

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

08 August 2018

Title of the report:	Quality Report
Section:	Quality, Maintaining and Improving High Quality Care
Report by:	Amy Linnett, Quality Lead
Presented by:	Caroline Trevithick, Chief Nurse & Quality Lead Gillian Adams, Lay Member

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely			

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To update the Board on the latest quality issues and developments
Discussed by	Quality and Performance Committee on 18 th July 2017
Environmental Implications	Not Applicable
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

EXECUTIVE SUMMARY:

1. This paper identifies the key quality and patient safety concerns from the July 2017 WLCCG Quality and Performance Committee and informs the Board of quality developments, including the following:
 - Integrated Urgent Care Contracts
 - E-Referrals Deep Dive
 - Reporting of GP Serious Incidents

Integrated Urgent Care (IUC) Contracts

2. The Integrated Urgent Care contract update focussed on key Quality and Safety areas including:
 - An Update on the new service model and governance process for NHS111 and Out of Hours care, Integrated Urgent Care (IUC) and the Home Visiting Service
 - Feedback on implementation of the Integrated Urgent Care Service since the go live date of 1 April 2017 and an outline of the new service and proposed evaluation model
 - Agreement on how to measure and monitor quality of the IUC contracts for quality, safety and patient satisfaction

E-Referrals Deep Dive

3. Due to the commencement of NHSE paper-free project in July 2017, members of the Primary Care Contracting team will be invited to undertake the previously agreed deep dive into E-Referrals to provide the Committee with an update on progress with particular linkage to planned care referrals and managing activity.

Reporting of GP Serious Incidents

4. Quality and Performance Committee members discussed options to promote and encourage the reporting of Serious Incidents; including the dissemination of practice stories, a simplified process/template for reporting, and the continual promotion and usage of Datix to enable detailed feedback via locality meetings.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the contents of the report.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

BOARD MEETING

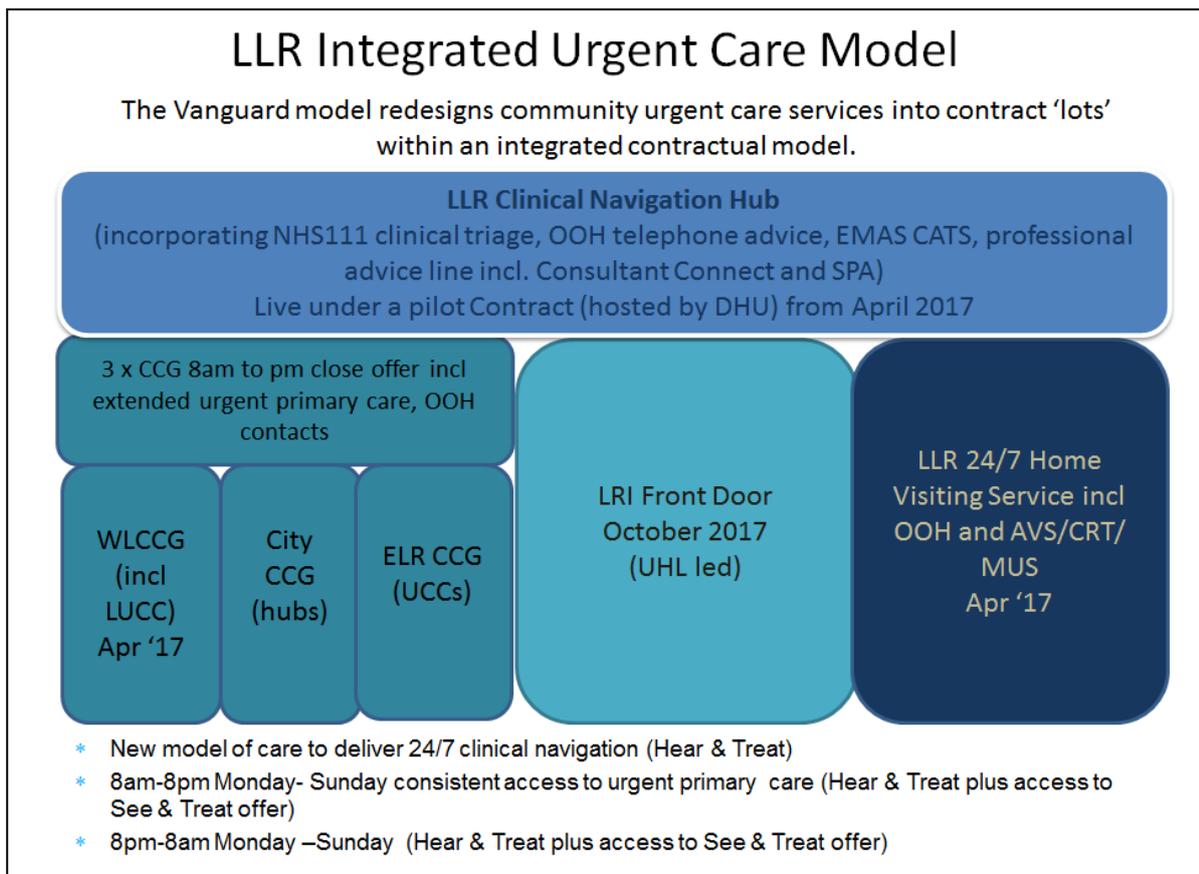
**Quality and Performance Committee
 July 2017**

INTRODUCTION

1. The purpose of this report is to update the Governing Body on key items relating to quality since the last meeting in July 2017 and that includes:

- Integrated Urgent Care Contracts
- The Planned E-Referrals Deep Dive
- Reporting of GP Serious Incidents

2. Integrated Urgent Care (IUC) Contracts



3. The 8 key elements of IUC have been RAG rated, with 2 elements remaining amber in relation to the summary care record being available within the clinical navigation hub, and the ability to make in-hour appointments with GP practices.

