

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 28th January 2020

Time: 9.00am – 11.35am

Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number :	13
Title:	Primary Care Quality Monthly Update and Deep Dive
Purpose: Discussion and For Information	
Key Points for Discussion:	
<p>This paper provides the following:</p> <ul style="list-style-type: none"> - Recently published Primary Care, Care Quality Commission (CQC) reports following CQC inspections. - Friends and Family Test (FFT) results for November 2019. - Updates on Influenza management - A deep dive into equality and provision of care across BNSSG. This includes information regarding exception reporting and outcomes for the Quality Outcomes Framework (QOF) as well as Quality Improvement projects in place to address inequalities and areas of high exception reporting. 	
Recommendations:	<ul style="list-style-type: none"> • To note the monthly updates provided • To note the deep dive information • To agree the proposed next steps
Previously Considered By and feedback :	Primary Care Operational Group – 09.01.2020 – No comments made.
Management of Declared Interest:	None declared
Risk and Assurance:	Actions to address any highlighted risks have been added to the paper in each section.
Financial / Resource Implications:	There are no specific financial resource implications highlighted in this paper.
Legal, Policy and Regulatory Requirements:	There are no specific legal implications in this paper.

How does this reduce Health Inequalities:	Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly.
How does this impact on Equality & diversity	Monitoring of Primary Care Quality and Performance alongside practice demographic information will help to highlight areas of variation of service which will then be addressed accordingly.
Patient and Public Involvement:	Whilst there has not been any direct consultation and communication with the public in production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurances regarding Primary Care services.
Communications and Engagement:	This paper is being discussed in an open session of PCCC
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Sponsoring Director / Clinical Lead / Lay Member:	Rosi Shepherd, Director of Nursing and Quality Julie Thallon, Interim Director of Quality

Agenda item: 13

Report title: Primary Care Quality Monthly Update

1. Background

Following an annual review of Primary Care Quality Reporting at Primary Care Commissioning Committee it was agreed that information regarding recent Care Quality Commission (CQC) inspection reports, Friends and Family Test (FFT) data and seasonal Influenza would be reported on a monthly basis. In addition to this updates would be provided regarding any specific quality escalations which have occurred.

This report also includes a deep dive into equality and provision of care. This specifically looks into concerns regarding exception reporting for Quality Outcome Framework (QOF) which has been raised in recent CQC reports. Alongside details of exception reporting across BNSSG the report will also look further into other areas of health inequality highlighted by QOF and Quality Improvement programmes aimed at addressing the inequalities.

2. Primary Care Monthly Quality Monitoring

2.1 Care Quality Commission (CQC) Published Reports

Two BNSSG practice have had a CQC inspection report published since the last report. Coniston Medical Centre received a 'Requires Improvement' overall rating and 'Requires Improvement' for the 'Well Led' and 'Safe' domains. Concord Medical Centre received a 'Good' rating overall and in all domains.

Figure 1: Recently published CQC ratings for domains

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Coniston	09.12.19	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Concord	27.12.19	Good	Good	Good	Good	Good	Good

The graph below shows the overall CQC rating position of all practices within BNSSG. There are currently no practices with a rating of 'Inadequate' in any domain.

Figure 2: CQC ratings for domains for all BNSSG practices



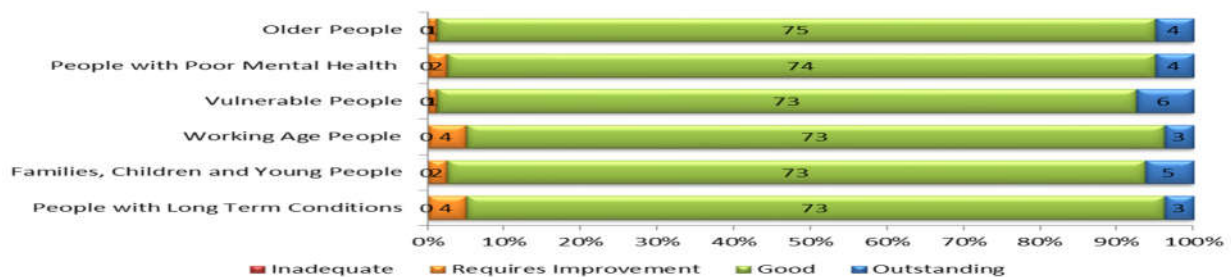
Within General Practice the CQC also inspects the quality of care for six population groups. Coniston Medical Centre received 'Good' for all of the population groups. Concord received 'Good' for all group except 'Families, Children & Young People' which received a rating of 'Outstanding'.

Figure 3: Recently Published CQC ratings for population groups

Practice	Publication Date	Older People	Long Term Conditions	Families, Children & Young People	Working Age People	Vulnerable People	Mental Health
Coniston	09.12.19	Good	Good	Good	Good	Good	Good
Concord	27.12.19	Good	Good	Outstanding	Good	Good	Good

The below graph shows the overall rating position of BNSSG practices for the six population groups.

Figure 4: CQC ratings for population groups for all BNSSG Practices



The Coniston Medical Centre's CQC report highlighted the following must do and should do actions.

Coniston Medical Centre	
Must Do's	Should Do's
Ensure care and treatment is provided in a safe way.	Continue to improve performance for reviews of long-term conditions and for cancer screening.
Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.	Continue to improve appointment accessibility.

The practice has been contacted regarding the CQC report. The issues raised have been discussed with the Practice Manager and the action plan has been requested. The practice is being supported by the Quality Team.

