

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 29th October 2019

Time: 9.00am – 10:45am

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

Agenda Number :	7
Title:	Primary Care Quality Report Annual Review
Purpose: For Discussion and Decision	
Key Points for Discussion:	
<p>This paper provides the following: Recently published CQC reports and 12 month overview of the primary care CQC inspection reports Friends and Family Test results for August 2019 Updates on Influenza Management, Health Care Associated Infections (HCAI) and Anti-Microbial Resistance Programme (AMR), Practices Nurses and Incident Reporting. Updates on the 2018/19 focused domain clinical priorities Proposal to PCCC regarding the future report content, next steps and forward plan of Primary Care Quality reports.</p>	
Recommendations:	To note the monthly update on quality metrics, To approve the next steps for future quality reports
Previously Considered By and feedback :	Primary Care Operational Group
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:	Julie Thallon, Director of Nursing and Quality

Agenda item: 8

Report title: Primary Care Quality Report Annual Review

1. Background

Following delegated commissioning of General Practice Primary Care in April 2018 the Primary Care Commissioning Committee (PCCC) agreed regular reports would be presented on Primary Care Quality issues. On a monthly basis this includes Care Quality Commission (CQC) inspection reports, Friends and Family Test (FFT) data and where appropriate specific focused domains according to a Quality Calendar. On a quarterly basis updates are provided which include Incidents, Complaints, Quality Improvement Projects, Medicines Optimisation, Patient Experience and Influenza (during the season). This was agreed and implemented from September 2018.

For this report, and in addition to the monthly data, an overview of the first year’s actions linked to the specific quality domains has been included.

The report concludes with a proposal regarding the future content of Primary Care Quality reports.

2. Primary Care Monthly Quality Monitoring

a. Care Quality Commission (CQC)

Two BNSSG practices had a CQC inspection report published since the last report. It was noted that Lawrence Hill Health Centre received an overall rating of Requires Improvement and also in the domains of Caring and Safe. The Quality Team has discussed the CQC report with the practice and is supporting them with their action plan. This information will be shared with the PCCC once finalised.

Cadbury Heath Healthcare was rated as ‘Outstanding’ overall and in all domains apart from Safe. The Quality Team plans to share learning from their achievement.

Figure 1: Recently published CQC ratings for domains

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Lawrence Hill	12.9.2019	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Cadbury Heath	30.9.2019	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Good

Within Primary Care the CQC also inspects the quality of care for six population groups. Lawrence Hill received a ‘Good’ rating for three of the population groups and ‘Requires

Improvement' for the other three. Cadbury Heath Healthcare received 'Outstanding' in all population groups.

Figure 2: 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
Lawrence Hill	12.9.2019	Good	Good	RI	RI	Good	RI
Cadbury Heath	30.9.2019	O	O	O	O	O	O

O= Outstanding

For Lawrence Hill Health Centre the CQC found no breaches of regulations and set no 'must do' actions, however six 'should do' actions are recommended as listed below.

Lawrence Hill – 'Should Do' actions
Complete CQC registration process for the current GP partnership and the registered manager for three regulated activities.
Document the practice vision, values and business strategy and ensure this is understood by staff and progress is monitored.
Review arrangements to monitor and improve rate of average daily prescribing of hypnotic medicines; and exception reporting for patients with COPD and mental health conditions.
Review arrangements for and improve uptake of childhood immunisations.
Review and improve cancer screening performance in all cancer indicators, including bowel, breast and cervical screening.
Review arrangements for storage of paper patient records to prevent access by unauthorised people.
Continue efforts to establish a patient participation group (PPG)

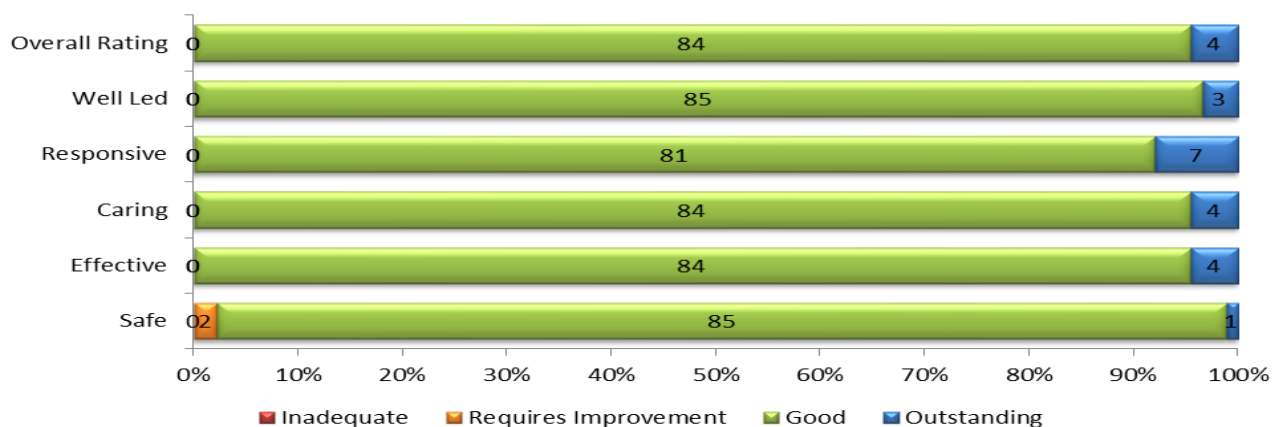
Lawrence Hill have been in contact with the CCG regarding their CQC report and are currently drafting an action plan for submission to CQC which they will share with the Quality Team.

