

Primary Care Quality Assurance and Improvement Framework (Medical Services)

1.0 Introduction:

From 1 April 2016 the responsibility for monitoring quality and responding to concerns arising from General Practices has been delegated to the Clinical Commissioning Groups. The CCGs already had a statutory duty to assist and support NHS England with quality but now has delegated authority for contracting Primary Care Medical Services.

It is proposed that a Primary Care Quality Group is established for each of the South Nottinghamshire CCGs as a sub-group of their individual CCG Primary Care Commissioning Committees to provide a governance framework for monitoring Primary Care quality and improvement and responding to any concerns.

Whilst Practices as providers are accountable for the quality of services and are required to have their own quality monitoring processes in place, NHS England and CCGs as commissioners have a shared responsibility for quality assurance. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality.

The three domains of quality: patient safety, clinical effectiveness and patient experience will be monitored through routine internal contractual processes and clinical governance structures in parallel with external sources such as CQC, peer reviews, national surveys etc.

The quality assurance and improvement framework describes our proposed approach to monitoring and assuring quality and improvement in all Primary Care commissioned medical services.

2.0 Quality Assurance and Improvement Framework:

A single definition of quality for the NHS was first set out in High Quality Care for All in 2008, following the NHS Next Stage Review led by Lord Darzi, and has since been embraced by staff throughout the NHS and by successive governments. This definition sets out the three dimensions to quality that must be present to provide a high quality service.

1. Clinical effectiveness - quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient's health outcomes.
2. Safety – quality care is delivered in a way that reduces the risk of any avoidable harm and risks to a patient's safety.
3. Patient experience – quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what the patient (or their representatives) wants or needs, and with compassion, dignity and respect.

Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements.

The mechanisms through which the CCG will assure itself of primary care (medical services) quality are described in the following sections.

2.1 Primary Care Quality Groups

The purpose of the Primary Care Quality Groups is to jointly review quality performance. The groups will use the Primary Care Quality Dashboard and Risk Matrix and other information sharing in order to identify potential or actual risks to quality, agree a response and to ensure that concerns about quality and risks are escalated appropriately to the Primary Care Commissioning Committees.

2.2 Primary Care Quality Dashboard and Risk Matrix

The dashboard will consist of a range of metrics across the three domains of quality incorporating information from the following sources:

- Care Quality Commission (CQC)- inspection outcomes
- Patient Experience- including Friends and Family Test (FFT) results and patient satisfaction surveys.
- Patient Safety – including safeguarding, information governance and prescribing data.
- CCG Indicators - including imms and vacs and screening.

The information within the dashboard will be used to determine a Red/ Amber/ Green (RAG) rating for the different components of quality.

The methodology used to rate the practices will be as follows:

- CQC - practices will be risk stratified based on their latest CQC inspection outcome. Practices classed as Inadequate turn Red, Requires Improvement turn Amber, Good turn Green, Outstanding turn Blue, No visit turn grey.
- Patient Experience - practices will be risk stratified based on the number of adverse indicators. 7 adverse indicators or more turn Red, between 1 and 6 adverse indicators turn amber, 0 adverse indicators turn green.
- CCG Indicators - practices will be risk stratified based on the number of adverse indicators. 7 adverse indicators or more turn Red, between 1 and 6 adverse indicators turn Amber, 0 adverse indicators turn Green.
- Patient Safety - practices will be risk stratified based on the number of adverse indicators. 5 adverse indicators or more turn Red, between 1 and 4 adverse indicators turn amber, 0 adverse indicators turn green.

Derived scores will be attributed dependent on the RAG rating as follows, Red will attract 3 points, Amber will attract 2 points and Green will attract 1 point, Blue will attract no points.

The information from the different components of the dashboard will be aggregated to stratify practices into different levels of risk using a RAG risk matrix which in turn will identify the level of monitoring and support appropriate for each practice.

