

Primary Care Quality Report

Q1 2017/18

Primary Care Commissioning Committee (13 September 2017)

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The Primary Care Quality Report is produced quarterly for review by the Primary Care Commissioning Committee. Data not already in the public domain is provided anonymously, a further version with practice names is produced for the Quality Committee. The majority of this report (shown here as Dashboard Data) drives off a larger dataset which shows performance on all indicators at a practice level. This is used by the Primary Care Team to target follow-up activity and is shared with GP Councils and Alliances on request. Further development of this dataset is still required in some areas, for example to better align the Digital Transformation section with GPIT Committee reporting arrangements. Further elements mirror information provided in the CCGs' Integrated Quality and Performance (IQPR) report replicated here for completeness.

Key actions for the Primary Care Team identified from the report include working to improve Friends and Family response rates and results, patient satisfaction in particular with telephone access, undertaking a full review of 2016/17 QOF achievement, prevalence and exception reporting, continued work to support improved flu immunisation uptake and ongoing work to support practices rated as inadequate or requiring improvement by the CQC.

Executive Summary

Above or maintaining performance

Online access to appointment making, prescriptions and medical records has been enabled across all relevant practices. The GPPS published in July 2017 indicated that uptake is still relatively low amongst the patient sample surveyed. Actual data has been added to this report for the first time and it is intended to update quarterly on registration and usage trends.

The CQC has inspected all practices with all but eight receiving a rating of Good and one practice Outstanding. The inspection regime will be changing in future.

Patient satisfaction is high across a range of measures including overall satisfaction, on which a few practices were rated outstandingly well by patients surveyed. A full analysis of the latest GP Patient Survey data will be provided to the next PCCC meeting.

Areas of challenging performance

Improving flu immunisation uptake is a particular area of challenge which the CCG will continue to work to improve. Childhood immunisation data requires improvement and further analysis; NHSE are working on reporting on this area.

The CCG has been working with practices rated as special measures to help them to improve and to prepare for subsequent inspections and can report that progress is being made leading the CQC to lift some of its restrictions, eg. patient lists have reopened. Further work is

Responses to Friends & Family Test have been low and this is an area for the CCG to focus on this year. Only 4 practices BW wide are using iPlato for FFT. Enabling iPlato for this purpose may well increase response rates significantly.

Dementia diagnosis rates and utilisation of e-referrals are primary care-related areas of challenging performance also highlighted in the CCGs' Integrated Quality and Performance Report. These will be incorporated into future reports which will also provide updated information on actions taken following the latest bi-annual Safeguarding Audit (included in last quarter's report) and compliance with infection control audits / completion of action plans.

Cervical screening data will be added to the next report. Uptake rates have been falling nationally and the CCG has been working with NHSE colleagues to identify possible actions to maintain uptake locally.

A&E attendance rates and non-elective admissions have risen compared to last year.

	Period	Frequency	National	Target	Newbury and District CCG	North and West Reading CCG	South Reading CCG	Wokingham CCG	Comments
Group One - QoF									
Total QoF Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					9/10	9/10	16/18	12/13	
Practices 80 - 89%					1/10	1/10	0/18	1/13	
Practices 0 - 79%					0/10	0/10	2/18	0/13	
Asthma Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					10/10	8/10	16/18	12/13	
Practices 80 - 89%					0/10	0/10	0/18	0/13	
Practices 0 - 79%					0/10	2/10	2/18	1/13	
Atrial Fibrillation Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					10/10	10/10	18/18	13/13	
Practices 80 - 89%					0/10	0/10	0/18	0/13	
Practices 0 - 79%					0/10	0/10	0/18	0/13	
CHD Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					8/10	10/10	16/18	12/13	
Practices 80 - 89%					2/10	0/10	0/18	0/13	
Practices 0 - 79%					0/10	0/10	2/18	1/13	
COPD Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					10/10	10/10	16/18	13/13	
Practices 80 - 89%					0/10	0/10	0/18	0/13	
Practices 0 - 79%					0/10	0/10	2/18	0/13	
Depression Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					10/10	10/10	14/18	12/13	
Practices 80 - 89%					0/10	0/10	1/18	0/13	
Practices 0 - 79%					0/10	0/10	3/18	1/13	
Diabetes Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					4/10	7/10	7/18	6/13	
Practices 80 - 89%					3/10	3/10	7/18	5/13	
Practices 0 - 79%					3/10	0/10	4/18	2/13	
Dementia Achievement (per cent)	2015-16	Annually							
Practices 90 - 100%					9/10	9/10	14/18	12/13	
Practices 80 - 89%					1/10	1/10	4/18	1/13	
Practices 0 - 79%					0/10	0/10	0/18	0/13	

