Primary Care Services in Nottingham City

1. Introduction and Summary

This paper provides the Health Scrutiny Committee with an update on the quality of primary care services, specifically primary care medical services delivered by General Practice, in Nottingham City.

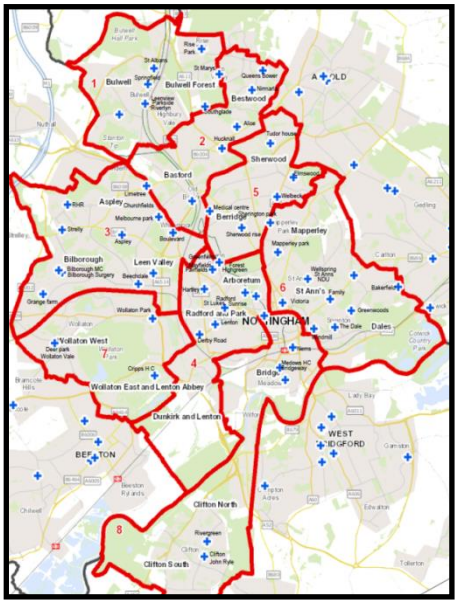
Nottingham City CCG previously reported to the Health Scrutiny Committee in November 2015 on this area. This paper provides an update on the developments over the past 12 months and areas of focus for the future.

There has been an increased focus on primary care over the past 24 months, initially with the publication of the Five Year Forward View in October 2014, which emphasised the important role that GPs play in the health system, and more recently the General Practice Forward View published in April 2016. The NHS operational planning guidance and Sustainability and Transformation plans include requirements to increase the resilience and sustainability of primary care, including developing primary care at scale to support new models of care and moves towards place based commissioning.

2. Primary Care Provision within Nottingham City

There are currently 56 GP member practices within the City delivering services to a population of over 370,000; they consist of 12 single handed practices, three practices are run by external provider organisations with the remaining practices delivered through partnerships arrangements. Six practices have branch surgeries. Practice raw list sizes range from 1,455 to 12,976; the two university practices have the largest list sizes of 17,292 and 39,540.

Figure 1: Care Delivery Groups



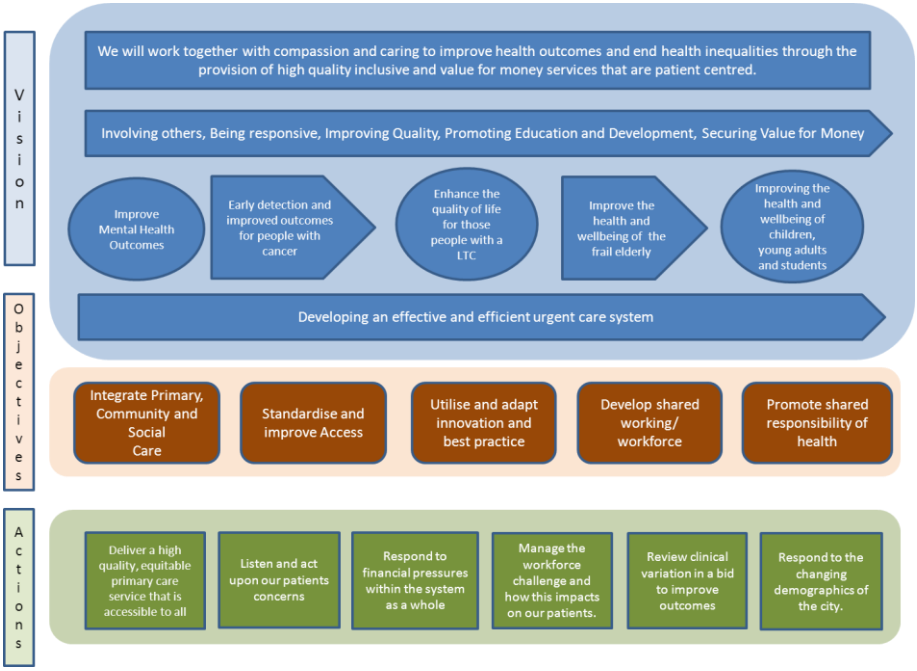
Primary and Community commissioning activities continue to be focussed on a geographical locality basis within the Care Delivery Groups (CDG). All 56 practices are organised into one of the eight CDGs as demonstrated in Figure 1. The practices also continue to support and partake as GP members in their GP Clusters. Practices are grouped into one of the four GP clusters which are based partly on geographical location and partly on inter practice relationships and culture.

Appendix 1 provides the list sizes, GP Cluster and Care Delivery Group of the 56 member practices.

3. CCG Primary Care Vision

The Primary Care Vision was endorsed by the Governing Body and member practices in February 2014. The vision was built on five essential objectives identified within the plan on a page, outlined in figure 2 below.

