

Primary Care Services in Nottingham City

1. Introduction and Summary

This paper provides the Health Scrutiny Committee with an update on the national and local priorities for primary care, specifically primary care medical services delivered by General Practice, in Nottingham City. It provides an update on the initiatives to improve access and quality of services in Nottingham City.

Nottingham City CCG previously reported on this area to the Health Scrutiny Committee in November 2015 and January 2016. This paper provides an update on the developments over the past 12 months and areas of focus for the future.

2. Primary Care Provision within Nottingham City

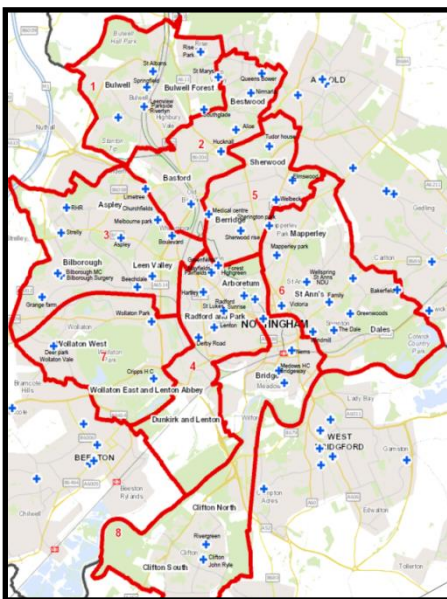
There are currently 54 GP practices in Nottingham City serving a total population of 379,088 registered patients. They consist of nine single handed practices, three practices are run by provider organisations / companies with the remaining practices run through partnership arrangements. Six practices have branch surgeries; practice raw list sizes range from 1,429 to 13,133; the two university practices have the largest list sizes of 18,638 and 41,990. **Appendix 1** provides the current list sizes and contract form of the 54 practices.

In the last 12 months two GP practices have closed in the City;

- One of the GP practices based in Wollaton Vale Health Centre closed in February 2017 following the retirement of Dr Ghaharian. The patients were dispersed to neighbouring practices;
- Lenton Medical Centre merged with Derby Road Health Centre in April 2017 resulting in the Lenton Medical Centre site closing.

Further detail on upcoming changes to the number of GP practices is provided in section 4 below.

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 54 practices are organised into one of the eight CDGs as demonstrated in Figure 1 which are aligned to local authority wards. 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 GP Cluster and Care Delivery Group of the 54 member practices.

The Nottingham City General Practice Alliance, formed in April 2016, continues to support and strengthen local general practice. The Alliance is led by a core group of GP leaders (who are not involved in the CCG as commissioners) and has a membership of 48 practices representing over 90% of the CCG's registered

population. The Alliance is working on a range of projects to benefit its member practices in addition to supporting the CCG to deliver some of the General Practice Forward View initiatives. Further details are provided within this paper.

3. National and Local priorities

The General Practice Forward View (GPFV) published in April 2016 committed to an extra £2.4 billion a year to support general practice services by 2020/21. Details have been released on 14 initiatives to date of which 10 are led locally by CCGs and details of these are provided in this paper. Nottingham City is working with Nottingham North and East CCG, Nottingham West CCG and Rushcliffe CCG as part of the Greater Nottinghamshire CCGs to support the delivery of the GPFV, sharing best practice and where possible delivering schemes at scale.

Primary Care also plays a vital role in the establishment of an accountable care system and the sustainability and transformation partnership. These 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.

The four Greater Nottingham CCGs are aligning and working towards developing an integrated commissioning structure for Greater Nottingham. Work is progressing to establish a Joint Committee for the CCGs and agreeing the responsibilities and membership of the Joint Committee. The new arrangements are scheduled to start from 1 April 2018 subject to NHS England approval. There will be a single management structure for Greater Nottingham CCGs which involves the alignment of the workforce and the development of proposed structures, which is a complex process.

