

CCG REPORT COVER SHEET

Meeting Title:	Primary Care Commissioning Committee in Public	Date: 12 March 2019								
Report Title:	Quality & Patient Safety Briefing	Agenda Item: 3.5								
Chief Officer:	Carol Anderson, Director of Quality, Safety and Patient Experience									
Clinical Lead:	Fleur Seekins, Clinical Quality Nurse Lead for Primary Care									
Report Author:	Fleur Seekins, Clinical Quality Nurse Lead for Primary Care									
Document Status:	Final									
Report Summary:	This report provides an update for the Primary Care Commissioning Committee on Practices reported as Inadequate or Requiring Improvement following CQC Inspections									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td></td> <td>For Decision</td> <td></td> <td>For Approval</td> <td></td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance		For Decision		For Approval		For Recommendation		
For Assurance		For Decision		For Approval		For Recommendation				
Recommendation:	The Committee is asked to note and discuss the content of this report									
Link to Corporate Objective:	Objective 1 – Delivering the Improvement Plan for 208/19 and beyond;									
	Objective 2 – Delivering the Financial Plan for 2018-2019									
	Objective 3 – Delivering national must dos and service priorities set out in the National Planning Guidance									
	Objective 4 – Ensuring clear oversight of patient safety and quality		✓							
	Objective 5 – Ensuring robust governance arrangements are in place to ensure the CCG delivers its statutory duties		✓							
	Objective 6 – Ensuring delivery of robust engagement and communications plans to support delivery									
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
CAF04	Overarching Risk - Potential for poor quality in the services which the CCG commissions.	16 (R)								
CAF09	Failure to address quality improvement in Primary Care.	15 (R)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	✓								
	IAF 2 Domain 2 - Better Care	✓								
	IAF 3 Domain 3 - Sustainability:	✓								
	IAF 4 Domain 4 - Leadership									
Resource implications:										
Chief Officer/ SRO Sign Off:	Carol Anderson, Director of Quality, Safety and Patient Experience									
Chief Finance Officer Sign Off: (if required)										
Legal implications including equality and diversity assessment:	None of note									
Conflicts of Interest	Nil									
Report history:	Regular report to PCCC.									
Next steps:										

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE
AGENDA ITEM: 3.5
DATE: 12 MARCH 2019
TITLE: QUALITY AND PATIENT SAFETY BRIEFING REPORT (PUBLIC)
FROM: FLEUR SEEKINS, CLINICAL QUALITY NURSE LEAD

1 ISSUE

1.1 This paper provides an update on the seven primary care practices rated as 'Inadequate' or 'Requires Improvement' by the Care Quality Commission (CQC).

2 KEY POINTS

GP Name	Location	Report Date	O	S	E	C	R	W
Westwood Clinic	Peterborough	04-Jan -19	Red	Red	Yellow	Yellow	Green	Red
North Brink Practice	Fenland	09-Jan-19	Yellow	Yellow	Green	Green	Yellow	Green
Hampton Health	Peterborough	04-Dec-18	Yellow	Yellow	Yellow	Yellow	Yellow	Red
Welland Medical Practice	Peterborough	14-Jan-19	Red	Red	Red	Yellow	Red	Red
Old Fletton Surgery	Peterborough	04-Dec-18	Yellow	Yellow	Yellow	Green	Green	Yellow
Orton Bushfield Medical Centre	Peterborough	24-Sep-18	Red	Yellow	Yellow	Yellow	Red	Red
Dogsthorpe Medical Centre	Peterborough	05-Sep-18	Red	Red	Red	Yellow	Yellow	Red

Key:

Outstanding
Good
Requires improvement
Inadequate

Provider	Key Issues	Key Actions
Westwood Clinic GMS contract The family run Practice is led by Dr Laliwala and Partners. Other practices include Welland Medical Practice and branch at Church Walk, Ailsworth Medical Centre and branch at Newborough and Parnwell.	CQC rated inadequate Lack of leadership and visibility. Governance systems and processes No oversight of high-risk medicine prescribing. Infection control audit not complete.	Funding agreed for Royal College of General Practitioners (RCGP) to support both Westwood and Welland Medical Centre. Action plan in place. CCG monitor this monthly to review progress. Increased visibility by lead GP. Partners reviewing staffing and organisational leadership.
North Brink Practice GMS contract The practice has 4 partners and has a dispensing pharmacy included in the inspection	CQC rated requires improvement System for responding to safety alerts. Medicine concerns to improve processes for prescribing and emergency drugs.	Medicine optimisation team informed. Practice visit arranged
Hampton Health PMS contract The practice has 4 partners and has applied to merge with Octagon.	CQC rated requires improvement Lack of leadership. No clear management oversight to ensure systems to manage risks effectively.	Newly appointed practice manger supported by Octagon 3 days a week. Action plan in place and sustained improvements noted.

	QOP data in some areas below CCG average. Patient experience feedback showed dissatisfaction.	Successfully recruited to vacancies.
Welland Medical Practice GMS contract The family run Practice is led by Dr Laliwala and Partners. Welland has a branch practice at Church Walk. Other practices include Westwood Medical Practice, Ailsworth Medical Centre and branch at Newborough and Parnwell and Westwood.	CQC rated inadequate Transition of 2 practices that are CQC rated inadequate (Welland Medical Centre and Dogsthorpe Medical Centre) to a new build called Nightingale by June 2019. Lack of leadership and visibility. Poor clinical governance and oversight. Poor management of medicine risks. Safe recruitment of staff.	Extensive support from CCG Quality directorate and Medicine optimisation team. Action plan in place and CCG monitor improvements monthly. Monthly transition meetings between Welland, Dogsthorpe Medical Practice, NHSE and CCG. Successful application for resilience funding to finance project management support for the Nightingale development. Funding agreed for RCGP to support leadership for Dr Laliwala and partners at both Westwood and Welland Medical Centre.
Old Fletton Surgery GMS contract The practice has 6 partners.	CQC rated requires improvement Establish effective systems and processes of good governance.	Action plan in place improvements noted during quality visit.
Orton Bushfield Medical Centre GMS contract The practice has 1 partner	CQC rated inadequate Lack of leadership and support to the new practice manager in post. Lack of oversight to ensure systems and processes are in place to manage risks effectively RCGP supporting practice although engagement from the practice varies. Staff vacancies (GP, nursing and administrators). CQC completed a focused inspection on 18.12.18. The published report dated 24.1.19 stated the practice had met legal requirements within the warning notice dated 23.8.18	RCGP have completed a package of support which included a detailed action plan and mock inspection on 14.2.19 Extensive CCG/ LMC support CQC full inspection took place on 27.2.19 - awaiting report.
Dogsthorpe Medical Centre PMS contract managed by McLaren Perry Dogsthorpe Medical Practice will transfer to the Nightingale Practice in June 2019 led by Dr Laliwala and Partners.	CQC rated inadequate Governance systems and process not in place.	McLarenPerry practice manager director in post. New systems and processes have been implemented, CCG assured. CQC inspection took place on 21.02.19

3 RECOMMENDATION

3.1 The Primary Care Committee is asked to note the content of this report.

Author **Fleur Seekins**
 Clinical Quality Nurse Lead
 1 March 2019