

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 29th January 2019

Time: 9-11am

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

Agenda number: 10.1

Report title: Improvement and Assessment Framework (IAF) Quarter 1 2018/19 Performance Summary – Primary Care

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Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

For information, to share performance against the four primary care indicators within Improvement and Assessment Framework (IAF).

2. Recommendations

To note the performance and ongoing action to improve GP reporting of Extended Access to General Practice and correct financial coding to ensure our reporting shows that we are meeting the Primary Care Investments Standard.

3. Executive Summary

The IAF is designed to assess individual CCGs' fitness to operate successfully. The indicators within it span across most areas of CCG business. NHSE use this framework to assure themselves of CCG performance and a resultant rating is published annually to the public. This report looks specifically at the four primary care measures within the framework, to provide the committee with an overview of performance and actions being taken to manage and improve it.

4. Financial resource implications

None

5. Legal implications

None

6. Risk implications

Performance against these indicators contributes to the CCGs assurance rating and poor performance could lead to a lower overall rating and concern from NHSE.

7. Implications for health inequalities

None

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

None

9. Implications for Public Involvement

None

Improvement and Assessment Framework

Quarter 1 2018/19

Primary Care Performance Summary

Primary Care IAF Indicators

There are 4 primary care indicators, in the Better Care section of the IAF (part 2 of 4 sections).

Below is the latest BNSSG CCG performance reported nationally.

There is a significant lag to most IAF data.

128e Primary care transformation investment is a new indicator added for 2018/19.

Key	
Worst Quartile in England	
Best Quartile in England	
Deteriorating performance	
Improving Performance	
Failing Standard	
New indicator for 2018/19	

BETTER CARE DOMAIN Part 2

		Latest data period	Performance	Position against Peers	KLOE
125d	Maternal smoking at delivery	18-19 Q1	9.6%	4/11	
125a	Neonatal mortality and stillbirths	2016	3.3	1/11	
125b	Experience of maternity services	2017	83.1	6/11	
125c	Choices in maternity services	2017	62.6	2/11	
126a	Dementia diagnosis rate	2018 08	68.3%	4/11	
126b	Dementia post diagnostic support	2016-17	78.0%	8/11	
127b	Emergency admissions for UCS conditions	17-18 Q3			
127c	A&E admission, transfer, discharge within 4 hours	2018 10	87.7%	7/11	
127e	Delayed transfers of care per 100,000 population	2018 09	15.0	5/11	
127f	Hospital bed use following emerg admission	17-18 Q3			
105c	% of deaths with 3+ emergency admissions in last three months of life	2017	3.29%	1/11	
128b	Patient experience of GP services	2018	84.5%	5/11	
128c	Primary care access	2018 08	100.0%		
128d	Primary care workforce	2018 03	1.13	2/11	
128e	Primary care transformation investment	18-19 Q1	Red	10/11	
129a	18 week RTT	2018 09	89.1%	5/11	
130a	7 DS - achievement of clinical standards	2016-17	2		
131a	% NHS CHC assessments taking place in acute hospital setting	18-19 Q1	7.5%	7/11	
132a	Sepsis awareness	2017			
133a	6 week diagnostics	2018 09	1.8%	9/11	

128b. Patient experience of GP services

This indicator is the weighted percentage of people who report through the GP Patient Survey that their overall experience of GP services was 'fairly good' or 'very good'.

This data was collected between January and April 2018 and published in August 2018.

The data was reported to PCCC in September 2018. Due to the frequency being only annually Friends and Family Test data is monitored more regularly and reported within the Quality Report to PCCC.

The CCG lead for this indicator is Bridget James.

Overall experience of GP practice - Very good	Overall experience of GP practice - Fairly good	Overall experience of GP practice - Total responses	% patient experience of GP services very or fairly good
5718	5123	12826	84.5%

BNSSG % "good" is slightly better than the national of 83.8%.

The values across South West CCGs range from 90.8% and 80.9%, with BNSSG towards the bottom of this range (noting a lower response rate too).

Looking at the detail behind this data highlighted that when there are practice changes or issues with access this has a direct impact on the experience of the patients.

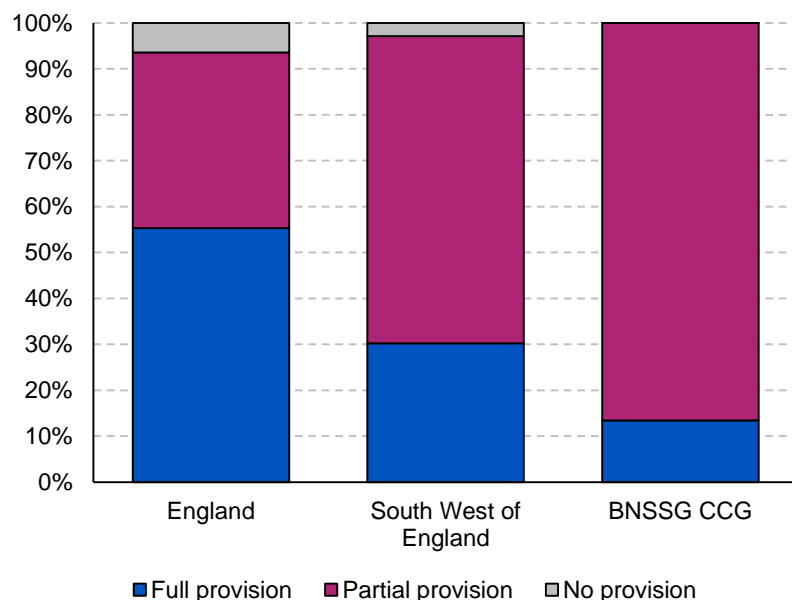
To support practices the Quality Team:

- Look at those practices that consistently score well for satisfaction and access to see if there is learning that can be shared
- Work with the Area Team Patient Experience Leads to support those practices where they are experiencing problems with their Patient Participation Groups and support practices going through organisational change to reduce the likelihood of patients having a negative experience
- Continue to monitor SEA and SI data and patient experience feedback to monitor for relevant themes and trends across the two sources of data

128c. Primary care access - Proportion of population benefitting from extended access services

This indicator is the percentage of CCG weighted population benefitting from 7-day extended access services. This data is reported twice yearly, March and September. This data relates to September 2018. The CCG lead for this indicator is David Moss.

		Practices submitting responses	Full provision		Partial provision		No provision		No data available	
			No.	%	No.	%	No.	%	No.	%
England	Registered patients	55,680,240	30,813,780	55.3%	21,285,051	38.2%	3,581,409	6.4%	2,434,777	4.2%
	Practices	6,656	3,757	56.4%	2,365	35.5%	534	8.0%	360	5.1%
South West of England	Registered patients	5,424,225	1,639,661	30.2%	3,627,226	66.9%	157,338	2.9%	210,888	3.7%
	Practices	581	171	29.4%	385	66.3%	25	4.3%	22	3.6%
BNSSG CCG	Registered patients	893,686	120,060	13.4%	773,622	86.6%	4	0.0%	54,609	5.8%
	Practices	79	11	13.9%	67	84.8%	1	1.3%	5	6.0%



There is a known issue with the collection of this data nationally which affects the locally reported position. Practices are confused by multiple collections of similar data. The Primary Care Contracts Team are working with practices to improve this, which should be reflected when March 2019 data is collected and published.

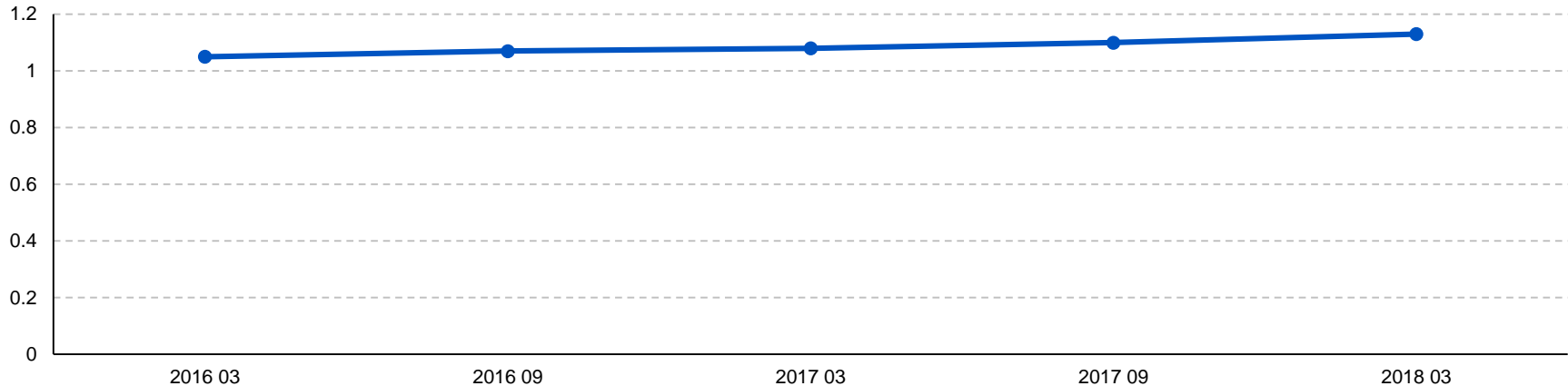
Based on September as reported, BNSSG is better than the South West of England and England as a whole in terms of overall provision, but falls behind in terms of full provision. BNSSG needs approximately 34 more practices to offer full provision to reach the national rate. The majority of BNSSG practices offering partial coverage do cover 5 or 6 days a week

Compass Health has no provision which is to be expected due to its remit (only one practice missing in BNSSG, better than the comparators).

128d. Primary care workforce

This indicator is the number of GPs and practice nurses (full-time equivalent) per 1,000 weighted patients by CCG.
This data is published in September and March each year.
The CCG lead for this indicator is Jenny Bowker.

	2016 03	2016 09	2017 03	2017 09	2018 03
BNSSG CCG	1.05	1.07	1.08	1.1	1.13



The graph shows a gradual positive improvement of this indicator over time.

Workforce is the domain of focus of this months Quality Report. The background narrative behind this indicator is comprehensively given there.

128e. Primary care transformation investment

This indicator is an assessment of whether the CCG has met the required investment in Primary Care Transformation as set out in the GP Forward View (£3 per head commitment). It is a new indicator added to the 2018/19 IAF.

This indicator is based on ledger data submitted each month but is reported quarterly for the IAF.

The CCG lead for this indicator is Matthew Barz.

The June 2018 IAF position reported as above does NOT reflect the actual level of investment due to how budget and spend has been reflected in the CCG ledger. Local reporting appropriately categorises the data and demonstrates that this standard IS achieved. Steps have been taken to correct the categorisation within the ledger which will flow into the national reporting and reflect the achievement in due course.

Please see the Finance Report to the committee for the detailed current actual position.