

Meeting of Primary Care Commissioning Committee

Date: 30th July 2019

Time: 9.00am – 11.10am

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

Agenda number: 13

Report title: Primary Care Quality Report

Report Author: Bridget James, Associate Director Quality; Jacqui Yuill, Lead Quality Manager and Kat Tucker, Quality Support Manager, BI Support-Helen Hanson, Senior BI Analyst (Primary Care).

Report Sponsor: Jan Baptiste-Grant, Director of Nursing and Quality

1. Purpose

The purpose of this report is to provide the Committee with an update on quality measures for primary care (General Practice). This monthly metric update includes recently published CQC inspection reports, Friends and Family Test (FFT), Patient Experience updates and Healthcare Associated Infection (HCAI) data. The specific domain focused on for this month is Primary Care Dementia Care.

2. Recommendations

The committee is asked:

To note the updates on monthly quality data, and the specific performance indicators for dementia care and associated actions.

3. Executive Summary

CQC: Since last reported, two practices had a CQC inspection report published between 15th June and 19th July. It is noted that Pilning Surgery received an overall rating of 'Good' and 'Good' for all of the domains. Bishopston Medical Practice received an overall rating of

'Requires Improvement', and a 'Requires Improvement' rating for the 'Safe' and 'Well led' domains.

Friends and Family test (FFT): Data for May 2019 showed a compliance rate of 69.5%, which is above the national average of 59.5% and continued higher performance than 2018. This was a slight reduction in performance from the April data and the Quality and Contracts teams will continue to reiterate the contractual requirements with practices who do not submit data on a monthly basis.

Healthwatch reports: Updates are provided on recently published Healthwatch reports by Bristol, South Gloucestershire and North Somerset Healthwatch groups. These focus on public views on planned changes within Primary Care and what they would like to see (Bristol), adoption of the 'askmyGP' tool which supports gaining help from GPs (North Somerset) and an Enter and View report for a South Gloucestershire practice.

Healthcare Associated Infection: The report provides information on MRSA, Cdiff and E Coli infections and the joint working planned to gaining better engagement in infection investigation and ultimately learning from primary care.

Dementia Data: There are two nationally benchmarked indicators with the first indicator, 'percentage of patients who have received a face-to-face review of their care plans', showing BNSSG as a whole just below the national average and below the target of 90%. The second relating to the percentage of patients with a new diagnosis who have a full range of blood tests does not have a national set target, but it is noted that BNSSG is performing above the national England average. Further information regarding the work being undertaken regarding Dementia Care can be found in the report.

4. Financial resource implications

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

5. Legal implications

There are no specific legal implications highlighted within this paper.

6. Risk implications

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

7. Implications for 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. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Monitoring of primary care quality alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

9. Implications for Public Involvement

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

Agenda item: 13

Report title: Primary Care Quality Report

1. Background

The purpose of this report is to provide the Committee with an update on quality measures for primary care (General Practice). This monthly metric update includes recently published CQC inspection reports, Friends and Family Test (FFT) data, Patient Experience and Health Care Associated Infection (HCAI) data. The specific domain focused on for this month is Primary Care Dementia Care.

2. Primary Care Monthly Quality Monitoring

a. Care Quality Commission (CQC)

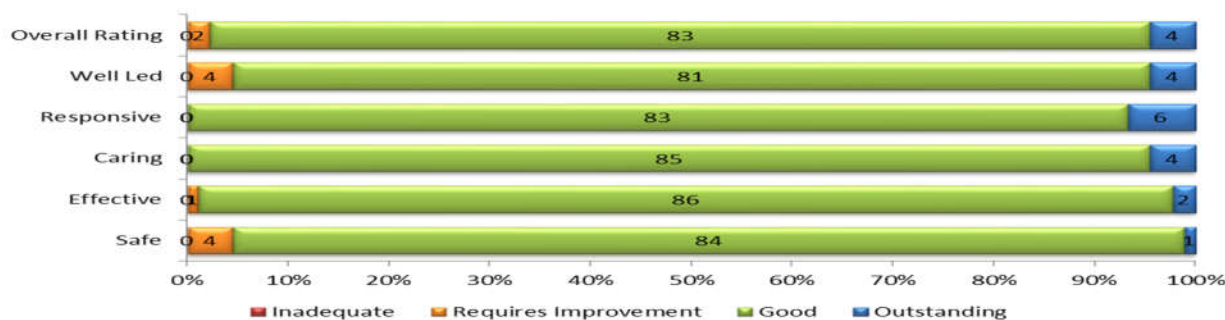
Two practices had a CQC inspection report published between 15th June and 19th July. It is noted that Pilning Surgery received an overall rating of ‘Good’ and ‘Good’ for all of the domains. Bishopston Medical Practice received an overall rating of ‘Requires Improvement’, and a ‘Requires Improvement’ rating for the ‘Safe’ and ‘Well-Led’ domains. Explanation regarding this rating and actions being taken is given on page 3.