Figure 2 – Primary Care Plan on a page



The vision is now into its third year of implementation and an independent external evaluation was undertaken by the Office for Public Management in 2015/16. The final evaluation report was published in September 2016 and it acknowledged that the vision has "led to improvements in primary care on a patient, staff, practice and city-wide level", noting that implementation took place successfully with excellent pace and progress and space for reflection. A detailed update on the progress against this priority area was provided to the NHS Nottingham City CCG Governing Body at their meeting on the 30 November 2016. The full paper can be accessed here. Key developments from the past 12 months include:

Objective	Key developments in 2016
Integrate Primary, Community and Social Share	• CCG continues to facilitate CDG network meetings with GP practices, community health and social care teams to support the building of relationships, learning and sharing best practice • Multidisciplinary team (MDT) meetings developed to coordinate health and social care for vulnerable patients. Over 90% of respondents in the evaluation agreed that these meetings have improved working relationships between primary, community and social care • Five bids approved for 2016/17 from the national Estates and Technology Transformation Fund based on priorities in the CCG's local estates strategy. Health centre feasibility studies, building works to increase capacity and installation of wifi in GP practices will be funded from this scheme. Opportunities will be to bid for further funds in future years. • Progress with data sharing tools enabling greater collaborative working between primary, community and secondary care and improved risk prioritisation of patients for the MDT review
Standardise and improve access	• The Weekend Opening pilot has continued to be funded by the national GP Access Fund into 2016/17. Analysis by the Office for Public Management demonstrated that over 11,000 patients had accessed the service up to 31st March 2016 and the service provides an average of 187 weekly appointments, 114 of which are GP appointments. There was an average utilisation rate of 72% across the practices with an average failure to attend (DNA) rate of 18%, although this did vary for each practice and peaked over the weekend period. Within the 2017/18 NHS operational planning guidance there is new criteria for extended access in primary care and the CCG are scoping out a new service to meet this new criteria • The new Primary Care Patient Offer service includes standards for improving access such as requirements for practices to open during core hours of 8am – 6:30pm (including on a Thursday afternoon where historically 35 practices have closed), phones switched on during core hours, facilitating access to male and female GPs should a patient request this and provision of key services within primary care including adult phlebotomy (clinic and domiciliary), treatment room services, ECG service, ear irrigation and H pylori testing services.

	Further detail is provided in section 5.3 of this paper. • Care Delivery Group 1 (Bulwell / Bulwell Forest) will be an area of focus in 2017/18. The latest national GP Patient Survey results published in July 2016 identified a cluster of below average responses in this area. Further detail is provided in section 4.3 of this paper.
Utilise and adapt innovative technology and best practice	• Continued focus on the four strategic initiatives for greater use of technology. This includes rollout of Flo (a form of telehealth enabling patients to manage their own long term conditions by providing remote monitoring to the GP practice), pilot an eConsultation service and pilot a virtual clinic for video consultation. • CCG continued to fund the additional text message functionality. The Office for Public Management noted that on average 2,452 text messages were sent out per practice per month, 63% of these were for appointment reminders. Across a sample of 15 practices there was an 18.3% reduction in patients who failed to attend appointments, taking this from 5.3% in 2014 to 4.3% in 2015. In their economic assessment of this workstream the Office for Public Management evaluation findings revealed significant financial benefits emerging from this service, with a return on investment of 337%.
Develop a shared workforce	• All places on the Nottinghamshire Vocational Training Scheme were filled in round 1 of recruitment, equating to 135 trainees over three years (45 trainees per year), a further 30 more trainees are currently going through the recruitment process. • Health Education East Midlands fellowship programme enables doctors in training to access a range of development opportunities to integrate with their clinical training and obtain a Post Graduate Qualification. The 4 fellows who were placed in Nottingham City in 2015/16 extended their placements for another year. A further 7 first year placements were also secured in Nottingham City for 2016/17 • The Local Medical Committee is exploring a scheme to recruit clinicians from abroad, building on some successful work that is taking place in Lincolnshire.
Promote shared responsibility of health	• The Bulwell & Bulwell Forest Self Care Pilot started in July 2015 and is due to end in January 2017, it brings together a number of local self-care service initiatives including social prescribing and a web-based self-care directory which is being incorporated into the City Council's new online Citizen Directory – LION.

4. Primary Care Commissioning

The CCG has continued to utilise its powers under the fully delegated responsibilities for the commissioning, procurement and management of primary medical services. The benefit of co-commissioning is the ability to make decisions in relation to primary medical services contracts to meet our local population needs and to deliver on the objectives within the Primary Care Vision and wider CCG strategy.

4.1 Primary Care Commissioning Panel

The panel is a national requirement under co-commissioning and operates as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. 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.

Over the past 18 months the panel has received several applications from practices to temporarily close their practice list to new patient registrations. This is largely been in the CDG 4 area (Hyson Green) but has also included Aspley and Wollaton. In response to the pressures reported in the CDG 4 area the panel requested that a health needs assessment be undertaken in this area to understand the capacity issues, health needs and to help plan future primary care services provision. The health needs assessment has been completed and is due to be reported to the panel in the New Year.

4.2 Performance and Quality Monitoring

The CCG's Primary Care Performance and Quality Steering Group (PCPQSG) continue to operationally oversee the performance and quality monitoring of primary care services. Where issues are identified these are managed in line with the primary care quality and performance escalation process. This includes the gathering of both hard and soft intelligence and triangulation of findings. Issues are escalated to the appropriate sub-committee of the Governing Body depending upon the nature of the issue, including the Quality Improvement Committee for quality related issues, Risk and Performance for performance issues and the Primary Care Commissioning Panel for contractual issues.

