

Primary Care Quality Report Confidential

Q3 2017/18

Quality Committee - 13th March 2018
PCCC Public Meeting - 14th March 2018

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Updates since Q2

Sections with updated information

Service utilisation

Digital transformation - Practices enabled online access for booking/cancelling appointments, ordering prescriptions and access to detailed coded records and percentage of patients enabled for each service

CQC Inspecting

Patient Satisfaction - Friends and family test results

Patient Safety - Number of incidents

IQPR - cancer diagnosis at an early stage, gram negative bloodstream infections, Trimethoprim prescribing, reduction in inappropriate prescribing, CKD/Hypertension patients with proteinuria treated with ACE-i/ARB (NWR), number of patients diagnosed with Hypertension (SR) and Dementia diagnosis rates

Significant change / areas for consideration

Reduced number of incidents reported in Q3 compared to Q2.

Data supplied around YTD figures for early detection of Cancer showing South Reading has an improving picture in year

FFT remains low with multiple Practices showing no data reported. Communications to be considered to improve reporting.

CQC ratings show an improving trend and recently published reports for Q4 confirm this picture

There is variance in the data supplied around online access and this needs to be followed up with the CSU reporting team.

I. Summary of follow-up action

Planned visits for Quarter 4

CCG	Practice	Date	Reason for Visit	Lead CCG Officer
North & West Reading		Monthly	APMS contract review meetings.	Helen Clark / Debbie Simmons
North & West Reading		Monthly	APMS contract review meetings	Helen Clark / Debbie Simmons
South Reading		Variable	APMS contract review meetings, infection control/patient safety issues	Rachel Procter
South Reading		Six-weekly	APMS contract review meetings	Rachel Procter
South Reading		TBC	Quality Visit - high performing practice rated Outstanding	Rachel Procter / Jane Thomson
South Reading		TBC	Quality Visit - following recent change to partnership composition - in the process of being arranged	Rachel Procter / Jane Thomson
Wokingham		TBC	Quality Visit - following change to partnership composition (recently confirmed)	Rachel Procter / Jane Thomson

Practices flagged

Practices are identified for further review based on a information presented in this report and a review of the practice-level dashboard on which this report is based. Significant changes in performance, either positive or negative, would prompt further discussion, as would continued lower than expected performance across a range of indicators. It is currently difficult to robustly identify practices due to the work still being undertaken to expand and improve the data. The following practices have however been highlighted across various sections of the report.

Indications of strong or improved performance:

Newbury - 1 x practice improved on QOF, 4 x practices- QOF achievement >99%

NWR - 3 x practices - QOF achievement >99%

SR- 2 x practices - improved on QOF, 3 x practices - QOF achievement >99%.

Wokingham - 1 x practice - improved on QOF, 3 x practices - QOF achievement >99%. 1x practice - 100% compliance reported in infection control audit.

Indications of reduced or lower-rated performance:

Newbury - 2x practices - reduced NPS results and no F&F data, 1 practice is yet to report any incidents

NWR - 1 x practice - rated inadequate by CQC, reduced achievement on QOF and Red across a range of indicators as well as initially non-compliant with infection control audit - follow-up is however in place and progress is being made. 1 x practice - slightly reduced achievement on QOF, not offering online access & no incidents reported. 1 x practice - relatively low NPS results. 1 x practice - currently rated Inadequate by CQC, improvement programme in place and demonstrating progress. 3 x practices have not reported any incidents

SR - 1 x practice- reduced achievement on QOF, 3 x practices not hitting cervical screening target using KC53. 1 x practice not offering online access. 4 x practices - not expected to meet online access targets. 1 x practice - currently rated Requires Improvement by CQC. 1 x practice performance is at 50%. No incidents reported for 9 x practices.

Wokingham -1 x practice - low NPS results. No incidents reported for 8 x practices

General quality improvement work

Section	Area for action	Key actions
Q1 Patient Experience	Friends and Family	Address gaps in data and work with practices to improve response rates
Q2 QOF	Diabetes (SR)	Work with LTC leads and SR Alliance to agree any actions to be taken to improve achievement on diabetes indicators in 2017-18. Also to review and respond to NDA results.
Q2 Imms and Screening	Childhood imms	Further investigate change in immunisation uptake at 24 months (see data issue below) before considering any further action.
Q2 Imms and Screening	Cervical cytology	Link with prevention and screening workstream group around actions to improve uptake of cervical screening.
Q2 Digital Transformation	E-referrals	Link with Planned Care / GPIT leads around impact of RBFT changes on e-referral rates and any practices for which this is causing an issue.
Q2 Digital Transformation	Patient Online	Work with GPIT Committee to follow-up and support practices in meeting Patient Online targets, supporting collating and sharing of good practice.
Q2 IQPR	Hypertension (SR)	Discuss with SR leads whether can support delivery of this local QP target.
Q2 Patient Experience	Complaints	Clarify NWR complaints and follow-up outcome of complaints reported to identify any learning. Collate information with practice annual complaints return.

