NHS
Sheffield

Quality Annual Report
Independent Contractors

April 2010 to March 2011

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1. INTRODUCTION

NHS Sheffield has a responsibility to gain assurances that services delivered by Community Pharmacists, Dentists, Optometrists and GPs are safe and of high quality. This is a requirement as part of their contracts and to ensure that services are compliant with national regulatory standards for quality and legislation. With the exception of Optometrists, all independent contractors (IC's) have a contractual responsibility to co-operate and implement systems and processes for clinical governance.

We have put in place vigorous processes over the last four years to ensure that we have assurance of contractors' performance in delivering high quality services. Where there are concerns raised relating to compliance, this is managed via the contract and the PCT Policy for "Managing Concerns about the Performance of Independent Contractors".

This report provides information on performance, activity and improvements in relation to quality and safety during 2010/11.

2. COMMUNITY PHARMACY

2.1 Background

There are currently 118 community pharmacies in Sheffield. The quality monitoring process is well established and has been in place since 2005 and updated in January 2008, to incorporate regulatory standards (Standards for Better Health). The monitoring standards are based on the national NHS Primary Care Contracting Assessment Tool and regulatory standards for quality. Pharmacies in Sheffield are fully engaged in this process. The three year rolling programme started in 2008/09 and ended this year. To date all pharmacies in Sheffield have now been visited at least once. The new three year programme will commence in April 2011, with 40 pharmacies identified for a quality review visit. The standards will be updated based on the Care Quality Commission (CQC) outcomes (April 2010) and in year amendments to the national contract.

2.2 Process

The quality framework consists of three elements of service - Essential, Advanced and Enhanced. Each year all pharmacies are asked to submit a self-assessment to state compliance / non compliance against the standards.

The Pharmacy team completed the final 40 (33%) visits this year. Verbal feedback was provided at the time of the visit and a full written report sent within two weeks. In the case of pharmacies with multiple sites, the area manager also provided with a copy of the written report. Areas of concern within individual pharmacies were managed through the implementation of recovery plans over a three month period and followed up to ensure actions are completed.

2.3 Additional Assurances

Prior to Pharmacists undertaking Enhanced Services, appropriate training and relevant professional development must be undertaken and services must be compliant with specific quality standards.

The regulatory body, the Royal Pharmaceutical Society (RPS), visit pharmacies to ensure that legal requirements and professional standards of practice are in place. Following visits, a short report is produced and provided to the individual pharmacy with a copy to the Controlled Drugs Accountable Officer of the PCT. This report highlights the areas inspected and identifies any areas of non-compliance. This intelligence is then used alongside other quality information when targeting and reviewing pharmacies. All interventions, e.g. visits to the pharmacy, communication with the relevant pharmacy superintendent's office by the Controlled Drugs Governance Officer and the Clinical Governance Facilitator Pharmacist are recorded.

All Pharmacies completed a "Specials" audit during 2010/2011. A 'Special' is an unlicensed product for which there is no easily available alternative and is manufactured specifically for the patient. The audit data indicated that community pharmacy is ideally placed to identify alternatives to the prescribing of specials, improving patient safety and reduce costs. During September, the period of the audit, pharmacists were able to make 39 successful interventions in which a suitable licensed product was identified to the GP with the prescriber agreeing to make the necessary change to the prescribed item. This resulted in a reduction of around £5,500 in the cost of prescribing for the month. A projection based on these figures indicates a potential annual saving of over £100k. As a result of this audit the PCT can be assured that community pharmacies have safe systems in place for handling unlicensed 'special' products and help to ensure the most appropriate use of NHS resources.

In addition to PCT led multidisciplinary audits, pharmacies were also required to undertake an annual clinical audit of their choice.

As part of the contract, pharmacies are required to participate in an annual patient satisfaction survey and develop and implement action plans. Pharmacies are not required to share their plans with their PCT due to the commercial sensitivity of the information. However during the quality visit evidence is sought to demonstrate that the pharmacy has participated in the survey and made any improvements and all pharmacies were happy to share this information. This year, commonly identified themes included prescription waiting times, seating availability and patient privacy.

