Chair: Eleri de Gilbert
Enquiries to: ncccg.notts - committees@nhs.net

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

SHARED AGENDA For the Meetings in Common of:

NHS Mansfield and Ashfield CCG Primary Care Commissioning Committee
NHS Newark and Sherwood CCG Primary Care Commissioning Committee
NHS Nottingham City CCG Primary Care Commissioning Committee
NHS Nottingham North and East CCG Primary Care Commissioning Committee
NHS Nottingham West CCG Primary Care Commissioning Committee
NHS Rushcliffe CCG Primary Care Commissioning Committee

Meeting Agenda (Open Session)
Wednesday 17 July 2019 9:00 – 10:30

Committee Room, Civic Centre, Arnold, NG5 6LU

Time	Item	M&A	N&S	NC	NNE	NW	R	Sponsor	Reference
9:00	**Introductory Items**								
	1. Welcome, Introductions and apologies	✓	✓	✓	✓	✓	✓	EdG	PCC19/020
	2. Confirmation of quoracy	✓	✓	✓	✓	✓	✓	EdG	PCC19/021
	3. Declarations of interest for any item on the agenda	✓	✓	✓	✓	✓	✓	EdG	PCC19/022
	4. Management of any real or perceived conflicts of interest	✓	✓	✓	✓	✓	✓	EdG	PCC19/023
	5. Questions from the Public	✓	✓	✓	✓	✓	✓	EdG	PCC19/024
	6. Shared Minutes from previous meetings in common held on: 19 June 2019	✓	✓	✓	✓	✓	✓	EdG	PCC19/025
	7. Action log and matters arising from the meetings in common held on: 19 June 2019	✓	✓	✓	✓	✓	✓	EdG	PCC19/026
9.05	**Contract Management and Applications**								
	8. Contract Management – emerging issues	✓	✓	✓	✓	✓	✓	SP	PCC19/027 Verbal
	9. Practice merger for Greenfields Medical Centre and Mayfield Medical Practice			✓				SP	PCC19/028
	10. Barnby Gate Surgery – Application to close patient list		✓					SP	PCC19/029

Time	Item	M&A	N&S	NC	NNE	NW	R	Sponsor	Reference
	11. GP Retention Scheme Approvals Process	✓	✓	✓	✓	✓	✓	SP	PCC19/030
9:40	**Quality Monitoring**								
	12. Quality Monitoring – emerging issues	✓	✓	✓	✓	✓	✓	EM	PCC19/031 Verbal
	13. Primary Care Quality – Monitoring and Assurance Overview	✓	✓	✓	✓	✓	✓	EM	PCC19/032
10:00	**Financial Management**								
	14. Finance Report	✓	✓	✓	✓	✓	✓	MC/AM	PCC19/033
	15. GP Forward View Funding 2019/20	✓	✓	✓	✓	✓	✓	SP	PCC19/034
10:20	**Risk Management**								
	16. Risk Report	✓	✓	✓	✓	✓	✓	EM	PCC19/035
10:30	**Closing Items**								
	17. Any other business	✓	✓	✓	✓	✓	✓	EdG	PCC19/036
	18. Key messages to escalate to the Governing Body	✓	✓	✓	✓	✓	✓	EdG	PCC19/037
	19. Date of next meetings: 21/08/2019 Boardroom, Standard Court, 1 Park Row, Nottingham, NG1 6GN	✓	✓	✓	✓	✓	✓	EdG	PCC19/038

Confidential Motion:

The Primary Care Commissioning Committee will resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1[2] Public Bodies [Admission to Meetings] Act 1960)

Nottingham and Nottinghamshire CCGs Primary Care Commissioning Committee - Members and Attendess Register as at July 2019

Name	Current position (s) held in the CCGs	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
BASSI, Mindy	Head of Medicines Management	No relevant interests declared	Not applicable					-	-	Not applicable
BEEBE, Shaun	Lay Member	University of Nottingham	Senior manager with the University of Nottingham, the school is in receipt of NIHR research funding.	✓				-	Present	This interest will be kept under review and specific actions determined as required.
BEEBE, Shaun	Lay Member	Nottingham University Hospitals	Patient in Ophthalmology			✓		-	Present	This interest will be kept under review and specific actions determined as required.
CASSIDY, Lucy	Practice Liason Officer (LMC)	Park House Medical Centre (NNE)	Registered patient of			✓		01/09/2016	Present	This interest will be kept under review and specific actions determined as required.
CAWLEY, Michael	Operational Director of Finance	No relevant interests declared	Not applicable					-	-	Not applicable
DADGE, Lucy	Chief Commissioning Officer	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/10/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Pelham Homes Ltd – Housing provider subsidiary of Nottinghamshire Community Housing Association	Director	✓				01/01/2008	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	3Sixty Care Ltd – GP Federation, Northamptonshire	Director	✓				01/01/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	First for Wellbeing CIC (Health and Wellbeing Company)	Director	✓				01/12/2016	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Nottingham Schools Trust	Chair and Trustee			✓		01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
GASKILL, Esther	Head of Quality and Patient Safety and Experience	Mapperley and Victoria Practice	Registered patient			✓		-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Lay Member	Middleton lodge surgery	Husband registered patient			✓	✓	-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Lay Member	Middleton Lodge Surgery	registered patient			✓		-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Lay Member	Middleton Lodge Surgery	Son registered patient			✓	✓	-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Lay Member	Nottingham Bench	Justice of the Peace		✓			-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Lay Member	Sherwood and Newark Citizens Advice Bureau	Trustee on the board		✓			01/03/2016	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Lay Member	Major Oak Medical Practice, Edwinstowe	Son, daughter in law and grandchild registered patinet			✓	✓	-	Present	This interest will be kept under review and specific actions determined as required.
HEATHCOTE, David	Lay Member	Torkard Hill Medical Centre	Registered paitent			✓			Present	This interest will be kept under review and specific actions determined as required
MARSHALL, Nigel	Clinical Advisor	Southwell Medical Practice	Registered patient			✓		-	Present	This interest will be kept under review and specific actions determined as required.

Name	Current position (s) held in the CCGs	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date From:	Date To:	Action taken to mitigate risk
MARSHALL, Nigel	Clinical Advisor	federated Commissioning Group Chair	Wife is Pastoral Support Worker for SEN (TA) (Education - Notts CC)				✓	01/02/2017	Present	This interest will be kept under review and specific actions determined as required.
MARSHALL, Nigel	Clinical Advisor	Hillside Medical Supplies	Friendship with Director, Mr J Bagguley	✓				01/06/2015	Present	This interest will be kept under review and specific actions determined as required.
MARSHALL, Nigel	Clinical Advisor	Chiropractor, Middleton Lodge	Friendship with Practice Manager, Mr Andrew Adams	✓				01/09/2015	Present	This interest will be kept under review and specific actions determined as required.
MORTON, Andrew	Operational Director of Finance	Milton Keynes CCG	On secondment from Milton Keynes CCG	✓				01/11/2018	Present	This interest will be kept under review and specific actions determined as required
MOSS, Elaine	Chief Nurse, Director of Quality and Governance, ICS Nurse.	No relevant interests declared	Not applicable					-	-	Not applicable
PICKETT, Sharon	Associate Director of Primary Care	No relevant interests declared	Not applicable					-	-	Not applicable
SULLIVAN, Amanda	Accountable Officer	No relevant interests declared	Not applicable					-	Present	Not applicable
TRIMBLE, Ian	Independent GP Advisor	Occasional consultancy work for other CCGs	Occasional consultancy work for other CCGs	✓				01/10/2016	Present	This interest will be kept under review and specific actions determined as required.
TRIMBLE, Ian	Independent GP Advisor	Advisory Committee for Resource Allocation	Independent GP Advisor	✓				01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
TRIMBLE, Ian	Independent GP Advisor	Unity Surgery, Mapperley	Independent GP Advisor			✓		-	Present	This interest will be kept under review and specific actions determined as required.
WADDINGHAM, Rosa	Associate Director of Nursing and Personalised Care	No relevant interests declared	Not applicable					-	-	Not applicable
WOODS, Kerrie	NHS England Representative - GP Contracts	Crown Medical Centre - Newark and Sherwood	Registered patient				✓	01/04/2015	Present	This interest will be kept under review and specific actions determined as required.
WRIGHT, Michael	LMC Representative, CEO	Practice Support Services Limited - nottinghamshire	Support service as for profit subsidary of LMC	✓				01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
WRIGHT, Michael	LMC Representative, CEO	LMC Buying Groups Federation	Manager	✓				01/04/2016	Present	This interest will be kept under review and specific actions determined as required.
WRIGHT, Michael	LMC Representative, CEO	Nottinghamshire GP Phoenix Programme	Manager		✓			01/04/2016	Present	This interest will be kept under review and specific actions determined as required.

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

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 and Nottinghamshire CCGs' Primary Care Commissioning Committees' Meetings in public - Guidance for members of the public

1. Introduction

The Nottingham and Nottinghamshire Clinical Commissioning Groups (NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Rushcliffe CCG and NHS Nottingham West CCG - hereafter referred to as "**the CCGs**") are committed to openness and transparency, and conduct as much of their business as possible in sessions that members of the public, and staff from any organisation, are welcome to attend and observe (subject to available space). As part of the CCGs' Primary Care Delegation Agreements, we are also required to hold these meetings in public.

As part of the alignment of arrangements across the CCGs, meetings of the CCGs' Primary Care Commissioning Committees will be held 'in common'. This will enable the Committees to discuss common agenda items, whilst retaining the specific accountabilities of each individual CCG.

The meetings, although held in public, are not a public meeting and as such there is no opportunity provided for the public to ask questions in that arena other than that offered at the discretion of the Chair.

2. How do I find out about meetings?

Meeting dates, times and the venue, which can be subject to change, are published on each of the CCG's websites:

- NHS Nottingham North and East CCG - http://www.nottinghamnortheastccg.nhs.uk/our-meetings/primary-care-commissioning-commitee/
- NHS Rushcliffe CCG - https://www.rushcliffeccg.nhs.uk/your-ccg/primary-care-commissioning-committee/
- NHS Nottingham West CCG - https://www.nottinghamwestccg.nhs.uk/about-us/primary-care-commissioning-committee/
- NHS Nottingham City CCG - https://www.nottinghamcity.nhs.uk/your-ccg/governing-body/primary-care-commissioning-committee/
- NHS Mansfield and Ashfield CCG - https://www.mansfieldandashfieldccg.nhs.uk/about-us/meetings/primary-care-commissioning-committee/
- NHS Newark and Sherwood CCG - https://www.newarkandsherwoodccg.nhs.uk/about-us/meetings/primary-care-commissioning-committee/

The Agenda and supporting papers are available on website up to five days before the meeting.

3. Can members of the public ask questions during the meeting?

To assist in the management of the agenda and meeting, individuals are encouraged to submit written questions to the Corporate Governance Team at ncccg.notts-committees@nhs.net at least 48 hours before the meeting. This will greatly assist in responding to questions where possible at the meeting.

The maximum amount of time for any one individual to raise a question or speak on a topic is five minutes. It is necessary to impose such a timeframe so as to ensure that those who wish to speak are given a fair opportunity to do so while also ensuring the meetings in common runs to time

Where possible, a response will be given to questions at the meeting, however if the matter is complex or requires the consideration of further information, a written response to questions will be provided within 10 working days. If the number of questions raised exceeds the time allocated, questions will be taken on a first come, first served basis and any remaining questions subsequently addressed in writing

We will not be able to discuss questions if

- They relate to individual patient care or the performance of individual staff members.
- The question does not relate to an item on the agenda.
- The question relates to issues which are the subject of current confidential discussions, legal action or any other matter not related to the roles and responsibilities of the CCGs

The Chair reserves the right to move the meeting on if they judge that no further progress is likely to result from further discussion or questioning, or to ensure that the meetings in common can be conducted on time.