Lawrence Hill Health centre Report: <https://www.cqc.org.uk/location/1-558155440>

Twelve Month Overview from 2018/19

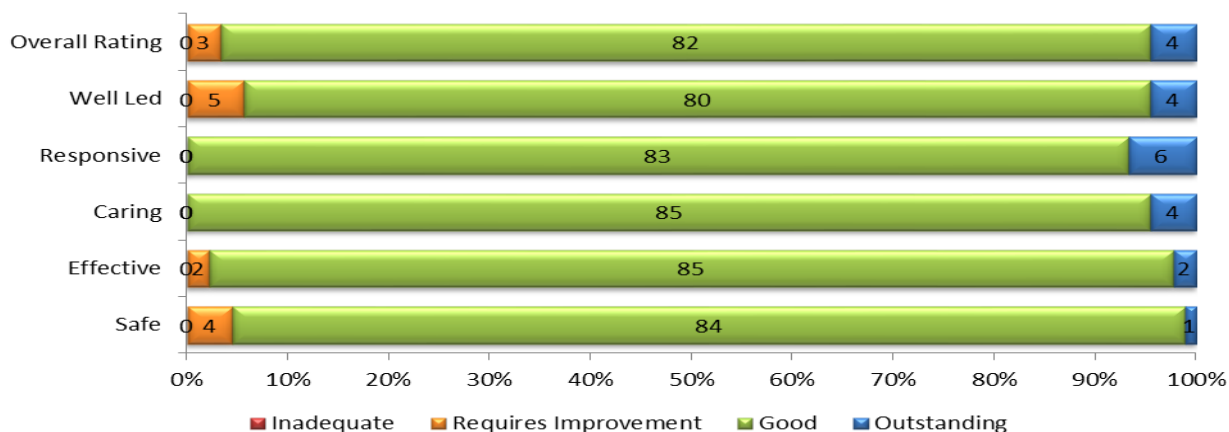
When BNSSG CCG became responsible for primary care commissioning in April 2018 four practices had an overall rating of 'Outstanding' and all other practices were rated as 'Good'. This is shown in the figure 3 overleaf.

Figure 3: CQC Ratings for BNSSG practices on 1st September 2018



Since this time 32 practices have had CQC inspection reports published. Of these four have received an overall rating of ‘Requires Improvement’ and five others have received a rating of ‘Requires Improvement’ in one domain. One practice successfully challenged their overall rating and had this amended to ‘Good’ within this time period. One practice received a rating of ‘Outstanding’ overall and in four of the five domains and one practice received an ‘Outstanding’ rating in the ‘Well Led’ domain. NB. The number of practices has reduced over the year due to practice mergers and closures.

Figure 4: Current CQC ratings for BNSSG practices (October 2019)



The following two graphs (Figure 5 & 6) show the CQC ratings for the six population groups. As at September 2018 no practices were rated as ‘Requires Improvement’ for any of the six population groups. The most recent CQC summary shows that this has changed and there are practices where actions have been identified linked to specific population groups and this is reflected in the ‘Requires Improvement’ ratings.

Figure 5: CQC ratings for population groups on 1st September 2018

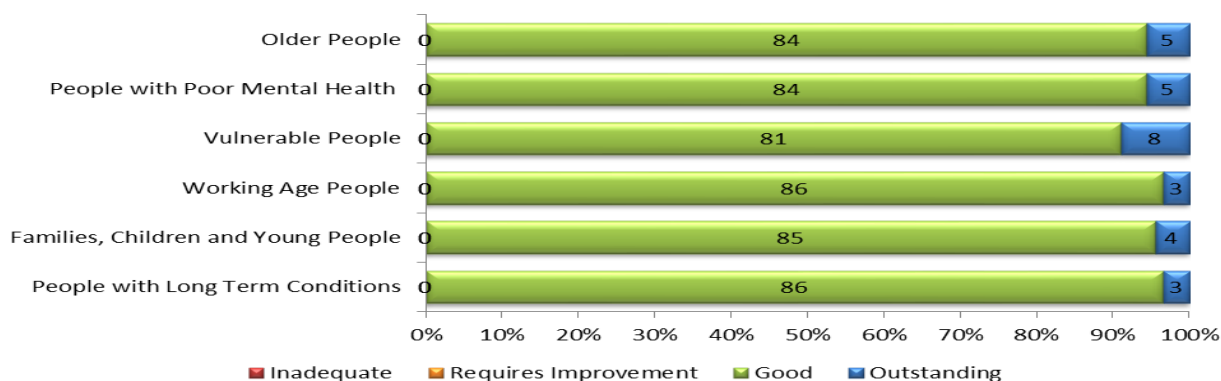
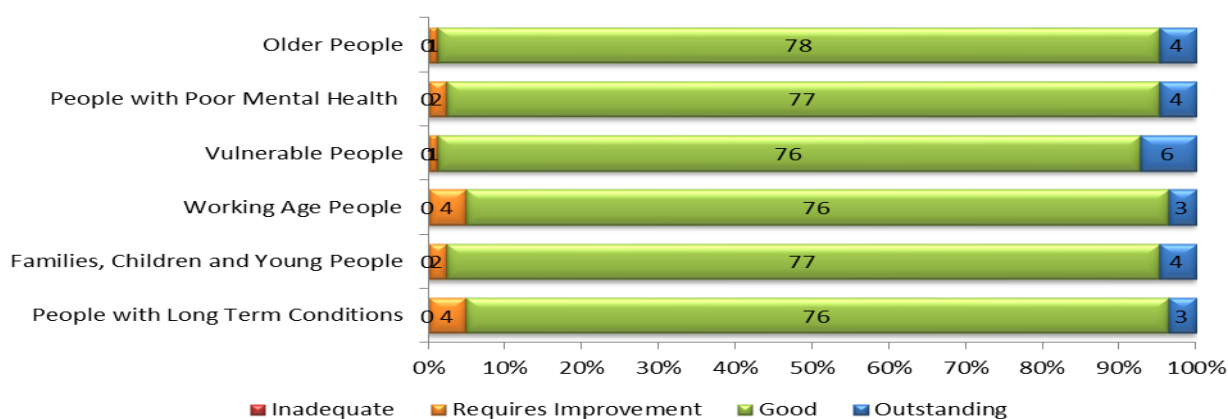


Figure 6: Current CQC ratings for population groups



The next two figures (Fig 7 & 8) provide the national position on CQC primary care practice inspection ratings and the national picture on population group ratings