4. Commissioners are awaiting the new National IUC model guidance, and dependent upon the requirements within model, services may need to be adapted – however it is thought there is not significant variance from that already implemented within LLR.
5. Currently the IUC model is not as unified nor as collaborative as was hoped for, with particular issues caused by the delay in the implementation of the UHL Front Door and the difficulties associated with three CCGs agreeing one model.
6. A change to the opening hours of Clinic 4 at the Leicester Royal Infirmary has presented new areas of challenge; as the service now opens from 8pm-8am, meaning during the daytime, patients from Oadby and Wigston areas are consequently being directed to primary care hubs further afield and currently the impact on these patients is unclear and subject to future evaluation.
7. The Clinical Navigation Hub (CNH) is an enhanced telephone triage service offered by NHS111 providing access to health and care specialists based in LLR. Quality commissioners undertook a Quality Visit on 16 June 2017, and the service was functioning well. There were no identified areas of concerns, and assurance was sought in support of an effective mobilisation. A particular success has been the enhanced triage of the NHS111 initiated Green 2 dispositions, which resulted in an 83.1% reduction in such ambulance dispatches during June.
8. A further area of success was the introduction of pharmacists into the NHS111 workforce, meaning that GPs are able to manage the more complex cases. Pharmacists are able to deal with requests relating to repeat medication etc. and the Quality Visit on 16 June confirmed the evidence of success.
9. The Home Visiting Service (HVS) provides an enhanced visiting service to LLR patients, delivered 24/7 by ECPs in hours and GPs/ANPs out of hours. Currently, there are no areas for concern or escalation and GPs are being advised of the appropriate use of the HVS following a review of the referral criteria.
10. An effective Quality assurance mechanism for this service is the call review process, which has recently been conducted in an effort to understand the issues faced by GPs when referring into the HVS; with the information from that review then triangulated with the information provided by the Patient Safety Team which confirmed an increase in the number of concerns from GPs during May. It is expected that the number of concerns should reduce following the review of the referral criteria; Quality and Performance Committee members affirmed that there was a need to ensure the HVS did not become too difficult to access.
11. Quality and Performance Committee members suggested; determining the effectiveness of the HVS it is necessary to compare day and night time usage as there have been concerns across LLR that the service could be being used inappropriately and therefore duplicating work that should be taking place within primary care.
12. A review of the HVS workforce will be undertaken to determine if the HVS is meeting patients' needs. Data relates to the weighted use of the service by individual practice and highlights a disparity of utilisation of the HVS across LLR. Sharing of this data with both the Primary Care Contracting team and at Locality meetings was suggested.
13. Quality and Performance Committee members were supportive of the suggested recommendations to:
 - Undertake in depth review/analysis of changes that have been made to service provision in LLR for e.g. changes to opening times at Clinic 4
 - Joint Partner LLR System review of benefits/outcomes/improvement to patients
 - Link with Regional partners to undertake Workforce review and gap analysis to meet local population and STP needs

- Pharmacy expansion in provider organisation – link with LPC
- Enhanced understanding of what DOS can provide
- Evaluation of Workforce utilisation and patient outcomes

Planned E-Referrals Deep Dive

14. A deep dive into the utilisation of the NHS e-referral service had been planned previously however this was postponed due to the NHSE paper-free improvement project in conjunction with NHS digital which commenced at the beginning of July 2017. It was therefore suggested that as the NHSE project has now commenced, members of the Primary Care Contracting team will be invited to undertake the agreed deep dive and provide an update at next months' meeting (August) with a particular linkage to planned care referrals and managing activity.

Reporting of GP Serious Incidents

15. The Patient Safety Team have focused on supporting all providers to improve the quality of their reports and encouraged a focus on learning and not blaming. This involves looking at the wider systems rather than tending to focus on individual behaviour. Where appropriate they have encouraged the undertaking of joint serious incident investigations, to maximise and share learning.

16. Quality and Performance Committee members discussed options to promote and encourage the reporting of Serious Incidents; including the dissemination of practice stories, a simplified process/template for reporting, and the continual promotion and usage of Datix to enable detailed feedback via locality meetings.

17. Quality and Performance Committee members recognised that nationally, reporting of Serious Incidents is low, and it is increasingly difficult to encourage comprehensive reporting and recording of them. Head of Patient Safety team is looking to review current pathways for reporting and innovative ways to increase reporting further.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the contents of the report.