Any questions submitted may be treated as a request under the Freedom of Information Act and treated accordingly

4. Attendance at meetings.

If you have any particular needs with regards to access or assistance, such as wheelchair access or an induction loop please contact the Corporate Governance Team at ncccg.notts-committees@nhs.net and we will do our best to assist you.

Please be aware that you will need to sign-in at the venue reception upon arrival, for fire safety and security reasons. A member of staff will escort everyone to the meeting room.

Unfortunately, if members of the public arrive after the meeting has already started it may not be possible for them to join the meeting.

At the end of meeting, all members of the public will also be escorted back to the main entrance by a member of staff.

Please note that the use of mobile phones or other electronic devices during the meeting will not be permitted if their use is deemed disruptive to the meeting. This is for the benefit of all present.

5. Identifying committee members

The Chair will ask members to introduce themselves at the beginning of each meeting. A name plate for each member will also be displayed on the table to help you see who is speaking during the meeting.

6. Discussion at meetings

The members will have been provided with copies of the agenda and papers at the same time as they are published on the CCGs' websites and will therefore have had the opportunity to consider the papers prior to the meeting. The Primary Care Commissioning Committees will consider the items on the agenda in turn and each paper includes a summary cover sheet, which makes recommendations for the meeting to consider. For some items there may be a presentation, whereas for others this may not be necessary. The members may not actively discuss each item in detail; this does not mean that the item has not received careful consideration but means that the members have no further questions on the matter and do not wish to challenge the recommendation(s). A formal vote will not be taken if there is a general consensus on a suggested course of action.

7. Minutes

A record of the issues discussed and decisions taken at the meeting will be set out in the minutes, which members will be asked to approve as a correct record at its next meeting. Please note that the minutes will not be a verbatim record of everything that was discussed at the meeting.

The minutes are presented to the next meeting for approval and will be added to the CCG's website once approved.

8. Public Order

The Chair may at any time require the public or individual members of the public or media to leave the meeting or may adjourn the meeting to a private location if they consider that those present are disrupting the proper conduct of the meeting or the business of the Committees.

NHS Mansfield and Ashfield CCG Primary Care Commissioning Committee
NHS Newark and Sherwood CCG Primary Care Commissioning Committee
NHS Nottingham City CCG Primary Care Commissioning Committee
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NHS Nottingham West CCG Primary Care Commissioning Committee
NHS Rushcliffe CCG Primary Care Commissioning Committee

Unratified minutes of the public meetings held in common on 19/06/2019, 09.00 – 10.50
Committee Room, Loxley House, Station Street, NG2 3NG

		Organisation					
Members present:		**NHS Mansfield and Ashfield CCG**	**NHS Newark and Sherwood CCG**	**NHS Nottingham City CCG**	**NHS Nottingham North and East CCG**	**NHS Nottingham West CCG**	**NHS Rushcliffe CCG**
Eleri de Gilbert	Lay Member, Quality and Performance (Chair)	✓	✓	✓	✓	✓	✓
Shaun Beebe	Lay Member, Financial Management	✓	✓	✓	✓	✓	✓
David Heathcote	Associate Lay Member, Audit and Governance	✓	✓	✓	✓	✓	✓
Dr Nigel Marshall	Independent GP Advisor, Mid-Nottinghamshire	✓	✓				
Dr Ian Trimble	Independent GP Advisor, Greater Nottingham			✓	✓	✓	✓
Mick Cawley	Operational Director of Finance, Mid-Nottinghamshire	✓	✓				
Lucy Dadge	Director of Commissioning	✓	✓	✓	✓	✓	✓
Andrew Morton	Operational Director of Finance, Greater Nottingham			✓	✓	✓	✓
Sharon Pickett	Associate Director of Primary Care	✓	✓	✓	✓	✓	✓
In attendance:							
Lucy Branson	Associate Director of Governance	✓	✓	✓	✓	✓	✓
Lucy Cassidy	Practice Liaison Officer, Local Medical Committee	✓	✓	✓	✓	✓	✓
Helen Brocklebank-Clark	Corporate Governance Officer (minute taker)	✓	✓	✓	✓	✓	✓
Siân Gascoigne	Corporate Governance and Assurance Manager	✓	✓	✓	✓	✓	✓

Esther Gaskill	Head of Quality – Primary Care			✓	✓	✓	✓
Joe Lunn	Head of Primary Care, NHS England	✓	✓	✓	✓	✓	✓
Fiona Warren	Primary Care Manager				✓		
Kerrie Woods	Primary Care Lead (GP Contracts), NHS England	✓	✓	✓	✓	✓	✓
Apologies:							
Amanda Sullivan	Accountable Officer	✓	✓	✓	✓	✓	✓
Rosa Waddingham	Associate Director Nursing and Personalised Care	✓	✓	✓	✓	✓	✓

Cumulative Record of Members Attendance (2019/20)					
Name	**Possible**	**Actual**	**Name**	**Possible**	**Actual**
Eleri de Gilbert	1	1	Mick Cawley	1	1
Shaun Beebe	1	1	Lucy Dadge	1	1
David Heathcote	1	1	Andrew Morton	1	1
Dr Nigel Marshall	1	1	Sharon Pickett	1	1
Dr Ian Trimble	1	1	Amanda Sullivan	1	0
Rosa Waddingham	1	0	Stuart Poynor	1	1

ITEM

Introductory Items

PCC 19/001 Welcome and Apologies for Absence

Eleri de Gilbert welcomed everyone to the meeting in common of the Primary Care Commissioning Committees of NHS Nottingham City CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham West CCG, NHS Rushcliffe CCG and NHS Nottingham North and East CCG (hereafter referred to collectively as "the CCGs").The meeting was being held in open session.

A round of introductions was given. Apologies were noted as above.

PCC 19/002 Confirmation of Quoracy

It was confirmed that the meeting was quorate.

PCC 19/003 Declaration of interest for any item on the shared agenda

No interests were declared in relation to any other item on the agenda. The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

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PCC 19/004 **Management of any real or perceived conflicts of interest**

As no conflicts of interest had been identified, this item was not necessary for the meeting.

PCC 19/005 **Questions from the Public Protocol**

There were no questions from the public.

PCC 19/006 **Consolidated Action Log and Matters Arising from the Mid Nottinghamshire and Greater Nottingham Primary Care Commissioning Committees**

All actions were noted as complete and agreed for closing on the action log.

Committee Business

PCC 19/007 **Delegation Agreement – Delivery and Oversight Arrangements**

Lucy Branson was in attendance to present this item. The following key points were highlighted:

(a) The report sets out the aligned delivery and oversight arrangements that have been established to enable the six Nottingham and Nottinghamshire CCGs to effectively discharge their delegated functions with regard to Primary Care Commissioning.

(b) The functions delegated to the CCGs discharged through the Primary Care Commissioning Committee, and those functions reserved by NHS England, are outlined.

(c) The terms of reference are based on the model terms of reference as defined by NHS England. It was emphasised that although the Committees now meet in common, it was important to note that each Committee remained a statutory committee of its respective organisation and that specific items may be pertinent to the individual CCGs. Items on meeting agendas, papers and minutes would need to be clear as to the CCG(s) it applied to. Members were invited to comment on the operational delivery arrangements for the delegated primary care commissioning functions and the draft work programme.

The following points were made in discussion:

(d) Members were keen to understand the process for urgently discharging the delegated functions outside of the Committees timescales. It was confirmed that

ITEM

the Committees are able to make an urgent decision virtually where necessary. Ideally this would be a tele-conference with, at a minimum, the quorum membership. If a tele-conference was not feasible then the decision would be made via email. In all instances, the decision will be brought to the next meeting for ratification by the membership.

(e) A review of the operational arrangements for the Primary Care Committees took place with a particular focus on the teams responsible for leading each delegated function. The following points were noted and would be followed up externally to the meeting;

i. The Director of Primary Care has responsibility for the management of the delegated funds, supported by the Finance Team.

ii. Local Enhanced Services and Incentive Schemes do not sit within the remit of the NHS England Primary Care Hub.

iii. References to the NHS England Primary Care Hub need to be consistent throughout the document.

iv. List cleansing is a function reserved by NHS England at a national level.

(f) Support was given to increasing the quorum requirements from one to two lay members to increase transparency and scrutiny.

(g) Members were keen to retain clinical membership on the Committees and received assurance that from July 2019 onwards a General Practitioner representing each locality would be invited to attend the Committees.

(h) Confirmation was received that development sessions have been scheduled to evolve the work programme and operation of the Committees with a view to commencement as a single Primary Care Commissioning Committee from 1 April 2020 should the merger be approved.

(i) Discussion took place regarding existing operational steering group arrangements and it was noted that these exist in different forms across the three Integrated Care Partnership (ICP) footprints, however, the Mid-Nottinghamshire steering group and Performance and Contract Review Group have recently been disbanded. The Committees were keen to ensure that the appropriate operational steering group arrangements were in place to support and assure the Committees around delivery, quality and performance and identify issues and risks for escalation. It was agreed that a meeting would take place outside of the Committees to review existing operational steering group arrangements and consider whether there is a risk associated with the disbandment of the Mid-Nottinghamshire Steering Group; this will inform an assurance report for inclusion on the July 2019 agenda.

(j) Assurance was received that although the Committees within the new governance arrangements are evolving into a new remit, all delegated responsibilities have been mapped and are incorporated on the relevant Committees work programme as required.

ITEM

ACTION:

Lucy Branson to arrange a meeting with key colleagues to review existing operational steering group arrangements to ensure they remain fit for purpose and consider whether there is a risk associated with the disbandment of the Mid-Nottinghamshire Steering Group; this will inform an assurance report for inclusion on then July 2019 agenda.

The Primary Care Commissioning Committees:

- **NOTED** the Primary Care Commissioning Committees' Terms of Reference and the legal requirements for operating 'in common'.
- **REVIEWED** the Committees' draft Annual Work Programme and noted that further work will be required to fully develop this during the Committees' scheduled development discussion/session.
- **NOTED** the Committees' role within the CCGs' aligned governance structure.
- **CONSIDERED** and **COMMENTED** on the initial work performed to map out the operational arrangements in place to ensure that the CCGs' delegated functions (with regard to primary care commissioning) are effectively discharged.
- **NOTED** the national policies in place to ensure compliance with the delegation agreement for primary care commissioning and that a local policy is being developed to ensure a robust and consistent approach to the approval of discretionary payments

Decision Making

PCC 19/011 **Strelley Surgery (Item for NHS Nottingham City CCG)**

At the request of the Chair, this item was moved forward on the agenda to inform the discussion regarding the Leen View Boundary Reduction and Parkside Boundary Expansion.

Esther Gaskill was in attendance to provide a verbal update in relation to this item. The following key points were highlighted:

(a) Strelley Surgery is run by Beechdale Group and sits within the Strelley Health Centre within the Nottingham City locality.

(b) The timeline from the initial announced Care Quality Commission (CQC) inspection to the point of closure (the 14 May 2019 to Friday 7 June 2019) was outlined.

(c) During this time, the Practice was supported by the Local Medical Committee and the Greater Nottingham Clinical Commissioning Group's Quality Team.