QoF results are published annually in October and therefore will be reported on the Q2 Quality Report at which point a full analysis of results will be undertaken. It was reported last quarter that the majority of Berkshire West practices performed well on QoF in 2015/16. In NWR achievement ranged from 83.6% to 100%. In N&D the range was 88.9% to 100%. In South Reading the range was 53.6% to 99.2%. The practice that achieved 53.6% has since done a significant amount of work on QoF and 2016/17 figures are expected to be much improved. In Wokingham the range of achievement was 87.7% to 100%. In terms of disease areas, improvement is required in Diabetes with 7 / 51 practices performing well below the expected standard in this disease area, in particular 3 in Newbury, 3 in Reading and 1 in Wokingham. Asthma and depression achievement may also require further focus with 6 / 51 and 5 / 51 practices respectively performing below desired levels. The primary care team works with long-term conditions leads to monitor and respond to QoF.

Group Two - Service Utilisation									
NEL General & Acute Admissions Rate Per 1000	Q1 2017	Monthly			16.22	16.82	15.61	16.10	
NEL General & Acute Admissions Rate Per 1000	Q1 2016	Quarterly			14.83	16.09	14.99	14.64	
Practices Below Average					5/10	6/10	7/16	7/13	
Practices <10% above average					2/10	2/10	2/16	2/13	
Practices >10% above average					3/10	2/10	7/16	4/13	
Ambulatory Case Sensitive Conditions NEL Rate Per 1000	Q1 2017	Monthly			2.44	2.90	3.14	2.30	
Ambulatory Case Sensitive Conditions NEL Rate Per 1000	Q1 2016	Quarterly			2.69	2.95	2.88	2.58	
Practices Below Average					6/10	6/10	9/16	7/13	
Practices <10% above average					1/10	2/10	1/16	1/13	
Practices >10% above average					3/10	2/10	6/16	5/13	
A&E Attendance Rate Per 1000	Q1 2017	Monthly			73.44	83.46	108.13	72.29	
A&E Attendance Rate Per 1000	Q1 2016	Monthly			68.76	79.07	102.50	71.71	
Practices Below Average					6/10	5/10	8/16	6/13	
Practices <10% above average					3/10	2/10	4/16	4/13	
Practices >10% above average					1/10	3/10	4/16	3/13	
Out of Hours (West Call) Attendance Rate Per 1000	Q1 2017	Monthly			42.28	30.98	32.73	31.75	
Out of Hours (West Call) Attendance Rate Per 1000	Q1 2016	Monthly			39.59	31.85	31.40	31.52	
Practices Below Average					5/10	4/10	9/16	8/13	
Practices <10% above average					3/10	3/10	2/16	2/13	
Practices >10% above average					2/10	3/10	5/16	3/13	
Bracknell UCC Attendance Rate Per 1000	Q1 2017	Monthly			0.12	0.37	0.66	9.43	
Bracknell UCC Attendance Rate Per 1000	Q1 2016	Monthly			0.14	0.37	0.47	11.76	
Practices Below Average					4/10	5/10	11/16	8/13	
Practices <10% above average					0/10	0/10	1/16	1/13	
Practices >10% above average					4/10	4/10	4/16	4/13	
Reading Walk-in Centre Attendance Rate Per 1000	Q1 2017	Quarterly			0.63	14.96	34.39	5.50	
Reading Walk-in Centre Attendance Rate Per 1000	Q1 2016	Quarterly			0.53	14.74	36.07	5.38	
Practices Below Average					6/10	6/10	10/16	7/13	
Practices <10% above average					0/10	1/10	1/16	1/13	
Practices >10% above average					4/10	3/10	5/16	5/13	
West Berkshire MIU Attendance Rate Per 1000	Q1 2017	Monthly			33.79	7.08	1.60	0.26	
West Berkshire MIU Attendance Rate Per 1000	Q1 2016	Monthly			33.11	6.33	1.29	0.35	
Practices Below Average					4/10	4/10	10/16	7/13	
Practices <10% above average					5/10	1/10	0/16	0/13	
Practices >10% above average					1/10	3/10	4/16	4/13	

The rate per 1000 General & Acute Non Elective Admissions rose across all four CCGs this quarter (Q1 2017/18) as compared to the same quarter last year (Q1 2016/17). A&E attendance rates are higher across all four CCGs compared to the previous year. The rate per 1000 usage of Reading Walk In Centre has gone up slightly across all CCGs except for South Reading. For ACS conditions the NEL admission rate decreased slightly across three of the four CCGs except South Reading.

