

**Primary Care Commissioning Committee
Chair's Action
31 March 2020**

Report Title	Deerbrook Surgery – Business Case to Add New Partners
Author(s)	Christine Lancaster, Senior Commissioning Manager, SELCA
Governing Body/Clinical Lead(s)	Dr Martin Godfrey - Governing Body Member & Primary Care / Clinical Network Lead
Management Lead(s)	Andrew Parker – Director of Primary Care Development
CCG Programme	Primary Care Development
Purpose of Report	For Chair's Action
Summary	<p>The Deerbrook Surgery made an application to the South East London Primary Care Team (SELPCT) in January 2020 to add two new contractors, Dr Azhar Saleem and Dr Imtiaz Ahmad, to its PMS contract with effect from 1 April 2020.</p> <p>Currently, The Deerbrook Surgery operates as a single-handed PMS practice and Dr Christopher Wright is the individual medical practitioner.</p> <p>The Primary Medical Care Policy and Guidance Manual (PGM) states that, if a contractor is currently an individual medical practitioner and they wish to have one or more individuals join them under that agreement, then they must seek the Commissioner's consent in writing for any such variation to the contract. Partnership changes for PMS contracts should then be considered by the relevant Primary Care Commissioning Committee (PCCC).</p> <p>Dr Azhar Saleem and Dr Imtiaz Ahmad are currently contractors at the South Lambeth Road Practice, 1 Selway House, 272 South Lambeth Road, SW8 1UL. The practices are in two different Primary Care Networks and are around 3.5 miles apart.</p> <p>Officers met with the contractor Dr Wright, as well as Dr Azhar Saleem and Dr Imtiaz Ahmad on 10 March 2020 to enable the contractor to feedback their experience in relation to their most recent CQC inspection, and for them to identify what measures have been put in place since the inspection carried out by the CQC on 22 October 2019, as well as the resulting overall report published on 23 December 2019. At the meeting Dr Azhar Saleem and Dr Imtiaz Ahmad explained the measures they had discussed with Dr Wright to put in place to support the contractor to address the issues identified by the CQC on 22 October 2019. It was noted that some issues had already been</p>

addressed and resolved but others remained either unresolved or were in progress to be fully addressed.

Along with the Business Case attached, the practice has been asked to complete a comprehensive improvement plan (also attached) which covers a number of priority areas, and indicates that the practice aims to work towards improving quality over a 3 year period to achieve local average scores as a minimum.

This business case should be read in conjunction with the separate paper also submitted for PCCC Chair's Action that outlines the areas for improvement and recommends that the practice be asked to complete an action plan. Officers are recommending that the action plan for the most recent CQC report be incorporated into the improvement plan, to be reported on within the usual 28 day period. Officers are satisfied with the scope of the action plan, but in recognition of the unprecedented need to place the vast majority of primary care general practice's time into Covid-related activities, that a proportionate approach will be taken with regard to how quickly it is expected to receive feedback on progress with RI actions. Whilst this would normally be 28 days from the PCCC's decision, it is proposed that only actions relating to the Patient Safety domain will be requested within 28 days with the remainder to be pursued after the Coronavirus crisis has stabilised.

This is particularly important in light of the fact that it is unusual for officers to recommend a contractual variation of this sort, whilst contractual actions remain outstanding. In this case, officers consider the addition of Drs Saleem and Ahmad as a GP performer responsible for the contract will enable improvements to be made more rapidly. The rationale set out below is also relevant in this regard.

Rationale for the recommendation:

- Dr Wright has been a single-handed GP since 1 April 2004.
- The proposed contractors are already working with the practice to implement measures and support the practice to improve services to patients and comply with recent CQC reports.
- The practice is a 'Review Identified' practice
- The practice list size has been growing from *4085 patients as at 1.1.2017 to 4516 patients as at 1.1.2020.*
- The premises are purpose built and there is the capacity to increase the patient list and have other services in the building such as a clinical pharmacist and a training centre.

	<ul style="list-style-type: none"> • It will provide stability and continuity of care for patients • It will strengthen the clinical team and support Dr Wright with clinical governance, leadership and the partnership will be able to deliver its detailed improvement plan without any one GP being overburdened. • Cost neutral to the CCG • The new management team will work to align systems in the two practices and will strongly be considering a merger of the two practices within 24 months after Dr Wright's retirement. <p>The addition of two partners at the practice will support quality improvement for patients and the resilience of the practice. The improvement plan will enable the CCG to monitor quality improvement at the practice.</p>
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Recommendation(s)	<p>The Chair of the Committee is asked to:</p> <ul style="list-style-type: none"> • approve the practice's application to add two new partners to the PMS contract. The practice improvement plan will be appended to the PMS contract in the form of a contract variation and to note that an application to merge the Deerbrook and South Lambeth Road Practice lists will be made in 24 months following Dr Wright's retirement. • endorse the proposed approach to addressing the RI plan as set out above.
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Does this report provide assurance to support the vision for the CCG?

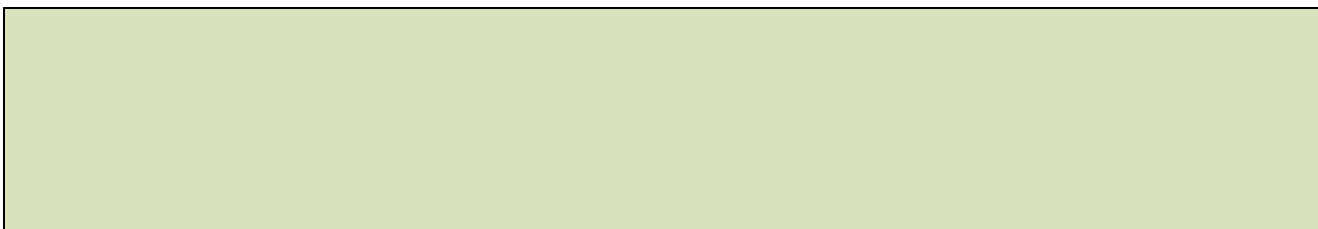
People centred <input checked="" type="checkbox"/>	Prevention focused <input checked="" type="checkbox"/>	Integrated <input checked="" type="checkbox"/>	Consistent <input checked="" type="checkbox"/>	Innovative <input checked="" type="checkbox"/>	Deliver best value <input checked="" type="checkbox"/>
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Does this report provide assurance in relation to the following areas of responsibility for the CCG

Legal <input checked="" type="checkbox"/>	Engagement <input checked="" type="checkbox"/>	Risk <input checked="" type="checkbox"/>	Financial <input checked="" type="checkbox"/>	Inequalities <input checked="" type="checkbox"/>	
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Please include relevant risk references here

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All legal, engagement, inequalities, financial and resource implications and any potential or actual risks are set out in detail in the body of this report.

