

To Listen and to Learn Review Key Findings

February 2018

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1.0 Purpose of this Report

- 1.1 In November 2017 an independent review commissioned by NHS Sunderland Clinical Commissioning Group (CCG) was completed. The scope and terms of reference agreed by the LQG can be found at appendix 1.
- 1.2 The Local Quality in Primary Care Group (LQG) which is attended by the CCG along with the Care Quality Commission and NHS England commissioned the review to understand why a practice, and the wider health and social care system, had not identified concerns regarding potential quality and safety risks in a practice which had recently closed.
- 1.3 The LQG agreed that the learning outcomes would be used locally and wider to improve the quality of care offered to patients and to potentially increase the sensitivity of business intelligence tools to highlight early warning triggers.
- 1.4 The final independent review has been shared with the LQG and will be presented to the Primary Care Commissioning Committee (PCCC) alongside this report, which has been developed from its detailed findings in order to ensure no individual professional or patient who supported the review process can be identified and to enable the learning to be shared in the public domain.
- 1.5 This learning report provides a succinct overview of the findings of the review, the key learning and outlines the specific, measurable, achievable and realistic recommendations to support improved quality of care identified by the independent reviewers.
- 1.6 An action plan has been developed from their recommendations (appendix 2) and its implementation will be monitored by the LQG and reported into the Quality and Safety Committee and the PCCC.

2.0 Background

- 2.1 In early 2017 quality and safety issues were raised regarding the provision of primary care services in a cohort of patients who had recently transferred from another local practice which had closed. The GPs taking over the provision of services to the patient population raised these concerns informally to the NHS Sunderland Clinical Commissioning Group (the CCG).
- 2.2 These issues related to apparent historical poor practice in:
 - Home visiting arrangements
 - Record keeping
 - Chronic disease management
 - Medicine reviews and prescribing
 - Clinical reviews
 - Recruitment processes
 - Management of safeguarding issues
- 2.3 The CCG queried why these issues had not been highlighted by any other health care providers or partners across the wider system using established incident reporting, whistleblowing or escalation processes to ensure timely

review and intervention. In addition it was also noted that the current assurance frameworks and inspection arrangements for primary care services had not identified the issues at earlier point.

- 2.4 It was agreed at the LQG that an independent review be undertaken and 2 doctors who did not work in Sunderland or for any providers commissioned by the CCG were approached and agreed to undertake the review. One of the reviewers, a GP, had previously written a safeguarding review commissioned by the CCG.

3.0 Methodology

- 3.1 A systems methodology was agreed to review individual and collective arrangements to provide general medical services to the practice population from November 2015 to November 2016. The key focus of the review was to elicit learning.
- 3.2 The review explored any barriers to working within expected guidelines or professional roles and identified system changes to potentially enable and support practitioners to challenge practice to improve the quality of services for patients.
- 3.3 The review was informed by direct focus groups with staff from within the practice and those working closely with the practice, e.g. district nurses, health visitors and community midwives. In addition focus groups were held to understand how multi-agency partnerships identify and respond to any barriers in working effectively. This focused work included care home staff, social workers, and secondary care staff.
- 3.4 A focus group to get a better understanding from patients registered at the practice was undertaken.
- 3.5 The review acknowledged but did not duplicate inspection frameworks.
- 3.6 The independent review authors were provided with appropriate levels of practice performance data to inform the process.
- 3.7 It was agreed that any issues related to individual performance or competence would be immediately reported to the relevant agency lead to take forward in accordance with their procedural framework.
- 3.8 The CCG set up a steering group with the responsibility of overseeing, reviewing and supporting the process leading to the final report. The initial steering group was held in July 2017 and agreed the terms of reference and scope of the review – appendix 1.
- 3.9 Three focus groups were held over a period of two months at NHS Sunderland CCG head office and within a local practice, led by the independent reviewers. An opportunity for staff and patients to attend individual conversation sessions with the reviewers was also offered.