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(d) Following the closure of the Practice, a communication was issued to both the press and stakeholders.

(e) The Urgent Care Centre, CityCare and NEMS were also contacted to advise them that they may experience an influx of patients in response to the closure of Strelley Surgery.

(f) An urgent dispensing service for emergency prescriptions was established and sufficient cover was arranged to support patients requiring home visits.

(g) Practice staff contacted all patients on the practice list to inform them of the closure and cancelled all appointments.

(h) CCG colleagues met with Practices within the Primary Care Network (PCN) three area to identify how may additional patients each Practice had the capacity to take.

(i) The contract will not be formally terminated until the appeal period has closed. If the Surgery successfully appeals the CQC's decision, the Surgery could reopen and continue to deliver services.

(j) A subsequent tele-conference took place with the PCN three Practices on Wednesday 18 June 2019 and two Practices have asked for a soft list closure.

The following points were made in discussion:

(k) Members queried the list size of the Practice and were advised that 4,600 patients were registered.

(l) Clarification was received that circa 2,000 patients have re-registered at other Practices and displaced patients can be tracked. An exercise has already taken place, in conjunction with Practice staff, to contact vulnerable patients and support them to re-register at an alternative Practice.

(m) Members sought to understand whether the closure was expected and could have been avoided. It was explained that although the Surgery had previously received a CQC rating of 'requires improvement' a number of elements had not been addressed in advance of the initial announced inspection. It was advised that it was not possible for the CCG's Quality Team to access the clinical systems and this is where the subsequent concerns were identified by the CQC.

(n) It was emphasised that the Provider had been given every opportunity to address the concerns raised during the CQC's inspections and improve their rating prior to the 7 June 2019 visit.

(o) Members were keen to ensure that that there was a reflection on emergency practice closures added to the agenda of the next meeting.

(p) The Committees observed that what had been articulated indicated a fast and appropriate response to the sudden closure of the Surgery and thanked colleagues for their work. However, concern was noted that 50 percent of patients were yet to re-register at alternative Practices.

ITEM

ACTION:

A reflection on emergency practice closures to be added to the agenda of the next meeting

The NHS Nottingham City CCG Primary Care Commissioning Committee:

- **RECEIVED** the verbal update.

PCC 19/008 **Leen View Surgery Boundary Reduction (Item for NHS Nottingham City CCG)**

Fiona Warren was in attendance to present this item. The following key points were highlighted:

(a) Leen View Surgery is located with Primary Care Network Area one, just north of PCN three. It is co-located in the Bullwell Riverside LIFT building alongside Parkside Medical Centre, within the Nottingham City locality.

(b) The request for the reduction is in response to a steadily growing list size to 9,500 patients; the GP to Patient ratio is above the normal range and staffing levels at a maximum for the building infrastructure.

(c) The Nottingham City Primary Care and Community Services Estates Strategy 2015 - 2025 indicated that Leen View Surgery has a higher than average patient number per room.

(d) If the reduction is approved, the boundary area will no longer include the two care homes that currently receive support on a rotational basis from Leen View Surgery. This has been raised by neighbouring Practices as part of their objection to the reduction.

(e) A temporary list closure may be received by the Committees if the reduction is not approved.

The following points were made in discussion:

(f) It was observed that the risk to patient safety mentioned in the Practice's application for a boundary reduction has not been fully articulated. Members were advised that the growing list size is impacting on the availability of appointments and there is a potential risk to patient safety if they cannot be seen by a clinician, however, this had not been verified by the Nottingham City Primary Care Team.

(g) Members' observed that patient experience would be impacted by a reduction in the availability of appointments, however, there was no indication of an immediate risk to patient safety.

(h) The impact of a continually increasing list size on the wellbeing of the General Practitioner's within the Practice was recognised.

(i) To enable the Committees to make an informed decision it was identified that an exercise needed to take place to explore alternatives to reducing the

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existing boundary, the support available to the Practice in terms of existing list management, and detail regarding the impact on vulnerable patients and surrounding Practices if the reduction occurs.

(j) The Nottingham City Primary Care Team was asked to formally assess, quantify and qualify the boundary reduction narrative against the NHS England Policy Framework and include all relevant data. Members were keen to understand whether a solution to the increasing list size could be identified.

(k) Members were keen to understand whether a solution to the increasing list size could be identified through the PCN or enhanced working.

(l) It was emphasised that the Clinical Commissioning Groups have a statutory duty to ensure the total population has patient practice cover and patient choice is supported.

The NHS Nottingham City CCG Primary Care Commissioning Committee:

- **DEFERRED** the decision to approve the Leen View Surgery Boundary to a future meeting of the Committees pending a more detailed narrative.

PCC 19/009 Parkside Medical Centre Boundary Expansion (Item for NHS Nottingham City CCG)

Fiona Warren was in attendance to present this item. The following key points were highlighted:

(a) Parkside Medical Centre is located with Primary Care Network Area one, just north of Primary Care Network Area three. It is co-located in the Bullwell Riverside LIFT building alongside Leen View Surgery, within the Nottingham City locality.

(b) The boundary expansion will enable Parkside Medical Centre to increase its patient list size from 7,508 (as at 1 April 2019) to 10,000 and develop as a quality and sustainable practice.

(c) Parkside Medical Centre has been supportive in accepting patients displaced as a result of the Strelley Surgery closure.

The following points were made in discussion:

(d) Members identified a need for further information regarding the impact of the expansion on neighbouring Practices and the existing patient list to inform their decision.

(e) The Nottingham City Primary Care Team was asked to formally assess, quantify and qualify the boundary expansion narrative against the NHS England Policy Framework, this should include all relevant details, include the number of applications routinely accepted from outside the existing boundary.

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The NHS Nottingham City CCG Primary Care Commissioning Committee:

- **DEFERRED** the decision to expand the Parkside Medical Centre to a future meeting of the Committees pending a more detailed narrative.

For Assurance/Discussion

PCC 19/010 Finance Report at Month Two

Mick Cawley presented the Mid-Nottinghamshire element of this item. The following key points were highlighted:

(a) As at month two, the forecast delegated position remained within budget. There were no specific matters to highlight.

(b) Historically the primary care position for N&S CCG has overspent against the allocation it received, whereas M&A CCG has typically underspent leading to an overall balanced position for Mid-Nottinghamshire.

(c) There was a higher level of inherent risk in delivering the mid-Motts primary care and overall financial position compared to previous financial years. This being a result of adjustments to primary care allocations as well as increases in 19/20 costings arising from new guidance that had been issued.

The following points were made in discussion:

(d) Members observed that from January 2020, there may be a requirement to include a budget line around Primary Care Information Technology should it be delegated as a Clinical Commissioning Group function.

Andrew Morton presented the Greater Nottingham element of this item. The following key points were highlighted:

(e) The combined forecast position of the six Clinical Commissioning Groups is to remain within budget, with sufficient reserves available to cover all risks that may be incurred during the financial year.

(f) The combined forecast position of the six Clinical Commissioning Groups is breakeven year to date. Key variances in individual budget lines relate mainly to Greater Nottinghamshire Clinical Commissioning Groups, and are explained as follows:

(g) There is an emerging £165,000 overspend linked to the locality transfer of the Giltbrook Surgery and Newthorpe Medical Centre in year. The budget transferred for this is held in reserves and will be adjusted going forward.

(h) Other General Practices are £371,000 overspent due to locum costs. These are being managed through reserves due to their unpredictable nature.

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(i) There is an £81,000 benefit in relation to Quality Outcomes Framework (QOF) prior year accruals, where recent intelligence has lowered the expected value.

(j) Members were keen to understand why Greater Nottingham Clinical Commissioning Groups were not impacted by the indicative allocation adjustment. It was explained that the adjustment had been made to all Clinical Commissioning Groups on a national basis; however, this had not impacted Greater Nottingham Clinical Commissioning Groups' as the adjustment did not have a material impact on the CCGs' financial planning assumptions.

The Primary Care Commissioning Committees:

- **RECEIVED** and **NOTED** the Finance Report at Month Two.

PCC 19/012 Draft Integrated Care System Primary Care Five Year Strategy

Sharon Pickett presented this item. The following key points were highlighted:

(a) The Primary Care Commissioning Committees were presented the first draft of the Primary Care Five Year Strategy which has received the approval of the ICS Board will be submitted to NHS England by the close of play on the 19 June 2019.

(b) The requirement for the Integrated Care System (ICS) to produce a Primary Care Five Year Strategy was communicated on the 26 April 2019.

Feedback had been received from NHS England which will inform the final version which will be submitted by the 28 June 2019 deadline.

(c) The Strategy is wider than General Practice.

The following points were made in discussion:

(e) It was highlighted that the Extended Access zero allocation for the Greater Nottingham Clinical Commissioning Group's requires verification prior to submission. Confirmation was received that the Finance Team is engaged in the review of the draft Strategy and is reviewing all financial information contained within the document.

(f) Members noted that this was an iterative document that would evolve as the ICS evolves.

(g) It was noted that the template drives the narrative within the Strategy to focus on how Primary Care Services will address the pressures within Secondary Care Services, without acknowledging the pressures Primary Care is facing.

The Primary Care Commissioning Committees:

- **NOTED** progress on development of the strategy to date;
- **PROVIDED** feedback on the draft strategy;

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- **ACKNOWLEDGED** the internal and external approvals process as described.

Risk Management

PCC 19/013 Risk Report

Siân Gascoigne was in attendance to present this item. The following key points were highlighted:

(a) The paper presents the Primary Care Commissioning Committees with the operational risks from the CCGs' joint risk register relevant to the Committees' responsibilities.

(b) Work is currently underway to align the risk management framework and develop a joint risk register across the six Clinical Commissioning Groups. Discussions are being held with relevant CCG officers and 'new' risk owners to support this work.

(c) The narratives and risk scores associated with all risks are under review.

(d) There are seven risks that currently fall under the remit of the Primary Care Commissioning Committees, with themes relating to increasing demand within primary care, workforce and capacity and rising estates costs.

(e) The revised risk register format will enable the reflection of risks related to individual statutory organisations where applicable.

The following points were made in discussion:

(f) Assurance was sought regarding the frequency of risk review and update by risk owners. Confirmation was received that the new Risk Management Policy highlights that the frequency of review is dependent on the risk score, for example, red rated (major) risks are reviewed monthly.

(g) It was recognised that there is a potential risk associated with the Leen View Surgery Boundary Reduction and the Parkside Medical Centre Boundary Expansion which will be considered for inclusion on the risk register following the outcome of discussions at the upcoming Quality, Safeguarding and Performance Committee.

The Primary Care Commissioning Committees:

- **RECEIVED** and **NOTED** the Risk Report.

For Information

PCC 19/014 Primary Care Network Update

The Primary Care Network Update was received for information only.

ITEM

PCC 19/015 **360 Assurance Reports: Primary Medical Care Commissioning and Contracting – Primary Care Finance**

The 360 Assurance Reports were received for information only. Both provided substantial assurance, however, there was a requirement for a Memorandum of Understanding to be developed through the Hub.

PCC 19/016 **Minutes from previous meeting held on 23 May 2019 (Item for NHS Mansfield and Ashfield CCG and NHS Newark and Sherwood CCG)**

The ratified minutes from the Mid-Nottinghamshire Primary Care Commissioning Committee meeting in common held on 23 May 2019 were received for information only.

Closing Items

PCC 19/017 **Any other business**

There was no other business to be discussed.