Monthly reports are received by the PCPQSG on the 3 domains of quality (patient experience, patient safety and clinical effectiveness) in addition to specific reports such as QOF, outlying indicators on the national primary care web tool, performance dashboards and the national GP patient survey results. Deep dive reviews are undertaken where potential issues need to be explored further prior to formal action being taken. An example of this is provided in the patient experience section below.

4.3 Patient Experience

The latest results from the national GP Patient Survey were published in July 2016, this combines results from July to September 2015 and January to March 2016 and provides practice-level data about patients experiences of their GP practice. In Nottingham City CCG 18,451 questionnaires were sent out, and 5,633 were returned completed. This represents a response rate of 31%. Nationally the response rate was 38.9%. Highlights from the results included:

- Overall, 85% were satisfied with their experience at their GP surgery. This is in line with the England average
- 88% found the receptionists at their GP surgery as helpful, slightly above England average of 88%
- 68% reported it as easy to get through to someone at your GP surgery on the phone, this was below the England average of 70%
- Awareness of online services was below the England average for both booking appointments online and online repeat prescriptions

The CCG's Primary Care Performance and Quality Steering Group analysed the results and noted that two practices were below average in several areas and there appeared to be a cluster of GP practices in the care delivery group 1 area (Bulwell) where the overall experience is below the rest of the CCG, particularly in relation to access to primary care. A review was undertaken to focus on these areas, reviewing results over the past three years and triangulating this with other data and intelligence. As a result of the review it was concluded that this area of the City should be the next area of focus for a health needs assessment, however, we are awaiting the results of the health needs assessment from care delivery group 4 (Hyson Green / Radford) to identify whether any learning or recommended actions could be applied to the Bulwell area.

4.3.1 Complaints

NHS England remains responsible for the management and investigation of complaints made about individual GPs and GP practices. The only exception to this is where there is a primary care element in a complaint covering a number of services which the Clinical Commissioning Group is co-ordinating. In these circumstances the Clinical Commissioning Group liaises directly with the practice and responds to the Complainant. NHS England does provide the CCG with the number of complaints received by practice / GP and the outcome of the investigations. The CCG's PCPQSG receives regular updates on the contacts

(complaints, enquiries etc.) received for all primary care providers and this information is triangulated with other intelligence.

Between April and September 2016

- The CCG received a total of 143 contacts about primary care over the six month period; 122 (85%) of which were categorised as enquiries.
- Of the 122 enquiries received, 67 (55%) were about the temporary closure of Mapperley Park Medical Centre, with 36 of these being patients calling to support the GP. Another 37 (30%) were about registering with a GP.
- Of the 21 complaints received, 17 (81%) were redirected to NHS England for investigation.
- NHS England also reported receiving 14 complaints in this period about 12 different practices of which 1 was upheld.

The number of complaints received is in line with the numbers observed during previous 6 monthly periods.

4.3.2 Serious Incidents

Under fully delegated co-commissioning the CCG is 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 September 2016 10 serious incidents were reported by primary care:

- 5 were pressure ulcers;
- 1 medication incident;
- 2 unexpected deaths; and
- 2 apparent / actual suspected homicide or self-harm

The CCG's Quality Governance team provides support to the practices for root cause analysis reviews and also shared best practice from completed investigations. The number of serious incidents reported is not dissimilar to the levels previously reported.

4.4 Care Quality Commission

To date 51 practices have been visited and reports published by the Care Quality Commission (CQC), in line with national timescales all practices should have received a visit by the end of 2016 with all reports published by April 2017. **Appendix 2** includes the ratings given to practices who have received CQC visits. The table below summarise the ratings of the practices where reports have been published:

Inadequate	**3**
Requires improvement	**5**
Good	**39**
Outstanding	**4**
	51

Where a practice receives 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 the CQC website. Two of the practices rated as "inadequate" have recently been re-visited and their rating has changed to "good".

The CQC have temporarily suspended two practices within Nottingham City in the last 12 months:

St Mary's Medical Centre

An inspection by the CQC in February 2016 found that the St Mary's Medical Centre in Top Valley had failed to meet expected standards and immediate action was required. The practice was temporarily closed on the 15 February 2016 to allow the practice time to address and rectify the concerns identified by the CQC. The closure period was extended by the CQC to allow further time for the necessary improvements to be made. The practice was still unable to address the issues so the temporary closure became permanent through the GPs contract in November 2016. All patients still registered with the practice and stakeholders were written to immediately following the closure.

Mapperley Park Medical Centre

The practice temporarily closed in September 2016 following a CQC inspection which found standards were lower than acceptable in certain areas, requiring immediate attention. The CQC re-visited the practice prior to the end of the suspension period and found that the practice had made sufficient progress in addressing these concerns and was therefore able to re-open to registered patients from 19 December 2016 for patients still registered with the practice, and from 3rd January 2017 for patients that had temporarily registered at another practice. All patients and stakeholders were written to in December 2016 regarding the most recent update. The CQC will re-visit the practice during 2017.