2.2 Other actions regarding CQC:

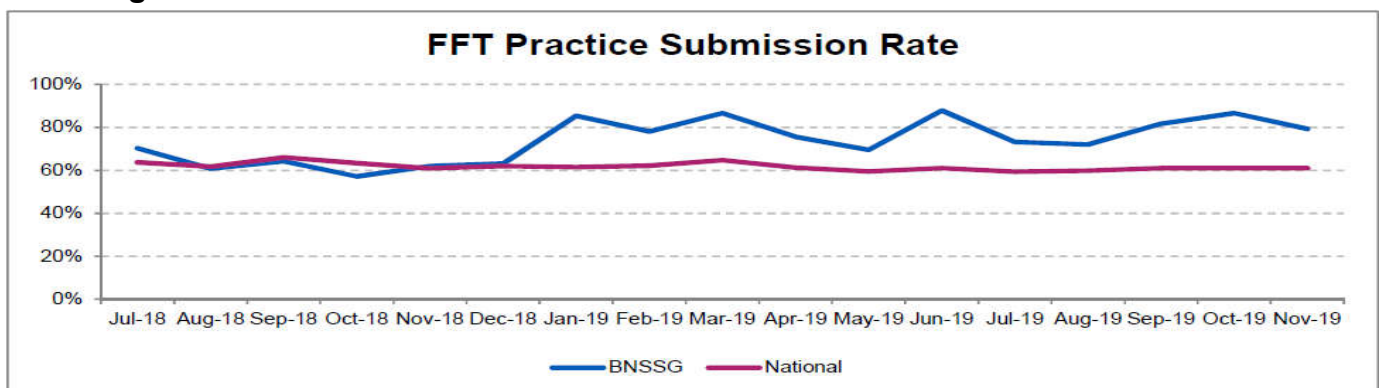
- The CCG Quality, Resilience and Contracting team are meeting with the CQC on a bi-monthly basis, to discuss emerging issues and themes, alongside sharing intelligence regarding quality of care in Practices.
- The CCG Quality Team has reviewed all of the BNSSG Primary Care CQC inspections published in 2019 alongside the CQC Key Lines of Enquiry, and is developing a series of documents to support practices in preparation for inspections. These will be circulated via the GP Bulletin and Remedy.

3. Friends and Family Test (FFT) November 2019 Data

The Friends and Family Test (FFT) is a feedback tool that supports the principle that those who use NHS services should have the opportunity to provide feedback on their experience which can be used to improve services. FFT for each practice can help inform current and prospective patients about the experiences of those who use the practice's services and help mark progress over time. FFT data is published on the NHS England website.

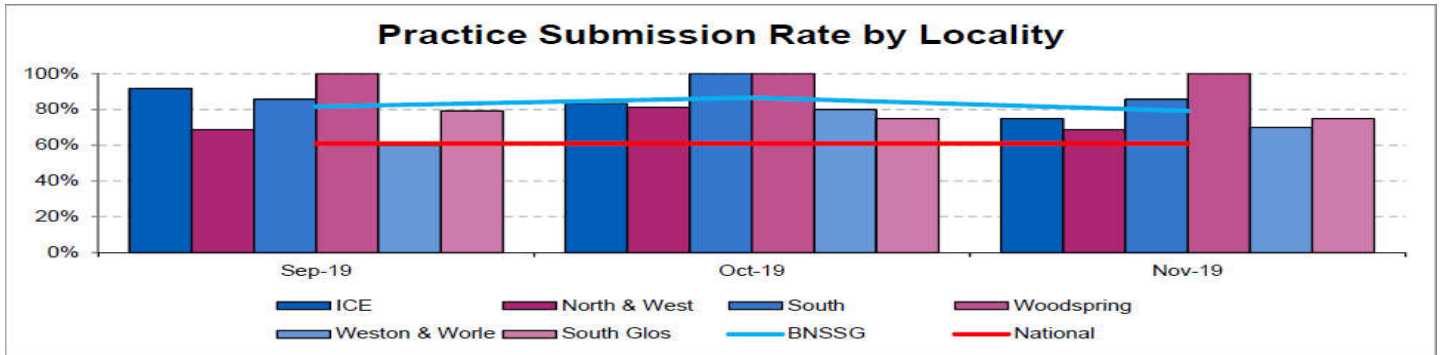
Submission Rate: The most recent results for the Friends and Family Test (FFT) data are for November 2019. This shows that 65 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 79.3% which is above the national rate of 61.0%. The Quality and Contracting teams continue to contact practices on a monthly basis where they have not submitted FFT data to ensure that submission rates remain high.

Figure 5: FFT Submission Rate



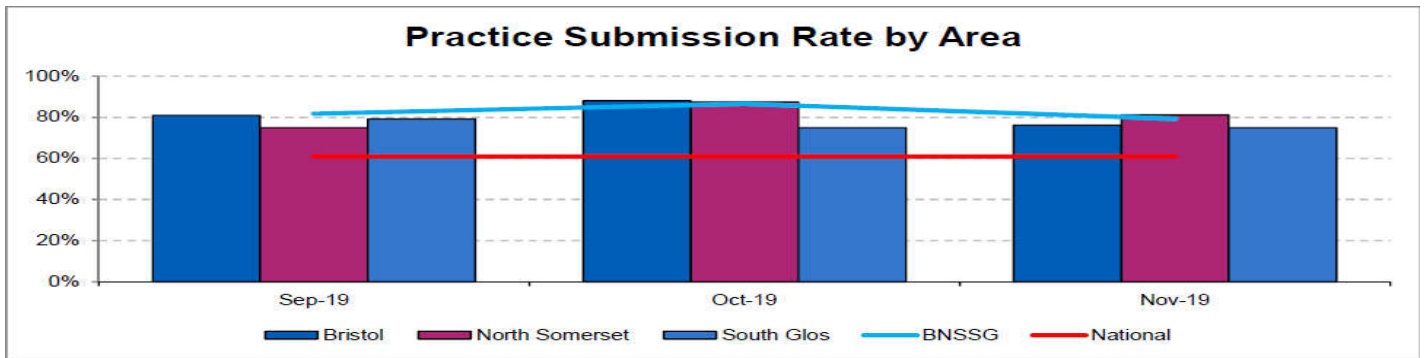
Data is also presented the last three months by both area and locality to show the variation. These are presented in the following two charts and include the overall BNSSG and the national averages in both.