Q1 Patient Experience	National Patient Survey	Full analysis of NPS results. To December PCCC/Quality Committee - COMPLETE
Q1 QOF	QOF	Full analysis of 2016-17 QOF results covering achievement, prevalence and exception reporting. To come to December PCCC/Quality Committee - COMPLETE
Q1 Imms and Screening	Flu	Work with practices to improve flu uptake in 2017-18 - COMPLETE
Q1 CQC	CQC ratings	Continue to support practices rated as Inadequate or Requires Improvement. COMPLETE
Q2 CQC	CQC inspections	Prepare for new inspection regime. Meeting CQC on this in November. COMPLETE
Q2 Contractual information	E-declaration	Analyse 2016-17 returns and identify any areas to follow-up with practices prior to 2017-18 submission. COMPLETE

Further development of report/monitoring

Section	Area for action	Key actions
Q2 Imms and Screening	Childhood imms	Complete work with NHSE to ensure accuracy of dataset.
Q2 Imms and Screening	Cervical screening	Address gaps in national dataset (data suppressed)
Q2 Digital Transformation	Patient Online	Further link with GPIT Committee to align reporting around delivery of non-contractual GMS/PMS requirements around digital transformation.
Q2 Patient Safety	All	Ensure all of these areas are included in the Dashboard which underpins this report so that they can be taken into account in the overall assessment of individual practice performance.
Q2 Patient Safety	Incident reporting	Discuss possible zero return requirement.
Q2 Patient Safety	New area	Incorporate reporting on participating in child protection conferences into Dashboard and report from Q3.
Q2 IQPR	All	Incorporate practice-level reporting into Dashboard so these areas can inform overall assessment of individual practice performance.
Q2 Contractual information	Other collections	Incorporate key information from new contractual data collections into this report - access, frailty, National Diabetes Audit, digital workforce audit.
Q2 Contractual information	Local data	Add in information on enhanced services coverage and PQS performance (currently included on Dashboard).
Q3 Quality Report Development	All	Identification of key requirements/indicators of quality in primary care to be shared with Alliances
Q3 Quality Report Development	All	Development of the reporting around the Primary Care Quality Report to highlight updates (COMPLETE) and potential for deep diving a section at a time rather than reviewing the report in its entirety at Primary Care Commissioning and Quality Committees
Q1 Imms and screening	Cervical screening	Incorporate information and detail on actions underway into this report - COMPLETE
Q1 Patient Safety	Safeguarding	Provide update on actions since safeguarding audit - COMPLETE
Q1 Patient Safety	Infection control	Incorporate information on infection control audits undertaken and compliance - COMPLETE
Q2 Service utilisation	Reporting	Further develop this element of the report and undertake analysis of variance. COMPLETE

2. QoF

Theme	Indicator	Data frequency	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG
				10	10	18	13
Quality & Outcomes Framework	Total Achievement (per cent)	Annually	2016-17	98%	96%	96%	97%
	Practices 90 - 100%			10	8	16	12
	Practices 80 - 89%			0	2	2	1
	Practices 0 - 79%			0	0	0	0
	Asthma Achievement (per cent)			100%	96%	98%	98%
	Practices 90 - 100%			10	9	17	12
	Practices 80 - 89%			0	0	0	0
	Practices 0 - 79%			0	1	1	1
	Atrial Fibrillation Achievement (per cent)			100%	100%	99%	100%
	Practices 90 - 100%			10	95	18	13
	Practices 80 - 89%			0	0	0	0
	Practices 0 - 79%			0	0	0	0
	CHD Achievement (per cent)			98%	95%	97%	99%
	Practices 90 - 100%			10	9	16	12
	Practices 80 - 89%			0	0	1	1
	Practices 0 - 79%			0	1	1	0
	COPD Achievement (per cent)			98%	95%	97%	100%
	Practices 90 - 100%			9	8	15	13
	Practices 80 - 89%			1	1	3	0
	Practices 0 - 79%			0	1	0	0
	Depression Achievement (per cent)			100%	90%	97%	97%
	Practices 90 - 100%			10	9	16	12
	Practices 80 - 89%			0	0	1	0
	Practices 0 - 79%			0	1	1	1
	Diabetes Achievement (per cent)			91%	92%	90%	92%
	Practices 90 - 100%			6	8	9	9
	Practices 80 - 89%			4	0	6	3
	Practices 0 - 79%			0	2	3	1
	Dementia Achievement (per cent)			100%	99%	95%	98%
	Practices 90 - 100%			10	9	16	12
	Practices 80 - 89%			0	1	1	1
	Practices 0 - 79%			0	0	1	0
<p>QOF data has now been updated to show achievement for 2016/17. Berkshire West practices continue to perform well on QOF with all but five rated Green for overall achievement (>90%). Amber ratings are set out 80-90% and Red at less than 80% on all areas.</p> <p>Average achievement for Newbury practices is 98% with all practices rated Green. 4 practices all reported achievement above 99%. One practice was previously rated Amber having scored 89.9% on 2015-16 QOF; in 2016-17 their achievement has gone up to 95.48%. 6 practices also increased their achievement, all other practices remained static.</p> <p>Average achievement for NWR practices is 96% with 8 out of 10 practices rated Green. 4 practices all reported achievement above 99%. One practice remains on Amber with 83.56%, slightly lower than the previous year. One practice was previously rated Green with 91.33% achievement but has now fallen to Amber with 80.26%, the lowest level of achievement in NWR. Follow-up action for this practice is covered elsewhere in this report. Three practices show a slight reduction in achievement but stayed Green. Three practices have increased their achievement, all other practices remained static.</p>							

Quality & Outcomes Framework

Average achievement for SR practices is 95.59% with 16 out of 18 practices rated Green. Three practices all reported achievement above 99%. One practice is rated Amber with 87.13% achievement compared to 95.24% in the previous year when they were rated Green. This practice has however subsequently merged with the another practice which was rated Green in both years. One practice is rated Amber with 85.27% achievement compared to 94.13% in the previous year when they were rated Green. This practice has experienced GP pressures this year due to sickness. Four practices have seen a slight reduction in achievement but remain Green. One practice was rated Red in 2015-16 with 53.57% achievement and has now moved to Green with 90.8%. Similarly, another practice was rated Red in 2015-16 with 63.76% achievement and has now moved to Green with 95.16%. This practice is now working more closely with other practices in the South Reading Alliance. Seven other practices that have increased their achievement within the Green banding. All other practices remain static.

