

QUARTERLY REPORT: **DIRECTORATE PROFESSIONAL SERVICES**

REPORT OF THE MEDICAL DIRECTOR

The work of the Medical Directorate has focussed on a number of areas relating to patient safety and quality, particularly in respect of health care associated infections.

Attendance at the first National Medical Directors Conference in November highlighted quality and safety as a priority for the coming year. Revalidation was a second major theme of the conference.

During December the Medical Director served as the clinical member of the SHA West Midlands World Class Commissioning Panel at which 4 PCT's were assessed. A number of lessons learned from the experience will be incorporated into future workstreams.

The Medical Director continues to serve on the Board of the Pan-Birmingham Cancer Network and Chair the Governance Committee. The future role of the Network is under review and there is an expectation that this will change to better meet the requirements of commissioners and improve assurance of quality and safety in cancer services.

As Director of Infection Prevention and Control it is encouraging to be able to report that the targets for MRSA bacteraemia and C.diff infections have been met. Unfortunately December was not a good month for MRSA as there were 7 reported cases, offsetting the low numbers in November.

A number of unusual outbreaks were reported within provider units and members from the PCT have been included in the meetings. These include a multi-resistant pneumococcal pneumonia, serratia in neonates, PVL staphylococcus and norovirus. The latter has resulted in a number of ward closures at Heart of England Foundation Trust.

The support from the Clinical Quality Managers during this time when the Infection Prevention and Control team has had a vacancy and long-term sickness, has been commendable.

Doug Wulff

Medical Director/Director of Professional Services
Director of Infection Prevention and Control

HEALTHCARE GOVERNANCE

QUALITY AND SAFETY REPORT

1. CAPACITY IN THE PROFESSIONAL SERVICES DIRECTORATE

As reported to a previous meeting of the Integrated Governance and Performance Committee, the capacity within the Professional Services Directorate is being reviewed.

There has been a major shift in the focus of the NHS onto quality as highlighted in *High Quality Care For all, NHS Next Stage Review Final Report*, (DH, June 2008). The Healthcare Governance Department within the Professional Services Directorate, together with the other Directorates in the PCT, has been focusing on the challenge to support this change.

The PCT's Strategic Plan 2008 highlights clinical quality and safety as core to the development of its re-design activity. The Plan identifies activities which promote and assure clinical quality and patient safety. The review of the current structure in Healthcare Governance takes into account the capacity that will be required to deliver these objectives.

Proposed amendments to the Directorate structure have been discussed with the Chief Executive and the PCT's Executive Directors. Further details will be submitted to the Directors Meeting on 2 February 2009.

2. CLINICAL QUALITY REVIEW GROUP

In accordance with the standard NHS Contract for Acute Services, the inaugural meeting of the Clinical Quality Review Group was held on 22 December 2008 with the Heart of England NHS Foundation NHS Trust.

The key objectives are:

- To assure commissioning organisations of the delivery of high quality care - where patients are in control; have effective access to treatment; are safe and where illnesses are both treated and prevented (NHS Next Stage Review Final Report).
- To lead the development of clinical quality indicators and their application to the National Contract.
- To identify and ensure that concerns about clinical practice in the health economy relevant to the Contract are discussed.
- To ensure that the Contract is aligned to the achievement of national and locally agreed quality standards.
- To ensure that there are robust systems for contract monitoring of Clinical Quality Performance Indicators.
- To identify new developments, opportunities and threats relating to clinical quality to be considered within the contracting process.

HoEFT will provide a monthly quality report to the meeting which will be held on a monthly basis. The Group will report to the Tripartite Group.

4. REFORM OF HEALTH AND SOCIAL CARE COMPLAINTS, PROPOSED CHANGES TO THE LEGISLATIVE FRAMEWORK

The Department of Health document: Reform of health and social care complaints set out the proposed changes to the legislative framework for complaints which will be implemented in April 2009.

A single complaints system is being introduced for all health and local authority adult social care services in England.

The major challenge for the PCT arising from the changes in the legislation will be the greater involvement of the PCT as a commissioning organisation in the management of complaints on a health economy basis, and the opportunity to use the information to further improve services to patients, and improve the patient experience.

The PCT welcomes the additional commissioning responsibilities which will arise to ensure that all organisations have effective and efficient complaints processes in place.

The flexible framework envisaged in the proposed changes, rather than a rigid set of regulations, will enable the PCT to adopt an approach which will best meet the needs of people articulating concerns, comments or complaints about the services provided or commissioned by the PCT.

