

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**QUALITY REPORT**

<b>Date of the meeting</b>	17/09/2014
<b>Author</b>	S Shead, Deputy Director of Nursing V Read, Head of Quality Improvement M Wain, Head of Patient Safety and Risk J Green, Head of Information Governance/Customer Care K Gough, Head of Medicines Management
<b>Sponsoring Board Member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	The report gives an overview of the current issues within the quality directorate including: <ul style="list-style-type: none"> <li>• Quality Monitoring of Providers of NHS-funded Services</li> <li>• Safeguarding Adults</li> <li>• Safeguarding Children</li> <li>• Care Home Monitoring</li> <li>• Information Governance</li> </ul>
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report.
<b>Stakeholder Engagement</b>	Stakeholder involvement undertaken by the Trust is included in this report. Lay members sit on the Quality Group to represent the CCG population.
<b>Previous GB/Cmttee dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		✓

Initials: SSh

## 1. Introduction

- 1.1 This report provides information and assurance on the quality of services provided within Acute, Community, Mental Health Services and Care Homes that are commissioned by NHS Dorset Clinical Commissioning Group.
- 1.2 Specific quality matters relating to detail arising from, or comprised in this report, are considered in more detail at the Quality Group which reports to the CCG's Audit and Quality Committee.
- 1.3 Each provider submits a scorecard which includes their performance against the main indicators for quality, which have been included within the main provider contracts, and are based on National Guidance and Best Practice.
- 1.4 In addition to analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements.
- 1.5 As part of this process, unannounced visits are undertaken to provider organisations on a planned programme basis throughout the year, as well as in response to any alert of a concern in a specific area. In addition, regular one to one meetings are held between the Director of Quality and the provider Directors of Nursing. Medical Directors are also invited to these meetings.
- 1.6 All information relating to quality concerns, which is received through the Customer Care, Safeguarding Adults and Children, Risk Management, Medicines Management or Care Home Teams is collated and stored in the Ulysses Safeguard system. This allows for triangulation of the information, which the Quality Sharing Information Group (QSIG) examines regularly.
- 1.7 An important part of the team's function is to ensure that lessons are learnt and that professional practice and processes are improved after identifying concerns or that the care provided falls below the high standard expected.

## 2. Provider Contractual Performance

### **Dorset County Hospital NHS Foundation Trust (DCHFT)**

- 2.1 The Trust has been planning a software upgrade and redesign of the electronic risk management software Datix. During the planned upgrading process some technical problems have been encountered, which have resulted in the system being unable for in excess of five weeks to managers across the organisation. The Trust ICT team and the Risk Management Department have formulated a plan with the software suppliers to correct the errors and it is anticipated that an improved interim system will start to be available from July 2014 and the revised system will be implemented by September 2014. The Business Continuity process for a failure of the electronic system relies on a temporary paper based form. This was planned for the period of the anticipated two weeks for the upgrade. This was not a sustainable process and a simple electronic reporting form has now been

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implemented which enables on line reporting. During this period no extract reports will be able to be submitted to the National Reporting and Learning System, but a batched file will be submitted once the problem has been rectified.

- 2.2 Following the non-achievement of the C-diff trajectory in 2013/14 the Trust has had a good start to the year with no cases of C-diff reported in April or May 2014. The Trust has not reported any MRSA year to date.
- 2.3 The number of missed doses of medication increased to fourteen occurrences in May and actions continue to be taken to ensure that nursing staff administer medications as prescribed. The introduction of the Electronic Prescribing and Administration of Medicines (EPMA) system has commenced and evidence from areas where this has been rolled out previously suggests this will remove a significant number of medicine related risks and provide a greater focus on the areas that n
- 2.4 The quality scorecard in relation to Dorset County Hospital is currently incomplete; this is in part due to the reporting cycle for the Trust which means that quarter one information will not be available to the CCG until September following the Provider Board meeting. In addition there are some quality elements in the 2014/15 contract which are not currently being reported a gap analysis has been undertaken and the Trust has been made aware of the areas that need to be included in future reports.
- 2.5 The most recent CQC Intelligence Monitoring report published on 24 July 2014 indicates the Trust has an elevated risk in relation to diagnostics waiting times: patients waiting over six weeks for a diagnostic test (1 March 2014 to 31 March 2014), whistleblowing alerts (22 March 2013 to 2 June 2014) and potential under-reporting of patient safety incidents (1 February 2013 to 31 January 2014). These issues are being followed up with the Trust for their response and actions.