Average achievement for Wokingham practices was 97.23% with 12 out of 13 practices rated Green. Three practices all reported achievement above 99%. One is rated Amber with 89.82% compared with 91.74% in the previous year however this is not a big reduction and may reflect changes in the practice this year. Two have also seen a slight reduction in achievement but remain Green. One practice was previously rated Amber having scored 87.65% on 2015-16 QOF; in 2016-17 their achievement has gone up to 93.06%. Four other practices that have increased their achievement within the Green banding. All other practices remain static.

In terms of clinical areas, in three practices were previously rated Red for Diabetes. In 2016-17 no Newbury practices are rated Red for any clinical domain. In NWR two practices were previously rated Red for Asthma. In 2016-17 one is rated Red for Asthma, Depression (showing as 0%), CHD, Diabetes and COPD and another is rated Red for Diabetes. In South Reading two practices were previously rated Red for Asthma and CHD, two practices were rated Red for COPD, three practices were rated Red for Depression and four practices Red for Diabetes. In 2016-17 one practice is rated Red for Asthma, CHD and Depression and one practice is rated Red for Dementia. Three practices are rated Red for Diabetes and a further six Amber suggesting there may be scope to do some follow-up work. In Wokingham, one practice was previously rated Red for Asthma, CHD and Depression and two practices were rated Red for Diabetes. In 2016-17, one practice was rated Red for Asthma, one practice was rated Red for Depression and one practice was rated Red for Diabetes.

Full QOF data for 2016/17 was published in October. A full analysis considering achievement, prevalence and exception reporting was undertaken in December 2017.

Summary for follow-up:

Practices with significant improvement: 4 practices

Consider follow-up: 4 practices

Clinical areas highlighted: Diabetes in South Reading

3. Service Utilisation - not yet available, to be updated on Boardpad prior to meetings

Theme	Indicator	Period	Data frequency	N&D CCG	NWR CCG	SR CCG	WOK CCG
Service utilisation	NEL General & Acute Admissions Rate Per 1000	Oct - Dec 17	Quarterly NEW DATA	17.00			
	<i>NEL General & Acute Admissions Rate Per 1000 previous year</i>	Oct - Dec 16		15.82			
	Practices Below Average	Oct - Dec 17		4/10	6/10	7/16	6/13
	Practices <10% above average			3/10	1/10	5/16	4/13
	Practices >10% above average			3/10	3/10	4/16	3/13
	ACS Conditions NEL Rate Per 1000	Oct - Dec 17		2.81			
	<i>ACS Conditions NEL Rate Per 1000 previous year</i>	Oct - Dec 16		2.83			
	Practices Below Average	Oct - Dec 17		5/10	7/10	8/16	9/13
	Practices <10% above average			3/10	0/10	0/16	1/13
	Practices >10% above average			2/10	3/10	8/16	3/13
	A&E Attendance Rate Per 1000	Oct - Dec 17		81.02			
	<i>A&E Attendance Rate Per 1000 previous year</i>	Oct - Dec 16		79.85			
	Practices Below Average	Oct - Dec 17		10/10	6/10	1/16	11/13
	Practices <10% above average			0/10	1/10	3/16	1/13
	Practices >10% above average			0/10	3/10	12/16	1/13
	Out of Hours Attendance Rate Per 1000	Oct - Dec 17		34.74			
	<i>Out of Hours Attendance Rate Per 1000 previous year</i>	Oct - Dec 16		34.83			
	Practices Below Average	Oct - Dec 17		3/10	7/10	14/16	10/13
	Practices <10% above average			1/10	1/10	1/16	0/13
	Practices >10% above average			6/10	2/10	1/16	3/13
	Bracknell UCC Attendance Rate Per 1000	Oct - Dec 17		3.17			
	<i>Bracknell UCC Attendance Rate Per 1000 previous year</i>	Oct - Dec 16		3.07			
	Practices Below Average	Oct - Dec 17		10/10	10/10	16/16	1/13
	Practices <10% above average			0/10	0/10	0/16	2/13
	Practices >10% above average			0/10	0/10	0/16	10/13
	Reading Walk-in Centre Attendance Rate Per 1000	Oct - Dec 17		11.87			
	<i>Reading Walk-in Centre Attendance Rate Per 1000 previous year</i>	Oct - Dec 16		11.27			
	Practices Below Average	Oct - Dec 17		10/10	5/10	1/16	12/13
	Practices <10% above average			0/10	1/10	0/16	0/13
	Practices >10% above average			0/10	4/10	15/16	1/13
	West Berkshire MIU Attendance Rate Per 1000	Jul -Sept 17		9.21			
	<i>West Berkshire MIU Attendance Rate Per 1000 previous year</i>	Jul -Sept 16		9.76			
Practices Below Average	Jul -Sept 17	1/10	7/10	16/16	13/13		
Practices <10% above average		0/10	0/10	0/16	0/13		
Practices >10% above average		9/10	3/10	0/16	0/13		
<p>This section has been updated to compare Practice data to the Berkshire West CCG average rather than individual CCGs. RAG ratings have been removed for being below average and <10% above average. The rationale behind the decision is to attempt to make full comparisons of data. It has also been suggested that a comparison could be made to national averages where available. The primary care team will work with the broader CCG teams to understand these variances in usage and to work to address them where relevant as part of the overall assessment of individual practice performance. This work is also linked with projects to improve access to general practice throughout the week through collaborative approaches to extended hours and same-day in-hours access.</p> <p>Summary for follow-up Further development and analysis of this section</p>							