5. Support for General Practice

It has been well documented that general practice is facing increasingly unsustainable pressures. It needs to transform the way it provides services to reflect these growing challenges. Sustaining general practice will enable it to play a stronger role at the heart of a more integrated out-of-hospital service. There are a range of national and local support mechanisms in place to help primary care manage these challenges.

5.1 General Practice Forward View

The General Practice Forward View was published in April 2016 and sets out a plan with investment to stabilise and transform general practice. It focusses on five areas; workforce, investment, workload, practice Infrastructure and care redesign. NHS England report that there will be 82 schemes rolled out over the next four years. **Appendix 3** lists the schemes that have been released to date and the progress against each scheme.

CCGs have to submit a plan to NHS England by 23 December 2016 encompassing specific areas outlined in the General Practice Forward View. Plans must reflect local circumstances and as a minimum set out:

- How access to general practice will be improved
- How funds for practice transformational support will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of clerical and reception staff

The CCG's Primary Care Commissioning and Finance Teams in conjunction with the local NHS England Primary Care Hub are working to implement the schemes as they are released and prepare for the submission of the plan.

5.2 Capacity & Workforce

The workforce challenges within primary care continue to be well documented nationally; a shortage of doctors due to a high proportion of retiring doctors and lack of trainee doctors choosing general practice, continued transfer of work from secondary care to primary care and patient demands are contributing to increased demands on the profession. The General Practice Forward View recognised the workforce pressures facing primary care and sets out how the NHS intends to address these as this is a national issue. It includes doubling the growth rate in GPs through new incentives for training, recruitment and return to practice plus investing in practice based mental health therapists, co-funded practice clinical pharmacists and nationally funded support for practice nurses, physician associates, practice managers and receptionists. It also resulted in requirements being introduced into the national standard hospital contract to clarify expectations across the hospital and general practice interface and reduce avoidable extra workload for GPs. Within the City, general practice is able to flag to the CCG issues for investigation, and this includes where general practice believe that the hospital is unnecessarily transferring responsibilities and workload.

All places on the Nottinghamshire Vocational Training Scheme have been filled in round 1 of recruitment. This equates to 135 trainees over three years (45 trainees per year), a further 30 more trainees are currently going through the recruitment process.

Health Education East Midlands have designed a fellowship programme, launched in 2014. The programme is designed to enable doctors in training a range of development opportunities that integrate with their clinical training. Fellows can also obtain a Post Graduate Qualification and additional competencies. A key aim is to retain the fellows within Nottingham City and the CCG has supported the programme from the outset. A number of Nottingham City practices have signed up to be a placement for fellows and in year one of the programme (2015/16) 4 fellows were placed, all 4 fellows have extended their placement for another year (2016/17). Nottingham City has secured a further 7 placements for their first year (2016/17).

There is a lack of detailed local level workforce information for primary care. Health Education East Midlands (HEEM) is introducing a tool to help gather this information in real time. The tool is automatic and does not require additional work from practices. It will allow HEEM and commissioners to better understand the current workforce and develop locally based workforce plans and initiatives to support the nationally available ones The Nottinghamshire Local Medical Committee is also exploring a scheme to recruit clinicians from abroad.

5.3 Primary Care Patient Offer

In July 2016 the CCG launched the Primary Care Patient Offer. It is a single framework above the core GP contract, directly enhanced services, quality and outcomes framework (QOF) and locally commissioned primary medical services contracts, with a set of minimum standards and expectations of good quality primary care service providers. The offer was made available to all practices to voluntary take up between 2016/17 and 2019/20 and practices are required to deliver all of the standards for their patients. The standards have been included at **Appendix 4**.

This is a patient offer and it aims to improve the quality of primary care by reducing variation across the Nottingham City practices and introducing a minimum standard of care which patients can expect to receive from their GP practice. The offer is one of the mechanisms introduced by the CCG to sustain the delivery of primary care over the next four years, recognising the importance primary care plays within the health and care system but also acknowledging the pressures it has been facing, which is why the CCG has committed to significantly invest in this scheme. The Primary Care Patient Offer aims to deliver:

- Increased access to primary care services
- Equity of service provision to all city patients
- Opportunities to innovate and improve care
- Significantly reduced monitoring and invoicing
- Additional investment in General Practice to deliver fairness of funding

Practices had a deadline of the 30 September 2016 to indicate whether they wanted to participate in the offer and 48 practices responded to confirm their intention was to participate. Discussions are underway with a further two practices in relation to delivering the standards as part of their alternative provider of medical services (APMS) contract. All of the participating practices will start delivering the standards by 1st April 2017; nine practices were ready to start the offer immediately on the 1st October 2016. The service will be monitored by the Primary Care Commissioning Team utilising a range of measures including mystery shoppers.

5.4 Nottingham City General Practice Alliance

The Nottingham City General Practice Alliance was formally established in April 2016. They were formed to support and strengthen list based general practice in Nottingham City and their development was supported by NHS England, the CCG and the primary care development centre during 2015.