PCC 19/017 **Key messages to escalate to the Governing Body**

(a) The Committees received and reviewed the aligned delivery and oversight arrangements established to enable the six Nottingham and Nottinghamshire CCGs to effectively discharge their delegated functions with regard to Primary Care Commissioning.

(b) The timeline from the initial announced Care Quality Commission (CQC) inspection on the 14 May 2019 to the point of closure on Friday 7 June 2019 was outlined and discussed by the Committees.

(c) The decision to approve the Leen View Surgery Boundary Reduction was deferred to the July 2019 Committees.

(d) The decision to approve the Parkside Medical Centre Boundary Expansion was deferred to the July 2019 Committees.

(e) The draft ICS Strategy was received for review and comment prior to submission to NHS England.

PCC 19/018 **Date of next meeting**

17/07/2019

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

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Primary Care Commissioning Committees in Common
OPEN ACTION LOG from the Primary Care Commissioning Committees on 19 June 2019

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS OUTSTANDING						
			No actions outstanding			
ACTIONS ONGOING						
16/04/2019	Nottingham City CCG	GP Retention Scheme	Three applications were received. Two applications to join the scheme and one application to continue within the scheme. The Committee approved the applications with the caveat that the CCGs will develop a joint policy on the funding of these schemes (and other similar schemes that may be in existence) in particular ensuring there is a robust approach being to ensuring that the element of affordability can be fully considered by members.	Sharon Pickett	17/07/2019	Included on the agenda as item 19/034 – GP Retention Scheme Approval Process

MEETING DATE	AGENDA REFERENCE	AGENDA ITEM	ACTION	LEAD	DATE TO BE COMPLETED	COMMENT
ACTIONS COMPLETED						
19/06/2019	PCC 19/007	Delegation Agreement – Delivery and Oversight Arrangements	To arrange a meeting with key colleagues to review existing operational steering group arrangements to ensure they remain fit for purpose and consider whether there is a risk associated with the disbandment of the Mid-Nottinghamshire Steering Group.	Lucy Branson	02/07/2019	This meeting took place on the 2 July 2019. An assurance report is included on the agenda, see item PCC 19 031.
19/06/2019	PCC 19/011	Strelley Surgery (Item for NHS Nottingham City CCG)	A review of emergency practice closures to be added to the agenda of the next meeting	N/A	17/07/2019	Added as an agenda item in the confidential session – 19/032C Reflections on emergency practice closures (developmental discussion)

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)			**Date:**		17 July 2019	
This item relates to:	**ALL** ☐	**M&N** ☐	**N&S** ☐	**NC** ☒	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	Greenfields Medical Centre and Mayfield Medical Centre Practice Merger	**Paper Reference:**	**PCC 19 028**

Sponsor: **Presenter:**	Sharon Pickett, Associate Director of Primary Care Kerrie Woods, GP Contract Lead, NHS England	**Attachments/ Appendices:**	1. Application 2. Business Case

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☐

Executive Summary

NHS Nottingham City GP practices, Greenfields Medical Centre and Mayfield Medical Practice have applied to merge both practice contracts from 1 October 2019.

Greenfields Medical Centre operates under a PMS agreement and Mayfield Medical Centre is on a GMS contract. Greenfields Medical Centre is in the process of completing a PMS-GMS change as part of the process, which will take effect from 30 September 2019. Dr YVS Rao, sole partner of Mayfield Medical practice intends to retire from the partnership from the 2 October 2019.

There will be minimal impact on patients as both practices are located in the same building and all existing services will remain intact. The overall amount of clinical sessions offered will remain the same and extended hours will still be offered. The merger will offer patients a wider flexibility of appointments utilising skills of clinical staff. It is also envisaged that good working practices will be shared across the newly merged practice to help eliminate previous quality issues.

The merger has been designed to cause as little disruption to patients as possible. The practices already share facilities within the building and have a joint bank account. The aim of the merger is to ensure the sustainability of both practices in the future with the 5 year forward view in mind. Savings will be made because of the merger and economies of scale will create better value for money service.

The purpose of this paper is to:

- To provide the Committee with an overview of the proposal to merge Greenfields Medical Centre and Mayfield Medical Practice
- To provide assurance that pre-planned patient and public engagement will be undertaken
- To provide assurance that commissioners have considered the impact of the merger of these two

practices and reported back to the committee

- To request agreement in principle to the merger subject to stakeholder engagement.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☐	Establishment of a Strategic Commissioner	☐
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Approval of Practice Mergers	☐
Strategic Planning	☒	Procurement and/or Contract Management	☒

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ 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
☐ Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☒	N/A ☐	If the answer is No, please explain why Currently in progress
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why N/A

Risk(s): *(please highlight any risks identified within the paper)*

Considered within the paper

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*

☒No

Recommendation(s):

1. To approve the proposed merger between the two practices, in principle, subject to patient and stakeholder engagement being completed

NHS England

Application for consideration of a contractual merger

1. **Practice code:** C84104 + C84676 .

2. **Practice stamp**

Dr. O. P. SHARMA
Greenfields Medical Centre
12 Terrace Street, Hyson Green
Nottingham NG7 6ER
Tel: 0115 942 3386
Fax: [redacted]

Please complete the following:

1. Details of the two contractual agreements you are proposing to merge

Dr O P Sharma, Dr K Sharma C84104 and Dr Rao c84676

2. Which of these agreements you would prefer to continue with (NHS CB final decision in this respect would be required)

   Dr O P Sharma and Dr K Sharma C84104

3. Indicate whether you intend to operate from two premises NO
   a. If yes, which premises will be considered the main and which is to be considered the branch (if applicable):
      .....
      .....
   b. If no, which premises do you intend to practice from:

      Greenfields Medical Centre, 12 Terrace Street

   c. Of which CCG do you propose to be a member?

Nottingham City CCG

full details of the benefits you feel your registered patients will receive as a result of this proposed merger.

They will essentially be benefiting from the same service, set within the same location, but with a combined wealth of skills and experience that the two practice staff can offer.
There will be a wider flexibility to offer appointments across both practices' s clinical staff.

4. Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service, including consistent provision across:

    - home visits;
    - booking appointments;
    - additional and enhanced services;
    - opening hours;
    - extended hours;
    - single IT and phone system; and
    - Premises facilities.

All existing services will remain intact for the patients; we intend to merge the telephone system to one designated number in time. We intend to run both clinical systems alongside each other until the PMS contracts align with the GMS. The newly formed practice will continue to operate from the same site; therefore it will be providing the same premise's facilities. The appointment capacity will remain the same, as will the extended hours and opening hours. We will contact local MP'S/Councilors to inform them of our intentions.

5. Details of the proposed merged practice boundary (inner and outer):

    The practice boundaries remain the same as they service the same practice population.

6. How you propose to consult with your patients about this proposal, communicate actual change to patients and ensure patient choice throughout:

    We intend to arrange a patient consultation meeting, post proposed details on the practices' websites, send letters of communication to all patients, send emails and text messages along with messages attached to the patient

prescriptions. This way we feel that we would be able to reach the vast majority of our patients. Display posters in the patient waiting areas.

To be signed by all parties to both contracts being proposed for merger

Signed: O P Sharma

Print Dr O P Sharma

Date: 25. 4. 2019

Signed: K Sharma

Print: Dr K Sharma

Date: 25/4/2019

Signed: Y Rao

Print: Dr Rao

Date: 25:4:19

Signed: .....

Print: .....

Date: .....

Please continue on a separate sheet if necessary

Note: this application does not impose any obligation on the NHS CB to agree to this request.

Business Case for Practice Merger

1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter of the Primary Medical Care Policy & Guidance Manual provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.

Model 3: GP partners from Practice A join the partnership of Practice B and Practice A ceases trading. The Commissioner terminates Practice A's contract and varies Practice B's contract to include the services originally provided by Practice A. This may happen with more than two practices so that the larger partnership holds one larger contract for services originally provided by a number of practices under a number of contracts. The parties are likely to enter into a business transfer agreement for the transfer of assets and staff.

Practice A: O.P Sharma, Greenfield Medial Centre, 12 Terrace Street, Hyson Green, Nottingham, NG7 6ER
Practice B: Mayfields Practice, Greenfield Medial Centre, 12 Terrace Street, Hyson Green, Nottingham, NG7 6ER
Merged Practice: Greenfield Medial Centre, 12 Terrace Street, Hyson Green, Nottingham, NG7 6ER

2. Practices' characteristics and intentions for the merged practice

	Current Provision Practice 1	Current Provision Practice 2	Merged Practice
Name and address of practice (provide name and address)	Dr.O.P.Sharma Greenfields Medical Centre 12 Terrace Street Hyson Green, Nottingham NG7 6ER	Mayfield Medical Practice Greenfields Medical Centre 12 Terrace Street Hyson Green Nottingham NG7 6ER	Greenfields Medical Centre 12 Terrace Street Hyson Green Nottingham NG7 6ER
Contract type (GMS, PMS, APMS)	PMS	GMS	GMS
Name of contractor(s)	DR.O.P.SHARMA	DR.YVS RAO	DR.O.P.SHARMA and DR.YVS RAO
Location (provide addresses of all premises from which practice services are provided)	Greenfields Medical Centre 12 Terrace Street Hyson Green Nottingham NG76ER	Greenfields Medical Centre 12 Terrace Street Hyson Green Nottingham NG76ER	Greenfields Medical Centre 12 Terrace Street Hyson Green Nottingham NG76ER

Practice area (provide map of area)			
List size (provide figure)	2850	3403 (as on 10.05.2019)	6253
Number of GPs and clinical sessions (provide breakdown)	4 GPs GP: 9 clinical session per week plus telephone appointments Nurse: 2 sessions per week	4 GPs GP: 11 clinical sessions per week Nurse: 3 sessions per week	6 GPs GP: 20 Clinical sessions per week Nurse: 5 sessions per week
Number of other practice staff (provide breakdown)	Manager x 1 Reception and Administration x 6	Management x 2 Reception and Administration x 5 Secretary x1	Manager x 2 Reception and Administration x 11 Secretary x 1
Number of hours of nursing time (provide breakdown)	16 hours per week	13 hours per week (usually on Mon, Wed, Fri)	29 hours total
CCG area(s) (list CCG(s) in which practices are located)	Nottingham City CCG	Nottingham City CCG	Nottingham City CCG
Which computer system/s (list system(s) used)	SystmOne	SystmOne	SystmOne
Clinical governance/ complaints lead and systems (provide names)	DR.O.P.SHARMA	Dr.YVS Rao	DR.O.P.SHARMA
Training practice (yes/no)	No	No	No
Opening hours (list days and times)	Monday 08:00 -19:30 (Extended hours 1830 – 1930) Tuesday 08:00-18:30 Wednesday 08:00-18:30 Thursday 08:00-18:30 Friday 08:00-18:30	Monday 08:00 -19:30 (Extended hours 1830 – 1930) Tuesday 08:00-18:30 Wednesday 08:00-18:30 Thursday 08:00-18:30 Friday 08:00-18:30:30	Monday 08:00 -19:30 (Extended hours 1830 – 1930) Tuesday 08:00-18:30 Wednesday 08:00-18:30 Thursday 08:00-18:30 Friday 08:00-18:30:30
Extended hours (list days and times)	Monday 18:30-19:30	Monday 18:30-19:30	Monday 18:30-19:30
Enhanced services (list all enhanced services delivered)	1. PCPO Practice. In-house phlebotomy, ECGs 2. Joint injections 3. Learning disability health	1. PCPO Practice. In-house phlebotomy, ECGs 2. Joint injections / Minor Surgery 3. Learning disability	1. PCPO Practice. In-house phlebotomy, ECGs 2. Joint injections / Minor Surgery 3. Learning disability

	check 4. Primary care services (warfarin monitoring, asylum seekers, shared care) 5. Extended hours	health check 4. Primary care services (warfarin monitoring, asylum seekers, shared care) 5. Extended hours	health check 4. Primary care services (warfarin monitoring, asylum seekers, shared care) 5. Extended hours
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	Owned	Owned	Owned

