

Nottingham North & East CCG Primary Care Commissioning Committee Public

	Document	Page
1	1 PCCC 18 000 Public Agenda - December 2018	2
2	3. PCCC 18 063 Conflict of Interest Register	4
3	4. PCCC 18 064 Managing Conflicts of Interest at Meetings	7
4	6. PCCC 18 066 Unratified Minutes 04.10.18	9
5	7. PCCC 18 067 Public Action log	14
6	8. PCCC 18 068a Ivy Medical Group -post merger update	15
7	8. PCCC 18 068b Appendix 1	19
8	8. PCCC 18 068c Appendix 2	21
9	11. PCCC 18 071 (a) Second General Practice Splenectomy	22
10	11. PCCC 18 71 (b) South Notts Splenectomy 2nd Audit Report	24
11	12. PCCC 18 072 Primary Care Quality Highlight Report Q2	27

**Primary Care Commissioning Committee
Public Meeting Agenda**

12 December 2018, 1:00pm-2:00pm

**Clumber Meeting Room, Easthorpe House, 165 Loughborough Road, Ruddington, Nottingham,
NG11 6LQ**

Introductory Items

13:00	1. Welcome and apologies for absence	Mike Wilkins	PCCC 18 061 Verbal
	2. Confirmation of quoracy	Mike Wilkins	PCCC 18 062 Verbal
	3. Declarations of interest for any item on the agenda	Mike Wilkins	PCCC 18 063
	4. Management of any real or perceived conflicts of interest	Mike Wilkins	PCCC 18 064
	5. Questions from the public	Mike Wilkins	PCCC 18 065 - Verbal
	6. Minutes of the meeting held on 4 October 2018	Mike Wilkins	PCCC 18 066
	7. Matters arising and actions from the meeting held on 4 October 2018	Mike Wilkins	PCCC 18 067

Agenda Items

13:15	8. Ivy Practice Merger Update	Julie Kent	PCCC 18 068
	9. Extended Access	Rachael Rees	PCCC 18 069 – Verbal
	10. Winter Pressures	Rachael Rees	PCCC 18 070- Verbal
	11. South Nottinghamshire Clinical Commissioning Groups' Second General Practice Splenectomy Vaccination and Antibiotic Audit Report	Esther Gaskill	PCCC 18 071

Quality

13:45	12. Primary Care Quality Highlight Report Q2 2018/2019	Esther Gaskill	PCCC 18 072
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Closing Items

13:55	13. Any other business	Mike Wilkins	PCCC 18 073 Verbal
	14. Risks identified during the course of the meeting	Mike Wilkins	PCCC 18 074 Verbal
	15. Date of next meeting: <i>TBC</i>	Mike Wilkins	PCCC 18 075 Verbal

Conflicts of Interest Register – Nottingham North and East Primary Care Commissioning Committee

Name	Current position (s) held in the CCGs	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Type: Financial	Type: Non-financial Professional Interests	Type: Non-financial Personal Interests	Is the interest indirect?	Date From:	Date To:	Action taken to mitigate risk
Allen, Terry	Lay Member - Financial Management and Audit (NHS Nottingham North and East CCG)	Price Waterhouse Coopers	Son employed by	✓			✓	01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
Allen, Terry	Lay Member - Financial Management and Audit (NHS Nottingham North and East CCG)	Circle Nottingham NHS Treatment Centre	Close friend employed by as a consultant nurse	✓			✓	01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
BEMROSE, Jonathan	Chief Finance Officer - Greater Nottingham CCGs	Westdale Lane Surgery.	Registered Patient			✓		01/04/2013	present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Westdale Lane Surgery.
BEMROSE, Jonathan	Chief Finance Officer - Greater Nottingham CCGs	Westdale Lane Surgery.	Relatives registered patients			✓	✓	01/04/2013	present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Westdale Lane Surgery.
BEMROSE, Jonathan	Chief Finance Officer - Greater Nottingham CCGs	Nottingham University Hospitals NHS Trust	Spouse is employed as a clerical worker in the Cardiology Department	✓			✓	01/04/2013	present	This interest will be kept under review and specific actions determined as required.
Bramhall, Nichola	Chief Nurse and Director of Quality for the Greater Nottingham CCGs	Oakenhall Medical Practice	Registered patient			✓		20/06/2018	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Oakham Hall Medical Practice.
CAMPBELL, Dr Ian	GP , Cluster Lead, GP Lead	Park House Medical Centre	Senior Partner	✓				21/04/2015	present	Withdraw from a specified activity or relevant parts of meetings during which relevant are discussed and not to take part in any related vote/
CAMPBELL, Dr Ian	GP , Cluster Lead, GP Lead	Bodylibrium (weight loss and lifestyle business)	Partner	✓				21/04/2015	Present	
CAMPBELL, Dr Ian	GP , Cluster Lead, GP Lead	Nutracheck/co/uk (weight loss business)	Medical Advisor	✓				14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
CHAMPION, Janet	Lay Member (NHS Nottingham North and East CCG and NHS Nottingham West CCG) Associate Lay Member (Nottingham City CCG)	Health Education East Midlands	Lay Partner		✓			30/03/2016	Present	This interest will be kept under review and specific actions determined as required.

