

Meeting: Primary Care Commissioning Committee			
Meeting Date	2 - 12 2019	Action	Receive
Item No.	a	Confidential	No
Title	Primary Care Performance Report		
Presented By	GQR Men Squires, NHS England		
Author	Primary Care Team, NHS England		
Clinical Lead	-		

Executive Summary
<p>Attached is the Quarterly Primary Care Performance report submitted to the Greater Manchester Health and Social Care Performance & Delivery Board on 24 April 2019.</p> <p>Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. This report presents key datasets to the Board which indicate performance and quality in the following areas:</p> <ul style="list-style-type: none"> • Quality and assurance of primary medical care services • Community pharmacy services provision and delivery • General optical services provision and delivery • NHS dental access for adults and children. • Delivery of Pride in Practice across primary care providers
Recommendations
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Receive and note the contents of the report.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input checked="" type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input checked="" type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
GBAF <i>[Insert Risk Number and Detail Here]</i>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>< If you have ticked yes, Insert details of the people you have worked with or consulted during the process :</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.

Governance and Reporting		
Meeting	Date	Outcome
Greater Manchester Health and Social Care Performance and Delivery Board	24/04/2019	

Greater Manchester Health and Social Care Performance & Delivery Board

Date: 24 April 2019

Subject: Quarterly Primary Care Performance and Delivery

Report of: Sarah Price, Executive Lead – Population Health & Commissioning

Laura Browse, Deputy Director of Commissioning (Primary Care)

PURPOSE OF REPORT:

Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. This report presents key datasets to the Board which indicate performance and quality in the following areas:

- Quality and assurance of primary medical care services
- Community pharmacy services provision and delivery
- General optical services provision and delivery
- NHS dental access for adults and children.
- Delivery of Pride in Practice across primary care providers

RECOMMENDATIONS:

The Performance & Delivery Board is asked to:

- Note the contents of the report, particularly focusing on performance management and delivery achievement.

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1.0 BACKGROUND

Every day members of the public access primary care service from almost 2,000 points of service across Greater Manchester. The following provides a report on routine performance of these services and strategic service developments.

2.0 PRIMARY MEDICAL CARE SERVICES

2.1. General Medical Services

In support to, and alignment with, the NHS Long Term Plan there have been significant changes presented to the GMS (and associated) national contracts for 2019/20. These changes include; the contractual engagement of Primary Care Networks through a Directed Enhanced Service, establishment of additional, reimbursed workforce, national indemnity arrangements for general practice and significant changes to the Quality and Outcomes Framework for 2019/20.

2.2. Quality & Outcome Framework (QOF)

The QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. 100% of Greater Manchester practices have formally accepted these new QOF indicators for 2019/20.

Much of the QOF is extracted directly from the GP clinical systems, however there are 9 indicators which require manual submission by practices. 100% of Greater Manchester practices submitted their manual indicators for the 2018/19 contract period within the required timeframe (by 31 March 2019).

Final QOF outcome position for 2018/19 is to be reported

2.3. Contractual Compliance through Electronic Declaration

An integral part of the Assurance Management Framework of Primary Medical Services is the GP electronic annual practice declaration (e-Dec). Nationally 98.83% of practices were compliant with the mandatory requirement to submit declaration for 2018/19. Across Greater Manchester we achieved 100% submission.

Within the resulting report, the following areas of contractual compliance presented possible concern with more than 1% of practices requiring assurance:

- Have you notified CQC of any change relating to regulated persons and any of the events listed in the regulations, put in an application if required and are in receipt of an up to date registration certificate? *(29 practices)*
- During the preceding 12 months, the practice can confirm, that it can evidence (if requested), how it is meeting the reasonable needs of its patient population and the practice has arrangements in place for its patients to access such services

throughout the core hours (08:00 – 18:30 Monday to Friday) in case of emergency?
(24 practices)

- *The Practice has entered a valid catchment (or arranged electronic submission by alternative means).* (9 practices)
- *Does the practice have procedures and information sharing agreements to ensure information sharing with the multiagency teams for safeguarding vulnerable adults and children?* (6 practices)
- *The practice has a written policy and procedures in line with the requirements of the Medicines Act (GMS Schedule 6 part 3, PMS Schedule 5 part 3) which will be made available if requested.* (5 practices)

Each CCG, in their delegated status for co-commissioning of primary medical care services, have received analysis of their practices reported assurance.

2.4. General Practice Quality

A key driver for quality in primary medical care services is achieving standards under the Care Quality Commission. The latest national report (as at 31 March 2019) indicates 96.4% of primary medical care services across Greater Manchester are rated Good (GO) or Outstanding (OU). Practices assess as Requiring Improvement (RI) or Inadequate (IA) are offered improvement support from the GP Excellence programme.