## **Dorset HealthCare University NHS Foundation Trust (DHUFT)**

- 2.6 The Trust is no longer in special measures. They met with CQC recently and have been informed that they will not be in Wave 2 of the Community Trust Inspections. However, a compliance visit was undertaken by CQC to Waterston Unit on 4 and 5 August, possibly in response to a whistle-blower. The verbal feedback was that there were concerns around staffing and care plans. The senior management team had been well aware of staffing issues on the unit due to sickness and had been providing cover arrangements and oversight. The report is awaited from CQC.
- 2.7 The Trust has now achieved the minimum requirement of 95% of staff receiving Information Governance training and are therefore compliant with the toolkit. Maintenance of this may be a problem, so will continue to be monitored.

- 2.8 There were two serious falls of inpatients in Community Hospitals in May. The Root Cause Analyses of these show areas for improvement in relation to risk assessments and care plans. Further investigation is being undertaken jointly with SWAST into one of the cases as the patient was not conveyed to A&E in a timely manner.
- 2.9 There appears to be a lack of information on outcomes from the CAMHS service. Therefore, work is to be progressed with the Trust to improve this.

## **Poole Hospital NHS Foundation Trust (PHFT)**

- 2.10 The most recent audit identified 67% compliance with the checklist. The Trust intends to repeat the audit and improve compliance which will be monitored through the contract meetings.
- 2.11 The Trust has reported one Never Event during this financial year in relation to a retained product. The 72 Hours Report has been received and the Trust has taken immediate action to prevent further occurrence.
- 2.12 The Trust reported a breach, when a patient arrived to a ward with no handover or prior contact with the receiving ward. Patient required immediate care as unwell and therefore admitted to bay occupied by member of the opposite gender. To maintain privacy and dignity curtains were kept closed around the patient and a nurse remained present in the ward bay. The patient was moved as soon as a suitable alternative bed was identified and the patient was sufficiently stable to transfer.
- 2.13 The percentage of people operated on within 36 hours of admission fell to 75% a further drop from the May figures reported. This was a total of 21 patients, however 11 of these were clinical not fit for surgery and were operated on within 36 hours of becoming sufficiently stable to have the operation. The remainder of the delays were attributed to the demand both within the speciality and with regards overall hospital activity.
- 2.14 The most recent CQC Intelligence Monitoring report published on 24 July 2014 indicates the Trust has risks in relation to Composite of Central Alerting System (CAS) safety alerts indicators (1 April 2014 to 30 April 2014), Maternity Survey C13 "Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?" (1 February 2013 to 28 February 2013) and composite risk rating of ESR items relating to staff turnover (1 April 2013 to 31 March 2014). These issues are being followed up with the Trust for their response and actions.

## **Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH)**

- 2.15 The CQC commenced a follow up inspection on 13 August 2014. The inspection is expected to last for two days. At the time of writing this report the CCG has had no feedback on the visit. A verbal update will be provided. The CQC have published a summary of the actions the Trust has taken in response to the original inspection. The summary can be accessed on CQC

website at the following address: <http://www.cqc.org.uk/content/after-inspection-improving-elderly-care-royal-bournemouth-and-christchurch-hospitals>

- 2.16 The Trust reported two Never Events in 2014/15. The first never event has been reported in May 2014 in relation to a retained product following a cardiology procedure. The second never event is in relation to a procedure carried out on the wrong patient following a mix up of biopsies. The Trust Medical Director is leading the root cause analysis investigations in to both of these incidents. The CCG will receive the investigation reports once concluded and will follow up on any subsequent improvement actions.
- 2.17 The most recent safety thermometer data indicates a continued reduction in hospital acquired pressure ulcers. The Trust is also reporting 95% pressure ulcer risk assessments completed an improvement upon previous reports.
- 2.18 As reported previously it was identified through a serious incident investigation that the Trust has been admitting young people under the age of 18 to the hospital for observation. As the Trust is not commissioned to provide Paediatric services this issue is being followed up with specific meetings between the Trust and CCG. 2.20 A mortality outlier alert was issued in relation to heart valve disorders. The Trust has submitted their response and the CQC have confirmed that the alert has been considered by their internal panel and a decision was made to pass the case to the local inspector. This is in order that they can follow up with the Trust regarding progress with implementing the planned actions. Once the inspector has followed up with the Trust, and is assured that the concerns which were identified are being managed appropriately, the 'risk' will be removed from any subsequent Intelligent Monitoring reports and the alert will be reported as 'no evidence of risk'.
- 2.19 The most recent CQC Intelligence Monitoring report published on 24 July 2014 indicates the Trust has risks in relation to In-hospital mortality - neurological conditions and cardiological conditions and composite of knee related PROMS indicators (1 April 2013 to 31 December 2013). These issues are being followed up with the Trust for their response and actions.

