

# Gloucestershire Primary and Community Care Audit Group

Minutes of meeting: 12 February 2004  
Oxstalls Tennis Centre: Plock Court, Gloucester

**Present:** David Adams  
Ian Brough Williams (for Sarah Riordan-Jones)  
Dr Charles Buckley  
Lesley Cottle (for Sue Moos)  
Dr Martin Gibbs  
Dr Adrian Hunnisett  
Sarah Hughes  
Dr John Moss  
Angela Perrett  
Michelle Poole  
Dr Jonathan Bayly (chair)  
Rosemary Clifford

**Apologies:** Peter Merson  
Maria Metherall  
Sian Weygood

## 1/2004 MINUTES OF THE LAST MEETING

These were accepted as an accurate record.

## 2/2004 MATTERS ARISING

### **PCCAG membership: recruitment of service user**

Much of the process was in place. Cheltenham & Tewkesbury PCT now have a policy in place for the reimbursement of expenses for PPI.

Rosemary Clifford was to see Helen Minton, Head PALS service, the following week to discuss this further. Advertisements would be placed in the press and circulated to existing PCT PPI groups to expert patients and to Patients Forums. Rosemary Clifford suggested that Peter Merson might be approached to assist with the selection.

**Action: Rosemary Clifford to ask Peter Merson**

## 3/2004 Current countywide audit projects

### 3/2004/1 Stroke

Jonathan Bayly updated members on progress on this project. The PCCAG are actively pursuing:

- An audit on secondary prevention

A MIQUEST enquiry has been written by Sarah Riordan-Jones to reflect the criteria agreed by the stroke sub-group of the Older Peoples' Modernisation programme.

These criteria map to the guidance from the RCP and provide a more comprehensive review of stroke care than that recommended under the new contract or by the NSF. The software is currently being piloted with a view to roll out in the third quarter of the year.

- **Stroke Care Survey**

An application has been made to the LREC. Funding is being sought. Social Services have contributed £5k from the Carer's Grant. We have recruited sufficient primary health care teams to work with us to access a sufficient number of carers.

### **3/2004/2 Heart Failure**

Jonathan Bayly updated the meeting on the recent developments on this service. The service was hopeful that a recent bid to the BHF was likely to be successful and if it was there should be a great impact on admissions/bed occupancy by improving the management of discharges back into the community. Work on auditing this service from the primary care perspective had been delayed due to the need to focus on setting up the service.

A set of Read Codes had been agreed. A baseline assessment was required. A database to capture activity and record care given was being adapted from one created for dermatology.

John Moss suggested that the data required from primary care (on echocardiography, use of ACE inhibitors) may be available via the Quality and Outcomes Framework. PCCAG to check details.

Jonathan Bayly had raised with the Heart Failure service the issue of funding for audit support. It would also be important to access patient views on the new service. Sarah Hughes suggested that work undertaken by Liz Tregging on patient diaries might be relevant.

**Action: PCCAG**

### **3/2004/3 Child Protection**

Rosemary Clifford reported that the audit on record keeping was taking longer than expected. Data collection was still underway.

### **3/2004/4 Pharmacy**

In Evelyne Beech's absence, Rosemary Clifford reported that Julie Hale's proposal for an audit on dispensing errors was on hold until she had completed a clinical governance resource pack.

### **3/2004/5 Optometry**

David Adams said that the Clinical Governance baseline assessment had finally been sent out the previous week. Julie Hales would collate the information to inform strategic planning. David said that once the baseline assessment had been completed he would look to take forward a project on direct cataract referrals – the

first clinical audit project for optometry. Rosemary Clifford said it would be useful to have a GP to work on this with the optometrists and, hopefully with the ophthalmologists from the Hospitals Trust. Ian Lake's name was mentioned.

David Adams was anticipating working with Peter Scanlon to increase the number of diabetes patients offered retinal screening on a regular basis. John Moss suggested that Graham Wilson could add a primary care perspective.

PCT PPI/expert patient groups might be the route to identify a service user to work with optometrists to ensure their concerns were taken on board.

**Action: LOC to pursue**

#### **4/2004 Learning from CHI Clinical Governance reviews**

A report by Stephen Ashmore of Leicestershire PCAG of a review of 44 PCT CHI clinical governance reviews had been previously circulated. The report had focussed on clinical audit. Rosemary Clifford took members through a presentation of the key points from the report. Leicestershire PCAG is to publish an updated version.