Figure 1: Recently published CQC ratings for domains

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Pilning	27/06/2019	Good	Good	Good	Good	Good	Good
Bishopston	28/06/2019	Requires Improvement	Requires Improvement				Requires Improvement

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



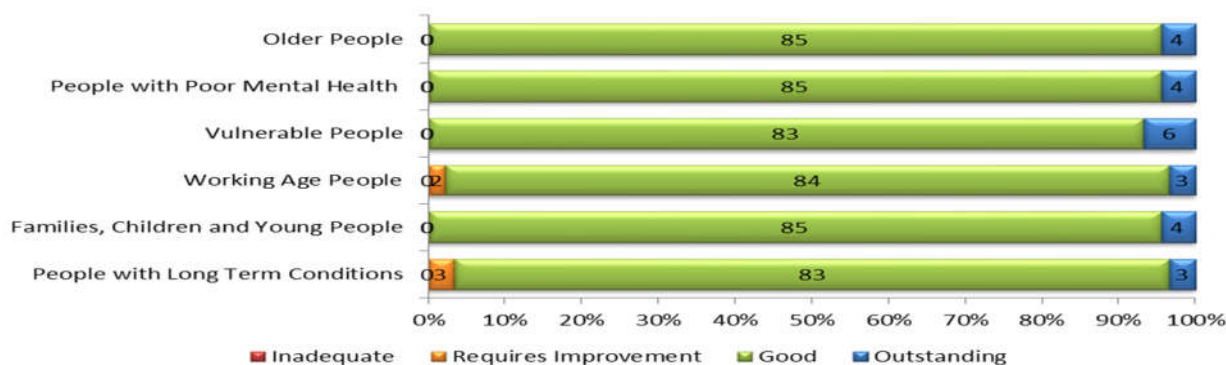
Within Primary Care the CQC also inspects the quality of care for six population groups. It is noted that Pilning received a 'Requires Improvement' rating for the 'Long Term Conditions' population group.

Figures 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
Pilning	27/06/2019	Good	Requires Improvement	Good	Good	Good	Good
Bishopston	28/06/2018	Good	Good	Good	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



Listed below are the specific recommendations and actions highlighted within the GP practices' CQC reports.

Pilning	
Must Do's	Should Do's
None identified.	Continue to review and monitor cervical cancer screening uptake, in line with the national target of 80% of women eligible for cervical cancer screening
	Continue to review and monitor the higher than average exception reporting rates in the quality outcomes framework (QOF) for patients with long term conditions.

The Quality Team have discussed the actions regarding the 'Should do' actions with the Pilning practice. The Practice Manager has confirmed that they are addressing the issues concerning cervical screening and exception reporting. The Pilning practice is part of the Montpelier partnership and they have applied for some Quality Improvement Innovation funding which will focus on cervical screening. The Montpelier practice has similar issues and therefore the learning will be shared across the practices. The practice will share the action plan with the CCG once this is finalised.

Bishopston	
Must Do's	Should Do's
Ensure care and treatment is provided in safe way to patients.	Ensure appropriate processes are in place and followed to share learning from incidents
	Ensure responses to complaints are consistent and in line with practice policy.
	Continue to improve uptake of annual reviews for patients diagnosed with diabetes and those experiencing poor mental health
	Take actions to improve the number of patients identified as carers
	Improve blank prescription security
	Review practice processes to follow up patients experiencing poor mental health who fail to attend for administration of long-term medication.

The Quality Team has discussed the report with the Bishopston Medical Practice. The actions taken place to date are as follows:

- Receptionist to record the beginning and last full prescription number of scripts which will be placed in an envelope for each consulting room
- Complaints responses to include an attached template letter with the Parliamentary and Health Services Ombudsmen details
- Induction process for new staff will include specific teaching on the management of Significant Events (SE)/Incidents, SE forms have been refreshed to clarify process and the updates have been shared within the team.

The action plan will be shared with the Quality Team when it is completed.

CQC Action plan monitoring

The Quality Team are working with all practices who have received a 'Requires Improvement' rating in any domain or population group, to ensure that action plans are in place and progressing to ensure that the issues identified are resolved. Details of all of the 'Must Do' and 'Should Do' issues identified can be found in appendix 1.

The 'Must Do' and 'Should Do' actions from these CQC inspection reports have been collated and thematically reviewed. The themes identified include:

- Complaints and Significant Event management
- Medication management
- Screening and immunisations
- Recruitment and Training
- Safety alert management

The Quality Team are planning initially to begin sharing the learning from significant events/incidents through the Primary Care Quality Platform which is currently in development by Dr Jeremy Maynard, Quality Lead GP, to ensure that improvements are made across all practices. Once this is established themes could be shared using this system. The Quality and Contracts teams have established an information sharing meeting with the CQC to work collaboratively to effectively manage actions and outcomes. The first meeting was held on 19th July and will be held bi-monthly going forward.