- 3.10 The CCG provided guidance and support to all staff who attended the focus groups. Information about the process was distributed to staff attending the focus groups in advance.
- 3.11 For the patient group a random selection of patients from different ages, ethnicities and gender, was chosen and the invite extended to the practice's patient participation group membership.
- 3.12 Some staff members who were unable to attend any of the focus groups received telephone consultations with the reviewers.
- 3.13 Following the focus groups a further steering group meeting was held to sense-check information received from the focus groups and to allow further discussions.
- 3.14 Feedback was requested from all staff and patients following focus group attendances to inform the evaluation of the methodology and process followed.

4.0 Thematic Learning from this Review

- 4.1 During the course of the full review no information was shared or received to indicate that any patient had come to harm.
- 4.2 The practice was popular with patients and received 5 stars (highest rating) for GP practices in Sunderland in a survey reported in March 2016.
- 4.3 The review elicited learning around:
 - 1. The challenges faced by single handed GP practices and the importance of leadership within general practice.
 - 2. The importance of robust systems and processes, e.g. to triage and manage home visits, management of chronic disease and management of medical emergencies when no GP is on site.
 - 3. The limitations of the current CQC inspection framework
 - 4. The importance of consistent embedded systems for coding and ensuring timely recall of patients.
 - 5. Analysis of data and how this is used for assurance purposes by the CCG, CQC and NHS England.
 - 6. Understanding referral rates at a practice level, e.g. to adult mental health services, Child and Adolescent Mental Health Services, Children and Young People's Service and referrals into Safeguarding Services. There is currently no contractual requirement for providers to be able to report on referral rates at practice level.
 - 7. The importance of GPs engaging in multi-disciplinary meetings including safeguarding, frailty and palliative care meetings and how the CCG challenges practices/individual GPs who are not engaged or who cannot evidence their

engagement in sharing information appropriately from minutes or notes of meetings.

8. The need for professional development opportunities, supervision and effective appraisal for practice nurses.
9. The lack of understanding/knowledge of whistleblowing processes and escalation processes across the health and social care economy and the responsibilities of all staff to raise concerns regarding possible poor practice at the earliest opportunity.
10. The impact of “human factors” in stopping professionals raising concerns, e.g. job security, disempowerment, embarrassment, silo working and loyalty to the practice. Human factors may also stop patients from complaining if they don't feel they are being listened to or if their care is being delivered by a professional they perceive as “nice”.

5.0 Recommendations

Practice Culture/ Raising Concerns

- 5.1 The reviewers recommend that NHS Sunderland CCG and NHS England support the training for all staff in primary care, clinical pharmacists and the patient participation group (PPG) with regards to raising concerns / whistleblowing through scenario based training. In addition, we believe that training should also include customer care training with emphasis on ‘putting patients first’ and patient centred care for all primary care frontline staff.
- 5.2 NHS Sunderland CCG should strongly support leadership development for practice managers via the Sunderland General Practice Alliance and the NHS Sunderland CCG Executive practice manager (with the help of the established practice managers’ group).
- 5.3 NHS Sunderland CCG should ensure that GP practices identified as being inadequate or requiring improvement by the CQC should prompt closer examination by them and NHS England as appropriate.

Assurance (NHS Sunderland CCG/NHS England/CQC)

- 5.4 NHS England in consultation with the General Medical Council (GMC) should consider (following the review of this report) how the assurance of compliance with any sanctions on a practising GP is monitored.
- 5.5 NHS England and CQC should consider, following review of this report, how information is shared regarding individual GP performance issues prior to CQC inspections.
- 5.6 NHS Sunderland CCG should include audits of quarterly home visits, mental health referrals and percentage of asylum seekers of each individual GP practice to the existing primary care dashboard.

- 5.7 NHS England and NHS Sunderland CCG should, through their contracting mechanism clearly state that GPs with outside financial interest should declare any conflict of interest and this should be reviewed through an annual process so that patient care and safety is not compromised.
- 5.8 NHS Sunderland CCG, through the Named GP for safeguarding children and adults, should ensure that all GP practices have regular safeguarding MDT meetings with appropriate representation.
- 5.9 NHS Sunderland CCG should review and strengthen the mechanisms for escalation of concerns during the implementation of improvement projects such as linked with multi- disciplinary team (MDT) developments.