Group Three - Immunisation & Vaccinations								
Paediatric Flu vacc uptake-Age 2	2016-17	Annually	35.4%	60.0%				
Practices 60- 100%					1/11	2/10	1/18	1/13
Practices 35.4 - 59.9%					10/11	5/10	9/18	9/13
Practices 0 - 35.4%					0/11	3/10	8/18	3/13
Paediatric Flu vacc uptake-Age 3	2016-17	Annually	37.7%	60.0%				
Practices 60- 100%					2/11	2/10	2/18	3/13
Practices 37.7 - 59.9%					8/11	7/10	8/18	9/13
Practices 0 - 37.6%					1/11	1/10	8/18	1/13
Paediatric Flu vacc uptake-Age 4	2016-17	Annually	30.0%	60.0%				
Practices 60- 100%					0/11	0/10	0/18	1/13
Practices 30.0 - 59.9%					10/11	7/10	11/18	9/13
Practices 0 - 29.9%					1/11	3/10	7/18	3/13
Pregnancy Flu vacc uptake	2016-17	Annually	40.6%	55.0%				
Practices 55- 100%					1/11	1/10	1/18	3/13
Practices 40.6 - 54.9%					7/11	6/10	7/18	10/13
Practices 0 - 40.5%					2/11	3/10	10/18	0/13
Flu vaccinations (65+)	2016-17	Annually	71.0%	75.0%				
Practices 75- 100%					3/11	5/10	3/18	3/13
Practices 71 - 74.9%					6/11	3/10	5/18	7/13
Practices 0 - 70.9%					2/11	2/10	10/18	3/13
Flu vaccinations (at risk)	2016-17	Annually	45.1%	55.0%				
Practices 55- 100%					7/11	4/10	5/18	3/13
Practices 45.1 - 54.9%					3/11	4/10	6/18	9/13
Practices 0 - 45.0%					0/11	2/10	7/18	1/13
Childhood Imms - 12 months	2015-16	Annually	81.8%	90.0%				
Practices 90- 100%					8/11	9/10	10/18	10/13
Practices 81.8 -90%					3/11	1/10	7/18	3/13
Practices 0 - 81.7%					0/11	0/10	1/18	0/13
Childhood Imms - 24 months	2015-16	Annually	83.2%	90.0%				
Practices 90- 100%					10/11	9/10	9/18	12/13
Practices 83.2 -90%					0/11	1/10	7/18	0/13
Practices 0 - 83.1%					1/11	0/10	2/18	1/13
Childhood Imms - 5 years	2015-16	Annually	84.9%	90.0%				
Practices 90- 100%					9/11	8/10	10/18	13/13
Practices 84.9 -90%					2/11	2/10	5/18	0/13
Practices 0 - 84.8%					0/11	0/10	3/18	0/13

10M numerator totals 10 as data was not submitted by Northcroft Surgery

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Reporting to CCGs on childhood immunisations is under development by NHSE. Flu vaccination uptake will be a particular drive for the Primary Care Team over the coming Autumn and Winter supporting practices to improve performance over last year.

Group Four - Digital Transformation									
Information Governance Toolkit Status	September 2016	Annually		66%	9/10	10/10	18/18	13/13	
Digital Maturity Index	September 2016	Annually	85%		0/10	0/10	0/18	0/13	
Whether GP Practices Provide Functionality For Patients To Book Or Cancel Appointments Electronically	June 2017	Quarterly			10/10	9/10	16/18	13/13	
Percentage of registered patients are enabled to book/cancel appointments online	June 2017	Quarterly			26.80%	19.30%	13.90%	20.60%	
Monthly transactions as a percentage of registered patients	March 2017	Monthly			3.12%	1.71%	1.60%	1.22%	
Whether GP Practices Provide Functionality For Patients To Order Repeat Prescriptions Electronically	June 2017	Quarterly			10/10	9/10	15/18	12/13	
Percentage of registered patients are enabled to order repeat prescriptions online	June 2017	Quarterly			25.60%	19.30%	13.50%	16.40%	
Whether GP Practices Provide Functionality For Patients To View Detailed Coded Records Electronically	June 2017	Quarterly			9/10	8/10	16/18	13/13	
Percentage of registered patients are enabled to view their detailed coded records online	June 2017	Quarterly			3.39%	4.16%	2.56%	5.53%	