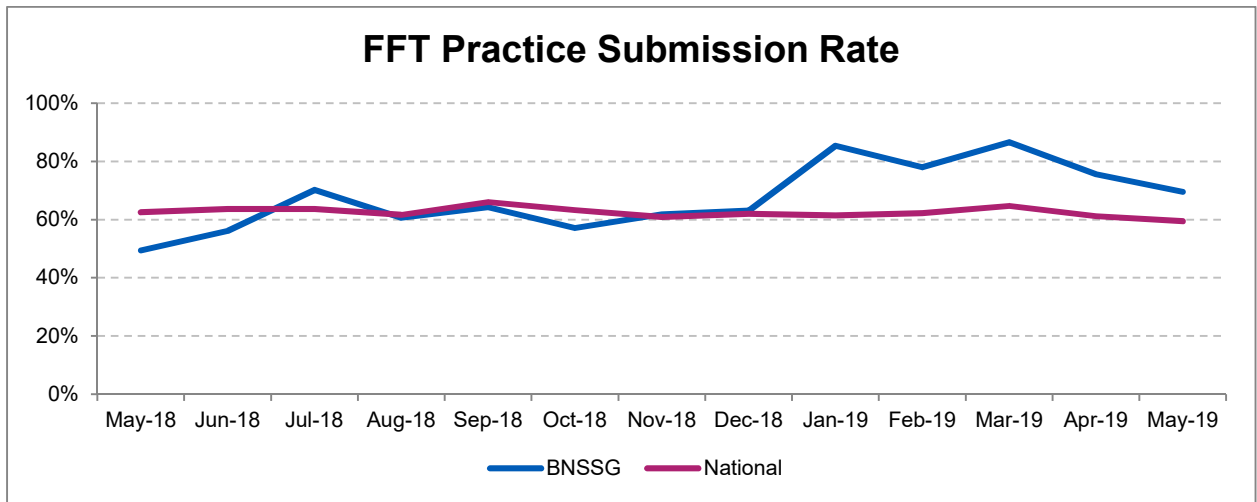
b. Friends and Family Test (FFT) May 2019 data

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 is only one method of feedback that GPs receive; there are other robust mechanisms, such as the national annual GP Patient Survey and outcome measures which can also be utilised. 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.

Response rates: The most recent results for the Friends and Family Test (FFT) data are for May 2019. This shows that 57 BNSSG CCG practices submitted their data to NHS England as contractually required. This is a compliance rate of 69.5% which is above the national rate of 59.5%. This response rate has deteriorated slightly over the last couple of months and there are a small number of practices who have not reported any FFT data for the past 12 months. As this is a contractual requirement the Head of Primary Care Contracting will be following this up directly with these specific practices. On a monthly basis all practices who do not submit data are contacted to reiterate the contractual requirement to submit data. There will be oversight through contract review meetings regarding these practices.

The future plan for the management of the oversight of FFT will be to add this data to the Quality and Resilience Primary Care dashboard so that it can be highlighted whether there is only a problem with the FFT submissions or if there are wider issues which need addressing. The Quality, Resilience and Contracts team will work together to support practices where there are identified concerns.

Figures 5: % FFT Submission Rate



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 6: FFT Submission Rate by Locality

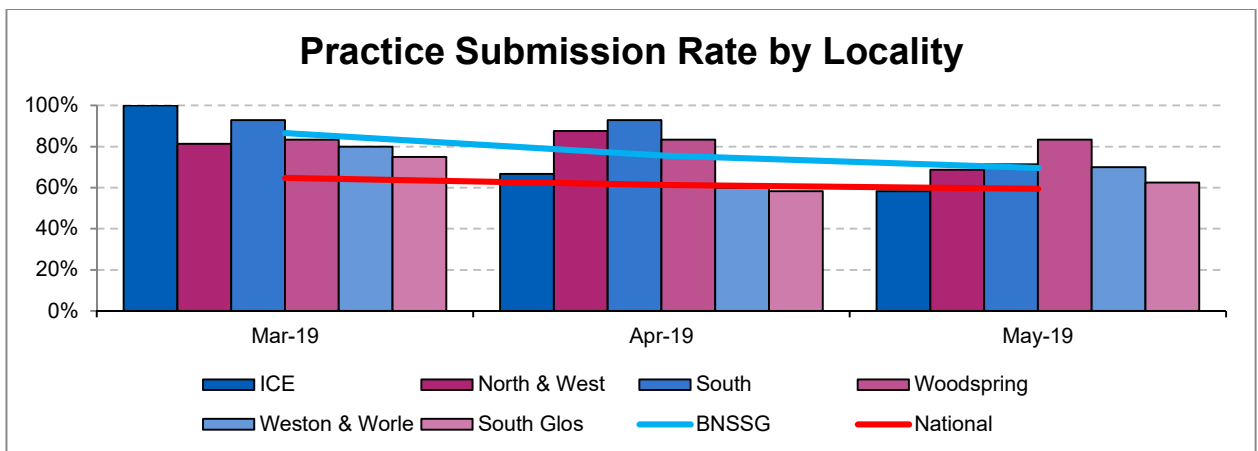
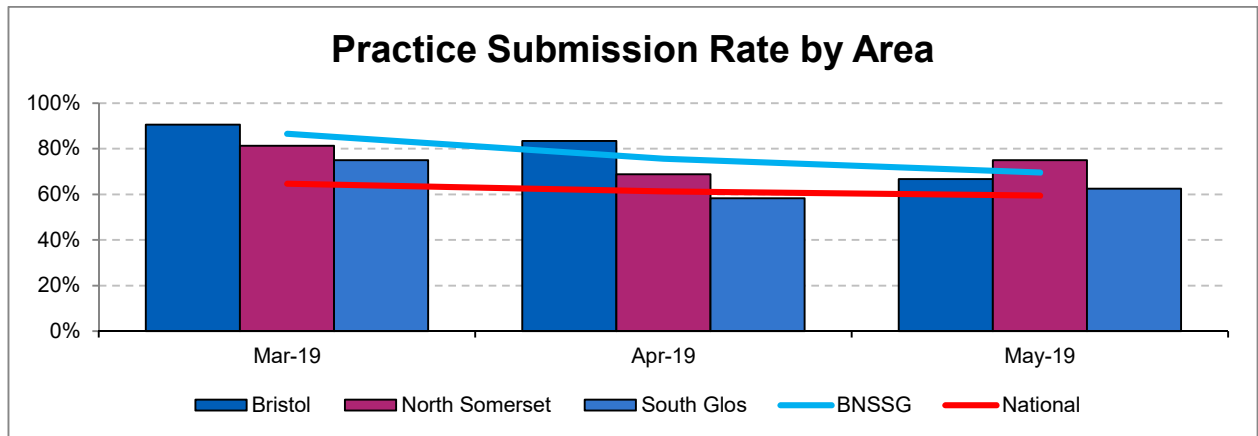