Conflicts of Interest Register – Nottingham North and East Primary Care Commissioning Committee

CHAMPION, Janet	Lay Member (NHS Nottingham North and East CCG and NHS Nottingham West CCG) Associate Lay Member (Nottingham City CCG)	Royal Wolverhampton Hospitals NHS Trust	HR Consultancy work	✓				01/09/2017	01/10/2018	This interest will be kept under review and specific actions determined as required.
GASKILL, Esther	Head of Quality and Patient Safety and Experience	No relevant interests declared	Not applicable							
HOPKINSON, Dr James	Clinical Chair, NNE CCG	Calverton Practice (which is a provider of Primary Medical care services in NNE CCG)	GP and Partner	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
HOPKINSON, Dr James	Clinical Chair, NNE CCG	NUH	Wife is an Allergy Nurse Specialist	✓			✓	01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
HOPKINSON, Dr James	Clinical Chair, NNE CCG	Faculty of Sport and Exercise Medicine	Fellow		✓			01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
HOPKINSON, Dr James	Clinical Chair, NNE CCG	NEMS	Shareholder	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
KENNEDY, Dr Caitriona	GP Member	Trentside GP Practice	GP and Senior Partner			✓		14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
KENNEDY, Dr Caitriona	GP Member	County Health Partnerships	Part time Clinical Director for NNE Locality (<i>maximum of 1 day per week</i>).			✓		14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
KENNEDY, Dr Caitriona	GP Member	NEMS	Shareholder and sessional GP.	✓				14/07/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote.
KENNEDY, Dr Caitriona	GP Member	Health Partnerships	Clinical Director	✓				18/02/2014	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant are discussed and not to take part in any related vote/
LIVSEY, Ian	Deputy Chief Finance Officer (Planning and Reporting)	Nuffield Health	Ex employee with pension interests/	✓				01/01/2008		Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
PANESAR, Paramijt	Assistant Clinical Lead	Ivy Medical Group	Partner	✓				01/04/2013	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
PICKETT, Sharon	Locality Director (NNE CCG)	No relevant interests declared	<i>Not applicable</i>							

Conflicts of Interest Register – Nottingham North and East Primary Care Commissioning Committee

SULLIVAN, Amanda	Accountable Officer - commencing 13 November 2018	TBC	TBC							
TEASDALE, Ben	Secondary Care Consultant	University Hospital Leicester/ Magpas Air Ambulance	Consultant in Emergency Medicine		✓			23/05/2016	Present	Withdraw from a specified activity or relevant parts of meetings during which relevant subjects are discussed and not to take part in any related vote/
WALTERS, Samantha	Accountable Officer to November 2018		Knows Dr Jane Youde personally			✓		01/04/2013	Present	
WILKINS, Mike	Lay Member- Patient and Public Involvement (NHS Nottingham North and East CCG)	Water Works Charity	Trustee and Treasurer	✓				08/06/2015	Present	This interest will be kept under review and specific actions determined as required.
WILKINS, Mike	Lay Member- Patient and Public Involvement (NHS Nottingham North and East CCG)	Elmswood Surgery (City Practice)	Wife is employed by as a Practice Nurse	✓			✓	27/05/2017	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to the Elmswood Surgery

Managing Conflicts of Interest at Meetings

1. A “conflict of interest” is defined as a “set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
 - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
 - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
 - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
 - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.

The above categories are not exhaustive and each situation must be considered on a case by case basis.

4. In advance of any meeting of the Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.
5. At the beginning of each formal meeting, Committee members and co-opted advisors will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) will determine how declared interests should be managed, which is likely to involve one the following actions:
- Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the Committee's decision-making arrangements.
 - Allowing the individual to participate in the discussion, but not the decision-making process.
 - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the Committee's decision-making arrangements.

Nottingham North and East Clinical Commissioning Group

Primary Care Commissioning Committee Unratified Minutes of the Public Meeting held on Thursday 4 October 2018, 09:30 – 10:15

Committee Room, Gedling Civic Centre, Arnot Hill Park

Members

Mike Wilkins (MW)	Lay Member – Primary Care (Chair)
Terry Allen (TA)	Lay Member – Financial Management & Audit
Ian Livsey (IL)	Deputy Chief Finance Officer
Esther Gaskill (EG)	Head of Primary Care Quality
Sharon Pickett (SP)	Locality Director

In attendance

Fiona Daws (FD)	Governance Officer (minutes)
Annie Meakin (AM)	Practice Liaison Officer, Local Medical Committee
Rachael Rees (RR)	Head of Primary Care & MCP Development
Kerrie Woods (KW)	Senior Contract Manager, NHS England

Apologies

Jonathan Bemrose (JB)	Chief Finance Officer
Nichola Bramhall (NB)	Chief Nurse and Director of Quality
Dr Caitriona Kennedy (CK)	GP Representative
Dr Parm Panesar (PP)	GP Representative
Julie Kent (JK)	Contract Manager, NHS England

Member's cumulative attendance 2018/19

Name	Possible to date	Actual	Name	Possible to date	Actual
Mike Wilkins	3	3	Esther Gaskill	3	3
Terry Allen	3	1	Ian Livsey	3	2
Janet Champion ¹	2	2	Parm Panesar	3	1
Sharon Pickett	3	3	Caitriona Kennedy	3	0

¹ Membership ceased September 2018

Item

Introductory Items

PCCC 18 046 Welcome and apologies

Mike Wilkins welcomed everyone to the Nottingham North and East Primary Care Commissioning Committee.

Annie Meakin, Practice Liaison Officer from the Local Medical Committee was welcomed to the meeting.

Apologies were noted as above.

PCCC 18 047 Confirmation of quoracy

It was confirmed that the meeting is quorate.