BUSINESS CASE

PMS contract variation for addition of partners

Authors:

Dr Imtiaz Ahmad

Dr Azhar Saleem

Dr Christopher Wright

Practice Name & Address:

Deerbrook Surgery
216 Norwood Rd
London SE27 9AW

Key Contact(s) & contact details:

Imtiaz Ahmad: imtiazahmad@nhs.net

Azhar Saleem: azhar.saleem@nhs.net

Chris Wright: christopher.wright@nhs.net

Date: 31/03/2020

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1. Executive Summary

The Deerbrook Surgery (Deerbrook) is situated within Lambeth Clinical Commissioning Group (CCG) and provides services to approximately 4,600 patients under the terms of a personal medical services (PMS) contract. It is a single-handed GP practice led by Dr Christopher Wright working full-time with assistance from a part-time long-term locum GP, a full-time nurse and a part-time healthcare assistant. The patient demographics is comparable to those of other practices within the CCG. The level of deprivation within the practice population group as published by Public Health England was four, and the practice has slightly higher levels of deprivation affecting children and older people compared to the national average. The surgery is situated within Elm Court Healthcare centre which is a purpose-built healthcare facility. Dr Wright has had sole responsibility for providing care for his patients at Deerbrook and is now in a position to add two new Partners to help ensure short and long term stability for the Practice.

In this document we will outline our plans for short and long term quality care for patients at Deerbrook and how we aim to build relationships with patients and key stakeholders to ensure an improvement in performance as measured by recognised quality markers.

Our main principles will be covered in '**SLRPD**'

Short-term plans: Engage, Stabilise, Improve patient care

Long-term plans: Quality, Prevalence, Expansion, Continuity of Care, Retirement

Relationships: Patients, Practice staff, PCN, CCG, Federation

Performance: Patient feedback, CQC, QOF, PMS, GPDF

Daily appointments: Pre-booked, Same day, Emergency, 111, Telephone, E-consults

2. Proposal

Short-term plans: Engage, Stabilise, Improve patient care

Our main aim in the first few months of meeting Dr Wright and his team at Deerbrook was to get to know the Practice and its staff as much as possible. We know the only way to achieve successful short and long term change is by engaging with current staff members and maintaining the core values of Deerbrook.

Deerbrook has had a steadily increasing list size for some years to its current size of 4600 patients. During this time there have been increasing demands on healthcare services across Lambeth. In addition to this, the number of GPs willing to take on partnerships has reduced. In particular, the succession of single handed GP contracts has posed a challenge not only in Lambeth but the rest of the UK. Just a few years ago, the Norwood Surgery, which was a local practice a few minutes walking distance from Deerbrook was closed after the single-handed GP retired. This was obviously challenging for the several thousand patients that had to re-register elsewhere, including at Deerbrook. It also posed a significant challenge to commissioners who had to cope with preventing any void periods in the provision of care for patients. Dr Wright is approaching retirement age and the addition of two new partners is part of his succession planning to provide support for his current situation as a sole NHS GP contract holder and building lease holder. This support would provide stability for Deerbrook patients and staff from the same outcome as the old Norwood surgery. The Deerbrook surgery has also had significant challenges with recent CQC inspections in 2019 that have led to 'Inadequate' and 'Requires Improvement' ratings.

To ensure continuity of patient services and the viability of the practice, it is proposed that the PMS contract that Dr Wright holds with NHS England is varied to add two partners Drs Imtiaz Ahmad and Dr Azhar Saleem who are currently contract holders at South Lambeth Road Practice. This will not only prevent the possibility of the list being dispersed and all the challenges that come with voids in service provision for patients, but also to allow Dr Wright to provide the continuity of care that his patients would like. We believe that a fresh outlook and change of management at Deerbrook will provide the much-needed impetus for development and strengthening of the practice within the local area and the primary care network. We also believe that we can provide the necessary improvements to the practice to ensure the highest level of quality in care provision.

Our aim is that Deerbrook will optimise its delivery of core General Medical services to the local population. We also aim to add the strategic and managerial leadership required to help make best use of the practice resources including the staff and the building. We aim to stabilise then enhance the services at Deerbrook by more heavily involving the PCN, community services and the addition of teaching opportunities. Drs Imtiaz Ahmad and Dr Azhar Saleem are both established Lambeth GPs who already hold a GP contract in Lambeth and have run a successful practice with consistently high care quality indicators as recognised by CCG measures such as performance in the Premium spec and with the diabetic 8 care processes and 3 treatment targets. They are experienced in training, appraising, mentoring and supervision of Doctors (including F2 and GP trainees) as well as other members of the clinical and non-clinical multi-disciplinary team. They also have considerable leadership and commissioning experience having been the respective MSK and Respiratory Leads in Lambeth for over 6 years now. In that time they have provided strategic and clinical oversight

to two of the biggest clinical transformation projects in Lambeth (MCATTS and the IRT). We feel that we can significantly add to the leadership of the practice and add to the practice's engagement with the PCN and with local/national incentive schemes.

Dr Ahmad and Dr Saleem's experience as contract holders will ensure that all aspects of regulatory compliance are met. Our existing practice in Lambeth has consistently had a "Good" rating by CQC. In addition to this, over the 10 years that Dr Ahmad has been a partner, he has overseen significant service enhancements at South Lambeth Road Practice. This has included but is not limited to the following; increasing the list size from under 6000 patients to around 8000 patients, approval of the practice for training registrars and F2 doctors, the hosting of one the original Lambeth extended hours hub and the pilot of the First Contact Physiotherapy service. He was awarded RCGP South London Faculty Educator of the year award in 2011 and received a nomination for the LAMMY for outstanding contribution to GP in 2019.

We plan to bring a lot more than just the extra clinical sessions; we are committed and motivated to make this proposal a success. Since our involvement we have already started a process of helping the practice remain resilient at these times of challenge and transition. This has included drafting of DMARD, anticoagulant and antipsychotic drug safety monitoring and prescribing protocols and completing an audit on DMARDs to meet CQC requirements. In addition to this, our practice manager and administrative staff have already started improving administration processes through training of existing Deerbrook staff. This training has included notes summarising, use of EZ docs and coding of letters, implementation of a system for on the day action tasks, addition of a streamlined but comprehensive new registration form and a system to ensure new patient health checks are booked at the point of new registration.

