



Liverpool **NHS**
Primary Care Trust

Liverpool Quality Health Council

Wednesday 14th July 2010
Lace Conference Centre



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Welcome

Gideon Ben-Tovim
Liverpool PCT Chair



Liverpool **NHS**
Primary Care Trust

Liverpool Quality Health Council

Dr John Hussey
Liverpool Professional Executive Committee Chair
Liverpool Primary Care Trust



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Care Quality Commission (CQC)

- What is the CQC?
- CQC Registration 
 - NHS Trusts – 2010
 - Dental-11/12
 - General Practice – 12/13
 - Optometry - TBC
 - Pharmacy - TBC
- Revalidation
- Recertification




Care Quality Commission
Guidance about compliance
Essential standards of quality and safety
What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008
March 2010



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- Practice Based Commissioning (PBC)
- Neighbourhood Model
- National Picture



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Getting General Practice right...

- General Practice Specification

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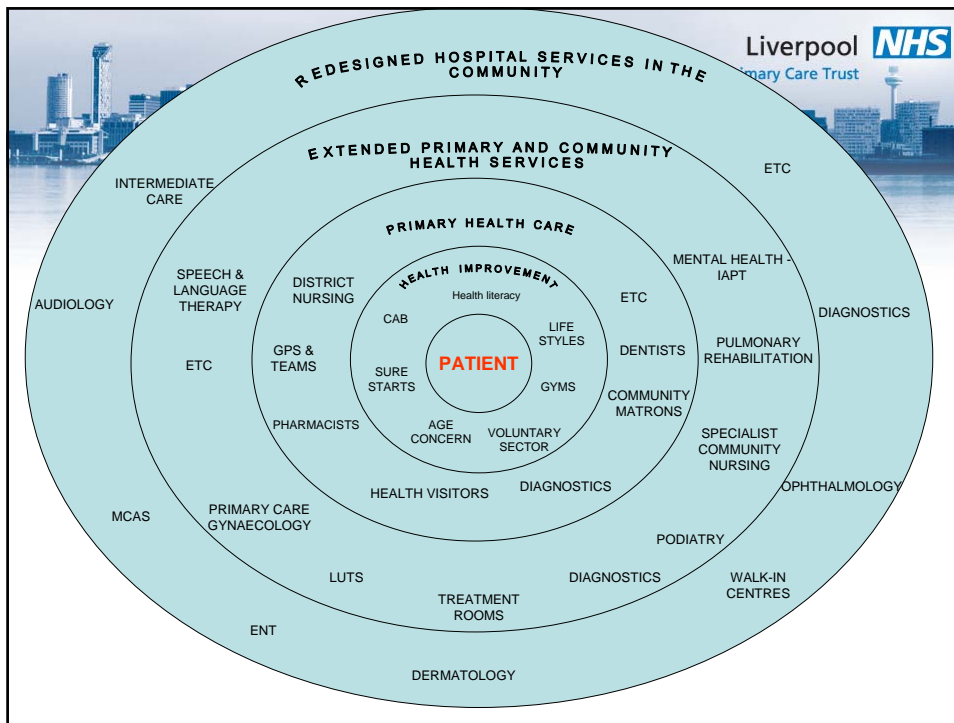
- Commissioned by the PCT

↓

- Facilitated by Practice Based Commissioning

↓

- Measured by the Improving Standards metrics



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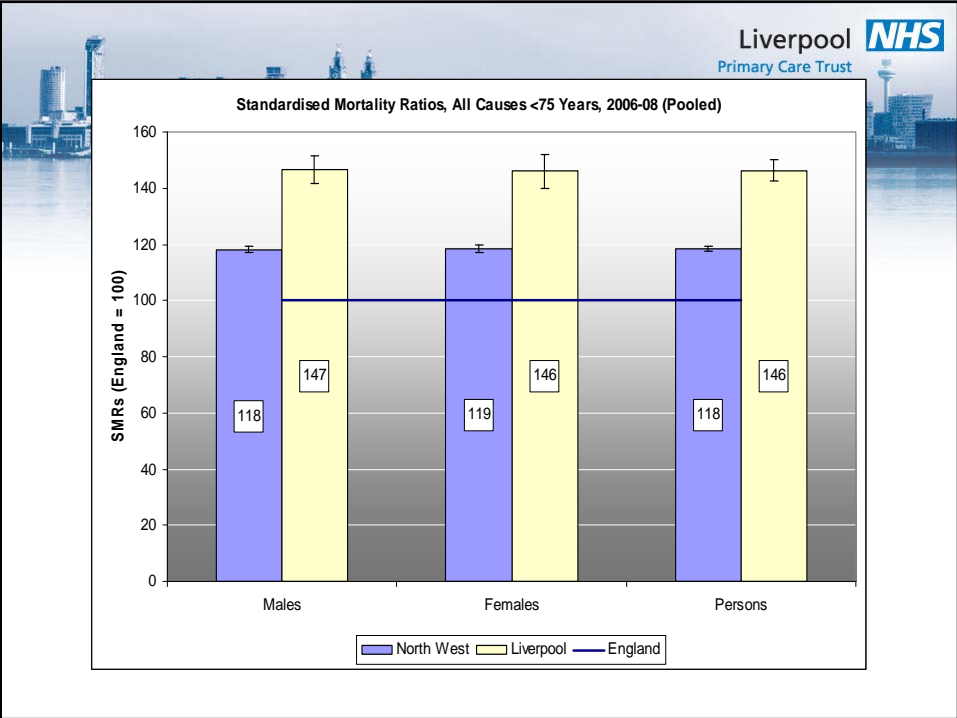
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Trish Bennett
 Director of Service Improvement and Executive
 Nurse
 Liverpool Primary Care Trust

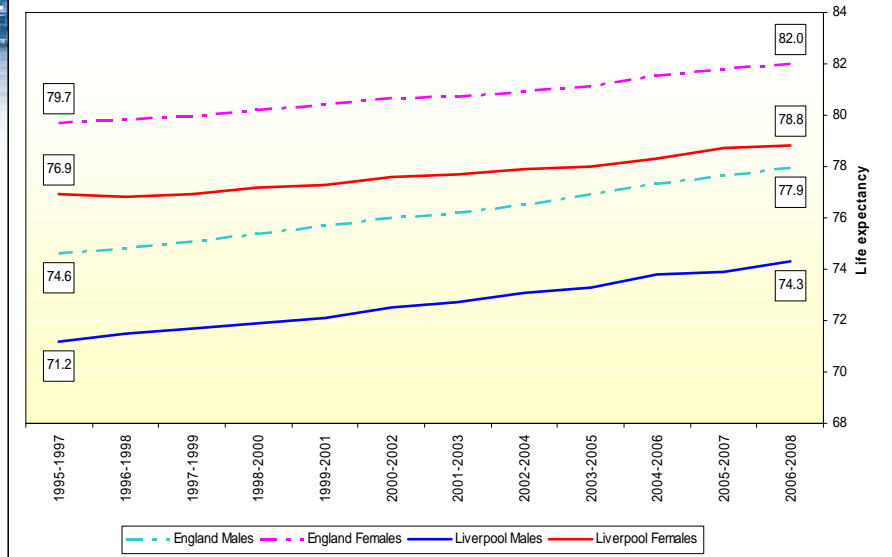
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Ensuring quality in Health Promotion and Public Health