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
The 5 Year Forward View has confirmed the need for practices to come together to explore new, innovative ways of delivering Primary Care at scale. The two practices have applied to merge into one to ensure their future sustainability to deliver high quality and safe primary health care to their patients. The patients should experience little to no disruption from the proposed merger due to both practice being situated in the same building and already all building facilities including sharing waiting room facilities. It is envisaged that the patient experience will be improved as expertise from the two practices are pooled and best working practises adopted, thus offering the patient the gold standard. Furthermore, efficiencies through economies of scale will be passed on to the patients through a good quality and sustainable service. Both practice are keen to emphasise that the proposed merger will not lead to the withdrawal of any services to patients, will not affect patient access to the practice and will not lead to the removal of any patients

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	The premises are owned by Dr Sharma and Dr Rao and will remain so.
IT	The IT is provided by NHIS for both practices. The NHIS SOP will be

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
	followed.
TUPE	The only cost associated with the TUPE process is administrative.
Redundancy	There is no perceived necessity for redundancy.
QOF	There is some variation in terms of the income from QoF. It is envisaged that the expertise from O.P Sharma's Practice will be shared to ensure Mayfield's are able to maximise their QoF income and thus not negatively impact the merged practice income
Pension/seniority	No Impact
MPIG/PMS Premium	Dr. O. P Sharma will lose PMS Premium of £5000 per annum.
Dispensing	Not relevant

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	OP Sharma's Practice achieved 527 / 545 QoF points whereas Mayfield achieved 475 / 545points. We intend to share the positive working practices from OP Sharma's Practice with the clinical and administrative staff from Mayfield's to enable the merged practice to offer a quality service to the patients and thus achieve highly in QoF 2019 – 2020.
Access	Following the merger of the two practices the same total of clinical appointments will be offered to the patient population and therefore access will not be impacted.
Primary Care Web Tool	Closed March 2019
Recent of ongoing breaches of contract	There are no ongoing contract breaches for either practice.
Recent or pending CQC matters	OP Sharma's Practice achieved 'good' in all areas November 2015. Mayfield however were subject to a CQC inspection March 2018, they received good in 3 areas and requires improvement in 2 areas.

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	Mayfield's QoF and CQC points toward areas with a lower standard of service delivery. It is proposed the merging management team works together to share best working practices, standardised procedures and policies and focus on offering the patient population a quality and sustainable service.
Will there be any cessation of services post-merger?	No
Will there be a reduction of hours for which services are provided post-merger?	No
Will there be a change in the hours at which services are provided?	No
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	No
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	Total patient number following merge will not exceed 10,000. Therefore NOT APPLICABLE

5. Patient and stakeholder engagement

Please provide comments on the following matters.

Please provide comments on the following matters.	
Have the practices engaged with patients and/or stakeholders on the practice merger?	The process is in the early stages. Both practices intend on engaging with patents and stakeholders. OP Sharma's Practice has recruited a new manager to facilitate such engagement
Do the practices intend to engage with patients/stakeholders?	Yes
When did/will you engage with patients/stakeholders?	Imminently
In what form did/will you engage with patients/stakeholders?	Individual and joint PPG meeting, screens and notices in reception including a suggestions box, messages on patient prescriptions, via the website.
With whom did/will you engage?	Patents, PPG, CCG, CQC, LMC, PCN, neighbouring practices
If you have already carried out engagements, what was the outcome?	Pending

6. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.
OP Sharma's Practice currently holds a PMS agreement, whereas Mayfield holds GMS. The merged practice will hold GMS. A formal request has been submitted to NHS England; it is expected that OP Sharma's Practice will move to GMS 01 October 2019. The current practice boundary for Mayfield is larger than that of OP Sharma's Practice. It is proposed that both boundaries are merger to create an overarching boundary.

7. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.
The merger is not envisaged to have any bearing on procurement and/or competition.

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.
Greenfields will continue to accept new patients, but have no immediate plans to intentionally grown the patient list. Nor is there any intention to bid for services above those enhanced services delivered across a multitude of practices.

8. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B of the Primary Medical Care Policy & Guidance Manual.
COMMUNICATION: Lorna Mackie will formulate an information letter for patients. Distribution will include adding a PDF version to the website, texting patients to bring their attention to the existence and location of the letter, adding to prescriptions, handing a copy to patients who attend the practice posting to patients whom we do not have mobile telephone number for and who have not attended the surgery or had a prescription issued. NHIS will be tasked with adding a telephone message for patients. A notice will be clearly displayed in the practice; patients will also be invited to provide feedback or comments. The practice will hold an additional PPG meeting to communicate the proposal. **MEDICAL RECORDS:** Business Relationships team have advised that a merge of the clinical systems can take up to 16 weeks. Therefore a contingency may be required. Patients will initially remain with their named GP **INTERNAL COMMUNICTIONS**: On submission of this business case template the staff will be invited to formal team meeting, followed by one to ones. All employees will be TUPE'd to the Greenfields Medical Centre **IT PLAN:** NHIS project manager is meeting with Fiona Warren GCG to finalise the details with regards to merging Dr Sharma IT into Mayfield's. The NHIS SOP will be followed. It is worth noting that NHIS also notify third parties of changes with ODS / C code to ensure patients are migrated. The practice will identify a communications room at a later stage. **STAKEHOLDER COMMUNICATIONS:** Lorna Mackie will communicate with neighbouring practices, LMC, District Nurses, Care Homes, Mental Health Trust, Midwifery, PALS, Complaints, Information Commissioner, 111 OOH, local hospital, local pharmacies, appropriately. **FINANCES:** The practices already share a bank account in the name Greenfields. Practices will receive appropriate remuneration for services offered prior to the merge. Existing bank accounts will remain open for at least the duration of the fiscal year. **PROVIDER NAME:** Greenfields Medical Centre **APPOINTMENTS:** Following merger existing clinics to be reviewed to consider better allocation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B of the Primary Medical Care Policy & Guidance Manual.
across the two sites. Between 70 – 72 GP like appointments will be offered per 1000 patients per week. There will be minimal impact on continuity as both partners remain. **TELEPHONE SYSTEMS:** O.P Sharma telephone number will remain the main number. A recorded message will advise patients of the change. Additional lines will be added to the telephone system to deal with patient demand. **WAITING ROOM:** There is no change as currently patients share waiting facilities **STAFF:** The staff are aware, although informally. We plan to work will all of the staff to ensure a smooth positive change with benefits for our staff and patients.

9. Additional information

Please provide any additional information that will support the proposed practice merger.
The partnerships and management teams accept any merger is not without complexities. However, given that the practices share the building without divide, including sharing some human resources and adopt similar organisational cultures it is anticipated the merger will be smooth running, as is possible.

10. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.

Name	**Signature**
Dr. O.P. Sharma	
Dr. K. Sharma	
Dr.Yvs Rao	

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)	**Date:**	17 July 2019

This item relates to:	**ALL** ☐	**M&N** ☐	**N&S** ☒	**NC** ☐	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	Barnby Gate Surgery - Application to close patient list	**Paper Reference:**	**PCC 19 029**

Sponsor: **Presenter:**	Sharon Pickett, Associate Director of Primary Care Commissioning Kerrie Woods – Primary Care Contracts Lead (GP), NHS England	**Attachments/ Appendices:**	As detailed at the end of the paper

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☐

Executive Summary

Barnby Gate Surgery has applied to close their list for a period of 9 months. The practice has not previously closed their list or submitted an application to do so.

To ensure consistency in line with the Primary Medical Care Policy and Guidance Manual v2 and for this proposal to be considered, supporting information and rational have been provided along with evidence from the practice. The main purpose of the list closure is to ensure continued quality care, sustainability of function and patient safety.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☐	Establishment of a Strategic Commissioner	☐
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Approval of Practice Mergers	☐
Strategic Planning	☒	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ 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
☐ Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*

Equality / Quality Impact	Yes ☐	No ☒	N/A ☐	If the answer is No, please explain why

Assessment (EQIA)				There would be no impact on patients registered at the practice.
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☒	N/A ☐	If the answer is No, please explain why Data Protection is not relevant to this specific decision.
Risk(s): *(please highlight any risks identified within the paper)*				
Highlighted within the paper				
Confidentiality: *(please indicate whether the information contained within the paper is confidential)*				
☒No				
Recommendation(s):				
1. The Committee are asked to consider the application from Barnby Gate to close their practice list of patients to new registration for a period of 9 months. The Committee are asked to approve the request.				

Introduction

Barnby Gate Surgery has applied to close their patient list to new patient applications for a period of nine months. The practice has cited increasing work pressures and the need to ensure capacity for GPs and staff to continue to carry out patient care in a quality and safe manner.

The Primary Medical Care Policy and Guidance Manual v2 provides guidance to commissioners to ensure a consistent approach to Primary Care Commissioning across England. Section 5 on temporary suspension to patient registration must be adhered to in this instance.

Practice Background and Context

Barnby Gate Surgery is a well-established practice in the Newark locality, overseen by Newark and Sherwood CCG and work within the Newark PCN. There are currently 3 Partners included on the contract; Dr Julia Barker, Dr Daria Dan Valluvassury and Dr Ruth Granfield.

The practice currently has a list size of 14,419 registered patients, which has seen an increase of 133 patient registrations between November 2018 and June 2019. Since June 2017 there has been a steady increase of patients. The practice currently has 3.75 GP WTE with a GP WTE to patient ratio of 1:3,845 (raw) and the national average is 1:1,800-2,100.

Month/Year	Patient List Size (raw)
June 2017	13,941
June 2018	14,210
June 2019	14,419

The practice has experienced significant staffing changes which have further contributed towards pressures in workload; a full-time GP retired in April 2018, a Senior Partner who provided six sessions per week retired in October 2018 and another full-time partner resigned in May 2019 to carry out Locum work. In total this is an initial loss of 2.67 WTE GP sessions. The practice currently offers 5-minute duty slots in order to keep up with demand; however, the practice do not feel that these are safe, and they lead to follow-up appointments as the allotted time is insufficient to address the complex needs that many of the patients present (further details included under additional information). On average GPs are seeing 40-60 patients per day plus telephone calls and home visits.

The practice report they have also been unable to retain administration staff due to the high workload. Nottinghamshire Health Informatics Service (NHIS) and the Clinical Commissioning Group (CCG) have been approached regarding the possibility of acquiring more computers to assist in the response to calls and demands from patients at the reception desk.

The practice has taken steps to relieve difficulties through increasing skill mix; including the employment of a full-time Clinical Pharmacist and a full-time Advanced Nurse Practitioner. A second Advanced Nurse

Practitioner is to be employed in an effort to replace the sessions previously provided by recently departed GPs. Despite this and advertising GP vacancies via several channels for over 12 months, the practice report 10 vacant sessions per week.

A queuing system has also been introduced on phonelines to assist in the management of patient expectations and active signposting training has been booked for administrative staff for July 2019.

Neighbouring Practices

There are 3 practices within a 1-mile radius of Barnby Gate Surgery.

