

# QUARTERLY REPORT: PROFESSIONAL SERVICES DIRECTORATE

NOVEMBER 2008

## **INTRODUCTION**

The purpose of the Professional Services Directorate Quarterly Report is to provide the PCT Board with an update of the key issues which are being addressed, or will require to be addressed, as future priority areas.

The PCT will require to prepare for the local implementation of national developments including the role of the Responsible Officer, a greater emphasis on appraisal processes, supporting the introduction of GMC Affiliates and the process of licensing doctors, the review of the Performers List regulations and arrangements related to death certificates.

There will be a continuing, and greater focus, on identifying and tackling performance issues related to clinical practitioners and developing local processes for early intervention and assessing performance - which has the confidence of professions and the public.

The challenge will be having sufficient people with the right attitudes and skills to undertake assessments.

The Safety Report has been incorporated into the Quarterly Report.

**Dr D Wulff**  
**Medical Director/Director of Professional Services**

## **SAFETY REPORT**

### **1. INTRODUCTION**

The purpose of this report is to provide the PCT Board with an update of the continuing development of the safety agenda in the PCT.

The Department of Health will be shortly issuing a consultation document setting out measures for comparing quality across the acute sector which may be extended to include primary care. It is anticipated that these will include both national and local indicators which will be used for performance management, commissioning and assurance. This signals the consistently growing focus on the quality and safety of services at a national level.

## **2. QUALITY STANDARDS**

A Clinical Quality Review Group is being established to monitor the Quality Standards agreed as part of the contractual arrangements (Standard NHS Contract for Acute Services) with the Heart of England NHS Foundation Trust. The Quality Standards agreed with HoEFT will provide additional information to the comprehensive information already provided by the Trust to the PCT. The Medical Director/Director of Professional Services attends meetings of HoEFT's Governance and Risk Committee. It has been agreed with HoEFT that the functions of the Health Economy Joint Patient Safety and Quality Advisory Group this will be incorporated into the new arrangements.

The BEN PCT Clinical Quality and Safety Group will oversee the interface arrangements for monitoring quality standards.

There is an expectation that the Joint Commissioning Infection Prevention Committee will also be incorporated into the Clinical Quality Review Group.

Similar arrangements will be implemented for the Birmingham and Solihull Mental Health Trust and for monitoring clinical standards in the Provider Arm of the PCT. The Head of Quality and Safety attends the B&SMHT Clinical Governance Committee.

This years Quality and Outcomes visit for General Practices will be combined with contract monitoring of Enhanced Services and completion of the annual Clinical Governance review/questionnaire to provide a more comprehensive 'quality review'. The visit programme has been planned and will be implemented by a combined Healthcare Governance and Primary Care Commissioning team. It will take place between October and December 2008. The streamlining of the three elements into a single visit is in response to positive feedback from a large number of practices where the Clinical Governance review/questionnaire was completed immediately following the QOF visit last year. Practices were offered the opportunity for separate visits but none have expressed a wish for this.

## **3. GP PROFILES**

GP Practice Quality Profiles, and associated Locality Profiles have been collated from existing data already held in the PCT in order to develop a corporately owned overview of quality and safety in General Practice. The Profiles will act as a catalyst for focused discussions and specifically tailored and differentiated clinical governance support and improvement activities where required. They will also enable opportunities to share learning from the most effective GP Practices in order to replicate success; to systematically review strengths and weaknesses at GP Practice and locality level and to contribute to a robust evidence base to underpin commissioning decisions and plans.

A meeting has been held with the Locality Clinical Directors to share their own Practice Profiles and those of their locality in order to learn from their perspective and to seek their support in promoting the use of the Profiles in their localities. Locality Clinical Directors will be promoting the concept of the profiles during October and the individual Profiles will be shared with Practices during November. Practices will be supported in order to interpret their data and to plan appropriate responses.

Further opportunities to maximise the value of the Profiles within PCT activities are actively being sought and work is underway to align the Profiles workstream with the PRIME Project activities.

Connections are apparent between this work and the need for Practices to prepare for the proposed registration requirements of the Care Quality Commission (see Section 10a.).

#### **4. COMPLAINTS**

The PCT is participating in the national Early Adopter Programme which is designed to test the arrangements which will be introduced from April 2009. This applies only to services provided or commissioned by the PCT and not to complaints made against independent contractors.

As from 4 August 2008, the PCT has been offering complainants the choice for complaints to be investigated in accordance with the procedures agreed for healthcare organisations participating in the Early Adopter programme - to focus more heavily on local resolution and to forgo the opportunity to submit an unresolved complaint to the Healthcare Commission (complainants can still submit complaints to the Parliamentary and Health Services Ombudsman).

