Introduction
In line with the national commitment to deliver seven day NHS services Nottingham North & East Clinical Commissioning Group (CCG) is required to secure seven day extended hours GP services by April 2019.

The Primary Care Commissioning Committee is asked to approve the commissioning process of the improved access service for the population of Nottingham North & East CCG, with a view that services will commence October 2018.

Background
The ‘General Practice Forward View’ (GPFV), published on 21 April 2016, sets out investment plans and commitments to strengthen general practice in the short-term and support sustainable transformation of primary care for the future. It states that by 2020 recurrent funding in primary care will increase by an estimated £2.4 billion per year. The additional funding enables a national drive for transformational change to GP access with an aim that by 2019 GP surgeries should include sufficient routine appointments at evenings and weekends to meet locally determined demand alongside effective access to urgent care services.

Funding to commission additional capacity and to improve patient access will increase over the next two years. In 2018/19 Nottingham North & East CCG will receive £3.34 per weighted patient (£501k) to begin to deliver improved access to primary care services. In 2019/20 Nottingham North & East CCG will receive £6 per weighted patient (£900k) to deliver seven day primary care working. This funding is in addition to the existing primary medical services allocation.

Criteria for the Improved Access Scheme
To be eligible for the funding, CCGs will need to commission the following in accordance with the NHS Operational Planning and Contracting Guidance:

Timing of appointments:
- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
• appointments can be provided on a hub basis with practices working at scale.

Capacity:
• commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population. **Nottingham North & East CCG capitation is 151,639 (July 2017) resulting in 76 additional hours rising to 114 hours.**

Measurement:
• ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

Advertising and ease of access:
• ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service;
• ensure ease of access for patients including:
  o all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
  o patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:
• use of digital approaches to support new models of care in general practice.

Inequalities:
• issues of inequalities in patients’ experience of accessing general practice identified by local evidence and actions to resolve in place.

Effective access to wider whole system services:
• effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

Current Provision of Primary Care in NNE
Nottingham North & East CCG has 20 practices providing a full range of Primary Care Services to their patients, including local and national directed enhanced services, please see Appendix 1 for full details of provision.

11 Practices in Nottingham North & East currently provide services outside the normal contracted hours as part of the Extended Hours Directed Enhanced Service (DES). This service provides access for patients who are only registered at that practice, who require routine GP appointments outside normal surgery hours allowing them to attend at a time that is more convenient for them. This contract is managed by NHS England. The specification is due to change on 1st October, however, the extended hours scheme will not contribute to the hours required to meet the 7 day working requirements.

Extended Access Across Greater Nottinghamshire
Over the past few years CCGs within Greater Nottinghamshire have all been piloting a variety of different access schemes of which some were supported through the Prime Minister’s Challenge Fund” (PMCF) or “General Practice Access Fund” (GPAF) These sites received funding to support planning to accelerate the delivery requirements set out in the planning guidance. Below are a summary of the access schemes to date and where local CCGs are with their delivery of 7 day access:-
NHS Rushcliffe Clinical Commissioning Group
Rushcliffe CCG has been working with PartnersHealth to deliver a range of general medical services within a hub approach across three of Rushcliffe CCG localities. Patients can book same day and routine pre-bookable appointments through their registered practice. For same day routine appointments at weekends patients can access the service through 111, who will triage the patient to ensure any urgent medical needs are handled appropriately and for those who have routine needs and/or express a preference to be seen by the service will be passed to NEMS to contact the patient to arrange an appointment.

NHS Nottingham City Clinical Commissioning Group
The CCG participated in the Prime Minister’s Challenge Fund (wave one) to deliver increased access by providing GP and nurse appointments on a Saturday and Sunday. This has continued to be commissioned whilst awaiting the core standards of the GP Access Fund. The service piloted pre-bookable weekend appointments on a care delivery group hub basis on both Saturdays and Sundays (excluding bank holidays) across 5 care delivery groups by 7 practices.

The CCG are currently re-designing its model of extended access to general practice to meet the GP Access standards, we are awaiting further information of their intentions.

NHS Nottingham West Clinical Commissioning Group
Nottingham West received funding from the PMCF to implement the Engaged Practice Scheme and focussed in improving access in core opening hours (8.00am to 6.30pm). This approach has achieved significant results and the CCG has continued to fund the scheme in 2016/17 and 2017/18 to encourage practices to work together to deliver key priorities and objectives.

