

Primary Care Services in Nottingham City

1. Introduction and Summary

The purpose of this paper is to provide the Health Scrutiny Committee with an update on the quality of primary care services, specifically primary care medical services delivered by General Practice, within Nottingham City.

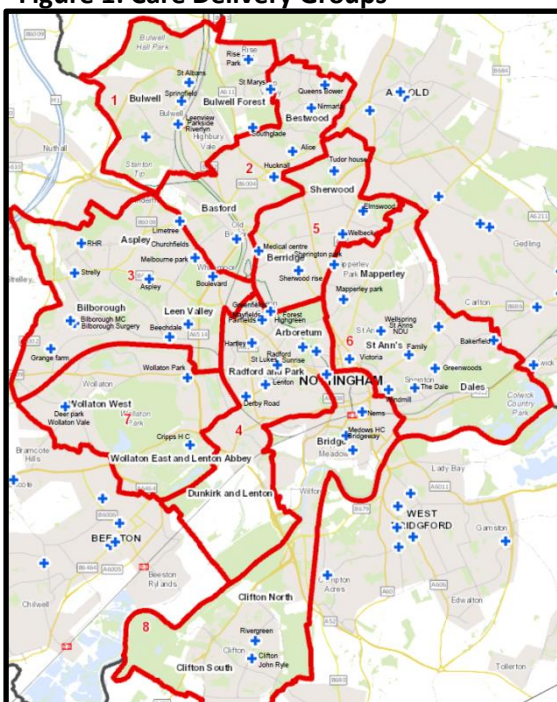
Nationally it is recognised that primary care services are facing increased demand from an ageing population with increased morbidity. The number of consultations in Primary care has increased to over 340 million currently & with the transfer of care into the community this is likely to increase further. GP services are facing workforce pressures, with an ageing workforce and difficulties in recruiting GPs in some parts of the country. This paper provides an overview of the primary care medical services delivered within Nottingham City and the processes established by Nottingham City Clinical Commissioning Group and NHS England North Midlands to assure the delivery of good quality primary care.

2. Primary Care Providers within Nottingham City

Over 363,000 patients are registered with a Nottingham City GP. The population is diverse and multi-cultural, with high rates of deprivation and poor health with lower life expectancy than local areas. Around 60,000 students attend the City's two universities. People living in the poorest wards e.g. St Ann's and Arboretum are living on average 10 years less than those in the most affluent ward of Wollaton West.

There are a total of 57 GP member practices within the City with over 200 GP's delivering their services. There are 13 single handed practices, 4 practices are run by external provider organisations including one charity with the remaining practices delivered through partnership arrangements. Practice raw list sizes range from 1,100 to 12,000 patients; the two university practices have the largest list sizes of 16,000 and 39,000.

Figure 1: Care Delivery Groups



Since the establishment of the CCG in April 2014 and as outlined within the CCG's Constitution, member practices have been organised into groups of GP practices ("GP Clusters") which are based partly on geographical location and partly on inter practice relationships and culture. The GP Clusters provide a forum for groups of member practices to work together in a shared framework to support the development of commissioning priorities and channel their knowledge and experience into service redesign and quality improvement.

More recently, to support the health and social care integration agenda and the CCG's Primary Care Vision, member practices have been organised into one of eight Care Delivery Groups (CDGs) as demonstrated in Figure 1. Health and social care services are being redesigned to deliver more localised services at this CDG level.

GP primary care services are delivered in a variety of locations across the City including NHS owned health centres, owner occupied and privately leased buildings and NHS managed LIFT buildings. All premises have been reviewed by the CQC as part of the GP medical service registration process to confirm they are fit for purpose and meet the necessary standards in relation to access and hygiene. 8 practices deliver primary care services alongside health and social care services from within the four Nottingham City contact centres (Bulwell Riverside, St Ann’s Valley Centre, The Mary Potter Centre and Clifton Cornerstone). Through the development of the CCGs Estates Strategy each member practices’ estate has been reviewed to understand the current position in terms of estate utilisation and the requirements of this with the future development of CDGs and direction of integrated care.

Appendix 1 outlines the 57 practices by CDG along information on their list size.