2.4 Performance

Self Assessment

99 (84%) of pharmacies completed and returned the annual self-assessment declaration. Appendix 1 outlines compliance against its components and performance was good, with a compliance rate at over 80% for all elements.

Compliance with the non-contractual elements - Infection Control (requirements of the Health & Social Care Act), Medical Devices and Research - was not as high, with poor compliance with infection control audits. This may be due to a number of pharmacies that do not provide services requiring stringent infection control programmes - such as near patient testing. However, this does not represent a patient safety risk. It is expected that these elements will be introduced into contractual framework in (October 2011). It is anticipated that pharmacies will be expected to demonstrate cleanliness and infection control measures proportionate to the activities being undertaken in the pharmacy. Steps have been taken at a pharmacy update event and in the Clinical Governance newsletter to develop awareness of these new elements within the contract.

Pharmacy Visits
40 (33%) of community pharmacies received monitoring visits. During these visits, not all elements of the self-assessment were reviewed, only those forming part of the contractual framework. Appendix 2 outlines the compliance of community pharmacists over the period 2010/2011.

Figure 1 shows compliance against standards for Essential Services which demonstrates over 90% compliance.
Figure 2 shows compliance against clinical governance standards demonstrating over 85% compliance.

In addition, all Controlled Drug issues are reported on and shared at the Controlled Drugs Intelligence Network (CD LIN).

Compliance with standards as observed on the visits, compared to those reported via the self assessment shows close correlation, surprisingly with better compliance at pharmacy visits. All pharmacies will continue to be visited on a rolling, 3-year programme although those pharmacies where concerns are raised in year will to be visited as a matter of urgency.

2.5 Support

A Clinical Governance Pharmacist provides support to community pharmacies. A bi-monthly Clinical Governance newsletter is sent to all contractors covering topics highlighting good practice and raising recent concerns. The Community Pharmacy Development Unit (CPDU) also provides support and guidance for pharmacies via NHS Sheffield website, mail shots, e-mail, and presentations at update meetings in conjunction with the Sheffield Local Pharmaceutical Committee (LPC). Updated material including the Signposting Guide via the NHS Sheffield internet website is distributed. Resources are also made available on the Sheffield LPC website as a result of the productive relationship between the CPDU and the LPC.

2.6 Education

A number of education and training events have been delivered during the year, some in conjunction with the Local Pharmaceutical Committee, covering a variety of topics:

- Emergency Hormonal Contraception (Teenage Pregnancy)
- Safeguarding Children
- H-Pylori
- Sexual Health Update
- Diabetes
- Controlled Drugs
- Information Governance
- Falls Awareness

2.7 Conclusion

Pharmacies are performing well against quality standards. There is high confidence in the self-assessment, generally performing better than they declared in the self assessment. There is good compliance against all contractual standards, although with a lower compliance against the non-contractual elements. These will be targeted this year following amendments to the national contract. The new 3 year programme commences in April 2011.

3. 0 DENTAL PROVIDERS

3.1 Background

There are currently 80 contracted dental practices and 4 contracted orthodontic practices in Sheffield. Quality monitoring of these practices has been in place for a number of years. All practices are engaged with the process.

From April 2011 all dental practices were required to register with the Care Quality Commission (CQC) and demonstrate that they meet a range of essential quality standards. All Dentists were registered in Sheffield with no conditions.

3.2 Process

A 3 year quality monitoring process commenced in April 2010 comprising of practice self assessments and practice visits. All practices are required to carry out a self assessment on an annual basis and all practices have one inspection during this 3 year period. The quality frameworks used for this monitoring process reflect the essential CQC standards.

Practices were not asked to carry out a self assessment in 2010/2011 due to pressures on them to register with the CQC. 26% (n=22) of all practices were inspected in 2010/2011 with the remaining 74% (n=58) of practices to be inspected over the next 2 years.