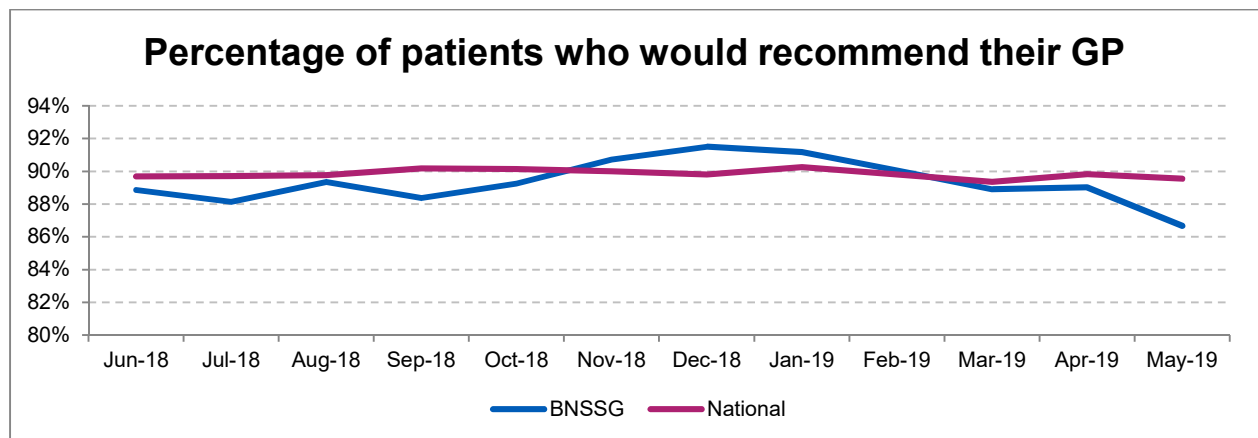
Figure 7: FFT Response Rate by Area



Recommendation rates: Across BNSSG CCG 86.7% of respondents would recommend their GP Practice. This is 2.9% below the national average and a 2.3% decrease from the previous month. The percentage of patients who would not recommend their GP practice was 9.4%. This is 1.5% higher the national average and a 1.9% increase from the previous month.

The National GP Patient Survey data was published in July 2019. This information is currently being analysed alongside FFT data, customer services information, patient reviews on the NHS Choices website and other patient experience feedback to understand the full picture of patient experience for Primary Care in BNSSG. This information will be presented to the Committee in the September report.

Figure 8: 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 9: FFT Recommended Rate by Locality

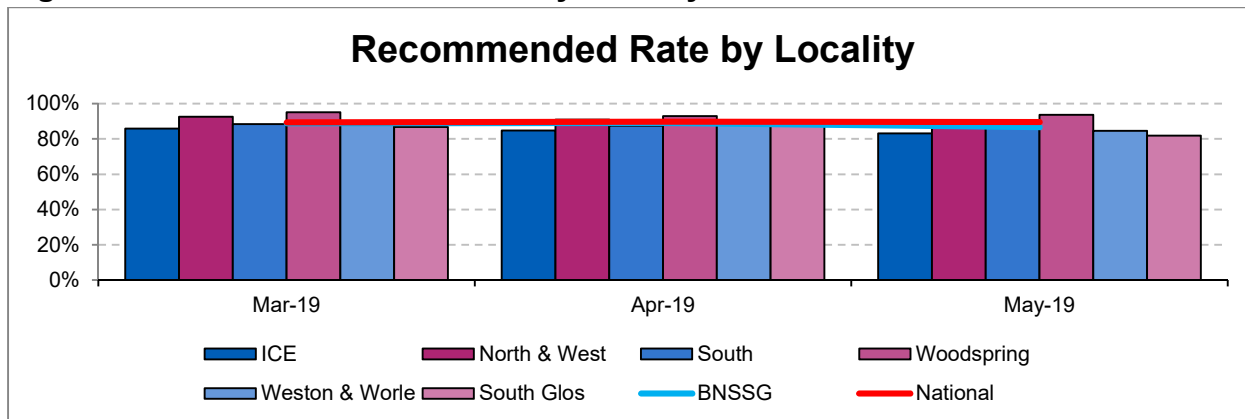
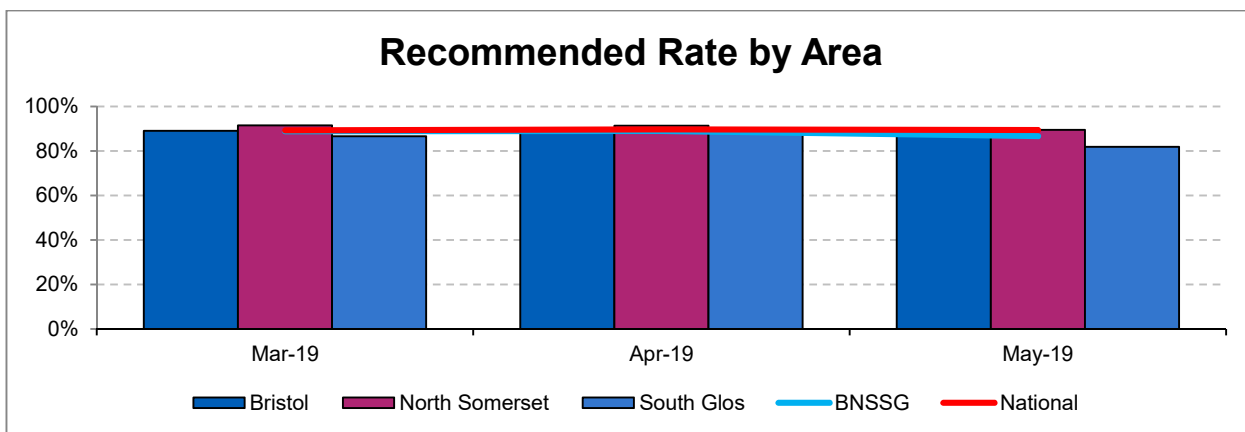