PCCC 18 048 Declarations of interest for any item on the agenda

No areas of interest were declared in relation to any item on the agenda. The Chair reminded members of their responsibility to highlight any interests should

- Item**
- they transpire as a result of discussions during the meeting.
- PCCC 18 049 Management of any real or perceived conflicts of interest**
Not required as no conflicts of interest had been identified.
- PCCC 18 050 Questions from the public**
It was confirmed that there no questions from the public had been received.
- PCCC 18 051 Minutes of the meeting held on 2 August 2018**
The minutes were agreed as an accurate record and will be signed by the Chair.
- PCCC 18 052 Matters arising and actions from the meeting held on 2 August 2018**
The following progress regarding actions was highlighted:
- a) **PCCC 18 014** – a Data Protection Officer is in place and shared amongst some practices, providing support with the General Data Protection Regulations (GDPR) toolkit to increase practice compliance.
 - b) **PCCC 18 035** – clarification is still required regarding non-recurrent investment in relation to the General Medical Services contract (GMS). Until further information is received, this item will be closed on the action log.
- There were no other matters arising in relation the minutes.

Agenda Items

- PCCC 18 053 Primary Care Quality Update**
Esther Gaskill provided a verbal update as follows:
- a) Work is underway collating responses and information for the dashboard for Quarter 2 which will go live mid-October.
 - b) Care Quality Commission (CQC) updates:
 - Highcroft underwent a re-inspection achieving a “good” across the board. The CQC acknowledged that patient experience has improved.
 - OM Surgery is awaiting re-inspection. Their city practice underwent a re-inspection which was rated “inadequate”, however work is underway on the highlighted areas and an improvement is expected.
- The Committee:
NOTED the verbal update and commended the progress that Highcroft has made.
- PCCC 18 054 Primary Care Internal Audit Framework for Delegated CCGs**
Terry Allen presented this item and highlighted the following:
- a) The report provided is for information and is prompted by NHS England seeking additional assurance from those with responsibility for primary care and contract management of general practices.
 - b) The guidance will be used in conjunction with our internal auditors and will be incorporated within our internal audit plans.
 - c) The scope of the framework reviews the four core areas to be delivered as a three to four year programme of work of:
 - Commissioning and procurement of services
 - Contract oversight and management functions
 - Primary Care finance

Item

- Governance (common to each of the above areas)
- d) Currently being considered is which of the four areas will be pursued first.

The following items were raised in discussion:

- e) Extending the remit of our internal audit to include the framework.

The Committee:

NOTED the update and report.

PCCC 18 055

Extended Access Update

Rachael Rees provided a verbal update as follows:

- a) Extended Access commenced 1 September 2018 and regular updates will be provided to the Primary Care Commissioning Committee.
- b) A service is being delivered 18:30 – 20:00 hrs on week days plus Saturday and Sunday provision between 08:00 – 12:00 hrs. Appointments have been taken up for weekends and weekday evenings.
- c) Positive feedback received from practices so far:
 - Booking appointments is simple
 - Clinicians have not experienced problems carrying out consultations as access to the IT system allows them to deal with patient appropriately, follow up tasking with relevant information.
- d) Following a GP referral, the correspondence will come back to that GP who is responsible for further progress. No issues have been identified with this process to date.
- e) Patient feedback will start to be obtained, collated and included in future reports.
- f) There is early evidence of patients not arriving for appointments at the weekends, but this will be monitored.
- g) Practices are sending their patients to other practices to meet the patients' needs, which is to be encouraged as we approach the winter pressures period and will be closely monitored.

The following items were raised in discussion:

- h) Regarding the booking in system, it was confirmed that the patient contacts their own practice. If a weekend appointment is required, reception will be able to inform the patient when and where appointments are available.
- i) Patients calling 111 will be referred back to their own practice to make an appointment as 111 are unable to make bookings, which is a national situation.
- j) Improved access is a political initiative and further monitoring will show whether there will be any impact on the Emergency Department.
- k) Regarding how extended hours is being publicised, it was explained that this is through various methods including:
 - Practice websites – information is displayed within various sections including appointment, home pages, news pages and needs to be consistent which NHS England are checking and providing feedback to practices.
 - Social media
 - Posters, banners, flyers and A4 cards
 - Information published in local council magazines, some of which go out this month.

Item

- l) The numerous options available to patients in booking an appointment could be confusing.

The Committee:
NOTED the update.

PCCC 18 056 Primary Care Commissioning Finance Update

Ian Livsey presented this item highlighting:

- a) The Greater Nottingham Clinical Commissioning Partnership's full year position requires circa £20m reserves and other mitigations to achieve the combined control total.
- b) The full year forecast for Nottingham North and East CCG anticipates a £3m projected overspend will be covered by reserves.
- c) Acute spend and undelivered QIPP savings are the biggest driver of our financial pressures.
- d) Regarding Nottingham North and East CCG's co-commissioning position, we expect to remain within budget. A small underspend in the year to date position is due to a property issue.
- e) One member of the Primary Care finance team will be hosted at the Civic Centre and will facilitate better communication and financial control. The post is Greater Nottingham specific.

The following points were raised in discussion:

- f) The £200k projected saving year to date is positive.
- g) Regarding the Greater Nottingham finance post, it was confirmed that the post will boost our resilience.

The Committee:
APPROVED and ACKNOWLEDGED the Primary Care Commissioning Finance update.

PCCC 18 057 Update of Primary Care Commissioning Committee – Greater Notts approach

Mike Wilkins presented this item and updated the Committee as follows:

- a) Governance arrangements regarding the Greater Nottingham Primary Care Commissioning Committees of the four CCGs are being reviewed.
- b) The Chairs of the four CCGs plus executive support met on 7 September 2018 to discuss a Greater Nottingham approach.
- c) Three options were discussed:
 - To continue with current arrangements
 - To hold committees as "meetings in common"
 - To hold a committee as a hybrid arrangement.
- d) The three proposals will be presented to each of the four CCG Governing Bodies for a decision. The recommendation is to hold the meetings in common on an initial trial basis.

