

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**



**Minutes of the Quality and Performance Sub Group held on  
Tuesday 21 March 2017 at 9.00 am – 10.45 am in the Boardrooms, Woodgate,  
Loughborough**

**PRESENT:**

Ms Gillian Adams	Lay Member (Chair)
Mrs Caroline Trevithick	Chief Nurse and Quality Lead
Dr Nil Sanganee	GP, Castle Medical Centre
Dr Chris Trzcinski	Deputy Chair (from Q&P/17/ onwards)
Dr Mike McHugh	Public Health Specialist
Mr Ian Potter	Head of Development (deputising for Mrs Bright)
Mr Andrew Roberts	Senior Finance Officer

**IN ATTENDANCE:**

Mrs Anne Collier	Healthwatch Officer (for item Q&P/17/043)
Mrs Rhonda Pickering	Head of Quality (for item Q&P/17/043)
Mrs Kate Allardyce	Performance Manager (until item Q&P/17/044)
Miss Amy Linnett	Quality Lead
Mrs Gillian Stead	Head of Prescribing (for item Q&P/17/046)
Mrs Kulbinder Gill	Assistant Corporate Affairs Officer (for item Q&P/17/047/048)
Mrs Michele Morton	Senior Committee Clerk (Minutes)

Item	DISCUSSION	Action
Q&P/17/039	<p><b>Welcome and Apologies</b></p> <p>The Chairman welcomed all to the meeting and confirmed it was quorate. Apologies for absence were received from Mr Ket Chudasama, Mrs Sue Venables and Dr Chris Barlow.</p>	
Q&P/17/040	<p><b>Declarations of Interest on Agenda Topics</b></p> <p>There were no declarations of interest.</p>	
Q&P/17/041	<p><b>Minutes of Meeting held on 21 February 2017</b></p> <p>The minutes of the meeting held on 21 February 2017 were approved and accepted as a correct record.</p>	
Q&P/17/042	<p><b>Action Log and matters arising</b></p> <p>Paper B, the action log, was updated.</p> <p><b>Action:</b> The Quality and Performance Sub-group</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the report.</li> </ul>	
Q&P/17/043	<p><b>Enter and View – Healthwatch visit to 4 Urgent Care Centres (UCC) in Leicestershire</b></p> <p>Ms Adams welcomed Mrs Collier, Healthwatch Officer who had taken part in two of the recent UCC visits. Mrs Collier introduced herself and explained that the report presented the findings and recommendations from a visit of Healthwatch to 4 LLR UCCs in Leicestershire (Loughborough, Oadby, Market Harborough and Melton Mowbray). The purpose of the visits were to:</p>	

- View an UCC and how it worked.
- Observe the delivery of care to patients.
- Observe what support was used by the centre for patients.
- Capture the experience of patients, their families or carers and staff of an UCC.

Over the four visits, 45 patients and 10 staff had been spoken to. At the end of each visit the findings were discussed with the providers who were able to provide clarity on some of the observations. Ms Adams acknowledged the small numbers but added it was helpful to collect qualitative information from patients. Findings included:

- All patients were seen within 2 hours of arrival – evidence was seen that children and older people were given priority if necessary.
- From the data captured, patients were unsure what illnesses and injuries could be treated at an UCC.
- Water was available to all patients at all the centres, however patients said they would like hot drinks/vending machine facilities available after 5.00 pm.
- The majority of patients had not heard of the NHS Now App.
- Patients did not know the process for triage or have a good understanding of the NHS 111 service. Information about the NHS 111 service was not displayed prominently in all of the UCCs.
- Evidence was seen of clean and welcoming reception and waiting areas.
- Patients were unaware of the opening hours for the UCCs and whether x-ray facilities were provided.
- From the data captured, patients had either been unsuccessful in getting a GP appointment that day or at short notice, and had therefore made the decision to visit the UCC for immediate treatment.
- Although local late night pharmacy information was available on asking, this was not displayed in the waiting areas.
- Dedicated noticeboards with information about UCC services available for patients were not available in all the UCCs.

Dr Trzcinski said it would be helpful to know what proportion of patients found it difficult to make a GP appointment, and he also felt it was the most convenient reason for patients to give.