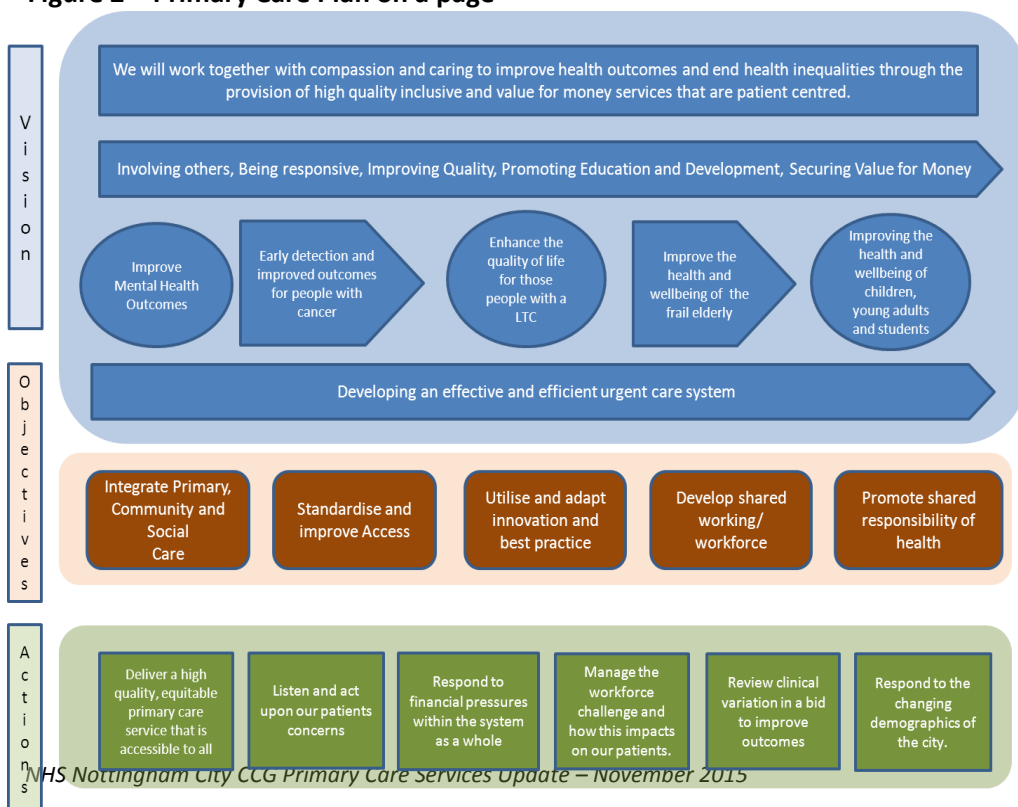
Nottingham City Council’s Public Health team have produced Care Delivery Group Health Profiles for 2015-16, these include deprivation and ethnicity information by CDG along with Diabetes, CHD, COPD, mental health and dementia prevalence for the practices within that CDG. The health profiles can be found at <http://www.nottinghaminsight.org.uk/insight/search/list.aspx?fl=139191>

3. CCG Primary Care Vision

In 2014 the CCG developed its Primary Care Vision; this was presented to the Health and Wellbeing Board in April 2014. Figure 2 represents the CCG’s Primary Care Plan on a page. The vision focuses on five key deliverables:

- Integrate primary community and social care
- Standardised and improve access
- Utilise and adapt innovative technology and best practice
- Develop shared workforce/working
- Promote shared responsibility of health

Figure 2 – Primary Care Plan on a page



The CCG has commissioned an independent external evaluation of the Vision from the Office for Public Management (OPM), an interim report is due to be presented to the CCG in December 2015 with a final report due in April 2016.

4. Primary Care Commissioning

In April 2015 the CCG took on fully delegated responsibility for commissioning general practice. Under the Co-Commissioning agenda, the CCG is now responsible for management of the primary care services budget which enables us to make decisions in relation to the commissioning, procurement and management of primary medical services contracts to meet our local population needs aligned with our primary care vision. The CCG is now responsible for the management of the GP contracts; approval of practice mergers and list closures, decisions in relation to the management of poorly performing GP practices and premises costs directions functions. Responsibilities around the individual GP performers list, revalidation and appraisal remain with NHS England.

The CCG works closely with the NHS England North Midlands Primary Care Hub to deliver our fully delegated responsibilities. See section 5 below on the management of primary care performance and quality.

4.1 GP Core Services and Contracting

The delivery of GP primary medical services can be categorised into two groups, “core” primary care services and “enhanced” primary care services.

4.1.1 Core Primary Care Services

The CCG, supported by the Primary Care Hub, oversees delivery of the core primary care services by one of three types of contract. The type of contract awarded was historically determined by the PCT, however all core contracts are funded on a £ per patient basis. The table below demonstrates the number of practices managed on the three types of contract within Nottingham City.

Type of contract	Number of practices
General Medical Services (GMS)	30
Personal Medical Services (PMS)	24
Alternative Provider Medical Services (APMS)	3

NHS England is leading a review over the next 5 years of all PMS contracts to understand the differential in payment for “core” primary care services compared to those delivered within the GMS contracts. The review will identify the additional payments made for services delivered above “core” services to those PMS practices. Within Nottingham City, a handful of PMS contracted practices are in negotiation with the CCG and NHS England regarding the funding of additional services which they believe they deliver above “core” services. As a result of this national review some practices are facing financial risks around reduced income which need to be carefully managed by the independent providers.

The contracts for the three APMS practices are due to expire within the next 12 months. The CCG and Primary Care Hub are currently finalising commissioning intentions for these services and the procurement process is expected to start imminently.