The following points were raised in discussion:

- e) Locality specific issues and common themes – these will arise and it was highlighted that:
 - CCGs may be present at the meeting during conversations that are not relevant to their locality
 - CCGs can have an input and share knowledge and learning across

Item

boundaries.

- A greater opportunity exists to discuss strategic issues, whilst allowing common interest.
- Quoracy for each CCG will need to be managed.

Mike thanked Sharon for her input.

The Committee:

ACKNOWLEDGED the verbal update and AGREED with the recommendation to hold future meetings in common.

PCCC 18 058

Any other business

There was no other business to report.

PCCC 18 059

Risks identified during the course of the meeting

The following items were identified as risks:

- No risks were identified.

PCCC 18 060

Date of next meeting:

Thursday 6 December 2018 – tentative.

Committee Meeting Room, Civic Centre, Arnot Hill Park, Arnold, Nottingham, NG5 6LU

The meeting closed at 10.10.

Signed:
Chair

Date:

NHS Nottingham North and East CCG

Nottingham North and East CCG Primary Care Commissioning Committee: ACTION LOG for the meeting on 12 December 2018

AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING				
<i>No actions outstanding.</i>				
ACTIONS ONGOING / NOT YET DUE				
<i>No actions ongoing.</i>				

PRIMARY CARE COMMISSIONING COMMITTEE PAPER

Meeting Date:	12 December 2018		
Title of Paper:	Ivy Medical Group: Merger Update		
Sponsor:	Sharon Pickett, Deputy Chief Operating Officer		
Agenda Item No:	PCCC/18/068	Allocated Time:	10 mins

(Please tick relevance)

Acknowledge	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Consider	<input type="checkbox"/>	Review	<input type="checkbox"/>	Support	<input type="checkbox"/>
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Purpose of the report/document

The purpose of this paper is to provide a progress report to Primary Care Commissioning Committee on the merger of Ivy Medical Group and Apple Tree Medical Practice.

Key Points *(Provide full context of agenda item)*

Background:

Ivy Medical Group and Apple Tree Medical Practice requested the permission of the Committee to merge practice contracts with effect from 1 March 2018. This was considered and agreed in principle by the NHS Nottingham North & East CCG Primary Care Commissioning Committee on 5 October 2017 subject to the completion of patient and stakeholder engagement on the proposal.

The application was further considered by the NHS Nottingham North & East CCG Primary Care Commissioning Committee on Thursday 7 December 2017 where the Committee approved the application of the proposed merger contingent on the practice moving towards opening hours that reflect core contract hours and no longer support routine afternoon closure.

The Committee heard feedback provided by the practice on the operational challenges of implementing revised opening hours, however requested the practice implemented revised opening hours, where at least one of the three sites will offer full opening hours of 08.00 to 18.30 Monday to Friday (excluding Bank Holidays), by Monday 1 October 2018 at the very latest.

In relation to workforce the Committee asked for continued discussion and review between the merged practice and commissioners on the clinical workforce within the practice including being able to evidence recruitment activities and workforce considerations in return for support on national and local schemes in line with GP Forward View and the STP workforce plans.

Update:

The contractual merger between Ivy Medical Group and Apple Tree Medical Practice took place on 1 March 2018 went through smoothly. Dr Panesar is now the senior partner, Dr James has now left the practice and Dr Shetty remains as a salaried GP. There are two main premises at 6 Lambley Lane, Burton Joyce (Ivy Medical Centre) and 4 W heatsheaf Court, Burton Joyce (Apple Tree Medical Practice) and a branch site at Francklin Road, Lowdham (original branch of Ivy Medical Group).

The CCG, NHS England, Dr Panesar and Maxine Tipler, Practice Manager (who has now left) met on 17 May 2018 to discuss the progress of the merger and to inform an update for the Committee.

Workforce:

As at 1 October 2018, the current list sizes as of 7,063 registered patients. At the time of application, the individual contracts had a combined list size of 7,173 (July 2017 figures) and immediately following the merger the list size was 7,120. Fluctuation in list sizes are normal however it is noted there has been a small reduction in the 6 months following the merger. This is not of significant number to give immediate cause for concern.

As part of the application for merger the practice laid out plans for Drs Shetty and James to resign upon completion of the merger, leaving Dr Panesar as sole partner. However Dr Arun Shetty has committed to continue as a long term substantive GP to the new practice going forward.

Current practice clinicians working across 3 sites:

- Dr P Panesar – 6 sessions per week
- Dr A Shetty – 5 sessions per week
- Dr K Jack – 4 sessions per week
- Dr P Gallaban – 4 sessions per week
- Dr S Muir – 2 sessions per week
- Frances Marriott, Advanced Nurse Practitioner – 6 sessions per week
- Locums - 7 sessions per week

Dr Panesar continues to seek recruitment of a salaried doctor for 7 sessions per week (currently being back filled by Locums). Advertising of this position is taking place through the LMC vacancies portal, Local Training scheme and social media. Dr Panesar expressed his concerns around the difficulties of clinical recruitment and has completed a couple of advertising requests in the HSJ, but has not been successful. Dr Panesar confirmed that he would be interested in the NHS England International GP Recruitment programme and has signed up to the programme. The practice is currently applying to be a Tier 2 visa sponsor for overseas doctors finishing training. It is expected that around 70 Tier 2 doctors will be available in the North Midlands over the next 3 years with Nottinghamshire practices taking an advanced position with sponsorship.