Mrs Trevithick said it was useful to see the 'Find an UCC near you' leaflet which helped with understanding the urgent care system and she asked how circulation could be maximised. Mrs Collier replied links could be made with GP practice websites, although she acknowledged not all patients were confident in the use of websites. PPG groups were also useful information sources and had dedicated notice boards. Leaflets could be placed in GP surgeries and information included in any regular GP news sheets or magazines.

Dr McHugh pointed out the evidence around UCCs was not overly convincing that they provided a good service. He could not see the appropriateness of service provision between 9.00 am and 5.00 pm on week days. The majority of patients could have visited their GP and the fact UCCs were difficult to find often added to the confusion in the system. The UCCs attached to A&E departments were the most valuable. Dr Trzcinski said the UCC in Loughborough was attached to a hospital; and they did treat people appropriately, however he agreed that there was possibly a need for a different model in Leicester City. Mrs Collier agreed the Loughborough UCC was successful for a large proportion of the population, particularly university students who were able to self-refer and school children with minor injuries.

Dr Sanganee acknowledged that UCCs were more convenient geographically for

some of the population but differential attendances from different practices meant that GP practices were often giving different messages. He emphasised the importance of upskilling primary care reception teams on what services were available, and the importance of practice staff being well apprised, for example where X-Ray facilities and other local services were situated. Mrs Collier replied patients were willing to travel and would often go elsewhere rather than having to attend A&E departments.

In terms of WLCCG Mr Potter said it would be important to be aware of the context of the work around integrated UC and the need for joining up some of the services by working closely with providers. One of the aims of the GP Forward View as the importance of access by the use of three hubs across the patch that provided a further option for patients. A coherent plan existed for West Leicestershire that required robust communication. Mrs Collier supported Mr Potter's comments and she said the training of reception and practice staff was important. Mr Potter replied funding for training was available and a training plan was currently under development. Training should include:

1. The production of a local directory of services, and
2. Training staff to approach patients in a slightly different way.

Dr McHugh referred to some difficulties being experienced with downloading the NHS Now App and asked if this was something that should be progressed. Dr Trzcinski replied if the majority of people were fit and healthy they probably would not access the app, but it might be useful for practice staff.

Mrs Collier was thanked for her presentation and she left the meeting.

**Action:** The Quality and Performance Sub-group

- **RECEIVED** the Enter and View report on 4 LLR UCCs.

Q&P/17/044

### **Highlight Report, Contract Quality for Providers: City, East, LPT, Dashboards Quality for LLR Providers**

Mrs Allardyce presented paper D that provided an overview of performance assurance for WLCCG for January 2017 where available. It included an overview of the high risk indicators and remedial actions in place. A quality dashboard was also included which focused primarily on UHL quality indicators, along with the latest position on the Quality Premium and the Better Care Fund for Leicestershire. A section identifying quality issues and actions was also reported. Key points of note:

#### **Better Health Dashboard –**

**UHL A&E benchmarking** – presentation had changed slightly to show a better A&E position – February at 84% and March at 81% - looking considerably better around national 4 hour target from 75% in December.

**Maternal smoking at delivery** — showed a slight increase in quarter 3 16/17 from a 15/16 baseline, RAG rated red to ensure continued scrutiny. Ms Allardyce confirmed to Mrs Collier that the data was based on cigarettes and did not include vaping. Dr McHugh added that vaping was still in the early stages in terms of gather data, however general evidence showed that vaping was much safer than smoking and was a positive thing in terms of helping people to stop smoking.

**Unplanned hospitalisation for patients with conditions that should not see an increase in admissions** – a 4<sup>th</sup> indicator now green was fewer emergency admissions for COPD, diabetes, heart failure, hypertension and falls.

**Anti-biotics** – very close to achievement of the national target due to the work being carried by the prescribing team.

## **Better Care Dashboard -**

**Cancer breaches** - displayed in three pie charts giving reasons from the providers in percentages, April 16 – January 17 for 2 week waiters (628 breaches), one month to diagnosis (87 breaches) and 62 week waiters (207 breaches).

Dr Sanganee referred to a previous Q&P conversation on differential wait times for 2 weeks and referring patients to providers with more capacity. Mr Potter replied this was more about sharing good news and best practice and he reassured the Q&P a communication would be sent to GPs via the locality meeting.

**Cancer 31 day indicator** did not include breaches where treatment had been surgery, drug or radiotherapy treatment – reasons were mainly around capacity.