The Nottingham City General Practice Alliance is led by a core group of future local GP leaders (who are not involved in the CCG as commissioners) and has a membership of 48 practices and 327,197 registered patients, this represents 84% of practices and 90% of the population covered by the CCG. Further details are available on their website.

The organisation is working on a range of projects to benefit its member practices including:

- Shared back office functions and HR services
- Establishing a register of non-GP bank staff (receptionists, nurses, HCAs) and mobilise spare capacity in the primary care workforce
- Mutual peer support for members with performance / disciplinary issues, CQC requirements
- Supporting practices to meet contract reporting requirements and claiming processes
- Supporting practices to be more resilient, particularly those who may be vulnerable now or in the immediate future

The alliance will also support the development of new care models required within the Sustainability and Transformation Plan with general practice being at the heart of these.

5.5 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.

6. Next steps

Key focuses are to:

- Deliver the requirements outlined in the General Practice Forward View to improve access, quality and the sustainability of primary care in Nottingham City, including the plans for Practice Transformational Support, and the ten high impact changes
- Support the development of the Sustainability and Transformation plans to increase resilience and sustainability of primary care and new models of care
- Support the implementation of the Estates Strategy and the delivery of approved and future schemes

7. 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.

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.

Fiona Warren, Commissioning Manager – Primary Care
Lynette Daws, Assistant Director of Commissioning – Primary Care
December 2016

Appendix 1 – Practice list size and contract form - List Sizes as at 01/10/2016 - Quarter 3

Robin Hood Cluster - 25 Practices				
Practice Name	**Contract Type**	**CDG**	**Raw List Size**	**Weighted List Size**
Bakersfield Medical Centre	PMS	6	5089	5480
Bridgeway Practice	GMS	8	4339	5028
Clifton Medical Practice	PMS	8	8376	9224
Dale Surgery	PMS	6	4022	3841
Family Medical Centre	GMS	6	8925	9834
Greenwood & Sneinton FMC	GMS	6	6603	7304
John Ryle	GMS	8	6262	6729
Leen View Surgery	GMS	1	8833	9934
Lenton Medical Centre*	PMS	4	2160	1894
Limetree Surgery	PMS	3	3479	3817
Mapperley Park Medical Centre*	GMS	6	1812	1718
Meadows Health Centre	GMS	8	3624	4192
Parkside Medical Practice	GMS	1	6948	7605
Radford Medical Practice / NTU	PMS	4	17292	14990
Rivergreen	GMS	8	8802	9410
Sherwood Rise Medical	GMS	5	5586	5256
St Luke's Surgery*	GMS	4	3854	3742
Sunrise Medical Centre / Practice	PMS	4	7264	5422
The Fairfields Practice	GMS	4	7241	6998
The Forest Practice	PMS	4	5326	5218
The High Green	PMS	4	9346	7795
Victoria Health Centre / Mapperley Surgery	GMS	6	8053	9005
Wellspring Surgery	PMS	6	10194	11526
Windmill Practice	PMS	6	7885	8551
Wollaton Vale *	GMS	7	2897	2783
Robin Hood cluster Total			**164,212**	**167,295**

NORCOMM Cluster - 21 Practices				
Practice Name	**Contract Type**	**CDG**	**Raw List Size**	**Weighted List Size**
Aspley Medical Centre	PMS	3	7352	7935
Beechdale Surgery	PMS	3	3700	4081
Boulevard Medical Centre	PMS	3	1779	1819
Bilborough Medical Centre / Assarts Farm	PMS	3	9883	10071
Churchfields	GMS	3	10035	10596
Deer Park Family Medical Practice	PMS	7	8649	8551
Derby Road Health Centre	GMS	4	9728	9718
Elmswood Surgery	GMS	5	9062	9489
Grange Farm Medical Centre	APMS	3	3763	4518
Hucknall Road Medical Centre	GMS	2	12976	13070
Melbourne Park Medical Centre	GMS	3	7942	8691
Queens Bower Surgery*	GMS	2	4387	4392
RHR Medical Centre	PMS	3	3041	3028
Rise Park Surgery	GMS	1	7187	7561
Sherrington Park	GMS	5	4337	4431
Southglade Health Centre	APMS	2	2404	2425
Strelley Health Centre	PMS	3	4147	4241
The Alice Medical Centre*	GMS	2	3260	3206
Tudor House Medical Practice	PMS	5	6232	6249
Welbeck Surgery	GMS	5	3891	3878
Wollaton Park Medical	PMS	7	7849	7658
Norcom cluster Total			**131,604**	**135,607**

Nottingham City CCG Total for all 57 practices	**371,915**	**365,503**

KEY

GMS - General Medical Services contract
PMS - Personal Medical Services contract
APMS - Alternative Provider Medical Services
* Indicates contract is held by a single handed GP
Practice names underlined below indicate a branch surgery

Unicom Healthcare - 2 Practices				
Practice Name	**Contract Type**	**CDG**	**Raw List**	**Weighted List Size**
Cripps	GMS	7	39540	25686
NEMS - Platform One / Upper Parliament St	APMS	8	10103	9664
Total			**49643**	**35350**