Table 1: GM General Practice CQC inspection ratings

March 2019 - Greater Manchester CCGs	IA	RI	GO	OU	NR
NHS Bolton CCG	2.2%	2.2%	93.5%	2.2%	2.1%
NHS Bury CCG	0.0%	3.8%	92.3%	3.8%	13.3%
NHS Heywood, Middleton and Rochdale CCG	0.0%	0.0%	94.6%	5.4%	2.6%
NHS Manchester CCG	1.2%	0.0%	92.9%	6.0%	10.6%
NHS Oldham CCG	0.0%	12.2%	82.9%	4.9%	4.7%
NHS Salford CCG	0.0%	9.5%	88.1%	2.4%	12.5%
NHS Stockport CCG	0.0%	0.0%	94.9%	5.1%	0.0%
NHS Tameside and Glossop CCG	2.6%	0.0%	89.5%	7.9%	0.0%
NHS Trafford CCG	0.0%	3.1%	93.8%	3.1%	0.0%
NHS Wigan Borough CCG	1.9%	0.0%	92.5%	5.7%	25.4%
	2.2%				
Greater Manchester	0.9%	2.7%	91.6%	4.8%	8.8%
North of England	0.9%	2.8%	91.0%	5.3%	6.6%
England	1.3%	3.8%	90.2%	4.7%	6.2%

This continues to present a better position against the GM position of April 2018, which was:

April 2018	IA	RI	GO	OU	NR
Greater Manchester	1.4%	2.7%	91.1%	4.8%	11.9%

However, the position has slipped against the position as December 2018, which was:

December 2018 - Greater Manchester CCGs	IA	RI	GO	OU	NR
Greater Manchester	0.7%	3.0%	91.2%	5.1%	9.2%

CQC inspection outcomes are monitored monthly and we continue to support CCGs to ensure stability of provision of services to patients as practices resolve CQC related matters.

3.0 COMMUNITY PHARMACY SERVICES

3.1. As at 31 March 2019 there were 693 pharmacies across Greater Manchester. During Q4, one existing pharmacy closed, and one new application commenced services.

3.2. The **Community Pharmacy Assurance Framework (CPAF)** for 2018/19 has now concluded, 99.5% of contractors completed the original online self-assessment CPAF survey, with 3 non-submissions.

5% of contractors were targeted for contract assurance visits during 2018/19, with 1/3 of these taking place during Q4. These visits focus on a number of areas; including best practice visits (i.e. those who had self-assessed at Levels 3 and 2, where 1 is the baseline level of compliance for CPAF), follow-up visits where the team had significant concerns relating to the lack of engagement with the assurance process, and visits to new practices. Encouragingly, when undertaking the best practice visits based on the contractors' self-assessments, the team was able to validate in each case that the pharmaceutical services being delivered at these sites were of a very high standard.

3.3. The **Patient Survey** across community pharmacy closed on 31 March 2019 with results pending. To meet the criteria to qualify for Quality Payments, pharmacies are required to publish the results on their NHS site profile page.

3.4. The **NHS Urgent Medicine Supply Advanced Service (NUMSAS)** is a national pilot arrangement which has now been extended until September 2019. There are now 111 pharmacies across Greater Manchester delivering these services in support of urgent care provision to patients. For the twelve-month period (February 2018 - January 2019) 10,730 items were dispensed by pharmacies through these arrangements. In January 2019 alone, 940 items were dispensed by pharmacies. Without access to this service, patients would be very likely to have gone to Out of Hours services or A&E to gain these medications. Over the coming

months it is anticipated a further 25-30 pharmacies will commence in providing this service, indicating the strength of success of this pilot.

- 3.5. As part of the delivery of **Public Health Campaigns** by community pharmacy, Cervical Cancer Awareness concluded 31 March 2019. 1,776 patient interactions were reported on the electronic recording tool; this figure will be a significant underestimate of the actual number of interventions delivered during the campaign.
- 3.6. Community pharmacy significantly supports the delivery of the **flu programme**. Between September 2018 and January 2019, 70,164 vaccinations were delivered through community pharmacies across Greater Manchester.

4.0 OPTOMETRY SERVICES

- 4.1. As at 31 March 2019 there were 317 contractors for General Optometric Services (GOS) across Greater Manchester. 289 of these are providers from fixed premises and 28 are only domiciliary service providers. 50 of the fixed premises providers also hold contracts to provide domiciliary visits.
- 4.2. GOS delivers the NHS sight test through GOS1 claims. 156,120 GOS1 claims were submitted by contractors during Q4.
- 4.3. The GM primary care optometry team is required to undertake a contract assurance programme every three years termed “Quality in Optometry (QiO)”. The current programme runs from 2016 until 2019.

283 contractors having completed the original online self-assessment to date (equating to 90.1% of all contractors in GM). QiO visits to date have been undertaken to contractors who failed to complete the online self-assessments, along with a selection of other contractors chosen at random in accordance with the NHS England contract assurance requirements. These visits are in addition to those undertaken to quality assure establishment of new practices.