Figure 10: FFT Recommended Rate by Area



The total number of FFT responses received in May for BNSSG was 2724, which is a decrease from April. For those practices who submitted a response the numbers ranged from 0 – 253. On average there were 50 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.

NHS England has announced that there will be changes to the Friends and Family Test which are expected to take effect from 1 April 2020. A new universal mandatory question has been developed and tested to be clearer and more accessible than the current question. This is “Overall, how was your experience of our service?”. There will be six new response options. NHS England are aiming to publish revised guidance in September 2019, along with supporting website content such as Frequently Asked Questions, Case Studies and advice on making the FFT more accessible. Practices are expected to continue submitting data from the current FFT until this new question is in place. Information

regarding this change has been circulated to practices and further updates and support will be offered as it becomes available. The Quality Team will also use this opportunity to remind practices of the requirement to submit FFT data.

3. Quarterly Quality Monitoring

a. Healthwatch

Bristol

Bristol Healthwatch has recently published their annual report for 2018/19 – <https://healthwatchbristol.co.uk/wp-content/uploads/2019/07/HW-Bristol-Annual-Report-2018-19-1.pdf>. This highlights a piece of work undertaken regarding a Primary Care Survey which they undertook to help understand what the public thought of the upcoming changes to Primary Care and what they would like to see. A full report of the findings of this survey is currently being finalised. Highlights from this report include:

- 78% of respondents said that they would be prepared to attend a specialist community setting such as podiatry, physiotherapy or similar service.
- The use of digital services was largely welcomed but with caution for some people who do not have access to smart phones and the internet.
- The public want to be able to make appointments easily.
- 67% of respondents want to see mental health support services within their primary/community health settings.
- 66% said that transport issues were barriers to them attending their primary care settings.

Bristol Healthwatch's Quarter three report – October – December 2018 can be found here <https://healthwatchbristol.co.uk/wp-content/uploads/2019/05/Healthwatch-quarterly-activity-report-Q3-2018a.pdf> – Within this report it is noted that one of the most frequently mentioned topics is 'GP services/appointment waiting times'. So what question?

There have been no Bristol Enter and View reports published regarding Primary Care this quarter.

North Somerset

The North Somerset Healthwatch annual report for 2018/19 has not yet been published. We will ensure that information regarding this is shared when it is available. There have been no Enter and View reports for North Somerset published regarding Primary Care this quarter.

North Somerset Healthwatch published patient feedback from providers in April 2019. This provided details of 2 positive (Weston and Clevedon) and 9 negative comments (Weston practices) regarding experiences with General Practice. The positive comments related to good care received, the negative comments predominantly related to access issues, either

physically or in booking appointments over the phone. Since January 2019 six of the nine practices in Weston Super Mare have adopted “askmyGP” which aims to make it easier for patients to get help from their own GP and easier for GPs to give the right help. This project is currently in the process of being evaluated, though early feedback from patients is very positive.

South Gloucestershire

South Gloucestershire Healthwatch has recently published their annual report for 2018/19 - <https://healthwatchsouthglos.co.uk/wp-content/uploads/2019/07/Hw-South-Gloucestershire-Annual-Report-2018-19.pdf>. Within this they refer to two Enter and View visit, one relating to a South Gloucestershire GP surgery, Concord Medical Centre. The focus of this visit was to specifically understand the quality of experiences that a patient with a learning disabilities would have when visiting the GP services. A separate report can be found: <https://healthwatchsouthglos.co.uk/wp-content/uploads/2019/05/Final-Report-of-Hivewatch-visit-to-Concord-Medical-Centre.pdf>.

The Executive Summary highlights include:

- An impressive range of services and facilities at the surgery
- The overall ambience of the surgery was quiet and calm

Recommendations to the practice include:

- Recommendation for more complex cases to book double appointments
- Practice to review all patient information in light of the Accessible Information Standard and use of Easy Read
- Ensure display information signs are easy to read, for example, small words/big font/simple language/pictures/use of colour/height
- Identification of a patient champion for people with a learning disability
- Staff at the practice to be given learning disability training and include the involvement of people with a LD in the planning and delivery of such training.