3.1 Nottingham City CCG Strategic Priorities 2017-2020

Primary Care is identified as a 'key enabler' within our recently published CCG strategy, this means it is essential that we continue to develop and improve in this area in order to maximise the impact we have on our four strategic priorities. The three aims outlined in our strategy consist of:

- Aim 1: Improve access to GPs and other primary care services through our primary care patient offer and extended evening and weekend service
- Aim 2: Support primary care colleagues to manage variation, and standardise care for all patients and across all practices
- Aim 3: Enable more patients to manage their conditions at home, supported by their GP, and other community-based services.

These national and local aims and priorities build on the foundations that were laid out for primary care under the CCG's Primary Care Vision.

3.2 Access

One of the principal concerns raised by local people in the engagement for the CCG's strategy related to patients not being able to get appointments with their GP quickly enough and more time should be provided for groups who have specific communication or other needs. The following projects are being implemented to improve access to primary care services in Nottingham City.

3.2.1 GP+ Extended GP Access services

NHS England has provided funding for the CCG to commission an additional 182 hours of primary care services per week in the evenings and on weekends. This is equivalent to over 700 additional appointments per week. The Nottingham City General Practice Alliance will deliver this service, known locally as GP+ Nottingham City. From March 2018 GP+ will provide routine appointments with GPs, Practice Nurses, Clinical Pharmacists and Physiotherapists from their central hub located on Upper Parliament Street during the hours of 4pm-8pm Monday – Friday and 9am – 1pm Saturday and Sunday. Patients registered at any

Nottingham City practice can access these additional appointments by booking through their reception team at their GP practice; this is not a walk-in service.

The Nottingham City General Practice Alliance is working with all 54 practices to promote the service ahead of its formal launch in March 2018. If the service is successful there is the possibility of extending in a “hub and spoke” model across the City.

3.2.2 Primary Care Patient Offer

The Primary Care Patient Offer, which was launched in 2016, has continued into 2017/18 with 41 of the 54 GP practices participating. The scheme consists of a set of minimum standards and expectations of good quality primary care service providers. The scheme includes a range of standards to be delivered by participating practices such as:

- Practices to be open with telephones switched on during the core hours of 8am – 6:30pm – this was introduced in recognition of the historical practice of Thursday afternoon closures in some GP practices;
- Same day urgent appointments to be provided;
- Pre-bookable appointments available with a nurse up to 4 weeks in advance;
- Routine appointments or other appropriate clinical contact to be provided within 3 days;
- Provision of services in-house such as phlebotomy, treatment room, ear irrigation and ECG;
- Quality standards in relation to MDT meetings, safeguarding, NICE and patient experience.

A range of monitoring methods is used to assess compliance against the standards including spot checks of access and mystery shopper. NHS England recently completed a national survey of all GP practices to determine the ‘Third Next Available Appointment’. The outputs from this survey will complement the contract monitoring. Where a practice is identified as not meeting the standards an action plan for improvement is agreed, if poor performance continues a process of financial penalties will be applied. For the 13 practices that chose not to participate in the scheme Nottingham CityCare Partnership were awarded a contract to deliver the services to the patient population of these 13 practices.

3.2.3 Interpreter Assisted Appointments

Nottingham City has a diverse demographic, the number and complexity of consultations in primary care is increasing including those consultations that require an interpreter to be present, this can create additional pressure on a workforce which is facing unprecedented challenges. In December 2016 NHS England published a guidance note for commissioners titled ‘GP practices serving Atypical Populations’ this document recognised that there are GP practices that provide services to a patient population which is sufficiently different (“atypical”) to result in workload challenges that are not always recognised by existing GP contracts. The document provided examples of how commissioners could help ease these pressures. In response to this and the feedback received during our strategy development the CCG has developed an Interpreter Assisted Appointments (IAA) Incentive Scheme which financially reimburses practices to acknowledge the additional demands and administration requirements required for some appointments. The IAA Incentive Scheme is based on the current provision of double appointments that are booked by the GP practices to allow for the use of an Interpreter. Practices are required to demonstrate how the additional funding is being used to increase clinical appointments. Currently 13 Nottingham City practices have signed up to the scheme which started in September 2017. Between September and December 2017 five practices have submitted activity reporting and financial claims for a total of 1,950 appointments where interpreter support was required. The practices are mostly located in the Hyson Green and St Ann’s areas of the City and the number of interpreter assisted appointments is influenced by list size and practice demographics. These 5 practices serve a registered population of 34,257 and they report that they have

used the additional funding to increase the number of GP appointments available and provide additional telephone clinical triage.

4. Primary Care Commissioning - Fully delegated co-commissioning

In 2017/18 the CCG has continued to deliver its responsibilities for delegated co-commissioning. Some recent decisions made by the CCG's Primary Care Commissioning Panel have included:

- **List closure** – in February 2017 the Wellspring Surgery located in St Ann's applied for its list to be temporarily closed to new patients due to recruitment difficulties within the practice. This was approved for six months from 1st March 2017. During this time patients are still able to register with several other neighbouring practices. In September 2017 the Wellspring Surgery requested that this temporary closure be extended, this was approved for a further 6 months taking the total closure period to the 12 month maximum. The list will re-open on 1st March 2018.
- **Boundary changes** – The Forest Practice and The Fairfields Practice located in Hyson Green both applied to reduce their practice boundaries in March 2017; both practices had large boundaries extending as far as Aspley and they wished to focus on providing services to the populated areas surrounding Hyson Green. The Primary Care Commissioning Panel approved these changes. As a result of us being an inner City patients still have ample choice of practice to register with. In May 2017 the Primary Care Commissioning Panel agreed to an extension of the Southglade Medical Practice boundary, extending their coverage across the Top Valley area.

The Primary Care Commissioning Panel has also been approached with the following proposals, all of which will be taking effect over the next few months.

- Southglade Medical Practice – the current provider has served notice on their contract and will cease providing services at the end of March 2018. The CCG has sourced a caretaking organisation who will continue to provide GP services to the 2,500 patients from end of March 2018. This enables the CCG to appoint a new provider following a procurement exercise in 2018 to deliver services from 2019 onwards.
- The Dale Surgery (Sneinton) – the practice submitted an application to merge with their neighbouring surgery Greenwood & Sneinton Family Medical Centre and close down the Dale Surgery from 1st April 2018, with all services to be delivered from Greenwood & Sneinton (0.5 miles up the road). The Primary Care Commissioning Panel supported this in principle, subject to the results patient and stakeholder engagement. The engagement feedback will be presented back to the panel in March 2018.
- Sunrise Medical Practice – the practice submitted an application to close one of their surgeries located in Radford Health Centre from 1st July 2018 and provide services solely from their surgery on the Clifton Campus of Nottingham Trent University. The panel supported this closure in principle, subject to the results of patient and stakeholder engagement. The engagement feedback will be presented back to the panel in March 2018.

5. Quality of primary care services

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.

5.1 CQC

All 54 GP practices have been inspected by the CQC. Some of the more recent inspections are still at draft report stage and their ratings have yet to be formally published. There are 4 practices with 'outstanding' ratings, 39 with 'good' ratings, 5 with 'requires improvement' and 5 with an 'inadequate' rating. Please see **appendix 2** for all published practice ratings. Full copies of the inspection reports can be reviewed at <http://www.cqc.org.uk/>

CQC plan to re-inspect a percentage of good and outstanding practices every year. Those practices placed in special measures (following an inadequate or requires improvement rating) will be followed up six months after the publication of the inspection report. Those practices with requirements will be re-inspected. Where a practice receives an overall rating of 'requires improvement' or 'inadequate' actions 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. The CCG also holds monthly contract review meetings with these practices to oversee their improvement and the CCGs Quality Team undertakes a Quality visit. The CCG also holds quarterly meetings with the CQC to oversee progress.

5.2 Patient Experience

5.2.1 Complaints

Complaints about GPs are investigated either by the practice or by NHS England. The only exception to this is where there is a primary care element in a complaint covering a number of services which the CCG co-ordinates. In these circumstances the CCG liaises directly with the practice and responds to the complainant. All other primary care complaints are passed onto NHS England to investigate with the complainant's consent (verbal consent is sufficient).