5.0 GENERAL DENTAL SERVICES

Dental Access

Latest figures reported for patients seen by NHS dental services are for January 2019 and are indicative, subject to formal publication by NHS Digital.

Dental access across Greater Manchester continues to gradually increase for both adults and children. This achievement is against an indicative position that there are less adults accessing NHS dental care nationally. However, as reported previously access continues to vary across GM Localities.

5.1. Dental Access for Adults

Figures indicate a sustained increase in access to NHS Primary Dental Care services across Greater Manchester between January 2018 and January 2019, with an additional 0.29% of adults seen. This position presents very favourably in comparison with North of England and national access where it would appear that access figures have dropped over the twelve months.

Table 2: Adult access to general dental services

	24-month Patient Seen Total		Change from previous 12m		Patient seen as % of Adult Population
	Jan-18	Jan-19	Patients	% change	
England	22,140,744	22,046,573	-94,171	-0.4%	50.7%
North of England	6,880,233	6,853,955	-26,278	-0.38%	56.3%
Greater Manchester	1,220,678	1,224,166	3,488	0.29%	56.9%
Bolton	112,588	112,703	115	0.10%	52.0%
Bury	77,754	78,245	491	0.63%	53.7%
Manchester	220,066	220,393	327	0.15%	52.3%
Oldham	100,528	101,805	1,277	1.27%	58.7%
Rochdale	98,523	96,900	-1,623	-1.65%	58.8%
Salford	107,019	107,695	676	0.63%	55.7%
Stockport	137,014	138,304	1,290	0.94%	60.8%
Tameside	100,582	100,575	-7	-0.01%	57.9%
Trafford	100,868	102,141	1,273	1.26%	57.0%
Wigan	154,007	154,149	142	0.09%	60.3%

Note: Percentages of population are based on ONS mid-2016 estimates

5.1.1. Dementia Friendly Dentistry

Primary care providers continue to seek opportunity to support strategic priorities of the Partnership to address the needs of our population. Further to the development and publication of the Dementia Friendly Dentistry (DFD) toolkit by the Local Dental Network, 72 Practices across Greater Manchester have expressed interest in the programme. 10 have now completed the toolkit, with another 17 only one step away from completing. A further 87 delegates have registered to attend the next DFD training programme.

As a result of this programme, 321 Dementia Friends have been established across NHS dental practices.

5.2. Dental Access for Children

Most recent access figures for children seen by NHS Primary Dental Care Services in past 12 months indicate access levels to be:

	January 2019 of	412,156 children
compared with	October 2018 (previous quarter) of	410,759 children
and with	January 2018 (previous year) of	404,733 children

An additional 7,422 children (an increase of 1.8%) across Greater Manchester have therefore accessed primary dental care over the past twelve months, and a continued increase of 0.3% from the previous quarter.

Table 3: Children's access to general dental services

	12-month Child Patient Seen Total		Change from previous 12m		Patient seen as % of Child Population
	Jan-18	Jan-19	Patients	% change	
England	6,871,610	6,923,416	80,628	1.2%	59.0%
North	2,049,153	2,074,828	25,675	1.3%	64.1%
Greater Manchester	404,733	412,156	7,422	1.83%	63.7%
Bolton	43,570	44,689	1,119	2.57%	67.0%
Bury	25,803	26,244	441	1.71%	61.3%
Manchester	76,149	77,548	1,399	1.84%	64.6%
Oldham	36,235	37,841	1,606	4.43%	64.3%
Rochdale	33,576	33,573	-3	-0.01%	65.3%
Salford	34,754	35,989	1,235	3.55%	65.6%
Stockport	39,496	40,750	1,254	3.18%	65.3%
Tameside	31,250	30,541	-709	-2.27%	61.8%
Trafford	36,715	37,528	813	2.21%	68.2%
Wigan	43,932	44,256	324	0.74%	65.1%

Note: Percentages of population are based on ONS mid-2016 estimates

6.0 PRIDE IN PRACTICE

In 2016, the LGBT Foundation was engaged to deliver Pride in Practice (PiP) training and accreditation for Greater Manchester primary care providers. *Pride in Practice* is a quality assurance support service that strengthens and develops Primary Care Services relationship with their lesbian, gay, bisexual and trans (LGBT) patients within the local community.

The LGBTF team have trained 5,107 health professionals and worked with 445 primary care services: 348 GP practices, 47 dental practices, 17 optical practices and 33 pharmacies. 1 in 5 of all GM primary care providers introduced sexual orientation monitoring as a result of training and support. 72% of GM GP practices now display supportive, inclusive materials aimed specifically at LGBT patients and 37% of GM GP practices have reviewed their policies as a result of the programme.

This means that 2,120,000 patients registered with GM GP practices have been reached via Pride in Practice.

7.0 RECOMMENDATIONS

The Performance and Delivery Board is asked to:

