

## Practice Visits Programme

Primary Care Commissioning Committee meeting

**E**

4 January 2017

<b>Author(s)</b>	Katrina Cleary, Programme Director Primary Care
<b>Is your report for Approval / Consideration / Noting</b>	
Consideration and noting	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Resources required to undertake and administer visits	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>  <i>Which of the CCG's objectives does this paper support?</i> 2. To improve the quality and equality of healthcare in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield.	
<b><u>Equality impact assessment</u></b>  <i>Have you carried out an Equality Impact Assessment and is it attached?</i> Not required.	
<b><u>PPE Activity</u></b>  <i>How does your paper support involving patients, carers and the public?</i>  Practice visit format will assess patient feedback and National GP patient survey results for each practice and issues with access will be discussed.	
<b>Recommendations</b>	
The Primary Care Commissioning Committee is asked to consider and accept the report.	

## **Practice Visits Programme**

### **Primary Care Commissioning Committee meeting**

**4 January 2017**

#### **1. Introduction and Context**

At its October meeting, the Primary Care Commissioning Committee discussed the proposed approach to undertake an annual practice visiting programme aimed at engaging in a two-way conversation to understand the important issues facing the practices in the current climate. This paper updates the committee on the progress made to date, both on the formal practice visiting programme as well as giving a sense of the informal engagement with practices from the CCG, over and above that undertaken at a locality level.

#### **2. The Core Visit Team**

It was agreed that, where possible, a core practice visit team comprising the Programme Director Primary Care, Medical Director / Clinical Director / Director of Out of Hospital Care, and Primary Care Co-commissioning Manager, would visit the practice. Subsequently, CCG Lay Members have offered to be involved in visits where they can. Administrative support will be provided by the Primary Care Administration Officer. If there are any specific issues which need to be discussed with the practice, other CCG functions will be included as necessary.

The practice is asked to front as a minimum one GP and the Practice Manager, however all members of the practice team are welcome to attend.

Agreed action points from each visit are recorded and the practice receives a follow-up letter outlining which actions are being taken forward and by whom. The Programme Director Primary Care will be responsible for ensuring that relevant leads take and feedback on their identified actions.

#### **3. Practices to be visited**

All practices will receive a visit. However, the initial tranche approached are those who have not recently had input from key CCG staff (eg Accountable Officer, Primary Care, Prescribing etc.) and / or who have a clear, immediate issue to be addressed. Practices can, however, request a visit at any time.

#### **4. Progress So Far**

The visits programme has been slower than anticipated due to the difficulty in arranging senior clinical input into the visits and the organisation and co-ordination of the visit between CCG members and the practice team. None of the Clinical Directors (CDs) work at the CCG on Mondays and Fridays and a number of practices have requested to meet on these days. It has been agreed that when a practice requests a clinical presence (most are doing so) and none of the CDs are available, Penny Brooks, Chief Nurse, will be in attendance.

## **5. Resources**

Each practice visit takes at least one day of administration and six hours of clinical or Primary Care Programme Director input. This is an estimated 600 hours of administration and 500 hours of senior management / clinical input per visit programme.

The business intelligence team have been working with the Primary Care Co-Commissioning Manager to develop a set of primary care intelligence data (see example at Appendix 2). At the first visit at Harold Street we received positive feedback on the report. The hours that have been used, and for ongoing support from the BI team, is approximately 650 hours.

This ongoing work programme is approximately a third of the current primary care and BI resources of the CCG.

## **6. Appendices**

Appendix 1 Provides a summary on the progress made so far on the formal and informal programme

Appendix 2 – Business Intelligence Report developed for practice visits

## **7. Recommendation**

The Primary Care Commissioning Committee is asked to consider and accept the report.