The outcomes for complaints received by the CCG for quarter 2 & 3 2017/18 are as follows:

	Q2	Q3
Complaint redirected to NHSE	7	7
Complaint redirected to GP	0	1
Complaint investigated and not upheld	1	0
Complaint under investigation	0	1

In 2017/18 quarter 2 NHS England received a total of 5 complaints and for quarter 3 a total of 17 complaints were received. Three practices had 2 complaints; all of the others had 1.

The highest category reported was attitude of staff. Every complaint is shared with the fitness to practice team for either information or for action. Each complaint has a clinical review and a report is written.

5.2.2 Enquiries received

Enquiries about primary care are handled by the CCG team whenever possible under the policy of 'no wrong door'.

In quarter 2 2017/18 a total 35 enquiries were received and in quarter 3 2017/18 a total of 38 enquiries. For quarter 2 the vast majority 23 (66%) were registration enquiries. For Quarter 3, 15 (40%) about specific practice queries. 9 (24%) of enquiries were about appointments, 4 (10.5%) were from patients enquiring about access to Treatment Room Service.

5.2.3 Satisfaction Surveys

Based on feedback patients tell us that their experience of care matters as much as clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number and they value efficient processes.

The [GP Patient Survey \(GPPS\)](#) is an England-wide survey, providing practice level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. An action plan has been produced by the Primary Care Performance and Quality Steering Group following review of the GP patient survey results. The results were also discussed with practices during their annual practice visit by the CCG. It was acknowledged that satisfaction and confidence in GPs and nurses remains high and in many questions the CCG results are in line with the England average. Actions will be focussed on improving uptake of the survey in those areas where the CCG is significantly below the England average. Response rate by practice varies and for a high number of practices the response rate is a very small proportion of their total practice population. There is a need to explore how to increase the uptake of this survey so that more representative responses are received and to consider the role of patient participation groups. Sharing the results with the People's Council for the purpose of gaining more suggestions for increasing participation rate is being considered.

Awareness of online services is an area where most Nottingham City practices performed below national average. NHS England aim for 10% of patients to be signed up for online services by March 2017 and 20% by March 2018, although this is not a contractual requirement. It is nationally recognised that the uptake of online services within Nottingham City is lower. A Project Board has been established consisting of NHS Improvement, CCG and NHSE representation with responsibility for increasing uptake. Engagement to date has focussed on practice staff promoting the online access. The board will work with community services to increase uptake in targeted patient groups e.g. Long Term Conditions patients via the Care Co-ordinators and District Nurses / Neighbourhood Teams.

5.2.4 Friends and Family Test

From 1 December 2014 it has been a contractual requirement that primary care implement the NHS Friends and Family Test (FFT).

Reviewing the data shows rates continue to be variable. Rates for recommendation of their practice have seen an increase of 2% since June 2017 with 89% recommending their surgery to others and a decrease of 1% for do not recommend to 7% based on the November 2017 data.

In summary although not directly comparable the results of the patient survey and the friends and family test indicate patients are generally satisfied with or would recommend their GP practice.

6. Workload and variation

There are several initiatives driven both nationally and locally, to support primary care with its increasing workload and to ensure primary care remains a successful key enabler for the CCG's strategic priorities.

6.1 Clinical variation

RightCare data has identified opportunities to improve patient outcomes and make better use of the CCG's limited resources when we compare ourselves to our peer CCGs. In 2017/18 we adapted our annual Practice Visit programme to support this. The programme helps to improve quality by ensuring patients access the right care, first time across all clinical pathways. It supports continuous improvement in GP services with the aim of encouraging consistency of patient experience and outcomes. GP Practices are supported to review their management and referral of patients and work in localities to share learning and best practice.

6.2 Care Co-ordination

The GPFV has provided funds for the training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. These are identified by NHS England as one of their "10 High Impact Actions for Practices" to release capacity in general practice. The innovations free up GP time, therefore increasing access to primary care services as well as making more appropriate use of the practice team members' skills and job satisfaction.

