

**Report to the Somerset Primary Care Commissioning Committee Meeting
10 March 2022**

Title: Improving Quality in Primary Care Report Quarter 3 2021/22	Enclosure H, Hi
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Version Number / Status:	1
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Summary and Purpose of Paper –

To provide assurance to the Somerset Primary Care Commissioning Committee in relation to the CCG's:

- Delegated responsibility to monitor the quality and safety of primary care services,
- Statutory duty to promote continuous quality improvement in primary care services.
- Intelligence / risk summary based on incidents and complaints

To note and make decision on the items during the report period which are:

- Incidents, PALS, Complaint's trend analysis and actions Quarter three 21/22
- Primary Care Quality Team activities Quarter three 21/22.
- CQC update Quarter three 21/22

Recommendations and next steps

The Somerset Primary Care Commissioning Committee are asked to note the report.

Impact Assessments – key issues identified

Equality	Issues noted with access to services for People with a Learning Disability and cognitive impairment as part of COVID response.
Quality	This report focuses on the quality of care provided by primary care with particular emphasis on activities to promote continuous quality improvement.
Privacy	This report does not contain any patient identifiable or sensitive information.
Engagement	The CCG uses feedback from a variety of routes including complaints PALS, incidents and healthcare professional feedback to assess quality and safety issues, which are included in this report.
Financial / Resource	All activities delivered within the existing financial framework with additional funding allocated from NHSE and other bid project funding streams.
Governance or Legal	Commissioning of primary care service is a delegated function of the CCG from NHSE.
Risk Description	See below specific risks included in the CCG Corporate Risk Register which relate to primary care services. There are a large range of other risks which will involve primary care such, as dementia care, diabetes care etc. These are reviewed by the Clinical Executive Committee.

Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
GP Workforce	4	3	12	283