4.1.2 Enhanced Services

Enhanced services require an enhanced level of provision above what is required under core GMS contracts. These are non-mandatory services and following the introduction of the Health and Social Care

Act these services are commissioned by NHS England, the Local Authority and CCG's. Those commissioned by Nottingham City Council and the CCG are locally designed to meet the needs of the local population. For the CCG commissioned enhanced services, the CCG awarded three year NHS Standard Contracts to all practices through a Single Action Tender procurement process from 1st April 2014.

2015/16 "Enhanced Services" commissioned		
NHS England	Nottingham City Council	Nottingham City CCG
<ul style="list-style-type: none"> • MenB • MenACWY • Directed Enhanced Services (DES) Directions • Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people • Childhood seasonal influenza vaccination programme • Seasonal influenza and pneumococcal polysaccharide vaccination programme • Meningococcal freshers vaccination programme • Pertussis (pregnant women) vaccination programme • Shingles (catch up) vaccination programme • Facilitating timely diagnosis and support for people with dementia 	<ul style="list-style-type: none"> • Alcohol • Asymptomatic Chlamydia Screening • Asymptomatic Sexual Health Screening • CVD Risk Assessment 2010-11 • Implanon (registered and non-registered patients) • IUDs (registered and non-registered patients) • Sexual Health Screening Level 2 • Substance Misuse (GPwSI Accredited) 	<ul style="list-style-type: none"> • Asylum Seekers • Homeless • Warfarin Anticoagulation Level 2 • PSA monitoring • Near patient testing under a shared care protocol – Rheumatology • Near patient testing under a shared care protocol re – Gastroenterology • Near patient testing under a shared care protocol – Respiratory • Near patient testing under a shared care protocol – Dermatology • Enhanced primary care support to Care homes

4.1.3 Additional Primary Care Services

The CCG also holds a number of Any Qualified Provider (AQP) contracts with GP practices for the delivery of community based services, these include:

- Treatment Room
- Ear Irrigation
- H Pylori
- ECG's
- Adult Phlebotomy
- Paediatric Phlebotomy
- Domiciliary Phlebotomy

Individual procurement exercises were held for each of the above services and required interested providers, including GP practices, to submit a tender for each service. 42 practices were successful in bidding to deliver these services, 15 practices chose not to tender for these additional services; however, the AQP services have been commissioned so that both registered and non-registered patients can access the services from any location across the city to reduce the variation in delivery and access to services across Nottingham city.

4.2 GP Out of Hours Services

The GP Out-of-Hours Service provides access to medical advice, treatment and care, whenever GP surgeries are closed, for problems that are considered to be urgent and cannot wait till the surgery next opens. Currently, NEMS provide this service for approximately 118 hours a week, including all evenings, nights, weekends and public holidays. It covers a total population of approximately 720,000 patients

registered with around 120 local GP practices within the Nottingham City, Rushcliffe, Nottingham North & East, and Nottingham West CCG boundaries.

The service was recently re-procured and NEMS Community Benefit Services Limited, the incumbent provider, was the successful bidder. The new contract started in October 2014 and runs to September 2017 at which point the commissioners have the option to extend the contract by another 2 years.

The service is managed through monthly service review meetings led by Nottingham City CCG, as lead commissioner, which include achievement against performance criteria and quarterly Clinical Governance reports.

5. Management of Primary Care Performance and Quality

To ensure that the CCG is able to effectively discharge its delegated functions in line with the Delegation Agreement issued by NHS England, an exercise was undertaken to map out where responsibilities for operational delivery and governance oversight sit within the CCG.

5.1 Primary Care Commissioning Panel

In response to national requirements following the introduction of Co-Commissioning a Primary Care Commissioning Panel has been established. In accordance with our Constitution, the panel operates as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers introduced through Co-Commissioning. The Panel is accountable to the CCG's Governing Body and is subject to any directions made by NHS England or by the Secretary of State.

5.2 Primary Care Performance and Quality Steering Group

The CCG's Primary Care Performance and Quality Steering Group (PCPQSG) supports the operational delivery and oversight of responsibilities in relation to the management of primary medical services contracts, enhanced services, Local Incentive Schemes and the management of poorly performing GP practices.

A review and escalation process is used to monitor performance, quality and contractual concerns. Where a concern is identified both hard and soft intelligence is gathered and presented to the steering group to identify whether a deep dive review is required and to inform the action taken. In most cases the action taken will involve members of the steering group visiting the practice to discuss the identified concern and agreeing an action plan for improvement. Action plans are continuously reviewed and where it is identified that there is insufficient progress for improvement and/or a lack of engagement from the practice the concern is escalated to the Primary Care Commissioning Panel. Where relevant, concerns are also raised to the appropriate Governing Body sub-committee for quality and performance.

5.2.1 Performance Dashboard

A performance dashboard is reviewed regularly by the steering group which incorporates performance against CCG strategic indicators, indicators from the national Primary Care Web Tool and the recently re-launched CQC intelligent monitoring information. See **Appendix 2** which includes a list of the indicators monitored within the dashboards. The dashboard utilises a rag rating and scoring system and is used alongside soft intelligence to inform performance reviews.

In line with the CCG's quality and performance escalation process, where a practice is identified as having more breached than 5 key performance indicators the CCG enters the "turnaround stages".

