

Primary Care Commissioning Committee 2018/19

Date of Meeting:	09 November 2018
Agenda Item:	3.5
Subject:	Primary Care Performance and Quality Sub-committee Update
Reporting Officer:	Sarah Crossley (author Sarah Hickman)
Aim of Paper:	To update PCCC members in respect of the activities of the Primary Care Performance and Quality subcommittee during the months of August, September and October

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	For Information Only
Recommendation	The Committee are asked to note the contents of the paper

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Green
Comments (Document should detail how the risk will be mitigated)	Risks are being managed with mitigation plans against individual projects detailed within the report

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Head of Primary Care, Sarah Crossley
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Aim

This paper provides a summary of the activities, items of discussion and decisions made by the Primary Care Performance and Quality subcommittee during the months of August, September and October.

AUGUST

Primary Care Quality Monitoring Programme

An overview of the Kingsway Medical Practice Quality Improvement Plan was provided and members were asked for comments. It was felt that the action plan was lacking in detail and further information should be requested from the practice to be brought back to a future meeting.

Core+2 Data Quality Audit

It was proposed that within the Data Quality Audit included in Core+2, there should be two areas of focus:

- Biliary Stent Coding – When it is highlighted that a patient has had the procedure, this should then be coded on practices clinical systems.
- Atrial Fibrillation (AF) Register - Ensuring any patients who aren't on a disease register are identified, added and managed accordingly, and for practices to review 50% of the possible anomalies identified for the purpose of making any corrections required.

Members were asked for comments. Concerns were raised regarding focusing on AF registers due to practices being paid for this in QOF. It was highlighted that a list of other conditions were considered and HMR's AF prevalence is quite low compared to the National average. Following a question regarding the number of patients affected by the biliary stent issue it was confirmed exact numbers will be confirmed to members via a refresh of this paper which will be sent for approval under chairs actions.

Safeguarding & Quality Report

Details of various training available to practices was shared, this included:

- Level 3 'Think Family' Safeguarding Training
- Bespoke session (1.5 hours) on the learning from Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews
- Bespoke training session for GP's in relation to high risk Domestic Abuse and referrals to Multi Agency Risk Assessment Conferences (MARAC) also took place on 5th July 2018.

It was reiterated that the EMIS Case Conference template has been refreshed and imported into all GP Practices. On receipt of an invite to a Case Conference all GP Practices are required, as a minimum, to complete and return a report. It was highlighted that practice's contribution to case conferences is being monitored, with reports being shared with the Quality and Safeguarding Committee. It was also noted that Focussed Care Workers are being utilised to attend conferences.

SEPTEMBER

Core+2 Data Quality Audit

The updated paper was brought to the committee rather than being shared for chairs actions as previously agreed (see August update above). The Subcommittee approved the recommendation to include both the biliary stent coding and the atrial fibrillation register within the Data Quality Element of Core+ 2.

Quality Monitoring Programme Action Plan

Both Longford Street Medical Practice and Dr Ghafoor and Partners practice improvement plan updates were reviewed. Members agreed that both plans were satisfactory and provided the assurance required to allow them to be stepped down to routine monitoring within this programme.

OCTOBER

There were no items for decision at this meeting. The agenda consisted of updates regarding the other two sub-committees which are tabled separately on this meetings agenda