

# Gloucestershire Primary and Community Care Audit Group

Minutes of meeting: 16 October 2003  
Oxstalls Tennis Centre: Plock Court, Gloucester

**Present:** Evelyne Beech  
Dr Charles Buckley  
Angela Perrett  
Sarah Gerald  
Dr Martin Gibbs  
Sarah Hughes  
Maria Metherall  
Dr John Moss  
Sally Naish  
Michelle Poole  
Craig Robinson  
Sian Waygood  
Dr Jonathan Bayly (chair)  
Rosemary Clifford

**Apologies:** Gordon Benson  
Liz Dawes  
Dr Adrian Hunnisett  
Peter Merson  
Sue Moos  
Sarah Riordan-Jones

## **16/2003 MINUTES OF THE LAST MEETING**

These were accepted as an accurate record.

## **17/2003 MATTERS ARISING**

### **Reimbursement of members**

Rosemary Clifford reported that revised rates for independent contractors' attendance at meetings had been received.

### **PCCAG membership: service user**

Progress had been made with the recruitment of someone to represent the views of service users. West Gloucestershire PCT (who have the responsibility to nominate an individual) had suggested recruitment by open advertisement. Much of the process was in place. Two areas were outstanding; a policy for the reimbursement of expenses incurred and indemnity cover. John Moss agreed to pursue Cheltenham & Tewkesbury PCT's progress on the former. He also suggested that an individual might be identified via the Expert Patient Programme.

**Action: John Moss**

## **Input from the Partnership Trust**

Jonathan Bayly recognised that the Partnership Trust were not represented at the meeting and that they had not circulated a list of their audit activity. Rosemary Clifford indicated that Gordon Benson had tendered his apologies for the meeting and had indicated that the Trust will be represented in the future by Nicola Harvey, the newly appointed audit manager.

## **PC3G2**

Jonathan Bayly reported that the Primary & Community Care Clinical Governance Group had met three times between April and October and was a useful forum for sharing the development of clinical governance in the county. The PCCAG provides committee support with Jonathan Bayly as chair.

## **Work with independent contractors**

**Pharmacy.** Rosemary Clifford reported that work was underway with Julie Hales and Evelyne Beech.

**Optometry.** Jonathan Bayly reported that there had been early discussions on a project around direct referral for cataract operations with the LOC. We were currently awaiting a date to progress ideas.

**Dentistry.** Charles Buckley and Amanda Fisk (C&V PCT) were due to meet Martin Brace and David Rockey in the near future. Sally Naish reported that dentists are required to undertake 15 hours of clinical audit in three years – and were reimbursed for their time. She spoke from her knowledge of what was happening in Wales, where 900 audit projects had been reported. She suggested that funding arrangements are to change, with all money being directed via PCTs in the future.

## **PCCAG Service Level Agreement**

Jonathan Bayly reported that this was at the stage of being signed off by PCTs. The document was on its way to Cotswold and Vale PCT. Information on monitoring of the SLA was contained in the audit strategy which was to be discussed later in the meeting.

## **18/2003 PCCAG/PRIMIS INTEGRATION**

Jonathan Bayly updated the meeting on the thinking and progress so far. There had been support from key stakeholders for closer working and co-location. He felt integration would help address three key strands:

- NSF performance management and GMS contract monitoring
- Furthering of the audit agenda in primary care, emphasising the need for clinical audit to be clinician – rather than management-led
- Information to inform health care planning

He reported that the LMC had concerns about releasing clinical information to PCTs. Jonathan Bayly had had a telephone conversation with LMC secretary, John Peniket, and hoped to attend their next meeting. There was still some lack of clarity over how claims for payment under the new contract were to be monitored and the level of trust to be adopted.

Jonathan Bayly suggested that PCCAG could act as a trusted intermediary in the process, passing on analysed information to PCTs. He reported that PCCAG had proposed an additional post of data analyst to provide some clinical interpretation of the results and to feed them back to practices in the county as a trusted partner. PCCAG would continue to co-ordinate countywide audits – using electronic data – regardless of the outcome of this proposal. The addition of fields, such as postcode, could inform planning and commissioning.

John Moss had doubts about this arrangement as practices would have a contract with the PCO which would include a clause on release of information. He said C&T PCT practices regularly share “named” results at their Clinical Forum; release of information to the PCTs was not an issue for their PCT. He said it had taken time to develop sufficient trust.

Martin Gibbs offered a different view, when he said that not all GPs were happy to share data and a sense of mistrust was evident. John Moss recognised that there was a need for data to be handled carefully and that there was a need to establish some principles on which data was offered up.

Jonathan Bayly said he would continue to act as an intermediary with the LMC and try to pour “oil on troubled waters”.