4. Immunisations and Screening

Theme	Indicator	Measure - National Average	Data frequency	Target	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG
						11	10	18	13
Immunisations and Vaccinations	Paediatric Flu Vac update 2yrs	35%	Annual	60%	2016-17	52	42	36	48
	Above target					1	2	1	1
	National average to target					10	5	9	9
	Below national average					0	3	8	3
	Paediatric Flu Vac update 3yrs	38%	Annual	60%	2016-17	56	49	40	52
	Above target					2	2	2	3
	National average to target					8	7	8	9
	Below national average					1	1	8	1
	Paediatric Flu Vac update 4yrs	30%	Annual	60%	2016-17	48	37	32	43
	Above target					0	0	0	1
	National average to target					10	7	11	9
	Below national average					1	3	7	3
	Pregnancy Flu Vac update	41%	Annual	55%	2016-17	45	47	40	51
	Above target					1	1	1	3
	National average to target					7	6	7	10
	Below national average					2	3	10	0
	Flu Vac update (65+)	71%	Annual	75%	2016-17	75	74	69	73
	Above target					3	5	3	3
	National average to target					6	3	5	7
	Below national average					2	2	10	3
	Flu clinical risk groups <65	45%	Annual	55%	2016-17	56	51	49	52
	Above target					7	4	5	3
	National average to target					3	4	6	9
	Below national average					0	2	7	1
	Childhood imms - 12 months	88%	Annual	90%	2016-17	93	96	89	96
	Above target					10	10	12	13
	National average to target					0	0	3	0
	Below national average					1	0	3	0
	Childhood imms - 24 months	86%	Annual	90%	2016-17	85	90	85	87
	Above target					6	7	6	6
	National average to target					1	1	6	2
	Below national average					4	2	6	4
	Childhood imms - 5 years	87%	Annual	90%	2016-17	95	94	90	93
Above target	10					9	11	12	
National average to target	0					1	5	1	
Below national average	1					0	2	0	
Cervical screening 25-49 years	Not available and some practices' data	Quarterly	80%	Dec-16	75	72	63	73	
Above target					0	0	0	0	
72-80%					5	5	9	6	

Immunisations and Vaccinations	<72%	missing				4	4	9	7
	Cervical screening 50-64 years	Not available and some practices' data missing	Quarterly	80%	Dec-16	79	78	76	81
	Above target					2	1	6	9
	72-80%					4	6	3	0
	<72%					3	2	9	4
<p>In SR two practices have remained at Amber with a further two now also rated Amber. Four practices have moved from Amber to Red with three also rated Red. In Wokingham there was only one practice rated Red previously. A further five practices are now rated Red. There are however known to be some ongoing issues with childhood immunisations data which will be investigated further with NHSE in order to understand this significant change in performance.</p> <p>12 practices did not hit the target for immunisations at 5 years compared to 10 in the previous quarter. In Newbury, two practices were previously rated Amber, one has now moved to Green whilst the other has moved to Red. In NWR, two practices were previously rated Amber; one is now Red whilst the other has moved to Green. In SR, one practice (previously Amber), another (previously Green), another (previously Amber) and another (previously Green) are rated Amber and one practice (previously Amber), another (previously Red) and another (previously Amber) are rated Red. Three practices have moved to Green. Finally in Wokingham all practices were rated Green in the previous dataset; in the latest data this has been maintained with the exception of one which is now rated Amber.</p> <p>It should be noted that the target of 90% reported here is the contract figure whereas WHO recommend 95%. Practice level cohorts can be very small and one or two patients can affect the outcome, as reflected in the degree of fluctuation between datasets. South Reading practices find it hardest to hit childhood immunisations target despite previous intensive work on this area. This has been found to relate to the relatively transient populations served by these practices.</p> <p>Cervical cytology - Data remains unchanged from the previous report. The dataset is incomplete as a small number of practices show 'data suppressed'. The dataset used is the national dataset which shows that very few practices are achieving the 80% target. This reflects a nationally-recognised fall in screening rates as well as longstanding challenges relating to some population groups. The primary care team has linked with public health to share key messages and tips for improving uptake. Further work is being led by the prevention and screening workstream which is led by South Reading on behalf of the Thames Valley Cancer Network; baseline data is being collated and an action plan will be agreed. The data shown here is KC53 data which is a 'point in time' extract and does not allow for exception reporting. QOF data used to monitor APMS contracts and for the Quality CES shows much higher performance with only four practices reporting below 80% achievement.</p> <p>Summary for follow-up: Further investigation of childhood imms data to understand accuracy and impact of cohort size and particularly to explore change in immunisation uptake at 24 months Prevention and Screening workstream to identify further action to improve cervical screening uptake</p>									