### **Salisbury Hospital NHS Foundation Trust (SFT)**

- 2.20 The Trust continues to report mixed sex accommodation breaches with CCU/Tisbury Ward having nine instances of non-compliance on clinical grounds, impacting a total of 44 patients. Farley Ward had one clinical instance of non-compliance impacting a total of eight patients. Stroke patients should be admitted to a stroke ward within four hours of arrival at the hospital for assessment and specialist care. Where a single sex bay or side room is not available the clinical needs of the patient are therefore prioritised to ensure timely specialist care.
- 2.21 Year to date the Trust has reported seven cases of C-diff against an annual trajectory of 18 cases.

- 2.22 The most recent CQC Intelligence Monitoring report published on 24 July 2014 indicates the Trust has an identified risk in relation to Dr Foster Intelligence: Composite of Hospital Standardised Mortality Ratio indicators (1 October 2012 to 30 September 2013), in-hospital mortality - conditions associated with mental health and composite of PLACE indicators (1 April 2013 to 30 June 2013). These issues are being followed up with the Trust for their response and actions.

## **Yeovil District Hospital NHS Foundation Trust (YDH)**

- 2.23 In quarter one the Trust has reported six pressure ulcers, which is a slight reduction compared to quarter one in 2013/14, when seven were reported. But this is an increase on the downward trend overall for last year.
- 2.24 The Trust has reported 72% of patients had a nutrition assessment completed within 24 hours of admission to hospital, this is an improvement upon previous months but work continues to raise this percentage to expected levels.
- 2.25 Safeguarding training is below expected levels for both adults and children; Safeguarding Adults 63%, Safeguarding Children Level 1 - 82% and Level 2 – 69%.
- 2.26 The Trust have submitted to the “Sign up to safety” campaign and have made the following pledges:
- deliver a CQUIN to reduce avoidable hospital acquired pressure ulcers by 50% over the next three years from the 2013/14 baseline;
  - reduce the number of inpatient falls by 50% over the next three years from the 2013/14 baseline;
  - continue to screen for the risk of VT, delivery timely and consistent prophylaxis and undertake root cause analysis;
  - increase compliance with medicines reconciliation within 24 hours of admission with particular emphasis on patient admitted over a weekend;
  - implement medicine reconciliation at the point of discharge and deliver electronic transmission of discharge summaries to GP Practice to improve the safety of discharge processes;
  - deliver improvement in the prompt identification of Sepsis and Acute Kidney Injury and timely treatment to avoid deterioration;
  - publish priorities in the Trust Annual Quality Account, Patient Safety Strategy and in Public Board papers.

- 2.27 The most recent CQC Intelligence Monitoring report published on 24 July 2014 indicates the Trust has an identified risk in relation to Data quality of trust returns to the HSCIC (1 April 2013 to 28 February 2014) and composite of PLACE indicators (1 April 2013 to 30 June 2013). These issues are being followed up with the Trust for their response and actions.