Figure 6: FFT Practice Submission Rate by Locality



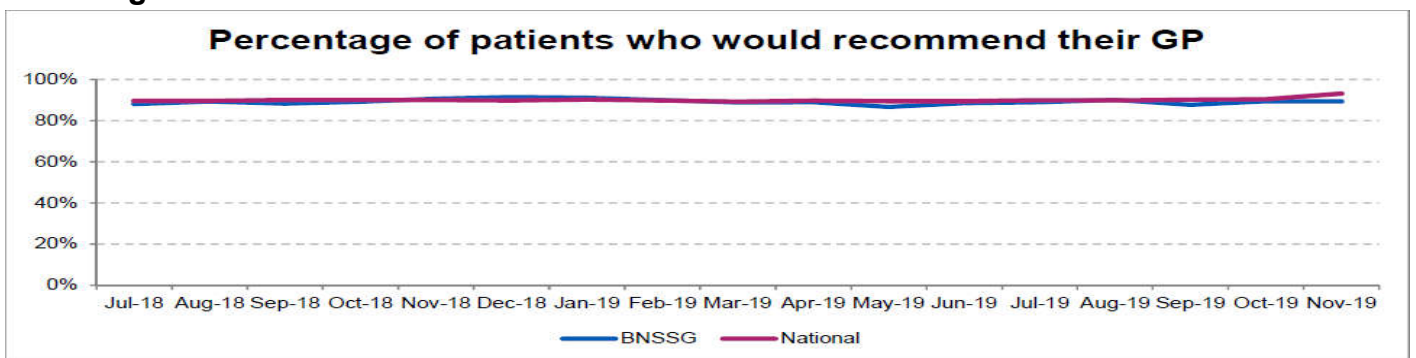
The submission rate for practices within Weston & Worle remains the lowest across the CCG. This data has been shared with the Locality Team for information. A response is pending.

Figure 7: FFT Practice Submission Rate by Area



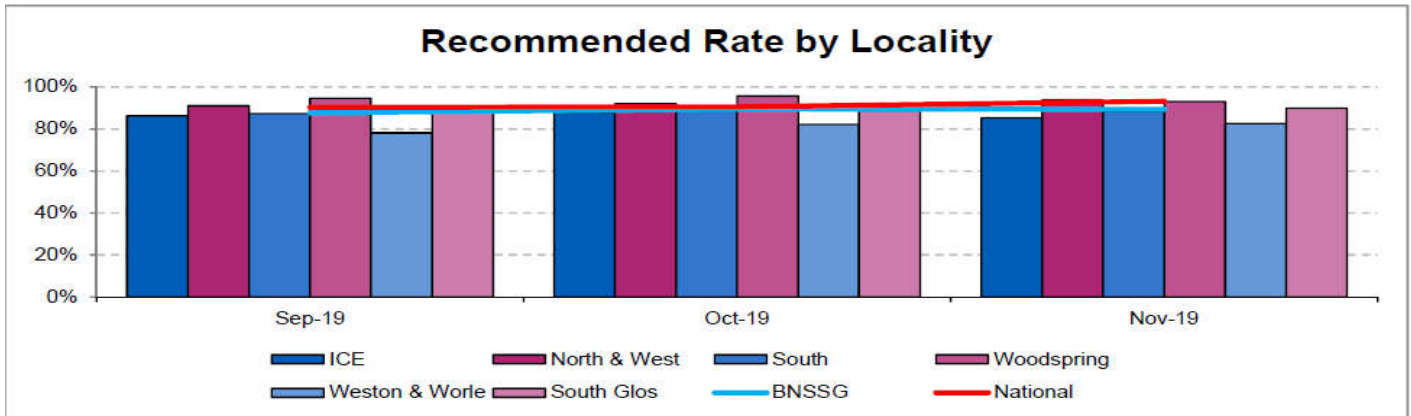
Recommendation Rate: Across BNSSG CCG 89.3% of respondents would recommend their GP Practice; this is 3.9% below the national average and a 0.2% decrease from the previous month.

Figure 8: FFT Recommendation Rate



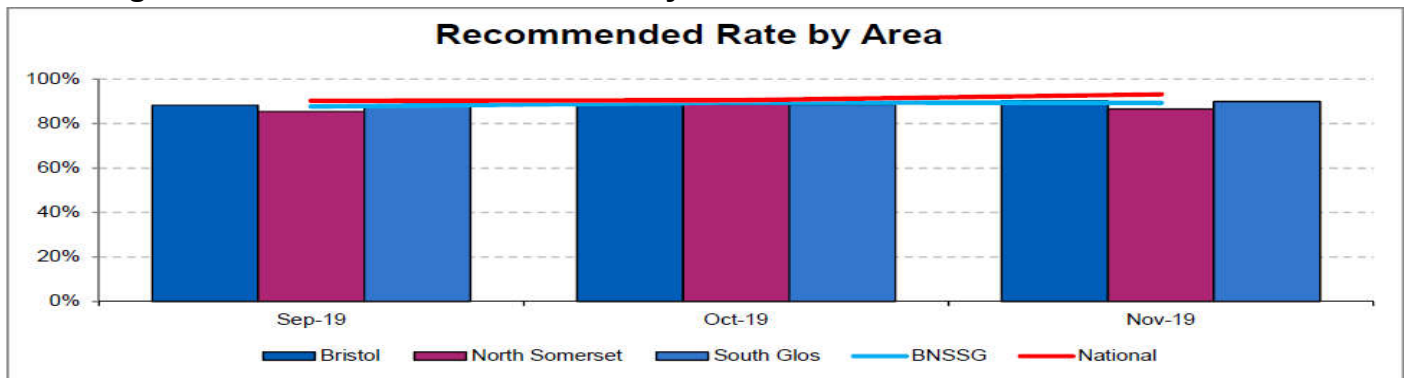
Again this data has been presented by area and locality for the last three months to show variation. These are presented in the following two charts and include the BNSSG and the national averages.