5. Digital Transformation

Indicator		Data frequency	Target	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG
					10	10	16	13
Digital Transformation	Information Governance Toolkit Status	Annual	Level 2	Sept 2016	72.0%	76.0%	82.0%	85.0%
	Digital Maturity Index		85%	Sept 2016	82.0%	81.0%	81.0%	82.0%
	Whether GP Practices are Technically Enabled to Provide Functionality For Patients To Book Or Cancel Appointments Electronically	Quarterly NEW DATA	All practices	Nov-17	10	8	13	11
					0	2	3	2
	Whether GP Practices are Technically Enabled to Provide Functionality For Patients To Order Repeat Prescriptions Electronically	Quarterly NEW DATA	All practices	Nov-17	10	8	13	10
					0	2	3	3
	Whether GP Practices are Technically Enabled to Provide Functionality For Patients To View Detailed Coded Records Electronically	Quarterly NEW DATA	All practices	Nov-17	10	8	12	11
					0	2	4	2
	% patients enabled for online services -Book/Cancel Appointments -Order Prescriptions View Medical Records	Quarterly NEW DATA	20% (in at least one domain)	Nov-17				
					22.60%	17.70%	10.90%	19.60%
					21.90%	17.40%	10.90%	14.80%
	E-Referral coverage	Monthly	90%	Jul-17	50.6%	55.9%	51.4%	57.0%
				YTD	51.4%	58.9%	53.2%	59.5%
<p>The GPIT Committee (which reports to the Primary Care Commissioning Committee) oversees delivery of the Patient Online programme. The workstreams within this programme are reflected in non-contractual targets for online access included in the GP contract settlement. For 2017-18, these are as follows:</p> <ul style="list-style-type: none"> - Achieve Level 2 accreditation on Information Governance Toolkit - Comply with ten new data security standards from the National Data Guardian Security Review. - Increase uptake of electronic prescribing to 25% of prescriptions. - Increase uptake of e-referrals to 90%. - Continued increased uptake of electronic repeating dispensing, working with community pharmacy. - Increase uptake of one or more online services (appointment booking, repeat prescribing, access to records) to 20% - Increase sharing of clinical correspondence. - Better sharing of records at a local level. <p>These workstreams are overseen by the GPIT Committee which now reports to the Primary Care Commissioning Committee. Going forward the primary care team will work with GPIT Committee leads to ensure reporting is aligned with contractual requirements. The following analysis is based on existing GPIT Committee data.</p>								

In terms of functionality, the majority of practices are enabled to offer online appointment booking, repeat prescription ordering and access to detailed clinical records. The exceptions to this are that one practice in NWR and another in SR do not offer any online access, one practice in NWR and another in SR do not offer access to clinical records and two practices in SR and one in Wokingham do not offer online ordering of repeat prescriptions. Functionality to offer online access to clinical correspondence and test results will be added as a measure in future reports.

The Patient Online programme also measures the % of patients signed up for online services. In Newbury, three practices are rated Amber, the rest are rated Green. All practices are on course to meet 10% by March 2018. In NWR, three practices are rated Green, three are rated Amber and four are rated Red. All but one are projected to meet 10% by March 2018. In South Reading three practices are rated Green and the remaining 13 practices are rated Red. Seven practices are not projected to meet 10% by March 2018. Finally in Wokingham one practice is rated Amber and four are rated Red of which two are not expected to meet 10% by March 2018. All other practices are rated Green.

Utilisation is also monitored and will be incorporated into future reports. The GPIT Committee also follows up practices with functionality but no patients enabled and also practices with patients enabled to use online services but no activity. This information will be included in more detail in future reports.

E-referral coverage in July has dropped for all 4 CCGs in comparison to June. Previous months performance was Newbury (June 51.0%), NWR (Jun 57.6%), SR CCGs (June 51.9%), and Wokingham CCG (June 59.4%). RBFT is now moving to accepting only e-referrals.

Summary for follow-up:

Work with GPIT Committee to more closely align reporting with delivery of GMS non-contractual requirements and follow-up practices that are not on track to meet the targets, including supporting sharing learning and benefits from practices with high levels of registration and utilisation. This will include including information on access to clinical records and test results.

Link with Planned Care leads around impact of changes at RBFT on e-referral rates.

6.CQC Ratings and Actions

Theme	Indicator	Period	Frequency	N&D CCG	NWR CCG	SR CCG	WOK CCG
CQC inspections	CQC Rating - Overall			10	10	17	13
	Outstanding	2017-18	Updated quarterly with latest published position in quarter NEW DATA	0	0	1	0
	Good			10	8	14	13
	Requires Improvement			0	0	2	0
	Inadequate			0	2	0	0
	Not Inspected Yet			0	0	0	0
<p>N/B. This section relates to ratings as per published reports up until the end of quarter 3 (31.21.2017). South Reading CCG shows as 17 Practices as there are two contracts in place for one practice with separate CQC registrations and ratings. The vast majority of Berkshire West practices have been rated as Good by the Clinical Quality Commission, with one SR practice rated as Outstanding. There are four Practices now who fall into Requires Improvement or Inadequate.</p> <p>There are currently two practices rated Inadequate and in Special Measures. At the time of writing both of these practices had been re-inspected with revised ratings awaited with the publication of reports from these visits. These surgeries received intensive support from a team of CCG GPs, Nurses and Managers following their previous CQC visit.</p> <p>The primary care team is working to enhance the level of follow-up support provided to practices rated as Requires Improvement as well as to further develop previous work to share good practice and top tips for CQC compliance.</p> <p>At the time of the last report three practices had been rated as Requires Improvement, but have been reinspected and re-rated as Good. One practice was rated as Inadequate; however following re-inspection rated as Requires Improvement. Other reports published in this quarter show one practice being reinspected and remaining as Good, another being reinspected and remaining as Requires Improvement and two remaining as Inadequate.</p> <p>The CQC had recently published details of its new inspection regime for general practice which should involve less frequent visits to practices rated as Good and a greater element of remote assessment. The CCGs' primary care and quality teams meet with the CQC quarterly to discuss local intelligence, forthcoming visits and the outcomes of completed visits where these have not resulted in enforcement action (where this is the case the CCG would be informed at the time).</p> <p>Summary for follow-up: Further define support offer for Requires Improvement practices and review and update guidance sheet on preparing for CQC visits</p>							