Practice name: Newark PCN	Distance from Barnby Gate Surgery	List size	List status
Fountain Medical Centre	0.2 miles	13,789	Open
Lombard Medical Centre	0.3 miles	18,856	Open
Balderton Surgery	1.7 miles	5,804	Open

Engagement with Stakeholders

Neighbouring practices are currently providing Extended Hours on behalf of the Barnby Gate Surgery and have been doing so for the past 18 months. The practice has also raised awareness with neighbouring GPs about their proposed application to temporarily close their list to new applications and support has been confirmed from all practices contacted (list the practices).

The practice report that they have communicated regularly with the Patient Participation Group (PPG) around the difficulties they are experiencing and the changes that are being proposed to manage them. The LMC and the Performance & Development Team at Newark & Sherwood CCG have also been contacted and in full support of the application.

Risk to patients if list closure is not approved:

- Potential for continuous increase in patient registrations and resulting pressure on practice staff and GPs. The practice report that GPs are having to be Duty doctor more than once per week and Partners are regularly working 12-16 hour days.
- The practice is having to provide 5-minute duty appointments to match demand so there may be a potential risk of error.
- Although there are no issues with the quality of records/record-keeping currently, there may be an impact in the future should the list size continue to increase.

Risk to patients if the list closure is approved:

- There would be no change of service to current patients.
- Reduced patient choice for prospective patients in the area.

Additional information/Newark PCN

Barnby Gate Surgery is part of the Newark PCN together with:

- Fountain Medical Centre
- Lombard Medical Centre
- Collingham Medical Centre
- Southwell Medical Centre
- Hounsfield Surgery
- Balderton Primary Care Centre

The total PCN population is 76,147 (Jan 2019) and Barnby Gate Surgery is 18.7% of the total PCN population.

The premises are currently owner occupied on which notional rent is paid however, the practice have recently put their practice up for sale to undertake a sale and lease back process.

The practices opening hours are Monday to Friday, 8:30 – 6:30. The practice does not currently participate in extended hours DES however this may change due to the introduction of Primary Care Networks.

The patient age split is as follows:

Patient Age	Number of Patients
0-9	1,713
10-19	1,536
20-29	1,713
30-39	2,045
40-49	1,756
50-59	1,963
60-69	1,577
70-79	1,317
80-89	579
90-94	105
95+	35
Total	14,339

QOF Registers and Patient Complexity

Condition	Number of patients	% of National Prevalence
Asthma	874	101%
COPD	295	120%
Diabetes	778	No figure available
Heart Failure	119	118%
Learning Disabilities	105	
Cancer	499	182%
Stroke	321	131%
Patients in Residential Home	100	

Many patients also present with mental health issues and/or multiple co-morbidities.

Primary Medical Care Policy and Guidance Manual (v2)

The following excerpt is taken from the Primary Medical Care Policy and Guidance Manual (v2):

5 Temporary suspension to patient registration

5.1 Formal List Closure

5.1.1 The GMS and PMS contracts allow for a Practice to request permission from its commissioner to close its list to new patients (Paragraph 33 of Schedule 3, Part 2 of the NHS (GMS Contracts) Regulations 2015 This option exists to give practices a degree of workload control over the management of their services, particularly when there is unusual and sustained demand from patients or in situations of workforce or recruitment difficulties that affect a practices ability to provide services to an acceptable and safe standard.

5.1.2 As the commissioner also has a duty to ensure the availability of primary care services for the resident population it has certain powers with regard to these requests including agreeing to the length of the closure and the conditions that would need to exist to trigger a re-opening of the list. The commissioner will also need to consider the availability of alternative provision for new patients and any impact on neighbouring practices. Following changes to the formal list closure process in 2012 the commissioner does not have the power to halt practices' delivery of additional and/or enhanced services as a means to reduce practice workload thereby keeping the patient list open. Therefore, list closure no longer carries such financial consequences for the practice as it was once thought to have and allows practices to continue to deliver holistic care to registered patients.

5.1.3 When a practice does formally close its list, the requirement is to close between three and twelve months; not less than three months. An approved closure notice must specify what the time period is.

Appendices

- Appendix 1: List Closure Application
- Appendix 2: Additional Information from practices wishing to close their patient list

NHS England

North Midlands

APPLICATION TO CLOSE PRACTICE LIST

PRACTICE CODE	**C84009**
PRACTICE STAMP *Barnby Gate Surgery* *50 Barnby Gate* *Newark* *Notts* *NG24 1QD* *01636 704225* *Nshccg.c84009@nhs.net*	

PLEASE COMPLETE THE FOLLOWING:

Briefly describe your main reasons for applying to close your practice's register to new registrations
To ensure the safe provision of core services to our existing patients, while fulfilling our professional duty and contractual obligations. We need to take steps to safely control our list. We want to manage our workload and work efficiently within safe and competent limits. As CQC registered providers, we are also under a specific obligation to review and take appropriate measures if workload is putting patient safety or quality in jeopardy. We want to avoid any risk to our patients.
What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your open list and, if any were implemented, what was your success in reducing or erasing such difficulties?

We have reviewed and limited additional (non-core) work.

We have employed a full-time Clinical Pharmacist and a full-time ANP in an effort to replace retired GPs. We are now recruiting a second FT ANP and half time pharmacist.

A full-time partner retired in April 2018. Senior Partner retired in October 2018 (six sessions) and then another full-time partner left in May 2019. He went to work as a locum. We have been advertising solidly on NHS jobs, LMC website, social media and via the local Deaneries for over a year now and are still missing 10 sessions per week. WE have tried advertising for long term locum/salried/Partner (PT and FT) to no avail.

We have gratefully accepted neighbouring practices offer to provide Extended Hours on our behalf for the past 18 months. We are working hard now to implement the compulsory PCN Extended access for our patients.

We have introduced a queuing system on our phones to try to manage patient expectation.

Do you have any concerns with GPs ability to appropriately assess the patients' needs and plan accordingly i.e; patient safety issues relating to record keeping with insufficient time to fully complete notes in between consultations.

We have concerns that this is starting to happen. Demand on GPs is unsustainable and we are still having to provide 5 minute duty appointments to match demand which means the likelihood of error is increased. GPs are worn out and will make mistakes. BMA recommends a move towards 15 minute routine GP slots – we are unable to offer this as appointment availability would drop drastically.

GPs are increasingly having to be duty doctor more than once per week which is exhausting. Our partners regularly work 12-16 hour days as it is.

There is no issue with quality of records currently but this is likely to change as list size increases.

Have you had any discussions with your registered patients about your difficulties maintaining an open list and if so, please summarise them, including whether registered patients thought the list should or should not be closed?

We feel that we have kept our PPG informed of recruitment issues and been honest about capacity.
We have also made it clear that any changes within the practice are in order to provide safe care to our existing patients.
We will continue to keep our patients involved by using verbal and sms communication, posters, our website and our facebook page.
They are supportive about list closure (email attached).

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list and if so, please summarise your discussions including whether other contractors thought the list should or should not be closed?
Yes – have informed all Newark and Sherwood practices. Our nearest practices - Fountain Medical Centre, Lombard Medical Centre, Balderton and Collingham are fully supportive. Emails are attached
How long do you wish your list of patients to be closed? (this must be at least 3 months but no more than 12 months)
9 Months
What reasonable support do you consider NHS England & the CCG would be able to offer which would enable your list of patients to remain open or the period of proposed closure to be minimised?
Assistance with recruitment of doctors. Assistance with tackling IT providers and stopping duplicate letters/results coming into our workstream. Ensuring secondary care providers are adhering to their contracts – providing Med 3s and medication for appropriate lengths of time to avoid additional pressure on practices

Do you have any plans to alleviate the difficulties you are experiencing in maintaining an open list, which you could implement when the list of patients is closed, so that the list could reopen at the end of the proposed closure period?

Sell and lease back the building. Recruit more clinicians – this will be easier if we can show them that the workload is being managed proactively. Currently prospective employees including salaried GPs are horrified at the appointments schedule and the 5 minute slots.
Do you have any other information to bring to the attention of NHS England and the CCG about this application?

Please note that this application does not concert any obligation on the NHS Commissioning Board to agree to this request.

To be signed by all parties to the contract (where this is reasonably achievable):

Signed: …….. Print name: ……. Date: …….	Signed: ……. Print name: ……. Date: …….

Signed: …….. Print name: …….	Signed: …….. Print name: …….

Date: ……..	Date: ……

Additional Information required from Practices wishing to close their patient list

To be ascertained from meeting with practice to discuss application. This information is additional to that requested in NHS England application form.

Practice Name: Barnby Gate Surgery

Present at meeting: Julie Kent, Bryony Higgins, Jacqui Kemp, Julie Barker(Senior Partner) Sally Dixon (Manager)

Date:30.5.19

What are the WTE for each named Partner/Salaried GP and any other staff carrying out GP work? Get full details of wider workforce. Any forthcoming changes known about?

Dr Julie Barker	0.66	Partner
Dr Daria Valluvassery	0.77	Partner
Dr Granfield	0.66	Partner
Dr Mulhern	1.0 WTE salaried	
Dr Phillips	0.66 WTE salaried	

Current list size: 14413

Wider team: 1 x WTE pharmacist – 18 months experience in primary care

1 x WTE ANP – one year experience in primary care

Are recruiting another WTE ANP (starts June 2019) and a 0.6 Pharmacist .

Trying to recruit another WTE GP (at least)

Do any partners work elsewhere or have other commitments (e.g. CCG?)

Yes Dr Barker works for CCG. The other two partners and one of the salaried GPs have small children. All will try to move their days around to make for safe cover in the practice but it is not always possible. We aim to have two GPs working every day as a minimum but three is really what we need (at least).

Detail other Clinical Staff, roles and WTE, plus levels of experience (i.e. if new or not fully trained)

As above plus:

2.4 WTE practice nurse (fully trained in nursing but need chronic disease management upskilling)

2 WTE HCA

Locum cost for 2017 = £59005.00

Locum cost for 2018 = £71890.00

Locum cost for 2019 (Jan-May inc) = £17835.00 but we haven't hit summer holiday season yet and to be honest have been unable to fill even the locum sessions that we require therefore the cost so far is lower than it should be. Locums pick work and can say that they will not do home visits/admin/check results etc etc which lands back on the Partners.

Any different ways or working or different skill mix possible?

We are employing an additional ANP to try to take pressure off GPs but they are unable to sign sick notes, request MRIs and don't have capacity to complete medical reports/insurance forms/do HGV medicals. Our pharmacist is a massive bonus to the practice but is only one person and has 14000 patients to deal with.

We have active signposting training booked for July 2019 for our admin staff. This may reduce GP workload but telephone access will be reduced as all calls will take longer. We have been unable to retain admin staff as a result of the completely unreasonable workload.

Practice future strategy?

Future strategy is to be sustainable and safe. We want to develop our staff and provide a good, solid service to our existing patients.

We still believe in GP partnerships and are taking an active role in our local PCN who are very supportive.

We would like to move away from 5 minute duty doctor slots. These are not safe and lead to follow up appointments as we are unable to address the complicated issues many of our patients have. Many, many patients have mental health issues as well as physical symptoms. The only way we can deal with current demand is with 5 minute slots which results in GPs regularly seeing 40-60 patients per day plus telephone calls and home visits.

We would like to employ different skills. Maybe a mental health nurse as we find depressed and anxious patients take up a massive amount of our time. Access to IAPT has improved but we need someone on site

Any longer term workforce development from NHSE in this locality?