This Group is presented differently this quarter as compared to last and is intended to perform as a baseline for future tracking of growth trends. The Digital Maturity Index is an annual self assessment carried out by practices and will be updated on the Q2 or Q3 report. Last time it was reported that all relevant practices have been technically enabled to process repeat prescriptions, appointments / cancellations, and to give patients access to their records. This report sets out the percentage of patients that have registered to access these functions and the proportion of transactions being done online. As usage rates increase, it is hoped that data will become available as it is recognised that there is a difference between patients registering to use the services and actually using them. It will be interesting as these data become available for the Primary Care Team to explore with practices the reasons why patients may register for the services and subsequently not use them. It is hoped that, with encouragement, both patient registration and usage will grow as it is a time saving to practices as well as a convenience to patients. This data will also support monitoring of contractual targets e.g. for 20% of patients to access one or more online service during 2017-18.

Group Five - CQC									
CQC Rating - Overall	Q1 2017-18	Quarterly							
Outstanding	Q1 2017-18	Quarterly			0/10	0/10	1/19	0/13	South Reading Denominator is 19 as data for Whitely Villa Surgery has been captured separately to University Medical Centre
Good	Q1 2017-18	Quarterly			10/10	7/10	14/19	12/13	
Req. Imp	Q1 2017-18	Quarterly			0/10	1/10	3/19	1/13	
Inadequate	Q1 2017-18	Quarterly			0/10	2/10	1/19	0/13	
Not Inspected Yet	Q1 2017-18	Quarterly			0/10	0/10	0/19	0/13	
Current Inspection	Q1 2017-18	Quarterly			0/10	0/10	0/19	0/13	

The practices that are in special measures are being monitored regularly by the Primary Care Team and progress has been made, eg. the CQC has agreed to reopen their registered lists to new patients. In July 2017 the CQC reinspected Chatham Road and have recently published their report announcing that their overall rating has been upgraded to Good. The CQC has recently announced changes to the inspection regime for GP practices which are currently being reviewed by the Primary Care Team.

Group Six - Patient Satisfaction									
Friends and Family Test response	May 2017	Monthly	45		3/10	5/10	2/18	1/13	
Friends and Family Test- Recommendations	May 2017	Monthly	90%						
Practices 90 - 100%					2/10	3/10	2/18	2/13	
Practices 80 - 89%					2/10	1/10	2/18	3/13	
Practices 0 - 79%					0/10	3/10	0/18	1/13	
Average number of GP National Survey Questionnaire Responses	July 2017	Annual	107		114	118	103	116	
Ease of getting through to someone at GP surgery on the phone	July 2017	Annual	70%						
Practices 90 - 100%					2/10	2/10	0/18	5/13	
Practices 80 - 89%					5/10	0/10	5/18	1/13	
Practices 0 - 79%					3/10	8/10	13/18	7/13	
Able to get an appointment to see or speak to someone	July 2017	Annual	85%						
Practices 90 - 100%					4/10	6/10	4/18	8/13	
Practices 80 - 89%					6/10	2/10	7/18	4/13	
Practices 0 - 79%					0/10	2/10	7/18	1/13	
Complaints (NHSE)	June 2017	Quarterly			3	2	4	0	

Friends and Family Test response rates are on the whole lower in numbers in BW than nationally. All South Reading practices report nil responses. However there are 11/50 practices that are exceeding the national average and a handful of these generate very high response rates indeed (Downland, Balmore Park, Theale, Tilehurst, and Woosehill). More work is required for the Primary Care Team to encourage all practices to learn from the 11 and to bring their response rates into line. iPlato is for example one route for generating responses and the service which follows each patient appointment is free to use. Four practices have selected to upgrade their iPlato service to a paid level and have increased their responses this way. More practices may be encouraged to participate. The annual GP Patient Survey was published recently and encouragingly Berkshire West's response numbers were near or better than the national figure demonstrating a good level of patient engagement. Satisfaction on the whole has remained high over a 5-year period. A few practices were rated extremely favourably across a range of measures. The point of greatest challenge is 'ease of getting through to someone on the phone' with 31/50 practices being rated >20% worse than the national average. Only 9/50 practices were within 10% of the national average. All four CCGs saw average declines against this question. The five-year historic pattern is:

- ☒ Newbury - 83% to 73%
- ☒ North & West Reading - 81% to 71%
- ☒ South Reading - 77% to 64%
- ☒ Wokingham - 79% to 68%

A more detailed report highlighting any other changes in results will be produced for the next Operational Group meeting. This will also recommend which questions should be included in this report going forward.