Rosemary Clifford said that Sarah Riordan-Jones had been unable to make the meeting but would welcome comments on her paper on options for clinical system training in the next four weeks.

**Action: ALL**

John Moss suggested some rephrasing on the accountability framework document reflecting C & T PCT’s move to link corporate and clinical risks.

**Action: PCCAG**

Rosemary Clifford invited comments on any aspect of the integration of the teams, or on the proposed enhancements to the current service, in the next four weeks.

**Action: ALL**

## **19/2003 ISSUES ARISING FROM PCCAG AWAY DAY**

Jonathan Bayly asked for comments on his paper on the issues that had arisen during the PCCAG Away Day in July. Comments were focussed around two of the key points.

There was interest in the development of a web-based **database of audit activity** to capture all projects, not just those involving PCCAG. Jonathan Bayly said PCCAG would not be able to take this forward in the immediate future due to pressure of

other work. Meanwhile it was suggested that PCCAG asks clinicians to report any audit work underway.

**Action: PCCAG**

John Moss suggested that PCCAG did not intervene in the discussions on **community IT provision**. He said that PCTs do not agree on the best solution and have to consider the ability of potential systems to link with Social Services and Community Hospital databases.

The meeting agreed that Jonathan Bayly should forward the list of key issues to PCTs. He asked whether members felt a similar event would be useful next summer and received a positive response.

## **20/2003 AUDIT STRATEGY**

Jonathan asked for comments on the strategy, suggesting that PCTs were welcome to amend it for their own use. Sarah Hughes welcomed it as a valuable document. No other comments were offered.

Jonathan Bayly reported back on the seminar organised by AGW SHA on preparing for CHI. Two out of three PCOs had been criticised for having no audit strategy or for omitting to map audit to their clinical governance agenda. Paul Stanton (Modernisation Agency) had indicated that many organisations had relied too much on "habitual practice" in two areas of clinical governance: audit and risk management. He indicated the DoH was developing a new audit strategy. Sarah Hughes said her PCT had found it a helpful seminar. She had been surprised at the low level of engagement by, and leadership from, the BDA, the Royal Colleges, etc in clinical governance.

## **21/2003 REPORTING OF AUDIT PROJECTS TO THE COMMITTEE**

Rosemary Clifford was interested to hear from the committee on their need for information on completed audit projects. She had circulated a summary, in tabulated form, of a number of recent projects – as well as one page overviews of the projects.

Most found the table useful and suggested that it would be valuable to circulate it to clinical governance committees and to mount it on the website. Information on changes which were anticipated/had occurred would be helpful.

**Action: PCCAG**

## **22/2003 COUNTYWIDE AUDIT PROJECTS: UPDATE**

**Diabetes:** Jonathan Bayly reported there was much work underway to prepare for the study day on 6 November. He said there were outstanding issues on data quality, which means there is a need for careful interpretation of the findings. The audit has a great opportunity to promote a real change in how care is documented.

**Stroke:** This project is in two parts:

- a) Carer's survey: awaiting application to the Ethics committee, following the development of a questionnaire first used elsewhere in the West Country.

- b) Audit of Secondary Prevention: The criteria are to reflect guidance from the RCP. The MIQUEST searches are to be written by Sarah Riordan-Jones and Robin Hollands will develop the analysis tool. It will be a separate enquiry, not part of the GMS contract tool.

Following this work, plan is to hold an educational event in each PCT on Stroke care. John Mbss mentioned the use of drama to draw out some of problems faced by carers of stroke victims at a PCT TARGET session the previous day.

**Heart Failure:** The new community echo service was poised to begin. Pressure of work around start up of the service has meant that work on a tool to evaluate patient experience has yet to get off the ground.

A set of Read codes had been agreed with the PRIMIS team which would form the key data set around which an audit on the management of heart failure would be developed.

**DMARDS:** A draft report on the recent survey was to be discussed at a meeting of PCT representatives and Dr John Woodland at the beginning of November.

**Child Protection:** A record keeping audit has been proposed following the Laming report.

### **23/2003 FINANCIAL UPDATE**

This was tabled. Jonathan Bayly noted that spending this year was within budget.

### **24/2003 ANY OTHER BUSINESS**

Members were not sure that all clinicians were aware of the make up of the PCCAG committee. It was suggested that the next issue of the PCCAG newsletter includes a list.

**Action: PCCAG**

Maria Metherall reported that Lydney Hospital was involved with the Emergency Service Collaborative, with the Hospitals Trust. It was proving to be a useful experience.

**25/2003** The following dates for next year's meetings were agreed:

Thursday 12 February	:	1300-1500	Oxstalls Tennis Centre
Thursday 17 June	:	1300-1500	to be confirmed
Thursday 14 October	:	1300-1500	to be confirmed