The document states that a complainant may approach either the organisation providing the service or the PCT that commissioned the service. At the present time it is difficult to assess the number of complaints being sent to provider organisations which may after 1 April 2009 be sent to the PCT for investigation.

The flexibility in enabling organisations to establish the most appropriate arrangements for meeting the needs of patients and the public - both in terms of the management arrangements for handling complaints and the infrastructure required to respond to patients and the public related to the patient experience - is welcomed.

A meeting of the Complaints Sub Committee is being arranged to discuss the changes and to review the complaints received in the last quarter and action taken where required.

5. GP PRACTICES AND COMPLAINTS

Folders of support materials in respect of complaints management have been distributed to all Practices who were unable to attend the recent PCT event about complaints that was held for GP Practice Managers.

6. DENTAL AND OPTOMETRY PRACTICE PORTFOLIOS

Dental Practice and Optometry Practice Portfolios developed in response to the results of a self-assessment audit and including good practice guidance, NICE guidance and targeted support materials have been distributed to all Dental and Optometry Practices.

Additional support for the development of quality and safety activity and assurance within Practices is offered in the accompanying letters and Practices are encouraged to contact the Clinical Quality Managers for this.

7. CONFIDENTIALITY SUPPORT MATERIALS

Folders of support materials in respect of confidentiality within cervical cytology have been developed and distributed to all GP Practices. This is regarded as good practice and was highlighted as a recommendation following the recent PCT interview with the Cervical Cytology Quality Assurance Reference Centre Team

8. QUALITY SCHEDULES

Quality Schedules related to the contracts with Birmingham and Solihull Mental Health Trust and BADGER Out of Hours Service are currently under development. It is envisaged that these will be similar in principle and structure to those developed in relation to the Heart of England NHS Foundation Trust Contract but will be informed by the relevant quality and safety indicators.

9. STAFFING ARRANGEMENTS - INFECTION AND PREVENTION CONTROL

The Infection Prevention and Control Specialist Practitioner vacancy has been offered as an internal development secondment opportunity. Two suitable candidates have been identified and have been offered twelve month development secondment opportunities: one part-time and one full-time.

10. PERFORMANCE ISSUES

A number of performance issues are currently being addressed and will be reported to the next meeting of the Performance Panel.

11. SERIOUS UNTOWARD INCIDENTS (SUI)

A Serious Untoward Incident Report was provided to the Integrated Governance and Performance Committee on 21 January 2009.

12. SERVICE USER ENGAGEMENT PROVIDER ARM (SUEPA) AND PATIENT EXPERIENCE TRACKER (PET)

The SUEPA project is well established and on target. It is managed by Healthcare Governance on behalf of the Provider Arm in partnership with an external organisation, RL-UK.

- The three aims of the SUEPA project are to develop:
 - A process of positively engaging with service users in order to ascertain their responses to the question, *'what constitutes a positive health care experience for you?'*
 - A validated, straightforward but powerful tool, derived from authentic first-hand user experiences, that can be used to further improve the quality of services provided.
 - An improvement process that effectively feeds back user experiences with healthcare staff.
- The project is in its second Phase called 'Engaging and Responding' (1st October 2008 – 31st January 2009).
- One outcome of this Phase has been the development and validation of a BENPCT Quality of Service Measure comprising five dimensions (BQSM-5D).

The BQSM-5D was developed over a three-month period and the content was derived from three linked activities:

- A review of the principal generic measures of health status.
- Empirical evidence gathered from face-to-face conversations with *290 BENPCT service users* from *13 different, established user groups*.
- Two respondent validation processes involving *14 service users* as members of the SUEPA Reference Group and *11 staff SUEPA advocates*.

Revisions were made until all respondents regarded the BQSM-5D as meeting eight quality criteria namely:

<i>Acceptable metrics</i>	<i>Clear response categories</i>
<i>Easy to read (readability)</i>	<i>Quick (low respondent burden)</i>
<i>Providing useful information</i>	<i>Visually clear (uncluttered)</i>
<i>Inexpensive to duplicate</i>	<i>Able to be translated</i>

It is a one page (two-sided) questionnaire, primarily designed for self-administration, on a voluntary basis, by individual service users. The time taken to complete it is likely to vary with age, health status and setting, but normally takes one to two minutes. It is anonymous.

In its current form, the BQSM-5D is a generic measure of the quality of provider services. It is proposed that further quality profiles will be formulated including

- An Organisational Baseline profile
- Service Specific profile
- Patient Pathway profile

Over time the BQSM-5D can, therefore, be used to establish BENPCT population norms and targets and to monitor and evaluate variations in quality for specific user groups and services.