Managerial and Organisational support

Deerbrook has recently lost their practice manager and a number of staff have been stepping up in order to try to fill this void. We fully understand the need to ensure there is a presence of senior management at the Deerbrook site. An immediate action upon taking on the contract would be to implement practice manager and senior administrative support for the practice. We will be employing an experienced operations manager in the next few weeks. Our practice manager and operations manager will work across both South Lambeth Road Practice and Deerbrook. This will allow flexibility in the way the practices are run in addition to the sharing of best practice and alignment to protocols. Some of the managerial and administrative improvement work has already been implemented and others will form part of the improvement plan. The following are examples of some of the improvement initiatives:

- new patient registration forms to include all essential information
- new patient registration template and target to ensure 100% of patient are offered HIV screening
- ensuring all reception can print off patient login details for Patient Access so that patients are able to access healthcare online from point of registration
- controlled drugs audit

- 2ww referrals audit and safety netting

Long-term plans: Quality, Prevalence, Expansion, Continuity of Care, Retirement

We aim to improve quality in a systematic manner which will allow small cumulative effects of increased quality to be realised at a larger scale. As existing contract holders in Lambeth, we are aware of the need to ensure that patients have continuity of care but most importantly that there is no service disruption. We believe that our proposal to add two established and senior NHS Lambeth GPs to the Deerbrook contract means that there is a high level of assurance in service continuity. As part of our long-term vision we will plan for a smooth transition after Dr Wright retires in Q1 of 2020/2021 financial year. The future risks with service continuity are spread between GPs who are committed to Lambeth and backed by a strong team that exists in the current 8000 patient practice that they are successfully running. We have already had discussions with Dr Wright regarding reduction of his clinical sessions which we will highlight in more detail in the 'Daily appointments' section.

Once we have stabilised short term quality care markers we will look at longer term plans to review disease registers and increase prevalence in chronic disease areas. This will need enough clinical capacity to meet the subsequent increased numbers of chronic disease reviews required.

The practice premises are in a purpose-built healthcare facility. There is potential to increase and expand patient numbers and the provision of clinical care. We expect the capacity of the building could comfortably cope with a doubling of the current list size from 4600 to 9200 patients. The practice premises have the capacity to see growth in the list size. We will put plans into action to enable growth of the list size to maximise the opportunities for the local population. Our focus would be on providing excellent access and high quality clinical care to help attract new patients in the area to registering at Deerbrook. There is already enough space to develop teaching and training at Deerbrook which is an area that Drs Ahmad and Saleem are very keen on.

Relationships: Patients, Practice staff, PCN, CCG, Federation

At our first meeting with Dr Wright he showed us some patient feedback obtained from sources such as Google, NHS choices and the Patient Survey, which reassured us that patients were positive about the care that they had received. This was reinforced by positive online reviews. We know that this can improve further and are keen to work with the PPG to explain our short and long-term plans. As part of our IT plans we aim to update the practice website to make it more interactive and user-friendly for our patients and staff. We could use this to announce the short and long-term changes at Deerbrook, along with using more traditional methods such as patient notice boards within the Practice. We will comply fully with the CCGs formal instructions to various organisations if our proposal is successful.

We are aware of the challenges of a change in working practice and change of roles and duties/responsibilities. We believe we can sympathetically develop our staff to deliver the

excellent clinical care that we aspire to. To this end, our practice manager and the two partners held a whole team meeting on 25.2.20 to engage current Deerbrook staff in our vision and to answer any questions they had. We were very happy to answer 15 prepared questions that the team had for us after our presentation and were delighted with their early response to this process. To build on this we plan monthly whole team meetings to supplement the weekly clinical meetings. In this way we aim to help affect the culture and environment at Deerbrook and we are aware of how important this is to successfully manage change.

We aim to support Dr Wright in engaging with The HBD Group PCN in South East Lambeth. We have already been in contact with HBD Group PCN Clinical Director by e-mail and telephone and indeed plan to meet at the upcoming PCN meeting on 10.3.20 which is hosted at Deerbrook. Drs Ahmad and Saleem have a history of engaging well with Locality, Federation and PCN meetings and are very keen to engage fully in the short and long term. As both of the newly proposed partners have held leadership roles in the CCG our commitment to CCG engagement will remain as a high priority. We are also very keen to work closely with local services such as district nurses who are fortunately in the same building. Establishing regular meetings with them and also other services such as health visitors and palliative care teams will be important for us as we settle in at the new Practice. We will also introduce ourselves to the local pharmacists to develop a good working relationship.

Performance: Patient feedback, CQC, QOF, PMS, GPDP

Dr Ahmad and Dr Saleem have visited the practice on a number of occasions. and have spent a considerable amount of time analysing the performance of various quality indicators. We have included relevant areas in our Deerbrook Improvement plan which also addresses areas for improvement in recent CQC reports and which is appended to this document and will provide the basis for our initial improvement work. Some of the initiatives that have been put in to place include:

- **CQC requirements** – We have reviewed in detail the issues identified in the Overall Requires Improvement CQC report resulting from an inspection of Deerbrook and published on 23.12.19. We have already worked with Dr Wright in submitting work to the CCG around high risk medication monitoring and protocols
- **PMS premium specification** - coding of all 'non-diabetic hyperglycaemia' and offering HIV screening to all newly registered patients.
- invitation of patients eligible for **Local Care Coordination (LCC) reviews** - the practice had not completed any reviews prior to us coming into the practice. Since our 3 visits, they have completed more than 20 reviews.
- **QOF quality markers** - COPD indicators were quite low prior to our intervention. Now all COPD patients eligible for pulmonary rehabilitation have been offered this, achieving full QOF points. COPD patients with outstanding annual reviews have been invited for review.

- **Learning disabilities** - we helped the practice to identify 10 patients on the learning disabilities register that have had a review but not coded for it.
- **Palliative care audit** - we helped the practice identify patients that could have benefitted from being on the palliative care register prior to their death. We have initiated a search to find patients that will be 'Possibly Palliative' in order to consider offering them additional care that they might benefit from.

Examples of where we feel the practice workforce could be utilised more effectively is as follows:

- notes summarising training for admin staff
- centralised electronic task box for actions requested by clinical staff
- reduced paper use - shredding of paper items that have been scanned
- effective search and recall systems for LTCs and child immunisations
- more effective appointment use and reduction of DNAs/vacant appt slots

Daily appointments: Pre-booked, Same day, Emergency, 111, Telephone, E-consults

We propose to substantially increase the number of available appointments at Deerbrook from April 2020. This is whilst we give Dr Wright the ability to significantly reduce the number of clinical sessions he works from 10 sessions per week to 6 sessions per week. We also plan to diversify the workforce by adding sessions from a practice pharmacist, which we believe will significantly enhance the prescribing practices and medicines optimisation performance at the practice. Our proposal for clinical sessions provision is as follows:

- Dr Saleem will provide 5 clinical sessions per week
- Dr Ahmad will provide 2 clinical session per week
- Practice Pharmacist will provide 2 sessions per week

This change from April 2020 will provide a net additional 5 clinical sessions per week, which corresponds to approximately 90 additional appointments per week (based on an average 18 clinical appointments per session).

Our clinical sessions will comprise a mixture of face to face and telephone consultations. Initially, we envisage providing appointments in a similar way to how Dr Wright has provided them to allow continuity for patients and staff. As we transition in our arrangements with existing practice staff and train them in the provision of more innovative models of care, we will look to be more dynamic in the way we provide consultation slots and tailor them to meet the needs of our population. This will include provision of e-consults and to work with the GP federation in their evolution of LCEG.

3. Practice/s Information

Deerbrook started out as a GP practice on 116 Norwood Road, situated on the corner between Norwood Road and Deerbrook Road. As the practice began to outgrow its position at the end of a row of residential properties, a new location was sought for the practice. In 2009, the practice moved to its current location on 216 Norwood Road, a purpose built health care facility just a few minutes down the road from its original location. The current premises consists of a large building split into various units on the ground floor and residential properties above. It shares the ground floor with the Elm Court Health centre that provides community health services. Dr Wright has been a PMS contract holder at the practice for 26 years and has spent a large proportion of that time as a single handed GP. The practice staff are made up of the following members:

- 1 full time single handed GP
- 1 part time, long term locum GP
- 1 full time practice nurse
- 1 full time health care assistant
- 8 administrative staff, a mix of full and part time

Deerbrook has a population of 4600 patients. It provides core general medical services to a diverse practice population of which 33% of patients are from black and minority ethnic groups. In addition to this, the Tulse Hill area has a high deprivation index currently level 4 of 10 according to Public Health England (where level one represents the highest level of deprivation). It is among the highest in England for deprivation to children and the elderly. The Deerbrook surgery achieved a total of 83% of its possible QOF points in 2018/2019. This was against a Lambeth average of 97% and a national average of 96.6%. Despite the best efforts of a very dedicated workforce, the Deerbrook surgery has been challenged with some of the findings of the CQC reports from 2019. Within this business case, we will plan for some of the improvements required to bring the Deerbrook surgery back to the standards required by CQC.

4. Case for Change

Clinical and Operational Challenges

Dr Wright has been the sole contract holder at Deerbrook for many years now. He has overseen a significant increase in the list size but also a transformation to the local area and to local services. The change in healthcare services towards performance related and quality indicator funding means the provision of care services needs to evolve and adapt to meet these requirements. This includes refining the way we prescribe medicines and management

ongoing prescriptions for patients. Medicines Optimisation has gone on to become a central feature in commission strategies and the management of long term conditions is now a vital aspect of practice management and clinical workload. The requirements of CQC means that practices need to have protocol and processes in place to ensure vital elements of healthcare and safety do not fall below minimum acceptable standards. As a result, some practices will find themselves in difficulty if they've been unable to keep up with the important changes in standards.

Guidelines relating to appointments for primary care services indicate that practices should be providing approximately 73 appts per 1000 patients per week. The Deerbrook have fallen short of this in recent times and if this isn't rectified, there could be an impact on clinical care and accessibility to care. We believe this is one of the most important and urgent considerations for change and forms one of our 5 pillars for the case for change.

Another important consideration in our case for change is the impending retirement of Dr Wright. As a sole contract holder, if he retires without a succession plan, the practice would cease to be viable. Deerbrook is at risk while Dr Wright remains the only contracted doctor at the practice and the named party on the building lease. We feel that if a change in contracted personnel is not made imminently, there is a danger that patients could face a void period in their provision of care in the event of long term leave, sickness or retirement. Currently, Dr Wright has a long term locum that covers him for leave but this is only for short periods on certain days.

For many reasons, including some of the aforementioned, it is now very challenging to remain a sole contract holder in NHS primary care. This is even more challenging with an above average list size for a single-handed GP. While it is commendable that Dr Wright has been able to manage his patients at Deerbrook with sole responsibility for so long, there have inevitably been difficulties that have led to an initial 'Inadequate' and then a 'Requires Improvement' rating with CQC on 13/02/19 and 22/10/19 respectively. There has also been difficulty in meeting some of the performance indicators set on local and national schemes.

Workforce

The current situation at the Deerbrook surgery is that Dr Wright forms the bulk of all clinical provision at the practice by doing 10 sessions per week. He is supported by a number of allied healthcare professionals. The roles and responsibilities of these staff members are as follows:

- **full time nurse** who is able to do smears, immunisations and assist in Asthma, COPD and diabetic reviews.
- **part time long term locum doctor**
- **part-time healthcare assistant** - currently utilised mainly for administrative duties

There is an important case for change here as the practice has been too reliant on one person to deliver all the core services. We believe that clinical responsibility should be shared more equally across several doctors and on other members of clinical staff. We feel that regaining a healthcare assistant from a predominantly administrative workload back to clinical work with

adequate support would improve the efficiency of the Practice. We believe we will deliver extra value on the healthcare assistant and Nursing appointments by them from some of the administrative duties that they have acquired. We will be in a position to look more closely at major care quality indicators, especially in long term conditions and severe mental health. We have a good understanding of the value of allied health care professionals in delivering the NHS Long Term Plan and we believe to utilise the existing workforce in a more efficient manner to help deliver some of this.

Despite the addition of extra appointments and clinical sessions at the practice, we are aware of the very capable existing members of staff. We have already carried out an analysis on existing staff, both clinical and non-clinical and believe that we will be able to make full use of all existing staff, albeit with some extra training and some changing of roles. This will be coupled with extra training for administrative staff to maximise their effectiveness and enable them to free up clinician time to concentrate on care provision. The appended improvement plan has already described some of the areas that administrative staff will be “upskilled” on. We believe that involving administrative staff in more aspects of the running of the practice makes them feel more empowered to be part of a team. We are focussed on bringing a working culture to the practice that embodies the Lambeth Together quadruple aims of; Better population health outcomes, Improved Patient Experience, Improved experience of providing care and delivering it at a lower cost per person. We feel that bringing all staff members into these working principles is important.

IT plans

Dr Saleem has long been an advocate of streamlining processes in digital care provision and in utilising technology to improve workflow. His work on producing the NHS RightBreathe inhaler website and App epitomises his dedication to improving processes in the way clinicians and patients approach matters of health and education. Dr Ahmad worked with Guy’s & St Thomas’ Physiotherapy department to set up an on-line self-referral for back physiotherapy in primary care, which won an award for Innovation in rehabilitation at the Physiotherapy UK Conference 2019. This is now extending to self-referral for knee conditions and is a service we aim to off for Deerbrook once the website is upgraded.

IT infrastructure should be streamlined, this includes every aspect from the hardware and telephony, down to the software and the set up of each network and terminal. Small aspects of software enhancements can result in a much more efficient workflow and thus will improve the sustainability of the practice.

We believe that all practices need to be ‘paperlight’. An important case for change here is that Deerbrook has been operating relatively ‘paper-heavy’ for a typical GP practice. Workflows should be electronic and paper should be scanned and shredded rather than maintained in large numbers of folders. Some of the work we plan to includes, but is not limited to the following:

- contact NEL CSU for machine upgrades to SSD drives

- Windows 10 update for the whole practice
- telephony upgrade in line with recent CCG recommended providers
- provision of E-consults for patients
- online access to health records, prescriptions, advice and self-referrals

Practice Premises

Deerbrook is currently located in a purpose built healthcare facility. There is ample space for increasing the provision of clinical care by approximately 3000-4000 patients. In recent years the space has been under-utilised and there are a number of rooms that are being used exclusively for storage of miscellaneous items. We aim to maximise the potential of the rooms in the building for clinical or administrative activity. This fits in well to our aim of making Deerbrook into a training practice and attracting medical students and trainee doctors.