Practice visits are undertaken jointly by the Dental Advisors and the Quality Team using a quality framework. Verbal feedback is provided to the practice at the time of the visit and actions with time scales to improve areas of concern are also agreed. Following the visit practices are sent written confirmation of the agreed actions and timescales and asked to provide evidence that they have completed these actions by the agreed timescales. Actions and timescales are recorded on a NHSS data base which his used to

monitor progress. If evidence has not been received by the practice by the due date then they are contacted.

3.3 Additional Assurances

The British Dental Association (BDA) Good Practice quality accreditation scheme involves the completion of a self-assessment and visit from an external assessor. The BDA have undertaken a mapping process against new CQC essential standards. Accreditation of the scheme will be assessed during 2011/12 via the self assessment process.

The Dental Reference Service (DRS) has completed a number of visits to dental practices within Sheffield and this intelligence is used to inform the performance of practices. The visits have included a review of record keeping, examinations, inspections and surgery and a report is sent to the NHS Sheffield Dental Advisors. On receipt of the report, NHS Sheffield reviews the findings and if required, a targeted practice Inspection would take place.

3.4 Performance

Appendix 3 shows the results of performance from the 26% (n=22) of practices visited in 2010/11. The results are taken from the data collected from the visits and put into categories which reflect quality indicators and requirements of the CQC.

Compliance in each category has been worked out on how many elements within that category were achieved. To score Met (Green) 80% or more of the elements within that category had to be met. To score ‘Working Towards’ (Amber) 51 to 79% of the elements within that category had to be met and to score not Met (Red), 50% or less were met.

Overall performance was good; however there were some identified areas of concern:

- Disability Discrimination Act (DDA) compliance is an area of poor performance. 23% (n=5) of practices inspected were scored as Not Met (Red), and 14% (n=3) of practices inspected were scored as working towards (Amber). The most common element not achieved within the category was providing a large print information leaflet and a toilet with an emergency pull cord.

- Medicines management is also an identified area for significant improvement, with only 50% (n=11) of practices inspected scoring Met (Green) for this category. 14% (n=3) scored Not Met (Red), with the remaining practices working towards compliance. The most common element not achieved was the provision of a medicines management procedure.

- In the patient feedback category 23% (n=5) of practices inspected scored Not Met (Red) for this category and this was due to not providing feedback on patient survey results.

- 5% (n=1) of practices inspected scored Not Met (Red) in relation to patient safety. The most common element not achieved was the provision of a significant events procedure.

Areas of good practice identified as a result of these visits included 100% (n=22) of practices visited were able to demonstrate that they had met the category in relation to clinical effectiveness and internal premises. 95% (n=21) of practices visited were able to demonstrate Met (Green) in relation to infection control requirements.

As a result of the visits, one Dental practice was found to be unfit for purpose and ceased practising. This was reported to the Assurance Committee at the time of the closure.

The issues identified in 2010/11 as a result of the quality monitoring process will be addressed throughout 2011/12 through joint working with the Dental Advisors. Future education and support provided will focus on areas of concern highlighted.

3.5 Support

Dental Practice Advisors (DPA) provides independent clinical advice to practices and NHS Sheffield and has been in place for a number of years. Regular meetings take place between the Dental Advisors and the Quality Team to share intelligence regarding practice. It is envisaged that close working relationships will be in place with the CQC by the end of next year.

The PCT also works closely with the Dental Deanery – the CPD Tutor – who coordinates the dental learning network and supports professional development plans to identify training needs and provide significant event analysis training. A bi-monthly newsletter is also sent out to dental providers.

3.6 Education

NHS Sheffield has supported a number of educational events/workshops, particularly to support practices to register with the CQC.

- A workshop to update Dentists on a range of quality issues was held in February 2011, sponsored by Sheffield Clinical Executive. Over 110 delegates attended – with representation from approximately 40 practices. Topics covered included: an update on the CQC registration, referral guidance, and early detection of malignancy, NHS Sheffield's research strategy and NICE audit results.
- A joint event with Rotherham PCT was held in March 2011 which focussed on the CQC requirements for registration and on-going monitoring.
- The dental bi-monthly newsletter has delivered key messages on quality issues, especially during the run up to registration with the CQC.