Julie Kelly
Head of Public Health
Commissioning

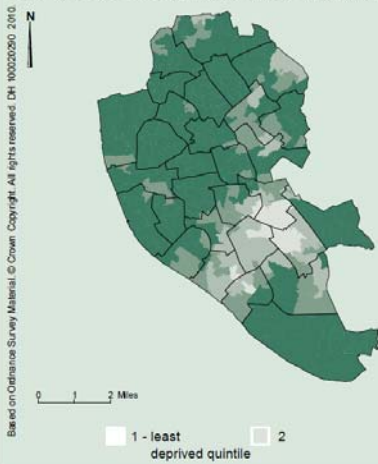


Trends in Life Expectancy, Liverpool and England 1995/97 - 2006/08

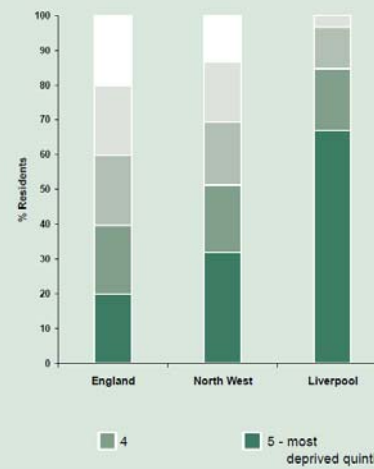


Deprivation:
a national view

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.



This chart shows the percentage of the population in England, this region, and this area who live in each of these quintiles.



Health summary for Liverpool

00BY

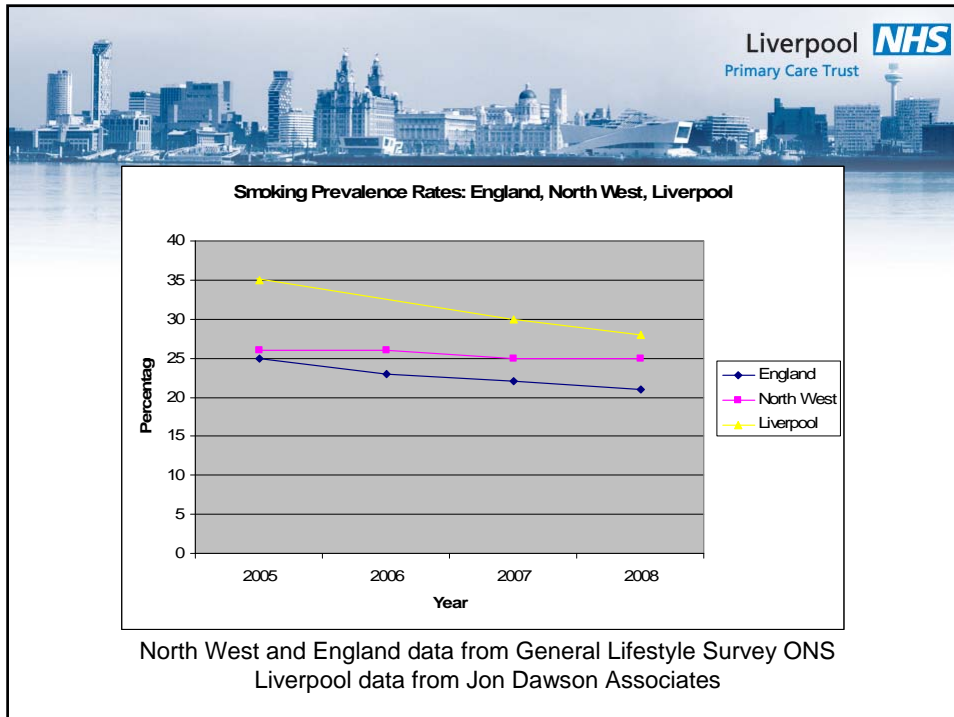
The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by a red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

Regional average * England Average
 England Worst 25th Percentile 75th Percentile England Best

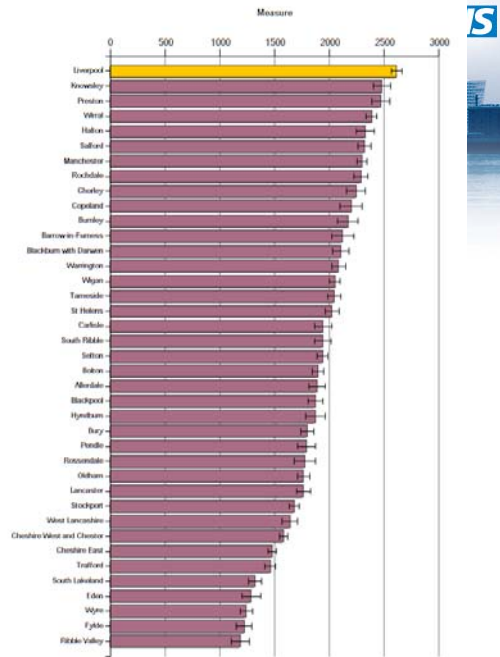
* In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	Eng Best
Our Communities	1 Deprivation	292500	67.0	19.9	89.2	0.0
	2 Children in poverty	32095	41.2	22.4	66.5	0.0
	3 Statutory homelessness	505	2.55	2.48	9.37	0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	2371	44.3	50.9	32.1	76.1
	5 Violent crime	5027	20.7	16.4	36.6	4.8
	6 Carbon emissions	2824	6.5	6.8	14.4	4.1
Children and young people's health	7 Smoking in pregnancy	931	17.1	14.6	33.5	3.8
	8 Breast feeding initiation	2806	51.4	72.5	39.7	92.7
	9 Physically active children	28378	47.3	49.6	24.6	79.1
	10 Obese children	443	10.4	9.6	14.7	4.7
	11 Tooth decay in children aged 5 years	n/a	1.9	1.1	2.5	0.2
	12 Teenage pregnancy (under 18)	404	48.7	40.9	74.8	14.9
Adults and multiple health	13 Adults who smoke	n/a	28.1	22.2	35.2	10.2
	14 Binge drinking adults	n/a	25.2	20.1	33.2	4.6
	15 Healthy eating adults	n/a	24.9	28.7	18.3	48.1
	16 Physically active adults	n/a	10.3	11.2	5.4	16.6
	17 Obese adults	n/a	24.1	24.2	32.8	13.2
Diseases and zoonoses	18 Incidence of malignant melanoma	59	14.0	12.6	27.3	3.7
	19 Incapacity benefits for mental illness	16682	58.5	27.6	58.5	9.0
	20 Hospital stays for alcohol related harm	13054	2860	1580	2860	784
	21 Drug misuse					
	22 People diagnosed with diabetes	19556	4.50	4.30	6.72	2.69
	23 New cases of tuberculosis	52	12	15	110	0
Life expectancy and causes of death	24 Hip fracture in over-65s	471	632.1	479.2	643.5	273.6
	25 Excess winter deaths	222	15.4	15.6	26.3	2.3
	26 Life expectancy - male	n/a	74.3	77.9	73.6	84.3
	27 Life expectancy - female	n/a	78.8	82.0	78.8	88.9
	28 Infant deaths	30	5.47	4.84	8.67	1.08
	29 Deaths from smoking	990	348.4	206.8	360.3	110.7
	30 Early deaths: heart disease & stroke	474	108.3	74.8	125.0	40.1
	31 Early deaths: cancer	680	157.4	114.0	164.3	70.5
	32 Road injuries and deaths	201	46.2	51.3	167.0	14.6





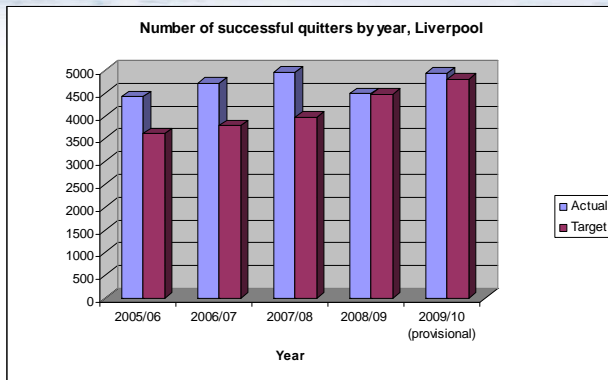
Liverpool has the highest alcohol-related hospital admissions (NI39/VSC26) in England...