There is still 10 years left on the lease and we would have a view to start negotiating on a lease extension in the near future. The premises are located next door to another healthcare facility that is used by community services and has a lease that was originally held by the old Lambeth PCT. We believe that when the time comes, a lease extension could form part of a larger negotiation in tandem with the Elm Court Healthcare centre as their lease expires on the same date as the Deerbrook lease. This also provides us with an opportunity for collaborative working for enhancing the healthcare provision to the local community. The close proximity of the two healthcare providers mean that we could partake in more shared healthcare provision, which we expect could be enabled through increased PCN partnership working.

The large waiting area, numerous consulting rooms and the excellent location of the practice to public transport (1minute walk to Tulse Hill station) makes this an ideal location to become a hub of activity for community health care services. We envisage that this building could also potentially be a future extended hours GP hub. There is a case to be made for having an extended hours hub in the South East locality of Lambeth and Deerbrook would be an ideal host site for a service like this. Having already successfully hosted an extended hours hub at South Lambeth Road Practice, we feel we are ideally positioned to help Deerbrook improve its offer to the local community.

Accessibility to care - Patient and Community Views

We feel that patients would have struggled with access in recent years as the list size and demand for care would have increased. We would prefer to move away from the requirement of patients to queue at the front door very early in the morning on a first come-first served basis. We believe that providing an accessible way to contact the practice is important to most patients and we aim to ensure that telephone, online and face to face methods of contact the practice will all equally be open to patients according to their need.

With a small practice team, it's easier for core contractual hours to be interrupted for example through staff sickness. We will ensure consistent accessibility of care by ensuring that the practice telephone lines and the doors are open at 08.00 every morning and that the core hours opening of 08.00 to 18.30 will never be interrupted, save for programmed activity where OOH cover is arranged. We believe it is important to harness the views of patients to ascertain how we will most effectively meet their needs. As such, we will be looking at ways to improve participation in the PPG and we will be inviting patients to provide comments about what changes they would like to see implemented. According to the national patient survey results, 82% of patients at Deerbrook would describe their GP's care as 'Good' overall. The national average is 83% and the Lambeth average is 84%. In terms of appointment times, only 58% of patients are satisfied with the appointment times available. This is against a national average of 65% nationally and 66% in Lambeth. Our plan would be to improve these to at least the national average over the next 2 years and to hopefully surpass national and local averages in 3 years times.

What will success look like?

Our vision of a successful Deerbrook is a thriving practice that has Good rating on CQC and shows improved quality markers for patient health outcomes on QOF, PMS and GPDF. We would like positive patient feedback on care and access, with patients utilising a variety of methods to seek clinical advice. We would like to develop current staff so they are enthused at work and add senior staff to help lead the process. We would like to modernise the administration at the Practice and improve the efficiency in all areas. To develop into a successful teaching and training practice would amongst other things allow better use of the building space. We would like to engage well firstly with our patients and staff and then expand this to our local HealthCare providers and PCN. With our established links on Lambeth we are confident we can do this and look forward to the challenge. The South Lambeth Road Practice management team have a clear strategy to align best practice between both South Lambeth Road Practice and Deerbrook surgeries. This may mean that a merger will be the most effective way for the businesses to work. We will strongly be considering a merger of the two practices within the next 24 months.

5. Financial Costs of the Proposal – Recurrent and Fixed

We have analysed the cost of provision of all the services required against the current revenue and have made a plan that we believe is viable and sustainable. We are acutely aware of the investment required and have appraised the business accounts and overheads. We believe that the revenue can be improved to pay for the extra sessions and the increased managerial and strategic work required. However, we are confident that we will comfortably sustain the practice at existing revenues for the short term.

As we will be joining the practice as partners, there will be little investment required in the process. The drafting of the partnership agreement and the working capital costs will be met personally by Dr Ahmad and Dr Saleem. We will be assigning the lease from Dr Wright to Dr

Ahmad and Dr Saleem, this will also not incur significant cost and the lease has another 10 years to run. We believe that the addition of two solvent and established GPs to the partnership will also provide the stability required for the long-term sustainability of the practice by mitigating the risk for a single contract holder.

The practice premises have the capacity to see growth in the list size. We will put plans into action to enable growth of the list size to maximise the opportunities for the local population. Some of the interventions we will employ to promote this growth will include provision of enhanced services with allied health care professionals including a practice pharmacist. We plan to reignite the health care assistant role to enable more new patient healthcare checks and more NHS over 40s health checks. We plan to be systematic in the way we approach influenza and childhood immunisations. We to incorporate medical student teaching and envisage the possibility of adding roles including a first contact physiotherapy. Many of the above will help to increase revenue.

Another significant element in financial viability of practices is to utilise staff in the most efficient way possible. This can lead to a freeing up of valuable clinician time by tasking non-clinical administrative tasks to the most appropriate members of staff. An example of this is through training administration staff to use EZ doc effectively to code incoming letters and reduce the amount that need to go to doctors.

6. Final comments:

We are excited at the opportunity to work on making significant short and long-term changes to this established Lambeth Practice. We know the value of building relationships both inside and out of the Practice and are committed in our aim to improve the quality of performance and appointment availability at Deerbrook. We feel that we have understood the needs of the practice and have been sensitive to Dr Wright's wishes and aims for the future of Deerbrook. We have got to know his staff and already established a change in working patterns that we hope to build on in upcoming months. We feel that Drs Ahmad and Saleem can together bring energy and enthusiasm into the Partnership and look forward to developing it into a thriving Practice in the South East Lambeth. We aim to engage actively with the PCN so that all can benefit from the new leadership and direction we can bring to Deerbrook.

We are acutely aware that we all find ourselves in a challenging time of a global pandemic and feel that it is all the more important that we secure the continuity of service at this practice and implore the primary care committee to approve this variation to the Deerbrook PMS contract.