The performance dashboard is under review to ensure it is fit for purpose in line with our delegated functions and as such is not yet available within the public domain. However, the Public Health profiles referred to in section 2 of this paper include information within the public domain relating to MMR and diphtheria immunisation uptake. Available at

<http://www.nottinghaminsight.org.uk/insight/search/list.aspx?fl=139191>

5.2.2 Practice Visit Programme

Since 2011 a practice visit programme had operated within Nottingham City. This is a peer support programme whereby all practices are visited annually to review their performance in relation to national indicators e.g. cancer screening, A&E attendances, acute admissions, outpatient referrals and QOF performance. The annual visit gives practices an opportunity to reflect on their performance, feedback to the CCG on local services and pathways and share best practice tips with other practices. All practices are expected to agree on one action following their practice visit from a pick list in an outlying area of performance, this could include reviewing and understanding A&E attendance, outpatient referrals or increasing immunisation and screening uptake.

The PCPQSG oversees the practice visit programme and the visit reports are one form of intelligence used in the wider review of practice quality and performance.

5.2.3 Care Quality Commission

Since April 2014 all GP providers have been required to register their services with the Care Quality Commission (CQC). To date, 15 practices have received inspections from the CQC. The table below details which practices have been visited and their overall rating.

Practice Name	Inspection Date	Overall rating
Beechdale Surgery	05-Nov-14	Good
Bridgeway Practice	01-Jun-15	Good
Churchfields Medical Practice	26-Nov-14	Good
Clifton Medical Practice	24-Nov-14	Good
Fairfields Practice	04-Nov-14	Good
Greenfields Medical Centre	10-Oct-14	Requires improvement
Mapperley Park Medical Centre	14-Mar-15	Inadequate
Mayfield Medical Practice	15-Oct-15	Good
Meadows Health Centre	18-Nov-14	Good
Medical Centre at Zulu Road	17-Nov-14	Good
Platform One	30-Jun-15	Outstanding
Radford Medical Practice	03-Nov-14	Good
Sherwood Rise Medical Centre	11-Nov-14	Requires improvement
University of Nottingham Health Service	18-Jun-15	Outstanding
Victoria Health Centre	03-Nov-14	Good

For the three practices above who were given an overall rating of “Requires Improvement” or “Inadequate” action plans have been put in place by the practice to improve performance and the practices will receive another unannounced inspection by the CQC to check on progress. Copies of the full inspection reports can be reviewed at <http://www.cqc.org.uk/>

Practices who have received a less than good rating following a CQC inspection are encouraged to seek support from neighbouring practices. The Department of Health and NHS England have also

commissioned the Royal College of General Practitioners (RCGP) to provide a pilot programme offering expert peer and support for GP practices that enter special measures following inspection by the CQC.

The CCG has established monthly meetings with the CQC to share intelligence about the 57 practices, these meetings are also used to gather pre-inspection information prior to CQC visits and are an opportunity for the CQC to share draft inspection reports with the CCG prior to publication.

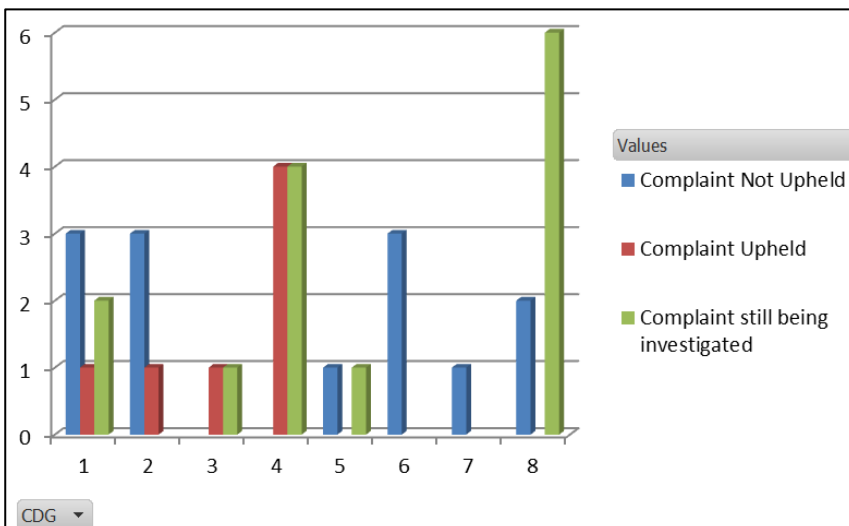
The PCPQSG is responsible for the identification of performance concerns and decisions in relation to the management of poorly performing GP practices, including decisions and liaison with the CQC, in line with the Delegation Agreement.