Rosemary Clifford drew members' attention to the main findings of the report. Eleven key areas of good practice had been identified. A checklist had been provided for PCTs to gauge their development of and engagement in clinical audit, in these eleven areas. Members agreed to work with their own organisations/services to assess their current position and to return to the next meeting in June ready to prioritise areas for development.

**Action: ALL**

The report was critical of the CHI review process and had suggested areas for CHI to consider.

#### **5/2004 Analysis of GMS Quality and Outcomes data**

Jonathan Bayly updated the meeting on a discussion he had had with the LMC at their November meeting on the use of data flowing from the new GP contract Quality and Outcomes framework.

He felt the framework saw the coming together of a number of congruent agendas around quality, clinical audit and information for effective health care planning. As PCCAG clinical lead he had suggested to the LMC that PCCAG might have a role as "honest broker" in the flow of information from practices to PCTs. He illustrated this with the use of a flow diagram (attached). The LMC was supportive of this role for PCCAG and for PCCAG to carry on with its current approach, promoting electronic collection of data.

PCCAG was of the view that:

- Data needed to be interpreted
- There is more to quality than GMS2
- Without data analyst funding, it has to be seen as non-core work.

Members were agreed that PCCAG had no role in contract monitoring. There was some debate over the functionality and delivery of the QMASS tool being developed by the NHSIA to determine contract remuneration. Without more detailed knowledge it was difficult to know how much further data analysis PCTs would find necessary – and hence whether PCCAG would have a role.

Charles Buckley indicated that many important areas were not included in the contract eg. primary prevention of CHD. PCCAG could usefully include such areas in an audit programme. Jonathan Bayly said that PCCAG could also develop its work within community services and look at the quality of care for patients with chronic disease.

## **6/2004 PCCAG/PRIMIS integration**

Jonathan Bayly reported on an away half day earlier that week when PCCAG audit advisors and the PRIMIS team met to think how they might most effectively work together and to develop a shared vision against the changing backdrop of GMS2 and NPfIT.

There had been an agreement to work towards:-

- One oversight committee, providing agreement of LIS board & PCT IM&T leads.
- One strategy and SLA.
- Merging of staff roles where feasible
- Data quality action plans for practices
- Providing training for staff

Further work was required on the management structure and accountability framework, on recruitment to the team, on details of working arrangements.

Members endorsed the idea of a unified oversight committee and a combined strategy and SLA.

Jonathan Bayly suggested the new team might be known as the Primary and Community Care Audit and Informatics Group. He suggested the following vision statement:

“To assist teams, organisations, HCPs and those who support them develop maintain and use systems of reflective practice that underpin improved patient care and clinical governance through the effective use of high quality data, information systems and clinical audit.”

Charles Buckley questioned the need for the extra “I” suggesting that good data quality was an integral part of audit. He asked Ian Brough-Williams how PRIMIS would feel about the retention of the current name. Ian said he did not have strong feelings on the matter.

## **7/2004 Reporting of completed audit projects**

### **7/2004/1 Countywide: Diabetes**

Rosemary Clifford reminded members of their interest in hearing of the findings of countywide audit projects. Summaries of the recent countywide audit, together with the patient survey results had been circulated and had also been discussed at the study day and at other fora.

She reviewed the two projects, suggesting the audit had suffered from a lack of read coded data to extract in certain areas of diabetes care. However the results would have motivated practices to address these deficits prior to the introduction of the Q & O framework. The patient survey had attracted a very good response with the findings supporting the findings of the audit project and enabling PCTs to have clarity around areas of weak provision.

Rosemary Clifford asked PCTs for an update on their response to the audit findings. Duncan Thomas, on behalf of West Glos PCT, reported that:

“On the strength of the audit and it's findings we felt that it was imperative to instigate a WG PCT Diabetes Group which had its inaugural meeting in October 2003 and will meet on a 2/3 monthly basis.

This was the main action that arose from the audit as we accepted that it demonstrated a quantifiable difference in both the provision of diabetes services and the perception of those services, borne of patient experience. The audit also provided me with the substance for a PEC paper which outlined the requirement for the setting up of the WG Diabetes Group and the rationale for doing so. We are now in the process of looking at how we might develop services and capacity in primary care and how future models of care will best serve the needs of diabetic patients in our community. As with the rest of the Gloucestershire healthcare community, we live in hope of a favourable outcome for some money in 04/05 to facilitate some of the developments in this area. We are hopeful of securing funding for a Diabetes Specialist Nurse to work in the community and wildly optimistic of the opportunity to positively impact on the podiatry and dietetics situation in the West!”