The methodology used to stratify the practices will be as follows:

The sum of all four derived scores (three if the practice has not yet had a CQC inspection) will result in an overall aggregated score and RAG rating with an associated monitoring and support level being applied as follows:

| Overall RAG rating | Aggregated Score (no CQC score) | Aggregated Score (with CQC score) | Monitoring and Support Level |
|--------------------|---------------------------------|-----------------------------------|---|
| Red | 9 | 12 | Stage 4 Formal Action |
| Amber/Red | 7 - 8 | 9 - 11 | Stage 3 Investigation |
| Amber | 5 - 6 | 6 - 8 | Stage 2 Enhanced Monitoring and Support |
| Amber/Green | 4 | 5 | Stage 2 Enhanced Monitoring and Support |
| Green | 3 | 3 - 4 | Stage 1 Routine Monitoring and Support |

The Primary Care Quality Group may determine, following triangulation of the dashboard data with other sources of information/ intelligence, that the monitoring and support rating needs to be amended. If this is the case the rationale will be clearly recorded on the risk matrix.

2.3 Monitoring and Support and Escalation

The following describes the process and escalation in relation to Primary Care Quality Assurance:

Stage 1 Routine Quality Monitoring and Support (Green)

Routine Monitoring and Support undertaken by the Primary Care Quality Group includes the following:

- Routine Quality Metric Monitoring using the Primary Care Dashboard (CQC, Patient Experience, CCG Indicators and Safety Indicators)
- Other Patient Safety Indicators including: monitoring of Health Care Associated Infections (HCAI), safeguarding vulnerable children and adults, reporting of patient safety incidents, workforce numbers, skills and training, uptake of vaccinations and Immunisations
- Other Patient Experience Indicators including: the complaints managed by NHSE and Healthwatch feedback
- Scheduled practice visits. Practice visits are intended to be an informal way for practices to have an open discussion about areas of their practice. This is intended to be a supportive process and part of the on-going dialogue with practices and the CCG.

Potential concerns / risks identified through the regular reviews at Stage 1 will be assessed for importance and urgency to inform the short and medium term response. It is important to note that an outlying score does not necessarily mean there is a concern but it does indicate that performance in the area identified needs further examination. The Primary Care Quality Group will use the dashboard and risk matrix and any other relevant intelligence to identify those practices that require escalation to Stage 2 and report to the Primary Care Commissioning Committee.

Stage 2 (Amber/ Green or Amber) Enhanced Monitoring and Support

This is the reactive element of the quality assurance framework. The provider is escalated to this level where there are a number of potential concerns / risks, or a concern / risk is considered significant. Actions should focus on supportive measures to bring about improvements to practice quality performance.

Actions will include correspondence with the practice to discuss the concerns and agree any required actions. The provider will be required to produce an action plan. This plan will be monitored through the Primary Care Quality Group and the Primary Care Commissioning Committee will be kept informed of progress. Support should be put in place or signposted to enable the provider to deliver their action plan. Where the concerns are not addressed in a timely manner the Primary Care Quality Group will invoke Stage 3 and report to the Primary Care Commissioning Committee.

In significant, exceptional circumstances, the breach may be so severe that the Primary Care Commissioning Committee may escalate the practice to Stage 3.

Stage 3 (Amber/Red) Investigation

In most cases this will include meeting with the practice to share the intelligence, understand the situation, substantiate the concerns / issues and formally agree improvement actions and any support required. Should the identified risk remain or increase a Risk Summit will be considered. This would involve the Primary Care Team; Quality Team; Contracting colleagues, NHS England and the provider. Action will be monitored via the Primary Care Quality Group and escalated to the Primary Care Commissioning Committee.

Stage 4 (Red) Formal Action

Formal contractual actions may be considered when all other avenues to support improvement have been exhausted, where it is considered necessary, or where it is already an established lever to drive and support improvement.

For practices in formal action, or where risks/issues are considered significant, individual case reports will be provided by the Primary Care Quality Group to the Primary Care Commissioning Committee.

At all stages there will need to be effective management of actual, potential or perceived conflicts of interest.

The **Quality Scrutiny Group (NHSE)** should be made aware of altered monitoring and support levels via submission templates.

The Quality and Risk Committee (QRC) will receive a copy of the reports from the Primary Care Quality Group to the Primary Care Commissioning Committee for information.