Nottingham West will implement the new extended hours from 2018/19. The outline plan for Nottingham West included in the delivery plan is as follows:

- delivery of extended access from a number of locations across the CCG area.
- link to CDG areas and teams weekdays
- weekend service delivered from a hub location.
- offer face to face appointments and/or telephone consultation with GPs, practice nurses or Health Care Assistant (HCA) between 6.30pm-8.00pm every weekday, and on Saturdays and Sundays
- for weekend appointments: Patients will be able to book routine pre-bookable appointments through the reception desk of their registered practice. For same day appointments at weekends; patients will access these through calling 111 and NEMS where they will be triaged.

Nottingham West held initial discussions at their Clinical Development Committee with their providers to discuss options moving forward for implementation for 2018-2019, we are awaiting further information of their intentions.

Urgent Primary Care Provision
We know that there is a great deal of duplication in the system with the introduction of demand management initiatives, provision of additional capacity via urgent care centres, GP at front door of ED, out of hours’ services, 111 and now seven day additional routine access. This not only presents a degree of confusion for patients in terms of navigating the numerous options but also evidence shows we are not necessarily seeing any correlation in reduction in activity in emergency departments.

As part of the next steps on the 5 Year Forward View, there are a number of new initiatives that relate to urgent primary care that require implementation. Specifically, these are the development and delivery of;
Urgent Treatment Centres

NHS England have set out a core set of standards for urgent treatment centres (UTC) to establish as much commonality as possible. By December 2019 patients and the public will:

- Be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray.
- Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in access option will also be retained.
- Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
- Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

Integrated Urgent Care Pathway

- Move from current assess to refer model to consult and complete model
- Development of an integrated urgent care clinical assessment service which is 24/7, GP led and supported by other specialists (e.g. mental health, palliative nurses, dental etc) that will assess 75% of patients
- Offers direct booking into services where the patient requires face to face treatment

Challenges

It is recognised that there are a number of challenges with delivering the national requirements around extended hours in primary care and the changes to urgent primary care provision;

- Availability of GP/Nurse workforce across the healthcare system to deliver additional capacity
- Increasing patient expectation that cannot be sustained post 2020
- Available finances to recurrently fund 3 separate models
- Increases level of confusion for patients wanting to access appropriate care
- Increases level of confusion for existing navigation services
- Allocated funding and delivery models for extended primary care is at CCG rather than Greater Nottingham level risking further fragmentation
- Current funding for UTC and clinical hub is non-recurrent until April 2018

Working in collaboration with urgent care leads within Greater Nottinghamshire, discussions have taken place with regards to the development of a fully integrated service and we have agreed that a set of guiding principles would be useful to aid in developing a robust care model:-

patients have access to appropriate primary care services 24/7 which enables choice, offers care closer to home and has capacity to see those who urgently need this
- offers a viable alternative for patients to acute services
- offers patient centred care, driven by patient need
• aims to reduce demand on the healthcare system, recognising the current pressures facing services
• supports the healthcare system to operate in the most efficient way possible, including efficient use of workforce and financial resources
• services to deliver equitable access and treatment for patients regardless of time of day and method of presentation

**Patient & Public Engagement**

The CCG has undertaken a range of engagement activities with a wide number of stakeholders to articulate what improved access means for the Nottingham North & East population. The engagement commenced later than planned due to Purdah, however, the CCG has been actively promoting the engagement between 18th June and 21st August 2017.

The aim of this public engagement was to capture the views of as many of the Nottingham North and East Clinical Commissioning Group population as possible regarding access to general practice between 8am-8pm, at the weekend and access via technology.

2,500 hard copies of the Primary Care GP Access Survey were distributed across the CCG. In addition this survey was available online. The survey asked for opinion on:

- Travel to, and timing of, weekend appointments
- Travel to, and timing of, evening and early morning appointments
- Appointments via different types of technology
- Equality and diversity data of respondents including additional support needs for vulnerable groups

506 people filled in the survey, which based on the number of hard copies distributed is over 20% return rate, which we are pleased with as the average response rate for external surveys is nationally between 10-15%.