Opening hours:

The merger application was considered by the PCCC on 7 December 2017 and approval was granted dependent on the practice moving towards opening fully during core hours and would no longer support routine afternoon closure and it was requested that the implementation of revised opening hours at one of the three sites that will offer full opening hours of 08.00 to 18.30 Monday to Friday by 1 October 2018 at the very latest. At the May meeting, Dr Panesar advised that once new staff members have settled into the practices he intends to discuss with them the potential to provide a Thursday afternoon session at one of the sites. He envisaged this to be in place by July / August.

Shortly after the 1 October 2018 deadline the practice website was reviewed and continued to state that the practice was still closed on Thursday afternoon. NHS England wrote to Dr Panesar on 18 October asking what arrangements were in place for the practice to open on Thursday afternoon (Appendix B). NHS England sent a reminder email to Dr Panesar on 30 October 2018 and again on 14 November 2018. Dr Panesar responded on 15 November 2018 (see Appendix C).

Dr Panesar noted since the merger both practices have made significant progress and have managed to recruit 3 part time salaried GPs. In the context of challenges around GP recruitment, the practice have diversified their team and recruited an Advanced Nurse Practitioner. However, they still have challenges in recruiting another GP in capacity of partner or salaried GP. Dr Panesar has recognised that the practice needs to open fully during contractual core hours, in particular opening on Thursday afternoon.

Dr Panesar has indicated he has tried to work towards afternoon opening on Thursday afternoons and have had discussions with clinicians in the practice about extending their access; unfortunately neither of the clinicians has agreed to increase their sessional commitment. Currently the clinicians have focussed on improving patient access within current hours to ensure delivery of the best patient care. As such Dr Panesar confirms they are stretched to capacity and regret they have been unable to safely meet Thursday afternoon opening.

Dr Panesar is planning to work towards a delayed timeframe of the 17 December 2018 and open at one of the sites on a Thursday afternoon although has indicated this is dependent upon securing safe clinical cover for the additional session.

Opening Hours (unchanged):

Day	Ivy Medical Group (Burton Joyce)	Ivy Medical Group (Lowdham branch)	Apple Tree Medical Practice
Monday	08:15 – 18:30	08:15 – 18:30	08:30 – 18:30
Tuesday	08:15 – 18:30	08:15 – 18:30	08:30 – 18:30
Wednesday	08:15 – 18:30	08:15 – 18:30	08:30 – 18:30
Thursday	08:15 – 12:30	08:15 – 12:30	08:30 – 12:30
Friday	08:15 – 18:30	08:15 – 18:30	08:30 – 18:30
Total	41.25 hours	41.25 hours	40 hours

In addition to the above hours, Ivy Medical Group is closed between 13:00 and 14:00 Monday to Wednesday and Fridays. Lowdham branch and Apple Tree sites are closed between 12:30 and 14:00 Monday to Wednesday and Fridays.

The current arrangements for opening hours fall below the expected standard of primary medical care contracts and are in the minority of practices that do not offer full 8am – 6.30pm opening hours between Monday and Friday.

It was agreed at the December 2017 Primary Care Commissioning Panel that the practice commit to a timeframe for achieving full opening hours as part of the agreement for supporting a practice merger. The Committee approved the application subject to at least one of the sites opening during core hours of 08.00-18.30 Monday to Friday by Monday 1 October 2018 at the very latest.

Estates:

Dr Panesar has confirmed he would like to develop a business case to support a new development in Burton Joyce that would be funded through a 3rd Party Development or self-funded (TBC) with a view that something could be developed for 2021. The practice would also keep Lowdham as a Branch surgery. Dr Panesar is committed to working with the CCG on these outline plans.

Summary:

On reflection, the practice should be commended on their successful recruitments however has fallen short of the expectations of the contract merger approval in relation to not implementing new opening hours as requested and not notifying commissioners in advance of not being able to meet the scheduled date. |

It is disappointing that opportunities to explore covering the afternoon closure during recruitment have not realised the clinical sessions required to cover the afternoon closure, nor has the practice modified the delayed opening hours at the start of the day or addressed the lunchtime closures. Whilst we expect there to be some challenges, a 10 month lead in to the requirement should have made this achievable at least in part.

As at 5 December 2018, there is no indication of patients being made aware of the revised opening hours on the practice website – these are due to come into effect from 17 December 2018 according to the response provided by Dr Panesar.

Recommendations:

Primary Care Commissioning Committee are asked to **NOTE** the above and consider the progress on opening hours. It is recommended that the Committee asks for assurance on progress at the next Committee and directs the contracting team to fully review the practice opening hours in accordance with the recently issued NHS England guidance on contractual compliance of opening hours.

Appendices

Appendix A – Letter to Dr Panesar with the outcome of the NHS Nottingham North & East CCG Primary Care Commissioning Committee of Thursday 7 December 2017

Appendix B – Letter to Dr Panesar requesting update on opening hours

Appendix C –Response from Dr Panesar with updated position

Implications: *(please tick where relevant)*

Commissioning (Inc. Integration & Reducing inequality)	X	Patient & Public Involvement	X
Constitution		Quality of Services	X
Governance		QIPP	
Innovation	X	Research	
Learning and Development		Sustainability	X
Patient Choice			

Finance checked by:
(initials)

North Midlands
Birch House, Ransom Wood Business
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Southwell Road West
Mansfield, Nottinghamshire
NG21 0HJ

12 December 2017

**PRIVATE & CONFIDENTIAL
FOR ADDRESSEE ONLY**

Dr P Panesar
Ivy Medical Group
6 Lambley Lane
Burton Joyce
Nottingham
NG14 5BG

Dear Dr Panesar

Re: Proposed merger of Ivy Medical Group and Apple Tree Medical Practice

I am writing to you with the outcome of your recent application of proposed merger of the PMS Agreements of Ivy Medical Group and Apple Tree Medical Practice.