Figure 7: National Average CQC results for Primary Care

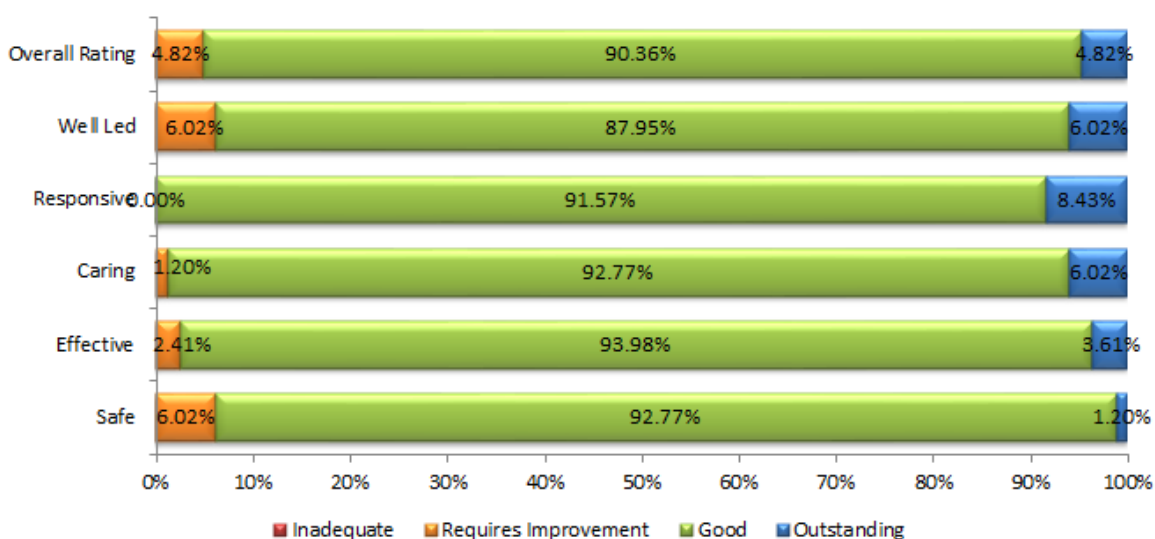
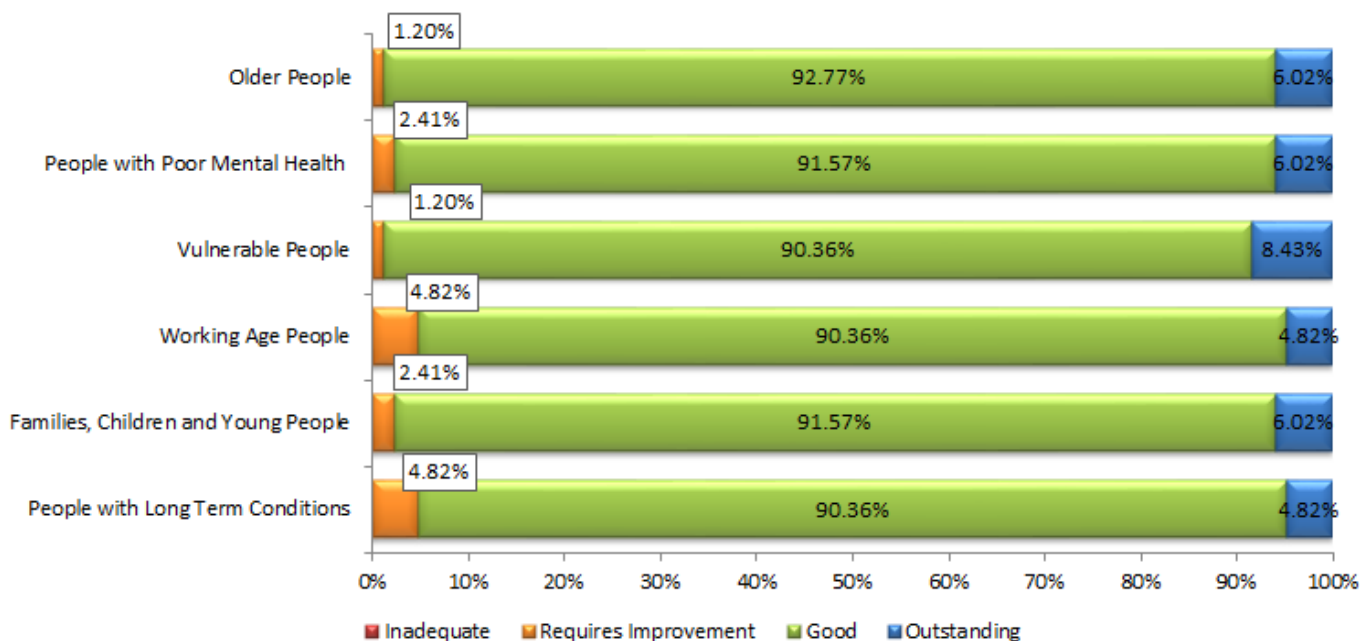


Figure 8: National Average for population groups within Primary Care



CQC State of Care report for 2018/19

In the recently published CQC State of Care report for 2018/19 it states that the overall quality of services in primary care is high. The rating percentages have stayed the same over the last two years with 95% of GP practices rated as either ‘good’ (90%) or ‘outstanding’ (5%) with only 4% and 1% rated as either ‘requires improvement’ or ‘inadequate’ respectively. However, the report states that the rate of improvement seen in previous years seems to have reached a plateau, as 4% of practices still require improvement and 1% are rated as inadequate across England. In BNSSG 96.6% of practices are rated as either ‘good’ or ‘outstanding’ and there are no practices rated as ‘inadequate’. However, this is a slight decrease on the previous year where there were no practices rated as ‘requires improvement’ within BNSSG.

Further analysis of the full CQC report and its findings will be undertaken in the next month.