3.7 Conclusion

Practices were challenged this year to register with the CQC and all have been successful. Assurance visits based on CQC standards have demonstrated that the majority of practices are performing well, however only a third have been visited. More effective benchmarking can take place after 2011/12 visits.

4.0 OPTOMETRY PROVIDERS

4.1 Background

There are currently 65 contracted optometry practices in Sheffield and 7 domiciliary services. The quality monitoring has been in place since 2003 and all Optometry practices are fully engaged with the process. The Quality Standards were developed as an addition to the contract, and the three year incentive scheme and monitoring process was agreed by NHS Sheffield in November 2009.

Optometric practices are not required to register with the CQC and thus the standards have not been updated this year. 2011/12 is the last year of the practice visits, and the final 21 practices will be undertaken.

4.2 Process

A self assessment was undertaken in 2009 of all Optometry practices against quality standards and contractual requirements, and performance was reported last year. Ophthalmic practices did not undertake a self assessment this year since it was not part of the agreed programme.

The 2010/11 visits commenced in April 2010 and 23 (35%) Optometry practices were visited by the Ophthalmic Adviser and the Business Support Officer / Quality Manager. As part of the agreed incentive scheme, £200 is awarded to the contractors that could demonstrate compliance with the all quality standards during the visit. A total of15 practices received £200 this year and were compliant with quality standards relevant to their practice.

Verbal feedback was provided and areas of concern are addressed at the time of the visit. Action plans were agreed with individual practices to deliver within a maximum three month period. A full written report describing actions to be taken was sent out within two weeks of the visit.

4.3 Additional Assurances

An Internal Audit of the process for Optometry quality assurance was undertaken this year and scored ‘B’ rating. A small number of low risk actions have been completed.

Eight post payment verification visits are undertaken randomly, over the 12 month period. Any concerns raised are addressed with the practice at the time of the visits.

4.4 Performance

Appendix 4 shows performance of the visits and there was generally good compliance in both quality and contractual requirements. Areas of Non compliance were found in areas of Child and Adult Protection (65%) infection control (50%) and incident reporting (18%). For each of these issues, there were no updated procedures and policies in place. Despite Optometrists having a low level of reporting of safeguarding cases and incidents, it is important that policies and procedures are in updated and robust. Model policies are provided by NHS Sheffield at the time of the visit and practice is followed up to ensure action has been taken.

4.5 Support

The Optometric Advisor, a Business Support Officer and Quality Manager, provide ongoing support and advice to all Optometry practices.

Further work has been undertaken by the Waste Manager and contracts have been secured for practices this year.

4.6 Conclusion

NHS Sheffield has maintained good relationships with ophthalmic contractors and the visits demonstrated good compliance with the quality standards. The areas of non compliance are consistent with previous visits to other practices.

5.0 GENERAL PRACTITIONERS

5.1 Background

There are currently 88 General Practices on 117 sites in Sheffield. The Quality and Outcomes Framework (QOF) is the main vehicle for assessing quality in general practice. An annual report with details of performance will be produced in September 2011.

5.2 GP Appraisal and Underperformance

NHS Sheffield has a statutory duty to assure, monitor and improve the quality of its services. NHS Sheffield has a broader responsibility for the quality and safety of care delivered by practitioners who are independently employed within primary care and contracted to work on behalf of NHS Sheffield

Details of activity concerns relating to independent contractors can be found in the annual report available from July 2011.

5.3 Support

NHS Sheffield has delivered a number of Protected Learning Initiative (PLI) events;

- 20 April 2010 - Common Patient Conditions
- 16 November 2010 - Paper to Patient (COPD)
- 12 January 2011 - Safeguarding Children

- 9 February 2011 - Keeping Older People Healthy and at Home

- 1 March 2011 - Assessment and Management of the Sick Child

6.0 ACTIONS FOR 2011 / 12

- Complete the visits scheduled for 2011/12 as part of the rolling programme for both dentists and ophthalmologists
- Update Pharmacy quality standards based on CQC and new contract standards.
- Monthly meetings to be set up with CQC in order to share intelligence and to discuss performance monitoring in relation to dental practices
- Support and guidance for GPs whilst they begin the registration process for CQC – although this will likely be delayed until 2013