5.3 Management of complaints and incidents

Under fully delegated co-commissioning the CCG is now responsible for the management of all serious incidents (SI), this involves the CCG’s quality governance team reviewing the SI investigation reports produced by the practices ensuring that lessons are learned and action plans are in place. All SI’s are reported to the CCG’s PCPQSG to be considered and triangulated with the other performance and intelligence information for primary care providers. Between April and October 2015 there have been 10 SI’s reported within the primary medical services, of these 4 have been “closed” whereby the SI has been fully investigated and lessons learned are being shared across the practices. 2 SI investigation reports have been received from the practice by the CCG and are in the process of being reviewed, the remaining 4 SI’s are still under investigation by the practices and reports are expected from these practices shortly.

NHS England remains responsible for the management of complaints made about individual GPs and GP practices. NHS England does share with the CCG a summary of the individual complaints received by practice / GP and also a copy of the final response, however, the investigation of each complaint is completed by NHS England. The CCG’s PCPQSG receives regular updates on the complaints received for all primary care providers and this information is triangulated with other intelligence in line with the quality and performance escalation process. For information, there have been 34 complaints received between April and September 2015 across 20 Nottingham City GP practices, 7 of which were upheld and 14 are still under investigation by NHS England. The graph below demonstrates this by Care Delivery Group.

17 complaints (50%) received were about Treatment and Care, for example not referring to secondary care, missed or delayed diagnosis. 7 complaints (21%) related to access, for example availability of appointments.



If a patient wishes to complain about the primary care services received from the GP practice they should follow the NHS Complaints procedure. Patients can make a complaint directly to their practice; all practices are required to have complaints policies available at reception and/or on their website. However, if patients feel uncomfortable about complaining to their GP surgery then they can make a complaint to NHS England at one of the below addresses:

NHS Complaints by email	NHS Complaints by post
<p data-bbox="274 439 616 470">england.contactus@nhs.net</p> <p data-bbox="274 510 871 577">In the subject line please state: <i>“For the attention of the complaints team”</i></p>	<p data-bbox="927 439 1094 577">NHS England PO Box 16738 Redditch B97 9PT</p>

If a patient is unhappy with the outcome of their complaint they can refer the matter to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government.

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

6. GP Workforce

The challenges with the GP workforce have been highly reported in the media and in June 2015 the Secretary of State for Health set out further details of a ‘New Deal for General Practice’ to help go further in transforming the quality of services and access to care, in line with the Five Year Forward View. The Government has committed to increasing the primary and community care workforce by at least 10,000 including an estimated 5,000 more doctors working in general practice by 2020. Health Education England is leading work on developing the primary care workforce, including helping primary care introduce new workforce models that maximise the contribution of a range of other health and care professionals.

6.1 Becoming a GP

The process of becoming a GP takes a total of 10 years, as outlined below. Further information can be found on the Royal College of GP’s website.

<p data-bbox="148 1518 284 1617">Years 1 – 5 Medical School</p>	<p data-bbox="336 1518 1390 1653">All individuals interested in choosing medicine as a career are first required to complete and pass a Medical Degree which usually lasts for five years. It is a broad and extensive training programme and it usually requires three good A levels (average AAB) to be accepted into medical school.</p>
<p data-bbox="148 1697 293 1796">Years 6 & 7 Foundation Training</p>	<p data-bbox="336 1697 1422 1933">After successful completion of the medical degree, students complete a two year Foundation Programme, this is undertaken by all doctors and acts as a bridge between medical school and speciality training. This programme enables students to get experience from a series of placements in a variety of specialities and healthcare settings. It is during the foundation training that individuals are able to register fully with the GMC. It is after the completion of the Foundation Training that students decide on their specific area of medicine.</p>
<p data-bbox="148 1951 272 2080">Years 8, 9 and 10 Speciality Training</p>	<p data-bbox="336 1951 1422 2080">If a student has opted to work within General Practice they complete a 3 year training programme to specialise in general practice. This includes completion by the GP trainees of the Royal College of GPs Assessment (MRCGP), this is an integrated training and assessment programme including Applied Knowledge, Clinical Skills Assessment and</p>

	<p>Workplace-Based Assessment. Upon successful completion of the specialty training individuals are awarded a Certificate of Completion of Training and their name is placed on the GP register allowing them to practice as a GP.</p>
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After fully completing their training GPs are required to keep up to date with relevant information. To this end each GP has an annual appraisal which demonstrates that they have assessed their educational needs & have taken steps to satisfy any unmet needs. This can take many forms such as audit of their care, colleague and patient feedback and learning from significant events. Although this appraisal is formative every 5 years this total body of work is scrutinised in more detail in the revalidation process which if satisfied allows the GP to continue to practise for 5 further years providing that they successfully complete ongoing annual appraisal.

The CCG is committed to supporting the development and training of primary care staff. We commission medical cover from NEMS which enables all GP's and Practice Managers to attend Protected Learning Time events. These are both citywide and practice based, and allows the practices to have protected time to learn and understand about a range of areas including new NICE guidelines, revisions to local care pathways and national directives.

6.2 Local Workforce and Actions

In the East Midlands the workforce crisis for Primary Care is evident with 38% of training posts for the Vocational Training Scheme not being filled in 2015. Nottingham City has the highest percentage of GPs over 55years, the highest number of single handed practices and the highest list size per full time equivalent doctor than other local CCGs.