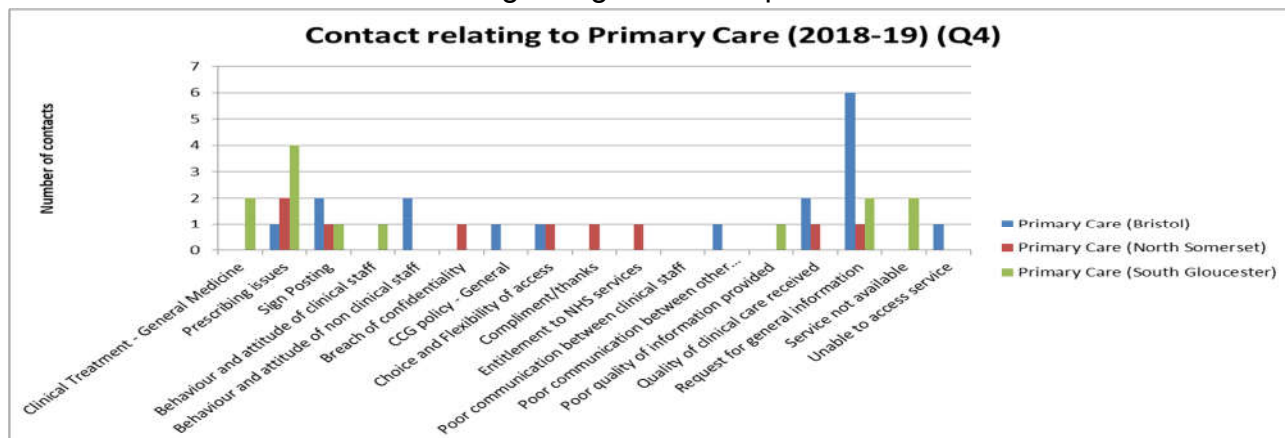
Through the GP Bulletin and e-forum this generic learning will be shared more widely across BNSSG

b. Complaints and patient feedback

The Quality Team has been informed that the Quarter 4 complaints information from NHSE has been delayed. Once this has received it will be reported to the Primary Care Commissioning Committee.

BNSSG CCG’s Customer Services team have received 42 contacts relating to Primary Care in Quarter 4 2018/19. The breakdown of topics can be found in the chart below. The majority of queries related to request for general information, with prescribing issues being

the second most frequently raised issue. The Quality Team have asked the Customer Services team about the actions regarding these complaints and will feedback to PCCC.



c. Health Care Acquired Infections (HCAI)

The Quality Team are 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.

The Quality Team plan to work in partnership with all contracted providers (including Primary Care) to develop a single Root Cause Analysis (RCA) tool, which all providers involved in a patients' care can contribute to, following the identification of a Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia.

For community onset *Clostridium Difficile* cases in Bristol and South Gloucestershire, the Quality team currently asks GP practices to complete an online tool, hosted by Public Health England which identifies contributing factors and themes. The current response rate is 30%-50%. North Somerset is moving towards using the electronic data collection tool and the CCG is currently updating their information sharing agreement with these GP practices in order to align reporting across BNSSG. The Quality Team will be working closely with Practice Nurses, GPs and Practice based Pharmacists to support improve use of the tool, review cases and identify learning.

Following a retrospective audit of 30 *Escheria coli* (E.coli) cases where a primary source of bacteraemia was identified, the urinary tract was the most common source for infection. The Quality team in recognising this has been working with providers through the HCAI group bi-monthly meeting to develop a catheter passport which is now being utilised by all of the Acute and Community Providers. The Quality Team is currently working to ensure that GP practices and practice nurses have access to the catheter passport and are involved in the work to address E.coli.

4. Focused Primary Care Quality Domains

This month's quality domain for further detailed analysis is Dementia Care as per the revised quality calendar presented to the PCCC which can be found in appendix 2. The Urgent Care domain will be deferred to the September report.

4.1 Dementia

Within the baseline annual data from the Primary Care Web tool there are two indicators regarding Dementia Care that can be nationally benchmarked. The two indicators regarding Dementia Care are as follows:

1. % patients diagnosed with Dementia whose care plan has been reviewed in a face-face review in the preceding 12 months.
2. % patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the register.

The practice level performance against each of the indicators has been aggregated to a domain rating of each practice; the following table shows the BNSSG position in 2016/17 and 2017/18.

Primary Care Quality Assurance Dashboard				
Domain	Blue	Green	Amber	Red
Dementia Care 2016/17	0	29	42	10
Dementia Care 2017/18	0	29	41	11

The BRAG ratings of practices have largely remained static, with one practice dropping from Amber to RED.

Indicator	Good Is	Year	Target	England	Highest Core City	Lowest Core City	BNSSG	Inner City & East	North & West	South	Woodspring	Weston Worle & Villages	South Glos
1. % face-face care plans	High	16/17	90	83.7	87.5	82.6	82.7	85.2	87.4	80.6	86.9	77.8	82.1
		17/18	90	83.0	85.9	82.8	82.8	86.1	86.3	86.0	80.6	81.2	80.5
2. % new diagnosis with multiple test results.	High	16/17	n/a	87.6	89.5	91.3	89.3	89.0	91.7	90.6	88.4	85.5	90.3
		17/18	n/a	87.9	90.3	82.7	88.0	87.6	89.5	89.4	88.2	83.1	89.2

For the first indicator, percentage of patients who have received a face-to-face review of their care plans, BNSSG's performance as a whole remained the same for the past two reporting years and just below the national average and target of 90%. It is noted that Weston, Worle and Villages and South Bristol whilst still performing below the CCG average have seen an increase in performance of 3.4% and 5.4% respectively. Woodspring and South Gloucestershire have seen a decrease in performance of 6.3% and 1.6% respectively. For the second indicator, percentage of patients who have received a number of test results following or immediately prior to their new diagnosis there is no national target, however BNSSG is noted to be performing above the national average, although performance has deteriorated in all six localities.