Supervision

- 5.10 NHS Sunderland CCG should support the review of the job description, the roles and responsibilities, training and supervision for practice nurses through the local quality agreements in conjunction with the General Practice Alliance in Sunderland.
- 5.11 NHS Sunderland CCG should share this report through their lead practice nurse and raise awareness of the training and supervision opportunities available for practice nurses.
- 5.12 NHS Sunderland CCG should seek assurance that the audit of the number of practice nurses with appropriate indemnity cover is undertaken through the local quality agreements and the General Practice Alliance in Sunderland.

6.0 Monitoring of the implementation of the learning from this Review

- 6.1 The action plan (appendix 2) will be updated with progress and evidence of completion and monitored by the LQG on a quarterly basis, with contributions as appropriate from the CQC and NHS E. The first update will be due in April 2018. Implementation of the recommendations will be reported into the QSC and PCC as part of the agreed business cycles.

7.0 Publication

- 7.1 This key findings report will be published on the CCG website. A communication plan has been developed by NECS to disseminate the learning. This can be found at appendix 3.
- 7.2 The final action plan will be published on completion.

The Independent Review Process

- 1.0 A review steering group will be established to oversee the independent review. This group will be responsible for:
 - Commissioning appropriately qualified and experienced independent Clinicians to undertake the review in accordance with the draft timeline outlined in section 7.
 - Finalising the scope and terms of reference of the review
 - Ensuring robust governance arrangements are in place and adhered to
 - Supporting the Independent GP in co-ordination of meetings with individuals and focus groups with key practitioners and other staff from across the health and social care system
 - Ensuring key practitioners are supported during the review process
 - “Sense checking” and triangulating emerging findings from the review
 - Ensuring any potential individual performance/competency issues are addressed via parallel processes, such as the agency disciplinary policy.
 - Quality assuring the final report from the review and ensuring recommendations are SMART
 - Sharing the learning from the review with the LQG and the CCG Primary Care Commissioning Committee and any wider dissemination to, e.g. the Local Medical Council, and the NHS E Quality Surveillance Group
- 2.0 The review steering group will be chaired by an individual with no line management responsibilities for any practitioner involved in the review. The chair will have had no involvement in the commissioning or provision of care from the previous or current GP practice.
- 3.0 The Review Steering Group will have representation from:
 - Sunderland CCG
 - NHS England
 - CQC
 - Sunderland City Council
 - NECS – Comms and Engagement
- 4.0 The steering group may co-opt other members with particular expertise, for example, medicines optimisation, secondary care colleagues.
- 5.0 The review steering group will ensure close communication with senior leads in, for example, our local Foundation Trusts, to ensure any practitioners from their organisation are appropriately supported.
- 6.0 **Scope and Terms of Reference**
- 6.1 Using a systems methodology review individual and collective arrangements to provide general medical services to the practice population from November 2015 to November 2017. The key focus of the review is to elicit learning.

- 6.2 The review will explore any barriers to working within expected guidelines or professional roles and identify system changes to potentially enable and support practitioners to challenge practice to improve the quality of services for patients.
- 6.3 The review will be informed by direct focus groups with staff from within the practice and those working closely with the practice, e.g. district nurses, health visitors and community midwives. In addition focus groups will be held to understand how multi-agency partnerships identify and respond to any barriers in working effectively. This focussed work may involve, for example, care home staff, social workers, and secondary care staff.
- 6.4 The review may need public/patient involvement; this will be agreed by the review steering group as learning emerges.
- 6.5 The review will acknowledge but not duplicate inspection frameworks.
- 6.6 The independent review author will be provided with appropriate levels of practice performance data to inform the process.
- 6.7 Any information contained within the final report will be non-attributable to specific individuals in order to ensure practitioners are able to speak openly throughout the process. Individuals will remain anonymous.
- 6.8 Any issues related to individual performance or competence will be immediately reported to the relevant agency lead to take forward in accordance with their procedural framework. The authors will notify the CCG lead (D Lagun) should any issues emerge.
- 6.9 The final report will be a succinct overview of the findings of the review, the key learning and provide specific, measurable, achievable and realistic recommendations to support improved quality of care.
- 6.10 The final report will be published on the CCG website and a media strategy developed to support this and any potential contact from members of the public.

