

NHS Rotherham Clinical Commissioning Group

Primary Care Sub-Group – 5th September 2018

Primary Care Committee – 12th September 2018

General Practice Contract & Quality Visits – Quarterly Report

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Rachel Garrison, Senior Contract Manager (Primary Care)
Lead GP:	Avanthi Gunasekera, SCE GP

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

Analysis of key issues and of risks

Practices are visited on the same 3 year rolling programme as the previous peer review schedule unless a CQC rating of 'requires improvement' or less is received, in which case they are prioritised for the forthcoming year. On average 1 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 and Practice Manager available.
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 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.

Parkgate – June 2018:

Services were found to be safe and satisfactory.

The visit to Parkgate took place with Claire Hand, Practice Manager, and Dr's Ravi and Mariadassou. We discussed an action highlighted by the CQC relating to access for the working population, and the practice were able to provide assurance that changes had been made to both telephone access and appointment booking as a result. We reviewed

the number of patients attending A&E in light of the CQC comments around access, as well as referral rates. The practice was under target for screening rates and suggestions were made as to how this might be improved. When focussing on the Quality Contract, the practice were very close to target in several areas and were encouraged to carry out the necessary work to bring them in line. We also raised a potential coding issue relating to a significant increase in aural care figures in a recent quarter.

Greasbrough – July 2018:

Services were found to be safe and satisfactory.

The visit took place with Kelly Parks, Practice Manager, and Dr Ravula. The latest CQC inspection acknowledged improvements at the practice, reflected by the 'Good' rating. The practice have very high numbers of patients attending A&E so this was discussed at length; the practice acknowledge they have a complex demographic and that some patient use A&E inappropriately and outlined the steps they have taken to try to mitigate this. The Team verified current access arrangements in light of this. They are also an outlier on referrals so it was asked that the practice take steps to review referrals for appropriateness and discuss as a clinical team. The Be Cancer Safe Team was recommended to the practice to assist in targeting patients who fail to attend screening programmes.

Crown Street – August 2018:

Services were found to be safe and satisfactory.

The visit to Crown Street took place with Sarah Caddick and Jayne France, Practice Managers, and Dr Venables. The practice provided assurance that sine the last CQC visit changes had been made to processes around training record keeping, communication with the wider practice team, and involving staff in the operation of the practice. Referrals were found to be high; in the last year the practice has relied heavily on locum cover, but this challenging period is now at an end so this should improve quarter on quarter. Access arrangements were covered in light of patient experience scores, and the practice has trialled many different systems in recent months before finding one that meets needs, and they hope this will be reflected in scores going forwards. There were many aspects of the Quality Contract data where the practice is missing target; it was highlighted that this needs to be addressed.

Patient, Public and Stakeholder Involvement:

Not applicable.

Equality Impact:

Not applicable.

Financial Implications:

Not applicable.

Human Resource Implications:

Not applicable.

Procurement:

Not applicable.

Approval history:
Not applicable.
Recommendations:
To acknowledge the report and provide any relevant comments.