City Central Cluster - 9 Practices				
Practice Name	**Contract Type**	**CDG Group**	**Raw List Size**	**Weighted List Size**
Bilborough Surgery*	GMS	3	1455	1930
Greenfields Medical Centre*	GMS	4	2536	2514
Mayfield Medical Practice*	PMS	4	3024	2860
Radford Health Centre - Phillips*	PMS	4	3544	3507
Riverlyn	PMS	1	3068	3198
Springfield*	GMS	1	2681	2776
St Albans / Nirmala	GMS	1	7502	7913
St Mary's Medical Centre	GMS	1	347	280
The Medical Centre - Irfan*	PMS	5	2265	2249
City Central Total			**26,422**	**27,226**

Appendix 2 – CQC ratings

			Ratings						Six population groups					
Practice Name	**Inspection Date**	**Report published**	**Overall rating**	**Safe**	**Effective**	**Caring**	**Responsive**	**Well-led**	**Older people**	**People with LTCs**	**Families, children & young people**	**Working age people** including recently retired & students	**People whose circumstance make them vulnerable**	**People experiencing poor mental health** including people with dementia
Aspley Medical Centre	06-Jan-16	25-Feb-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Bakersfield Medical Centre	01-Mar-16	01-Jul-16	**Requires improvement**	Inadequate	RI	RI	Good	RI	RI	RI	RI	RI	RI	RI
Beechdale Surgery	05-Nov-14	05-Feb-15	**Good**	Good	Good	Good	Good	Good	Good	**Outstanding**	Good	Good	Good	Good
Bilborough Medical Centre														
Bilborough Surgery	24-Mar-16	12-Jul-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Boulevard Medical Centre														
Bridgeway Practice	01-Jun-15	26-Nov-15	**Good**	RI	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Churchfields Medical Practice	26-Nov-14	31-Mar-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Clifton Medical Practice	24-Nov-14	09-Apr-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Dale Surgery	11-Oct-16	25-Nov-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Deer Park Family Medical Practice	16-Feb-16	06-May-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Derby Road Health Centre	06-Jul-16	21-Oct-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Elmswood Surgery	01-Jun-16	09-Aug-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Family Medical Centre	01-Mar-16	12-May-16	**Outstanding**	Good	Good	Good	**Outstanding**	**Outstanding**	Good	Good	**Outstanding**	Good	**Outstanding**	Good

Grange Farm Medical Centre	20-Jul-16	31-Oct-16	**Good**	Good	Good	**Outstanding**	Good	Good	Good	Good	**Outstanding**	Good	Good	Good
Greenfields Medical Centre	21-Sep-15	19-Nov-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Greenwood & Sneinton FMC	22-Aug-16	06-Oct-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
High Green Medical Practice	29-Sep-16	14-Dec-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Hucknall Road Medical Centre	20-Sep-16	09-Dec-16	**Good**	Good	Good	Good	Good	Good	**Outstanding**	Good	Good	Good	Good	Good
John Ryle Medical Practice	16-Aug-16	20-Oct-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Leen View Surgery	12-Apr-16	10-Jun-16	**Requires improvement**	RI	Good	Good	Good	RI	RI	RI	RI	RI	RI	RI
Lenton Medical Centre	15-Sep-16	24-Mar-16	**Inadequate**	Good	Inadequate	RI	Good	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Lime Tree Surgery	31-Aug-16	14-Dec-16	**Good**	Good	Good	Good	Good	Good	Good	Good	**Outstanding**	Good	Good	Good
Mapperley Park Medical Centre	01-Dec-15	03-Mar-16	**Inadequate**	Inadequate	Inadequate	Good	RI	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Mayfield Medical Practice	28-Aug-15	15-Oct-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Meadows Health Centre	18-Nov-14	12-Mar-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Medical Centre at Zulu Road	17-Nov-14	19-Mar-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Melbourne Park Medical Centre														
Parkside Medical Centre	01-Jun-16	31-Aug-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Platform One	30-Jun-15	24-Sep-15	**Outstanding**	Good	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**
Queens Bower Surgery														
Radford Health Centre	15-Jun-16	09-Aug-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Radford Medical Practice	09-May-16	22-Jun-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good

RHR Medical Centre														
Rise Park Surgery	09-Aug-16	05-Oct-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Rivergreen Medical Centre	28-Sep-16	07-Dec-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Riverlyn Medical Centre	01-Aug-16	16-Dec-16	**Requires improvement**	RI	Good	RI	RI	Inadequate	RI	RI	RI	RI	RI	RI
Sherrington Park Medical Centre	07-Mar-16	21-Apr-16	**Outstanding**	Good	**Outstanding**	Good	**Outstanding**	Good	Good	**Outstanding**	Good	**Outstanding**	Good	Good
Sherwood Rise Medical Centre	21-Sep-15	10-Mar-16	**Requires improvement**	RI	RI	Good	Good	RI	Good	RI	RI	RI	Good	Good
Springfield Medical Centre	11-Nov-15	03-Mar-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
SSAFA Southglade Health Centre	24-May-16	08-Aug-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
St Luke's Surgery	30-Jun-16	27-Jul-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
St Mary's Medical Centre	10-Feb-16	14-Apr-16	**Inadequate**	Inadequate	Inadequate	Inadequate	RI	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Strelley Health Centre														
Sunrise Medical Centre	15-Sep-15	14-Jan-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Alice Medical Centre	24-May-16	11-Jul-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Fairfields Practice	04-Nov-14	28-May-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Forest Practice	11-Apr-16	11-Jul-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Practice St Albans Medical Centre & Nirmala	25-Apr-16	18-Aug-16	**Requires improvement**	Good	RI	RI	RI	RI	RI	RI	RI	RI	RI	RI
Tudor House Medical Practice	01-Mar-16	05-May-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
University of Nottingham Health Service	18-Jun-15	13-Aug-15	**Outstanding**	Good	**Outstanding**	Good	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	**Outstanding**	Good	**Outstanding**
Victoria & Mapperley Practice	03-Nov-14	24-Feb-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good