## **South Western Ambulance Services NHS Foundation Trust (SWASFT)**

- 2.28 In relation to the Dorset Out of Hours service, Dorset had 8,146 contacts in June, a reduction from over 9,000 in the previous two months. GP shift cover improved to 95% overall meeting the target set by SWAST. Shaftesbury mobile Doctor and Core triage shifts were outliers at 82% and 87% covered respectively. Urgent consultations started within two hours (home visits) was partially compliant at 92.7% for the quarter April - June. 99.5% of out of hours consultations have details sent to caller's GP by 08:00hrs the next day.
- 2.29 In relation to the Dorset 111 service the percentage of calls answered in 60 seconds in June was non-compliant at 90.55% although there had been significant improvement from the previous month. The service received 17,411 calls in June with a total of 212 calls audited. There is an issue nationally regarding volume of calls to call audit and the number of auditors allocated. SWASFT is confident that they will undertake enough audits for learning and feedback. The percentage of emergency calls passed to 999 ambulance control in three minutes was 90.39% which is non-compliant. For the quarter the percentage of patient call backs within 10 minutes remains non-compliant at 34.1%. Rotas have been changed to increase resilience for peak times where clinician review is required. Despite achieving the performance indicator of 95% calls answered within 60 seconds on the first weekend of July performance subsequently dipped. SWASFT are confident they are acquiring resilience and stability through targeted work in recruiting and training temporary staff.

## **Care Homes**

- 2.30 Three Care Homes are now in financial administration. Two of these homes had also been subject to large scale safeguarding investigations but continue to operate. Quality and safety standards are monitored through external administration companies. A large Care Home which has recently opened had initially declined an accreditation visit as it did not wish to commission with Dorset County Council or the CCG, an accreditation visit has now been completed by the CCG.
- 2.31 The Financial Administrator of the Learning Disability Provider for whom there has been ongoing concerns has now served a 28-day notice of closure. All residents will be required to vacate the premises by 8 September. Due to the complex care needs of CCG funded residents and the lack of services to meet those needs within Dorset, it is likely that these residents will require an out of county placement until such time as services are developed locally.

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- 2.32 The first of the trial tablet computers has been received and once configured it is anticipated that the pilot of the Care Home Quality Assurance Tool (ABACUSS – Adult Baseline Assessment of Care Underpinning the Service Specification) will commence in September; 12 Care Homes have agreed to participate in the pilot programme.
- 2.33 A joint piece of work has commenced with the CCG Professional Practice Lead, the Care Home Team and South West Ambulance NHS Foundation Trust to enhance communication to address the number of acute hospital admissions and inappropriate calls to 111 from Care Home staff.
- 2.34 The CCG quality assurance model for Domiciliary Care services continues to be developed.
- 2.35 Forty-six residents have now been moved from a previous failing residential Care Home to a large modern facility in the Borough of Poole. Despite the Borough Commissioners seeking assurances from the provider the home is now subject to a number of safeguarding alerts and will require close review in the coming months.

## **Safeguarding Adults**

- 2.36 The Care Home in East Dorset that is under police investigation remains ongoing as a joint piece of work between the police and safeguarding. The main issue being cited a possible wilful neglect reported by anonymous whistle-blower.
- 2.37 Within the Borough of Poole, there continues to be a number of Care Homes; nursing and residential under pathway four / professional reviews in collaboration with the contracts team. The Borough's Service Improvement Team and the Care Home Quality Team are working in collaboration with the homes to continue making necessary improvements and monitor ongoing progress.
- 2.38 There have been a total of 38 alerts received across all providers and independent contractors since the last Governing Body meeting.
- 2.39 Themes from the alerts include patient on patient assault in Older Peoples' Mental Health Units which continue not to reach the actual threshold for safeguarding, poor discharge, not recognising needs of dementia patients, inappropriate restraint, poor personal care, care planning, staffing, nutrition, hydration, and staff attitude.
- 2.40 The action plans from the two recent case audits have been amalgamated as the themes from both were similar in nature, which included integrated working between Social Services and Continuing Health Care.
- 2.41 The Purbeck Care Serious Case Audit is expected to be fed back into the September Dorset Safeguarding Adult Board.

- 2.42 The consultation of the Care Act has been closed in August; a briefing paper around the implications for safeguarding has been developed and shared with the CCG Executive Lead for Safeguarding.