Katrina Cleary, Programme Director Primary Care

December 2016

**December 2016 Update**

Following from the invitation letter circulated to practices on 27<sup>th</sup> October 2016:

Practices left to visit:	80
No response:	66
In progress:	10
Confirmed:	9
Completed:	1
Closed:	1

**Visits Booked**

13<sup>th</sup> December 2016, 12midday: Harold Street Medical Centre

9<sup>th</sup> January 2017, 11am: Barnsley Road Surgery

9<sup>th</sup> January 2017, 1.30pm: Chapelgreen Practice

16<sup>th</sup> January 2017, Nethergreen Surgery

23<sup>rd</sup> January 2017, Dykes Hall Medical Centre

25<sup>th</sup> January 2017, Greystones Medical Centre

13<sup>th</sup> February 2017, 1pm: Far Lane Medical Centre

2<sup>nd</sup> March 2017, 12.30pm: Porter Brook Medical Centre

28<sup>th</sup> March 2017, Manchester Road Surgery

**Visits in Progress**Declined/On Hold

No practices have declined the invitation however 5 have requested to delay organising the visit:

- Burngreave Surgery (January 2017)
- Dunninc Road Surgery (January 2017)
- Falkland House Surgery (Summer 2017)
- The Sloan Practice (when interim management arrangements have ceased)
- Tramways Medical Centre – Milner (on Mrs Cleary's return)

Clinical Representation

The majority of practices have requested that CCG representatives attend a regularly scheduled practice meeting which often falls on a Monday or Friday; days which CCG clinical leads have practice commitments. This has meant that the following 3 visits have no Clinical Director representation, however it has been agreed that Penny Brooks, Chief Nurse, will attend if this is required:

- Barnsley Road Surgery
- Chapelgreen Practice
- Far Lane Medical Centre

The following 2 visits have been put on hold:

- Gleadless Medical Centre
- Mill Road Surgery

The following practice is awaiting confirmation that clinical representation will be available (due to the possibility of Dr Gore increasing sessions in 2017):

- Porter Brook Surgery

To emphasise; out of 5 practice visits booked, only 1 includes confirmed CCG clinical representation.

### **High Priority Visits**

All practices were given a score dependent on feedback received from NHS England and CCG teams to prioritise the visits. Practices that have received ongoing support or informal practice visits were scored lower.

The following 17 practices were deemed as high priority and received a follow-up communication on 13<sup>th</sup> December 2016 if not already booked:

#### In-progress/booked:

- Barnsley Road Surgery
- Dunninc Road Surgery
- Falkland House Surgery
- Far Lane Medical Centre<sup>1</sup>
- Nethergreen Surgery
- Rustlings Road Medical Centre

#### Awaiting response:

- Carrfield Medical Centre
- Dykes Hall Medical Centre
- Foxhill Medical Centre
- Manchester Road Surgery
- Park Health Centre
- Selborne Road Medical Centre
- Sharrow Lane Medical Centre
- Stonecroft Medical Centre
- The Medical Centre, Tinsley
- Totley Rise Medical Centre
- Wincobank Medical Centre

The second tranche of priorities, totalling 36 practices, will receive a follow-up communication in early January 2017.

### **Informal Visits**

In addition to the practice visits, 15 practices have received informal visits and/or direct support from the Primary Care Directorate, 2 practices have received a joint CCG and Locality visit, 6 have received a visit from the CCG's Accountable Officer and 1 has received a visit from the CCG's Chief Nurse; totalling 24 additional informal practice visits.

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<sup>1</sup> Far Lane Medical Centre was considered high priority due to a recent change in management and not due to their priority score.



## Harold Street Medical Centre - C88059

### 1. Practice Details

Source: Practice website

Harold Street Medical Centre  
2 Harold Street  
Sheffield S6 3QW  
Reception 0114 2332803

#### Partners

Dr Ngozi Patrick (M)

#### Practice Manager

Mrs Trupti Khandelwal

#### Assistant Practice Manager

Jean Robinson

Harold Street Medical Centre is a member of the City Centre Practices Neighbourhood.