**Cancer 62 day breaches** – delay with complex patients – some delays around the planning of the pathway.

**RTT** – national target had dropped to below 92% in December & January. Position expected to be worse in February. Mr Adler, UHL CEO had explained UHL's decision to cancel elective operations for 10 days which had an impact on RTT. This was to focus on emergency and cancer capacity. This demonstrated the dependencies of departments on each other.

**IAPT** – a response from IAPT to a letter sent from Mrs Trevithick on performance had been circulated electronically.

**Ambulances** – February data showed a big improvement in response and handover times.

## **Quality**

**UHL** – Mrs Trevithick reported the CQC summit was being held on 28 March where feedback would be given by the trust on actions taken. A deep dive had also been held at PPAG on performance and quality – where a decision had been made to hold a board to board session.

A communication had been sent out by UHL about an issue over discharge letters in the A&E department – 30,000 letters were outstanding from January – March 2017 and a review was currently underway where the CCG would be working with the trust on the reasons why.

**LPT** – A CQC report had been received that focused on the CAMHs Services – this had resulted in a summit and the establishment of an action plan. Dr McHugh confirmed he was in attendance and a credible plan had been established to address various issues. Ms Adams said she felt disappointed that previous plans had not materialised.

Proportion of people with learning disabilities on GP registers – Dr McHugh asked how much of an issue existed and Ms Allardyce replied this was an LLR situation. The national data was too low and a meeting had been held in early March but no feedback received as yet. Q&P members noted this was an NHS England commissioned service and Mrs Trevithick agreed to check if this was correct.

**Action:** The Quality and Performance Sub-group:

- **NOTED** the contents of the report &
- **IDENTIFIED** any areas for in depth reviews at future Quality & Performance Sub-group meetings.

CTrev

Q&P/17/045

## **LLR Health and Social Care Infection, Prevention Strategy**

Mrs Trevithick presented paper E that outlined how LLR planned to work as a whole health and social care economy to reduce the risk of multi resistant organisms entering and spreading within LLR by agreeing and implementing the mechanisms identified within the strategy.

Elements of the plan would need further detailed work but overall the strategy ensured all organisations across LLR would have a consistent approach.

Dr Sanganee referred to the use of anti-biotics in OOH and UC services and asked how the situation was monitored. Mrs Trevithick replied this was monitored by the medicines optimisation team. She acknowledged there was an incentive for patients to attend UCCs for a second opinion and the possibility of an anti-biotic prescription.

Mrs Pickering left the meeting.

**Action:** The Quality and Performance Sub-Group:

- **APPROVED** the LLR Infection Prevention Strategy 2016 – 2018.

Q&P/17/046

### **Medicines Management – Items for Self-Care**

Mrs Stead presented paper F that recommended an approach to self-care and purchase of over the counter (OTC) medicines and described the associated risks and issues. She explained that in the absence of a national framework on self-care and purchasing OTC medicines, many difficulties arose as to how and where to map out the boundaries. Asking patients to self-care for OTC medicines for certain indications raised many issues from both a safety and operational perspective.

Ms Adams thanked Mrs Stead who she said had contributed a huge amount of work around OTC medicines and one of the problems encountered at the previous Q&P was what items to include.

After much consideration Mrs Stead said a recommendation had been developed as follows:

A self-care agenda for OTC medicines was promoted on the basis of short term self-limiting illnesses aligned with the advice on NHS choices on line. Having a “common theme” would help to implement and sign post patients in the first instance to community pharmacists. It would also minimise the potential for OTC drugs to be used inappropriately on a long term basis, potentially causing patient harm; ensuring that chronic therapy was recorded in the patient notes, and minimised the risk of serious underlying medical problems going undetected. The approach would fall naturally into place with NHS Choices and could be used by prescribers and patients.

Dr Sanganee felt the changes were also cultural in nature and about taking small steps in conjunction with community pharmacists. Such steps would eventually result in reduced consultations. Mr Potter added a further important factor would be how the changes were implemented.

Ms Adams said if patients knew where to purchase OTC reasonably priced medicines then most would be willing to do so and this would be an important part of implementation.

Mr Potter agreed that federations might be used up to a point to promote persistent messages and all agreed on the use of appropriate phraseology and potentially showcasing a practice to demonstrate an effective approach in order to influence others.

