


Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	8 November 2023
Subject:	General Practice Quality Assurance & Improvement

Summary:

This report advises the Committee on ICB and partner processes to quality assure General Practices and where quality concerns are identified, the support provided to enable quality improvement within and across General Practices.

Actions Requested:

The Committee is requested to review and consider the contents of this report.

1. Background

Quality surveillance of each General Practice is undertaken by the ICB Nursing & Quality and Primary Care Teams. Wide ranging Quality information pertaining to each Practice is considered in detail through locality Primary Care Quality & Operational Assurance Groups that meet monthly. Information considered for each Practice includes performance/quality dashboard information, Quality Outcome Framework delivery, any relevant incidents, complaints, and concerns, Healthwatch reports, other patient voice information (e.g., from General Practice Patient Participation Groups, Patient Surveys, Listening Clinics), trainee feedback and CQC ratings and inspections.

This enables a Quality Risk Register to be constructed to include each of the ICB General Practices, which highlights any quality concerns and/or operational issues, but also the actions being taken by the ICB, in conjunction with the relevant Practice and associated Primary Care Network, to mitigate any concerns.

The Practices established as of higher risk are also considered at the county wide Primary Care Quality and Performance Oversight Meeting, which meets monthly, to further assure the mitigation of any significant concerns. Attendees to this meeting include the CQC, Healthwatch and the Local Medical Committee. This attendance enables sharing of information about any quality concerns pertaining to any of the ICB General Practices to inform appropriate follow up with individual Practices. The follow up can range from a simple discussion with a Practice to an intensive package of support to the Practice from ICB/partner teams. The general levels of support provided are outlined below:

Level 1	Level 2	Level 3
<p style="text-align: center;">Routine Practice support</p> <ul style="list-style-type: none"> • ICB teams through discussion and agreement with the Practice to establish an offer of support which may include visits • Additional support from other ICB teams also given as required e.g. IPC, Safeguarding etc. 	<p style="text-align: center;">Enhanced Quality/Primary Care Team support with a Practice</p> <ul style="list-style-type: none"> • Joint ICB / Practice discussions to develop support plans based on identified risks or issues of concern. • Will likely include support visits from the ICB & LMC Practice Support Team • An outcome-based support plan agreed 	<p style="text-align: center;">Intensive Quality/Primary Care Team support to a Practice</p> <ul style="list-style-type: none"> • Urgent ICB led support following on-going serious risks and/or concerns • Action plan to address concerns agreed • Regular support meetings which will include visits and progress meetings

The ICB GP Clinical Leads also meet together and with the wider GP cohort which enables risks and concerns to be highlighted and addressed. Similarly, an interface meeting has also been re-established between General Practice and Secondary Care providers to ensure any interface issues for patient care are promptly addressed e.g., referral concerns, discharge communication concerns etc.

Where there are known quality issues with General Practices which rate high on the ICB Quality GP Risk Register, these are considered fully through the ICB’s Primary Care Commissioning Committee. As outlined, the ICB Primary Care and Quality teams and the Local Medical Committee (LMC) work to support any General Practices with required quality improvements, with an enhanced level of support provided to our higher risk Practices with assurance secured by the ICB that Practices are progressing required improvement actions promptly.

In addition to the above the relatively new Primary Care Access Recovery Plan May 2023 includes stipulation that General Practices should receive a Support Level Framework diagnostic and this will be progressed by the ICB for all our Practices over the 12 – 18 months as an enhancement to our existing quality assurance and improvement methods, commencing with Lincolnshire ICB known higher risk General Practices .

The Support level framework (SLF) is a tool to support practices in understanding their individual development needs and where they are on the journey to embedding modern general practice. The SLF has been co-produced with general practice teams. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows Practices to understand what they do well and opportunities for improvement.

The Practice SLF will be completed via an ICB facilitated conversation with members of the practice team with honest reflection encouraged. The findings will then be used alongside available data and quality information to agree priorities for improvement and development of

an action plan. The SLF covers six domains: Supporting Access, Quality and Safety, Leadership and Culture, Stakeholder Engagement, Workforce, and Indicative Data.