The six practices of the Neighbourhood are:

C88007 Porter Brook Medical Centre  
C88031 Upperthorpe Medical Centre  
C88057 Crookes Valley Medical Centre  
C88059 Harold Street Medical Centre  
C88076 Devonshire Green Medical Centre  
Y05349 Clover City Practice

### 2. Demographics

Practice population as at Apr-16	0 - 4	5 - 19	20 - 44	45 - 64	65+	75+	85+
Harold Street MC	4.0%	11.8%	35.2%	32.5%	16.5%	6.7%	0.7%
Sheffield CCG	5.6%	17.6%	36.9%	23.6%	16.2%	7.6%	2.2%

Demographics Measure	Harold Street MC	Sheffield CCG
% of (BME) Patients	17.0%	13.2%
% of Patients in Residential Care Home	0.0%	0.5%
Indicator of Multiple Deprivation (IMD)	32.38	27.6
Inc. Dep. Affecting Children (IDACI)	30.8%	23.5%
Inc. Dep. Affecting Older People (IDAOP)	36.3%	20.8%
% of Population on (DLA)	6.7%	6.0%
Standard Mortality Rates	119.1	

List size - weighted	Oct-14	Oct-15	Oct-16
Harold Street MC	1,426	1,360	1,303

### 3. Appointment Systems

Source: Practice website and e-Referrals data

e-Referrals: 75%  
Practice Avg to Aug 16  
CCG Average 60%  
National Average 50%  
Patients can book their appointments on line

Note: From October 2018 hospitals will only accept referrals using the e-Referral route

#### Patients able to Book/Cancel Appointments Online:

Source: Patient Online Management system

- NHS Digital

Month	Registered Patients	Patients enabled to electronically book or cancel an appointment	
		Number	% of Registered
Jun-16	1,326	54	4.1%
Jul-16	1,314	58	4.4%
Aug-16	1,303	67	5.1%
Sep-16	1,304	76	5.8%

#### 4. Opening Hours

Source: Practice website

##### Reception Opening Times:

Monday	08.00 - 19.30
Tuesday	08.00 - 18.30
Wednesday	08.00 - 18.30
Thursday	08.00 - 15.00 (Phone line closes at 12:00)
Friday	08.00 - 18.30
Saturday	Closed
Sunday	Closed

##### Doctors' Surgery Times:

Monday	08.00 - 10.00	17.00 - 19.30
Tuesday	08.00 - 10.00	16.30 - 18.00
Wednesday	09.00 - 11.00	16.30 - 18.00
Thursday	08.00 - 09.30	No evening surgery
Friday	08.00 - 10.00	16.30 - 18.00

#### 5. Extended Access

Source: NHS England

Monday 6.30 - 7.30 pm

#### 6. CQC

Report Date	Insp Date	Overall	Safe	Effective	Caring	Responsive	Well Led
02/07/2015	13/05/2015	Good	Good	Good	Good	Good	Good

#### 7. QOF

Clinical Domain	2013-14			2014 15			Year on Year Change (per cent)
	Total Exceptions	Total Denominators	Overall Exception Rate (per cent)	Sum of Exceptions	Sum of Denominators	Overall Exception Rate (per cent)	
Harold Street MC	278	3,024	8.42	228	1,775	11.38	35.20
Sheffield CCG	66,714	921,935	6.75	81,141	856,078	8.66	28.30

Public Health	2013-14			2014 15			Year on Year Change (per cent)
	Total Exceptions	Total Denominators	Overall Exception Rate (per cent)	Sum of Exceptions	Sum of Denominators	Overall Exception Rate (per cent)	
Harold Street MC	12	3,085	0.39	22	1,566	1.39	257.55
Sheffield CCG	4,604	738,363	0.62	5,498	1,004,132	0.54	-12.12



## 8. Access - GP Patient Survey

Source: GP Survey July 2016

Access Indicators	Harold Street MC	Sheffield CCG
Ease of getting through on phone - very easy & fairly easy	89%	65%
Ease of getting through on phone - not very easy & not at all easy	2%	29%
Usually see or speak to pref GP - yes%	24%	40%
Usually see or speak to pref GP - no%	36%	58%
Last appointment was convenient - very & fairly	95%	92%
Last appointment was convenient - not very & not at all	5%	8%
Exp of making an appointment - very good & Fairly good	93%	73%
Exp of making an appointment - fairly poor & very poor	2%	12%
Would recommend this surgery - yes would definitely & yes would probably	61%	78%
Would recommend this surgery - no would probably not recommend & no would definitely not recommend	15%	8%
Describe overall experience - very good & fairly good	78%	85%
Describe overall exp of surgery - fairly poor & very poor	8%	5%