We received a large amount of free text to all of the questions which is very positive allowing the CCG to fully understand the population’s views. This has resulted in a delay in producing a full report due to the time it is taking to transfer the information into the report. A summary of the initial findings are below:-

- 59% of people are happy with how and when you access your GP Practice and 41% not happy. 244 respondents added comments with the majority of concerns around the length of time it takes to book routine appointments. There was some positive feedback about staff and the use of triage within General Practice
- All patients seemed happy to travel to see a GP or nurse at the weekend ranging from 24% up to 1 mile, 29% up to 3 miles, 26% up to 5 miles. 21% made comments that they may have difficulty traveling due to disability, they would only travel for urgent appointments, depends on how ill they were and some would require transport, therefore being accessible on public transport.
- Saturday morning was the most popular time to see a GP or nurse at the weekend with 23% respondents. 56% of patients had no preference.
- By far the largest percentage of respondents 47% has no preference as to whether they were seen between 7am-8.30am or 6.30pm-8.00pm with a fairly even split between early morning 21% and evenings 28%.
- We asked respondents their views on using technology and 62% of respondents would be happy to carry out online consultations, followed by 46% using online video calling (eg Skype) and 45% Symptom checker.
- The free text provided an opportunity for the public to provide further information, there was an even split in the comments about additional hours with 17 comments in support of extended services and 23 respondents showing concerns for extended
services. There were a lot of comments about concerns for the staff and overstretching an already existing service.

The full report will be available once complete.

**Future Care Model**

From a patient perspective the introduction of the improved access initiative ought to appear as an extension to the operating hours of their existing GP practice, covering many of the services already delivered during core hours.

This seamless delivery of core contracted in-hours delivery and extended hours delivery will be achieved through patients having the choice of evening and weekend appointments on an equal footing to in-hours appointments. Practices will have the technical ability to book patients into routine and urgent appointments in the extended access through their practice and at weekends; patients will access these through calling 111 and NEMS where they will be triaged. Although the most popular time for appointments as per our patient engagement is Saturday morning, we are required to provide services on a Sunday as notified by NHS England, so this will be something that will have to be closely monitored.

It is the ambition of the CCG deliver a Hub Model located across 3 localities of the CCG. The hubs will feed into the Care Delivery Groups providing additional support and care to the local population. As stated in the feedback patients stated that they would be able to travel, however, the hub would need to be located close to public transport facilities to ensure that all patients are cared for. Elements of the weekend provision of care may be delivered more centrally across Greater Nottingham to minimise the additional resource requirements (particularly workforce availability). This service will be delivered by October 2018.

The hub delivery models will support vulnerable and hard-to-reach groups that may need a special approach to access. This approach can prevent avoidable admissions and facilitate discharge from hospital, including over the weekend, as well as contributing to wider system resilience. This additional capacity will also act as an enabler to proactively support and manage more complex patients, both in hours and out of hours and provide the means to:

- Flex consultations and provision of longer consultations
- Involve a wider multidisciplinary team and wider skill mix
- Proactively connecting with those people with unmet needs, for example, carers, those in deprived communities, LGBT, people working shifts etc.

The improved access initiative will support patients to rely on primary care as their first port of call for urgent primary medical care needs, and support other urgent care providers, such as the Emergency Department (ED), Urgent Care Centre and 111 service.

**Options Appraisal**

The following table gives a comparison of the options against criteria to meeting the requirements of the GPFV:-

**Benefits**

- aim to improve patient experience and satisfaction
- meets the national requirements as stated above
- provides increased access to primary care for all
- services have to be delivered in a safe way, considering individual needs of patients
- encourages new models of primary care at scale
- supports sustainability of primary care
- sustainability of primary care

**Risks**

- inability to identify suitable premises
- inability to effectively access records
- workforce challenges and inability to recruit staff
- destabilise in hours primary care