At the point the CCGs merged in April 2018, there was only a Local Enhanced Scheme (LES) in Bristol. The revised LES from 1st April 2019 is applicable to the whole BNSSG area. Outcome data in the LES relating to 'sustained level of diagnosis and on-going management in primary care, with appropriate signposting to post diagnostic services' and 'carers of people with dementia receive appropriate information and are signposted to support, to enable them to take a break' will be reviewed on quarterly basis. Data for the first quarter is pending. Remaining outcomes are measured on an annual basis. Even though these measures do not directly align with the QOF metrics achievement of the LES will support improvement in the QOF measures and more importantly improve clinical care for patients with dementia.

Actions to support improvement

As stated above all GP Practices in BNSSG have signed up to the Dementia Local Enhanced Service (LES). Practices are funded to make a Dementia diagnosis and referral for support. The LES is designed to cover the enhanced aspects of clinical care of the patient.

The LES specifies that practices undertake enhanced annual reviews, initiate/prescribe all the dementia medication for a patient and review that medication. It is recommended that each practice has a Lead GP and a Lead Nurse responsible for dementia. Clinicians should attend yearly training with an aim to increase diagnosis rates by 5% or achieve and maintain 65% of predicted. Full guidance and support tools on dementia diagnosis, prescribing, ongoing support and referrals to other agencies is provided on Remedy on the BNSSG website.

To support this area of work the CCG has a newly appointed Clinical Lead for Dementia to identify any additional actions needed to support the early diagnosis of dementia in primary care.

Challenges to improving dementia diagnosis

Currently, only 67% of the 10,700 people across Bristol, North Somerset and South Gloucestershire who are estimated to have dementia have a diagnosis. With the national and local awareness raising campaigns for early diagnosis of dementia there is a potential increase in demand on GP practice time. It is also acknowledged that assessing people and making a dementia diagnosis at an earlier stage could be more challenging.

Staff will require yearly training to ensure that they are able to diagnose, manage and support patients with dementia within their practices. Patients with atypical presentations will be diagnosed by or with the support of the Dementia Wellbeing Service in Bristol and Avon and Wiltshire Mental Health Partnership in North Somerset and South Gloucestershire.

5. CCG Actions/Next Steps

Details of actions/next steps for each area of Primary Care Quality are fully detailed within the above report. A summary of these actions are below:

- The Quality Team will share the learning from the CQC themes on the Quality Platform.
- Ongoing discussions with Primary Care Contracting and Resilience Teams regarding outstanding issues following CQC reports and FFT results.
- Practices not submitting FFT data will be contacted further.
- Learning from the Healthwatch reports will be shared with practices.
- Further contact will be made with NHS E to gain complaints information.
- Primary Care HCAI metrics will be added to the Quality and Resilience Dashboard.
- Monitor the uptake of the Dementia LES.

6. Financial resource implications

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

7. Legal implications

There are no specific legal implications highlighted within this paper.

8. Risk implications

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

9. Implications for health inequalities

Monitoring of primary care quality and performance will highlight any areas of health inequalities within BNSSG, which will then be addressed accordingly

10. Implications for equalities (Black and Other Minority Ethnic/ Disability/ Age Issues)

Monitoring of primary care quality and performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

11. Consultation and Communication including Public Involvement

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

12. Recommendations

To note the updates on monthly quality data and specific performance indicators for dementia data and associated actions.

Appendix I – CQC RI Action Plan

Appendix II - Quality Domain Calendar

Report Authors: Bridget James, Associate Director Quality, Jacci Yuill Lead Quality Manager, Kat Tucker, Quality Support Manager,

BI Support – Helen Hanson, Senior BI Analyst (Primary Care)

Report Sponsor: Janet -Baptiste- Grant, Interim Director of Nursing and Quality

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

Primary Care Operational Group (PCOG)	a sub group of the PCCC where operational issues are managed and/or escalated to PCCC
Primary Care Commissioning Committee (PCCC)	The CCG decision making body for anything related to primary care
Friends and Family Test (FFT)	A quick and anonymous way for any patient to give their views after receiving care or treatment across the NHS.
Care Quality Commission (CQC)	The independent regulator for all health and social care services in England.