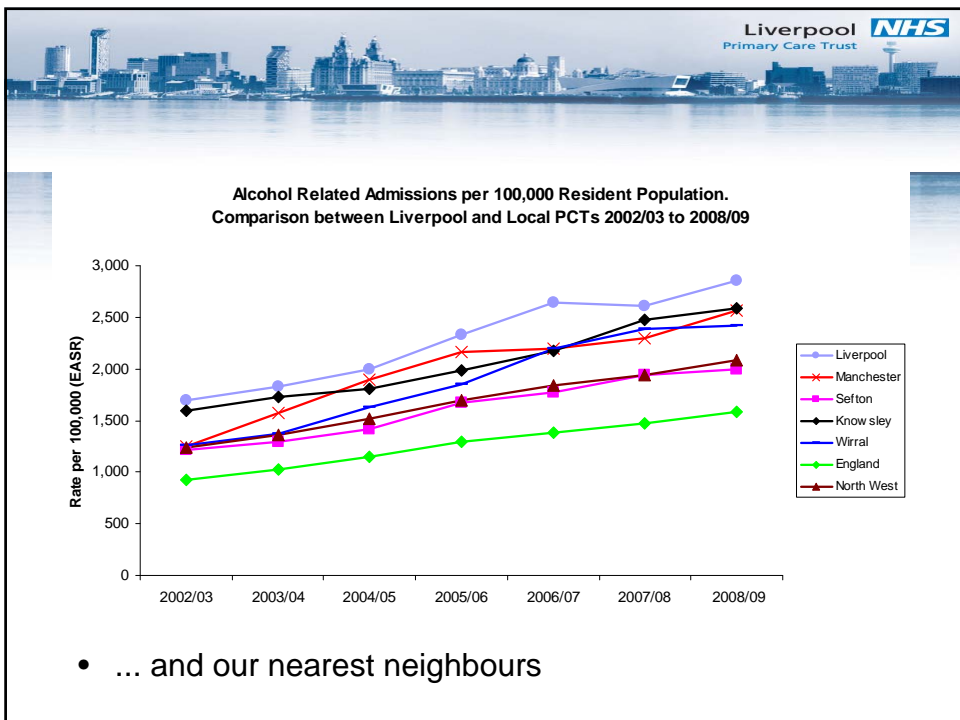
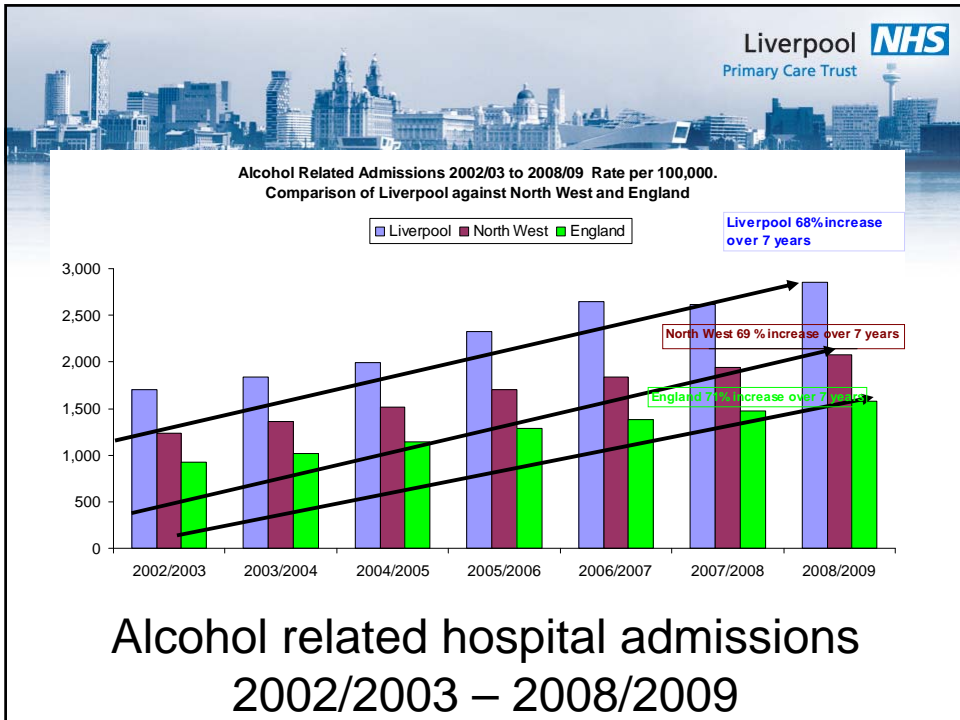
Hospital admissions for alcohol-related harm (NI 39) North West



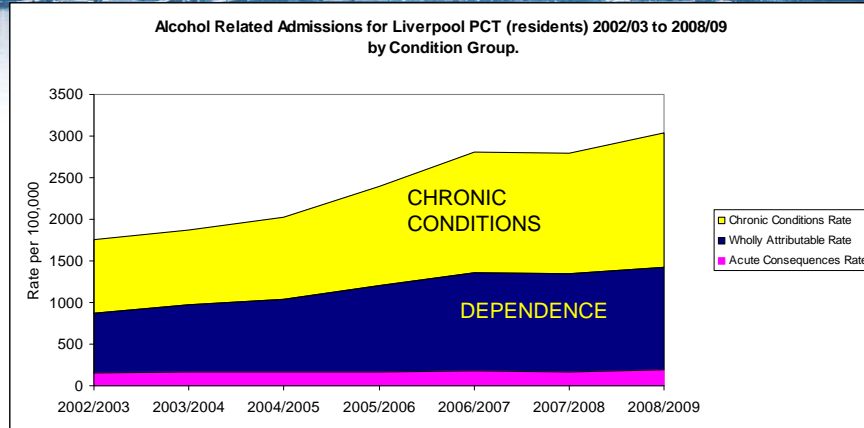
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Smoking quit rates

