

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**08 January 2019**

<b>Title of the report:</b>	Quality Report
<b>Section:</b>	Performance – How are we doing?
<b>Report by:</b>	Samantha Hand – Quality Lead
<b>Presented by:</b>	Gillian Adams, Independent Lay Member

<b>Report supports the following West Leicestershire CCG's goal(s):</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

<b>Equality Act 2010 – positive general duties:</b>
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services.
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To update the Board on the latest quality issues and developments
Discussed by	Quality and Performance Committee, 20 <sup>th</sup> November 2018
Alignment with other strategies	STP, Operational Plan
Environmental Implications	Not applicable
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	no

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**Quality and Performance Committee**

**Tuesday 20 November 2018**

**INTRODUCTION**

1. The purpose of this report is to update the Governing Body on key items relating to quality since the last committee meeting in October 2018 and that includes:
  - CCG Peer group comparison
  - Review of data in regards to patient choice regarding **cancer DNA data**.
  - Approve safeguarding policy - **Safeguarding Supervision Guidance**
  - LLR Guidelines for which OTC items should not routinely be prescribing in primary care

**CCG Peer group comparison**

2. The committee reviewed a report that compared WLCCG against CCGs nationally and also against a recently refreshed peer group of 10 other CCGs that are “similar” to them. These have been refreshed to reflect CCG mergers and are not intended to be perfect statistical comparators but a more meaningful comparison that an England average. The set of variables included:
  - Overall deprivation & Health deprivation
  - Population total
  - Age profile (Under 5s, 5-14yrs, 15-24yrs & 75+)
  - ADSONS (Ratio of registered population to Office for National Statistics estimates)
  - Population density & Population density slope
  - % Black & % Asian
3. The committee reviewed comparison data on a number of national metrics that are within the Improvement Assessment report that is produced for Q&P. Detailed WL CCG Performance Summary Performance Ranked from CCG Comparisons Report:

**IAPT Access** = 1/11 rank to closest 10 CCG; 55/195 rank nationally (Top performing in June but not expected to continue)

**Dementia Diagnosis** = 1/11 rank to closest 10 CCGs; 68/195 rank nationally

**Cancer 62 day** = 3/11 rank to closest 10 CCGs; 131/195 rank nationally

**Cancer 31 day first definitive treatment** = 4/11 rank to closest 10 CCGs; 50/195 rank nationally  
IAPT recovery = 4/11 rank to closest 10 CCGs; 61/195 rank nationally

**Cancer 2WW** = 5/11 rank to closest 10 CCGs; 80/195 rank nationally

**Diagnostic Tests** = 5/11 rank to closest 10 CCGs; 110/195 rank nationally

**E-Referrals** = 6/11 rank to closest 10 CCGs; 92/195 rank nationally

**RTT performance** = 8/11 rank to closest 10 CCGs; 114/195 rank nationally (RTT had declined across all CCGs since winter 2017 due to the impact of the pause in elective surgery nationally)

**Early Intervention in Psychosis (EIP) % seen in 2 wks** = 8/11 rank to closest 10 CCGs; 140/195 rank nationally

**Cancer 2WW Breast** = 8/11 rank to closest 10 CCGs; 149/195 rank nationally (Variation in performance across CCGs due to low numbers)

**Cancer 31 day surgery** = 10/11 rank to closest 10 CCGs; 166/195 rank nationally

**Care Programme Approach (CPA) follow up in 7 days** = 10/11 rank to closest 10 CCGs; 193/195 rank nationally

**IAPT 6wk wait** = 11/11 rank to closest 10 CCGs; 195/195 rank nationally (Target not achieved since June 2017)

4. The committee discussed WLCCG's performance and requested a peer comparison with LCCCG. The importance of outcomes for patients was referred to and any harm to patients as a result of delays in treatment. A scrutiny of neighbouring providers – possibly from other CCGs - was suggested as harm reports are only available from UHL
5. Q&P members agreed to receive a similar report on a 6 monthly basis.

#### **To review data in regards to patient choice re: Cancer DNA data.**

6. Cancer DNA's - review of Cancer Did not attend (DNA) revealed that this data is only available for patients that have breached national wait times. The particular Acute Trust decides on the reason for the breach – this was usually capacity or patient choice. The committee felt there was a high number of patient choice breaches and said it would be useful to know the reasons; if patients were anxious or were experiencing other logistical issues such as mobility or the inability to travel to appointments, and the committee requested more information and the numbers involved prior to deciding whether to ask Dr Umar Abdulmajid to raise with the Cancer Board.

#### **Approve safeguarding policy - Safeguarding Supervision Guidance**

7. It was reported that Safeguarding Supervision information would be incorporated into the CCG Safeguarding Children and Adults Policy. It was also added that safeguarding supervision aimed to support practitioners to make sound professional judgements that related to safeguarding concerns to safeguard and promote the welfare of vulnerable people. The report also outlined the CCGs duty to support the designated professionals to facilitate Safeguarding Supervision which was outlined in the NHS England Accountabilities and Assurance Framework: Protecting Vulnerable People (2015). It also detailed the process and format of the CCG safeguarding supervisory framework.
8. Mrs Harrison reported that a CQC inspection on looked after children had been held. Informal feedback had been received, together with an acknowledgement that the safeguarding team understood emerging themes and were sighted on the gaps. These included provider gaps, in particular the CQC had recognised the gap between the assessment of CAMHs and the delivery of therapy was too long. An interim report was expected in late December.
9. 60/130 GPs were now trained in domestic abuse. Dr Ogle agreed to raise the adult safeguarding training with his colleagues to increase uptake of training.

10. The Committee approved the safeguarding supervision framework and agreed with the proposal that the Safeguarding Supervision information in the report would be incorporated into the CCG Safeguarding Children and Adults Policy.

**LLR Guidelines for which OTC items should not routinely be prescribing in Primary Care.**

11. The committee received a paper which outlined that in 2017 WLCCG approved Guidance for Self-Care for Minor Ailments which had been implemented across WLCCG. A list of low priority medicines was also agreed by LMSG (Leicestershire Medicines Strategy Group) in November 2016 some of which included items that could be bought over the counter (OTC).
12. West Leicestershire Medicines Optimisation Team had agreed to lead on the development of the Leicester Leicestershire and Rutland guidance. However in order to avoid having to obtain agreement from all three CCGs and risk a lack of consensus and unnecessarily delay implementation, each organisation has been requested to consider and seek the final approval of the guidance from the LLR Clinical Commissioning Board.
13. The Committee agreed to allow the CCB to approve LLR guidance on Conditions for which over the counter items should not routinely be prescribed in primary care.

**RECOMMENDATION:**

West Leicestershire Clinical Commissioning Group is asked to:

- **RECEIVE** the Quality Report.