Changes to Contract Signatories

London Area Teams Single Handed PMS Practices - Criteria for consideration of an additional clinical Contract signatory

Practice Name	The Deerbrook Surgery (G85129)	Raw List Size 1.01.2020	4516
Single Handed PMS Providers' Name	Dr Christopher Wright	CCG	Lambeth
Date Application Made	January 2020	Area Team	SELPCT
Report Template Completed by	Christine Lancaster	Date completed	20 March 2020
Date of PCC Decision Making Group (DMG)	March 2020	Outcome	Approved/Approved with Conditions/Rejected
Panel Members			

All of the following criteria will need to be met for the application to be approved:

Assessment Criteria	Guidance Notes/Evidence that needs to be attached	Presentation of Case
There is a strategic need for the practice to be retained, from an SELPCT & CCG perspective	Include relevant background – number of WTE providers, teaching practice, local demography, has this practice had multiple signatories in the past. Evidence of feedback from the CCG. Detail the links to the primary care strategic direction locally e.g. information about relationship with local practices, new developments, engagement with CCG priorities	<ul style="list-style-type: none"> - Single handed PMS provider. Dr Wright has held a PMS contract at Deerbrook since 1 April 2004. For most of that time he has been a single handed GP. - Dr Wright is looking to add 2 new signatories, Dr Azhar Saleem and Dr Imtiaz Ahmad, to the PMS Agreement - Dr Saleem and Dr Ahmad are senior partners at The South Lambeth Road Practice and have been actively supporting Dr Wright to implement measures to improve services. - Dr Wright retires in Q1 of 2020/2021 financial year. - Dr Wright currently covers 10 sessions per week with a patient list size of 4516 (1.01.20) - The proposal is cost neutral to NHS Lambeth CCG - If the application is approved:

		<ul style="list-style-type: none"> ○ Dr Wright will cover 6 sessions until his retirement ○ Dr Saleem will provide 5 clinical sessions per week ○ Dr Ahmad will provide 2 clinical session per week ○ Practice Pharmacist will provide 2 session per week <ul style="list-style-type: none"> - An analysis of list size changes over the past 3 years shows there has been an increase in patient numbers of 431. (<i>4085 patients as at 1.1.2017 to 4516 patients as at 1.1.2020</i>), - The Business Case states that the practice population is diverse of which 33% of patients are from black and minority ethnic groups. In addition to this, the Tulse Hill area has a high deprivation index currently level 4 of 10 according to Public Health England (where level one represents the highest level of deprivation). It is among the highest in England for deprivation of children and the elderly. - The practice provides GP practice services to approximately 4085 patients. and is located in the ward of Thurlow Park. Thurlow Park is a ward in Lambeth and includes areas of Dulwich, West Dulwich, Norwood and West Norwood and has a high proportion of older people, and of children under 16. In the 2011 census the population of Thurlow Park was 13,641 and is made up of approximately 51% females and 49% males. 66.3% of people living in Thurlow Park were born in England. Other answers for country of birth were 2.5% Jamaica, 2.4% South America, 1.8% Scotland, 1.7% Ireland, 1.6% Nigeria, 1.2% Ghana, 1.0% United States, 1.0% Wales, 0.9% India. - The new partners will be looking at ways to improve participation in the PPG and will be inviting patients to provide comments about what changes they would like to see implemented - The retention of the practice will provide additional choice of provider for patients, thus ensuring that the CCG fulfils its requirement to ensure patient choice.
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		<ul style="list-style-type: none">- The business plan sets out measures being put in place to increase staff support. Deerbrook has recently lost their practice manager and the business case indicates that an immediate action upon taking on the contract would be to implement practice manager and senior administrative support for the practice.- Some of the managerial and administrative improvement work has already been implemented and others will form part of the improvement plan. The following are examples of some of the improvement initiatives:<ul style="list-style-type: none">o new patient registration forms to include all essential informationo new patient registration template and target to ensure 100% of patient are offered HIV screeningo ensuring all reception can print off patient login details for Patient Access so that patients are able to access healthcare online from point of registrationo controlled drugs audito 2ww referrals audit and safety netting- Dr Saleem and Dr Ahmad have already started the process of helping the practice including drafting of DMARD, anticoagulant and antipsychotic drug safety monitoring and prescribing protocols and completing an audit on DMARDs to meet CQC requirements.- In addition to this, their practice manager and administrative staff have started improving administration processes through training of existing Deerbrook staff. This training has included notes summarising, use of EZ docs and coding of letters, implementation of a system for on the day action tasks, addition of a streamlined but comprehensive new registration form and a system to ensure new patient health checks are booked at the point of new registration.- Dr Saleem and Dr Ahmad are supporting Dr Wright to engage with The HBD Group PCN in South East Lambeth. Drs Ahmad and Saleem have a history of engaging well with Locality, Federation and PCN meetings and are very keen to engage fully in the short and long term.
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		<ul style="list-style-type: none"> - Dr Wright is approaching retirement and the addition of two new partners is part of his succession planning to provide support for his current situation as a sole NHS GP contract holder and building lease holder. The addition of two contractors will provide patients with continuity and stability when Dr Wright retires. - Longer term plans set out in the business case include reviewing disease registers and increasing prevalence in chronic disease areas. This will need enough clinical capacity to meet the subsequent increased numbers of chronic disease reviews required.
Performance of the single handed Contractor does not give cause for concern	If any provider linked to the Contract is voluntarily not working, suspended by the GMC or NHS England, or unable to work by virtue of Bail conditions, this would automatically give cause for concern	There was a recently closed case that related to the CQC putting Dr Wright's practice into special measures in 2019. PAG closed it with no action after considering reflections from Dr W.
Practice performance does not give cause for concern	<p>Evidence should include information for the past three years in relation to:</p> <ul style="list-style-type: none"> - QOF - GPOS/GPHLI performance - Contractual Sanctions <p>And, where applicable, evidence that action plans are in place and being actioned. Feedback from NHS Choices</p>	<p><u>Current Practice Performance</u></p> <ul style="list-style-type: none"> - GP Indicator Practice Rating (primary care indicator website): The practice is considered to be a "Review Identified" practice. - NHS Choices – Of the three responses on the website, two are rated 5 star and one is 1 star. - The practice's FFT rating for % likely to recommend GP service to friends and family is 94% based on 47 responses (CCG average 91%) - GP Patient Survey 62% of patients say that they find it easy to get through on the phone (CCG average 76%) <p>There are contractual sanctions for the practice on file. contractor was issued with a breach notice and a remedial notice on 11 July 2019 following the findings in the overall inadequate CQC inspection report published on 29 April 2019. The contractor has completed all the actions and was issued with a compliance letter on 20 March 2020. A further inspection was carried out by the CQC on 22 October 2019 and the overall requires improvement report was published on 23 December</p>