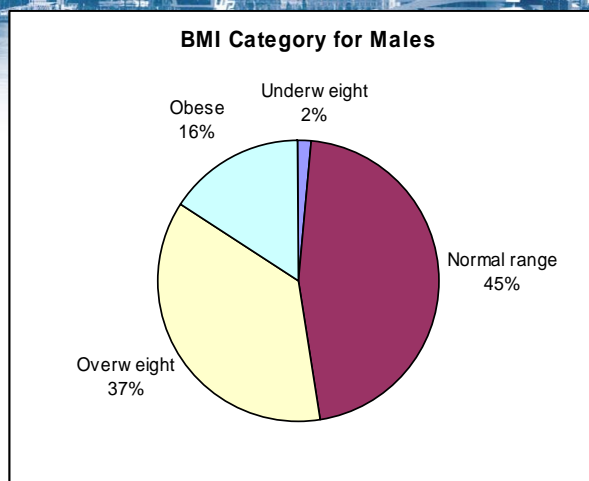


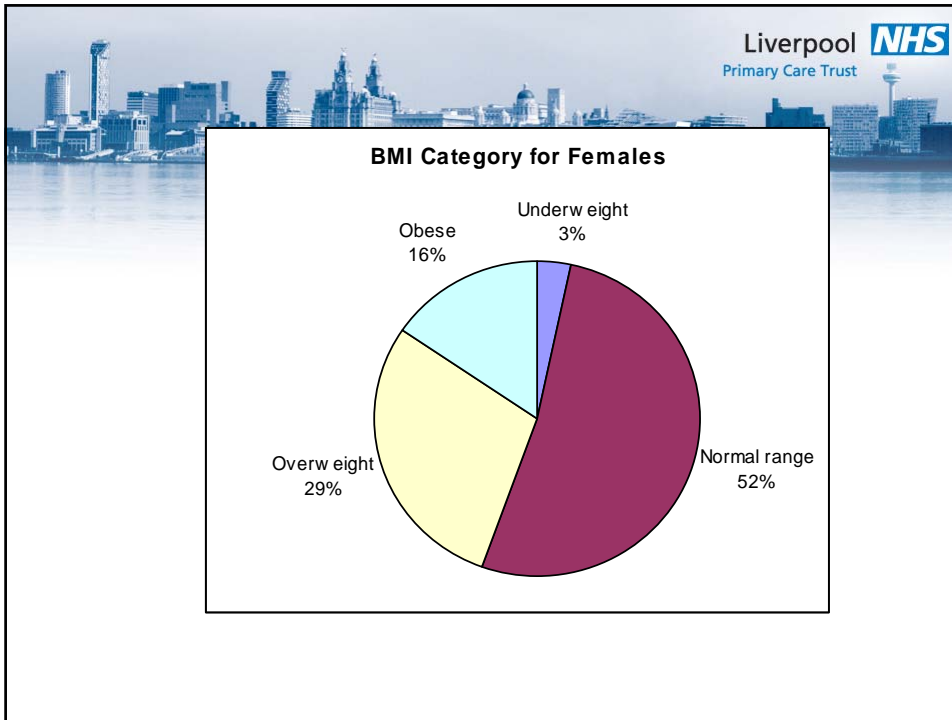
NI39 Breakdown by condition type



- NI39 in Liverpool is not significantly impacted by conditions associated with drunkenness (in pink) but of dependence and general poor health

Obesity in Liverpool





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Liverpool's Commitment to Prevention

Key Prevention Programmes

Obesity Strategy "Healthy Weight Healthy Liverpool"

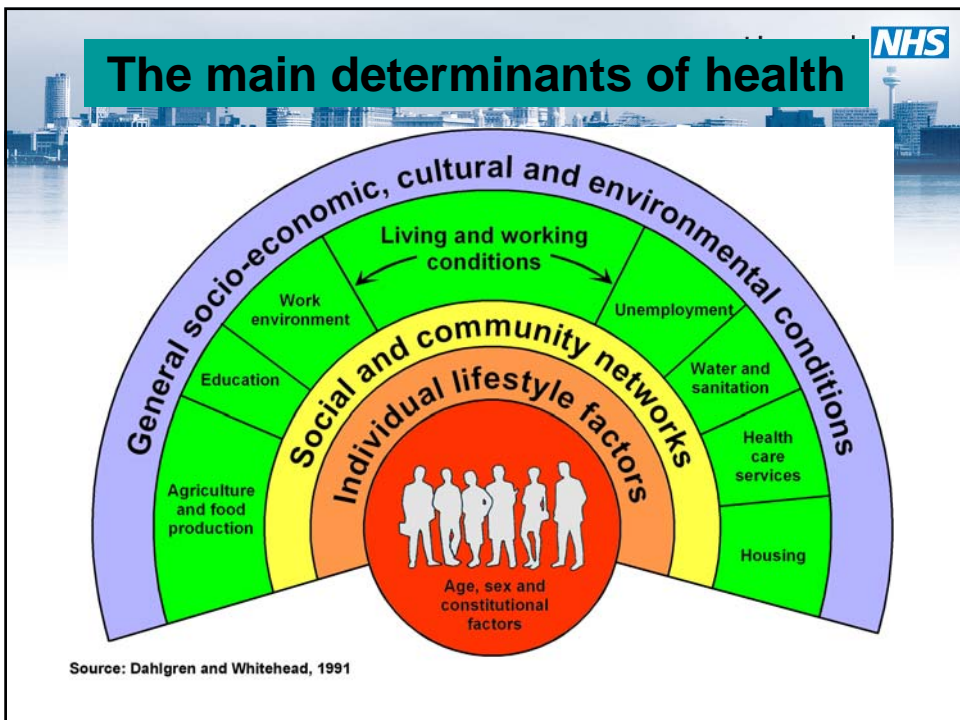
- Liverpool Active City 2007 to 2010
- Taste for Health (Food agenda) 2007 2010

Liverpool **Active City...** **taste fOr health**

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Liverpool's Commitment to Prevention

- Smoke Free Liverpool Strategy 2008 -2011
- Alcohol Strategy 2007 to 2010
- Public Mental Health Strategy 2009 - 2012



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Creating the right conditions

- Legislation for change
- July 2007 Smoking ban – triggered biggest fall in smoking ever seen in England after first year. Predicted 40, 000 deaths prevented over next 10 years
- Current discussions:
 - Minimum pricing for alcohol
 - Regulation of salt and fat in food

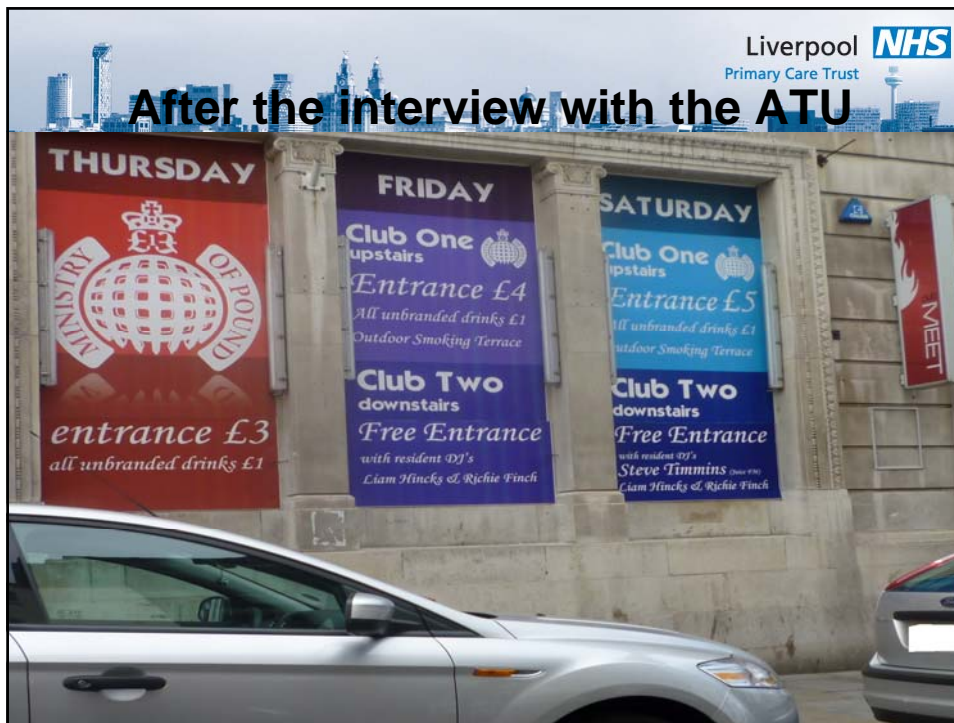


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6th April 2010: Before the interview with the ATU



The image shows the facade of a building with three large promotional signs. The first sign on the left says '6 AM EVERY WEEKEND & FREE ENTRY ALL NIGHT!'. The middle sign says 'FRIDAYS £12 ALL DRINKS FREE'. The right sign says 'SATURDAYS £15 ALL DRINKS FREE'. All signs have 'MEET' and 'LIVERPOOL ONLY' at the bottom. A 'MEET' sign is also visible above the entrance on the right.



