

**Primary Care Co-Commissioning Committee**  
**Part 1**  
**January 2020**

**Agenda item 9**

**Quality Assurance Nurse Update Report**

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**Status:** For Noting

| <b>Appendices to this report</b>                |   |
|---|---|
| <b>Associated Papers</b>                        |   |
| <b>Papers previously considered by this CCG</b> | • |
| <b>CCG Policy Documents</b>                     | • |
| <b>External Documents</b>                       | • |

## Overview

### 1. Recommendations

1. The Primary Care Co-Commissioning Committee are requested to note:
  - The content of this report relating to informal visits to GP practices in the CPR and Southend area.
  - Quality visits attended in the CPR and Southend area.
  - Roles of the Quality assurance nurse.

### Reason for the report.

- The purpose of this report is to discuss what the role of Quality assurance nurse has brought to the Quality team. Themes to be discussed are; Quality visits, which practices have been visited and the overall purpose of the visit.
- The report will discuss the common themes and trends found during these visits and what processes and recommendations have been put in place following the visits.
- The report will also discuss the other roles that the Quality assurance nurse has been taking part in and plans moving forward.

## 1.0 Introduction

- 1.1 Within this paper, an update of the work being carried out by the Quality nurse within the Castle point and Rochford and Southend areas will be discussed along with the other tasks that have been assigned and the actions responding to these areas.
- 1.2 The Quality assurance nurse has been completing informal meetings to introduce themselves and also formal quality visits alongside the primary care team.
- 1.3 The paper will also provide information on the current themes and trends noted whilst visiting the GP practices, the recommendations that have been made and what further input that has been given to support the local practices.

## 2.0 Informal visits and Quality visits

- 2.1 The table below is an overview of the visits that have been completed to date. This includes both informal visits and Quality visits.

| Name of practice                         | Date of informal visit | Notes  | Outcome of meetings   |
|--|------------------------|--|---|
| Dr Khan and Partners,<br>Rushbottom Lane |                        | TBA  |   |
| PA Patel -<br>The Hollies                |                        | TBA  |   |
| Essex Way                                | 19/09/19               | Met at practice for informal meeting.                            | Reported as part of a previous paper<br>Contacted workforce around possible courses for the practice manager. Infection control information sent around hand washing audit and information on environmental audits – actioned.  |
| St Georges Medical practice              |                        | TBA  |   |
| High road family Drs                     | 02/10/19               | Complete   | At the time of the visit, had recently had CQC inspection, practice getting good feedback from the iPlato FFT. No actions to take away.   |
| Benfleet surgery                         |                        | Will be attending when primary care visit for their annual visit |   |
| Oaklands surgery                         | 18/09/19               | Complete   | Discussed recent changes in the practice, practice manager noted some concerns around pharmacies doing the flu immunisations. NHSE have been informed of this concern via Flu lead monthly meeting. Further support offered if required and contact details given.                                  |
| The Island                               | 02/10/19               | Complete   | The practice manager here has no concerns or areas that need any assistance with, has good experience with working with CQC. The Practice manager feels that there is limited developments for practice managers, explained that this has been escalated to the correct department and will forward |