Figure 9: FFT Recommendation Rate by Locality



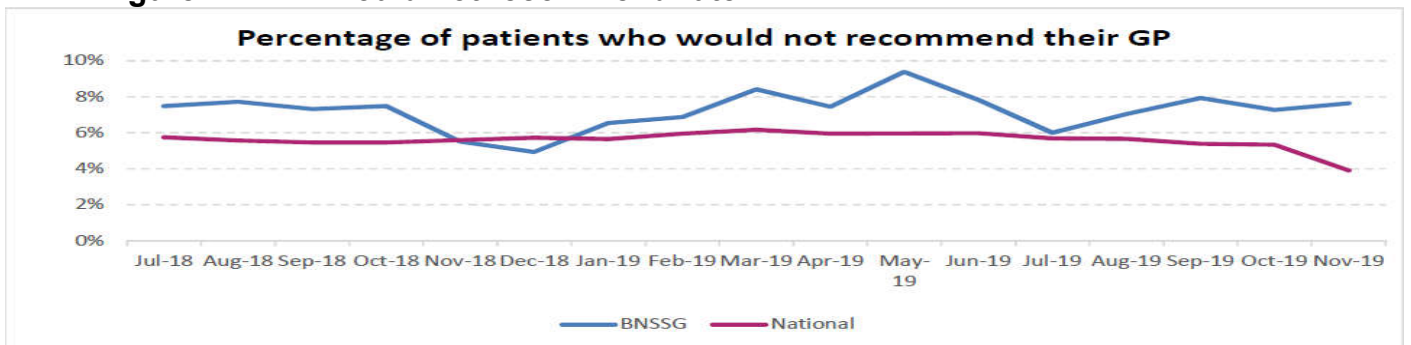
The recommendation rates across the localities are relatively even, although rates for Weston & Worle are slightly lower than in other localities. Again this data has been shared with the Locality Team for a response, which is still pending.

Figure 10: FFT Recommended Rate by Area



The recommendation rates across the three areas are very similar.

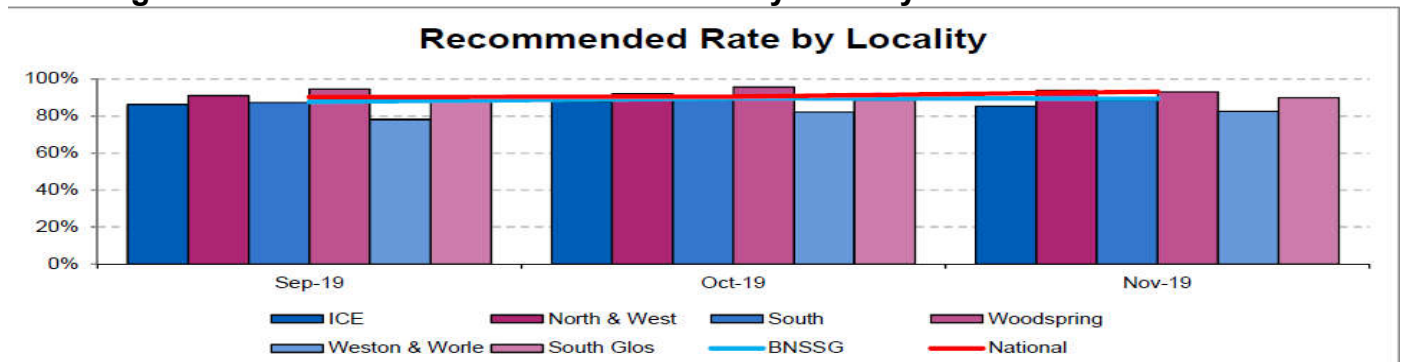
Figure 11: FFT would not recommend rate



The percentage of patients who would not recommend their GP practice was 7.6%. This is 1.9% higher the national average and 0.4% increase on the previous month

This data has been presented by locality for the last three months to show variation. This is presented in the following charts and includes the BNSSG and the national averages.

Figure 12: FFT would not recommend rate by Locality.



Woodspring is the only Locality which routinely has a lower than national average percentage of patients that would not recommend their practice.

The total number of FFT responses received in October for BNSSG was 3750. This is a decrease from October. For those practices who submitted a response the numbers ranged from 0 to 248. On average there were 57 responses per submitting practice.

Due to the low number of FFT responses it is important to triangulate with other patient experience data including the monitoring of complaints, results of the annual GP Patient Survey, Patient Participation Group feedback and Healthwatch. The CCG uses FFT, the GP Patient Survey and Healthwatch feedback in its annual review of patient feedback. Complaints, Patient Participation Groups and other methods of feedback are held, monitored and triangulated individually by practices. These areas are reviewed within the CQC Key Lines of Enquiry during inspections. Following review of all reports published in 2019 assurance has been gained that these systems are in place.

The Quality Team is also planning to meet with Healthwatch in January 2020 to look at the BNSSG priorities with an aim to have insight on focused projects.

4. Seasonal Influenza Preparations

GP practices are submitting flu uptake figures on a weekly basis. BNSSG CCG is currently above the national average for both 'At risk (6 months – to under 65 years)' and 'Pregnant Women'. The CCG is now above the national end of season ambition for '65 and over'. The Bristol area has a slightly lower uptake than the other two areas; however this remains above the national average. The latest position for BNSSG relates to Week 2, week ending Sunday 12th January 2020.

Figure 13: Flu Vaccination Uptake Rates

At Risk - (6 months - to Under 65 years)			65 and Over			Pregnant and NOT in At Risk Group		
National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG
55%	41.8%	45.3%	75%	71.1%	75.7%	55%	40.5%	44.6%
	Bristol	43.2%			73.4%			41.5%
	North Somerset	45.5%			76.0%			46.6%
	South Gloucestershire	48.9%			78.1%			49.4%

At the beginning of the 2019/20 season there were issues with delay in the provision of the under 65 vaccines, including the nasal spray. This caused a delay in the uptake of these vaccinations. This issue has now been addressed and supplies of all vaccinations are available.

Across individual practices there is variance in the uptake of vaccination in all three cohorts. This issue is discussed on a fortnightly basis at the BNSSG Influenza Seasonal Planning Group which is led by the CCG. The Screening and Immunisation Team (SCRIMS) are contacting all of the lower performing practices, following up with an email and resources regarding encouragement of uptake, progression and action.