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Commissioning prevention and lifestyle change interventions/ services

- Roy Castle Fag Ends
- Walk for Health
- Can Cook, Will Cook
- Health Trainer service
- Expert weight management services
- NHS Health checks to be rolled out

CQUIN

- Commissioning for Quality and Innovation
- Smoking status of all patients admitted recorded along with:
 - Brief advice given?
 - Seen by SSS?
 - Onward referral to specialist service
 - Follow up post discharge

The Challenge

- The scale of the challenge is huge
- Everyone is busy
- Financially challenging times
- Competing priorities – Liverpool PCT has prioritised Better Lifestyles as one of its 3 key areas for Transformational change

We need you!

- Evidence based public health interventions on an “industrial scale” to support better lifestyles will be an integral part of every patient’s health and social care
- Patients and local people will be signposted at every front line contact
- Public Health support for better lifestyles will become everybody’s business

Over to you.....

- How do we make reducing obesity, stopping smoking and reducing alcohol related harm everyone’s business?
- How do we ensure quality advice and interventions are being delivered by our providers?
- What can local people and community groups do?
- What does the PCT need to do to support you?

Discussion

- The wider question is how do we make reducing obesity, stopping smoking and reducing alcohol related harm everyone's business? What can local people and community groups do? How do we ensure quality advice and interventions are being delivered by our providers
- What can local people and community groups do?
- How do we ensure quality advice and interventions are being delivered by our provider?

Public Reporting and Advancing Quality (AQ)

Lesley Kitchen
Associate Director – Advancing Quality
Programme




Advancing Quality – the story so far

Lesley Kitchen – AQ Associate Director



PREMIER **NHS**
North West



Context for Change

Highest rates for heart disease and stroke

Nearly a quarter of children live in poverty

3,500 preventable deaths every year linked to unhealthy life-styles

23% of adults binge drinkers


The Case for Change

Highest rate for long term mental health problems

Average life expectancy 3 years less than the UK best

2nd highest rates - deaths from cancer and smoking related illnesses

60% of adults overweight or obese



NHS
North West

PREMIER

High Quality Care for all



- Help to stay healthy
- Empowering patients
- Most effective treatments for all
- Keeping patients as safe as possible

Quality at the heart of the NHS

- Raising standards
- Stronger involvement of clinicians in decision making at every level of the NHS
- Fostering a pioneering NHS

High quality care for all

High quality care for patients and the public

Freedom to focus on quality

- Empowering frontline staff to lead change that improves quality for patients
- Valuing the work of NHS staff



Better Public Value.....
Improving quality *and* safely reducing costs



Efficiency without Quality
UNTHINKABLE

Quality without Efficiency
UNSUSTAINABLE



Clinical Quality and Financial Performance are Inseparable

Advancing Quality is ...



- A driver for quality



- Clinician led



- A voluntary programme



- Across the NW



Advancing Quality ...



- Promotes world class commissioning for quality and outcomes



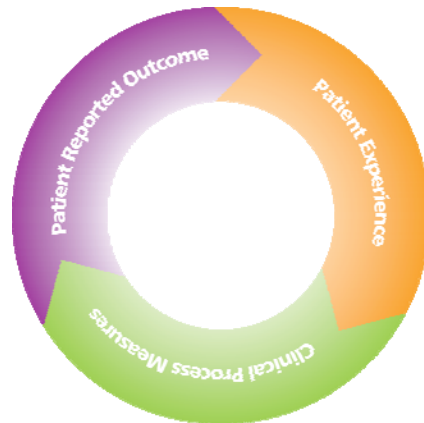
- Incentivise improvement



- Has strategic alliances to 'expert' partners – Premier, Royal College of Surgeons etc.



AQ Data – the key elements



5 clinical focus areas



- Heart Attack (AMI)
- Heart Failure
- Heart Bypass Surgery
- Hip & Knee Replacement Surgery
- Pneumonia

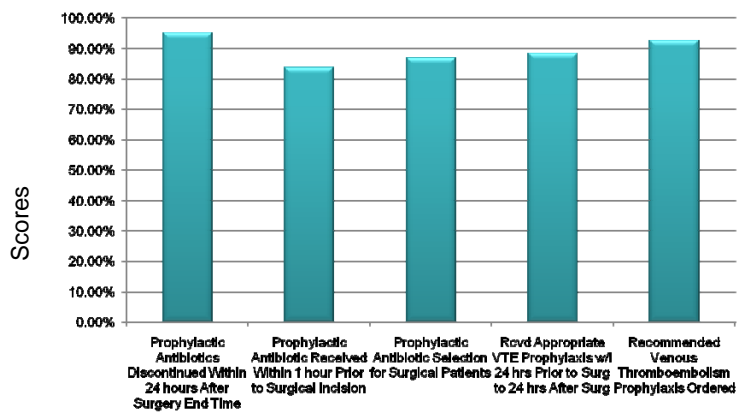
Hip & Knee Replacement Surgery Process Measures



- VTE prophylaxis ordered
- Appropriate prophylactic antibiotic selection
- Prophylactic antibiotic received within 1 hour pre-surgery
- Appropriate VTE prophylaxis within 24 hours either side of surgery
- Prophylactic antibiotic discontinued with 24 hours after surgery

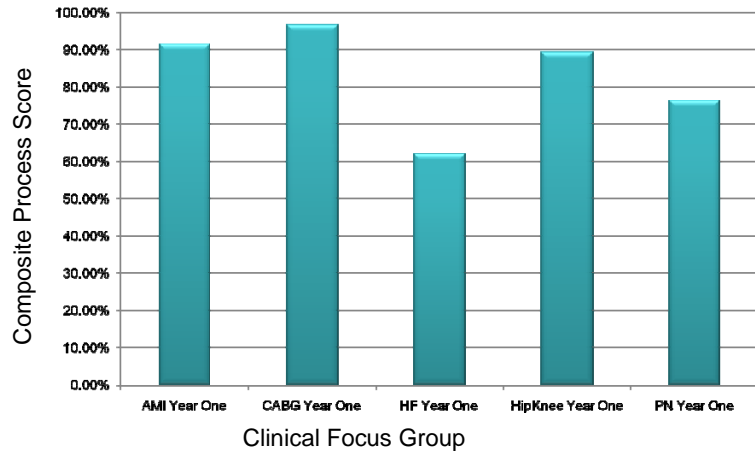


Year One Hip/Knee Measure Scores – North West

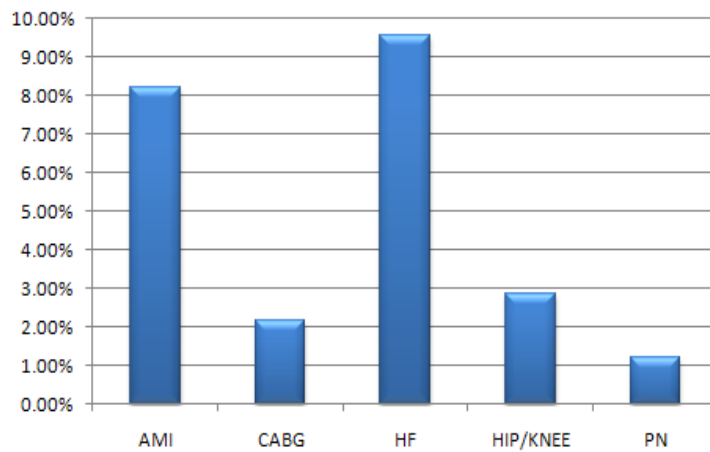


Hip/Knee Measures

Year One Composite Process Scores



Year One, CPS % Improvement between Q1 and Q4



Year One - How did we do?