|  |                      |   |  |
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|  |                      |   | information onto practice managers once able. Has since been actioned.   |
| Dr Chaudhary                           | 18/09/19             | Complete  | Declined visit as linked to Grafton  |
| Grafton surgery                        | 18/09/19             | Complete  | Visited, spoke to the deputy manager and the clinical pharmacist. Passed on contact details to the manager and offered assistance if needed.   |
| Third Avenue                           | 03/10/19             | Complete  | Visited the practice to introduce role. Some problems noted with the building. Contact details given and support offered to the practice team. Training information found and shared with the practice.  |
| Hawkesbury Road – Dr Ghauri            | 03/10/19             | Complete  | Some concerns raised over the transfer of information from pharmacies completing flu inoculations for Hawksbury patients. They aren't always getting informed.<br>NHSE have been informed of this concern via Flu lead monthly meeting.<br><br>Some concerns voiced over the recent CQC inspection, legionella risk. Practice manager and nurse voiced interest in a yearly link meeting for the infection control lead in the practice. |
| Canvey village                         |                      | Emailed 16th Sept, 24 <sup>th</sup> Sept - spoke to deputy 19 <sup>th</sup> Sept, still to be arranged. |  |
| Audley Mills                           | 18/09/19             | Quality visit on 18/09, planned follow up on 9 <sup>th</sup> October, practice unable to make it.       | Quality visit done, action plan created. Meeting to be followed up with practice following the quality visit.  |
| Downhall Park Road<br>Dr Jayaweera     | 18/09/19             | Informal visit complete   | Introductions made to the Doctor. They feel happy with the way the practice is running. Support offered to practice.   |
| Churchview                             |                      | TBA   |  |
| William Harvey<br>DR Ramanathan        |                      | TBA   |  |
| Puzey Family practice                  | 12/12/19             | 12/12/19  | Visited, will contact around infection control.  |
| Greensward                             | 02/10/19<br>26/11/19 |   | Introductory meeting to Greensward went well, explained what help can be offered. Greensward practice managers accepted and returned on the 26/11/19 and did a walk-through of the practice, report drafted and given to greensward along with infection control information.  |
| Leecon Way                             |                      | TBA   |  |
| Ashingdon medical ctr                  | 18/11/19             | Quality visit done 18 <sup>th</sup> November.   | Quality visit complete   |
| Great Wakering Med Ctr                 | 12/12/19             | Visit planned for the 16/01/19  |  |
| Riverside Medcial Ctr<br>Dr Conner and | 12/12/19             | Complete  | Visited and offered assistance.  |

|   |                             |   |  |
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| partners                                      |                             |   |  |
| Dr Krishnan – Kent Elms                       | 10/10/19                    | Complete  | Visit completed, information provided around infection control, handwashing posters updated. Further assistance offered.   |
| Highlands Surgery                             | 19/12/19 and 2/12/19        | Complete  | Visited to do quality visit, some actions around infection control noted. Offered assistance to practice managers who contacted the Quality assurance nurse to go in and offer some support. This was completed on 2/12/19   |
| Dr Zaidi – Eastwood Group                     | 10/11/19                    | Visited, seemed prepared, declined assistance around CQC. | Practice visited and introductions made. The practices feel they need no assistance currently.   |
| Dr Sathanandan - Pall Mall surgery            | 17/10/19                    | Complete  | Visited, some concerns raised around the new screening. Offered support, waiting dates from them to attend if support still needed.<br><br>some issues with the new cervical screening. Would like me to come over and assist with Infection control.  |
| Dr Malik – Kent Elms                          | 10/10/19                    | Complete  | Visited and support offered. Handwashing information given to practice,  |
| Dr Jayatilaka – Leigh Surgery                 |                             | TBA   |  |
| The Prince avenue surgery<br>Dr Sooriakumaran |                             | TBA   |  |
| The Valkyrie                                  |                             | TBA   |  |
| Southend Medical Centre                       | 07/11/19                    | Complete- pre CQC inspection visit                        | Visited Southend medical centre to help prepare for CQC which was to be carried out the next day. Advised re: policies, processes and all that the CQC look at when inspecting premises.<br><br>Offered support once CQC report is back.   |
| Dr Bekas                                      | 06/12/19                    | Complete- requires a pre CQC inspection visit             | Visited on 6/12/19, went through purpose of quality visits, what infection control precautions are needed to be in place. Discussed infection control, policies, PPG, ideas and gave some CQC preparation information. To go in early 2020 to help with CQC preparation, expecting a visit soon. |
| Scott Park Surgery<br>Dr HW Ng and Partner    |                             | TBA   |  |
| Carnarvon Medical Centre                      | 10/11 <sup>th</sup> October | CQC prep given over two afternoons, report written.       | Attended the practice on two afternoons to help prepare for CQC. Went through the 5 key questions, tried to offer assistance into how to showcase the practice in the best light and shared the key lines of enquiry with them.<br><br>Practice manager aware of                                 |

