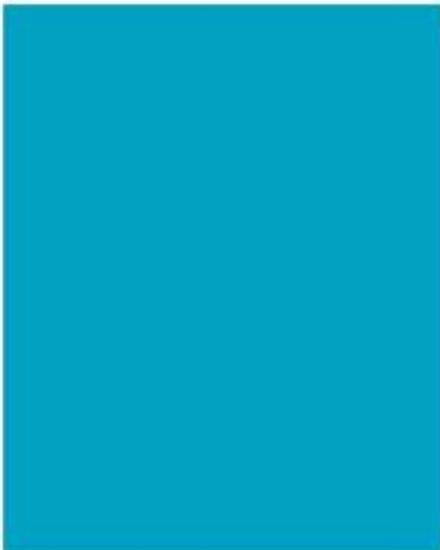


Strictly Confidential

Investigation Report

NHS Wirral Clinical Commissioning
Group

Care Home Locally Commissioned
Service



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1. Introduction

A signed letter dated 12 February 2018 was received by Dr Sian Stokes Clinical Lead – Long Term Conditions at NHS Wirral Clinical Commissioning Group from Wirral GP Provider (GPW-Fed) Ltd. The letter raised serious concerns regarding a number of aspects of the Enhanced Primary Care in Care Homes (EPCCH) Locally Commissioned Service Scheme.

After discussion NHS England North (Cheshire and Merseyside) and NHS Wirral Clinical Commissioning Group agreed that NHS England would investigate questions 8, 9 and part of question 10 identified in the letter. (Letter appendix 1)

Concerns raised in questions 8, 9 and part of 10 in the letter alleged that;

- *A few practices with large number of nursing home patients were approaching nursing home management with inducements to register patients from other practices.*
- *Colleagues have highlighted that nursing homes are being advised by some practices that unless they switch patients to practices with larger numbers, they will not get the service from the existing practice.*
- *Practices have given evidence of sudden change of registration after patients had been registered with their practice for decades.*
- *GPs and Managers have discovered that some patients have had their registration arbitrarily changed with no discussion with relatives.*
- *There are serious concerns of probity, governance, and discrimination based on age and incapacity. That this was an infringement of human dignity, patient choice and not in keeping with GMC code of conduct.*

Date of report

31.05.2018

Case Management

Case Manager:

[REDACTED]

[REDACTED]

[REDACTED]

[Type text]

Case Investigating Officer:

[REDACTED]

2. **Background**

In January 2018 Wirral Clinical Commissioning Group wrote to all practices (appendix 2) to inform them that, following a review, the Enhanced Primary Care in Care Homes (EPCCH) Locally Commissioned Service (appendix 3) would be changed from 1 April 2018. The new requirements were primarily designed to ensure total care home population coverage was achieved for patients who want to receive the service. It also aimed to enhance the overall quality of patient care by improving collaborative working between GP Practices and Care Homes.

As part of the scheme GP Practices would be expected to deliver at scale, with a minimum of 20 patients per home/ward round, or full 100% coverage of a home if the bed capacity was lower. The financial model was designed around the service model. Practices would be encouraged to collaborate with other practices to deliver the scheme at scale. There was no expectation for patients to re-register with the practice delivering the scheme and practices would be able to deliver the scheme to patients not currently registered with their practice.

All practices wishing to provide the service must have had their implementation plans countersigned by the care home to receive the service. All claims from practices must be countersigned by the care home for each quarter of the financial year confirming the ward rounds took place.

All providers using a mainly nurse led model (with once a month GP visits) must provide evidence of the nurses appropriate training, skills and experience to appropriately deliver the ward round in their implementation plans prior to CCG sign off. All providers must also attend at least two meetings per year with the CCG to review the service delivery and associated outcomes.

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3. Investigation Terms of reference

The investigation terms of reference are attached. (appendix 4)

4. Methods used to obtain evidence

The investigation commenced on 28 February 2018 and ended on 23 May 2018. A variety of information gathering techniques were used. These included 10 face-to-face interviews, 5 telephone interviews and written evidence. (appendix 5, 7, 8 & 9)

Further practice managers were contacted and either didn't reply or advised they had nothing to add.

Open Exeter, which gives access to patient data held on the National Health Application and Infrastructure Services (NHAIS) systems, was interrogated to ascertain if any practices had an unusual increase or decrease in patient list size, concentrating on patients registered in a nursing home in Wirral CCG. The data examined was not patient identifiable.