		<p>2019. The single-handed contractor was rated 'Requires Improvement' in relation to 'Are services safe?', 'Are Services Effective?' and 'Are Services Well-Led?'; and was rated 'Good' in relation to 'Are Services Caring?' and 'Are Services Responsive?'. The contractor received an overall rating of 'Requires Improvement'.</p> <p>A separate paper on the March 2020 PCCC agenda recommends that The Deerbrook Practice be issued with an action plan following the inspection by the CQC on 22 October 2019 and that the action plan is incorporated into the improvement plan of the business case for the addition of two new partners (See Appendix 1). Officers are satisfied with the scope of the action plan, but in recognition of the unprecedented need to place the vast majority of primary care general practice's time into related activities, that a proportionate approach will be taken with regard to how quickly it is expected to receive feedback on progress with RI actions. Whilst this would normally be 28 days from the PCCC's decision, it is proposed that only actions relating to the Patient Safety domain will be requested within 28 days with the remainder to be pursued after the Coronavirus crisis has settled down.</p> <p>The practice has good patient feedback and an active PPG and the proposed new contractors are keen to work with the PPG to explain our short and long-term plans. As part of their IT plans they aim to update the practice website to make it more interactive and user-friendly for patients and staff which will also be used to announce the short and long-term changes at Deerbrook.</p>
<p>Has premises that are fit for purpose in accordance with minimum standards set out in 2013 GMS Premises Costs Directions, or has Business Plan to achieve within no more than 12 months</p>	<p>Provide available information about the premises and any commitments made by the Contractor to address outstanding issues within the required timeframe. Outcome of infection control visit and outcome of CQC inspection if either or both have been undertaken</p>	<p>The surgery is purpose built and the business case confirms that there is adequate room to accommodate another two partners, a pharmacist and future growth of services. The premises is a large building split into various units on the ground floor and residential properties above. It shares the ground floor with the Elm Court Health centre that provides community health services There is potential to increase and expand patient numbers and the provision of clinical care. The business case indicates that the capacity of the building could comfortably cope with a doubling of the current list size from 4600 to 9200 patients. There is also</p>

		<p>enough space to implement teaching and training at Deerbrook which is an area that Drs Ahmad and Saleem are interested in developing.</p>
<p>Has specified a clear plan of service improvements that will arise as a result of changes in numbers of partners</p>	<p>A business case should be supplied by the practice that sets out their future plans (it is not expected that an application which facilitates 24hr retirement of the Contractor will meet the criteria). At the minimum this should include a commitment that GP premises and phone lines will be open throughout core hours</p>	<p>The practice has submitted a business case outlining their future plans, which includes a service improvement plan. This includes a commitment that GP premises and phone lines will be open throughout core hours.</p>
<p>Has a list size that can demonstrably sustain proposed WTE extra partner increase</p>	<p>The business case should demonstrate this (this would typically be 5000+ patients)</p>	<ul style="list-style-type: none"> - The list size can sustain the proposed partner increase as Dr Wright currently covers 10 sessions per week with a patient list size of 4516. - If the application is approved: <ul style="list-style-type: none"> o Dr Wright will cover 6 sessions until retirement. o Dr Saleem will provide 5 clinical sessions per week o Dr Ahmad will provide 2 clinical session per week o Practice Pharmacist will provide 2 session per week <p>It has been recommended by Lambeth CCG specialists in the Medicines Optimisation team that as a result of the CQC inspection findings that the practice should employ a pharmacist to assist. The practice is also increasing the number of appointments to ensure that it provides approximately 73 appts per 1000 patients per week. The practice will also be a training practice after the addition of the two partners.</p>

<p>CV of proposed new provider does not give commissioners cause for concern</p>	<p>The CV should be attached. If the proposed new provider is not yet known it is possible to approve the request subject to review of the CV prior to final approval</p>	<p>The proposed new Partners are not on the Medical Directorate's Issue of Concern list.</p>
<p>SELPCT recommendation to the panel</p>	<p>Any other relevant information not included elsewhere</p>	<p>The commissioner's recommendation is to approve the application to add two new partners to the PMS contract from 1 April 2020 for the following reasons:</p> <ul style="list-style-type: none"> - Dr Wright has been a single-handed GP since 1 April 2004. - The proposed contractors are already working with the practice to implement measures and support the practice to improve services to patients and comply with recent CQC reports. - The practice is a 'Review Identified' practice - The practice list size has been growing from <i>4085 patients as at 1.1.2017 to 4516 patients as at 1.1.2020.</i> - The premises are purpose built and there is the capacity to increase the patient list and have other services in the building such as a clinical pharmacist and a training centre. - It will provide stability and continuity of care for patients - It will strengthen the clinical team and support Dr Wright with clinical governance, leadership and the partnership will be able to deliver its detailed improvement plan without any one GP being overburdened. - Cost neutral to the CCG - The new management team will work to align systems in the two practices and will strongly be considering a merger of the two practices within 24 months after Dr Wright's retirement.

Deerbrook Surgery Improvement Plan (31.03.2020)

Improvement plan purpose and statement: Our improvement plan is principally based on bringing Deerbrook Surgery in Line with local (SELambeth Locality / PCN) prevalence and performance.

No.	Issues identified in cover paper/BC to PCCC/QQC	Baseline measurement	Action Due (ensure SMART)	Projected Improvement per annum (%)	Action Status	Target	Responsible Lead	Action by	Year 1	Year 2	Year 3
Level 1 Triggers	1	Improve performance in PMS KPI (high risk of diabetes)	Identification of patients with non-diabetic hyperglycaemia. - 258 patients with NDH - 116 Identified and on high risk of diabetes register	Increase number of patients identified and on high risk of diabetes register with a HbA1c of 42-47mmol by running relevant searches and identifying the correct code to add patients onto register. Searches to be run on a monthly bases by a trained member of admin and code patients who haven't been added onto high risk of diabetes register. Practice manager to oversee and set up outlook calendar alerts.	100% of patients with HbA1c of 42-47mmol to be coded as 'non-diabetic hyperglycaemia	2. In progress	Practice Manager	31/03/2020	100%	100%	100%
	2	Improve performance in PMS KPI (HIV screening)	Patients 16+ who have been offered HIV screening who are newly register 19/20. 386 patients, 10 patients have been offered HIV screening.	Update new patient questionnaire to HIV screening is offered. Create a 'new patient registration' emis template for reception/admin to use to ensure that coding is correct. All staff to be trained on registrations and shown the emis template by April 2020. Monthly search to be ran to ensure that staff are coding 'HIV offered' at registration.	100% of newly registered patients to be offered HIV screening at registration.	2. In progress	Practice Manager	31/3/2020	All new patients to be offered HIV screening at registration and at new patient health check.	All registered patients 16+ to be offered HIV screening (MJOG text message to be sent)	100% of all 16+ registered patients to have been offered HIV screening
	3	Improve performance in PMS KPI (Care coordination - amber & green cases)	Practice currently has 40 patient on the green and amber cohort. 8 patients have had a personalised annual review this ficial year. Social prescribing intervention to also be made.	Identify all patients on the green and amber cohort, invite all patients in for a personalised annual review and discuss 4 cases at practice MDT based meetings. List of patients given to admin staff to contact and arrange a double appointment with the practice nurse. Practice nurse has been shown the correct template to carry out the indepth review. Care plan to also be given to patients at review. Target of 5 patients to be booked in weekly. Practice has a social prescriber once weekly, MJOG text message to be sent to all patients offering service.	80% of patients on the green and amber cohort to have an annual personalised review and care plan. Continue to offer appointment with social prescriber to help support them. Hold weekly practice meetings with clinicians and discuss cases.	2. In progress	Practice manager/ Dr Azhar Saleem/ Dr Imtiaz Ahmad	31/3/2020	All patient to have been contacted x3 yearly offering a review with the practice nurse for a personalised annual review. 80% of patients on register to have had a yearly review.	Review register, identify patients who may be at risk of hospital admission and add onto green/amber where appropriate.	Maintain register and reach target of 80% of patients to have had an LCC review.
	4	Improve performance in GPDF KPI (SMI physical health checks) and QOF	25% of SMI patients to have add a completed SMI review 01/03/2020	Patients with severe mental illness to have a yearly review and complete the 6 physical checks (weight, pulse check, lipid + cholesterol, HbA1c, alcohol and smoking status). monthly recall system to be put in place to batch contact all patients via MJOG inviting them in for a review with the Doctor. Those who still have not arranged an appointment after x3 texts to be contacted by telephone to arrange appointment. To discuss any non-attendees at weekly practice meeting who may be of a concern/at risk.	Meet minimum target of 45%	1. Not yet started	Practice manager/ Dr Azhar Saleem/ Dr Imtiaz Ahmad	31/03/2021	45%	50%	60%