7. Patient Experience

Theme	Indicator	Data frequency	National Ave	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG	
Patient Experience	Friends and Family Test response averages of practices with data	Monthly NEW DATA	90%	Nov-17	129	171	72	107	
	Friends and Family Test-Recommendations								
	Practices 90 - 100%				2	4	3	3	
	Practices 80 - 89%				0	2	3	2	
	Practices 0 - 79%				0	1	3	2	
	Easy to get through to surgery (National Patient Survey)	Semi-annual	70%	Jul-17					
	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	7/10	
	Able to get appointment (National Patient Survey)		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
	Overall experience of making an appointment (National Patient Survey)		73%						
	Practices 90 - 100%					1/10	2/10	0/18	4/13
	Practices 80 - 89%					5/10	1/10	1/18	3/13
	Practices 0 - 79%					4/10	7/10	17/18	6/13
	Overall experience of the surgery (National Patient Survey)	85%							
	Practices 90 - 100%			6/10	6/10	1/18	6/13		
	Practices 80 - 89%			2/10	2/10	9/18	6/13		
Practices 0 - 79%	2/10			2/10	8/18	1/13			

	Practice reported complaints	Annual	N/A	N/A	To be included next quarter			
	Complaints to NHSE	Collected Monthly, reported Quarterly	N/A	Jan - Mar 17	1	2	9	10
Patient Experience	<p>FFT - Responses to the Friends and Family test are very low in Berkshire West as compared to nationally and there are many gaps. There is no data for 8 Practices in Newbury & District, 3 in North & West Reading, 7 in South Reading and 6 in Wokingham. The primary care team will work with practices during 2018 to learn from other areas with a view to increasing response rates and reported satisfaction.</p> <p>NPS - A full analysis of the July 2017 results was undertaken in December 2017.</p> <p>Complaints to NHSE - It is unclear which practice the two NWR complaints relate to, this will be followed up. Of the nine complaints received in SR, two practices had two, others had only one. In Wokingham the complaints related to three practices receiving five, three and two respectively although these are also larger practices. Any learning will be identified once the complaints have been concluded. This information will also be triangulated with data from practices' annual complaints return once this becomes available.</p> <p>Summary for follow-up: Develop and implement plan to improve FFT uptake and address gaps. Triangulate NHSE complaints data with practice returns to identify any themes/learning.</p>							

8. Patient Safety

Theme	Incidents	Measure	Data frequency	Target	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG	
Patient Safety	Number of incidents in Primary Care	Number of incidents	Quarterly NEW DATA	N/A	Q2	11	7	5	4	
	<p>There has been a reduction in reported incidents for Q3 (down from 50 to 27). Most incidents still relate to medications. In Newbury incident reports were received from 4 practices in Q3, in NWR this figure was 3 practices, in SR this figure was 3 practices and in Wokingham 3 practices. There remain a number of Practices who have not reported incidents to date (1 in Newbury, 4 in North & West Reading, 9 in South Reading and 8 in Wokingham). This process is being discussed with practices at all visits and APMS reviews and the number of practices reporting incidents as well as the range of issues reported is anticipated for the next quarter. Incident reporting remains part of the Prescribing Quality Scheme with Practices required to report 4 incidents in year, 10 practices had achieved this target by Q3. Consideration will also be given to setting up a zero return so it is clear which practices are aware of the process.</p>									
	Infection control									
	Compliance	Measured against range of indicators, overall >85% Green, 76-85% Amber, <75% Red	Quarterly	N/A	To Oct-17	1	1	2	1	
						1	2	2	0	
						0	1	0	0	
	<p>The CCG's Infection Control Nurse undertakes audits with practices and works with them to follow-up actions identified. In NWR, one practice has been rated as Red, two have been rated as Amber and one was rated as Green. The practice rated red has taken follow-up action to address the issues identified. In Newbury, one practice has been rated as Amber and one practice has been rated as Green, achieving near 100% compliance. Only one practice has been visited in Wokingham and was rated as Green with 100% compliance. In South Reading, two practices were rated as Green and two practices as Amber. These results are the aggregate of visits to all sites run by each practice.</p>									
	Safeguarding - Children & Adults									
	Number of Audits Completed	Completed	Bi-Annual				10/10	10/10	17/18	13/13
	CCG Area	Green rated overall compliant %	Amber rated overall compliance %		Red rated overall compliance %					
NWR	69%	18%		13%						
N&D	87%	6%		7%						
SR	78%	8%		14%						
WOK	88%	9%		3%						

All but one practice participated in a safeguarding audit carried out by the CCG's Quality Team in December 2016. Participaton was much higher than in 2015. It is the intention to carry out the audit at 2-year intervals in future. A total of 40 questions are on the self-audit and the table above shows a breakdown of the ratings.

NWR - The audit demonstrates that NWR practices have improved compliance and one surgery has already actioned some areas. The majority of responses provided narrative commentary to support compliance and one surgery had a significant number of red ratings which will be addressed.

N&D - The audit demonstrates that N&D have maintained a strong overall compliance of 87%. The majority of responses provided narrative commentary to support compliance.

SR - The audit demonstrates that South Reading have maintained a strong overall compliance. The majority of responses provided narrative commentary to support compliance. It is important to note that one surgery did not submit a return and another surgery rated all as red within insufficient narrative to allow the auditor to amend. This maybe an error on the surgery part and clearly affects the data in the table because two surgeries were recorded with red ratings on all areas. This would indicate that the remaining surgeries that submitted had a good overall compliance with a small amount of red indicators. The report narrative reflects this position but the action plan will address the non- compliance from these two surgeries.