24 complaints were received in the period April to September 2008 related to services provided or commissioned by the PCT (compared to 19 for the same period in 2007). No complaints were received in August and five were received in September 2008. Of the complaints received in September, three of the five complainants opted for the new arrangements.

Currently patients making complaints about independent contractors do so to the contractor as part of the first stage resolution process. It has been indicated that from April 2009, patients will have the right to complain directly to the PCT.

As part of the 'A' Evidence submitted by GP Practices to support the Qualities and Outcomes Framework, Practices are required to conduct an annual review of patient complaints and to ascertain general learning points which are shared within the Practice Team.

In addition, Practices submit quarterly returns to the PCT of complaints received during that period. Approximately 300 complaints are made to Practices during a period of twelve months.

A training event is scheduled to be held in December 2008 for Practice Managers which will include the effective management of complaints and changes that will occur in 2009 - including the revision of the national complaints process being reduced from a three to two stage process as the Care Quality Commission will not provide a second stage review facility.

Complaints which cause concern about performance are discussed at the Complaints Sub Committee, and where necessary, referred to the Performance Panel.

## **5. HEALTH, SAFETY, FIRE AND SECURITY**

The Health, Safety, Fire and Security Group complements the Clinical Quality and Safety Group in managing risks, both clinical and non-clinical. The primary aim of the Group is to ensure that the risks associated with health, safety, fire and security, for patients, staff and visitors are appropriately controlled and minimised.

Whilst it is a management group, it will pull together all aspects of these functions taking into account the views of staff representatives.

Health and Safety advice and support is provided through a Service Level Agreement with Safety Services (Adults and Communities), Birmingham City Council.

The Group has agreed to adopt Occupational Health and Safety Assessment Series (OHSAS) 18001 as the Health and Safety Management System for the PCT. OHSAS 18001 scopes and comprehensively specifies the requirements of a health and safety system that will enable the organisation to better control its health and safety risks and improve performance.

A three-year programme has been agreed which will be overseen by the Group and implementation will be lead by the Health and Safety Advisor.

## **6. INCIDENT MANAGEMENT**

The PCT uses the Sentinel Incident Management System to enable staff to report incidents. The definition of an incident is an unplanned event that causes a detrimental effect on patients or staff, or the safe and effective delivery of care or a service.

It is the responsibility of Directors, Managers Service, Departmental Leads and Team Leaders to ensure that the process is implemented within their respective teams – and that all staff are aware of the process and procedures within the incident reporting processes.

During the period April to September 2008, 259 incidents were reported (compared to 440 for the same period in 2007). It is estimated that there may be a further 60 incidents to be registered on the Sentinel System. The principle causes of incidents are reported to the Provider Arm of the PCT.

Whilst there is an imperative to increase the reporting rate, staff surveys indicate that having reported an incident, staff feel supported in the action that they have taken.

In order to increase the number of incidents being reported, the format of the electronic incident reporting form is being reviewed and evidence gathered about the locations where slow operating speeds are being reported. A report with recommendations will be submitted to the next meeting of the Health, Safety, Fire and Security Group and to a meeting of the Clinical Quality and Safety Group.

The PCT's Serious Untoward Incidents (SUIs) Policy defines the action to be taken when an incident occurs involving unexpected or actual harm or injury to patients, staff or visitors. This includes near misses or death following an incident; damage or loss to property by fire, flood, and theft or by a negligent, deliberate or unforeseen act.

SUIs are reported to the Risk Manager who liaises with the respective Trust in regard to the circumstances, investigation and outcomes.

As part of the Standard NHS Contract for Acute Services which has been agreed with HoEFT, there is requirement for the Trust to include SUIs, reports or investigations of SUIs and any reports or investigations of patient safety incidents. Schedule 12 of the Contract requires the Trust to comply and participate in the national reporting mechanisms for SUIs and Clinical Reporting Systems. It also sets out the reporting process of the Trust as a provider to the PCT as a Commissioner of services.

Whilst the National Patient Safety Agency has set out a clear definition of a SUI, the detail is agreed between the two parties which can change over time. For example, the loss of any confidential data has a much higher profile than it perhaps did say five years ago and may be regarded as a SUI. Further discussions are planned with HoEFT related to the reporting and management of SUIs.

Within the NHS, there is a low reporting rate of incidents by independent contractors. GPs have been provided with the facility of reporting an incident to the PCT should an incident occur within the Practice.