Additional information

Separately, in March 2018 Wirral Local Authority commissioned a review of the EPCCH scheme which was reviewed as part of the investigation (appendix 6) which showed that:

- Not all Care Home Managers are aware of the EPCCH service requirements.
- Gaps identified with regards to weekly ward rounds by contracted GP practices.
- Some weekly ward rounds taking place incorrectly and did not cover all patients for various reasons. E.g. Time to Assess (T2A) patients or residential patients.
- Not all GP practices are communicating effectively with care homes.
- Not all GP practices are completing the initial assessments for new patients.
- Not all GP practices are completing regular medication reviews.
- Not all GP practices are providing input to care homes six monthly care plan reviews.
- Not all GP practices are recording in the care home records following weekly ward rounds

5. Findings of fact

The investigation focused on the elements identified in the Terms of Reference. The following reports against each of those elements.

a. Whether practices were approaching nursing home management with inducements to register patients from other practices.

Nursing Home (NH) managers interviewed stated that they had not been approached by any GPs or practice staff to register patients with a particular practice. They had no knowledge of any inducements offered.

However one NH manager did say there was a difficult conversation with a GP who expected that the nursing home would register any new patients with his/her practice. The NH manager stated they thought that the GP did not understand the terms of the scheme and was expecting the NH to fulfil the minimum number criteria. The NH Manager refused to comply.

A few of the interviewees spoke about being told flowers and chocolates were being offered to NH managers by GPs so that they would register patients at a particular practice. However no-one had any evidence of this.

b. Whether nursing homes are being advised by practices that unless they switch patients to their practice they would not receive patient care from their existing practice.

There was no evidence provided to support this allegation.

c. Whether there has been an unexplained change of registration after patients had been registered with a practice for a long time.

During interviews some GPs and practice managers stated that patients who had been with their practice for a long time had registered with another practice when they had moved into a NH. A PM gave an example of 4 patients who resided in one NH being removed from their practice list on one day.

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NH managers stated that when patients register with them they discuss choice of GP. This discussion could be with the patient or the patient's next of kin. However none of the NH Managers interviewed record this conversation in the patient records.

Some NH managers stated that they would actively encourage new residents to register with the practice the NH uses on a regular basis. This made it easier for the NH and they felt it gave patients improved continuity of care.

If a patient was registered at a NH under the "Time to Assess" scheme they are automatically registered with the GP delivering that scheme. These patients are not offered a choice. These patients are usually short stay patients, average length of stay is 20 days but some stay longer.

d. Whether patients, without capacity, have had their registration changed with no agreement from relatives.

A Health Care Assistant (HCA) from Miriam Primary Care Group reported an incident to the Senior Partner. HCA stated that she was going to visit a patient registered with the practice who had recently moved into a NH. When she rang to arrange the visit she was informed the patient had registered elsewhere. The relatives of this patient informed the HCA they were told by the NH the patient had to register with a particular practice as this was a requirement of being in that NH. The relatives said they were not given a choice. There was no indication that any practices or GPs were involved in this information being given to the relative. (appendix 7)

The Senior Partner contacted the NH for an explanation. (appendix 8)

The incident was logged on NHS Wirral CCG datix system by Practice Manager at Miriam Primary Care Group Practice.

Another GP stated that a number of his patients had been registered at other practices when they went into a NH. The GP said he was not contacted by the NH to ask if he would be willing to keep these patients on his list.

e. Whether there has been a material change in nursing home registrations in the 12 months.

On examination of the Open Exeter data relating to patients residing in a NH one practice showed a 36% increase in their registered care home patients. This equated to

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an increase of 0.4% of list size. However one practice said that they did not have NH patients registering with them any longer but could not explain why.

f. Whether there has been any infringement of human dignity. If established, identify the nature of the infringement and all patients affected.

The investigation could not find any evidence to support this allegation.

g. Whether patient's choice of GP has been removed. If established, identify which nursing homes this has affected and all patients affected.

As previously stated if a patient is registered under the "Time to Assess" scheme they are not given a choice of who they can register with as this is expected to be a short term placement.

NH managers advised that they do speak to patients about choice of GP practice however some do also encourage patients to register with particular practice/s. One NH manager stated that they "sell" the GP practice they want the patients to register with. This is based on the service the GP practice is providing.