The application was considered by the NHS Nottingham North & East CCG Primary Care Commissioning Committee on Thursday 7 December 2017. I am pleased to advise you that the Committee approved the application of the proposed merger subject to the matters below.

In line with our discussions throughout this process, the approval granted is contingent on the practice moving towards opening hours that reflect core contract hours and no longer support routine afternoon closure.

Taking on board the feedback provided around the operational challenges of implementing revised opening hours, the Committee requested that the implementation of revised opening hours, where at least one of the three sites will offer full opening hours of 08.00 to 18.30 Monday to Friday (excluding Bank Holidays), by Monday 1 October 2018 at the very latest.

The Committee also recognised the local and national challenges for clinical staffing recruitment and asked for continued discussion and review between the merged practice and commissioners on the clinical workforce within the practice. This recognises that there will be a change in clinical workforce following the merger as detailed in the application.

It is anticipated that the practice will be able to evidence its recruitment activities and workforce considerations in meetings on no less that a quarterly basis during the transitional period (before and after the merger). Equally, it is anticipated that support available through local or national schemes will be explored with the practice in line with GP Forward View and the STP workforce plans.

We hope these terms are agreeable and are clear; for clarity your joint confirmation of these terms in writing is requested.

Yours sincerely,

A handwritten signature in black ink that reads "K. Woods". The signature is written in a cursive style with a large initial 'K' and a long, sweeping tail.

Kerrie Woods
GP Contracts Manager, Primary Care
NHS England (North Midlands)
Email: kerrie.woods2@nhs.net
Telephone: 0113 825 5456

Cc Nottinghamshire Local Medical Committee

North Midlands
Birch House, Ransom Wood Business Park
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18 October 2018

**PRIVATE & CONFIDENTIAL
FOR ADDRESSEE ONLY**

Dr P Panesar
Ivy Medical Group
6 Lambley Lane
Burton Joyce
Nottingham
NG14 5BG

Dear Dr Panesar

Re: Merger of Ivy Medical Group and Apple Tree Medical Practice

Further to my letter of 12 December 2017 confirming the approval of the merger of Ivy Medical Group and Apple Tree Medical Practice, please confirm in writing that the practice is now offering full opening hours for its patients. Please also ensure that the new hours are advertised to your patients through your website and other media.

As you are aware, the approval granted was contingent on the practice moving towards opening hours that reflect core contract hours and no longer support routine afternoon closure.

Specifically, the CCG Primary Care Commissioning Committee requested the implementation of revised opening hours, where at least one of the three sites would offer full opening hours of 08.00 to 18.30 Monday to Friday (excluding Bank Holidays), by Monday 1 October 2018 at the very latest.

Please be aware if you are not opening during core hours I will need to inform the CCG Primary Care Commissioning Committee of the position.

Yours sincerely,



Kerrie Woods
Primary Care Lead (GP Contracts) – Primary Care North Midlands
NHS England



Nottingham North and East

Clinical Commissioning Group

Meeting Title:	Open Primary Care Commissioning Committee		Date: 12 December 2018					
Paper Title:	South Nottinghamshire Clinical Commissioning Groups' Second General Practice Splenectomy Vaccination and Antibiotic Audit Report		Paper Reference: PCCC/18/071					
Sponsor:	Nichola Bramhall, Director of Nursing and Quality Esther Gaskill, Head of Quality and Patient Safety and Experience							
Previous Related Papers:	This is the Second General Practice Splenectomy Vaccination and Antibiotic Audit Report							
Recommendation:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	
Summary Purpose of Paper:	The attached report provides a summary of the South Nottinghamshire Clinical Commissioning Groups' Second General Practice Splenectomy Vaccination and Antibiotic Audit, including methodology, findings, results and recommendations							
If paper is for Approval/Endorsement, have the following impact assessments been completed?								
Equality / Quality Impact Assessment	Yes	<input type="checkbox"/>	Data Protection Impact Assessment	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>		No	<input type="checkbox"/>			
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>			
Conflicts of Interest: Please consider whether there are any conflicts of interest considerations relevant to either paper authors or GNJCC members.								
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion and decision <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion, but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain, but not participate in discussion or decision <input type="checkbox"/> Conflicted party to be excluded from meeting								
Have All Relevant Implications Been Considered? <i>(please tick where relevant)</i>								
Clinical Engagement	<input type="checkbox"/>	Patient and Public Involvement	<input type="checkbox"/>					
Quality Improvement	<input checked="" type="checkbox"/>	Equality, Diversity and Human Rights	<input type="checkbox"/>					
Integration	<input type="checkbox"/>	Innovation / Research	<input type="checkbox"/>					
Improving Health Outcomes / Reducing Health Inequalities	<input type="checkbox"/>	Patient Choice / Shared Decision Making	<input type="checkbox"/>					
Financial Management	<input type="checkbox"/>	Corporate Governance	<input checked="" type="checkbox"/>					

Risk: <i>(briefly explain any risks associated with the paper)</i>	
Recommendation:	The Committees asked to: <ul style="list-style-type: none">• RECEIVE/NOTE the South Nottinghamshire Clinical Commissioning Groups' Second General Practice Splenectomy Vaccination and Antibiotic Audit Report

South Nottinghamshire Clinical Commissioning Groups' General Practice Splenectomy Vaccination and Antibiotic Audit Report November 2018

Introduction

Children and adults with asplenia or splenic dysfunction may have an increased risk of infection and a sub-optimal response to vaccination. Additional vaccinations¹ and prophylactic antibiotics² are therefore advised for these patients (See Appendix 1). In 2016 a young asplenic patient in Nottinghamshire, who had not received all the additional vaccinations, died from pneumococcal septicaemia.