The outputs of the SLF and action plan, focussing on up to three areas, are owned locally by the practice. The SLF is not a performance management tool. It will, however, help ensure the ICB provides the right type of ongoing support to each practice and to facilitate quality improvement where required. Practices can also benefit from the national General Practice Improvement Programme (GPIP), this aims to support practices to better align capacity to demand, improve the working environment, improve patient experience, and build capability to sustain improvement. The GPIP includes a range of support from webinars and information to hands-on support for those working in the most challenging circumstances.

Where a practice is rated as Inadequate by the CQC the ICB Quality and Primary Care teams work directly with the practices to support the development and implementation of the practice's action plan to address identified issues. The action plan is the responsibility of the practice to develop and deliver and the ICB can provide a range of support, this will be bespoke and differ from practice to practice depending on a range of factors and what has been highlighted by the CQC e.g., the ICB's Medicines Optimisation Team is able to provide specific pharmacy support with prescribing and dispensing issues. In addition to ICB support, assistance may also be provided from within a practice's Primary Care Network (PCN) or through the Local Medical Committee (LMC).

In addition to the LMC's core support offer to practices the ICB has commissioned an intensive support programme from the LMC which consists of arrange of interventions including: rapid intervention and management support for practices at risk of closure and those impacted by such closures; diagnostic services to quickly identify areas for improvement; specialist advice and guidance e.g., operational, HR, IT, management, and finance; coaching, supervision, mentorship; practice management capacity support; coordinated support to help practices struggling with workforce issues; change management and improvement support to individual or groups of practices.

Not applicable in all cases but discretionary funding (referred to as Section 96 funding¹) is also available to increase the resilience of general practices to be able to respond to local need and challenges facing primary care, especially where there is significant risk of a practice being unable to continue to deliver primary medical services. This support may be made available to practices identified as vulnerable and where agreed by the ICB Primary Care Commissioning Committee. Prior to considering support under Section 96 the practice should demonstrate all other possible solutions have been considered and discounted as impractical or ineffective.

2. Finance and Resource Implications

Any additional capacity required to support improvements is considered by the ICB. In most cases the support required is provided from existing ICB teams (e.g., Quality, Safeguarding, Health Protection, Medicines Optimisation Team etc.) and from the Local Medical Committee. In relation to the Support Level Framework there are also NHSE resources that the Practices

¹ <http://www.legislation.gov.uk/ukpga/2006/41/section/96>

can access, depending on the level of support that is identified as required.

Financial support through Section 96 funding is set out in the main body of the report.

3. Legal Considerations and NHS Constitution

The ICB has a statutory duty to engage with patients and the public. The duty ensures that the ICB acts fairly in making plans, proposals, and decisions in relation to the health services it commissions and where there may be an impact on services.

The ICB also has a duty to secure the continuous improvement of services.

4. Outline Engagement – Clinical, Stakeholder and Public/patient

As outlined in section 1 of this paper many sources of quality-of-care intelligence are utilised to inform the ICB's quality risk rating of each General Practice. From a public and patient perspective information on any concerns is received via patient surveys; patient complaints and concerns, Healthwatch reports, from Practice Patient Participation Groups and on occasion through dedicated Listening Clinics held in a Practice geographical area.

5. Consultation

This is not a direct consultation item with the Committee. The Committee requested to consider the report for information.

6. Conclusion

The ICB has well established and effective processes, working with relevant partners including the Local Medical Committee, Healthwatch and the CQC, to identify quality concerns for Lincolnshire ICB General Practices and to support Practices to make any required quality improvements. These processes are being further enhanced through implementation of the Primary Care Access Recovery Plan and the associated Support Level Framework and General Practice Improvement Programme.

7. Background Papers

No background papers, within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by the following officers from NHS Lincolnshire Integrated Care Board, who may be contacted via the email addresses listed:

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