CQC Action Plan:

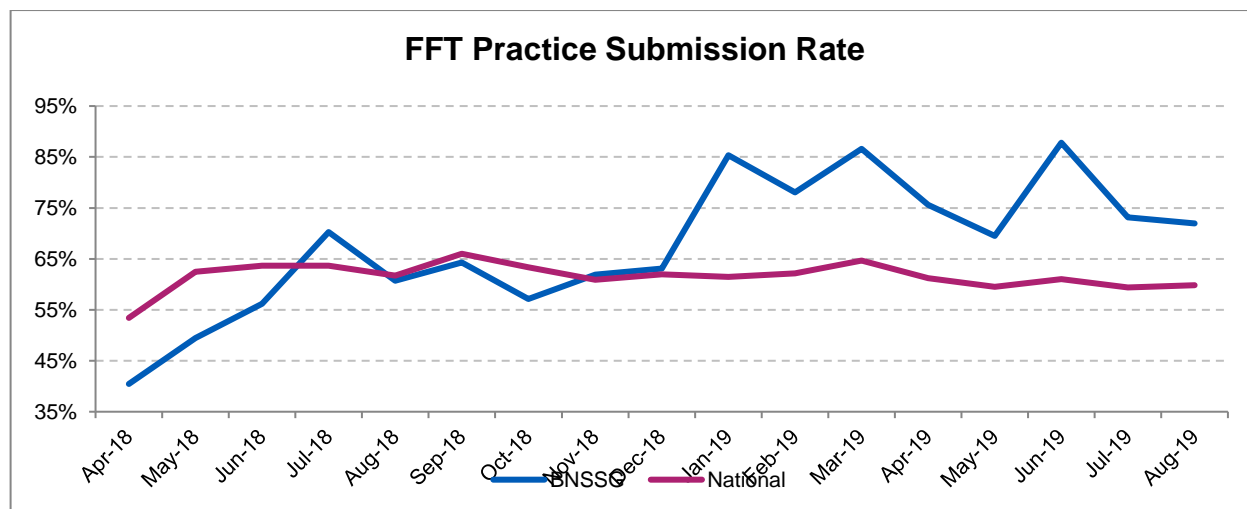
- The Quality Team will work with Contracting, Resilience and Locality teams to agree the support, particularly with practices who have received a ‘Requires Improvement’ and those practices where improvements are required especially where this has an impact on their resilience and contractual stability. The teams will collectively develop a Standard Operating Procedure for managing the level of escalation within the CCG, Localities and Practices.
- To support practice improvements and ensure all practices across BNSSG are rated, or aim to be rated as either Outstanding or Good in all domains.

- Share learning from those practices rated as ‘Outstanding’ across the PCNs and Localities. The Outstanding practices will also be contacted to see if they are able to offer specific help to any neighbouring practices where improvements are required. To develop this work with the support of PCNs and Localities.
- The Quality team will use the findings and data from the recently published CQC State of Care report and review the 2018/19 CQC reports to identified any specific themes which could support future practice inspection and also help them identify any gaps in their practices.
- Bi-monthly collaborative meetings with CQC, Quality and Contracting teams to discuss issues, actions and solutions regarding inspection outcomes.

b. Friends and Family Test (FFT)

At the end of 2018, the CCG reminded all practices of their contractual obligations to collect and report patient feedback via the NHSE Friends and Family Test (FFT) portal. Since this time, the CCG has noted the improved reporting rates, which are shown in Figure 9. From January 2019 the rate has been consistently higher than the England average and apart from May 2019 (69.5%) above 70% with occasional peaks over 85%.

Figure 9: FFT Practice Submission Rate



The most recent results for the FFT data are for August 2019. This shows that 59 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 72.0% which is above the national rate of 59.9%. Further contact will continue to be made with the practices that have not been submitting data to ensure that this improves further and is sustained.

We have also presented the last three months data 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 10: FFT Practice Submission Rate by Locality