7.0 Timeline for Review Process

DATE	ACTION	RESPONSIBLE PERSON
May 2017	Agree draft terms of reference	Local Quality Group
May 2017	Develop information pack for practitioners involved in the review	SCCG Head of Safeguarding & Quality
June 2017	Appoint Independent Review Author	Director of Nursing Quality & Safety SCCG
July 11 th 2017 9.30 – 11.30 Joseph Swan SCCG	1 st Review Steering Group Meeting	Independent Chair
28 th July 2017 1.00 – 4.00 Steve Cram SCCG	1 st Practitioner Focus Group (Practice)	Independent Review Authors

DATE	ACTION	RESPONSIBLE PERSON
10 th August 2017 10.00 – 3.30 LS Lowry SCCG	Individual conversations with key practitioners	Independent Review Authors
21 st Aug 2017 9.30 – 12.30 Joseph Swan SCCG	1st multi-disciplinary practitioner focus group	Independent Review Authors
8 th Sept 2017 2.30 – 4.30 Joseph Swan SCCG	2 nd Review Steering Group Meeting - 1 st draft report - Triangulation/next steps	Independent Chair
15 th Sept 2017 11.00 – 12.00 Tom Cowie SCCG	2 nd Practitioner Focus Group (Practice) - Feedback on emerging learning & sense checking	Independent Review Authors
15 th Sept 2017 1.00 – 2.00 Tom Cowie SCCG	2 nd multi-agency practitioners focus group - Feedback on emerging learning & sense checking	Independent Review Authors
27 th Oct 2017 2.00 – 4.00 Joseph Swan SCCG	3 rd Review Steering Group to sign off Draft Report	Independent Chair
Nov 2017	Final Draft Report to be endorsed by LQG/PCCC	Committee Members

Appendix 2

Recommendation		Action Need	Agency & Lead	Timescale	Progress	RAG
1.0	NHS Sunderland CCG and NHS England support the training for all staff in primary care, clinical pharmacists and the patient participation group (PPG) with regards to raising concerns / whistleblowing through scenario based training. In addition, we believe that training should also include customer care training with emphasis on 'putting patients first' and patient centred care for all primary care frontline staff.	NHS E and SCCG to ensure raising concerns/whistleblowing scenario based training is available to all staff in primary care, clinical pharmacists and for members of patient participation groups	SCCG Head of General Practice Commissioning NHS E Contract Manager	April 2019		Amber
		Existing training provision for all primary care frontline staff to be reviewed and refreshed to include training in customer care	SCCG Head of General Practice Commissioning	April 2019		Amber
2.0	NHS Sunderland CCG should strongly support leadership development for practice managers via the Sunderland General Practice Alliance and the NHS Sunderland CCG Executive practice manager (with the help of the established practice managers' group).	All practice managers will have the opportunity to develop their leadership skills	SCCG Head of General Practice Commissioning	April 2019		Amber

Recommendation		Action Need	Agency & Lead	Timescale	Progress	RAG
3.0	NHS Sunderland CCG should ensure that GP practices identified as being inadequate or requiring improvement by the CQC should prompt closer examination by them and NHS England as appropriate.	There will be a robust interface between the CCG and NHS E to ensure timely support to practices identified by the CQC as “inadequate” or “requires improvement”	SCCG Head of General Practice Commissioning	April 2019		Amber
4.0	NHS England in consultation with the General Medical Council (GMC) should consider (following the review of this report) how the assurance of compliance with any sanctions on a practising GP is monitored.	Roles and responsibilities will be clarified to ensure sanctions on practicing GPs are monitored.	NHS E Contract Manager	April 2019		Amber
5.0	NHS England and CQC should consider, following review of this report, how information is shared regarding individual GP performance issues prior to CQC inspections	How information on individual GP performance issues is shared will be agreed between NHS E and the CQC	Medical Director NHS E CQC	April 2019		Amber
6.0	NHS Sunderland CCG should include audits of quarterly home visits, mental health referrals and percentage of asylum	The LQG will review advice re coding to ensure consistency in recording for: <ul style="list-style-type: none"> • Home visits 	SCCG Head of General Practice Commissioning	April 2019		Amber