There has been specific focus on increasing the uptake of flu vaccination for patients with a learning disability. Learning Disability is a defined category in the flu Patient Group Directive. There has been information disseminated to all practices via NHS England bulletins and the CCG GP bulletin regarding the use of the Live Attenuated Influenza Vaccine (LAIV) nasal spray for those patients with a Learning Disability and a needle phobia. The AHSN has also been focusing on increasing the flu vaccination uptake in patients with a Learning Disability. This information is monitored through the “Patients with chronic neurological disease (including stroke/TIA, cerebral palsy or MS)” and includes Learning Disabilities; however patients with Learning Disabilities are not reported as a distinct at risk category.

Key issues from this seasons flu programme are being collated in order to ensure that lessons are learnt to improve uptake for 2020/21.

5. Quality Deep Dive – Equality and Provision of Care

One of the ways of understanding the provision of care across practices is the use of the Quality Outcomes Framework (QOF). This is a standard measure of whether specific interventions have been undertaken for appropriate patient groups.

5.1 Exception Reporting – what is it telling us?

Exception reporting was introduced into QOF in order to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

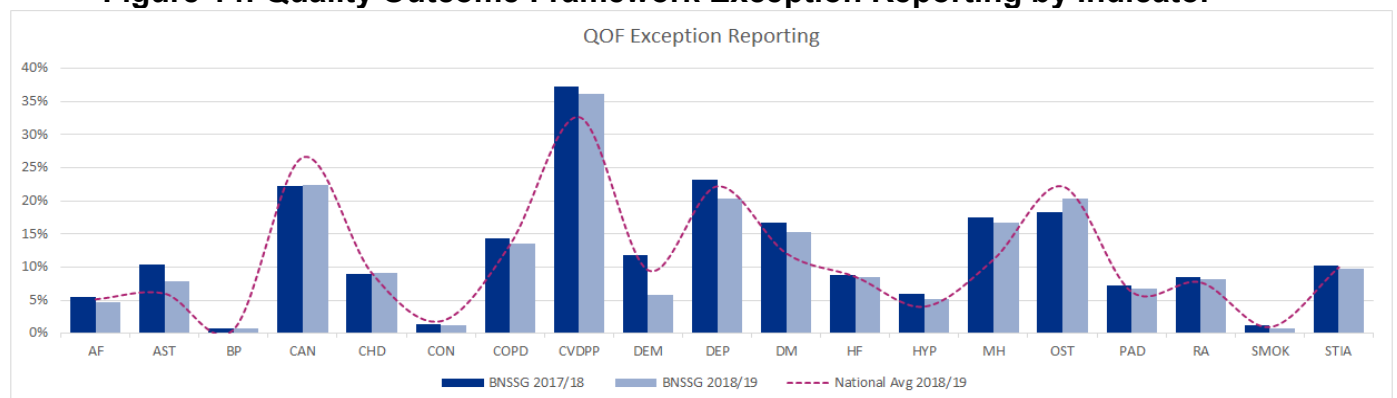
Recent CQC inspections have highlighted issues of high QOF exception reporting at a few practices. The CCG Business Intelligence (BI) team have undertaken a review of the exception reporting across BNSSG in order to understand this better.

It is noted that in 2017/18 BNSSG CCG had 14 indicators where exception reporting was above the England average and in 2018/19 there were only 9 indicators above the England average. This is a significant improvement, the indicators above the England average can be seen in the below table:

17/18 indicators above England average	18/19 indicators above England average
Asthma	Asthma
Blood Pressure	Blood Pressure
Secondary Prevention of Coronary Heart Disease	Chronic Obstructive Pulmonary Disease
Chronic Obstructive Pulmonary Disease	Cardiovascular Disease – Primary Prevention
Cardiovascular Disease – Primary Prevention	Diabetes Mellitus
Demential	Hypertension
Depression	Mental Health
Diabetes Mellitus	Peripheral Arterial Disease
Hypertension	Rheumatoid Arthritis
Mental Health	
Peripheral Arterial Disease	
Rheumatoid Arthritis	
Smoking	
Stroke and Transient Ischaemic Attack	

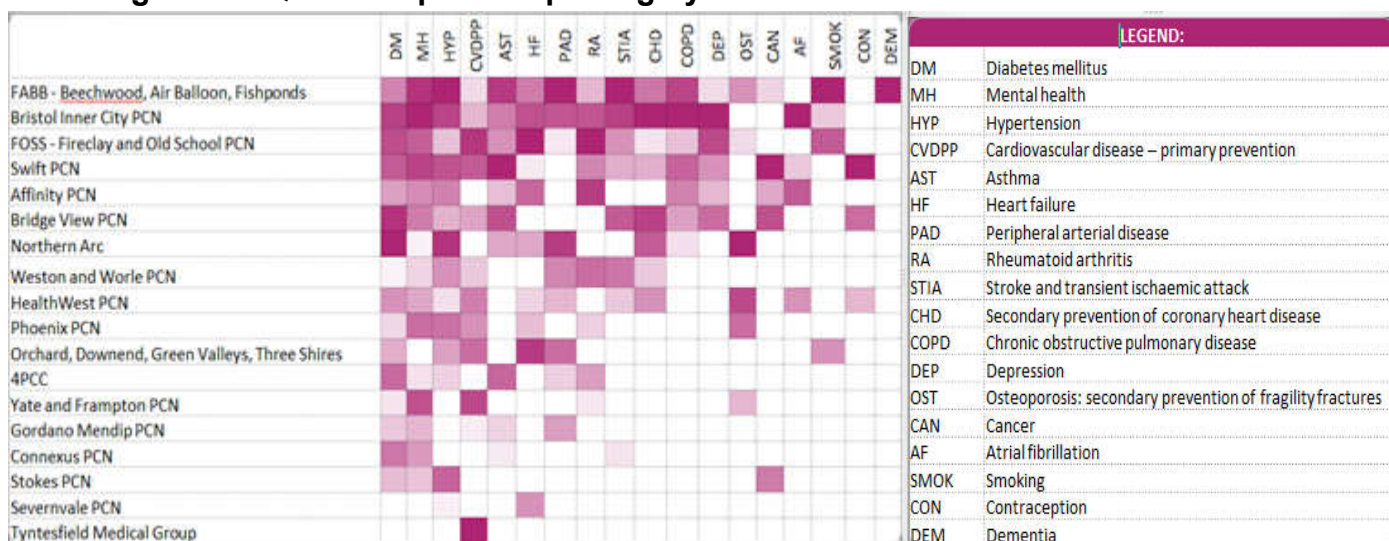
The graph below shows the changes in exception reporting for each indicator between 2017/18 and 2018/19. This shows that for the majority of indicators there has been a reduction in exception reporting, though there have been increases in Cancer, Secondary Prevention of Coronary Heart Disease and Osteoporosis indicator groups. By contrast, during the same period there was an increase in eight of the indicators nationally.