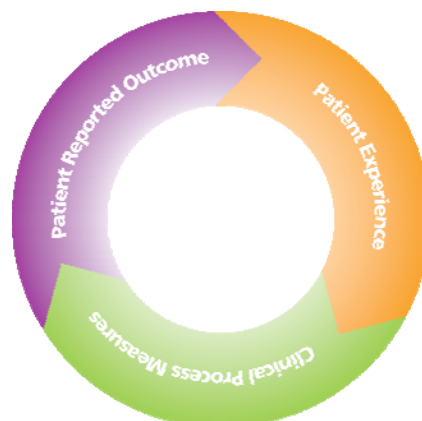
Clinical Area	UK Year One Position*	US Year One Position**
AMI	92.55%	89.31%
CABG	96.76%	87.34%
HF	62.11%	69.60%
HK	88.97%	87.52%
PN	76.32%	73.72%

*UK Year One Position reflects the AQ programme's overall Composite Quality Score per clinical area for October 2008 – September 2009.

**US Year One Position reflects the HQID overall Composite Quality Score per clinical area for October 2003 – September 2004.

Note: while similar, the measures analysed within each clinical group for the year one HQID project are not identical to those used in year one of the AQ project. For a full list of the HQID initial measure set go to www.qualitydemo.com

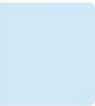
AQ Data – the key elements



AQ data elements



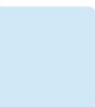
- Clinical Process Measures live in 5 clinical areas
- Clinical Outcome Measures live for AMI (mortality) and Hip/Knee (readmissions)
 - Agreed for CABG, and moving forward for HF & PN
- Patient Reported Outcome Measures (PROMs) for Hip/Knee – live since mid 2009
- Patient Experience Measures live in all 5 areas



Making the links - Nellie's story



- Do patients that had a “good” hospital experience
 - have better clinical outcomes?
 - report a better post op quality of life?
- Do patients that received appropriate care
 - recommend the hospital?
 - have better clinical outcomes?
 - report improvements in pain?
 - report a better post op quality of life?
- Do patients that had a “poor” hospital experience have common characteristics?
- Do patients with poor outcomes have particular demographic or co-morbidity characteristics?





What next?

- Keep improving
- Commitment to public reporting
- Three new areas live in 2010
 - Stroke
 - Dementia
 - Early Intervention Psychosis
- Heart Failure Community & Primary Care Proof of Concept



Discussion points

- 1) Is the information on the AQ website clear?
- 2) Do you feel that the publically reported data is useful?
- 3) Should we be taking AQ further, looking at other clinical areas? Which would be most appropriate?
- 4) Dataset linkage at the patient level (Nellie's story) to help with insight analysis?

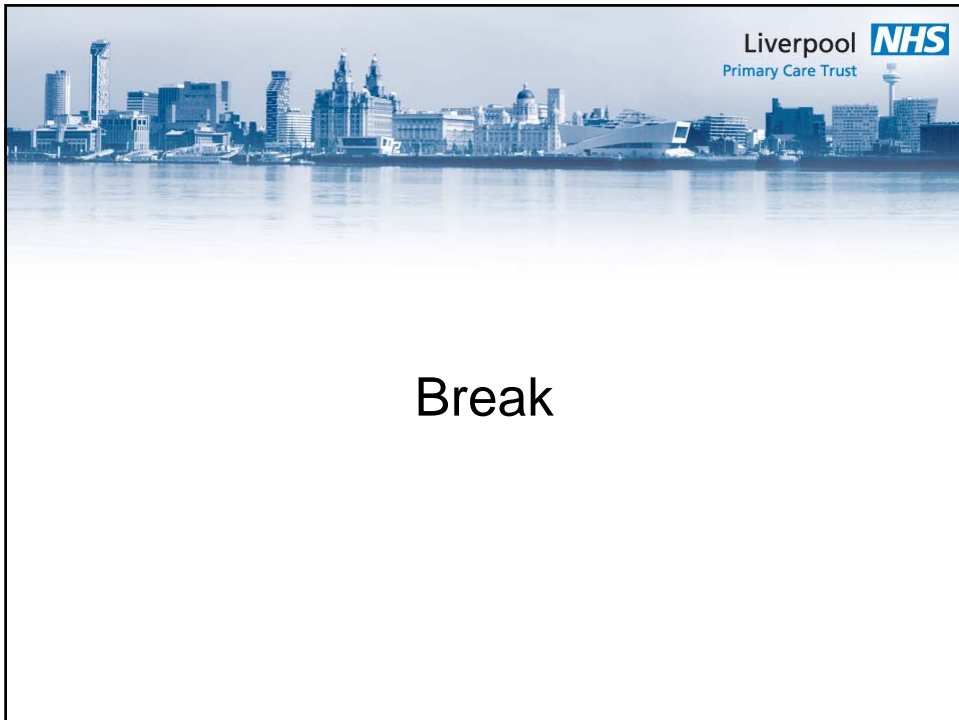


Discussion

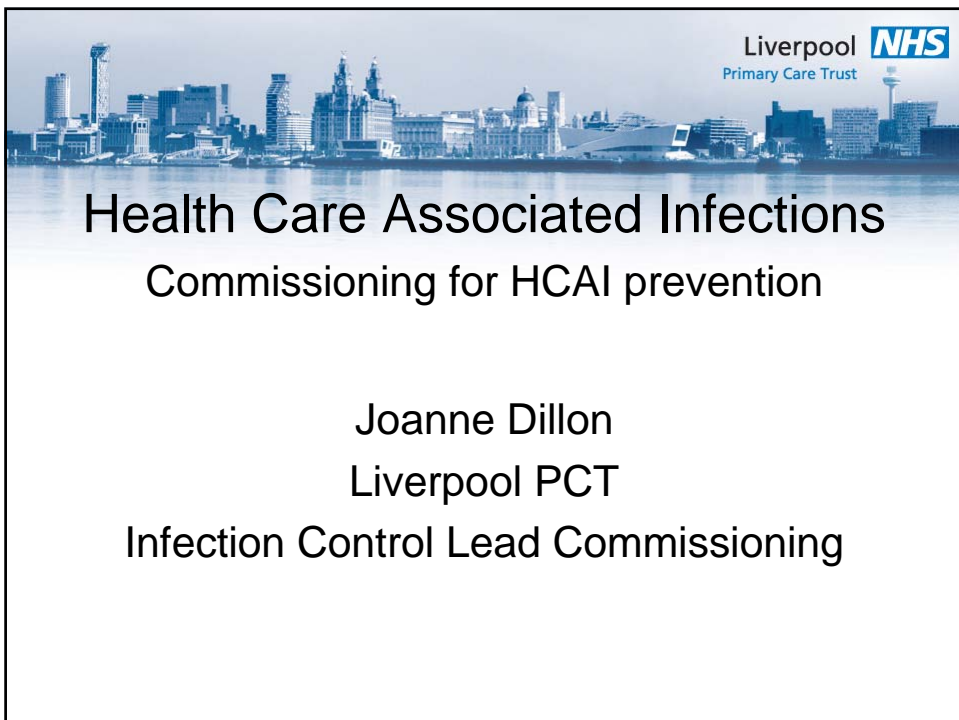
- 1) Is the information on the Advancing Quality website clear?
- 2) Do you feel that the publicly reported data is useful? E.g. For quality improvement or patient choice?
- 3) Should we be taking Advancing Quality further looking at other clinical conditions? If so which do you feel are most appropriate?
- 4) There is an option to use patients NHS number to link various datasets and this would enable NHS researchers to better identify trends and characteristics that can then be used to improve healthcare across the region. At no point would researchers be able to identify any individual patient. Would you support such an initiative?