Complaints reported here are solely those processed by NHSE. Practices submit an annual report setting out the number of complaints they have handled, this will be incorporated into the data in due course.

Group Seven - Practice Information					BW Total				
Practice list size	July 2017				537,505	118,988	110,790	144,383	163,344
Practice list size	April 2017				536,047	118,735	110,893	143,900	162,519
Practice list size	January 2017				534,890	118,530	110,839	143,573	161,948
Practice list size	October 2016				532,562	118,426	110,362	142,173	161,601
Practice list size	July 2016				528,810	118,064	110,008	139,894	160,844
Practice list size	April 2016				528,201	117,634	109,686	140,413	160,468
Practice list size	April 2015				521,416	117,016	109,031	136,364	159,005

List sizes have grown across Berkshire West in the 2-year period to April 2017. Growth is uneven however with South Reading having the highest at 5.5% largely due to new house building in the area, followed by Wokingham at 2.21%. North & West Reading at 1.71% and Newbury & District at 1.47% experienced modest list growth. Plans for workforce and estates and location of commissioned services take these pockets of growth into consideration. This quarterly report will continue to use April 2015 as the baseline to follow trends and to describe how the new populations are being planned for.

Group Eight - Other Quality									
Prescribing Quality Scheme	2016-17	Annual			459	452	422	455	
Incidents	April - June 2017	Quarterly			11	3	0	3	

The Prescribing Quality Scheme is a points based scheme to support delivery of cost effective prescribing and efficient use of available resources. The results illustrate the final points achievement for the PQs in 2016-17. Primary Care Incidents management has become a responsibility of the CCGs' Quality Team as from April 2017, transferring from NHSE. During the first quarter a total of 17 incidents were reported by 15 practices. Most were medication errors where either the wrong drug or unintended dosage was either prescribed or dispensed. There was also a difficult discharge and a double needle stick injury. Five of the incidents were reported by one of the practices that was placed in special measures by the CQC and originated from: delayed diagnosis, delayed monitoring, inappropriate repeat timeline for a controlled drug, and two prescribing errors.

Quality Premium Performance (from June 2017 IQPR report - primary care indicators)

Indicator	Data frequency	Target	Period	BW	N&D CCG	NWR CCG	SR CCG	WOK CCG	
Five National Quality Premium Measures	1. Cancers diagnosed at early stage	4% improvement from 2016-17 or >60% achievement in 2017	2015	55.1%	54.5%	54.9%	53.1%	56.4%	
			2014	51.7%	47.3%	49.3%	55.0%	55.0%	
			2013	31.6%	38.2%	33.4%	27.2%	27.6%	
	The latest data available is 2015. There is a significant delay in national publication of this data.								
	2. Overall experience of making a GP appointment	Annual	3% improvement on July 2017 or achieve 85%	Jul-17	73.4%	74.0%	74.0%	70.0%	75.0%
				Jul-16	75.6%	78.4%	74.6%	71.4%	77.9%
	QP was not achieved for 2016-17 as it required a 3% improvement on Jul -16 figures. For 2017-18, the target is 3% improvement on July 2017. The figures will be published July 2018.								
	5. Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing at risk groups								
	5.B.i: Reduction in the prescribing of Trimethoprim	Monthly	10% reduction (or greater) in Trimethoprim: Nitrofurantoin prescribing ratio based on June 15-May 16 data	Jun-17	-	0.788	0.721	0.817	0.897
				Target	-	<=1.017	<=0.889	<=1.271	<=0.996
5.B.ii: Reduction in the prescribing of Trimethoprim items by each CCG to patients aged 70 years and over	Monthly	10% reduction (or greater) in Trimethoprim items prescribed to patients aged 70 year and over based on June 15-May 16 data	Actual	-	Data not available	Data not available	Data not available	Data not available	
			Target	-	<=2284	<=1821	<=1316	<=3108	
The CCGs are achieving first part of the Quality premium. The ePACT system update by NHS Business Services Authority hasn't taken place which was due in January 2017. This would have allowed CCGs to monitor Trimethoprim prescription by age. The CCGs are awaiting update on when this is likely to go ahead.									
5.C: Sustained reduction of inappropriate prescribing in primary care	Monthly	Items/STAR-PU must be equal to or below England 2013-14 mean performance value of 1.161 items per STAR-PU	Jun-17	-	0.838	0.940	0.940	0.907	
			Target	-	<=1.161	<=1.161	<=1.161	<=1.169	
As in 2016-17, all four CCGs continue to achieve the inappropriate antibiotic prescribing target for April.									