Performance

Latest QOF score 515 points

Performance Outliers?

Performer Issues?

Any other performance issues?

CQC visit made, and if so date and outcome: Oct 2015 - GOOD

Other practices in same building?

Name:

List size:

GP WTE:

Performance issues/CQC?

Name:

List size:

GP WTE:

Performance issues/CQC?

Opening Hours, do they shut half day or offer Extended Hours?

We do not close for half day and are offering the obligatory extended access/hours from July 1st 2019.

Any capacity issues (clinical or administrative)?

Both – and also physical room capacity. Room plan attached. Have approached NHIS about purchasing more network capacity and more computers. Need to create more clinical room space. Hot-desking is possible but actually puts more pressure on staff to get out of their rooms. Even if I was able to employ more locums for instance we have limited space for them to work in.

Practice nursing – we have had a locum nurse one day per week to try and keep up with demand.

GPs are running on locums daily. They can be unreliable and very strict about any admin work that they do. The bulk of checking results and letters falls to the GP Partners.

We are trying to recruit additional admin staff but finding this difficult due to high, mainly negative call load and patients constantly demanding at the desk. Have approached NHIS and CCG about more computers.

Practice manager doing average of 25 hours overtime per month to keep up. Recently recruited an experienced full-time receptionist and she left after one week. Just offered another person the job and they accepted but have now decided against it.

Practice is struggling to cope with rising patient demand, especially from an ageing population with complicated, multiple health needs that cannot be properly treated within the current 10-minute recommended consultation (often five minute slots in reality). Our GPs are being forced to truncate care into an inadequate timeframe and deliver an unsafe number of consultations, seeing in some cases 40-60 patients a day.

Based on a widely accepted formula of **72 appointments** per **1,000** patients each week and an **average list size of 1,600 patients (per GP**), the report, Safe Working in General Practice, proposes that GPs should be offering **115 appointments** a week – an average of 23 a day over five days .

Our salaried GPs see 28 patients per day and our partners (when not duty doc) see 30 plus 16 telephone consultations. Our FTE GP/patient ratio is 1:3492 patients. This is clearly not enough appointments for our massive list size but is far too many to be safe/sustainable for our GPs.

Any observations from visit?

Senior partner and practice manager clearly stressed/exhausted.

Last time practice list closed:

Patient complexity in this practice:

QOF registers:

Asthma 874 patients (101% of national prevalence)

COPD 295 patients (120% of national prevalence)

Diabetes 778 patients (no prevalence figure available)

Heart failure 119 patients (118% of prevalence)

Learning disabilities 105 patients

Cancer 499 patients (182% of prevalence)

Stroke 321 patients (131% of prevalence)

100 patients in residential/nursing home care

Many patients with mental health issues

Many patients have multiple co-morbidities

Discussed with neighbouring practices, and if so outcome?

Yes – supportive – emails attached

Discussed with LMC, and if so the outcome?

Yes – fully supportive

CCG future strategy, and impact if closure.

How large is there Practice Boundary, have there been recent changes, and have they considered changes?

We would consider reducing our boundary however this will mean having to remove existing patients. Our first thought was limiting new registrations particularly those patients which come from other local surgeries. Happy to reduce area if that would help our case.

Patient turnover

Patient numbers attached showing changes.

List size in June 2017 was 13941

List size in June 2018 was 14210

List size today is 14419

This doesn't look a huge change but our GP numbers have reduced drastically. We also find a lot of patients move here from local surgeries. These patients are often high demand/are not getting what they perceive to be the right treatment elsewhere so we end up with them. Currently we have very good access to on the day appointments without triage and I think this is why we have gained some patients from practices who are doing more active signposting/are much stricter. This merry go round creates extra work for admin staff as well as nursing team and pharmacists/GPs .

What actions does the practice intend to take whilst the list is closed?

While we are closed we will have some active signposting training and patients may find that actually they prefer another practice.

Hopefully the PCN will move onto allocated care homes for practices in the next few months which will help us manage our housebound/care home patients better.

What assurances are in place that the actions will be successful?

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)			**Date:**	17 July 2019		
This item relates to:	**ALL** ☒	**M&N** ☐	**N&S** ☐	**NC** ☐	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	GP Retention Scheme Approvals Process	**Paper Reference:**	**PCC 19 030**

Sponsor:	Sharon Pickett, Associate Director of Primary Care Commissioning	**Attachments/ Appendices:**	N/A
Presenter:	Sharon Pickett, Associate Director of Primary Care Commissioning		

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☐

Executive Summary

The GP Retention Scheme forms part of the national solution for closing the current gaps in GP workforce trajectories. The scheme supports the retained GP to remain in practice and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support.

In light of the recognised shortage of GPs there is an expectation that if an application to join the GP Retention Scheme meets the approval criteria when reviewed by Health Education England (HEE), and the NHS England (NHSE) Responsible Officer does not have any concerns relating to fitness to practice then the application should be approved.

Earlier in 2019 a number of applications in respect of the GP Retention Scheme were submitted to the NHS Nottingham City CCG Primary Care Commissioning Committee for consideration as a result of a change in the approval process whereby responsibility transferred from NHSE to CCGs under delegated co-commissioning arrangements. It was therefore identified that an approval process was required for all Nottingham and Nottinghamshire CCGs in respect of future applications to the scheme.

As of 1st July there are currently twelve GPs participating in the GP Retention Scheme across Nottingham and Nottinghamshire at a maximum cost to the CCG of £20,000 per annum per GP.

The paper provides an overview of the GP Retention Scheme and a number of options for consideration.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☐	Establishment of a Strategic Commissioner	☐
Financial Management	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Approval of Practice Mergers	☐
Strategic Planning	☒	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*				
☒ 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				
☐ Conflict noted, conflicted party to be excluded from meeting				
Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Risk(s): *(please highlight any risks identified within the paper)*				
Non identified				
Confidentiality: *(please indicate whether the information contained within the paper is confidential)*				
☒No.				
Recommendation(s):				
1. **CONFIRM** its support to the GP Retention Scheme recognising the valuable contribution this makes to GP recruitment across the area				
2. **DELEGATE** the approval of new applications and renewals to the Associate Director of Primary Care and the Chief Finance Officer with each application being considered on its own merits taking into account local circumstances and affordability – Option 4.				
3. **CONFIRM** a frequency of six monthly updates to the PCCC in respect of decisions made.				

GP Retention Scheme Approvals Process (formerly GP Retainer Scheme)

Introduction
Earlier in 2019 a number of applications in respect of the GP Retention Scheme were submitted to the NHS Nottingham City CCG Primary Care Commissioning Committee for consideration. This was as a result of a change in the approval process whereby responsibility transferred from NHS England to CCGs under delegated co-commissioning arrangements.

Committee members approved the applications but made a number of comments as follows:

- Consideration should be given as to whether or not there should be a limit on the number of GPs participating in the scheme at any one time given the financial implications for CCGs.
- Once any limits are agreed the decision-making responsibility for future applications could/should be delegated to the Associate Director of Primary Care for Nottingham and Nottinghamshire.
- The PCCC should then receive periodic updates in respect of decisions made.

This paper therefore provides an overview of the GP Retention Scheme and requires committee members to confirm the approval process for applications to the scheme across Nottingham and Nottinghamshire, including any delegation of responsibility.

Background
The GP Retention Scheme forms part of the national solution for closing the current gaps in GP workforce trajectories. Across Nottingham and Nottinghamshire (in line with other areas of the country) there is currently a significant gap between the current GP workforce and the target numbers for September 2020.

The scheme is a package of financial and educational support aimed at doctors who are seriously considering leaving or have left general practice

- due to personal reasons (caring responsibilities or personal illness)
- because they are approaching retirement
- because they require greater flexibility,

The scheme supports the retained GP to remain in practice and the practice employing them by offering financial support in recognition of the fact that this role is different to a ‘regular’ part-time, salaried GP post, offering greater flexibility and educational support.

Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations.

The scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support.

Who is eligible
Doctors applying for the scheme must be of good standing with the General Medical Council (GMC) without GMC conditions or undertakings – except those relating solely to health matters. The scheme is open to doctors who meet ALL of the following criteria:

1. Where a doctor is seriously considering leaving or has left general practice (but is still on the National Medical Performers List) due to:
    - Personal reasons – such as caring responsibilities for family members (children or adults) or personal health reasons
      or
    - Approaching retirement
      or
    - Require greater flexibility in order to undertake other work either within or outside of general practice.
2. And when a regular part-time role does not meet the doctor’s need for flexibility, for example the requirement for short clinics or annualised hours.

3. And where there is a need for additional educational supervision. For example, a newly qualified doctor needing to work 1-4 sessions a week due to caring responsibilities or those working only 1-2 sessions where pro-rata study leave allowance is inadequate to maintain continuing professional development and professional networks.

Doctors must hold full registration and a license to practice with the GMC and be on the National Medical Performers List.

Approvals
In light of the recognised shortage of GPs there is an expectation that if an application to join the GP Retention Scheme meets the approval criteria when reviewed by Health Education England (HEE), and the NHS England (NHSE) Responsible Officer does not have any concerns relating to fitness to practice then the application should be approved.

If an application is rejected the rationale for the decision is to be stated on the application form. Before the decision is communicated back to the doctor the local NHS England Medical Director is to review the application to facilitate an appropriate outcome. Where a successful outcome cannot be achieved and the application rejected, the NHS England central team must be notified.

Funding
The Retained Doctors Scheme 2016 increased funding available to all existing retained doctors (those on the scheme before 1 July 2016 - including those extending their current period on the scheme) and new retained doctors (those joining the scheme between 1 July 2016 and 31 March 2017). Retained doctors work between 1 and 4 sessions per week in general practice.

The 2016 scheme increased the payment to practices from £59.18 to **£76.92** per session and introduced an **annual payment** to the GP of £1000 per annum for GPs working 1 session per week, £2000 per annum for GPs working 2 sessions per week, £3000 per annum for GPs working 3 sessions per week and £4000 for GPs working the maximum 4 sessions per week. Both payments are made to the practice who will process this payment through payroll as it is subject to tax and NI but not pensionable or superannuable.

NHS England will reimburse the **increase** in funding for all existing retained doctors (those on the scheme before 1 July 2016 including those extending their current period on the scheme) and those joining the scheme between 1 July 2016 and 31 March 2017. The funding for all the retained doctors in post on 31 March 2017 is available until 30 June 2019. There is no central funding available for those joining the scheme from 1 April 2017. From 1 July 2019 the retained doctors and practices remain eligible for all payments detailed above but will be fully funded from Primary Medical Care Allocations (Delegated Co-commissioning budgets).

A summary of the funding is provided below

1	£59.18	The existing element of the £76.92 payment per session will continue to be paid by local teams/delegated CCG and funded from their **primary care allocation**.
2	**£17.74**	The new element of the £76.92 payment per session will be paid by local teams /delegated CCG but **reimbursed** by NHS England central team.
3	**£1000-4000**	The new annual payment of £1000 per annum per weekly session worked (to a maximum of £4000) will be paid by local teams/delegated CCG but **reimbursed** by NHS England central team.

Local position
As of 1st July there are currently 12 GPs participating in the GP Retention Scheme across Nottingham and Nottinghamshire.