The NH managers stated that though many practices have signed up to the EPCCH they are not complying with the scheme. The NH managers therefore actively encouraged patients to register with a practice which was delivering the scheme as described.

h. Whether there has been discrimination against patients based on age and incapacity. If established, identify the nature of the discrimination and all patients affected.

The investigation could not find any evidence to support this allegation.

i. Whether any concerns which may be identified call into question the actions of any performer (s) at any practice and would warrant further consideration under the NHS England Medical Performer's List procedures.

The investigation could not find any evidence to support this allegation.

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j. Whether it may be necessary or expedient for NHS England North (Cheshire and Merseyside) in discussion with NHS Wirral Clinical Commissioning Group to take any action under the terms of its contract with any practice.

NHS Wirral may wish to analysis the findings of the LA review.

k. Whether any concerns which may be identified call into question the actions of any individual at the practice and would warrant further consideration (and referral to) any other regulator or organisation for example, NMC, Police, CQC.

The investigation could not find any evidence to support this allegation.

6. Conclusion

There is no evidence to support the allegations that GPs were offering inducements to nursing homes to register patients.

There is no evidence that GPs or practices were trying to influence NHs, either covertly or openly to register patients with them.

The conversation regarding offering patients a choice of GP is not documented by NHs. The NH managers who were interviewed state they would record this in the future.

Patients registered under the “Time to Assess” scheme do not have a choice of GP. It is not clear that this information has been communicated to GPs. This may have led to misconceptions about patients being removed without choice.

Poor communication between NHS Wirral CCG, GPs and Nursing Homes was highlighted throughout the interviews.

There is evidence that NH managers are not contacting the patients current GP when patients register at their NH. NHs are actively encouraging patients to register with the NH’s choice of GP.

All the NH managers interviewed stated that they thought the scheme could be improved and NHS Wirral CCG may wish to have further discussions with NHs regarding this.

The GPs interviewed thought the scheme discriminated against smaller practices which did not have a lot of NH patients. This issue has been addressed by the NHS Wirral CCG response but I mention it as it was a recurring theme throughout the interviews.

7. **Recommendations**

- NHS Wirral CCG to review LA audit of the scheme and undertake action if required.
- NHS Wirral CCG/LA to clarify to GPs the Time to Assess scheme.
- All Nursing homes to record when choice of GP is offered to patients.
- NHS Wirral CCG to explore with nursing home managers how the scheme can be improved to benefit of patients.
- Communication between nursing homes and GPs should be improved.
- The Enhanced Primary Care in Care Homes (EPCCH) Locally Commissioned Service Scheme states *“this service may only be provided to patients by a service provider who has direct access to the full primary care medical notes of patient’s. This must include medical information relating to any acute ‘reactive’ visits patients may receive under GMS/PMS/APMS contracts”* However letter dated 11/01/2018 from Dr Sian Stokes - Long Term Conditions and Older Peoples Clinical Lead at NHS Wirral CCG states *“there is no expectation for patients to re-register with the practice delivering the scheme and practices would be able to deliver the scheme to patients not currently registered with their practice”*. NHS England North (Cheshire & Merseyside) would like assurance regarding governance arrangements if a patient is seen by another GP than one they are registered with.

During the investigation another issue came to light. Whilst not specifically part of the investigation terms of reference, these matters are important and should be considered: Some practices which have signed up for the “Time to Assess” scheme and for the Enhanced Primary Care in Care Homes (EPCCH) Locally Commissioned Service Scheme are not distinguishing between the 2 schemes. Patients on the “Time to Assess” scheme are seen very soon after admission and then 3 times a week. However patients not on this scheme were seen more ad hoc and not on a weekly basis even if the patients are registered with the practice who is delivering the “Time to Assess” scheme. NHS Wirral CCG and Wirral LA should ensure both schemes are delivered correctly.

NHS England North (Cheshire and Merseyside) Quality and Safety Assurance Group are invited to note the findings of this investigation and to take appropriate actions as required.

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Appendices

1. Wirral GP Provider GPW- Fed letter
2. NHS Wirral CCG letter
3. EPCCH scheme
4. Terms of reference
5. List of participants
6. Local Authority audit
7. HCA letter (redacted)
8. Miriam Primary Care Group Practice letter (redacted)
9. 9.0. – 9.3 [REDACTED] letters and responses.