3. Practice Visits (Primary Care Team) (Apr - Jun 17)

CCG	Practice	Date	Reason for Visit	Lead CCG Officer
Newbury & District	Burdwood	Apr 2017	Other	Lisa Briggs
North & West Reading	Circuit Lane	Apr 17, May 17, Jun 17	Contract Monitoring	Helen Clark
South Reading	London Street	Apr 2017	Digital Transformation	Lisa Briggs
North & West Reading	Priory Avenue	Apr 17, May 17, Jun 17	Contract Monitoring	Helen Clark
South Reading	Shinfield	Apr 17, May 17, Jun 17	Contract Monitoring	Helen Clark
South Reading	Shinfield	Apr 2017	CQC	Lisa Briggs
South Reading	University Medical Centre	Apr 2017	Boundary	Lisa Briggs
South Reading	Walk in Centre	Apr 17, May 17, Jun 17	Contract Monitoring	Helen Clark / Shirley Edwards
North & West Reading	Balmore Park	May 2017	Workforce	Lisa Briggs
South Reading	Eldon Road	May 2017	Other	Lisa Briggs
South Reading	Kennet	May 2017	Other	Lisa Briggs
South Reading	London Street	May 2017	Other	Lisa Briggs
South Reading	Shinfield	May-17	Contract Monitoring	Helen Clark
South Reading	Shinfield	May 2017	CQC	Lisa Briggs
Wokingham	Wilderness Road	May-17	Partnership Changes	Helen Clark
Wokingham	Wokingham Medical Centre	Jun-17	Other	Cathy Winfield
Wokingham	Woosehill Medical Centre	Jun-17	Partnership Changes	Helen Clark

6. Schedule of visits upcoming (Jul - Sep 17)

CCG	Practice	Date	Reason for Visit	Lead CCG Officer
South Reading	Shinfield & South Reading	July	CQC Improvement Support	Lisa Briggs
North & West Reading	Pangbourne	July	Other	Lisa Briggs/Helen Clark
South Reading	Milman Road	July	Workforce	Lisa Briggs
South Reading	Milman Road	July	Other	Lisa Briggs
South Reading	Westwood Road	July	Other	Lisa Briggs
Newbury & District	Chapel Row	July	Other	Lisa Briggs
Newbury & District	Burdwood Surgery	July	Other	Lisa Briggs
Newbury & District	Thatcham Medical Centre	July	Other	Lisa Briggs
North & West Reading	Mortimer	July	Other	Lisa Briggs
South Reading	Walk in Centre	July	Contract Monitoring	Lisa Briggs
North & West Reading	Balmore Park	July	Other	Lisa Briggs
North & West Reading	Priory Avenue	July	Experience	Helen Clark
Wokingham	Twyford Surgery	July	Other	Helen Clark
Newbury & District	Thatcham Medical Centre	July	Other	Helen Clark
South Reading	Shinfield & South Reading	Aug	Contract Monitoring	Helen Clark
South Reading	Milman Road	Aug	Other	Lisa Briggs
South Reading	Wood - Satalitte of Westwood	Aug	Other	Lisa Briggs
South Reading	Milman Road	Aug	Other	Lisa Briggs
North & West Reading	Emmer Green	Aug	Other	Lisa Briggs
South Reading	Walk in Centre	Sep	Contract Monitoring	Helen Clark/Lisa Briggs
North & West Reading	Pangbourne	Sep	Other	Lisa Briggs
South Reading	Walk in Centre	Sep	Contract Monitoring	Helen Clark/Lisa Briggs