7.0 CONCLUSION

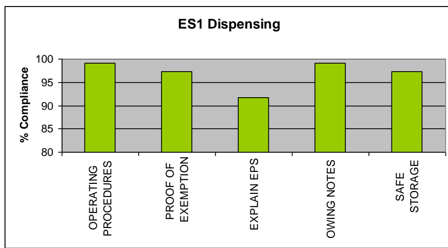
Assurance is in place that NHS Sheffield has put in place robust systems for safety and quality and that concerns are identified and managed effectively. The CQC has required Dentists to comply with a more stringent set of quality standards this year with the intention of improving quality and safety. Dashboards have now been developed for individual contractors and used to monitor and manage performance, enabling a more objective audit trail of monitoring and reporting.

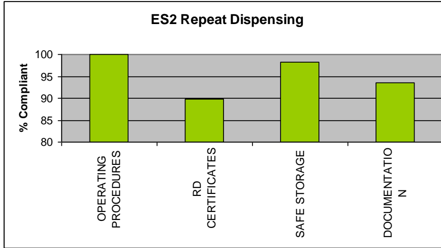
It has been established with pharmacists, that the self assessment process has been representative of actual practice and there have been some excellent innovative projects to support quality and safety improvement this year.

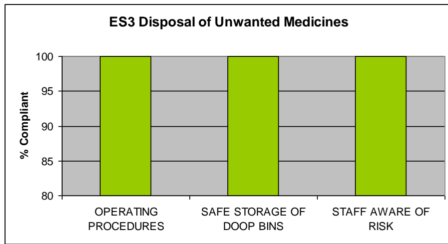
8.0 RECOMMENDATION

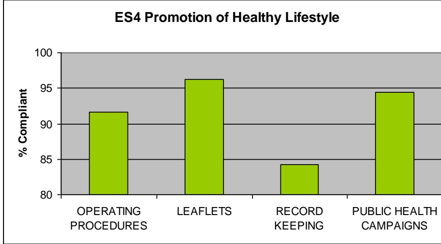
The Assurance Committee is asked to note and endorse the performance of contractors in this report.

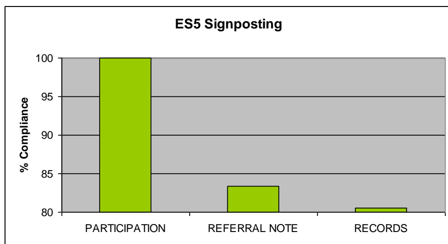
Appendix 1 – Self Assessment Responses - Pharmacists