A total of 265 administration and clerical staff have been trained to date as "sign posters" across 31 practices with each practice having a Signposting Champion to lead the initiative locally within the practice. Training is scheduled into 2018 for the remaining practices. The "sign posters" help patients get the right help first time and empowering patients to find services and self-care information for themselves in the future. To support this Nottingham City GP Alliance has also developed a website with a directory of services and self-care information. This [website](#) also links to other local health and social care service directorates produced by Nottingham City Council, CityCare and NHS Choices to avoid duplication and confusion for patients.

6.3 Management of clinical correspondence

The Nottingham City GP Alliance is also supporting the city-wide roll-out of 'Workflow Optimisation' product developed by HERE. This is a system by which practice administration staff are trained and supported to read, code and action incoming clinical correspondence. The training allows clerical staff to become skilled and confident in making decisions about how to code letters and their contents and using an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency. The scheme started in West Wakefield and is being rolled out in other areas across the UK. It has resulted in up to 80% of the patient correspondence being processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP and often allows the practice to take speedier action on some issues.

40 practices have expressed an interest in this system and 13 of these have received their training and are implementing the new working processes in their surgeries. A further 13 practices are scheduled to be trained in February and 14 in March.

7. Investment and workforce

One of the main aims of the GPFV is to reverse historic underinvestment in general practice and increase the workforce by 2020/21. A number of schemes are being rolled out under the GPFV to deliver these aims.

7.1 Improving the sustainability and resilience of general practice

NHS England developed two national programs to offer turnaround support to improve sustainability and resilience of general practice.

Over the course of the schemes all practices in Nottingham City have been offered a menu of support, ranging from support to stabilise practice operations where there is a risk of closure, through to more transformational support that will secure resilience in to the future. The Nottingham City GP Alliance has worked with the 54 practices to identify areas of need and arrange the support needed to address these. This has included business planning and leadership development, HCA training, practice manager training, finance, HR and management consultancy.

In addition CCGs are tasked to support the delivery of the 10 'high impact actions' to stimulate development of at scale providers, secure sustainability in primary care and free up GP time. Nottingham City has supported the formation of the Nottingham City GP Alliance and implemented schemes to reduce DNAs and increase self-care.

7.2 Workforce

The GPFV recognised the pressures within primary care around difficulties in workforce recruitment and expansion. NHS England and Health Education England (HEE) have set ambitious targets to expand the workforce, backed with additional funding as part of the Sustainability and Transformation package. The Nottinghamshire Vocational Training Scheme continues to be well utilised with more trainees currently going through the recruitment process and the GP fellowship programme also continues to be a success.

In addition the GPFV included a commitment to deliver a major international recruitment drive to attract up to 500 appropriately trained and qualified GPs from overseas by 2020. NHS England will be establishing a GP International Recruitment Office to organise and run a scaled up international recruitment programme. The role of this office will be to coordinate the recruitment, provide support for and relocation of recruited doctors, working closely with regional and local colleagues and partner organisations. A local framework of approved recruitment, relocation and training companies to support the programme has been developed. The Greater Nottingham CCGs have successfully applied to be in wave 3 and are aiming to recruit 24 GPs through this scheme with Nottingham City benefitting from an additional 10 GPs.

A workforce plan has been developed which outlines gaps in provision of clinical staff and how, across the STP, we can bridge these gaps and recruit to ensure practices have the staff needed to deliver primary care services. The workforce plan recognises the reduced future supply of GPs and therefore the need to introduce skill mix into the clinical workforce and ensure that GPs caseload is appropriate. There are also skill gaps in the wider primary care workforce and therefore a need to improve recruitment, retention and training for the current primary care workforce. A programme to employ clinical pharmacists in primary care is already taking place; Nottingham City was a pilot site and has continued to participate in each annual wave of the programme.