Sharing the learning from this incident highlighted that it could have happened in many GP practices. The Medicines Safety Officers (MSOs) and head of the primary care quality team worked together to co-ordinate the review of patients and systems across three neighbouring clinical commissioning groups (CCGs). By working collaboratively a broader and more comprehensive picture was established.

The initial phase was achieved by undertaking an audit to check the vaccination status for all asplenic patients. The data was collected between November 2016 and May 2017 and was collated and analysed by the teams.

A total of 435 patients in 44 South Nottinghamshire GP practices were identified and reviewed in this initial audit. The results demonstrated that there were a significant number of patients at risk of harm. This was replicated across all three CCGs. Of particular note, was the number of patients who had not received Men B or Men ACWY vaccinations. These were new additions to the vaccination schedule in 2015 and many GP practices appeared to be unaware of this update. An effective recall system for the five yearly pneumococcal vaccination was often absent.

The results were shared with individual practices and at CCG protected learning time events. Practices were strongly encouraged and supported to implement a robust system through shared learning. At this stage only one of the CCGs reviewed antibiotic prescribing but the results highlighted that this area should be a focus for further work.

An audit pack was created to standardise searches, methodology and documentation across the CCGs involved, and a re-audit was completed by March 2018. This audit was led by the CCGs' Medicines Management Team.

Results of the Second Audit

The re-audit reviewed 460 patients across the three CCGs. The audit demonstrated:

- 37% of patients were found to be at risk of harm due to incomplete vaccination schedules
- Significant improvement of Men B vaccination (73% required in 2017 to 33% required in 2018) and Men ACWY vaccination (63% required in 2017 to 27% required in 2018)
- Only 24% of patients were prescribed antibiotics in line with local antimicrobial guidance and were adherent

Vaccinations Administered for Two Audit Cycles

CCG	Audit Year	No of pts	HIB REQUIRED	Men C REQUIRED	Men ACWY REQUIRED	Men B REQUIRED	PPV23 REQUIRED	Flu REQUIRED
Rushcliffe	2017	125	46	48	76	91	19	25
			37%	38%	61%	73%	15%	20%
	2018	130	27	32	39	50	22	31
			26%	33%	43%	63%	20%	31%
Nottingham North & East	2017	198	44	39	133	154	57	35
			22%	20%	67%	78%	29%	18%
	2018	212	38	38	64	73	42	51
			18%	18%	30%	34%	20%	24%
Nottingham West	2017	112	30	30	64	72	16	16
			27%	27%	57%	64%	14%	14%
	2018	118	10	15	20	28	16	15
			8%	13%	17%	23%	14%	13%
Total	2017	435	120	117	273	317	92	76
			28%	27%	63%	73%	21%	17%
	2018	460	75	85	123	151	80	97
			16%	18%	27%	33%	17%	21%

Prophylactic and Emergency Pack Prescribing of Antibiotics

CCG	Number of patients								
	Total	Correct Drug	Correct Dose	Adherent	Short Course (emergency pack)	Declined antibiotics	Antibiotics not Indicated	Antibiotics not prescribed (without reason)	Needing follow up
Rushcliffe	130	68	47	72	4	10	0	29	59
		52%	36%	55%	3%	8%	0%	22%	45%
Nottingham North & East	212	133	93	112	2	7	7	60	123
		63%	44%	53%	1%	3%	3%	28%	58%
Nottingham West	118	81	53	68	4	3	1	24	66
		69%	45%	58%	3%	3%	1%	20%	56%
Total	460	282	193	252	10	20	8	113	248
		61%	42%	55%	2%	4%	1.7%	24.5%	54%

Discussion

The re-audit has demonstrated that audit alone has not created sufficient change in practice to ensure a more acceptable level of vaccination and antibiotic cover for this high risk group of patients. Whilst it is acknowledged that there have been shortages of some vaccinations, it is evident that further understanding about the systems and processes within each GP practice is required, including those to ensure patient catch-up once supply becomes available again. These findings have led to the development of an on-line survey (using Survey Monkey®) that practice vaccination leads will be asked to complete. It is hoped that this will lead to a greater knowledge of arrangements and methods within practices, and the subsequent sharing of identified good practice, which GP practices can adopt as a result of this project.

The audit has shown that CCGs can successfully work together to undertake large scale robust review of patients at risk of harm and be able to share the learning and create impactful change.