Graham Wilson on behalf of Cheltenham and Tewkesbury PCT had outlined progress against the 12 standards in the NSF (see attached document).

Charles Buckley on behalf on behalf of Cotswold and Vale PCT, reported that he had presented the results to the PCT with the Diabetic Specialist Nurse from Cheltenham General Hospital and a service user. C&V PCT had set up a local group and formulated a strategy. A pharmaceutical company had agreed to sponsor a diabetes text book, with copies of a patient pathway and clinical guidelines for GPs and practice and district nurses in all practices.

In Stroud and Berkeley Vale locality, primary care development money from prescribing savings, would fund a community nurse specialist post. Outpatient clinics would be held in Stroud Hospital from July onwards. The North and South Cotswolds had historically been better served. Cirencester Hospital already hosted outpatient clinics.

Jonathan Bayly reported that interest had been expressed in a re-audit. There was general agreement that there would be greater benefit if there was a longer interval between the two data collections.

## **7/2004/2 DMARD Monitoring**

Rosemary Clifford referred to the previously circulated results of this survey of the county's practices.

She said the results had not been circulated yet to primary care. Unified guidance on the frequency of monitoring was awaiting from the Hospitals Trust. John Moss indicated that the new GMS contract lays down a model service outline for use when PCTs commission an enhanced service. The development of a more detailed local model was the next step. PCTs would expect to monitor such contracts and might well expect an annual audit from commissioned practices.

PCCAG would be circulating an audit protocol for EMIS practices, with the results of the survey and the new guidelines.

## **7/2004/3 PCT based projects**

Rosemary Clifford referred to an outline of some recently completed projects which had been circulated with the agenda.

Jonathan Bayly took the opportunity to update members about discussions with GUIDE over the development of an on-line, searchable database. GUIDE had indicated this request went beyond their remit of the provision of information for patients. They had the technical expertise but would have to make a charge of about £1k. PCCAG were unsure whether sufficient funds were available to take this forward at the moment.

## **8/2004 Future programme**

Rosemary Clifford indicated that PCCAG was looking to move to a more formalised process to agree topics for countywide work. Members thought it would help to have a clear timetable for when suggestions should be made to PCTs who could then take them to PC3G2.

Charles Buckley suggested NSFs provide a useful focus for countywide work, aiding implementation and highlighting the clinical area. He mentioned the renal NSF as the most recently published.

## **9/2004 Authorisation of PCT-based projects**

Rosemary Clifford referred to the flowchart PCCAG had developed with PCTs to help health care professionals know how to access advice and support from PCCAG and authorisation from the PCT. She asked members to ensure their constituency were aware of the process.

## **10/2004 Reporting audit activity**

Rosemary Clifford proposed that PCCAG would not ask Heads of Service or independent contractors to report recent non-PCCAG supported audit activity for this year's annual report but rather seek to work towards the creation of a system

whereby staff log details of their work onto a webpage, which could then be imported into the previously mentioned database.

Staff could be encouraged to enter this information via Clinical Governance newsletters and other channels by reminding them of the benefits of sharing good practice.

### **11/2004 Clinical Effectiveness half-day**

PC3G2 had proposed running a half-day on knowledge management (KM). Jonathan Bayly reported that this brainstorming/discussion event would take place on Friday 19 March and he asked members to register their interest.

Jonathan Bayly had understood that there was some interest in identifying a pilot site for new KM systems and wondered if Gloucestershire could become one of these sites. The South West WDC had offered management support. He also mentioned a day taking place on Clinical Effectiveness in Taunton on 12 March. He circulated details.

### **12/2004 Financial Update**

Rosemary Clifford circulated a paper with details of PCCAG's expenditure in the first nine months of the year. The loss of PCT financial systems in January over a two week period had caused reporting problems. PCCAG envisaged ending the year within budget.

### **13/2004 Date of next meeting**

The next meeting was due to take place on Thursday 17 June 2004 at 1300 hours. Venue to be confirmed.

Rosemary Clifford  
25 February 2004