## **Safeguarding Children**

- 2.43 Following the Ofsted inspection for Bournemouth Borough Council Children's Services an action plan is now in place with workshops happening over August. This will identify key themes. Once health's role has been identified, an action plan will be produced and progress will be monitored by the Safeguarding Children Sub-Group specifically established to make improvement against Ofsted findings.
- 2.44 One key area that requires improvement as identified by Ofsted is the early intervention of health services in child protection discussions. This is a statutory requirement there is currently a gap Pan-Dorset and Local Authorities are working to ensure health are consulted as part of this development. All three Local Authorities are working closely to change the practice of single agency assessments. A current work stream includes the need to develop a MASH (Multi-Agency Safeguarding Hub). This will be a Pan-Dorset Hub which will resolve this issue. Conversations are taking place between the CCG and Dorset HealthCare University NHS Foundation Trust to progress the development of the Hub. Until a MASH is established, the community safeguarding teams being are available via the telephone between the working hours of 9-5, ensuring health input. This remains a contractual issue to identify who /how many hours are going to be required to support this role, and who is best placed to provide this role a scoping process is currently underway to see how this can be supported.
- 2.45 The Safeguarding Children Boards have re-launched the safeguarding children procedures; these are now live via the DSCB web pages. The training days were well attended. The main benefit being that all procedures are Pan-Dorset. An action plan is in place to review progress and ensure all polices are working and fit for purpose.
- 2.46 The audit of the CCG compliance with Section 11 of the Children Act 2004 has been completed as requested by both of the Safeguarding Children Boards. The audit covers the statutory duties the CCG has to safeguarding and promote the welfare of children. The CCG is awaiting feedback from the Safeguarding Boards to inform an action plan where further work is required; this will reflect work streams in relation to Ofsted inspections. The training strategy has been completed and is awaiting feedback.
- 2.47 The date for Board members to receive training at Level 2 has been set for late August 2014; this fulfils an outstanding action and a CQC and Section 11 requirement.
- 2.48 A new national work stream is developing the sharing of information between social care and all health providers, which will link the NHS number to children who are on a child protection plan or receiving services from a Local Authority. This will greatly benefit Emergency Departments, urgent care and

out of hours services. A meeting is booked in September 2014 which will include the national lead; with the expectation that Dorset can be involved in the first wave of implementation. This builds on the historic national work which related to contact point. A local meeting has taken place to pilot closer working between social care and a Boscombe GP Practice. This will involve shared access to information relating to children in receipt of a care plan and social workers joining GP reflective meeting on case's with high level concern to ensure the GPs are fully informed. This will continue until the CCG implements the national information sharing project, if the pilot is successful it may be extended to other surgeries.

- 2.49 The Designated Nurse for Looked after Children starts employment with Dorset CCG on 10 September 2014.

### 3. Information Governance

#### Information Governance Work Plan

- 3.1 The current information governance (IG) work plan has now been amended to reflect the changes highlighted in v12 of the IG Toolkit. Work is now progressing to ensure compliance prior to submission in March 2015. The work plan is being monitored by the IG Group.

#### Information Governance Toolkit

- 3.2 Version 12 of the IGT has been released. There are no major changes. Minor Updates have been made in line with the Department of Health's response to "Information: To Share or not to Share?" (Caldicott 2 report).

#### Information Governance Toolkit Audit

- 3.3 The dates for the audit of the IGT submission, v12, have been agreed. This will take place in February 2015. The Director of Quality has agreed the requirements to be audited.

#### NHS Constitution

- 3.4 In many of the requirements of the IG Toolkit there are references to the rights and pledges contained within the NHS Constitution in relation to confidentiality and privacy, which are:
- **You have the right** of access to your own health records and to have any factual inaccuracies corrected;
  - **You have the right** to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure;

- **You have the right** to be informed about how your information is used;
- **You have the right** to request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis.

## **National Information Governance Event**

3.5 The IG Manager attended a national IG event. Highlights were:

- the fines the ICO can impose had been increased to £1,000,000 or 2% of turnover for non-compliance;
- a Privacy Impact Assessment should be part of the documentation for all projects;
- CQC are going to be reviewing IG during inspections;
- the Caldicott 2 review had not had the impact expected and has made people more cautious about sharing information;
- the CCG should review policies to ensure they are meeting the seventh principle of the Data Protection Act;
- care.data and how it went wrong was discussed.

## **Information Asset Register**

3.6 The IG team has agreed a programme to update the following pieces of work:

- Information Asset Register;
- Corporate Records Register;
- Data Mapping.

3.7 It has been agreed to use the Quality Directorate as a pilot for this project. It is anticipated that this will be completed for the Quality Directorate by the end of July. Work will begin with the next directorate, Finance and Information, in September, taking into account any learning from the pilot work programme.