Website

www.advancingqualitynw.nhs.uk



Break



Health Care Associated Infections
Commissioning for HCAI prevention

Joanne Dillon
Liverpool PCT
Infection Control Lead Commissioning

Healthcare-Associated Infections

Commissioning for HCAI prevention

Joanne Dillon
Liverpool PCT
Infection Control Lead Commissioning

Focus for today

- Commissioning arrangements for infection prevention
- Infection prevention activities commissioned across primary health and social care

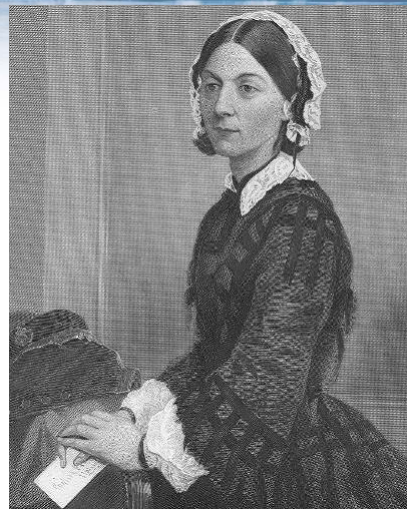
What is a healthcare-associated infection?


- Known as a 'HCAI'
- An infection acquired during contact with healthcare
- Infection gained from provision of health and/ or social care

Prevention is *much* better than cure

“It may seem a strange principle to enunciate as the very first requirement in a hospital [is] that it should do the sick no harm”

Florence Nightingale [1859]





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- 1959 first infection control nurse in the world appointed in the UK
- Shadows of Florence Nightingale?
- Infection control teams hospital-focused
- Hospital infection prevention developed to become an influential profession
- Community infection control activity very patchy



In 2003

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BBC NEWS **LIVE** BBC NEWS CHANNEL

Last Updated: Monday, 7 July, 2003, 12:52 GMT 13:52 UK

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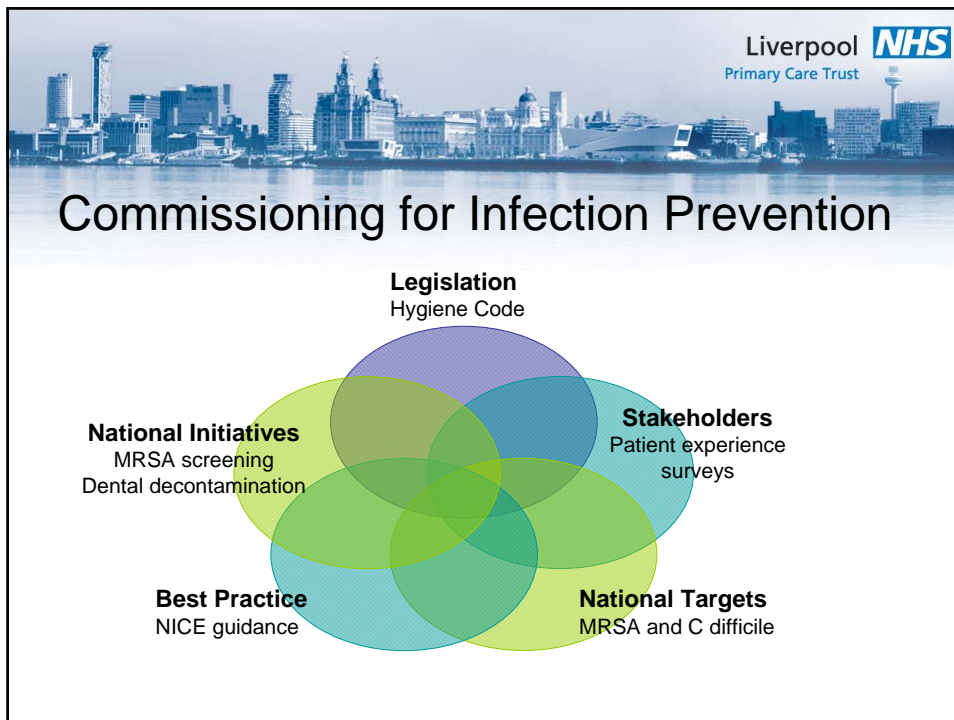
Nurse used 'unclean' equipment

Hundreds of women are being recalled for tests after it was discovered a nurse did not sterilise equipment used for intimate examinations.

Up to 500 women were examined at the Perry Street doctors' surgery in Darwen, Lancashire, between 1991 and April this year.



The nurse involved has been suspended from the surgery



- Liverpool **NHS**
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- ## HCAI Assurance Framework
- Self assessment on all the requirements laid down in the Health and Social Care Act (2009)
 - Detail on prevention activities within all hospitals, Liverpool Community Health and Merseycare
 - Submitted monthly to the PCT
 - Excellent record in the event of an external assessment
 - Allows trends to be identified

Commissioning for structured infection prevention in primary care

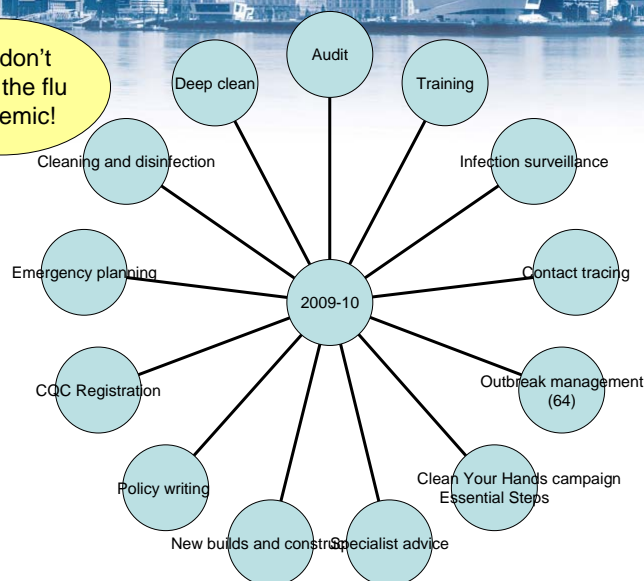
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- Support for all commissioned health and social care services and the public
- Expanded infection control team with a matron, a dental infection control nurse and an infection surveillance nurse
- Geographical cover
- Links with all acute trusts
- Delivery on annual specification

The nurse led team

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And don't forget the flu pandemic!



The city's care homes



- Local Authority Contracts team
- Care Homes Contract
- Responsibilities of the team and care home staff
- Specification
- Care Home managers meetings
- Arrangements for deep cleaning

Why deep cleaning in the Care Homes?