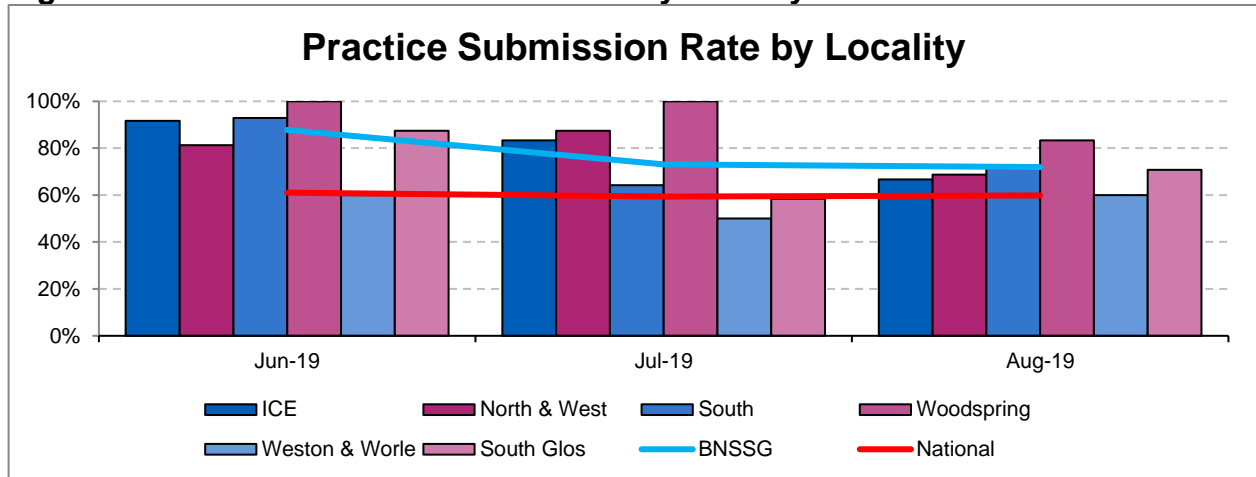
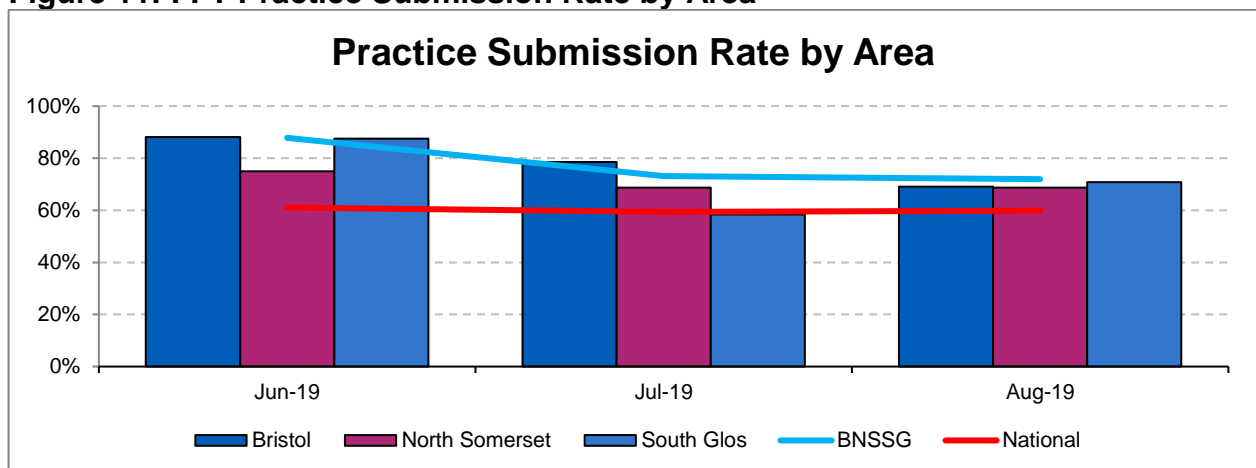
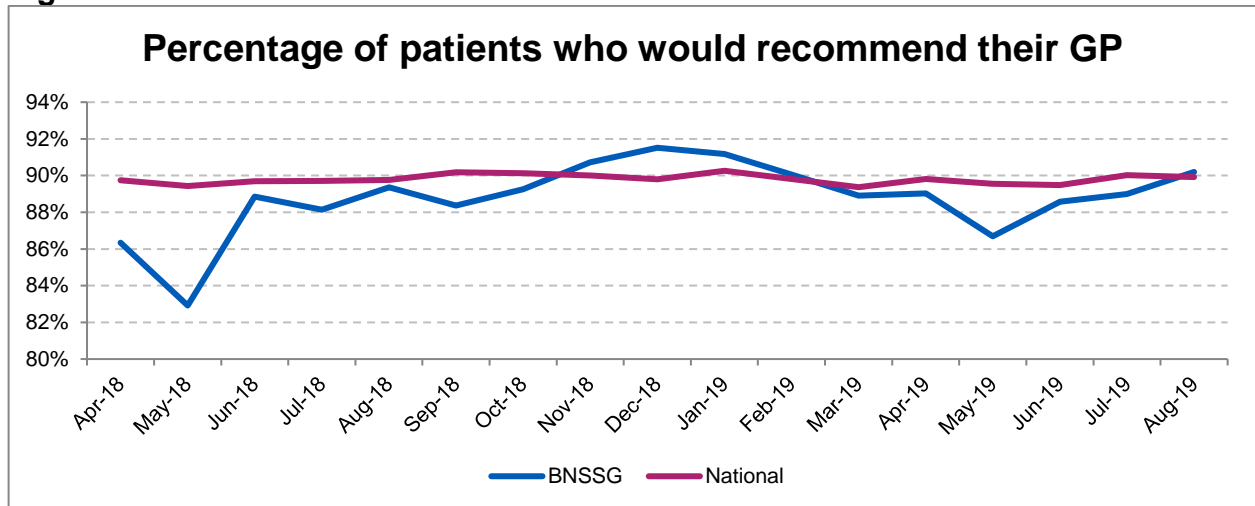


Figure 11: FFT Practice Submission Rate by Area



Recommendation rates: Across BNSSG CCG 90.2% of respondents would recommend their GP Practice; this is 0.3% above the national average and a 1.2% increase on the previous month. The percentage of patients who would not recommend their GP practice was 7.0%. This is 0.3% higher the national average and a 1.0% increase on the previous month.

Figure 12: FFT Recommended Rate



Again this data has been presented by both 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 13: FFT Recommended Rate by Locality