Value for Money
- value for resources in terms of:-
  - finance
  - optimum utilisation of premises
  - workforce
  - IT investments, infrastructure and interoperability
<table>
<thead>
<tr>
<th>Option Description</th>
<th>OPTION 1</th>
<th>OPTION 2</th>
<th>OPTION 3</th>
<th>OPTION 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detail of Option</strong></td>
<td><strong>Do Nothing</strong></td>
<td><strong>Contract individually with Practices</strong></td>
<td><strong>Commission to provide through GP Federation - Hub model</strong></td>
<td><strong>Commission Single Provider for Access – Hub model</strong></td>
</tr>
<tr>
<td><strong>Advantages (Benefits)</strong></td>
<td><strong>Under the GPFV and the NHS Operational Planning and Contracting Guidance the CCG are required to implement 7 days services to Primary Care and therefore this is not an option.</strong></td>
<td>• The CCG will combine all available Access funding resources going forward and offer these to individual practices through an additional contract. This will be on a capitated budget scheme. • Practices can offer access based on their registered patients singly or jointly with neighbouring practice/s, or in cluster, or sub-contract to any other provider.</td>
<td>• The “Access Offer” to be delivered through the emerging GP federations / Community Hubs within each geographical cluster in NNE (currently 3 localities) • Delivered as a federative model across the CCG. • The specification will have detailed KPIs and high level locally defined Access Outcomes – including patient experiences, complaints management, and equitable service provision.</td>
<td>• The CCG will commission a single provider through an APMS contract to provide services within each geographical cluster in NNE (currently 3 localities). • The specification will have detailed KPIs and high level locally defined Access Outcomes – including patient experiences, complaints management, and equitable service provision.</td>
</tr>
<tr>
<td><strong>N/A</strong></td>
<td>• Flexibility for practices to engage and deliver with choice providers as per the local needs of their registered population • Practices who decide to work together and share model, optimise resources in terms of staff • Patients will see their own clinical workforce (GP, Nurse etc) • Care is delivered at the same site – minimal disruption for patients</td>
<td>• For patients/public, this would mean they can get a range of primary care as well as general access under the same roof to other services and close to patient’s homes in localities that are familiar to them. • Provide advantage in terms of co-located services (if negotiated and agreed and space allows) • Benefit individual practices and aid resilience and sustainability. • New access workforce modelling like PA, NP,</td>
<td>• This is in line with NHSE and NNE CCGs priorities of commissioning at-scale and as per STP requirements • Rather than dealing with multiple providers ranging from small practices to third party providers, this will be much more robust and less resource draining for commissioners • Equity in terms of coverage for commissioners as per specification • For the provider, it would allow innovation and new ways of</td>
<td></td>
</tr>
</tbody>
</table>
- New access workforce modelling like PA, NP, Pharmacists etc. can be trialled and tested
- Practices can even deliver through third party providers and share risks
- Retain funding within the existing primary care
- Procurement via a direct award.

- Pharmacists etc. can be trialled and tested
- The federation has an awareness of each other and working principals.
- Workforce, premises, IT and other enablers can be shared amongst sites
- Federation will feed directly into community services through Care Delivery Group and other services, thus supporting those patients in need and supporting the wider healthcare system.

- Risk sharing will be pooled and mitigation can be achieved due to large-scale approach
- Workforce, premises, IT and other enablers can be shared amongst sites
- Not destabilise current primary care provision.
- GP Federation would have access to bid for the tender