- Ageing population
- Increased risk of infection
- Fabric upholstery, carpets and bedding
- Shared accommodation
- Shared social activities
- Communal dining

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Deep clean



- Annually via a rolling programme
- When an outbreak is diagnosed
- When the outbreak is declared over

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Since 2008 the team have

- Audited all city care homes with feedback
- All scores have improved and almost all now 100% compliant
- Focus on support for outbreak identification, reporting and management
- Presented findings to the Care Quality Commission



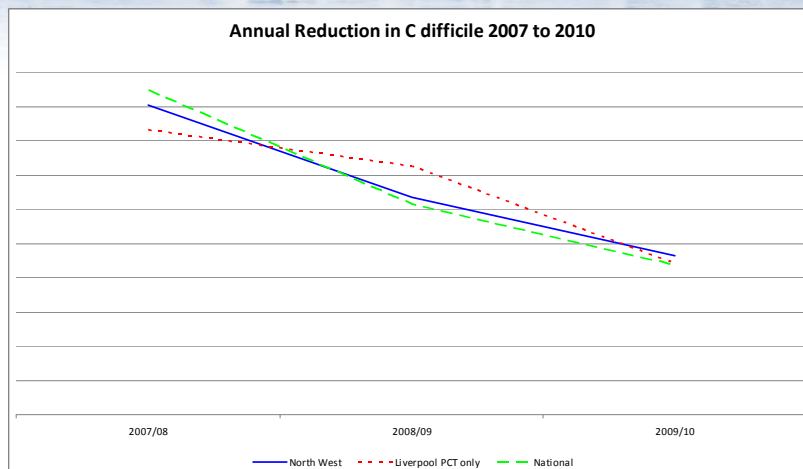
*Infection Control
Guidance for Care Homes*

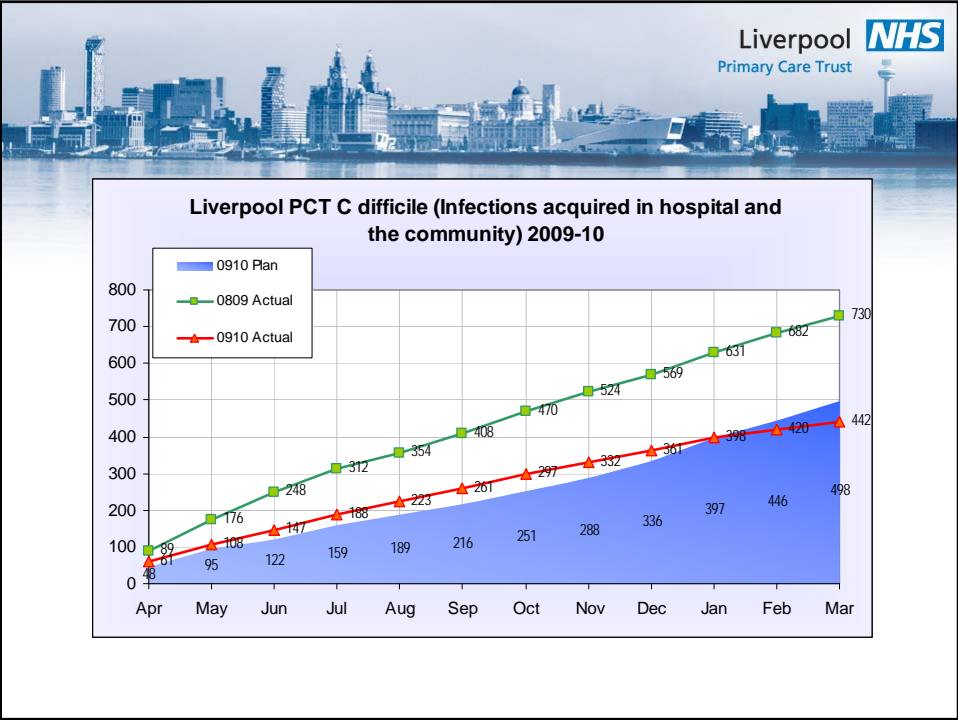
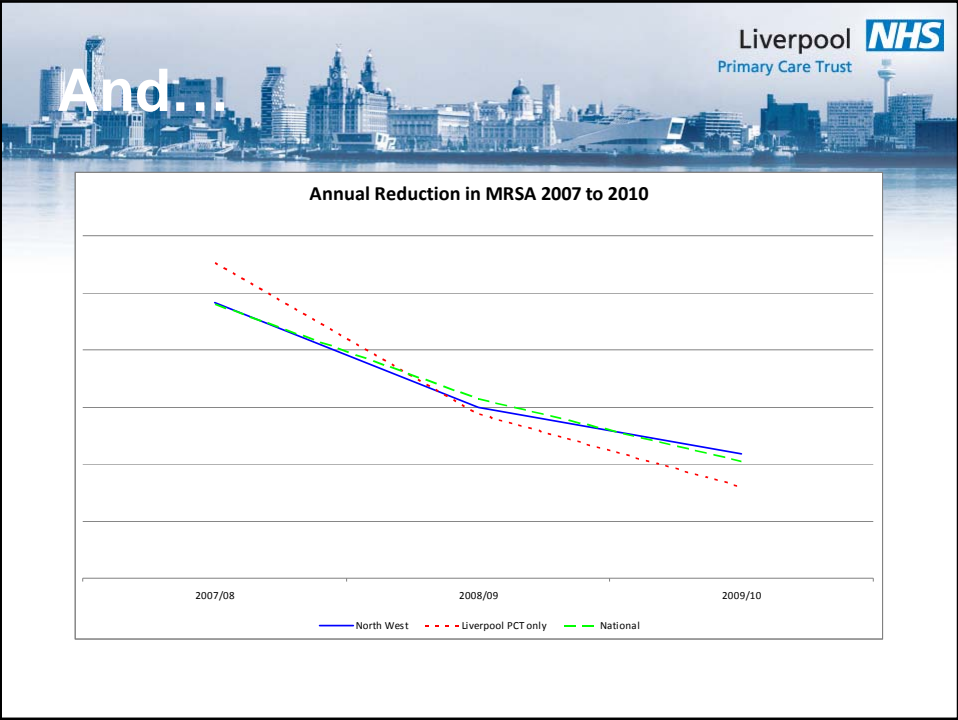
For 2010

- Focus on training
- Ensuring that care home staff have opportunity to attend
- Continue setting up link nurse network
- Training for Home care staff
- Identification of damaged equipment and difficult to clean items
- Roll out of cleanliness standards within care homes

To end on a good note

Annual Reduction in C difficile 2007 to 2010







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MRSA and C difficile are not the only infections!

- Bladder and chest infections each make up about 35% of infections
- Wound infections after surgery
- Norovirus outbreaks across the entire city each year affecting hospitals, care homes and other shared settings
- Cruise liners!



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Behind the scenes...

At a local hospital during the Norovirus outbreak last winter

- 485 patients were affected
- 107 staff
- 42 areas were hit
- 950 bed days were lost
- Staff sickness
- Investment for increased cleaning
- No operations were cancelled


And in the community

- 64 outbreaks in care homes
- Schools and nurseries also affected
- > 60 homes closed to admissions

For the discussion

Please remember that

**We all know, know of, or are
related to, someone who has
been affected by a HCAI**



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For discussion

1. Do you feel informed about how infections are prevented across the city?
2. Do you feel that health and social care services are doing enough to keep infections down?
3. What more should or could be done?
4. What role does the public have in infection prevention?

THANK YOU for your contribution



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Thank you

Gideon Ben-Tovim
Liverpool PCT Chair

<http://www.liverpoolpct.nhs.uk>