To address this, general practice has increasingly been using Locum's to deliver core primary care services, however, the costs of this use are increasing and is unsustainable.

Health Education East Midlands (HEEM) recently launched the GP fellowship scheme (May 2015). The purpose of the scheme is to encourage locally trained GPs to stay and work in the area they trained i.e. Nottingham. There are no guarantees but participating in the programme may help to influence newly qualified GPs to stay which can only be a positive outcome for Nottingham City and its vision to improve primary care services. This also provides an opportunity for practices that have struggled to recruit to have access to GPs and through a supported programme promote the benefits of working in a challenging environment. The programme will be evaluated by HEEM.

Nottingham City CCG currently hosts one GP fellow who is participating in the scheme and it is hoped that if the scheme evaluates successfully this may become mainstreamed in future.

7. Access

7.1 Access to primary care services

Improving and reducing inequality of access is one of the key aims of the CCG's primary care vision. A number of initiatives have been commissioned to improve access to GP services, including:

- **Extended Hours Enhanced Service** – this national enhanced service supports practices to offer clinical sessions outside of their core contracted hours of 8am – 6:30pm Monday to Friday in order to meet the needs of those patients for whom attending the surgery during core hours was

inconvenient or impossible. 36 practices within the City have signed up to deliver this service and in Quarter 1 2015/16 they delivered a total of 1446 additional clinical hours, and 1169 additional clinical hours in Q2.

- **Weekend opening** – In October 2013 the Prime Minister announced a new £50 million GP Access Fund to help improve access to general practice. Under this programme the CCG invited practices to participate in a weekend opening pilot. Six practices are currently participating in this pilot which provides routine core primary care services on a weekend to both registered and non-registered patients. The practices have been open on a Saturday and/or Sunday for 4 hours since September 2014. The CCG has recently agreed to extend this pilot to 31st March 2016. The opening of these GP practices on a weekend has provided an additional 21 clinical hours, equivalent to 165 additional appointments on a Saturday and 66 additional appointments on a Sunday. Between September 2014 and August 2015 6,642 patients have accessed the GP practices on a weekend.
- **Responsiveness contract** – The CCG invited GP practices to sign up to a 1 year responsiveness contract which ran from September 2014 – August 2015. 47 practices signed up to the service which included the following elements:
 - *Stage one* – the practice participated in an access audit by one of three independent organisations (commissioned by the CCG). The organisations reviewed the configuration of the appointment systems, ensuring that systems were as efficient as possible and maximising appointments. This included looking at triage systems and mapping appointments to demand. 44 practices completed this stage;
 - *Stage two* – the practice chose whether to implement the recommendations following the access audit or could submit a business case to the CCG demonstrating how they would improve access and address the findings from the audit. 32 practices completed this stage
 - *Reception staff training* – All 49 practices sent their front line reception staff to training commissioned by the CCG. The training supported the receptionists in how to best manage conversations with patients, particularly around the access to appointments and signposting patients to other appropriate services. The training evaluated extremely well and the CCG has committed to continue with this training programme for all new receptionist staff across all practices.
- **Mystery Shopper** – As part of the responsiveness contract the CCG commissioned a mystery shopper exercise. All 57 practices were telephoned on two different occasions and visited once. Key findings from the report include:
 - Over two thirds of all practices (68%) were able to offer a same day appointment immediately, or offer some form of triage appointment;
 - 87% of all practices had routine weekday appointments available within 2 weeks of the call;
 - Most calls were answered quickly by staffs that were friendly and helpful in trying to find suitable appointments.

The CCG will shortly be sharing the results of this exercise with member practices to highlight areas of both good feedback and also where improvements are required. The CCG is also exploring options to continue this exercise at CDG level to further monitor the access and waiting times within neighbourhood areas.

- **AQP Services** – as previously highlighted in section 4.1.3 patients now have more choice and greater access to services such as wound dressing, phlebotomy and ear irrigation following the

introduction of the AQP contracts. Patients can choose whether to receive this service from their registered practice or access the service from another practice and / or Nottingham CityCare across the 8 CDGs.

7.2 GP Appointment systems

Each practice is responsible for the design and management of their individual appointment systems, this includes decisions around whether they choose to implement a form of triage (GP or Nurse) prior to patients booking appointments, the number of appointments available for urgent same day access and the proportion of GP and/or nurse appointments that are available to pre-book in advance.

Through the responsiveness contract referred to earlier, practices were invited to participate in a review of their access to facilitate change within primary care, in particular look at ways to improve access, guiding and advising patients more effectively and efficiently through NHS services. Through this process the CCG have been able to stimulate some degree of change in the delivery of primary care, including the increased use of telephone triaging, the development and upskilling of staff and redesign of current patient demand management. Early data received from practices regarding the responsiveness contract suggests that all participants have increased their current triaging capacity to help manage their demand or have introduced it into their usual day to day business or as a means of managing demand for home visits.