| Risks | Risks of post code access (fragmented access and service) for patients – better performing practices may offer better access and care as compared to challenged or vulnerable practices  
- Workforce risks for smaller practices if someone is not available, on leaves or cover arrangements not available impacting on patient access and experience  
- Can be resource draining for some practices that already are over stretched, and this will mean working longer hours, the scheme may not be value for resources. Thus destabilising | NNE does not have a Federation in place that could take this forward at the moment.  
- Could face delayed start in certain clusters and may not be implemented in short term  
- The foundations of Federative working is not in place for example process, systems, governance etc, which will be requirement of delivery. | Risk in terms of over-performance and under resourcing which may have huge financial implications for the CCG and requirements would need to be clear in specification.  
- Success of this model will depend on the organisational skills and experience in delivery of the provider  
- May need to go through the procurement route and may cause delays in implementation, possible legal challenges or hurdles as with any other tendering or procurement routes commonly faced in the NHS  
- Develop relationships with practices to ensure that |
| Financial Implications | • Funding to be based on outcomes as per specification  
• Per capita arrangement for the single provider to deliver “access” outcomes for their population  
• As stated in the risks above, pooled budget may not be able to absorb existing or growing demand of the population  
• Funding for each practice will be restricted as such may not support financial outgoings required for workforce, premises etc. | • Funding through the Federation will be more cost effective, due to working at scale and potential use of existing funding and IT infrastructure.  
• Funding to be based on outcomes as per specification  
• Funding released through any current schemes and addition of any future schemes like GPFV will need to factor in service needs.  
• Per capita arrangement for the single provider to deliver “access” outcomes for their population  
• As stated in the risks above, pooled budget may not be able to absorb existing or growing demand of the population | • Funding through a single provider will be more cost effective, due to working at scale.  
• Funding released through any current schemes and addition of any future schemes like GPFV will need to factor in service needs.  
• The budget envelope would be pooled and reviewed regularly in line with any national guidelines or papers, like the GPFV  
• As stated in the risks above, pooled budget may not be able to absorb existing or growing demand of the population |
| Other factors to consider | • Any third party contracted by individual practice or group of practices have to seek CCG’s approval for providing care, be CQC registered and maintain | • The Federation will need to ensure that they are fully registered with the CQC.  
• This option would need IT inter- | • The organisation will need to ensure that they are fully registered with the CQC  
• This option would need IT inter- |
standards and quality accordingly, and follow all NHS guidelines and principles for delivering primary care

- If a neighbouring practice or group of practices are delivering services, or a third party on behalf of that practice, then this option would need IT interoperability and data sharing agreements for remote access of patient medical and care records, as well as patient consents for access (this can be achieved at the point of care as per NHS guidelines)

| operability and data sharing agreements for remote access of patient medical and care records, as well as patient consents for access (this can be achieved at the point of care as per NHS guidelines) | operability and data sharing agreements for remote access of patient medical and care records, as well as patient consents for access (this can be achieved at the point of care as per NHS guidelines) |

| | | |
Recommendation

Based on the options presented above against the criteria and proposed model of care, Option 4 as the preferred option and commission a single provider for access. It gives the greatest flexibility in terms of contractual mechanisms, is in line with the General Practice Five Year Forward View and has the best possible sustainable future over a longer period of time. This option will also allow for local federations to bid for this tender and therefore, not preclude option 3.

Should this recommendation be approved a full service specification and funding breakdown will be developed and presented to the Primary Care Commissioning Committee in December for approval to allow for the appropriate time for procurement to take place for October 2018 implementation.

A full Quality and Equality Impact Assessment will be completed as part of the process and presented in December.

Rachael Rees
Head of Primary Care
September 2017
## Appendix 1
Current Provision of Primary Care Services in Nottingham North & East CCG

<table>
<thead>
<tr>
<th>Practice</th>
<th>List Size</th>
<th>CQC rating</th>
<th>GMS/PMS services</th>
<th>Electronic Prescribing</th>
<th>Directed Enhanced Services</th>
<th>Local Enhanced Services</th>
<th>Local Authority Enhanced Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Tree Medical Practice</td>
<td></td>
<td>Good</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Caiverton Practice</td>
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<td>Outstanding</td>
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<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Outstanding</td>
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<td>Yes</td>
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<td>Jubilee Practice</td>
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<td>Yes</td>
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<td>Newthorpe Medical Centre</td>
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<td>Yes</td>
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<td>Oakenhall Medical Practice</td>
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<td>No</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Om Surgery</td>
<td></td>
<td>Good</td>
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<td>Practice</td>
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<tr>
<td>Plains View Surgery</td>
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<td>Yes</td>
<td>Yes (3.25)</td>
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<td>Stenhouse Medical Centre</td>
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<td>West Oak Surgery</td>
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<td>Yes (4.00)</td>
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<td>Yes</td>
</tr>
</tbody>
</table>

* Full range of GMS/PMS services
Asthma, Chronic obstructive pulmonary disease, Diabetes, Heart disease, Hypertension, Chronic kidney disease, Stroke/TIA, Mental Health
Antenatal and maternity care, Contraceptive services, including coil fitting, implants, and emergency contraception, Cervical smears, HRT monitoring and advice
Vasectomy counselling, Stop Smoking Clinic, Alcohol Advice Services, Obesity Weight management
Treatment room services for dressings, ear syringing, wound management (registered patients only)