Welbeck Surgery	30-Aug-16	11-Nov-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	**Outstanding**	Good
Wellspring Surgery	02-Jun-15	03-Sep-15	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Windmill Practice	11-May-16	03-Aug-16	**Good**	Good	Good	Good	Good	**Outstanding**	Good	Good	Good	Good	**Outstanding**	Good
Wollaton Park Medical Centre	25-Apr-16	27-Jun-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Wollaton Vale Health Centre	18-May-16	01-Sep-16	**Good**	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good

Inadequate	**3**	**3**	**3**	**1**	**0**	**4**	**3**	**3**	**3**	**3**	**3**	**3**
Requires improvement	**5**	**4**	**3**	**4**	**4**	**4**	**4**	**5**	**5**	**5**	**4**	**4**
Good	**39**	**44**	**42**	**44**	**43**	**39**	**41**	**39**	**38**	**40**	**40**	**42**
Outstanding	**4**	**0**	**3**	**2**	**4**	**4**	**3**	**4**	**5**	**3**	**4**	**2**
	51	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**	**51**

Appendix 3 – General Practice Forward View schemes released

2016/17	
Scheme	**Information**
1. GP indemnity review	To cover the associated increases for in-hours indemnity insurance with MDUs
2. Vulnerable practice scheme	Programme of support to practices identified as 'vulnerable'. Vulnerable GP practices are identified as those rated by CQC as 'inadequate', those rated as 'requiring improvement' where there is greatest concern, those assessed by local commissioners in need of support in view of local intelligence; or practices that self-declare. Match funding £ required but later guidance indicated the match funding could be made 'in kind'.
3. GP Resilience programme	Same criteria as vulnerable practice scheme and no match funding required, although practices must provide 'matched commitment' Support can be delivered by local resilience teams or pools of experienced clinical and managerial staff to help practices implement changes that will support practices to become more sustainable and resilient
4. Estates and technology transformation fund (ETTF)	Local ETTF schemes prioritised and submitted on central portal
5. Training for reception and clerical staff	To support reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence
6. NHS GP Health Service	The Hurley Clinic Partnership has been appointed provider of a NHS GP Health Service. The service is to improve access to mental health support for general practitioners and trainee GPs who may be suffering from mental ill-health including stress, depression, addiction and burnout

2017/18	
Scheme	**Information**
7. GP access fund (formerly PMCF)	Criteria contained within planning guidance: Timing of appointments • Pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) to provide additional 1.5 hours a day • Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays 'to meet local population needs'

	• Provide robust evidence, based on utilization rates, for the proposed disposition of services through the week • Appointments can be provided on a hub basis with practices working at scale Capacity • Commission a minimum additional 30 minutes consultation capacity per 1,000 population, rising to 45 minutes per 1,000 population Measurement • Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours Advertising and ease of access • Ensure services are advertised to patients • Ensure ease of access for patients including ability to book into extended hours and weekend slots Digital • Use of digital approaches to support new models of care in general practice Inequalities • Issues of inequalities in patients experience of accessing general practice identified by local evidence and actions to resolve in place
8. Online general practice consultation software systems	'Online consultation systems' to be purchased and deployed, starting in 2017/18.
9. Training care navigators and medical assistants	Developing and piloting medical assistant roles that support GPs

2017/18	
Scheme	**Information**
10. Targeted investment in recruiting returning doctors pilot 2016 (TIRRDs)	Targeted at practices that have struggled to recruit to GP vacancies that they have held for over 12 months.
11. General practices development programme	Tailored programme linked to releasing 'Time to care' – delivering the 10 High Impact Actions, freeing up time for GPs and improving care for patients
12. Retained doctors scheme (2016)	Incentives to support GPs who might otherwise leave the profession to remain in clinical general practice