As part of the 'A' Evidence submitted by GP Practices to support QOF, information is provided about event reviews during the past three

years. To date information from 34 GP Practices has been analysed. This will be fed back in a summarised form to all Practices to highlight the most common type of incidents that occur in order to support GP Practices to be proactive in identifying and reducing risks to patients and staff.

## **7. SAFETY ALERT BULLETINS**

Safety Alert Bulletins are circulated by Risk Management to the Provider Arm of the PCT. An electronic distribution and reporting system is used to ensure that corrective action is identified and implemented in order to provide assurance that safety risks are being appropriately managed and controlled.

Staff receiving the notifications are required to respond to the Alert within the required timescales.

The Risk Manager has been working with the Provider Arm to ensure that staff are aware of the importance of responding to the Alerts in accordance with the national timescales in order to provide assurance that effective arrangements are in place and working effectively. Performance is also monitored by the Department of Health.

Alerts are circulated to Independent Contractors by the Birmingham Primary Care Shared Services Agency. The future action plan includes a review of the system to obtain assurance that independent contractors are not just receiving alerts but are actioning them as appropriate.

## **8. CLAIMS**

Healthcare Governance is responsible for managing claims made by patients and staff for any injuries sustained by patients whilst in the care of the Provider Arm of the PCT or by staff employed by the PCT.

There is close liaison with the National Health Services Litigation Authority who may allocate the claim to a local firm of solicitors to compile the evidence and make a decision as to the action that should be taken in individual cases.

Some cases can be time consuming when pulling together the evidence required by solicitors from the PCT.

## **9. NEW INITIATIVES**

Two learning time events 'Patient Safety: Rising to the Challenge' are scheduled for 13 November and 2 December. All PCT staff and independent contractors will be encouraged to attend. Themes will cover infection prevention and control, safeguarding children and adults and learning lessons from incidents and events.

A new PCT 'Trend Analysis and Learning lessons' Group has been established. The purpose of this Group is to bring together, for

consideration and action, a range of information relating to service user and staff incidents and experiences in order to ensure that trends are identified and appropriate learning and changes in practice where required are put in place.

## **10. FUTURE DEVELOPMENTS**

Future developments impacting on patient safety will include:

### **a. Registration Requirements**

As from April 2009, the new Care Quality Commission will be established which will take over the functions of the Healthcare Commission (and the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission).

In March this year, the Department of Health published “*A consultation on the framework for the registration of health and adult social care providers*” with a twelve-week consultation process which ended on 17 June 2008.

The outcome of the consultation process has not, as yet, been published. Of particular importance is that the Government will set “*registration requirements*” which will be monitored and enforced by the new Care Quality Commission. They will replace the current core *Standards for Better Health*.

A significant implication is that all health and social care providers will come within the future scope of registration will be required to register with the Care Quality Commission - and will need to demonstrate that they meet the registration requirements.

It is expected that providers of regulated activities in primary care settings will be required to register in the same way as providers in any other settings. The Consultation Document went on to anticipate that that “all GP Practices will be required to register with the Care Quality Commission”. As the outcome of the consultation process has not been published, the Department of Health’s response is not known.

It does, however, highlight the need for GP Practices to be conversant with, and compliant with, the Healthcare Commission Standards which will provide a firm foundation for compliance with the Care Quality Commission registration requirements. The PCT will continue to work with GP Practices during the remainder of the year on the current Standards.

### **b. Medical Revalidation - Principles and Next Steps**

The Department of Health has recently issued *Medical Revalidation - Principles and Next Steps*. The report, by an expert working group chaired by Sir Liam Donaldson, sets out

the principles and next steps for implementing validation in the United Kingdom.

The process of revalidation will involve two strands: re-licensing and re-certification.

At a local level, the Responsible Officer, usually the Medical Director, will ensure that appraisal is carried out to a good standard; work with doctors to address any shortfalls; ensure any concerns or complaints are addressed and to use the information to support a recommendation on the revalidation of individual doctors to the GMC.

In England, the GMC is conducting two pilot studies - in Yorkshire which commenced in September 2008 and London, commencing in October 2008 - to explore and develop the role of the regional GMC Affiliate and work will be undertaken at national level to clarify roles and responsibilities.

The report envisages the component parts of the system being put into place gathering pace in subsequent years.

An assessment will be made of the additional workload and capacity which will need to be incorporated into the Professional Services Directorate.