## 9. Flu vaccination

Source: PHE/ImmForm

Flu Indicators	Harold St (1/09/2015 - 31/01/2016)	Sheffield
Flu V Over 65's 15/16	69.2%	74.2%
Flu V Preg 15/16	60.0%	51.4%
Flu child age 2	50.0%	38.5%
Flu child age 3	57.1%	43.2%
Flu child age 4	50.0%	33.6%
Flu V at risk group 15/16	48.20%	46.3%

## 10. Childhood Vaccinations & Immunisations

Source: PHE/ImmForm

Childhood Vacc & Imms Indicators	Harold St (1/09/2015 - 31/01/2016)	Sheffield
Shingles Vac to 70 yr old 15/16	40.0	53.1%
Shingles Vac to 78 yr old 15/16	66.7	52.0%
Dtap/IPV /Hub 5Yr Booster 15/16 Target = 91%	100.0%	85.9%

## 11. Cancer Screening

Source: NHS Digital

Cancer Screening Indicators	Period	Harold Street MC	Sheffield CCG
Females 50-70 Sc for Breast Canc in last 3 yrs	2014/15	63.2%	75.1%
Bowel Canc 60- 69 Scrd in last 30 months	2014/15	41.6%	58.6%
Cervical Screening 25-64 in last 5 years	2014/15	70.2%	76.5%

## 12. Prescribing

Source: ePACT / MMT Sheffield CCG

Prescribing Indicators	Period	Harold Street MC	Sheffield CCG
Antibacterials - Items per STAR PU	Apr - Jun 16	0.23	0.25
Broad Spectrum Antibiotics - % Items	Apr - Jun 16	4.23	10.07
Ibuprofen & Naproxen - % of all NSAIDs	Apr - Jun 16	82.98	82.84
Hypnotics ADQ / STAR PU	Apr - Jun 16	0.18	0.22
Practice Prescribing Cost - per ASTRO PU	Apr - Jun 16	£10.61	£12.06
Low Income Scheme Index (%)	Apr - Jun 16	20.6%	12.3%

## 13. Primary Care Web Tool

Source: NHS England - Primary Care Web Tool

Number of outliers: The practice has no outliers

## 14. Enhanced services

	Harold Street MC	Sheffield CCG
Avoiding Unplanned Admissions	Yes	91.5%
Extended Hours	Yes	79.3%
Learning Disabilities	Yes	92.7%
Minor Surgery - Excisions	Yes	78.0%
Minor Surgery - Injections	Yes	90.2%

Service	Harold Street MC	Sheffield CCG
Care Homes		64.6%
PCCP 16/17	✓	84.1%
Anti- coagulation	✓	84.1%
Community Dermatology		2.4%
DMARDs	✓	100.0%
DMARDs Gold		12.2%
Homeless		3.7%
Ring Pessaries	✓	100.0%
Prostate Cancer (Zoladex)		84.1%
Colorectal Cancer	✓	100.0%
Hep B (Roma Slovak)	✓	100.0%
EPS		43.9%
Eating Disorder		1.2%
BucketOver & Above	✓	100.0%
Significant Additional Patient Pressures (cases)		7.3%
Latent TB		0.0%
Elective	✓	96.3%
Prescribing	✓	96.3%
Neighbourhoods	✓	100.0%

## 15. Avoiding Unplanned Admissions

Source: CQRS September 2016

Achievement Date	30/09/2016
Patients on AUA Register	36
Patients on AUA Register with a Named GP	36
Patients on AUA Register with an up to date Care Plan/Review (or have declined)	20
Qualified Patients - Patients on AUA Register with a Named GP and an up to date Care Plan/Review (or have declined)	20
Departed Patients - Patients who have met criteria but are no longer registered at the end of the half year (manual adjustment by	1
Total Patients Counted Qualified Patients plus Departed Patients	21
Patients aged 18 or over at start of half year (from NHAIS)	1,146
Percentage Total Patients Counted / Patients aged 18 or over	1.83%
Pass / Fail Required to reach 1.8%	Pass
CRP at start of year (from NHAIS)	1,334
Payment Due paid for September and March	£1,027.18