WOK - The audit demonstrates that N&D have maintained a strong overall compliance of 87%. The majority of responses provided narrative commentary to support compliance.

An action plan has been put in place following the audit and is currently on track. This has included sharing helpful hints and follow-up visits to practices of which the majority are complete and have resulted in improved compliance. Themed work is also being undertaken on allegations management, making safeguarding personal and sharing of child protection reports. A further update report is being produced and will come to the Quality Committee and PCCC. It is also intended to start providing regular reports on child protection conference attendance and reporting.

Summary for follow-up:

**Continue to work with Quality Team to support follow-up on these areas and include information in overall assessment of individual practice performance. Consider zero return for incident reporting.
Incorporate reporting on participation in child protection conferences when possible.**

9. Quality Premium Performance and other IQPR

(extracted from M09 December IQPR)

Indicator	Data frequency	Target	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG
Overall experience of making a GP appointment	Annual	3% improvement on July 2017 or achieve 85%	Jul-17	74.0%	74.0%	70.0%	75.0%
Cancers diagnosed at early stage	Annual NEW DATA	4% improvement on 2016-17 or achieve 60%	Rolling 12 months up to Q3 2016-17	52.7%	52.6%	55.5%	54.7%
			2015	54.5%	54.9%	53.1%	56.4%
			2014	47.3%	49.3%	55.0%	55.0%
<p>All CCGs have seen a reduction in performance on the overall experience of making a GP appointment between the 2016 and 2017 results. In 2016, 78.4% of patients in Newbury, 74.6% of patients in NWR, 71.4% of patients in SR and 77.9% of patients in Wokingham reported their overall experience of making an appointment as Good or Very Good. Practice-level performance is considered under patient satisfaction.</p> <p>For cancer diagnoses the YTD performance has dropped for all CCGs except South Reading CCG.</p>							
Reducing gram negative bloodstream infections	Monthly NEW DATA	10% reduction (or greater) in all E coli BSI based on 2016 data	YTD Actual	55	66	50	64
			YTD Target	23	36	36	48
Collection and reporting of a core primary dataset for e-coli BSI	Quarterly	Reporting on all E coli BSI from Q2 onwards using PHE DCS reporting system	Q1 2017-18	Data not available	Data not available	Data not available	Data not available
<p>All four CCGs are above the targets for E.coli bacteraemia. N&D CCG has exceeded its annual target. The objectives for the E.coli bacteraemias have been set on 2016 data. The predominant source of infection seems to be Urinary Tract in the patients. The only learning-to-date is that suspected recurrent UTIs need to have urine cultures sent to aid prescribing and for prescribers to ensure that antibiotic course durations are in line with prescribing guidelines.</p>							
Reduction in the prescribing of Trimethoprim	Monthly NEW DATA	10% reduction (or greater) in Trimethoprim: Nitrofurantoin prescribing ratio based on June 15-May 16 data	Nov-17	0.508	0.504	0.504	0.712
			YTD Target	<=1.017	<=0.889	<=1.271	<=0.996
Reduction in the prescribing of Trimethoprim items by each CCG to patients aged 70 years and overs	Monthly NEW DATA	10% reduction (or greater) in Trimethoprim items prescribed to patients aged 70 year and over based on June 15-May 16 data	Actual (12 months to Nov - 17)	1,440	1,364	874	2,460
			Target	<=2284	<=1821	<=1316	<=3108
Sustained reduction of inappropriate	Monthly	Items/STAR-PU must be equal to or below England 2013-14 mean	Nov-17	0.819	0.917	0.904	0.897

National quality premium measures

	prescribing in primary care	NEW DATA	2017-18 mean performance value of 1.161 items per STAR-PU	YTD Target	<=1.161	<=1.161	<=1.161	<=1.169	
	All four CCGs continue to achieve the inappropriate antibiotic prescribing targets for 2017-18. The Medicines Optimisation Team works to explore and address any areas of practice variation.								
CCG chosen Quality Premium measures	The percentage of patients on the CKD register with hypertension and proteinuria who are treated with ACE-I or ARB (NWR target)	Quarterly NEW DATA	Indicator - improve quality of care of patients on CKD registers by increasing the number treated with an ACE-1 or ARB	Q2	N/A	131	N/A	N/A	
				Target					157
	The Q2 numbers are provisional as the data submitted by one practice is being audited for accuracy. We are also awaiting one practice submission.								
	The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register (Newbury and Wokingham target)	Quarterly	Indicator - % of newly diagnosed patients attending structured education Target - 5.9% to 15% by March 2019	Q1	Data not available	N/A	N/A	Data not available	
				Target					
Data for this indicator is not yet available.									
Number of patients with a diagnosis of Hypertensive Disease (South Reading target)	Quarterly NEW DATA			Q3	N/A	N/A	12,826	N/A	
				Target			14,288		
SR CCG is currently not achieving the QP target. The estimated number of undiagnosed hypertensives has decreased from Q2 (13,683).									
Other IQPR	Dementia diagnosis rate	Monthly NEW DATA	67%	Dec-17	61.8%	64.7%	65.2%	66.1%	
	<p>The new denominator methodology of calculating dementia diagnosis rates, introduced from April 2017 rebased the % achievement and has had a negative impact for all CCGs in Berkshire West, in particular Newbury and District CCG. December performance for Dementia has dropped for all CCGs except NWR CCG as compared to the previous month. The Dementia lead continues to work closely with practices in Newbury, working together with West Berkshire Council. Support is being provided to the other CCG's in improving diagnosis rates and there is good engagement.</p> <p>The Steering Group for Dementia is working together and should result in increasing the diagnosis rates. We aim to continue promoting the importance of diagnosis and the benefits to both surgeries and the public. The work currently involves using Posters and leaflets to educate the Public. GP Surgeries have been given Top 10 TIPS on Patient diagnosis; linking in with Health Checks. Dementia Lead is currently preparing an information pack for surgeries and encouraging in house training of staff and keeping them informed of Dementia Education – National and locally.</p> <p>Practices are being encouraged to become Dementia Friendly and have invited a local GP who is involved in the current Dementia Friendly pilot to discuss their progress to date at the CCG Council Meetings.</p>								
<p>Summary for follow-up: Obtain breakdown of practice-level performance for cancer diagnoses, dementia and prescribing indicators to inform overall assessment of individual practice performance. Identify any action to be taken with SR to support improvement of performance against local QP indicator.</p>									

