

# Primary Care Commissioning Committee

28 September 2016

<b>Details</b>	Part 1	<b>x</b>	Part 2		Agenda Item No.	<b>14</b>
Title of Paper:	Primary Care Quality Improvement Group (Primary Care Workstream)					
Board Member:	Dr J Schryer, Primary Care Clinical Lead,					
Author:	Karen Keen, Primary Care Secretary					
Presenter:	Zoe Alderson Head of Primary Care					
Please indicate:	For Decision		For Information	<b>x</b>	For Discussion	

## Executive Summary

<b>Summary</b>	<p>The following briefing has been produced to inform PCCC of the discussions currently taking place as part of the Primary Care Workstream. It is proposed that the membership and terms of reference for the current Primary Care Quality Improvement Group are revised in order to become a Primary Care Workstream meeting.</p> <p>The purpose of this paper is to provide the PCCC with an overview and update of various items discussed through this forum.</p>					
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	
	<p>Please indicate <b>above</b> the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". <b>NB</b> Risks can include failure to act and lost opportunities.</p>					
<b>Recommendations</b>	<p>The PCCC is asked to:</p> <ul style="list-style-type: none"> <li>Note the contents of this briefing</li> </ul>					

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	<b>x</b>
	Supports NHS Bury CCG Governance arrangements

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# Primary Care Workstream Briefing

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## 1. Introduction

This briefing has been prepared in order to provide Primary Care Commissioning Committee (PCCC) with an overview of the work currently being discussed/progressed via the Primary Care Quality Improvement Group (PCQIG) as well as an overview of the workstreams being supported by the Primary Care Teams.

Work is progressing to review the remit and frequency of the PCQIG with a view to becoming a wider Primary Care Workstream meeting. Z Alderson has been asked to explore governance requirements with L Featherstone and provide draft TOR and membership recommendations at the next meeting. The PCCC will be presented with a proposal once further details are available.

## 2. Primary Care Quality Improvement Group (September 2016)

### 2.1 Quality in Primary Care Learning Time Initiative (LTI) 6 month Summary

R Schofield presented a paper discussing the uptake of CCG funded LTIs within practices. It would appear responses from practices differ greatly, some practices have not submitted returns, whilst others appear to be holding the sessions outside of the agreed schedule. There is also concern that LTIs are not being delivered to all staff groups when practices are funded to close to allow for this.

It was recommended that a memorandum of understanding be prepared and circulated to all practices, along with a summary of the data collected to date, a reiteration of deadline for submitting returns and the CCG's expectation that every member of staff on duty should attend the LTI and this should be reflected on the return.

It was noted that whilst CCG LTIs are being prepared for Primary Care Health & Wellbeing Strategy, Cancer, Hypertension, Social Prescribing, Dementia and Asthma, it is unlikely all of these will be available before the end of 2016-17.

It was agreed that a further report be submitted to the group in four months' time with a view to considering whether it is appropriate to continue with the funding in 2017-18.

### 2.2 QOF Report 201516

An overview of QOF achievement for 2015-16 was presented and discussed. It was recognised that there was generally a good achievement across Bury however it was agreed that discussions with the 6 practices achieving <94% should be included as part of the supportive Primary Care Quality Visits.

### 2.3 Quality Premium indicators

#### 2.3.1 QP GP Patient Survey

R Schofield summarised the background to this QP and the action plan supporting efforts to improve patient engagement in advance of the next survey due to be sent out in January 2017.

Practice Manager Leads have been asked to highlight financial importance of this QP (£180,000 16-17) to their PM colleagues; however, as remuneration comes to the CCG, rather than direct to practices, there is less incentive for practices to engage. A paper specifically around the GPPS is to be submitted to PCCC in September, this will then be shared with practices following meeting.

It was agreed when updating sectors on this initiative it would form part of a wider report on QP Indicators.

The CCG has invested in practices in the funding of the Quality in Primary Care contract to improve patient experience and will continue to support practices by a robust public communication strategy, sharing of learning from achieving practices and training for practice staff.

### **2.3.2 QP in Hypertension**

A verbal update was presented by J Edwards (MOT). Aim is to show an increase in reported prevalence of hypertension on GP registers as % of estimated prevalence. An SOP is now in place to enable MOT to work in practices and this work has begun. MOT will monitor progress and report back in 3 months' time.

Two neighbourhood events are planned locally which will be attended by the Lifestyle Service who will be raising awareness among the general public. A national 'Know your Numbers' campaign is also underway and MOT will be manning a stand at the CCG AGM in September.

Communications will be released promoting community pharmacies who offer BP checks, MOT will establish what their process is for reporting readings to practices (possibly Pharma Outcomes which is used for flu jabs).

### **2.4 Quality in Primary Care Contract**

A paper will be presented at the PCCC in September. However in summary, all practices have submitted action plans, baseline data has now been shared with practices and we are awaiting feedback on from the practices on the 'face value' of this data. Q1 data has not been produced due to problems with searches; Q2 will be pulled and shared with practices by end-October. The paper will highlight some challenges including delay in providing Vision + to practices, data searches, and several practices have not achieved elements of the accessibility target including a choice of male/female GPs and opening from 8 – 6:30.

Task & Finish groups are to be established to look at:

- A tool to access the quality of care plans
- Review the way we measure appointments
- GM Standards Phase 2

### **2.5 Friends & Family Test**

All Bury practices now consistently report their monthly returns, however this includes nil returns (a submission might include a zero return e.g. no FFTs were done that month). Practices are to be reminded monthly regarding submission, and in future the CCG clinical lead will contact practices who fail to submit a return for 3 consecutive months or consistently submit nil returns. FFT will also be promoted routinely as part of the Primary Care Quality Visits.

A graph detailing return rates will be circulated at November sector meetings, for information and to encourage some peer pressure

### **2.6 Datix Incident Reporting System**

M Hargreaves reports that most practices are now using Datix to report clinical issues and examples of reports that can be generated by the system were shared with the PCQIG. Some practices still report difficulties logging in, these are being dealt with on an individual basis. Noted that regular feedback should be provided to practices by the Quality Team.

The Quality Team has been asked to contact practices not currently using Datix to offer support and maintain awareness of Datix via E-News.

A further discussion regarding how medication related incidents are managed needs to take place.

### **2.7 Primary Care Complaints**

Primary Care Complaints are discussed within a Part 2 meeting due to the nature/sensitivity of the items discussed. No items discussed needed further CCG action however concerns regarding the lack of complaints information being received were discussed.

**Zoe Alderson**  
**Head of Primary Care**  
**September 2016**