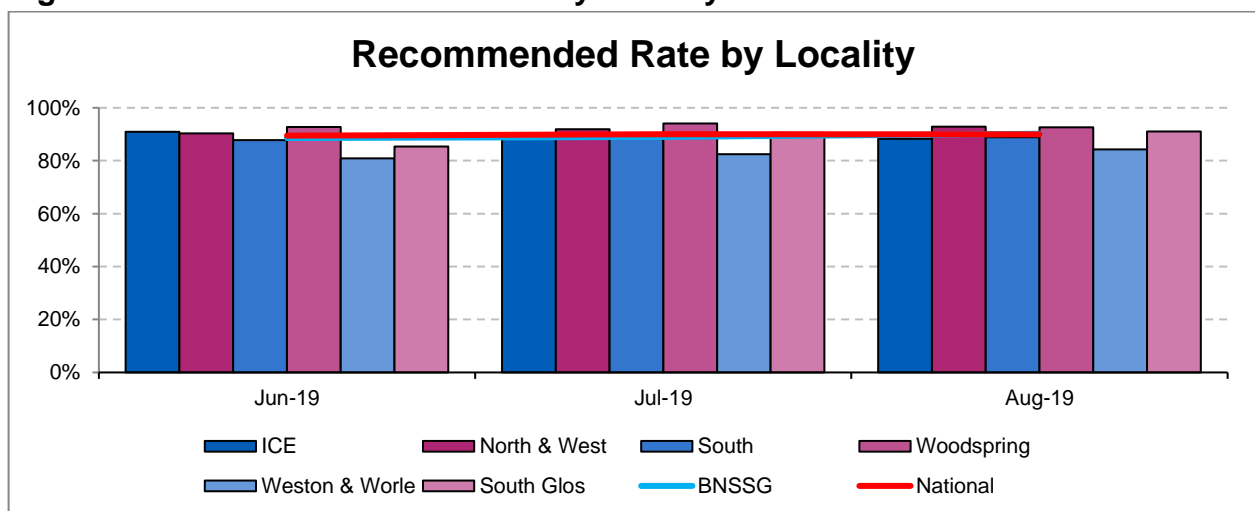
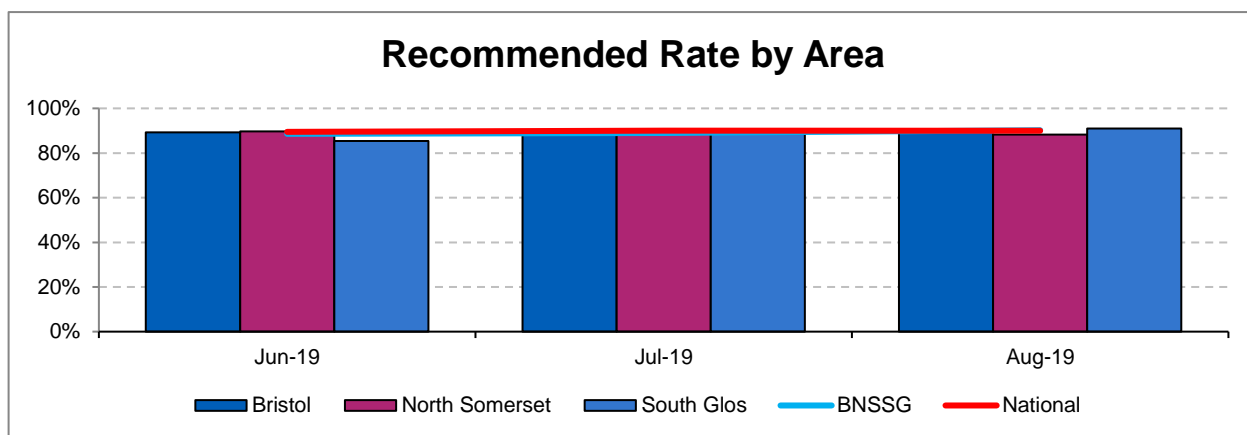


Figure 14: FFT Recommended Rate by Area



The total number of FFT responses received in August for BNSSG was 3174. This is a decrease from July. For those practices who submitted a response the numbers ranged from 0 to 308. On average there were 56 responses per submitting practice.

It is therefore important that Primary Care FFT recommendation rates should be triangulated with other patient experience data including complaints and the annual GP Patient Survey rather than viewed in isolation. The number of respondents for each practice on a monthly basis is small and therefore it is not possible in most cases to draw statistical significance at an individual practice level. However, practices use FFT as one of several patient feedback mechanisms which feed into their Patient Participation Groups.

c. Influenza Vaccination Preparation

For the 2018/19 Flu Season, BNSSG CCG Practices were above the national uptake for the 'at risk' groups and the over 65s. BNSSG was also above the end of season ambition for over 65 vaccinations. BNSSG CCG has received national recognition for its flu vaccine rates as the highest in the South West.

		At Risk - (6 months - to Under 65 years)	65 and Over
National End of Season Ambition		55%	75%
National Uptake	2017/18	48.7%	72.4%
	2018/19	46.7%	71.2%
BNSSG Uptake	2017/18	51.3%	76.5%
	2018/19	49.4%	76.3%

In preparation for the 2019/20 flu season the following actions have been taken by the CCG.

- The Quality Team chairs the fortnightly Task and Finish BNSSG Seasonal Flu Group meetings. The purpose of this meeting is to have a strategic overview to ensure that the needs of the population are met. Planned work includes optimising uptake of vaccinations in patient and staff groups, coordinated messaging to the public and consistency of approach with regard to care home arrangements.
- The Quality Team is working with Medicines Optimisation Team to identify the risks associated with the management of influenza this season including outbreaks and treatment. Medicines Optimisation Team is writing a paper highlighting the potential issues and mitigations which will be shared with PCCC in November.
- The CCG will continue to work alongside Public Health England Screening and Immunisation Team who will contact and work with the lowest performing practices. This will include prioritising those patients in the 'at risk' groups (Chronic Respiratory, Heart Disease, Renal, Liver, Neurological, Diabetes, Immunosuppressed) where the rate in the under 65 age group is below 50%. Discussions are taking place to consider capturing some of these patients in the clinic settings they attend.
- The Flu Group will continue to monitor supply of vaccines. The group is aware that the supply of QIVe flu vaccine from one of the pharmaceutical providers Sanofi Pasteur has been slightly delayed. This is not currently a risk as will result in minor changes to confirm delivery dates for some primary care providers only. Sanofi Pasteur is currently making direct contact with all affected providers to confirm revised delivery dates. QIVe flu vaccines are still available to order from several manufacturers and are recommended and reimbursed for the NHS flu programme.
- Some practices and chain pharmacies have already received vaccine stock. Ideally all providers would receive at the same time, however it is to be noted that around 10% of the currently vaccinated eligible patients receive their vaccination in a pharmacy setting. Uptake in patients in an 'at risk' group under the age of 65 is below 50%, suggesting there are significant cohorts of patients to be vaccinated which could take place in either setting. This will be monitored through the Flu Group.
- The latest update from the Public Health England National team on 26 September 2019 noted that they are developing a patient facing leaflet for providers which can be used to support the programme this year, particularly where practices are required to reschedule clinics. This will be made available shortly on the PHE webpage and available for circulation once published. The Flu group will make sure practices are aware of this publication.

- Reporting for this season will commence in November 2019 and will be shared with the PCCC on a monthly basis.

d. Healthcare Associated Infections (HCAI) and Antimicrobial Resistance programme (AMR)

The Quality Team is working with the Business Intelligence Team to include HCAI metrics into the Primary Care dashboard so that this information can be utilised at a GP practice, Primary Care Network (PCN) and Locality level to identify key hot spots and trends to work with practices and reduce infection rates. This involves work around Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Clostridium Difficile and Escheria coli (E.coli).