Commencing in February the SUEPA Project will be aligned with Patient Experience Tracker (PET) within PRIME. The Patient Experience Tracker (PET) is an electronic data capture and reporting device and service developed by Dr Foster to measure patient experience. The PET device is specially programmed to collect answers to five questions chosen by the user. The questions derived through the SUEPA project will be adapted for use with the PET project.

This alignment will enable the BQSM-5D questionnaire to be completed electronically and the responses collated remotely and more rapidly reported to teams and services to enable them to interpret and respond appropriately to the patient experience data. This initial implementation phase for PET will include 20 health centre/clinic sites and services delivered in those settings.

David Stenson
Assistant Director, Healthcare Governance

PROFESSIONAL DEVELOPMENT UNIT

SAFEGUARDING CHILDREN

“Baby P”

Following the tragic death of “Baby P” in Harringey, PCTs alongside other agencies providing services for children have been asked to review their management arrangements for the safe guarding and protection of children,. The criteria being used are based on the recommendations made by the ministerial investigation conducted following a government office review in December of the local authority’s safe guarding arrangements of this case. This has included developing a portfolio of evidence for:

- The response for the letter from the StHA requiring evidence for a post Baby P safe guarding performance review around
 - Senior management commitment
 - Clear lines of accountability
 - Safe staff recruitment
 - Information sharing
 - Effective interagency working
 - Staff training of safe guarding
 - Service developments and safe guarding issues

- The response to the request from the Birmingham Local Safe Guarding Board for assurance that the PCT has reviewed its safe guarding arrangements against the Baby P enquiry recommendations. A baseline audit has been conducted and this report will be sent to the next Integrated Governance Committee

Serious Case Reviews Report

Prior to the release of the government office report on Baby P the PCT at the request of the PCT CEO had already completed a review of the themes emerging from serious case reviews conducted on PCT children over a 3-5yr period and how these related to the city wide and national picture. This report was presented at the December Integrated Governance Committee meeting.

Child Protection Quality Improvement Report

The PCT has provided an annual report on Child Protection to the Board for the past 4 years which has included a performance review of the quality improvement objectives for child protection agreed for that year. This has been cited by the STHA previously as an exemplar of best practice. This will be included in the next quarterly Professional Services report to the Board.

SAFE GUARDING ADULTS

The “No Secrets” Guidance on the protection of vulnerable adults was issued in 2000 under section 7 of the Local Authority Social Service Act 1970 and provided statutory guidance for LAs. A review of this guidance was commissioned in order to identify what progress had been made and what changes may be required. The main finding was that it had been slow, inconsistent and patchy and that further guidance was required particularly around the role and contribution of other agencies.

A national consultation on the review which contains some challenging and controversial issues is currently underway and a report on the PCT response to the consultation is to be provided for the Integrated Governance Committee. This was delayed slightly to enable the report to reflect the

information provided at a meeting on 15th & 16th January in London on the No Secrets review presented by the DoH and Health Care Commission on the Safe Guarding proposals.

There have been some developments in the PCT in preparation for the move from protection of vulnerable adults to a wider concept of safe guarding not only vulnerable adults but also for those situations where all adults could be vulnerable.

- Appointment of a Safe Guarding Lead for Adults
- Establishment of a BEN PCT Safe Guarding Adults Planning & Implementation Group
- Two Learning Time Initiatives were held on Patient Quality & Safety that included awareness raising sessions of the key issues for professionals for safeguarding children and adults. The safe guarding children session also included reference to the government report on Baby P.

FAMILY NURSE PARTNERSHIP BID

The PCT has submitted a bid to become a Family Nurse Partnership (FNP) pilot site and are awaiting the result of the application. The FNP pilot is one of the national initiatives from the Government; *Reaching Out: An Action Plan on Social Exclusion (2006)* and the aim of the pilot sites is to test the feasibility of an intensive visiting programme adapted from the USA for young vulnerable parents.

The focus of the BEN proposal is to work with young mothers under the age of 18 in targeted wards with a particular emphasis on young women who have little or adverse social/ family support evidenced through the maternity social risk assessment tool developed in the PCT.

The two priority wards for the project would be Shard End and Kingstanding where the work would develop our existing innovative work with children's centres particularly the extension of the Neighbourhood Regeneration Fund (NRF) project for an enhanced midwifery service in deprived areas with unacceptably high perinatal mortality.

The PCT will also be seeking to test out the organisational fit of the FNP intensive intervention model with the PCT's redesigned health visiting service based on progressive universalism centred around a quality and outcomes framework.

BOH WORKFORCE DEVELOPMENT

Work is progressing on the workforce development issues for the integrated BOH programmes for BEN patients with chronic disease.