|                                     |                    |          |   |
|-------------------------------------|--------------------|----------|---|
|                                     |                    |          | all the actions that need to be completed prior to CQC inspection.<br><br>Visited 23/12/19 around creation of an action plan following publication of CQC inspection report.              |
| Queensway surgery                   |                    | TBA      |   |
| Central Surgery                     |                    | TBA      |   |
| West Road Surgery                   |                    | TBA      |   |
| North Avenue                        |                    | TBA      |   |
| Dr Vashisht – Warrior Square        |                    | TBA      |   |
| St Lukes Health centre              |                    | TBA      |   |
| The practice, Northumberland Ave    | 04/10/19           | Complete | Visited, support offered if required.   |
| Dr Irlam - Central surgery          | 13/12/19           | Complete | To plan visit in new year with practice nurse and discussed assisting the infection control link nurse moving forward.  |
| Thorpe Bay                          |                    | TBA      |   |
| Shaftsbury Avenue                   |                    | TBA      |   |
| Dr Kumar – Shoebury health centre   | 14/11/19           | Complete | Introductions made with practice manager, has asked if a meeting can be arranged to come over and look at doing a walk around the practice with an emphasis on infection control.         |
| Dr Palacin – Shoebury health centre | 14/11/19           | Complete | Visited. Practice manager requested visit around CQC preparation and infection control. Awaiting an afternoon to be organised. I have emailed twice to obtain dates.                      |
| North Shoebury surgery              | 14/11, 25/11, 6/12 | Complete | Introductions made, offered support, have been in to assist around SI processes.<br><br>Continue to offer pastoral support to the practice as they continue to manage the merged process. |
| Dr Dhillon surgery                  |                    | TBA      |   |
|                                     |                    |          |   |

- 2.2 The information above shows all informal visits and joint quality visits have been completed within the Quality team since September and the actions from this. The informal visits to begin with were planned by contacting the practice managers and arranging a convenient and mutually agreeable time to visit.
- 2.3 Due to a low response rate, it was decided that informal drop in meetings would be useful in order to introduce the Quality Assurance Nurse role. This method has enabled the quality team to be more effective and has led to a better engagement.
- 2.4 This has also been an effective way of meeting the practice teams and explaining what services the quality team can offer. Out of the 51 GP's operating over the two CCG's, currently 28 have had a visit from the quality assurance nurse. When the visits are completed it is documented and concerns, themes and anything other questions from the practices are logged and actions made if necessary.

The quality visits completed alongside primary care are being booked with the practices and continue to be completed into the New Year.

### **3.0 Visit themes and trends.**

3.1 Throughout the visits there have been themes and trends that have emerged that practices would like further support with. The Quality Assurance Nurse has been supporting the practices with these and revisiting with further information. The themes are outlined below:

- ***Infection control***

Link nurse meetings, many practices have commented that this used to be a regular thing for their nurses and has stopped within the last few years. Many have said they would like to see the return of this. Many practices were not aware of the changes to auditing and environmental cleaning. Actions from this were to ask all practices if they would like assistance and advice on infection control and the offer given for an informal visit around infection control to assist them with action planning if necessary. Information and audit forms given to practices from the <https://www.infectionpreventioncontrol.co.uk/>.

- ***CQC preparation***

This has consistently been an area that most practices would like to receive assistance with. Some of the newer practice managers are yet to receive a visit and are not sure what needs to be provided to the inspectors to show that their service is safe, effective, caring, responsive and that ultimately it is well led.

There have been two practices visited around CQC preparation. Unfortunately on these occasions the CQC visits were scheduled for the next working day and therefore the action plans needed longer to be completed.

Future processes will ensure that the Quality team will support all practices that inform the team of when the CQC are inspecting.

A number of visits have been scheduled and the quality assurance nurse is working with practices who need assistance post visit and action plans drawn up.

- ***Training and development needs***

Many practices have discussed what training needs they have and what they feel they would be beneficial moving forward. The Quality Assurance Nurse has been liaising with the workforce team to ensure that correct information is being shared with the practices around what training is available to practice staff.

The Quality Assurance Nurse is to continue to liaise with workforce and training needs shared with practiced managers and nurses.

### **4.0 Other work the Quality Assurance Nurse has been completing.**

4.1 The Quality Assurance Nurse has been attending the South East Essex CCGs Drug & Therapeutics Committee meetings, by attending to do this the information can be shared with the quality team members and also the quality assurance nurse can ensure that consistent messages are being heard when visiting the practices.