Figure 14: Quality Outcome Framework Exception Reporting by Indicator



The table below shows the overall BNSSG position for 2018/19 broken down by PCN for each individual indicator.

Figure 15: QOF Exception Reporting by Indicator and PCN



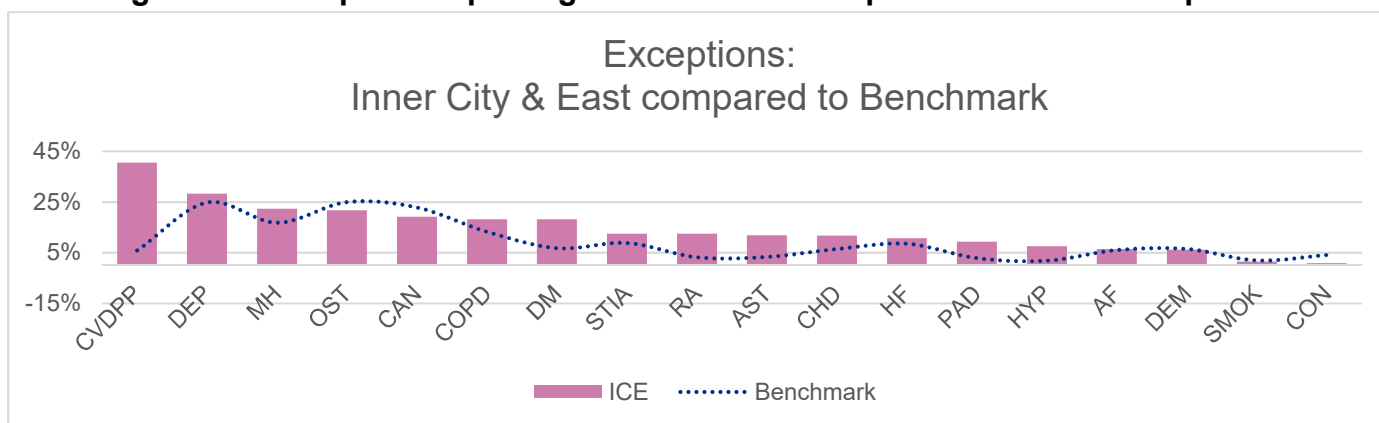
*The darker the shade of pink the higher the amount of exception reporting.

The above data shows that there is higher exception reporting in the Bristol Inner City and East (ICE) PCNs. The BI team investigated whether the high exception reporting rates were impacted by the practice population demographics. The Inner City population was reviewed and it was identified that there are high levels of population born outside the UK. This was therefore used as a starting point to identify similar GP practices nationally. The census was reviewed and four areas of the country with the most similar populations outside of London were identified:

- Birmingham
- Bristol
- Manchester
- Leicester

The GP practices within these areas were then identified as a benchmark and used to compare to the (ICE) GP practices. When the level of exceptions reported by ICE practices is compared to that reported by the benchmarked practices, overall the position is as follows:

Figure 16: Exception Reporting ICE Practices compared to Benchmark practices

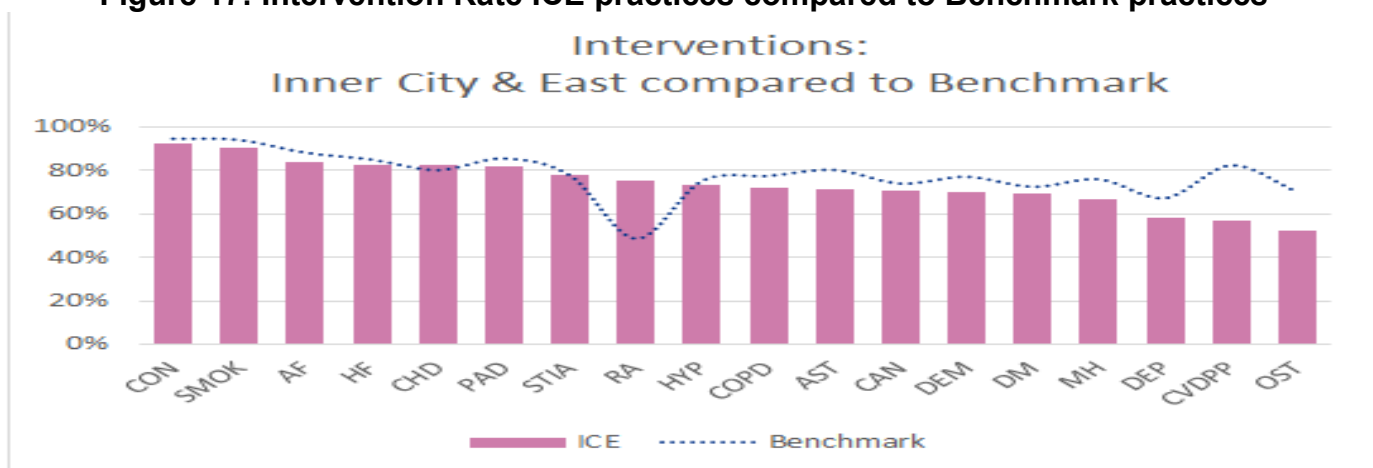


The graph shows that ICE practices report significantly higher levels of exceptions than the benchmark practices for the majority of indicators.

The Quality Team has worked with Business Intelligence to identify whether exception reporting rather than QOF Achievement Scores is an accurate measure of the quality of care being provided by practices, as highlighted by the CQC. It is proposed that the most accurate measure for reviewing the quality of care provided to patients would be the intervention rate. This is the percentage of patients within the appropriate cohort who received the required intervention.