3.8 Regular update reports will be provided to the Information Governance Group.

## **Information Governance Priorities for NHS England**

3.9 Priorities in Information Governance for NHS England include:

- invoice validation;
- risk stratification;
- registries for individuals with learning disabilities.

3.10 There are a number of consultation papers on the NHS England website which are open for comment.

## **Information Governance Workshop – Better Together**

3.11 A Better Together IG workshop took place on 14 August. Attendees were health organisations and Bournemouth plus Poole Local Authorities.

3.12 The workshop identified current IG and information sharing processes in place in all organisations present, and issues and obstacles which prevent the sharing of information.

3.13 An IG Group is to be formed with IG representation from all organisations present and those further identified from the workshop. The purpose of the group will be to work together and initiate and implement ways of all relevant organisations sharing patient information within a legal framework.

3.14 The group will report to the Better Together Steering Group.

## **Customer Care**

3.15 During quarter two, the Customer Care Team received 55 complaints, of which 21 relate to Dorset CCG. This is an increase on the 16 received in the last quarter. The complaints relate to commissioning decisions, including changes to service specifications, failure to commission acupuncture and generic prescribing and Continuing Health Care claims.

3.16 During quarter two, 14 complaints were received relating to the new patient transport service provided by E-zec Medical Services. The CCG continues to work closely with the provider on improving the service provided.

3.17 Other complaints received relate to provider organisations. These have been passed to the relevant provider in order for them to respond; a copy of which has been requested in each case. Responses, and the complaints, will be monitored under contract monitoring by the Quality Directorate.

3.18 An in-house Complaints Handling training day took place on 22 June. This was attended by staff members from the Directorates. The purpose of the training was to ensure that the CCG deals with complaints in line with the recommendations from various national reports, e.g. the Francis report.

- 3.19 Those who attended the course will be Complaints Champions for their departments and have been invited to form a Complaints Champions Group to meet on a quarterly basis. The Group will share experiences, concerns and learning from complaints received and ensure the learning is disseminated across the CCG.

### **Parliamentary and Health Service Ombudsman (PHSO)**

- 3.20 All complainants are made aware that they have the right to contact the PHSO if they remain unhappy with the response to their complaint. The CCG has been informed of one referral to the Ombudsman during quarter two.

### **Deep Dive Reviews**

- 3.21 The Professional Practice Lead has continued to conduct “deep dive” reviews of complaints within the main service providers. Individual reports have been shared with the Director and Deputy Director of Nursing, including recommendations for consideration. The review focuses on three areas; how staff dealt with concerns, did service users remain the focus of the process and how is learning from complaints shared.

### **CCG Feedback Contacts**

- 3.22 In quarter two 120 Feedback contacts were received. These were responded to, or signposted to, the relevant Directorate or Staff Member. These contacts are similar to the previous PALS contacts.

### **MP Letters**

- 3.23 In quarter two, Dorset CCG received 20 MP letters. The enquiries were various and included Continuing Health Care, E-zec Patient Transport, prostate biopsies, reorganisation of pathology services at DCH, secure accommodation for women within Dorset and Commissioning Children’s Palliative Care.

## **4. Medicines Management**

### **Primary Care Prescribing**

- 4.1 The medicines team have now completed 80% of the practice visits for the first part of the financial year. Each practice has received an action plan for the improvements in both financial performance and quality measures, and are signposted to evidence based resources to support the delivery of those measures.