## 16. Estates Information

Source: 6 facet survey

*(Please see appendices for the key to the codes)*

	Harold Street Medical Centre	
	Build date	1986
Overall Rank	Condition	B/C
	Function	A
	Space	Y
	Quality	B/C
	Statutory	B
	Environment	E
Backlog	Current	£0
Maintenance	2015/16	£25,800
Cost 5 years	2016/17	£1,000
	2017/18	£0
	2018/19	£0
	2019/20	£7,500
	Total	£34,300

### Harold Street Medical Centre:

#### Description:

A 1980's, masonry construction, red facing brickwork, slate tiled pitched roof, 2 storey's high. Windows are of a timber formation, double glazed. Currently, the practice has flat, which is the 1st floor, but is not occupied at the moment. Only external is available. There is scope for this to be converted into extra storage space and staff facilities. Internally, the flooring is a mixture of non-slip vinyl and carpet tiling. The decor is a paint finish to walls and ceilings. The front entrance door is of an aluminium formation. Roller shutters are used for security purposes to the front entrance doors, with grills around all window frames. A car parking area, is to the south elevation, which is rented from Sheffield City Council.

#### Physical Condition:

A number issues regarding the internal elements. A general refurbishment and decorations required to the walls and ceilings. Patch repairs are required to areas of damaged plaster. The fuse board is outdated, and a recommended fuse box replacement and re-wiring is recommended. The boiler is need of replacement as it 20+ years old, with piping to be insulated. The external grounds require maintenance work to the landscape and shrubbery.

Items of Note - None

WiFi - No

## 17. Finance

NHS Sheffield CCG Finance Directorate are not aware of any finance issues with the practice.

## **Estates Information - 6 facet survey**

### **Physical Condition**

- A As new (built within last 2 years) and can be expected to perform adequately over its design life
- B Sound, operationally safe and exhibits only minor deteriorations
- B/C Currently in B but may fall to C within 5 years
- C Operational but major repair or replacement may be needed soon (within 3 years for building elements and 1 year for engineering elements)
- D Runs a serious risk of imminent breakdown
- X Applied to "C" or "D" ratings (ie. Cx or Dx) indicating that nothing other than a total rebuild or relocation will suffice (improvements are either impractical or too expensive)

### **Functional Suitability**

- A Very satisfactory, no change needed
- B Satisfactory, minor change needed
- C Not satisfactory, major change needed
- D Unacceptable in present condition
- X Supplementary rating to "C" or "D", to indicate that nothing but a total rebuild

### **Space Utilisation**

- E EMPTY - empty or grossly-under used at all times (excluding temp closure)
- Y UNDER-USED - generally underused; utilisation could be significantly increased
- F FULLY USED - a satisfactory level of utilisation
- O OVERCROWDED - overcrowded, over loaded and facilities generally over stretched.

### **Quality**

- A A facility of excellent quality
- B A facility requiring general maintenance investment only
- B/C Currently in B but may fall to C within 5 years
- C A less than acceptable facility requiring capital investment
- D A very poor facility requiring significant capital investment or replacement
- X Supplementary rating added to C or D to indicate that nothing but

### **Statutory Compliance**

- A Building complies with all relevant standards and guidance; equal to a new building
- B Action will be required within the current period to comply with relevant guidance and statutory requirements.
- C Known contravention of one or more standards - which falls short of "B"
- D Dangerously below "B", eg: " that have been subject to adverse external inspections"
- X Supplementary to "C" or "D", indicating that nothing but a total rebuild or relocation will suffice (too impractical or expensive to remedy)

### **Environmental**

- A 0-25 Operational Rating
- B 26-50 Operational Rating
- C 51-75 Operational Rating
- D 76-100 Operational Rating
- E 101-125 Operational Rating
- F 126-150 Operational Rating
- G Over 150 Operational Rating
- X Supplementary rating where a DEC is not available and