	5	Cervical Screening	60% update as of March 2020	Improve the percentage of female patients aged 25- 64 and eligible for a cervical smear. Have a process in place to send regular MJOG text message to those eligible on a monthly basis. Those who do not have a valid telephone number to be sent a letter. All activities to be recorded on patients notes. Those who DNA appointments to be contacted on the same day by reception to reschedule. Ensure that all staff are aware of the QOF pop up alerts 'patient eligible for cervical screening' and to actioning.	Maintain target for 1st year	2. In progress	70.0%	Practice manager	31/3/2021	70%	75%	80%
	6	Childhood imms - 5 year olds Diphtheria Tetanus Pertussis and Polio	70% (2019 - 2020)	Maintain the rate of 5 year olds who have had their Diphtheria, Tetanus, Pertussis and Polio vaccine and improve by having a robust recall system in for those children that have missed their immunisations or are due within the next fortnight. To have searches in place for children turning 3yrs and 4 months within 2 weeks. Admin to contact parents by telephone to arrange appointment. If parent refuses or isn't sure whether they would like their child to be immunised to put down for a telephone consultation with the practice nurse. All contact to be recorded.	As stated	1. Not yet started	To meet national target of 90%	Practice manager	31/3/2021	80%	85%	90%
Level 2 Triggers	8	Childhood imms - MMR	86%	Meet national target of 90% of 2 year olds who have had their MMR vaccine + booster at 18 months, as per new guidelines. Increase number of children vaccinated by having a recall system in place, relevant searches to identify children who are turning 12 and 18 month within the 2 weeks and arrange appointment with parents. Member of administrative team to contact parents via telephone and arrange appointment with practice nurse. If parents do not want to vaccinate their child then a telephone consultation needs to be arrange with the practice nurse.	Reach national target of 90%	1. Not yet started	To meet national target of 90%	Practice manager	31/03/2021	86%	90%	90%
	11	GP Patient Survey Feedback	62%	Improve telephone accessibility by having more staff on the telephone answering the telephones (x3 staff at 8am), upgrading the current telephone system to ensure there are sufficient lines and introduce a practice queuing telephone system.	As stated	2. In progress	To meet local CCG average of 76%	Practice manager	31/03/2021	68%	72%	76%
Patient Survey	12	GP Patient Survey Feedback	58%	Improve the number of appointments available by introducing additional clinical sessions (pharmacists/GPs), introduce telephone traige everyday and ensure that there are appointments available to offer throughout the day.	As stated	2. In progress	To meet local CCG average of 66%	Practice manager	30/04/2020	60%	64%	66%

GP	13	GP Patient Survey Feedback	78%	Improve the percentage of patients that speak to their preferred clinician by introducing telephone triage which will allow access to other clinicians for those patients who may want to speak/see them. This can then be triaged by reception/on-call duty doctor to meet the patients needs.	As stated	2. In progress	To meet local CCG average of 87%	Practice manager	30/04/2020	80%	85%	87%
	15	Prevalence of chronic diseases		Increase practice prevalence of chronic diseases by ensuring staff are utilising EZDOC, documents with new diagnosis are being inboxed to clinician and ensuring that clinicians are coding diagnosis correctly as 'active problem'.		2. In progress	N/A	Practice manager/ Dr Azhar Saleem/ Dr Imtiaz Ahmad	31/3/2021	100%	100%	100%
Performance Plans	16	Health Checks		Recall patients in for over 40 health checks		2. In progress	N/A	Practice manager	31/3/2021	60%	65%	70%
	17	New patient health checks		New patient health checks to be arrange once patient register by a member of admin		2. In progress	N/A	Practice manager	31/3/2021	80%	85%	90%
	18	Coding		All clinicians/staff to be trained on QMASTERS templates and ensure that all reviews are coded correctly to meet local/national targets		2. In progress	100%	Practice manager/ Dr Azhar Saleem/ Dr Imtiaz Ahmad	31/05/2020	100%	100%	100%
	19	Identify poorly controlled diabetic patients and ensure that they are re-called 3 monthly to improve QOF performance at the end of the financial year.				1. Not yet started	N/A	Practice manager/ Dr	31/3/2021	100%	100%	100%
	20	Download prevalence searches from EZ analytics and identify patients who have not been added onto register. For example patient's with Down's/Autism/Aspergers and are not on the learning				1. Not yet started	N/A	Practice manager/ Dr	31/3/2021	100%	100%	100%
	22	Flu imms - age 65 and over					75%		31/03/2021	75%	75%	75%
	23	Flu imms - age under 65 at risk and pregnant women					55%		31/03/2021	55%	55%	55%
CQC	24	Medicines Management		The practice will put the relevant systems in place, including the support of a clinical pharmacist, to ensure that the medicines management policy and the protocol to prescribe high risks medicines are embedded			n/a		28 days 30/04/2020 TBC			
	25.a	Leadership capacity and capability		The practice will provide the names of the leads for each particular area			n/a		30/04/2020 TBC			
	25.b			The practice will provide details of the audit or quality assurance processes being completed by the management team			n/a		30/04/2020 TBC			
	25.c			The practice will provide a copy of the Significant Events policy including the process to identify and record clinical incidents			n/a		30/04/2020 TBC			
	26	Vision and Strategy		The practice will provide details of the strategy the practice has in place to provide high quality sustainable care.			n/a		30/04/2020 TBC			
	27	Culture		The practice will provide outcome from staff survey/feedback and any actions taken or learning shared in staff meetings.			n/a		30/04/2020 TBC			
	28	Managing risks, issues and performance		The practice will provide the governance structure which would ensure continuation of set structures and/or systems. Please include an internal auditing process to ensure consistent reviews or checks of the practice as a whole and its quality.			n/a		30/04/2020 TBC			
	29	Continuous improvement and innovation		The practice will provide details of the systems and processes the practice has in place for learning, continuous improvement and innovation			n/a		30/04/2020 TBC			