8. Practice infrastructures

8.1 Estates

The CCG continues to implement the CCG's Estates Strategy with two of the three health centre feasibility studies undertaken in 2016 moving forward to business case development with the view to fund one of those schemes through capital funding approved by the STP and the second with funding from the ETTF. A

further three GP practices will benefit from the Estates and Technology Transformation fund by increasing their premises capacity by summer 2018. A further three feasibility studies will be complete by March 2018 and will highlight potential opportunities to increase primary care capacity through estate improvements.

Following on from the schemes supported by the CCG three practices owned by third part developers have been in negotiations with their landlords who have offered to front capital improvement schemes in return for extended lease periods. These schemes are due to be delivered during 2018/19. We anticipate through the implementation of the estates strategy and supporting work schemes a total of 10 GP practices will have benefited from an increase in capacity by the end of 2019.

There are also challenges with the existing estate due to the Department of Health directing NHS Property Services (NHS PS) to move to market rent. This has affected a number of practices in Nottingham City who have seen increases in their charges and are in dispute with NHS PS. The CCG have and continue to facilitate discussions with NHS PS, the practices and NHS England in a bid to come to a resolution. The move to market rent by the Department of Health is being challenged nationally by Local Medical Committees and other national bodies.

9. Next steps

Key focuses are to:

- Continue to deliver the requirements outlined in the General Practice Forward View to improve access, quality and the sustainability of primary care in Nottingham City.
- Continue to 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.

10. Conclusion

The initiatives put in place to date continue to improve access to primary care and are showing signs of 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
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February 2018

Appendix 1 – Practice list size and contract form - List Sizes as at 01/01/18

Robin Hood Cluster - 25 Practices						NORCOMM Cluster - 21 Practices						KEY				
Practice Name	Contract Type	CDG	Raw List Size	Weighted List Size		Practice Name	Contract Type	CDG	Raw List Size	Weighted List Size		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 <u>underlined</u> below indicate a branch surgery				
Bakersfield Medical Centre	PMS	6	5465	5881		Aspley Medical Centre	PMS	3	7505	8038						
Bridgeway Practice	GMS	8	4383	5065		Beechdale Surgery	PMS	3	3958	4390						
Clifton Medical Practice	PMS	8	8243	8903		Boulevard Medical Centre	PMS	3	1839	1910						
Dale Surgery	PMS	6	3786	3660		Bilborough Medical Centre / <u>Assarts Farm</u>	PMS	3	9274	9177						
Family Medical Centre	GMS	6	9795	10847		Churchfields	GMS	3	9746	10182						
Greenwood & Sneinton FMC	GMS	6	6397	6923		Deer Park Family Medical Practice	PMS	7	9931	10039						
John Ryle	GMS	8	6324	6802		Derby Road Health Centre	GMS	4	12101	12520						
Leen View Surgery	GMS	1	9097	10100		Elmswood Surgery	GMS	5	9024	9327						
Limetree Surgery	PMS	3	3569	3878		Grange Farm Medical Centre	APMS	3	4759	5718						
Mapperley Park Medical Centre*	GMS	6	1974	2220		Hucknall Road Medical Centre	GMS	2	13133	13180						
Meadows Health Centre	GMS	8	3621	4135		Melbourne Park Medical Centre	GMS	3	8348	9011						
Parkside Medical Practice	GMS	1	7274	7897		Queens Bower Surgery*	GMS	2	4312	4270						
Radford Medical Practice / <u>NTU</u>	PMS	4	18638	16344		RHR Medical Centre	PMS	3	3027	2929						
Rivergreen	GMS	8	8957	9500		Rise Park Surgery	GMS	1	7369	7582						
Sherwood Rise Medical	GMS	5	5798	5377		Sherrington Park	GMS	5	4541	4527						
St Luke's Surgery*	GMS	4	3660	3442		Southglade Health Centre	APMS	2	2754	2612						
Sunrise Medical Centre / <u>Practice</u>	PMS	4	7021	5176		Strelley Health Centre	PMS	3	4266	4410						
The Fairfield's Practice	GMS	4	7134	6832		The Alice Medical Centre*	GMS	2	3388	3296						
The Forest Practice	PMS	4	4685	4454		Tudor House Medical Practice	PMS	5	6497	6445						
The High Green	PMS	4	10088	8861		Welbeck Surgery	GMS	5	4009	3944						
Victoria Health Centre / <u>Mapperley Surgery</u>	GMS	6	8552	9408		Wollaton Park Medical	PMS	7	8380	8005						
Wellspring Surgery	PMS	6	9762	10562		Norcom cluster Total			138061	141509						
Windmill Practice	PMS	6	8454	9117												
Robin Hood cluster Total			162668	165375		Nottingham City CCG Total for all 54 practices			379088	370960						