The Quality team plan to:

- Develop a Methicillin-resistant Staphylococcus aureus (MRSA) alert tool, which all providers involved in a patient's care can contribute to following the identification of a MRSA bacteraemia.
- Support and improve the use of the community onset Clostridium Difficile reporting tool, review cases and identify learning.
- Work with providers through the HCAI group bi-monthly meeting to ensure that GPs and practice nurses have access to the catheter passport and are involved in the work to address E.coli where the primary source of bacteraemia was linked with a urinary tract infection.
- Attend the E.coli Task and Finish Group to represent primary care and will feedback to the practice nurse leads.
- Identify Infection Control Link nurses in each GP Practice who will cascade actions from the HCAI meetings
- Report together HCAI and system wide antibiotic use in future papers.

e. Practice Nurses

The Quality Team manages and supports the three Lead Practice Nurses, whose purpose is to collaborate with all Practice Nurses, to provide leadership and representation across the BNSSG area, ensuring that nurses are represented in the process of commissioning healthcare services, workforce development and in delivery of the NHS England General Practice Nursing (GPN) Ten Point Plan.

Recently the CCG receive positive feedback from the NHSE South West GPN Regional Board meeting noting that the BNSSG CCG's Ten Point plan submission was reviewed as progressive and innovative, noting lots of examples of good work in train. Work continues with the ten point plan and is included below in the update and actions for the future:

- Continue to have oversight and delivery of the General Practice Nursing Ten Point Plan, which includes local overview at the bi-monthly BNSSG CCG Practice Nurse Steering Group (PNSG).
- PNSG will review outcomes pertaining to significant projects and programmes associated with nursing in general practice. This will include reviewing National and local drivers alongside the strategic direction for change / revision of nursing roles and leadership across BNSSG.
- Through the PNSG identify and address opportunities for improvement of quality of patient care in primary care provision such as infection control, incident management, improving immunisations and safeguarding.
- Through the PNSG engage with system partners in the education development and funding opportunities of the General Practice Nurse workforce and contribute to workforce planning and the development of new roles in Primary Care.
- Identify new ways of working, reviewing and contributing to business proposals presented in relation to the current and proposed projects and programmes of work and develop a robust action plan with clear work streams and leads identified for each area of work
- The Quality Team and the Practice Nurse leads have been successful with a couple of small bids to support 1) Practice Nurse signposting and 2) Motivational Interview Training for General Practice Nurses. Work is ongoing with these areas and will link with the Training Hub to support the initiatives.
- The Training Hub will also develop a small 'flying faculty' of Primary Care Nurse Educators who will manage and deliver teaching courses across the BNSSG STP footprint.

f. Incident Reporting

The CCG took over the management of incident reporting on 1st October 2018. All patient safety incidents, which are serious need to be reported and investigated and the learning shared to support quality improvement and prevent recurrence where possible. There is an established process where GP concerns/incidents are being reported through the Datix

portal, however these mainly relate to issues GP Practices have with other providers or are immunisation and medication incidents. Work has started to encourage practices to report their serious incidents and to date three have been reported and investigated by the practices. These incidents are entered on to the NHSE StEIS database by the CCG and support offered to the practices with the investigation of these events.

To support practices to report and share incident data with the CCG further work will include:

- Ensuring anyone involved in the care of patients to be able to use the Datix portal to highlight issues to the BNSSG Quality Team.
- Sharing detailed guidance for GP Practices on how to report serious incidents and how these should be investigated. Draft guidance has been written and shared with Locality Leads for comment.
- Ensuring anonymised learning from incident investigations is shared with all the providers across BNSSG to ensure similar issues cannot occur in other areas.
- Ensuring the newly developed online Quality eForum platform, which is hosted on the FutureNHS Collaboration platform, is fully promoted and used as a facility to share learning at a practice, PCN and Locality level.
- Ensuring that all our stakeholders are clear on their responsibilities and our expectations to further and foster a culture of openness and transparency that focuses on continuous learning and improvement. This information will be used to identify themes and trends which are then used, in discussion with providers, to develop and improve processes.
- Identifying Quality Leads within practices who will be brought together in the online eForum platform.

g. Focused Domains updates from 2018/19 reports

Over the past year the primary care quality report has provided a focused clinical domain each month based on one of the CCG's clinical priorities. This approach was developed using the 51 validated indicators of quality identified from the Primary Care Webtool, which were grouped in line with BNSSG CCG clinical priorities. The indicators were BRAG (Blue, Green, Amber & Red) rated and presented by practice, locality with comparisons made with national and core city CCG averages. These focused domains included:

- Children
- Cancer

- Workforce and Resilience
- Diabetes
- Mental Health
- Cardiovascular Disease
- Respiratory
- Prescribing
- Dementia
- Patient Experience

The following is an update on the work undertaken since the data was presented to the PCCC.

Children

In October 2018 the children's data was presented specifically relating to childhood vaccinations. Across the four indicators it is noted that only 25 practices were rated as Green. The CCG as a whole reported higher compliance than the national average, however this remained below the 95% target.

Update:

The Quality Team is continuing to work with the PHE Screening and Immunisations Team to support increased uptake of childhood vaccinations within BNSSG. Work is being undertaken with specific practices to increase uptake and manage any incidents regarding immunisations.

Cancer

In December 2018, the cancer data was presented specifically relating to two week wait referrals and cervical screening uptake. It is noted that across the two indicators only 14 practices were rated as Green. The CCG as a whole reported higher compliance than the national average for both indicators.

Update:

The Quality Team met with Cancer Research UK to gain an update on the Quality Improvement Projects they are undertaking to increase Bowel Screening rates in practices with low uptake. Links have been made with the CCG funded Health Inequalities Fellows to support this area of work.

