

Proposed Practice Visits Programme

Primary Care Commissioning Committee meeting

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5 October 2016

Author(s)	Katrina Cleary, Programme Director, Primary Care
Sponsor	John Boyington, Chair, Primary Care Commissioning Committee
Is your report for Noting and Approval	
Consideration.	
Audit Requirement	
<u>CCG Objective:</u>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve quality and equality of healthcare in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment</i> NO	
<i>If not, why not?</i> Not Applicable	
<u>PPE Activity</u>	
<i>Does your paper support involving patients, carers and the public?</i> Not at this point.	
Recommendations	
Primary Care Committee is asked to consider the briefing and to support the reporting to the Committee of any key primary care issues raised during practice visits.	

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1. Introduction

Since its inception Sheffield CCG has continued to explore how best to engage with Member practices both individually and collectively. Locality Council meetings, Members' Councils and Protected Learning Initiatives (PLIs) provide opportunity to engage on a collective basis. However, to date, individual practice engagement has in some instances been lacking, with ad hoc opportunistic visits taking place when necessary, rather than a programme of visits to actively engage with practices on issues of mutual importance and in a way that demonstrates concerns are not only being listened to but also acted upon.

The attached briefing outlines a proposed approach to develop a Practice Visiting Programme commencing October 2016.

2. Recommendation

Primary Care Committee is asked to consider the briefing and to support the reporting to the Committee of any key primary care issues raised during practice visits.

Katrina Cleary

Programme Director Primary Care

26 September 2016

Proposed approach to Practice Visits

Context:

Primary Care undergoing challenging times
Primary Care co-commissioning
Out of hospital strategy
Engagement with members on commissioning issues and their sign-up to the approach

Aim:

To engage in a 2-way conversation, supported where possible with appropriate evidence/intelligence, on key issues – particularly those raised as important by the practice.

Visit Team:

The core team will comprise the Programme Director of Primary care, the medical director/clinical director out of hospital care, and the primary care commissioning manager for the practice's patch (when in post). Admin support will be provided by the Primary Care Admin 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 will be asked to front as a minimum one GP and the practice manager, however all members of the practice team will be welcome to attend.

Agreed action points from each visit will be recorded and the practice will receive 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.

The outcomes of the visits will be fed into the PCCC and, where necessary, into any other key groups responsible for affecting change.

Content:

The visit will last 1 – 1.5 hours maximum and it is therefore important to focus on issues of key importance – a pre-meet and liaison with the practice will help ensure this.

The visit could cover some/all of the following:

- Changes to practice patient demographic (current and future)
- Workforce (current and future)
- Workload
- Access issues
- Sustainability and developmental
- Primary care contracting
- IT
- Premises
- Quality (including CQC, patient engagement, PPG etc.)
- Any GPFV issues not included in above
- High level prescribing issues
- Engagement with commissioning agenda (LCS, CASES, neighbourhoods etc.)
- Challenges relating to contracts with other providers (secondary care etc)

As the business intelligence function develops with rigour practice profiles will be produced to support this approach, however, initially profiles to support visits might be a little light on detail and will develop over time.

Practices to be visited:

All practices will receive a visit. However the initial tranche will be those who have not recently had input from key CCG staff (eg AO, Primary Care, Prescribing etc.). The Locality Managers (LMs) will be asked for their input as to which practices should be visited earlier and why. Practices can request at any time. This will commence in October.

Katrina Cleary

Programme Director Primary Care

26 September 2016