The Department of Health issued a Consultation Paper in July 2008 - which will close on 24 October 2008 - related to setting out the concept of the responsible officer and their duties relating to the medical profession. The concept was set out in the White Paper *Trust, Assurance and Safety* in February 2007. The responsible officer would be a senior doctor within a healthcare organisation with specific and personal responsibility for those aspects of clinical governance linking to medical validation and to the conduct and performance of doctors working in or for the organisation. The Government's intention is that every doctor who wishes to practice medicine should relate to a responsible officer. The PCT will make a formal response to the document.

**c. Improving the process of death certification**

The Department of Health published a *Summary of Responses on the Consultation on Improving the Process of Death Certification* in May 2008. The key proposal set out in the Consultation Paper was that Medical Certificates of Death (with the exception of cases referred directly to the Coroner by the certifying doctor), would be subject to scrutiny by an independent medical examiner appointed by a PCT with strong links to NHS clinical governance teams. The governance teams would collate information and analyse trends and

patterns, looking for unusual features, such as those revealed in the Shipman Inquiry. The outcome of the consultation process showed that there was support for a secondary certification of deaths that are not referred to the Coroner.

The Department of Health has established a Stakeholder Working group to direct and support implementation of the proposed improvements to the process of death certification in England and Wales. Pilots will be established in different locations in England and Wales during 2008/09 and implementation will be subject to significant legislative change.

**d. Decontamination in Primary Care Dental Practices**

It is anticipated that a Consultation Document related to *Decontamination in primary care dental practices* will be published shortly by the Department of Health.

Over the next two year, it is anticipated that the registration of healthcare providers, including dental practices both working in the NHS and on a private basis, will be introduced. The Care Quality Commission will oversee the process and it is anticipated that it will have the regulatory responsibility to ensure that the requirements for registration are met. It is likely that there will be a strong emphasis on quality management and self-audit and will be seen as part of clinical governance.

**David Stenson**  
**Assistant Director, Healthcare Governance**

## **MEDICINES MANAGEMENT**

**1. PRESCRIBING AND THERAPEUTICS**

There is continued progress against the Meds 6 prescribing actions in GP Practices and efficiencies continue to be demonstrated - most recent figures showing a projected saving of £73,000 resulting from actions until the end of August 2008.

**2. SHA PERFORMANCE TARGET FOR PRESCRIBING OF LOW COST STATINS**

Following considerable activity over the last two years, movement on the statin initiative has now slowed (0.7% change in the first quarter).

- The SHA target for statins is 'Simvastatin as a proportion of all statins at 77%'
- The NHS Primary Care Prescribing target, 'Better Care- Better Value' is also 77%

- BEN PCT is currently at 67% and is one of the lowest PCT performers in the SHA

However, it is important to note that the former North Birmingham PCT began at 33% three years ago having maximised resources by using atorvastatin for the preceding years when it was more cost effective than simvastatin. GPs in the former Eastern Birmingham PCT were also low prescribers of simvastatin as they had engaged with Pfizer in an Outcome Guarantee Scheme for atorvastatin.

In order to regain momentum on increased use of simvastatin, and acknowledging the effort that has already been demonstrated, the Medicines Management Team proposed an incentive scheme that has been approved by the PCT which will be launched during mid October 2008.

### **3. 'SPECIALS'**

The concerns around 'Specially manufactured' items reported last quarter are being investigated and the Team is working with the Local Pharmaceutical Committee (LPC) to raise awareness of the issues with Community Pharmacists.

### **4. COMMUNITY PHARMACY**

#### **Contract monitoring**

All 98 Community Pharmacists have now been visited and action plans implemented where appropriate. Detailed analysis of the outcomes is underway and will be reported to the Primary Care Commissioning Strategy Group together with recommendations for specific items to be incorporated into visits during the Financial Year 2009/2010.

#### **Multidisciplinary Audit**

Under the terms of the Contract, Pharmacies are required to engage each year in a PCT multidisciplinary audit. In order to support the work, the PCT Pharmacists are engaging with GP Practices related to the appropriate use of high dose inhaled corticosteroids. Community Pharmacists have been asked to participate in a complementary audit that involves establishing the use, understanding and experience of their medicine in a selected group of patients. Through an unconditional grant from GSK, the PCT has provided a device to each Pharmacy to enable the patient's inhaler technique to be objectively measured. Full details of the correct use of the device, and the requirements of the audit, were explained at a recent evening training seminar that was attended by 68 Pharmacists/Pharmacy Staff. A second event is planned for November to enable all BEN Community Pharmacists to be fully briefed.