Unicom Healthcare - 2 Practices				
Practice Name	Contract Type	CDG	Raw List	Weighted List Size
Cripps	GMS	7	41990	27647
NEMS - Platform One / <u>Upper Parliament St</u>	APMS	8	10202	9890
Unicom cluster Total			52192	37537

City Central Cluster - 9 Practices				
Practice Name	Contract Type	CDG Group	Raw List Size	Weighted List Size
Bilborough Surgery*	GMS	3	1429	1865
Greenfields Medical Centre*	GMS	4	2588	2385
Mayfield Medical Practice*	PMS	4	3171	2853
Radford Health Centre - Phillips*	PMS	4	3508	3485
Riverlyn	PMS	1	3048	3129
Springfield	GMS	1	2709	2821
St Albans / <u>Nirmala</u>	GMS	1	7347	7699
The Medical Centre - Irfan*	PMS	5	2336	2280
City Central Total			26136	26516

Appendix 2 – CQC ratings

Practice Name	Lead GP	Inspection Date	Report published	Overall rating	Ratings					Six population groups					
					Safe	Effective	Caring	Responsive	Well-led	Older people	People with LTCs	Families, children & young people	Working age people <small>including severely reluctant & vulnerable</small>	People whose circumstances make them vulnerable	People experiencing poor mental health <small>including people with dementia</small>
Aspley Medical Centre	Dr Harte	06-Jan-16	25-Feb-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Bakersfield Medical Centre	Dr Mehat	21-Aug-17	13-Oct-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Beechdale Surgery	Dr Bicknell	23-May-17	03-Nov-17	Inadequate	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate
Bilborough Medical Centre	IMH Group	19-Aug-16	28-Apr-17	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Bilborough Surgery	Dr Noble Phillips	24-Mar-16	12-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Boulevard Medical Centre	Dr Bicknell	23-May-17	03-Nov-17	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Bridgeway Practice	Dr Anandappa	01-Jun-15	26-Nov-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Churchfields Medical Practice	Dr Roy	06-Nov-17	28-Dec-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Clifton Medical Practice	Dr Taylor	24-Nov-14	09-Apr-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Dale Surgery	Dr Steiner	11-Oct-16	25-Nov-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Deer Park Family Medical Practice	Dr Merry	16-Feb-16	06-May-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Derby Road Health Centre	Dr Hambleton	06-Jul-16	21-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Elmswood Surgery	Dr King	01-Jun-16	09-Aug-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Fairfields Practice	Dr Rudrashetty	04-Nov-14	28-May-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Family Medical Centre	Dr Sood	01-Mar-16	12-May-16	Outstanding	Good	Good	Good	Outstanding	Outstanding	Good	Good	Outstanding	Good	Outstanding	Good
Grange Farm Medical Centre	Dr Hollis	20-Jul-16	31-Oct-16	Good	Good	Good	Outstanding	Good	Good	Good	Good	Outstanding	Good	Good	Good
Greenfields Medical Centre	Dr OP Sharma	21-Sep-15	13-Nov-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Greenwood & Sncinton FMC	Dr Steiner	22-Aug-16	06-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
High Green Medical Practice	Dr Khan	23-Sep-16	14-Dec-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Hucknall Road Medical Centre	Dr Crowe	20-Sep-16	09-Dec-16	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good	Good	Good
John Ryte Medical Practice	Dr Lovelle	16-Aug-16	20-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Leon View Surgery	Dr Pablo	27-Oct-17	08-Dec-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Lime Tree Surgery	Dr Raj	31-Aug-16	14-Dec-16	Good	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good
Mapperley Park Medical Centre	Dr Stevens	30-Nov-16	05-Dec-17	Inadequate	Inadequate	Good	Good	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Mayfield Medical Practice	Dr YVS Rao	28-Aug-15	15-Oct-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Meadows Health Centre	Dr Larner	18-Nov-14	12-Mar-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Medical Centre at Zulu Road	Dr Irfan	17-Nov-14	13-Mar-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Melbourne Park Medical Centre	Dr Ridley	07-Oct-16	12-Jan-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Parkside Medical Centre	Dr Deolkar	03-Apr-17	24-Apr-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good