- 4.2 The Quality Assurance Nurse has been working alongside the communications team to roll out the 15 step challenge, a tool that practices can use to gain insight into the service their patients receive when entering the building within the first. To date, the process has been discussed at both CCG patient participation group meetings and the practices have been identified that would benefit from partaking in the pilot. The Quality Assurance Nurse is to visit the practices to outline the pilot and implement by the end of February 2020.
- 4.3 Attending the SMI health check meetings has provided valuable information that has then been relayed to practices during the quality visits. Encouraging the practices to ensure that all health checks are completed supports patients in receiving a quality primary care service.
- 4.4 During all practice visits the quality assurance nurse discusses the importance of the LD Healthchecks, with the aim to ensure that the practices recognise and value the importance of the healthcheck. The Quality Assurance nurse has also supported the working group to deliver the promotional birthday cards to each practice to be sent to patients.
- 4.5 The Quality team maintain a primary care dashboard that informs the CCG about practice data if required. It contains information relating to Flu, Shingles, Friends and Family Test data, CQC inspection reports, list sizes and any other concerns. This data is regularly reviewed and updated.
- 4.6 The Time to Learn sessions are organised by the Lead Nurse, Primary Care in response to the ask and offer sessions held with the practice nurses. The quality assurance nurse attends and ensures the session for practice nurses and allied health professionals runs smoothly and that any presentations are available for the members to obtain if required.
- 4.7 Carrying out supportive practice visits ensures that the practices are aware of the supportive link between them and the CCG. Assisting them with issues they may have such as: complaints, serious incidents, infection control and other issues ensures that they continue to provide quality primary care services and that the CCG can be assured that there is support available to the practices should they need it.

## Conclusion

To conclude the Quality Assurance Nurse has been and continues to work closely with the local practices. Quality visits are ongoing and action plans created with support offered from the quality team.

36% of informal visits have concluded with a supportive visit around CQC, infection control or training and development needs and there have been support and feedback to the visited practices in relation to these.

From the quality and contracting visits, action plans were created with follow up visits to the practices arranged to ensure that actions needed have been identified and have a plan to remedy.



## Recommendations

- The Quality Assurance Nurse will continue to visit the practices and complete the quality visits, the action plan and follow up visits.
- The Quality Assurance Nurse will also provide supportive pre-CQC inspection visits to practices that inform the team that there is an announced visit planned.
- The Quality Assurance Nurse will be supporting practices in the 15 step challenge pilot
- The Quality Assurance Nurse will continue to support the Time To Learn agenda

| <b>Monitoring and Assurance Summary</b>   |  |
|---|--|
| This report links to the following Assurance Domains  | <p><b><i>[Delete any that are not applicable]</i></b></p> <ul style="list-style-type: none"> <li>• Quality</li> <li>• Equality and Diversity</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</li> </ul> |
| <b>Internal governance</b>  |  |
| Discussed in team meetings.   |  |
| <b>Stakeholder and community engagement</b>   |  |
| Provide details of which stakeholders have been identified as being relevant to the issue under discussion, what measures have been taken to consult/engage with them, and what feedback has been received from them. |  |

## Impact Assessments

| Have you considered the implications of this report on each of the matters below, as indicated? |                      |  |   |
|---|----------------------|--|---|
|   | Any action required? |  |   |
|   | No                   | If action is required then:  |   |
|   |                      | Identify location of proposed action in report (paragraph number)                                      | Identify which appropriate officer of the CCG has agreed action is sufficient |
| All three Domains of Quality (Safety, Quality, Patient Experience)                              | √                    |  |   |
| Board Assurance Framework/ Risk Register  | √                    |  |   |
| Financial Impact  | √                    | If proposal has financial impact, then the financial impact assessment – appended – must be completed. |   |
| Legal/ Regulatory   | √                    |  |   |
| People/ Staff   | √                    |  |   |
| Financial/ Value for Money/ Sustainability  | √                    |  |   |
| Information Management & Technology   | √                    |  |   |
| Equality Impact Assessment  | √                    |  |   |
| Freedom of Information  | √                    |  |   |