Appendix 4 – Primary Care Patient Offer Standards

Category	Ref.	Standard / Requirement
Access	**A1**	Practice open during core hours of 8:00am to 6:30pm Monday to Friday (No mid-week or lunchtime closures). As a minimum this requires: - Practice reception is staffed and accessible for patients, face to face and by telephone (A2) - Thursday afternoon will be a clinic provided by an appropriately skilled clinician, e.g. GP or nurse practitioner with prescribing, with GP cover available. The standard of this service should be equivalent to that offered throughout the rest of the week with a mixture of pre bookable and urgent appointments - *However, practices will be permitted to close on a Tuesday afternoon for pre-arranged CCG organised Protected Learning Time sessions.*
	A2	Phone systems switched on during core hours of 8:00am to 6:30pm Monday to Friday (telephones will not be switched to answerphone during these core hours)
	A3	Practice supports patient choice by facilitating access to male and female GPs As a minimum this requires: - All patients to be made aware of the choice of male and female GPs - This is expected to be offered for routine appointments as a minimum - This standard is not expected to be adhered to for urgent appointments or specialised appointments (where there may only be one clinical specialist within the practice) - This may be delivered through relationships and alliances with neighbouring practices.
	A4	Pre-bookable Nurse / Health Care Professional appointments available up to 4 weeks in advance
	A5	Routine / non-urgent appointments with a clinician or other appropriate clinical contact is offered within 3 working days *This may be delivered through a number of mechanisms including - walk-in, face to face, telephone consulting, home visiting etc.*
	A6	Urgent appointments (clinically defined as urgent by the practice) are available on the same day. *This may be delivered through a number of mechanisms including - walk-in, face to face, telephone and it is expected that a triage process (or similar) is used to prioritise the allocation of urgent appointments*
	A7	The practice is expected to ensure that information about access to the practice is available to patients in a variety of formats which meets the needs of their population; this should include access to male and female GPs. Practices are expected to work and engage with local communities so as to ensure vulnerable and hard to reach groups have access to high quality primary care provision
	A8	Patients named GP will respond appropriately to healthcare professionals within the requested timeframes. This includes requests from 111, EMAS, NUH, community services and any other appropriate healthcare provider.
	A9	Confirmation that an up to date Business Continuity plan is in place
	A10	Practices will have resilience plans in place to help manage expected periods of increased demand across the health and social care system, for example time periods leading up to and following bank holidays. Practices will enact resilience plans during these known periods of increased demand; *this could include actions such as reducing the number of pre-bookable appointments and increasing the number of urgent appointments, planning to increase capacity etc.*

	A11	Utilise the MJOG text messaging management service (funded by the CCG). A set of principles for the use of MJOG will be available on the CCGs Pathway Website
Services Available	Practices will facilitate access to the following primary care services in line with the requirements in the service specification. These services will be provided by appropriately qualified, trained and competent individuals.	
	S1	Ear Irrigation
	S2	Treatment Room Services
	S3	Phlebotomy Adults (12 years +)
	S4	Phlebotomy Domiciliary
	S5	ECG
	S6	H Pylori
	S7	PSA
	S8	Management of minor injury
Quality - Clinical Effectiveness	**C1**	All practices will adhere to national guidance and locally developed pathways. With specific reference to Clinical Effectiveness e.g. NICE guidelines - Practice identifies a lead GP for Clinical Effectiveness - Lead GP disseminates latest NICE clinical guidelines relevant to primary care during clinical meetings - Practices will follow the clinical effectiveness hints and tips checklist developed by the CCG. Available on the CCG's Pathways Website
	C2	Clinical and administration staff attends and actively participates in the CCG's rolling programme of training and development sessions. For PLT's this includes the GP session, Practice Manager session, Practice Nurse session and Administration session.
	C3	The practice will fulfil their requirements for the mandatory workforce Minimum Data Set (wMDS) and engage with HEEM locally to support this process. Practices will utilise this information to support the development of workforce plans which will be updated annually as a minimum.
Quality - Patient Safety	**PS1**	Hold regular (no less than bi-monthly) MDT meetings to discuss vulnerable patients and review of care plans. Meetings should be delivered in line with the CCG best practice guide / top tips for MDT meetings (available on the CCGs Pathway Website) and developments of the CDG agenda (see standard PS 3) *This builds upon the national avoiding unplanned admissions enhanced service and the CCG Vulnerable Adults service*
	PS2	Practices will use admission avoidance schemes *For example Nottingham Care Navigator to be used in the first instance for all admissions to NUH, the CCG's Pathways Website and the NEMS community pathfinder to be used to identify appropriate pathways*
	PS3	Participate and support continuous developments in Care Delivery Groups (CDGs), for example the integration of Mental Health within CDGs, attendance at CDG network meetings etc. *This builds upon the CCG Vulnerable Adults service*
	PS4	**<u>Safeguarding</u>** - Practice identifies a lead GP and nominated deputy for children and adults - Practice completes and returns the annual safeguarding toolkit / standards locally produced by the CCG - Lead GP or representative to attend at least one GP leads safeguarding meeting a year (organised by the CCG)
Quality - Patient	**PE1**	Patient Participation Group advertised within GP practice and on practice website. Minutes from PPG to be made available on practice website

Experience	**PE2**	Evidence that Practice decisions are informed by Patient Participation Group (PPG). Feedback from PPG to feature on internal practice meeting agenda as a minimum every six months.
	O1	Teledermatology - used by all practices and embedded in delivery of new models of care
	O2	Utilise secure email communication when required ensuring mechanisms are in place to monitor email accounts daily.
	O3	Support CCG with progress in Assistive Technology developments
	O4	Participate in access audits/surveys as required and support CCG audits - *Maximum of 4 audits per year*