The intervention rate has therefore been reviewed for the Inner City and East practices and compared against the benchmark practices, this is shown in the below graph:

Figure 17: Intervention Rate ICE practices compared to Benchmark practices



This shows that Inner City and East Practices in most indicators, except Rheumatoid Arthritis, have lower intervention rates than the benchmark practices, meaning that fewer patients within the appropriate cohorts are receiving the correct interventions.

The above information shows that the population demographics of ICE practices do not wholly explain why exception rates and intervention rates are not in line with the averages for BNSSG, England and benchmark practices.

This information has been shared with the Locality Team who will work with Business Intelligence to understand this further and gain learning from the benchmark practices about how they have achieved high intervention rates.

In order to understand the high exception rates in GP practices in Inner City and East, the CCG lead Practice Nurse is undertaking a review. This includes the practices in Inner City and East and one practice in South Gloucestershire. The review is seeking to understand how these practices with differing demographics compare on immunisation performance and QOF exclusion rates.

The method is as follows:

1. Randomly select 20 patients with Long term condition and review of EMIS record to check how many invites were required prior to attendance
2. Randomly select 20 patients due routine childhood MMR and review of EMIS record to check how many invites were required prior to attendance
3. Randomly select 20 patients excepted from QOF – how many invites, method, reason for exception, appropriateness of this
4. Review of percentage excepted from QOF
5. Review of percentage vaccinations achieved
6. Detail of additional measures adopted by the practice to improve attendance at reviews / immunisations

A report will be produced once the results have been collated, reviewed and analysed with the outcome shared with the Locality Team by the end of February 2020.

Having identified that the intervention rate is a more accurate measure of quality of care provided by practices, this approach has been presented by Locality in the below graph:

Figure 18: Intervention rate by Locality



Using the above information it is proposed that the Quality and Resilience dashboard is updated replacing QOF Achievement Score with Intervention Rate as this gives a more accurate picture of the direct interventions that patients are receiving.

5.2 Quality Improvement Projects

The above data specifically in Figure 15 highlights several areas where exception reporting is high and improvements are required in the care and treatment of long term conditions, either across the CCG as a whole or in specific Localities, PCN's and practices. Within BNSSG there are multiple Quality Improvement projects dedicated to making these improvements.

5.2.1 Diabetes

The Service Improvement Facilitator for Diabetes has supported the implementation of several projects to improve the care and outcomes for patients with Diabetes, this includes:

- EMIS pop up alerts available for all practices to support clinicians regarding the diabetes programme, particularly around prescribing and hypertension management.
- EMIS population searches are available for all practices and are used as part of the multidisciplinary virtual clinics to identify patient groups and target care. The searches identify people with diabetes, who have measurements outside of range and produce small manageable lists of patients. This assists the practices to prioritise those for review and to decide if this is done at virtual clinics or by practice review.
- Virtual clinics will be continuing from April 2020 as part of the community provider contract.
- GP champions are supporting practices and have been provided with training regarding Quality Improvement tools to support their work and highlight the benefits of engaging with the diabetes treatment target project which is being promoted in Primary Care.

One of the Health Inequalities Fellows has been piloting a 2 hour “supermarket tour” for people with type 2 diabetes in Tesco’s and Sainsbury’s. This is a very practical means of health promotion working with vulnerable adults helping them engage with lifestyle changes. Following the pilot this work will be fully evaluated.

Charlotte Keel held an event to celebrate people who have achieved remission of their Type 2 diabetes through weight loss and healthy lifestyle changes. This highlighted eleven patients at the practice who have made significant healthy lifestyle changes, hard work had paid off and their test results had come in below the diabetes range without the need for medication.

5.2.2 Significant Mental Illness (SMI) Physical Health Checks

Increasing the number of patients with a Significant Mental Illness who receive physical health checks has been identified as a priority within the Long Term Plan. A work programme led by the Mental Health Transformation team with input from all areas of the CCG is currently progressing to identify whether a GP Locally Enhanced Service can be developed and funded to address this area of inequality and improve the physical health of patients with an SMI.

5.2.3 Cardiovascular Disease

A requirement to make improvements to the care of patients with Cardiovascular Disease was highlighted to the Primary Care Commissioning Committee in April 2019. This issue has also been identified within the Long Term Plan.

A Health Together Cardiovascular Disease Programme Board was established in early December 2019 chaired by the Medical Director of UHBristol. The Programme Board will review the data available to identify where interventions will have the highest degree of impact. The following are expected to be work streams within this programme:

- Population health and inequalities

- Secondary prevention
- Heart failure
- Acute care

6. Improving Equality and Provision of Care

In addition to the above Quality Improvement projects which specifically look at those areas with high exception reporting, there are also several projects which continue to improve areas where improvements in health inequalities can be made.

6.1. Improving Bowel Cancer Screening (BCS) coverage.

Bristol BCS is significantly lower (54.9%) than both the England average (59.2%) and national target (60%). North Somerset average=62.8% and South Gloucestershire= 62.6%. To improve BCS uptake in Bristol, a project initiative is offered to practices in collaboration with BNSSG CCG, Cancer Research UK, Bristol & Weston Bowel Cancer Screening Programme and PHE Screening & Immunisation Team and reduce the gap in health inequalities. The project will be evaluated in Quarter 1 2020/21. Eighteen BNSSG CCG GP practices with bowel screening coverage of less than 52% were invited to take part in the project.

Studies have shown the positive impact that GPs can have on increasing awareness of cancer screening with eligible populations and sending letters from GPs endorsing the screening programme increases bowel screening uptake by up to 6%, and by up to 12% when sent in combination with enhanced patient information. Contacting patients by phone, providing the opportunity to speak to a trained bilingual advocate from a person's own GP practice also increases BCS uptake by around 8%.