Limitations to the audit / implementation of recommendations

- Although a vast array of clinical codes were used in the searches on the clinical systems it cannot be guaranteed that all patients with splenic dysfunction were identified
- It is difficult to allocate a monetary return on investment to this audit
- There is a challenge for the Medicines Management Team in undertaking such an audit due to other competing demands on time and resources
- Absolute comparisons cannot be drawn between the first and second audits due to differences in methodology

Future Actions and Recommendations

- Undertake and evaluate the on-line survey and share good practice and innovation
- Medicines Management Teams to work with GP practices to support change in processes to reduce the numbers of patients at risk of harm
- Undertake further re-audit using the agreed, standardised criteria by the end of March 2019
- Continue to collaborate with secondary care to improve documentation and communication regarding splenectomy / splenic dysfunction / vaccination schedule
- Share results and learning across local and national teams including NHS Improvement and the National Reporting and Learning System (NRLS)

References

1. Public Health England, Immunisation against infectious disease: the green book. (2013). Retrieved from <http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (accessed 17.09.2018)
2. Nottinghamshire Area Prescribing Committee, Antimicrobial Prescribing Guidelines for Primary Care 2017. Retrieved from <http://www.nottsapc.nhs.uk/media/1044/antimicrobial-guidelines.pdf> (accessed 17.09.2018)

Appendix 1

Recommended Vaccination Schedule

Practices were asked to audit against the following schedule which was recommended by Public Health England based on information in The Green Book¹

- A dose of Haemophilus Influenzae Type b (Hib) and Meningitis C (Hib/MenC)
- A dose of Meningitis A, C, W and Y (MenACWY) conjugate vaccine (at least one month after Hib/MenC)
- A dose of Pneumococcal Polysaccharide (PPV23) (and one every five years after the first)
- Two doses of Meningitis B (MenB) vaccine, at least a month apart
- Flu vaccine should be given annually

Meeting Title:	Open Primary Care Commissioning Committee		Date: 12 December 2018					
Paper Title:	Primary Care Quality Highlight Report Q2 2018/2019		Paper Reference: PCCC/18/072					
Sponsor:	Nichola Bramhall, Director of Nursing and Quality Esther Gaskill, Head of Quality and Patient Safety and Experience							
Previous Related Papers:	N This paper highlights the activity undertaken by the Primary Care Quality Group and provides an update on the Primary Care Quality Dashboard and CQC inspections.							
Recommendation:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> • Assurance • Information 	
Summary Purpose of Paper:	<p>Primary Care Quality Dashboard & Primary Care Quality Group The 2018/19 Q2 dashboard results were available from 24 October 2018. The majority of practices achieved an overall 'Green' rating. Peacock, Highcroft and Whyburn achieved an overall 'Amber' rating and will be supported to review where improvements can be made. Plains View and Unity achieved an overall Green* rating (no adverse indicators across any of the 3 quality domains).</p> <p>The 2018/19 Q3 dashboard will 'go live' mid-January 2019.</p> <p>CQC Inspections</p> <p>Highcroft Surgery – A full inspection was undertaken in August 2017 and the report published on 14 September 2017. The overall rating was 'Good' and the practice achieved 'Good' in the Safe, Effective, Caring and Well led domains. For the Responsive domain the practice was rated 'Requires Improvement' and was issued a Requirement Notice in relation to Regulation 17 HSCA (RA) Regulations 2014 – Good governance. It stated that 'The provider must continue to work towards improving patient experience by assessing and monitoring access to appointments.' The practice developed an action plan for addressing the requirement notice and CQC undertook further inspection in August 2018. The report was published on 3 October 2018 and the practice is now rated 'good' overall and 'good' in each domain. This achievement was noted at the Primary Care Quality Group and a congratulatory email was sent to the practice on behalf of the CCG.</p> <p>Om Surgery – CQC undertook a full inspection in December 2017 and the practice received an overall 'Requires Improvement' rating. ('Good' in Effective, Responsive and Well-Led, 'Requires Improvement' in Safe and Caring). CQC identified the provider must make improvements to ensure care and treatment is provided in a safe way to patients and should make improvements to address the issues highlighted in the national GP patient survey results. A visit to the practice by the CCG was undertaken in April 2018 to support them in achieving this and there has been ongoing work between the practice and CCG pharmacist to ensure safe prescribing work and management of medications. A further inspection is expected in the new year.</p>							

The CQC had identified that 20% of practices nationally per year will be routinely re-inspected, but have since acknowledged that they will focus by county, on those practices that are either 'Inadequate' or 'Requires Improvement' overall or have a 'Requires Improvement' rating for one or more domains.

CQC had stated that they would be sending out 'provider information collections' and annual regulatory reviews for good and outstanding services. This was to involve an annual online information collection to replace the existing provider information return. However, the CQC have identified that this is now unlikely to be rolled out until April 2019. The Primary Care Quality Group will update practices on requirements for this process when more information from the CQC is available

If paper is for Approval/Endorsement, have the following impact assessments been completed?

Equality / Quality Impact Assessment	Yes	<input type="checkbox"/>	Data Protection Impact Assessment	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>

Conflicts of Interest: Please consider whether there are any conflicts of interest considerations relevant to either paper authors or GNJCC members.

- No conflict identified
- Conflict noted, conflicted party can participate in discussion and decision
- Conflict noted, conflicted party can participate in discussion, but not decision
- Conflict noted, conflicted party can remain, but not participate in discussion or decision
- Conflicted party to be excluded from meeting

Have All Relevant Implications Been Considered? *(please tick where relevant)*

Clinical Engagement	<input type="checkbox"/>	Patient and Public Involvement	<input type="checkbox"/>
Quality Improvement	<input checked="" type="checkbox"/>	Equality, Diversity and Human Rights	<input type="checkbox"/>
Integration	<input type="checkbox"/>	Innovation / Research	<input type="checkbox"/>
Improving Health Outcomes / Reducing Health Inequalities	<input type="checkbox"/>	Patient Choice / Shared Decision Making	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Corporate Governance	<input checked="" type="checkbox"/>

Risk: *(briefly explain any risks associated with the paper)*

Recommendation: The Committees asked to:

- **RECEIVE/NOTE** The Q2 2018/2019 Primary Care Quality Highlight Report