#### **Clinical Care Team**

The PCT Clinical Care Pharmacists have a remit to support the care homes with nursing and in the PCT's in-bedded units. They have been

involved where particular expertise is required in care homes and are continuing with their regular medicines related assurance visits. In addition, they are working with the nursing staff at Sutton Cottage and Berwood Court to establish updated policies, and developing procedures for the new Intermediate Care Units at the Perry Tree and Ann Marie Hawes Centres.

## **5. GENERAL**

A pharmaceutical supply service to the Perry Tree Centre has been agreed with a Pharmacy local to the site after expressions of interest were invited from all BEN PCT Pharmacies. A similar arrangement is to be set up for the Ann Marie Hawes Centre.

The Dermatology Outreach Clinics in the north of the PCT are now prescribing retinoids for dispensing at designated Community Pharmacies after the required governance arrangements, as requested by Medicines Management in accordance with Medicines and Health Regulatory Agency (MHRA) guidance, were met by SWBH Trust. The same arrangements have been requested of HoEFT for the service to operate in the remainder of the PCT and these arrangements are to be finalised.

**Margaret Savage**  
**Assistant Director, Medicines Management**

## **PROFESSIONAL DEVELOPMENT UNIT**

### **1. SCHOOL NURSE AWAY DAY - CONTESTABILITY & FITNESS FOR PURPOSE**

As part of the “Redressing The Balance” clinical redesign programme for community nursing, an Away Day was held for school nurses on the 28<sup>th</sup> April 2008. It was one of a series of events planned as part of the change management programme for staff. The aim of the day was to update school nursing staff on the progress being made by the PCT to prepare them and the service they deliver to meet the contestability and fitness for purpose implications of the national policy initiative “A Patient Led NHS”. Key Developments highlighted for staff were:

- **Birmingham Children’s Trust “Brighter Futures” Strategy**  
This session focused on the work undertaken by the Dartington Consultancy Group which was commissioned by the Local Authority to research and profile the needs of children and their families against other countries. However this led to the identification of key multi agency priorities for the development and provision of children’s services across Birmingham.

- **Commissioning and performance management framework for school nursing**

Staff were brought up to date on the progress with the quality and outcomes programmes for community nursing and the “care bundle” approach to raising the quality of care through core sets of clinical interventions.

- **A new tool for profiling public health needs in schools**

Staff were informed of the progress that has been made with the development of this tool which will form the basis of commissioning and service level agreements with individual schools or school clusters. It will provide comprehensive information from a variety of multi agency sources and will be web based providing the opportunity at a later date to include information support for school children.

- **Service level agreements with individual schools or school clusters**

The agreements would enable greater transparency and engagement between the school heads and the school nursing service of expectations of service delivery and outcomes. It would facilitate the service line budget management approach promoted by the PUK review.

## 2. **CLINICAL SKILLS DEVELOPMENT IN COPD**

There are large numbers of patients with COPD, therefore, this is a priority area for skills development. In the previous PDU report reference was made to a Learning Time Initiative (LTI) being organised for COPD. Two events have now been held with 127 staff attending across primary and community services with high levels of satisfaction with the event from the delegates. A further event on the therapeutic use of drugs is also planned.

A review of the COPD clinical pathway is underway and it is anticipated that this will identify some role redesign and clinical education needs.

## 3. **CLINICAL EDUCATION**

### **Learning Time Initiatives**

This method of addressing learning and development needs is costly and best used on large multi professional audiences where there are common priority areas. An event is to be held on the in November on Patient Safety with a further event around End Of Life (EOL) planned towards the end of the year.

### **New E Learning Packages now available on the PCT Learning Zone**

E learning packages are an easily accessible method of learning and development which allows the learner to use at their convenience and

at the pace which suits their individual needs. They are becoming a major training resource and feature in the PCTs training prospectus on the learning zone managed by the education and training department. New packages to support clinical staff recently developed include:

- Launch of E learning package for C Diff
- Mental Capacity Act training on line

### **Non Medical Prescribing Group – Competency Assurance Process**

The relationship of prescribing practice to knowledge and skills is well documented. The PCT now has 46 independent non medical prescribers and 178 community nurse prescribers and therefore it is important to have in place systems to assure the safety and quality of their prescribing practice.

- The PDU has worked with the Medicines Management Team to identify the content of quarterly performance reports, to identify outliers in performance and to monitor areas of high risk, ie. antibiotics/CNS/controlled drugs
- The next step is to review community nurse performance in high volume areas. eg. tissue viability

**Val Jones**  
**Director of Nursing and Clinical Development**