There are national clauses within the core GP contract that require all practices to make the following available to patients to improve access to their services:-

- Online booking of appointments;
- Online ordering of repeat prescriptions; and
- Online access to view a patient's own summary care record.

Did Not Attend rates (DNAs) remain a particular challenge within the locality with circa 50,000 appointments missed in 2013. All practices have access to "one way" text messaging services to use for appointment reminders and health campaigns for their patients. For the past 12 months the CCG has funded additionally functionality to enable patients to reply to their appointment reminder text and cancel their appointment ("two way"). If a patient replies "Cancel" to the text message the booked appointment is automatically removed from the practices booking system and is available to re-book. There are 47 practices signed up to this additional functionality and between March - September 2015 6,615 appointments have been cancelled using this functionality. This allows practice teams more adequate time to allocate these appointments to other patients. During the same period 154,267 health campaign messages have been sent out to patients containing reminders for vaccinations and CCG messages regarding winter pressure.

7.3 GP Patient Survey

The latest results of the GP Patient Survey have recently been published, these relate to patient feedback received between January – March 2015. This is an England-wide survey, providing practice-level data about patient's experiences of their GP practices. Participants in the survey represent only a sample of the total population and therefore should be treated with some caution, the national response rate for the survey was 33%.

The findings from the survey for Nottingham City have remained fairly similar to the previous year's results and the CCG results are broadly in line with the reported national results.

The CCG is further reviewing this information and triangulating it with local data and intelligence at individual practice level as part of our quality and performance review of the GP practices. Key points from the survey included:

	National Results July 2015	July 2015 Nottingham City CCG	July 2014 Nottingham City CCG
Overall, how would you describe your experience of your GP surgery?	85% Good 5% Poor	84% Good 6% Poor	84% Good 5% Poor
Generally, how easy is it to get through to someone at your GP Surgery on the phone?	71% Easy 26% Not Easy	71% Easy 24% Not Easy	71% Easy 24% Not Easy
How helpful do you find the receptionists at your GP Surgery?	87% Helpful 11% Not Helpful	87% Helpful 10% Not helpful	87% Helpful 10% Not helpful
The last time you wanted to see or speak to a GP or Nurse, were you able to get an appointment to see or speak to someone?	85% Yes 11% no	83% Yes 12% No	83% Yes 12% No
How convenient was the appointment you were able to get?	92% Convenient 8% Not convenient	92% Convenient 8% Not convenient	91% Convenient 9% Not convenient
Overall, how would you describe your experience of making an appointment?	73% Good 12% Poor	73% Good 11% Poor	73% Good 12% Poor
How satisfied are you with the hours that your GP surgery is open?	75% Satisfied 10% Dissatisfied	76% Satisfied 9% Dissatisfied	78% Satisfied 8% Dissatisfied

8. Future developments

Within the next 12 months the CCG will be refreshing our Primary Care Vision ensuring that this continues to support one of the key strategic aims set out by the NHS Five Year Forward View of breaking down traditional barriers between different primary care services and wider out of hospital care services. We are committed to transforming primary care and out of hospital care more widely, through the development of Multi-Speciality Community Providers (MSCPs) and develop the use of Assistive Technology within primary care.

9. Conclusion

The initiatives put in place to date to improve access to primary care are beginning to show signs of early improvement across a number of areas and intelligence sources; however, there is still much further work to be done. This is alongside the increasing challenges faced with the recruitment of GPs and financial costs of locums faced by primary care.

The CCG has robust mechanisms in place to monitor the quality and performance in primary care, and our close working relationships with stakeholders to deliver the responsibilities of our delegated functions will continue.