The outcomes from a Quality Improvement project on how to increase the number of eligible women from ethnic minorities who attend cervical screening have been shared at the Inner City and East (ICE) Membership meeting. The project, undertaken by a GPST3 Quality Improvement Fellow, was at a Practice in South Gloucestershire. At the ICE meeting options were discussed on how this learning could be shared and implemented in other areas. A further update on the progress of this project is expected by the end of the year.

Workforce and Resilience



In January 2019 the GP workforce and resilience data was presented. It was noted that for all 5 indicators BNSSG was noted to be in a better position than the national average, although significant issues and areas of work were identified.

Update:

Primary and Community Care Training Hubs, previously named the Community Education Provider Network (CEPN), have been developed to support the delivery of the NHS Long Term Plan. This change occurred as a result of Health Education England (HEE) developing the training offer in conjunction with the introduction of Primary Care Networks. There is a separate work stream that reports to PCCC regarding this domain and the Quality Team are involved in this work.

Diabetes

In February 2019 the diabetes data was presented specifically relating to, Blood Pressure readings, Cholesterol and HbA1c. It was noted that there was deterioration in these indicators between 2016/17 and 2017/18. The CCG as a whole reported higher compliance than the national average for all three indicators.

Update from the Service Improvement Facilitator for Diabetes:

- There are now 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 now 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.
- The virtual clinics will continue to be part of the community provider contract from April 2020.
- The GP champions are supporting practices and have recently attended an event on 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.
- Early analysis of the data from the Hypoglycaemia collaborative project between the Community Diabetes Specialist Nurses (DSN) and South Western Ambulance Service NHS Foundation Trust (SWAST) has indicated this is reducing repeat SWAST call outs for hypoglycaemia and will deliver a financial saving for urgent care.

- Data is not available from the National Diabetes Audit until November 2019 regarding the outcomes of the Diabetes Structured Education but will be shared once available.

Mental Health

In April 2019 the mental health data was presented. It was noted that 50 practices were rated Green and this had remained the same for 2016/17 and 2017/18. The report also focused on the work to improve the uptake of physical health checks for Severe Mental Illness (SMI) in Primary Care.

Update:

A report has been written by the Clinical Lead for Mental Health and Learning Disabilities highlighting the need for further work to improve the physical health check uptakes. This has been shared with the Transformation Lead to progress.

Cardiovascular Disease

In April 2019 the CVD data was presented, this showed that across the seventeen indicators in 2017/18 eighty-one practices were rated as Green, this was an increase from 72 in 2016/17.

Update from the Clinical Effectiveness Team regarding the CVD risk factors work is:

The system is now in the process of writing the Healthier Together 5 Year System Plan which will describe how the BNSSG health and care system will implement the requirements set out in the Long Term Plan. Healthier Together has now recognised that due to the disparate pieces of work that were potentially being planned around cardiovascular disease, coupled with the requirements set out in the Long Term Plan, that a CVD/cardiac programme that looks at whole pathways would be needed.

The work has been done by the Healthier Together CVD Risk Factors Implementation Group and includes:

- developing an overall aim for the work
- being clear that the data and information we have on population health, unwarranted variation and which is the biggest physiological risk factor means that BNSSG needs to prioritise hypertension management
- identifying the specific cohorts of people that we need to support in the first instance
- describing how the group was going to co-design specific outcomes for the work
- agreeing the principles that interventions that we designed to achieve the outcomes, need to adhere to

The programme management arrangements for Healthier Together CVD/cardiac work are not yet clear and we will discuss with Healthier Together / the SRO how the delivery of the work described in the bullet points above should continue.

Prescribing

In June 2019 the prescribing data was presented, there are four indicators relating to Non-steroidal anti-inflammatory drugs (NSAIDs) and antibiotic prescribing. An improvement had been identified in three of the indicators reviewed.

Update: The next update will be provided to PCCC in January 2020 in a separate report.

Respiratory

In June 2019 the respiratory data was presented across the seven indicators, of which there were 73 practices rated as Green. For the six indicators where a nationally set target was in place these were met by BNSSG as a whole.

Update from the Service Improvement Facilitator for Unplanned and Integrated Care from the NSHI two-year project:

- 50% of all of the GP practices in BNSSG signed up to the project.
- The uptake in North Somerset is less, therefore the team attended the Practice Manager meeting, which resulted in a positive response from a number of practices.
- Patients who have had an assessment are receiving Patient Activation Measures, the results are being processed by the elective care team and a report will be available at the end of the project.

Dementia

In July 2019 the dementia data was presented, there are two indicators regarding Dementia relating to face to face care plans and tests following a new diagnosis. Only 29 practices were rated as Green.

Update:

- The Quality Team has met with the new Clinical Lead for Dementia who is involved in work regarding the BNSSG dementia LES.
- An education conference is planned on the 4 February 2020 for all GP and nurse practice leads for dementia to be invited.
- The Contracting Team, Business Intelligence and Quality Team plan to establish a working group to understand the implications and functionality regarding the impact of

GP Practices who are signed up to the Dementia Local Enhanced Service (LES). This is being led by the Contracting Team.

Patient Experience

A full report was provided last month including the findings from the GP patient survey, Healthwatch updates and complaints. The GP patient survey showed that BNSSG had a higher average response rate and higher overall patient experience than the national average.

3. Next Steps and Forward Plan

Future reports will continue with the current format of a monthly open briefing on recently published CQC reports, FFT results, Seasonal Influenza and any specific quality escalations.

Quarterly, the report will include an update from HCAI and AMR data, Medicines Optimisation, Patient Experience, Complaints, Incidents and Quality Improvement projects.

With regards to deep dive/focused domain reports, the quality team is working with the contracting, resilience and locality teams to develop a quality calendar of themes where deep dives will be undertaken going forward. This will be presented at the November PCCC meeting. The first deep dive has been identified as Exception Reporting and will be presented in January 2020. The Quality Team is planning to work with Business Intelligence on this paper as it has been highlighted in recent CQC inspections that some practices have higher than average exception reporting rates.

4. Financial resource implications

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

5. Legal implications

There are no specific legal implications in this paper.

6. Risk implications

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

7. 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.

8. 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.

9. 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.

Appendices

None