Requires Improvement Primary Care CQC Action Plan							
Practice	Overall	Domain with RI	Population Group with RI	Publication date	Must Do's	Should Do's	Updates - July 2019
Monks Park	Good	Effective	LTC & Working Age	17.10.18	n/a	Risk assess the emergency medicines which were not held by the practice Retain evidence of documentation reviewed as part of the recruitment process such as qualifications Establish Effective Systems and processes to ensure clinical oversight supports the effective delivery of treatment including treatments provided by the nurse team such as cervical screening. Review the practice treatment protocols so that there is a continuity of care for patients. Review the protocol for exception reporting so that the decision making process is clear. Review the process for responding to medicine safety alerts so that the practice document actions taken to rectify concerns.	The practice was contacted to discuss the issues highlighted within the report. These issues predominantly related to the use and support of a part time locum nurse to manage patients with Long Term Conditions. These issues were discussed with the Practice Nurse Network and the Locality team and the Practice Nurse Lead contacted the practice to offer support. An update on progress has been requested from the practice.
Graham Road Surgery	Requires Improvement (RI)	Safe & Well-Led	n/a	17.12.18	The recruitment process must ensure that all the necessary information is obtained such as a current Disclosure and Barring Service (DBS) check before a new member of staff is employed The provider must ensure a good oversight of the training achieved and the training required for staff. Ensure safe medicines management systems are followed as out of date medicines were not identified and removed. The provider must ensure they continue with the development of the overarching health and safety management including fire safety. The provider needs to continue to develop how it records significant event management and complaints to monitor themes and trends and to ensure that actions put in place are effective to prevent recurrence.	The provider should continue with developing a central oversight of staff's immunisation status to ensure that staff and patients were protected from the spread of infection. The provider should continue with developing an effective monitoring system so that out of date information and instructions such as patient group direction for the provision of immunisations are removed and replaced when required.	There has been a change in management at this practice. The issues raised in the CQC report are being discussed with the practice on a regular basis as part of the routine contractual discussions.
Leap Valley	Good	Well Led	n/a	02.01.19	Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.	Risk assess the emergency medicines which were not held by the practice Update training for reception and administrative staff in respect to sepsis and provision of accessible information.	The CCG quality team have met with the practice manager. There has been a change in practice manager at this practice. The action plan regarding these issues is currently being revised, with input from the CCG quality team and the CQC.
Emersons Green	Good	Well Led	n/a	17.01.19	Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.	Risk assess appointment availability to reduce waiting times for routing appointments Continue to monitor and improve the update of cancer screening for disease prevention.	The CCG quality team have met with the practice manager. There has been a change in practice manager at this practice. The action plan regarding these issues is currently being revised, with input from the CCG quality team and the CQC.
Maytrees	Good	n/a	Working Age	30.01.19	n/a	Take action to review the system for monitoring high risk medicines Take action to review the medicines alert system so that action taken is auditable. Continue to take action to improve the uptake of health screening such as cervical smears and increase immunisation rates	A thorough action plan has been received from the Practice. An update regarding progress towards completion of these actions has been requested.
Southmead and Henbury	Good	n/a	LTC	15.04.19	n/a	Continue with developing an oversight of staff's immunisations Continue to monitor that the changes implemented for safeguarding adults training and disclosure and barring checks are sustained Continue to monitor and improve the update of health screening to meet Public Health England cancer screening targets To review and appropriately reduce exception reporting for patients with long term conditions Improve uptake of childhood immunisations to a level required for herd immunity	The practice are currently developing an action plan to address these issues.
Fireclay	Good	Safe	n/a	29.04.19	Ensure that care and treatment is provided in a safe way	The provider should ensure that appropriate standards for the management of sharps are maintained.	An action plan has been received from the Practice. The CCG Quality team have been working with the practice regarding assurance of these issues. It has been confirmed that all actions have been completed.
Charlotte Keel	Good	Safe	n/a	14.05.19	Ensure that care and treatment is provided in a safe way	Continue to implement actions to improve patient satisfaction. This is in respect of: the lower than average National GP survey results in the caring and responsive key questions.	An action plan has been received from the Practice. An update regarding progress towards completion of these actions has been requested.
Pilning	Good	n/a	LTC	27.06.19	n/a	Continue to review and monitor cervical cancer screening uptake, in line with the national target of 80% of women eligible for cervical cancer screening Continue to review and monitor the higher than average exception reporting rates in the quality outcomes framework (QOF) for patients with long term conditions.	The practice are currently developing an action plan to address these issues.
Bishopston Medical Practice	Requires Improvement	Safe & Well-Led	n/a	28.06.19	Ensure care and treatment is provided in safe way to patients.	Ensure appropriate processes are in place and followed to share learning from incidents Ensure responses to complaints are consistent and in line with practice policy. Continue to improve uptake of annual reviews for patients diagnosed with diabetes and those experiencing poor mental health Take actions to improve the number of patients identified as carers Improve blank prescription security Review practice processes to follow up patients experiencing poor mental health who fail to attend for administration of long-term medication.	The practice are currently developing an action plan to address these issues.

Quality Calendar 19-20

Month	Domain	Monthly data	Quarterly Info
May	Seminar on Quality	CQC, FFT	Incidents
June	Domain – Prescribing and Respiratory	CQC, FFT	Patient Exp and Quality Premium
July	Domain – Dementia and Urgent & Emergency Care	CQC, FFT	HCAI and Practice Nurses
August	Seminar	CQC, FFT	Incidents
September	Domain –Patient Experience	CQC, FFT	Patient Exp and Quality Premium and Meds optimisation
October	Domain - Children	CQC, FFT, Flu	HCAI and Practice Nurses
November	Domain - Cancer	CQC, FFT, Flu	Incidents
December	Seminar	CQC, FFT, Flu	Patient Exp and Quality Premium and Meds optimisation
January	Domain – Workforce & resilience	CQC, FFT, Flu	HCAI and Practice Nurses
February	Seminar	CQC, FFT, Flu	Incidents
March	Domain – Diabetes and CVD	CQC, FFT, Flu	Patient Exp and Quality Premium and Meds optimisation