent care (including home visits as required) for out of area registered patients.	N/A
Delegated Duties – b – The approval of practice mergers.	N/A

Analysis of key issues and of risks

As per the previous process of visits, practices are now visited ‘virtually’ on the same 3 year rolling programme as the peer review schedule unless a CQC rating of ‘requires improvement’ or less is received, in which case they are prioritised. On average one practice is visited per month and the following process is followed:

1. 3 weeks prior to visit – all data / intelligence is compiled into an individual practice profile. The Senior Contract Manager reviews it to set key lines of enquiry.
2. 2 weeks prior to visit – the profile highlighting key lines of enquiry is sent to the practice to allow them to prepare.
3. The visit is undertaken by the Senior Contract Manager and the SCE GP for Primary Care, and is supported by the Primary Care Contract Officer. The practice is asked to make the Lead GP, the Practice Manager, and the Lead Nurse available for the visit.
4. Within 1 week of the visit a copy of the draft report is sent to the practice for their comments.
5. Within 2 weeks of the visit a final version of the report is issued.

The virtual visit format includes an opportunity for the practice to give an overview of their structure and service, and we discuss the latest CQC report, performance and quality data including the Quality Contract, Medicines Management performance, and any other contract queries. We also undertake spot-checks on Quality Contract compliance with the deliverables.

22 July 2020 – Blyth Road Surgery

Routine virtual visit - full review: services were found to be safe and satisfactory.

The visit took place with a broad range of practice staff, led by Dr Geoff Avery, and Ben Scott, ANP. They explained the recent changes to staffing and processes and how this was underpinning different ways of working, some of which was prompted by Covid-19 but will be maintained in future.

The last CQC inspection in 2016 rated the practice as ‘good’ with a follow-up desktop telephone review in summer 2019, and another due imminently. A review of A&E and secondary care metrics demonstrated the practice was operating around the Rotherham average. Their performance in vaccination was commended. Areas

recommended for improvement included two week wait DNAs, and the Asthma and COPD elements of the Quality Contract; it was believed a number of coding errors had been made that meant the practice wasn't being recognised for work they had undertaken.

CCG Officers recognised the impact of Covid-19 and staffing change on the practice, and commended their efforts.

16 September 2020 – Rawmarsh Surgery

Routine virtual visit - full review: services were found to be safe and satisfactory.

The visit took place with Dr Chandran and Dawn Lewis, Practice Manager. They gave an overview of the clinical and admin cover at the practice, and how it operated during the first peak of Covid-19.

The practice was last visited by the CQC in September 2016 and rated as 'good' with a desktop telephone review in March 2020 that led to some actions; the practice confirmed these had all been completed.

The practice had high rates of attendance at the Emergency Department (ED), and was asked to review the data and see if patients had tried to attend the practice before defaulting to the ED. Conversely, emergency admissions and the conversion rate of referrals to secondary care were better than the Rotherham average; CCG officers commended positive data which indicated the practice is referring appropriately. Flu vaccination rates last winter were lower than the Rotherham average, and Dr Chandran discussed the plan for 2020. Two week wait DNAs were higher than average, and Dr Chandran agreed to review and reflect on those patients with new diagnosis. It's important to note that in a small practice a couple of patients can alter the data and practice outcome. There appeared to be some reporting errors in the Quality Contract data, and CCG Officers offered to work with the practice nurse to rectify.

07 October 2020 – Kiveton Park Surgery

Routine virtual visit - full review: services were found to be safe and satisfactory.

The visit took place with a number of practice staff, led by Dr John Reid and Dr Neil Thorman, and reviewed both 'normal' and Covid-19 ways of working in the practice.

They were last visited by the CQC in February 2017, followed up by a desktop telephone review in October 2019, and received a rating of 'good' with some actions; the practice confirmed these had all been completed. In general the practice was performing very well based on the metrics in the performance dashboard and the Quality Contract dashboard, and was commended for their work. There were a number of areas where work had ceased during the first peak of Covid-19, but they were now making up ground.

Patient, Public and Stakeholder Involvement:

Not applicable.

Equality Impact:
Not applicable.
Financial Implications:
Not applicable.
Human Resource Implications:
Not applicable.
Procurement Advice:
Not applicable.
Data Protection Impact Assessment:
Not applicable.
Approval history:
Not applicable.
Recommendations:
It is recommended the Committee note the content of the paper.
Paper is for noting.