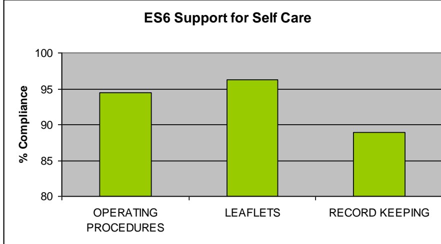


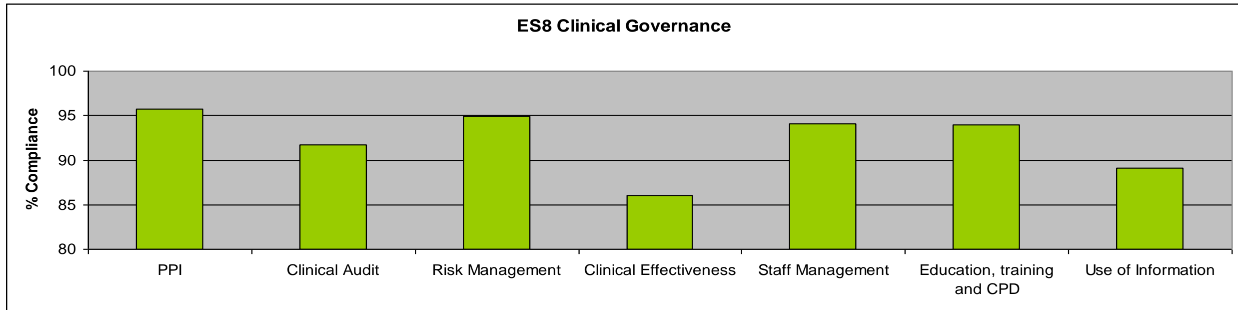


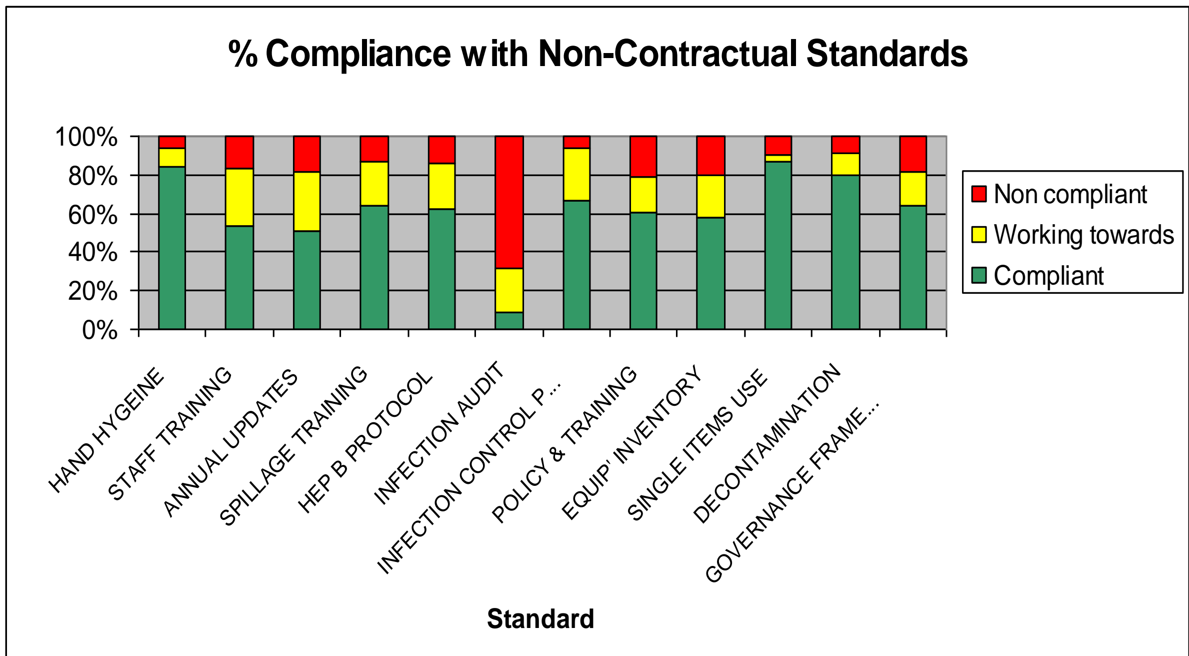












Appendix 2

Standards Assessed on Visit - Pharmacists