Practice Name	Lead GP	Inspection Date	Report published	Overall rating	Ratings					Six population groups					
					Safe	Effective	Caring	Responsive	Well-led	Older people	People with LTCs	Families, children & young people	Working age people <small>(including severely reluctant to attend)</small>	People whose circumstances make them vulnerable	People experiencing poor mental health <small>(including people detained)</small>
Platform One	Dr Turrill	28-Jul-17	10-Oct-17	Outstanding	Good	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Queens Bower Surgery	Dr T Arya	11-Jan-18													
Radford Health Centre	Dr Naomi Phillips	15-Jun-16	09-Aug-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Radford Medical Practice	Dr Kaur	09-May-16	22-Jun-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
RHR Medical Centre	Dr Bicknell	23-May-17	03-Nov-17	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Rise Park Surgery	Dr Salisbury	09-Aug-16	05-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Rivergreen Medical Centre	Dr Arora	28-Sep-16	07-Dec-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Riverlyn Medical Centre	Dr Tangri	04-Jan-17	07-Feb-17	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Sherrington Park Medical Centre	Dr Vindla	07-Mar-16	21-Apr-16	Outstanding	Good	Outstanding	Good	Outstanding	Good	Good	Outstanding	Good	Outstanding	Good	Good
Sherwood Rise Medical Centre	Dr Iqbal	30-Aug-17	08-Nov-17	Inadequate	Inadequate	Good	Requires improvement	Good	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Springfield Medical Centre	Dr Mohindra	11-Nov-15	03-Mar-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Southglade Medical Practice	Dr Lloyd	26-Sep-17	14-Dec-17	Inadequate	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
St Luke's Surgery	Dr Amin	30-Jun-16	27-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Strelley Health Centre	Dr Bicknell	23-May-17	03-Nov-17	Inadequate	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Sunrise Medical Centre	Dr Ghattas	15-Sep-15	14-Jan-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Alice Medical Centre	Dr Attiemo	24-May-16	11-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Forest Practice	Dr Kagai & Chamberlain	11-Apr-16	11-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Practice St Albans Medical Centre & Nirmals	Dr Ramanathan	12-Dec-16	30-Mar-17	Requires improvement	Good	Requires improvement	Good	Requires improvement	Good	Good	Requires improvement	Good	Good	Good	Requires improvement
Tudor House Medical Practice	Dr Henry	01-Mar-16	05-May-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
University of Nottingham Health Service	Dr Nash	18-Jun-15	13-Aug-15	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Good	Outstanding
Victoria & Mapperley Practice	Dr Mawji	03-Nov-14	24-Feb-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Welbeck Surgery	Dr Worth	30-Aug-16	11-Nov-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good
Wellspring Surgery	Dr Teed	02-Jun-15	03-Sep-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Windmill Practice	Dr Abbott	11-May-16	03-Aug-16	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good	Good	Outstanding	Good
Wollaton Park Medical Centre	Dr Silcock	25-Apr-16	27-Jun-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
		Inadequate		5	5	1	0	1	8	5	5	5	4	5	5
		Requires improvement		5	4	5	3	7	1	4	5	4	5	4	5
		Good		39	44	45	49	41	40	41	40	39	41	40	41
		Outstanding		4	0	2	1	4	4	3	3	5	3	4	2
				53	53	53	53	53	53	53	53	53	53	53	53