Appendix 1 – GP practice list size

Cluster	Practice Name	Practice Code	CDG Group	Raw List Size	Weighted List Size
Robin Hood	Leen View Surgery	C84043	1	8630	9805
Robin Hood	Parkside Medical Practice	C84064	1	6775	7360
Norcom	Rise Park Surgery	C84129	1	6723	6858
City Central	Riverlyn Medical Centre	C84717	1	2946	3039
City Central	Springfield Medical Centre	C84138	1	2674	2751
City Central	St Albans Medical Centre/ Nirmala Medical Centre	C84004	1	7571	7991
City Central	St Mary's Medical Centre	C84145	1	1101	1120
Norcom	Hucknall Road Medical Centre	C84078	2	12672	12725
Norcom	Queens Bower Surgery	C84135	2	4463	4401
Norcom	Southglade Health Centre (SSAFA)	Y03363	2	1909	1898
Norcom	The Alice Medical Centre	C84695	2	3138	3081
Robin Hood	Limetree Surgery	C84694	3	3413	3773
Norcom	Aspley Medical Centre	C84091	3	7269	7984
Norcom	Beechdale Surgery	C84704	3	3763	4099
Norcom	Boulevard Medical Centre	C84650	3	1751	1813
Norcom	Bilborough Medical Centre/Assarts Farm Medical Centre	C84688	3	9527	9747
Norcom	Churchfields Medical Practice	C84034	3	9963	10522
Norcom	Grange Farm Medical Centre	Y03124	3	3094	3533
Norcom	Melbourne Park Medical Centre	C84116	3	7747	8526
Norcom	RHR Medical Centre	C84680	3	2929	2951
Norcom	Strelley Health Centre	C84698	3	4231	4419
City Central	Bilborough Surgery	C84647	3	1450	1887
Robin Hood	Lenton Medical Centre	C84633	4	2198	1978
Robin Hood	Radford Medical Practice/NTU	C84117	4	16652	14391
Robin Hood	St Luke's Surgery	C84136	4	3754	3812
Robin Hood	Sunrise Medical Centre/Practice	C84714	4	6951	5091
Robin Hood	The Fairfield's Practice	C84105	4	6997	6838
Robin Hood	The Forest Practice	C84103	4	5278	5218
Robin Hood	The High Green Medical Practice	C84691	4	10293	9385
Norcom	Derby Road Health Centre	C84039	4	9602	9546
City Central	Greenfields Medical Centre - Sharma	C84104	4	2148	2149
City Central	Mayfield Medical Practice	C84676	4	2661	2516
City Central	Radford Health Centre - Phillips	C84096	4	3531	3515
Robin Hood	Sherwood Rise Medical Centre	C84628	5	5366	5164
Norcom	Elmswood Surgery	C84011	5	9106	9570
Norcom	Sherrington Park Medical Practice	C84682	5	4139	4165
Norcom	Tudor House Medical Practice	C84619	5	6001	5970
Norcom	Welbeck Surgery	C84664	5	3682	3680
City Central	The Medical Centre - Irfan	C84151	5	2122	2135
Robin Hood	Bakersfield Medical Centre	C84693	6	5017	5343
Robin Hood	Dale Surgery	C84672	6	4182	4090
Robin Hood	Family Medical Centre	C84018	6	8636	9608
Robin Hood	Greenwood & Sneinton FMC	C84063	6	6594	7273
Robin Hood	Mapperley Park Medical Centre	C84602	6	2230	2311
Robin Hood	Victoria Health Centre/Mapperley Surgery	C84085	6	7776	8616
Robin Hood	Wellspring Surgery	C84072	6	9770	11410
Robin Hood	Windmill Practice	C84683	6	7745	8471

Robin Hood	Wollaton Vale Health Centre	C84635	7	2639	2471
Norcom	Deer Park Family Medical Practice	C84044	7	8145	7816
Norcom	Wollaton Park Medical Centre	C84122	7	7291	6891
Unicom	Cripps Health Centre	C84023	7	39359	25494
Robin Hood	Bridgeway Practice	C84092	8	4397	5156
Robin Hood	Clifton Medical Practice	C84046	8	8257	9141
Robin Hood	John Ryle Medical Centre	C84081	8	6299	6763
Robin Hood	Meadows Health Centre - Larner	C84144	8	3583	4216
Robin Hood	Rivergreen Medical Centre	C84060	8	8693	9285
Unicom	NEMS - Platform One Practice	Y02847	8	8741	8605

Appendix 2 – Key Performance Indicators

CCG GP Dashboard (strategic indicators)

ACS Admissions (per 1000)
Avoidable A&E (per 100)
Satisfaction with GP (%)
Imms & Vacs (%)
Cervical screening (%)
Bowel screening (%)
Prescribing (practice ranking)
Blood Pressure (%)
Diabetes (%)
Flu Vacs (%)
Cancer Emergency admissions (per 100,000)
Cancer Emergency presentations (per 100,000)

Primary Care Web Tool

Emergency Cancer Admissions (per 100)
Two Week Wait (%)
Emergency Admissions (per 1000)
A+E Attendances (per 1000)
CHD Admissions (per 100)
Asthma Admissions (per 100)
Diabetes Admissions (per 100)
COPD Admissions (per 100)
Dementia Admissions (per 100)
ACS Admissions (per 1000)
Diabetes BP monitoring (%)
AF on anticoagulation (%)
Cervical Smears (%)
Diabetes Cholesterol monitoring (%)
Diabetes HbA1C monitoring (%)
CHD cholesterol monitoring (%)
Health checks for mental illness (%)
Flu Vaccination in over 65s (%)
Flu Vaccination in at risk patients (%)
Diabetes Retinal Screening (%)
AF Prevalence (Ratio)
CHD Prevalence (Ratio)
COPD Prevalence (Ratio)
Asthma Prevalence (Ratio)
Diabetes Prevalence (Ratio)
COPD Diagnosis (%)
Asthma Diagnosis (%)
Exception Rate (%)
Antidepressants (No per Unit)
Insulin Prescribing (%)
Ezetimibe Prescribing (%)
Antibacterial prescribing (No per Unit)
Cephalosporins and Quinolones (%)
Hypnotics prescribing (No per Unit)
NSAIDS prescribing (%)
Patient experience (%)
Getting through by phone (%)
Making an Appointment (%)
Assessment of Depression Severity (%)
SMI and a BP check (%)
SMI and a Cholesterol Check (%)
SMI and a BM Check (%)