Figure 1 Essential Services

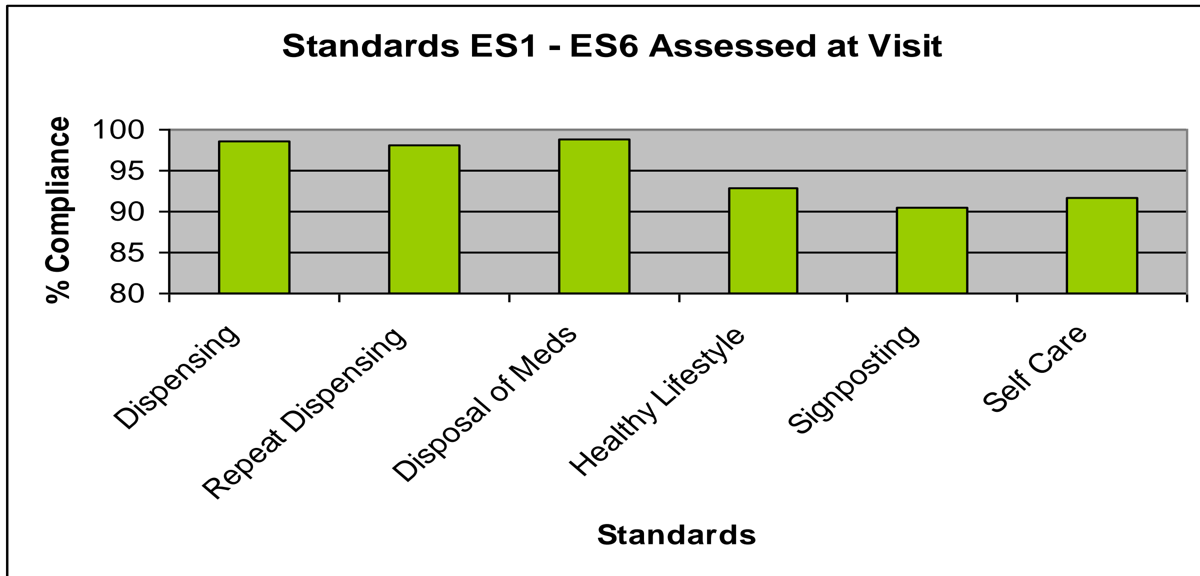
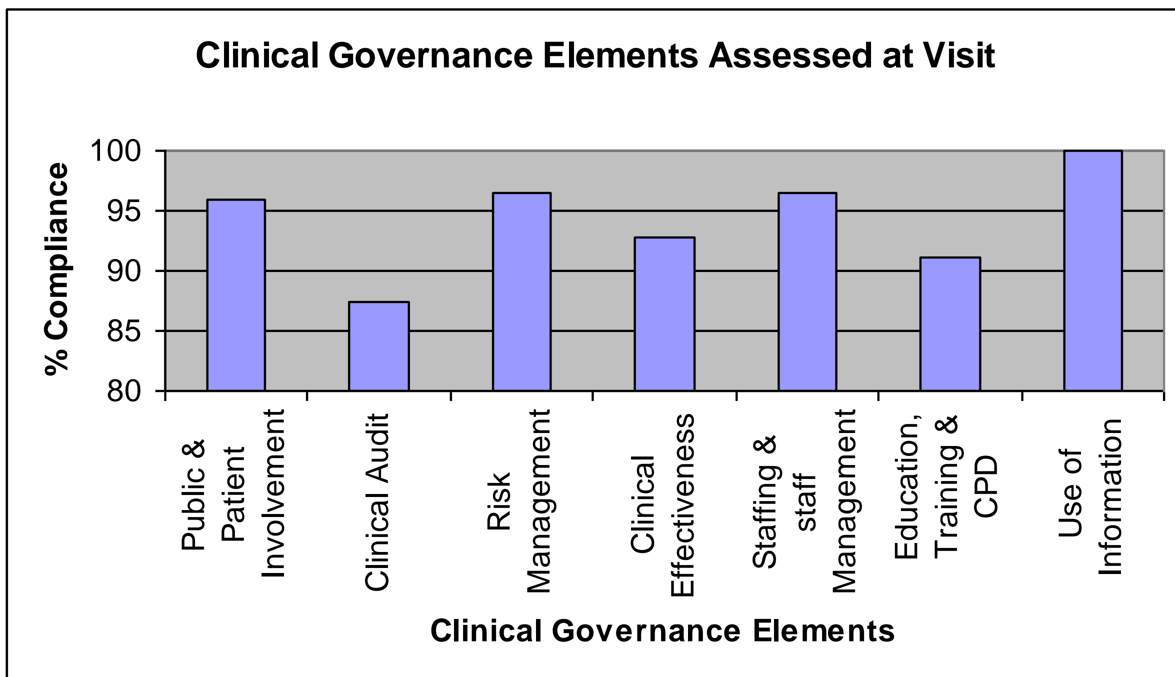
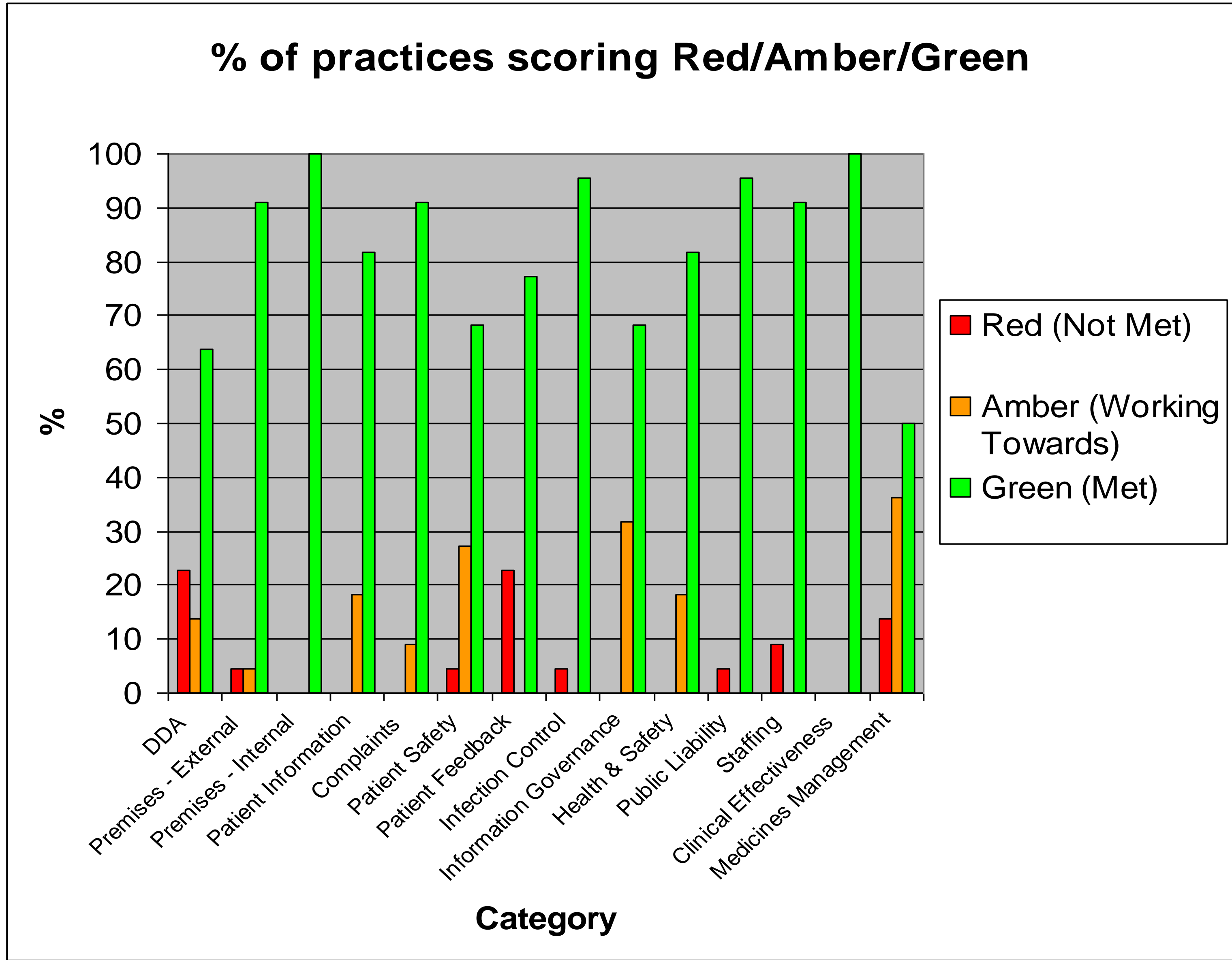


Figure 2 Clinical Governance



Appendix 3 – Levels of compliance achieved by Dental Practices visited in 2010/11



Appendix 4 – Compliance with Quality Standards - % Optometry Practices