The following five actions are required to be completed by each practice before the end of March 2020:

	Action	Comments/progress update
1	Identify a lead / champion for the project	All 18 GP practices have identified a lead.
2	Set up an alert on the clinical system to notify the practice of their Bowel Cancer Screening non-responders	Alert developed centrally with support from CSU. Alert shared and set up with all 18 GP practices. **Alert includes the number to request a new Bowel Cancer Screening testing kit
3	Set up a process to follow up Bowel Cancer Screening non-responders by letter/phone call/text.	8 practices have opted to send a letter to Bowel Cancer Screening non-responders and 10 have opted to send a text message . Those opting for text, will also be using letter in the absence of a mobile number.

4	Undertake targeted work with 'hard to reach' populations – Practice to determine what would be appropriate	<p>Inequality groups identified by practices:</p> <ul style="list-style-type: none"> • Men • Learning Disability • English not first/main language <p>7 of the practices have been supported by a GP trainee for this part of the project. A guide and recommendations will be shared with other practices.</p>
5	Bowel Cancer Screening training session for clinical/non-clinical staff at the practice	All training sessions will be completed by the end of March 2020, 12 have already been completed.

During Quarter 4 19/20 a search will be sent to all practices to identify the following:

- Number of Bowel Cancer Screening non-responders contacted by the practice.
- Number of Bowel Cancer Screening non-responders, who have subsequently taken part in Bowel Cancer Screening.

Health Inequality Project

One of the CCG Health Inequalities Fellows has chosen, as part of the Public Health Promotion Module, to focus on the Bowel Cancer Screening Health Inequalities project and is working with Cancer Research UK.

The plans for this are as follows:

- Engage with local communities and eligible screening groups to understand barriers to screening for patients with English as a Second Language (ESL) and focus on interventions which can have the greatest impact, including any suggested changes to the GP letter and text message reminders sent from the practices.
- Contact the Barton Hill Settlement (Pakistani Punjabi group with mainly older people) with support from the Bowel Screening programme to provide educational sessions
- Develop a website in order to give health professionals advice on evidenced based interventions that general practices can adopt to increase BCS rates in BAME and English as a second language (ESL) populations, using Somali and Punjabi language speakers in a video demonstration of how to use the FIT test.
- Liaison with local community groups, the Somali women's group (Talo), Bangladeshi Bristol Women's Group and Asian Day Centre who have all expressed an interested to host a session on BCS. Anne also plans to contact Dhek Bhal (a South Asian Community group with mainly older people).

6.2 Improving Cervical Screening Uptake

13 BNSSG practices have submitted successful bids to the cervical screening innovation fund which is a project between the Cancer Alliances and NHS England Public Health Commissioning

Team aimed at improving the uptake of Cervical Screening. Each project has funding for up to £5000 to:

- Improving access: Extra clinics/same day appointments.
- Reviewing non-responders and contacting patients directly.
- Health promotion activities e.g. campaigns, information in waiting rooms and TV screens.
- Re-wording letters and text reminders.

The projects run from September 2019 to March 31st 2020. Reports on these projects are presented to the alliance prevention meetings; the first report was presented on 8th January 2020. The early data shows that there has already been an increase in the number of women who have had screening as a direct result of the innovation projects.

6.3 Improving Breast Screening Uptake in the Learning Disability Population

There is a newly formed working group to look at improving breast screening uptake across BNSSG, the first meeting was held on 16th December.

The Avon Breast Screening Team, have recently launched this Learning Disability Breast Screening film <https://vimeo.com/364034846>. A special showing of this film was held at Southmead hospital on 20th November and posters were shared with GP practices in October via the GP Bulletin to advertise this.

6.4 Improving MMR uptake

NHS England are currently running a campaign 'Measles, Mumps and Rubella (MMR) – Help Us Help You, Get Protected' as part of this campaign all practices are being sent posters and counter cards. These materials have been developed for GP practices to encourage their patients to get protected against measles, mumps and rubella, by getting the MMR vaccination. A digital pack including social media content and digital screens is also available for practices. Further information regarding this has been shared via the GP bulletin.

Charlotte Keel Medical Practice

To support an increase in their MMR vaccination rate Charlotte Keel supported by Broadmead Medical Centre held a community awareness day on 12th October 2019 to encourage families to attend for childhood immunisations with a focus on MMR vaccination



The aim of the day was to have a party atmosphere for children with toys and games, face painting and plenty of food. Two link workers supported the event and interpreted for the families in Somali and South Asian languages. Over 30 children were vaccinated with MMR and other childhood immunisations. Overall it was felt that the day achieved its aim with an increase uptake of MMR to 87%.

Impact of the Project	31st March 2019 to 31st October 2019
Number of children immunised	52
Number of families contacted	103

7 Next Steps

- The Quality and Resilience dashboard will be updated using the QOF Intervention rate rather than achievement rate.
- The practice Quality Ratings will be amended with the updated intervention date in order to identify practices with specific quality issues.
- The Quality Team will continue to work with Medicines Optimisation and Screening and Immunisations to ensure that the GP practices with the lowest uptake of Influenza Vaccines are contacted and supported
- Information regarding intervention rates within the Inner City and East Practices and the benchmarked practices to be shared with the Locality team to progress shared learning.

8 Financial resource implications

There are no specific financial resource implications highlighted in this paper.

9 Legal implications

There are no specific legal implications in this paper.

10 Risk implications

Actions to address any highlighted risks have been added to the paper in each section.

11 How does this reduce health inequalities

Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly.

12 How does this impact on Equality and Diversity?

Monitoring of Primary Care Quality and Performance alongside practice demographic information will help to highlight areas of variation of service which will then be addressed accordingly.

13 Consultation and Communication including Public Involvement

Whilst there has not been any direct consultation and communication with the public in production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurances regarding Primary Care services.

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

Care Quality Commission	The independent regulator for all health and social care services in England.
Friends and Family Test	A quick and anonymous way for any patient to give their views after receiving care or treatment across the NHS.
Long Term Conditions	Long Term Conditions can be defined as any ongoing, long term or recurring conditions that can have a significant impact on people's lives.
Quality Outcomes Framework	The Quality and Outcomes Framework is a system for the performance management and payment of general practitioners. It was introduced as part of the new general medical services contract in April 2004, replacing various other fee arrangements.
LAIV	Live Attenuated Influenza Vaccine is a type of influenza vaccine in the form of a nasal spray recommended for the prevention of influenza