10. Contractual reporting

(Note annual complaints return is covered under Patient Experience)

Theme	Indicator	Measure	Data frequency	Target	Period	N&D CCG	NWR CCG	SR CCG	WOK CCG	
Contractual reporting requirements	E-Declaration submission	Overall rating based on data submitted	Annual	Overall score of 3 or 4 is Green, 1 or 2 is Red	2016-17	9	7	13	12	
						0	1	3	0	
	There is no data for one practice in Newbury or one practice in Wokingham. There is also no data one practice in South Reading although this practice has now merged. One practice (NWR) and another three (SR) were rated 1. The deadline for this year's submission was 30th November 2017 and the CCG is assured that there were submissions from all Practices. A full analysis of the information will be provided when available.									
	National Diabetes Audit	Participation by all practices. Results to be added in future.	Annual	Participate	2015-16	100%	100%	78.9%	100%	
	GMS and PMS practices are now contractually required to participate in the National Diabetes Audit, data for which is now automatically extracted. The above data is prior to these arrangements but at that time all practices except four (all SR) participated. Analysis of results and actions to improve performance are monitored by long-term conditions leads; in future summary measures of performance will be incorporated into this report.									
	Extended Hours collection	Days on which routine appts available	Six-monthly	Available Mon-Fri and Sat and Sun. Full provision Green, Partial Amber, None Red.	Sep-17	0	0	0	0	
						10	9	14	13	
							1			
	Data is missing for two South Reading practices. All other practices show partial compliance based on current Enhanced Access CES and DES arrangements. The CCGs are working with practices and GP Alliances to expand existing arrangements into collaborative provision offering patients access to routine and on-the-day appointments across the extended week.									
	APMS KPI performance	Current KPI performance for APMS contracts is as follows (latest finalised quarter): Practice 1 (NWR): 15.48% out of possible 20% Practice 2 (NWR): 17.86% out of possible 20% Practice 3 (SR): 5.05% out of a possible 10% Practice 4 (SR): 17.96% out of possible 20% (final year 1 position) Action plans are in place in respect of indicators rated Band B or C.								
Other collections to be added to report	GP workforce census - participation is now a contractual requirement and data will be collected digitally.									
	Frailty collection - will capture data on new requirements to assess frailty. Will pick up data on numbers of patients assessed as having various levels of frailty, whether have had a recent fall, whether have been offered flu immunisation and medication review as well as information on the contractual requirement to allocate patients a named GP and inform them who this is.									
	Access - Data is awaited from a one-off collection of the 3rd available appointment undertaken by NHSDigital on behalf of NHSE in October 2017. This will be repeated in March 2018, however is intended to be superseded by collection of data from the GP Workload Tool which is currently being rolled out to practices. The first national data collection was scheduled for 10th September 2017. There is no date yet fixed as to the availability of the Workload tool.									

	Local data to be added	Enhanced Services Coverage - information to be added showing level of provision of relevant enhanced services by practices and details of where practices have made arrangements for services to be provided collaboratively through GP Alliances.
		Prescribing Quality Scheme - this data is already included on the underlying dashboard but needs to be RAG rated and included here.
Summary for follow-up: Ongoing follow-up of APMS contracts and agreement of actions around KPIs rated Band B and C. Full analysis of e-declaration data and gaps in compliance. Expand section to cover new data collections linked with 2017-18 GMS contract settlement and access. Add in information on enhanced services coverage and the Prescribing Quality Scheme.		

11. Practice Information

Indicator	Period	Berkshire West	N&D CCG	NWR CCG	SR CCG	WOK CCG
Practice list size	Dec 2017	542605	119,215	110,841	148,116	164,433
Practice list size	Sept 2017	538,619	118,988	110,795	144,752	164,084
Practice list size	July 2017	537,252	118,735	110,790	144,383	163,344
Practice list size	April 2017	535,842	118,530	110,893	143,900	162,519
Practice list size	January 2017	534,786	118,426	110,839	143,573	161,948
Number of List Closures	During Q3 there was one list closure from 13.11.2017 at a practice in South Reading.					
<p>Growth to practice list sizes continues; over the last year raw list sizes have increased by 1.46%. Growth is highest in South Reading at 3.16% and lowest in Newbury at 0%. The impact of this and projected housing growth on workforce and estates is being considered within the emerging Estates Strategy. Figures quoted are actual (raw) list sizes. When weighting for age, sex, deprivation, rurality, etc are taken into consideration (Carr-Hill formula), Berkshire West CCGs are net losers of NHS funding.</p>						