

Meeting date	5 th February 2013		
Report title	Commission Learning Sets summary January 2013		
Confidentiality	N/A		
Author	Dr Rachael Garner, Chair of Commissioning Leads Group		
Board Lead / Clinical Lead			
Date responsible Lead approved report for circulation	31 January 2013		
Presented by	Dr Rachael Garner	Organisation	WLCCG

The Governing Board is asked to:

- Note this report and its associated actions.

Summary of purpose and scope of report

JANUARY 2013 COMMISSIONING LEARNING SET (CLS) FEEDBACK- RIS AUDIOLOGY AUDIT

POINTS FROM CLS MEMBERSHIP (SOFT INTELLIGENCE)

CLS members were specifically asked for feedback on the 111 service in this section of the January CLS meetings.

North West:

CLCH community service - concerns were raised that patients were not being seen for the full allocated hour, that eye drops were not being administered, that it sometimes took 24 hours before patients got their antibiotics, which was attributed to the poor handover between carers. One practice said that carers do not bring urine samples into the surgeries.

Action:

JM to raise these concerns with the CLCH Contract Manager, Hannah Mills

111 service – the triaging provided by this service does not always refer patients to the GP, when in many cases this would be the most appropriate route. Sometimes patients are sent to A&E, when this is not necessary.

Action:

An audit of the 111 Service triaging service was needed

North Central:

Several practices reported that *111 reports* to practices contained an excessive amount of information about the triage questions asked of the patient which made finding the salient details unnecessarily time consuming.

Action:

To hand over to the Clinical Governance Lead for 111.

Several practices commented that they had been asked to undertake *MRSA screening* before elective procedures.

Action:

Anonymised patient details to be sent to CLS facilitator.

Summary of purpose and scope of report

South East:

A doctor from one practice who has a patient who has been under the care of a gynaecology consultant at for some time reported that the consultant had recently discharged the patient and *asked the GP for a new referral* to be made and had stated that this was in order to achieve the new to follow up ratio target.

Action:

To hand over to the appropriate CCG CQG member.

South West:

111 service – it was reported that patients have started to use this service if they have had difficulty getting through to the surgery. The website for 111 entailed a long tick box exercise which was felt to be unnecessary.

SUMMARY OF RESULTS FROM RIS AUDIOLOGY AUDIT

Was the patient examined?

	NW	NC	NE	SE	SW	Percentage
YES	92	79	67	68	69	69
NO	31	40	46	29	19	31
TOTAL	123	119	113	97	88	540

Was wax present?

	NW	NC	NE	SE	SW	Percentage
YES	16	11	11	17	11	13
NO	81	70	56	54	57	60
NOT APPLICABLE	26	23	46	36	20	28
TOTAL	123	104	113	107	88	535

Screening test performed?

	NW	NC	NE	SE	SW	Percentage
RHINNE/W EBER	12	4	23	26	11	14
NONE	68	85	69	66	67	66
NOT APPLICABLE	43	16	21	15	10	20
TOTAL	123	105	113	107	88	536

Discussion confirming patient intent to wear hearing aid at the point of GP referral?

	NW	NC	NE	SE	SW	Percentage
YES	37	40	42	49	30	37
NO	50	40	30	32	51	38
NOT	36	37	38	17	7	25

Summary of purpose and scope of report

APPLICABLE						
TOTAL	123	117	110	98	88	536

Were hearing aids fitted?

	NW	NC	NE	SE	SW	Percentage
YES	70	66	59	50	35	60
NO	47	27	47	28	36	40
TOTAL	117	93	106	78	71	465

In your opinion, could this referral have been avoided?

	NW	NC	NE	SE	SW	Percentage
YES	14	3	5	3	17	8
NO	107	108	94	99	63	92
TOTAL	121	111	99	102	80	513

Summary

In 69% of cases the patient had been examined before referral and in 60% of cases, there had not been wax in the ear on examination. In 66% of cases a hearing screening test had not been performed, but this (a hearing screening test) is not a recommendation of the British Association of Audiology referral criteria. In 38% of cases there had not been a documented discussion with the patient about their intention to wear a hearing aid if it was recommended to them. In 37% cases there had been a documented discussion with the patient in which it was confirmed that it was their intention to wear a hearing aid if offered. In 60% cases, hearing aids were fitted. In 92% of cases, it was judged that referral to Audiology could not have been avoided by the referrer. In 8% cases (equivalent to approximately 41 referrals) it was judged that Audiology referral could have been avoided.

Commissioning Learning Set (CLS) Doctor Attendance

CLS	Apr-12	May-12	Jun-12	July-12	Aug-12	Sept-12	Oct-12	Nov-12	Dec-12	Jan-13	Mean
NW	91	82	64	100	90	91	91	91	100	100	90
NC	100	91	100	100	100	100	100	100	100	100	99
NE	64	NK	91	91	100	90	100	100	91	91	91
SE	83	92	92	83	100	100	100	100	92	75	92
SW	90	100	80	90	100	90	100	70	80	100	90
Mean to date	85.6	91.3	85.4	92.8	98	94.2	98.2	92.2	92.4	93.2	92.4

NB The date for the SE CLS meeting was changed at short notice, which meant that three practices were not represented by doctors.

CLS MEMBER FEEDBACK

Summary of purpose and scope of report

Commissioning Learning Set	Rating out of 5	Positive Comment	Constructive Comment
North West	4	Got the group involved and talking	Should have a break for tea and coffee
North Central	4	Getting us together and conveying our views	More comparators with national and local referral data
North East	5	Listened to GPs	Nil
South East	4	Well organised and well run	Statistics with variation of referral rates – are they significant given the numbers?
South West	4	Brought the group together in a very friendly atmosphere	Nil

Links to CCG strategy and objectives

The work of the CLSs relate to all the CCG's principal strategies, including its Out of Hospital Strategy.

Supporting documents

- None

Financial and resource implications

- There are no resource implications linked directly to this report.

Stakeholder involvement

- Stakeholder Feedback is included in the report. Attendance rates have been high at all CLS meetings.

Equality impact analysis

- Not applicable

Risk

- There are no risks linked directly to this report.

Risk

- The Commissioning Learning Sets have a direct link to the Quality, Patient Safety & Risk sub-committee, where areas the CLSs have are highlighted are discussed.

Governance and reporting

- The CLS Leads group lead this area of work

Next steps

- The Commissioning Learning Sets will continue to meet on a monthly basis; the next Joint meeting will be on 26th February, which will focus on membership engagement and the provider networks for the Out of Hospital Strategy.