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- 4.2 NHS England has produced a medicines optimisation dashboard to make comparisons between CCGs and Area teams on a range of measures related to medicines optimisation. The measures range from QOF scores and uptake of PINCER software in member practices to measures on prescribing and medicines incidents. Some of the prescribing measures include Newer oral anticoagulants (NOACS), Antibiotic usage and choices of Non-steroidal anti-inflammatories (NSAIDS).
- 4.3 Dorset CCG currently has a low uptake of NOACS at 2.7% of all anticoagulants, compared to England at 6% and Wessex at 6.4%. This is being addressed with updated guidance on the use of this drug in Atrial Fibrillation, and the commissioning of a new pathway for treatment of DVT. The additional cost of these drugs has been budgeted for in the prescribing budget uplift. There is also a perception amongst some GPs that this group of drugs is not allowed in Dorset, and the medicines team are trying to address that and refer to NICE and the current Dorset guidance through the locality prescribing lead GPs.
- 4.4 In the use of Antibiotics, the Dorset CCG items per STAR-PU (prescribing unit used to standardise measurement of prescribing) for all antibiotics is 0.3, the same as the England average. For the use of the cephalosporins and quinolone antibiotics, Dorset , at 6.2, is higher than the England average at 5.1. This is an area where a lot of audits and advice has been focussed, and the 2014/15 audits are repeated on getting practices and prescribers to look at their antibiotic prescribing. Each time we raise the profile and ask practices to audit this prescribing, we see improvement, but often it slips back in when focus moves to other quality areas. With national priorities focussing more on inappropriate antibiotic usage, this are remains a priority. This is a topic for practice visits.
- 4.5 The NSAID measure, is another where there is variation between CCG member practices, and the CCG has begun to fall behind the rest of England. in this measure of the proportion of Naproxen and Ibuprofen as a proportion of all NSAIDs, high is good and the England average is 74.5% with the CCG at 64%.within the practices there is a variation of between 90% and around 40%. This is a measure that is raised at practice visits.
- 4.6 The medicines optimisation dashboard is a prototype and has some limitations. NHS England are seeking comments from medicines leads on its usefulness, and a response has been sent.
- 4.7 The full medicines optimisation dashboard can be found here:  
<http://www.england.nhs.uk/ourwork/pe/mo-dash/>
- 4.8 Savings for prescribing have been identified as part of a QIPP plan and are being identified at practice level. Much of the windfall savings this year will come from the previously announced savings for generic drugs in Category M of the drug tariff. To realise these there is a need for generic prescribing to take place wherever it is safe to do so. At present there are a number of concerns with high levels of branded prescribing which is costing significantly more for the CCG, especially where it concerns products which have recently lost patent e.g. Atorvastatin. Early in 2014, practices with potential generic

savings of over £10,000 were reminded of the need to prescribe generically. Potential savings in this case vary between practices from hundreds of pounds to over £100k per year in one practice.

## **Secondary Care prescribing and high cost drugs**

- 4.9 Considerable work is underway to scrutinise charges and challenge spend on high cost drugs in the acute trusts. This includes checking on charges that should be invoiced to NHS England specialist commissioning and that all use is within NICE approved or locally commissioned indications. Horizon scanning for new drugs and NICE technology appraisals for publishing in the next year will shortly be underway to inform CCP priority setting and budgeting for the next year.

## **Formulary**

- 4.10 Dorset prescribing policies and formulary decisions are being transferred to the new electronic formulary site. The current timeline is to have a launch in October. The functionality has been demonstrated to the Medicines Optimisation Group (MOG) and Dorset Medicines Advisory Group (DMAG). The new site is likely to be positive for all prescribers. Consideration is being given to how to link the formulary with practice systems. Some may be possible with existing technology, and it is hoped to pilot some new IT solutions in future once the formulary is live.

## **Other Medicines Activity**

- 4.11 The medicines team continues to support the quarterly MOG, the bi-monthly DMAG, and attendance at the drug and therapeutics committees across the county and on the border to ensure consistent medicines policy and decision making feeds into the formulary and to the CCPs. The team also supports CCP meetings and working groups where possible and new service developments in localities.
- 4.12 A pilot service is being commissioned from community pharmacies for practices in Christchurch and Bournemouth East taking part in the virtual ward pilot. Learning from this is being used to advise other localities looking to develop improved medicines optimisation activity as this is recognised as a key factor in improving care, particularly in the elderly. The team are also advising on work to identify and manage poly-pharmacy in the elderly using a number of evidence based tools to stop inappropriate medicines and ensure adequate monitoring of high risk medicines.

## **5. Conclusion**

- 5.1 Key areas of concern are around Dorset HealthCare's ongoing compliance with Regulatory requirements, District Nursing, Royal Bournemouth's CQC report, Dorset County Hospital's number of complaints and quality of care in some Care Homes.

- 5.2 The CCG quality team continues to work towards providing assurance to the Governing Body around the quality of care provided within Dorset and to improve quality in the future.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Quality Scorecards</b>