Recommendation		Action Need	Agency & Lead	Timescale	Progress	RAG
	seekers of each individual GP practice to the existing primary care dashboard.	<ul style="list-style-type: none"> MH referrals Asylum Seekers 				
		The LQG will review the primary care dashboard and give consideration as to how practices are supported to provide this information	SCCG Head of General Practice Commissioning	April 2019		Amber
7.0	NHS England and NHS Sunderland CCG should, through their contracting mechanism clearly state that GPs with outside financial interest should declare any conflict of interest and this should be reviewed through an annual process so that patient care and safety is not compromised.	Commissioners of primary care services to be clear who reviews any conflict of interest declared by a GP and any potential impact on delivery of services	SCCG Head of General Practice Commissioning NHS E Contract Manager	April 2019		Amber
8.0	NHS Sunderland CCG, through the Named GP for safeguarding children and adults, should ensure that all GP practices have regular safeguarding MDT meetings with appropriate representation.	The annual safeguarding audit re MDTs will be strengthened to ensure 100% return from GP practices	SCCG Head of Safeguarding	April 2019		Amber
9.0	NHS Sunderland CCG should review and strengthen the	Project management processes to be reviewed to ensure	SCCG Head of Strategy, Planning and	April 2019		Amber

Appendix 2

Recommendation		Action Need	Agency & Lead	Timescale	Progress	RAG
	mechanisms for escalation of concerns during the implementation of improvement projects such as linked with multi-disciplinary team (MDT) developments.	mechanisms for escalation of any concerns are clear and robust	Reform			
10.0	NHS Sunderland CCG should support the review of the job description, the roles and responsibilities, training and supervision for practice nurses through the local quality agreements in conjunction with the General Practice Alliance in Sunderland.	When recruiting Practices Nurses the practice will have access to a standard template for job descriptions to support them in the process	SCCG Strategic Practice Nurse	April 2019		Amber
		Practice Nurses will be supported to attend professional development sessions to support their agreed personal development plan and have access to individual and peer supervision sessions.	SCCG Strategic Practice Nurse	April 2019		Amber
11.0	NHS Sunderland CCG should share this report through their lead practice nurse and raise awareness of the training and supervision opportunities	The key learning report will be shared via email/newsletters and within all practice nurse meetings	SCCG Head of General Practice Commissioning SCCG Strategic	April 2019		Amber

Appendix 2

Recommendation		Action Need	Agency & Lead	Timescale	Progress	RAG
	available for practice nurses.		Practice Nurse			
12.0	NHS Sunderland CCG should seek assurance that an audit of the number of practice nurses with appropriate indemnity cover is undertaken through the local quality agreements and the General Practice Alliance in Sunderland.	An audit will be undertaken of the number of practice nurses with indemnity cover	SCCG Head of General Practice Commissioning	April 2019		Amber

Appendix 3

Communications approach

Date of publication:

Aim

To share information and learning with appropriate groups who are able to learn from our experiences and the issues considered.

Audiences

GP practices in Sunderland

Health and Wellbeing Board

Safeguarding colleagues in Sunderland

CQC in the region

CCGs across the region

Similar audiences at national level as appropriate

Overall approach:

Share the report with a covering note from Head of Safeguarding, where appropriate suggesting they share it further within their networks

No proactive media planned – reactive only

Actions

Send report to (local):

- Local Quality Group
- Health and Wellbeing Board
- Safeguarding Adults Board
- Safeguarding Children Board
- Safer Sunderland Partnership
- Practice managers in Sunderland (plus make reference in the Sunderland practice bulletin)

Send report to (regional)

- Regional commissioning group(s)
- NHSE regional Quality Surveillance Group

- Medical Directors in North East CCGs
- Directors of Nursing in North East CCGs
- CQC – Bev Boal
- NHSE – Wendy Stephens

Upload to:

- Sunderland CCG website