- Referral and feedback processes have been developed to ensure that the patients are able to transfer safely and appropriately between the programmes as their health condition dictates.
- Transition criteria have been agreed along with the accountability arrangements for staff "stepping up" and "stepping down" patients as their health and clinical condition changes.
- The aim is to ensure a smooth, safe journey for the patient with access to the right set of skills, in the right place at the right time.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROFILE DATA BASE

A database has been developed to profile the specific professional competencies required to meet Locally Enhanced Services (LES) provided by GPs and their Practice Nurses. There are plans to extend this to include GPSWI contracts. This would enable the PCT to:

- Profile CPD requirements for clinical education and training plans and inform workforce development strategies.
- Inform strategies and plans for meeting the professional development requirements within the proposals for GP professional regulation and the Quality Care Commission standards.
- Provide information for monitoring of contracted standards for CPD.

Val Jones
Director of Nursing & Clinical Development

MEDICINES MANAGEMENT

PRESCRIBING AND THERAPEUTICS

Continued progress against the Meds 6 prescribing actions in practices and efficiencies show a projected saving of £103,000 resulting from actions until the end of October. There has been a sharp rise in the prescribing of clopidogrel that the team are investigating as this has resulted in an increase of £10,000 in the costs of clopidogrel in just one month.

SHA Performance target for prescribing of low cost statins

Following the launch of the incentive scheme aimed to increase the use of simvastatin where appropriate, the rate of change to achieve the SHA target of 77% for simvastatin as a proportion of all statins has improved and BEN PCT is now at 70%

‘Specials’

Progress continues to be made with the ‘Specials’ project. Currently, six specimen cases are under review and a further 200 prescriptions have been recalled from the PPA.

COMMUNITY PHARMACY

Pharmacy in England: Building on strengths – delivering the future – proposals for legislative change *Consultation document*

Following on from the pharmacy White Paper released last year, this consultation is part of the development work to align pharmacy with the primary and community care strategy and discusses a number of changes and levers which the Department believes are needed to transform delivery. Medicines Management submitted an agreed PCT response.

Pharmaceutical Needs Assessment

One of the key changes that have been proposed in the White Paper is to replace the current market entry test (in respect of applications for new pharmacies, relocations etc.) with one determined by reference to local Pharmaceutical Needs Assessment (PNA). By legislating in this way, PNAs will be woven more closely into PCTs’ strategic planning and commissioning processes and implementation programmes.

Since the merger there has not been a revision of the PCT’s PNA and therefore an independent provider has been approached by MM with a view to commissioning a robust PNA, in accordance with guidance recently published by the Department, for BEN PCT.

Emergency Hormonal Contraception Enhanced Service

This established community pharmacy service has been working well for a number of years and has been recently been reviewed so that more meaningful data may be collected to inform the Teenage Pregnancy programme. Additional funding has also been identified so that the scheme may be extended to other pharmacies thus improving access across the whole of BEN.

CLINICAL CARE TEAM

The PCT clinical care pharmacists have spent considerable time supporting the move of Intermediate Care into the Perry Tree and Ann Marie Howes centres. There have been some teething problems with medicines related systems and processes that we are working to sort in conjunction with nursing and medical staff. Most of these issues have arisen at Perry Tree where

a significant change in practice was needed. Another major factor is the delay in the installation of a GP clinical system to allow computer generated prescriptions.

The team has also worked with a neighbouring PCT, helping in investigations into concerns in one of their Care Homes with Nursing by reviewing the medication of all 30 BEN patients residing in that home.

Specialist End of Life Care Pharmacists

The PCT strategy for End of Life care describes the establishment of a PCT multidisciplinary team working in the community to facilitate and support patients wishing to die at home. Included in the team are specialist palliative care pharmacists and two post have been approved for recruitment. The pharmacists are to be part of the whole PCT medicines management team, working in the community multidisciplinary team and the recruitment process is underway. Solihull Care Trust has expressed an interest in funding an additional 0.8WTE on a 2 year contract to be part of the specialist pharmacist team.

GENERAL

Medicines Management Services to Provider Arm

Following the exercise to determine the level of input of Medicines Management to the Provider Arm, a meeting has been arranged to agree the service required. Prior to this formal tabling of current provision, it had been identified that some additional resource is needed for us to be able to provide the level of service that we currently provide to GPs. There is a need for more dedicated support to the growing numbers of PCT non-medical prescribers in terms of therapeutic update training, prescribing monitoring, NICE and NPSA alert implementation and input to individual services etc.

Margaret Savage
Assistant Director - Medicines Management