**Action:** Following full discussion on the different approaches to drawing boundaries around OTC medicines, the Quality and Performance Sub-group:

- **APPROVED** the approach outlined in the recommendation above.

Q&P/17/047

### Quarter 3 Complaints Report

Mrs Gill presented paper G that summarised the complaints that had been dealt with by WL CCG in Quarter 3 – 1 October 2016 – 31 December 2016. It also provided assurance that complaints were comprehensively reported, investigated and that lessons learned were implemented via the Quality and Contract review processes. During quarter 3 West Leicestershire CCG received a total of 16 complaints:

- A total of 57% of complaints were responded to within 25 working days.
- A total of 2 complaints remained open and investigations ongoing which were received in the quarter.
- There were 16 complaints investigated by WLCCG that related to the following service areas:
  - 8 related to CHC
  - 2 Podiatry
  - 4 Urgent Care
  - 1 multi agency – residential home/Out of hours/community district nursing
  - 1 West Leicestershire CCG

Of the 16 complaints received, two complaints remained open and were still under investigation. One related to a multi-agency complaint involving out of hours care, a residential home and possible GP involvement. The remaining ongoing complaint under investigation related to the Urgent Care Centre and clinical treatment received by a patient that required a detailed clinical review of their case.

During the quarter the Parliamentary Health Service Ombudsman finalised and issued an investigation report with recommendations that included a compensation payment for a patient's relative.

**Action:** The Quality and Performance Sub Group

- **RECEIVED** the quarter 3 complaints report.

Q&P/17/048

### Information Governance Update

Mrs Gill presented paper H which updated Q&P members on progress with the Information Governance Toolkit (IGT), and that the following two policies had been approved by CMT:

- LLR Information Governance Policy & supporting protocols (Records Management and Confidentiality & Data Protection)
- E-Communications Policy

The CCG was currently on track with progress against the IGT. An internal audit review of the IGT was undertaken in February, and the results of the audit along with a final update position would be discussed at the Audit Committee in March. The CCG was on track to receive a 'satisfactory' status on the IGT.

**Action:** The Quality and Performance Sub Group

- **RECEIVED** the Information Governance Update.

Q&P/17/049

### Sub Group Effectiveness Review

Ms Adams informed Q&P members that last year a formal questionnaire was sent out on the effectiveness of the Q&P, followed by analysis and feedback. It had been proposed for 2016/17 to have a less formal approach. Members were invited to email

Ms Adams in confidence what they felt was working well, and what was working less well. A substantial item at the April meeting would then be held to review the results.

**Action:** The Quality and Performance Sub Group

- **NOTED** the process for the Sub Group Effectiveness Review for 2016/17.

**Q&P/17/050 Risk Register**

Paper I, the risk register was received for information. Mrs Trevithick reported that Miss Linnett had been requesting updates and these should be forwarded in preparation for a detailed discussion on the risk register at the April Q&P.

**Action:** the Quality and Performance Sub Group

- **RECEIVED** the risk register for information.

**Q&P/17/051 IAPT Service Contract 2016/17 – Continuing Concerns about Performance Letter**

Paper J was received for information. Mrs Trevithick said a discussion had been held at PPAG where it became apparent that all 3 CCGs had concerns around IAPT performance. LCCCG had undertaken a review and recommendations were expected at the end of the month. A board to board session had also been proposed in order to address some of the issues and to determine any necessary support. Dr McHugh said he had some benchmarking data that might be useful.

**Action:** The Quality and Performance Sub Group

- **RECEIVED** paper J for information.

**Q&P/17/052 Items for escalation to be agreed**

For the Board:

- Enter and View Healthwatch visit to 4 UCCs.
- Self-Care.
- Infection Prevention and Control.

**Action:** The Quality and Performance Sub Group

- **NOTED** the items for escalation.

**Q&P/17/053 Any other business**

Suggested deep dive items for the near future:

- Learning disability agenda.
- CAMHs children's commissioning team.

Mrs Trevithick agreed to raise the above items with Mrs West at LCCCG.

**Q&P/17/054** The next meeting of the Quality & Performance Sub Group will be held on Tuesday 18 April 2017, 9.00 – 11.00 am, Boardrooms, Woodgate, Loughborough, Leicestershire LE11 2TZ.

**CTrev**