Further information is provided in the table below:

Contract Type	Practice Name	CCG	No. of Sessions	Start Date
GMS	Lombard Medical Practice	Newark and Sherwood	4	23/01/2018
GMS	Family Medical Centre	Nottingham City	4	01/07/2017
PMS	Deer Park Medical Practice	Nottingham City	4	14/07/2016
PMS	The Well Spring Surgery	Nottingham City	4	18/01/2016
GMS	Hucknall Road	Nottingham City	2	01/10/2017
GMS	Rise Park Surgery	Nottingham City	4	01/03/2016
GMS	Victoria Health Centre	Nottingham City	4	01/04/2019
GMS	Fairfields Practice	Nottingham City	4	tbc
PMS	Stenhouse Medical Centre	Nottingham North and East	4	01/10/2014
GMS	Eastwood Primary Care Centre	Nottingham West	4	14/11/2017
GMS	Orchard Surgery	Rushcliffe	3	01/02/2016
GMS	Belvoir Health Centre	Rushcliffe	4	11/09/2017

The information suggests that historically an average of around two GPs have been approved to join the scheme each year, with a maximum of four joining in both 2016 and 2017. The information also confirms that the number of GPs applying to join the scheme has remained relatively and consistently low over the last five years. It is also of note that in mid-Notts CCGs there is currently only one GP on the scheme.

CCG approval of applications

Going forward there are a number of possible options available for the approval of applications to the GP Retention Scheme including:

- Option 1 - All new applications and renewals are considered for approval via the Primary Care Commissioning Committee
- Option 2 - All new applications are considered for approval via the Primary Care Commissioning Committee, with approval of renewals delegated to the Associate Director of Primary Care
- Option 3 - Approval of new applications and renewals is delegated to the Associate Director of Primary Care within a defined limit either across the ICS area or for each CCG
- Option 4 - Approval of new applications and renewals is delegated to the Associate Director of Primary Care and the Chief Finance Officer with each application being considered on its own merits taking into account local circumstances and affordability.

Recommendations

The committee is asked to:

- **Confirm** its support to the GP Retention Scheme recognising the valuable contribution this makes to GP recruitment across the area.
- **Delegate** the approval of new applications and renewals to the Associate Director of Primary Care and the Chief Finance Officer with each application being considered on its own merits taking into account local circumstances and affordability – Option 4.
- **Confirm** a frequency of six monthly updates to the PCCC in respect of decisions made.

Sharon Pickett, Associate Director of Primary Care
3 July 2019

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)			**Date:**	17 July 2019		
This item relates to:	**ALL** ☒	**M&N** ☐	**N&S** ☐	**NC** ☐	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	Primary Care Quality – Monitoring and Assurance Overview July 2019	**Paper Reference:**	**PCC 19 032**

Sponsor: **Presenter:**	Elaine Moss, Chief Nurse, Quality and Governance/ICS Nurse Esther Gaskill, Head of Quality Primary Care	**Attachments/ Appendices:**	1.Greater Nottingham Primary Care Quality Assurance Framework 2.Greater Nottingham Primary Care Escalation and Support Flowchart 3.Primary Care Quality Group Terms of Reference (Nottingham West Example) 4.Primary Care Quality Groups Annual Workplan 2019/20

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☐

Executive Summary

This paper provides an overview of the Primary Care quality monitoring and assurance processes in place across the Greater Nottingham CCGs. It is anticipated that this will be implemented in Mid Notts in the coming months.

A proposal on future quality reporting to the PCCC is included for approval.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☒	Establishment of a Strategic Commissioner	☐
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☒	Approval of Practice Mergers	☐

Strategic Planning	☒	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ 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
☐ Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why

Risk(s): *(please highlight any risks identified within the paper)*

None identified

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*

☒No

Recommendation(s):

1. Note the Primary Care quality monitoring and assurance processes
2. Approve the future reporting proposal

Primary Care Quality Monitoring and Assurance – July 2019

As providers General Practices are accountable for the quality of their services and are required to have quality monitoring processes in place to ensure that they meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended) and the Care Quality Commission (CQC) (Registration) Regulations 2009 (Part 4) (as amended). However, since April 2016 monitoring quality and gaining assurance on the quality of services provided by the Nottingham and Nottinghamshire Clinical Commissioning Groups' (CCG) member General Practices has been the responsibility of the appropriate CCG.

To facilitate quality monitoring of practices, a Primary Care Quality Assurance and Improvement Framework (See Appendix 1) was developed. This identifies the approach to monitoring and assuring quality and improvement in General Practice. The framework comprises a quality dashboard, risk matrix, escalation process (See Appendix 2) and Primary Care Quality Group (See Terms of Reference, Appendix 3 and Annual Workplan 2019/20, Appendix 4) which reports to the Primary Care Commissioning Committee. The dashboard, which is updated quarterly, brings together a range of indicators across the three domains of quality: patient safety, patient experience and clinical outcomes. The Patient Safety domain consists of safeguarding, patient consent and whistleblowing indicators. The Patient Experience domain includes Friends and Family Test submission and patient satisfaction survey indicators. Within the Clinical Outcomes domain of the quality dashboard there are indicators that include targets for immunisations, flu vaccinations, cancer screening and prescribing.

The information within the dashboard is collated to determine a Red/ Amber/ Green (RAG) rating for each of the quality domains, which in turn defines an Overall Rating of either Red, Amber, Green or Green*, as detailed in the table below. The actions / support taken in response to each rating are also identified.

Overall Rating	Rating Methodology	Rating Actions/Support
Red	**Achieved if there are 2 or more red domains**	**A meeting with the practice to agree an action plan and support required. Wider discussion with NHSE / the LMC / CQC may also take place to determine further support that can be provided to the practice.**
Amber	**Achieved if there is either 1 red domain or 2 or more amber domains**	**Meeting / correspondence with the practice to discuss any concerns, agree an action plan, (which will be monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group), and agree any support required.**
Green	**Achieved if there are 0 red domains and a maximum of 1 amber domain**	**Correspondence with the practice to discuss any concerns, agree an action plan, (which will be monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group), and agree any support required.**
Green ★	**Achieved if all domains are green with 0 adverse indicators**	**Routine quality monitoring using the Primary Care Quality Dashboard and other quality indicators such as Infection Prevention and Control audits and patient and staff feedback.**

The CCG's Primary Care Quality Group reviews the dashboard identifying potential or actual risks to quality within primary care and any actions to be taken in response to each practice's rating to ensure that either individual practices / groups of practices are supported where necessary to make improvements.

During 2019/20 the current Primary Care Quality Groups will be developed to establish a Primary Care Quality Group for each of the 3 Nottingham Integrated Care Partnerships (ICP). The membership will consist of:

Representatives from the Primary Care Quality Team
Primary Care Leads from each CCG
Primary Care Hub, NHS England representative
Patient representative
Practice Manager representative
Clinician (GP) representative
CCG's Primary Care Pharmacy / Medicines Safety Officer representative
Infection Prevention Control representative
Community Nursing Team representative

Significant quality risks/issues will be escalated by the Primary Care Quality Groups to the Nottingham and Nottinghamshire Primary Care Commissioning Committee. Serious concerns will also be reported to the appropriate statutory body. Any learning/good practice identified will be appropriately shared and disseminated.

Over the next 5 years the Primary Care Quality team will continue to work with GP practices, Primary Care Networks (PCNs), NHSE's Primary Care Hub and the CQC to continually review and refine the quality assurance framework and dashboard in light of learning from both local and national CQC inspections, patient safety incidents and any other learning.

Primary care quality improvement priorities over the next five years include:

Year 1 (2019/20)

- Continuing to take a pivotal role where practices are struggling to maintain quality services through seeking assurance on quality, supporting practices to identify improvements and develop appropriate evidence of implementation
- Launch of the Primary Care Quality Assurance Framework across the Mid Nottinghamshire ICP
- Development of a Primary Care Quality Group for each ICP (including standardised terms of reference, membership, work plan and governance and reporting arrangements)
- Development of the recently formed Primary Care Dashboard Development Group to ensure the indicators remain relevant and that the dashboard is pivotal in monitoring primary care quality and is also of benefit to practices as a tool to improve / sustain the quality of service provided
- Establishing links and effective collaborative working between PCNs and the Primary Care Quality team to drive forward quality initiatives across practices
- Aiming to improve rates of cervical screening uptake through highlighting results on the quality dashboard and supporting practices struggling to meet the target complete a cervical screening best practice toolkit developed in collaboration with Cancer Research UK. This will assist

practices to assess whether their processes include all best practice elements, highlighting where additional actions may be taken to improve, or providing evidence that all appropriate actions are being taken

- Undertaking of visits to practices in order to introduce the quality dashboard, in relation to specific adverse indicators on the dashboard, to provide support prior to CQC inspection / visits or to assist with action plan development and evidence gathering prior to CQC re-inspection

- Continue to raise awareness of sepsis throughout GP practices via updates at Practice Learning Events, dissemination of Health Education resources and communication on the use of the National Early Warning Score (NEWS2)

- Increase the nursing workforce within general practice through implementation of Nottingham and Nottinghamshire General Practice Nursing 10 Point Plan. This includes attracting new recruits, supporting existing general practice nurses, and encouraging return to practice

- Collaborate with practices and the NHSE Primary Care Hub to ensure delivery of the Quality Improvement modules within the new quality domain of the National Quality Outcomes Framework

Years 2 – 5 (2020/21 to 2023/24)

- Annual review of the quality assurance framework. In 2017 an independent review of primary care quality monitoring by the CCGs was undertaken by 360 Assurance. The aim was to provide assurance on the systems and processes in place for the quality monitoring of primary care medical services. The review focused on three key areas: strategy, controls and governance. Significant assurance was achieved and a self-assessment was subsequently developed and will be completed on an annual basis

- Identification of quality improvement priorities based on 2019/20 and subsequent quality dashboard results

- Increasing the rates of incident reporting within primary care through development of systems and processes to enable practices to share significant event reporting between each other and with the primary care quality team

- Increasing review of patient safety incidents within primary care and alongside the CCGs' Medicines Safety Officers to ensure learning from incidents is captured and disseminated and, where possible, new safety mechanisms are introduced across all Nottingham and Nottinghamshire practices

- Improving rates of pre-school immunisations/vaccinations through scrutiny of indicators on the quality dashboard, collaboration with Public Health England and PCNs.

- Improving end of life patient experience by supporting practices to be more aware of and increasing their use of the Electronic Palliative Care Co-ordinating System (EPaCCS)

- Improving bowel and breast screening rates through development of best practice assessment tools and in partnership with Public Health England and PCNs.

Proposed Primary Care Quality Reporting to the Primary Care Commissioning Committee

A quarterly Primary Care Quality Highlight Report will be presented to the PCCC.

This will include the following:

Primary Care Quality Dashboard - An overall summary of the RAG ratings, actions identified to be taken with practices achieving an overall ‘Red’ rating and identification of actions being taken where an issue has been identified in relation to several practices or group of practices.

Primary Care Quality Groups - Any significant quality risks/issues identified by the Primary Care Quality Groups will be reported, including any concerns that have been reported to the appropriate statutory body.

CQC - An overall summary of current CQC ratings and actions being taken to support practices with either an overall rating of ‘Inadequate’ or ‘Requires Improvement’.

Complaints and Patient Safety Incidents - An overview of any significant complaints or patient safety incidents will be provided and the learning/good practice identified as a result of investigations highlighted.

NHS Greater Nottingham Clinical Commissioning Partnership

Greater Nottingham CCGs' Primary Care Quality Assurance and Improvement Framework (v1)

1.0 Introduction:

Since April 2016 monitoring quality and gaining assurance on the quality of services provided by the Greater Nottingham Clinical Commissioning Groups' (CCG) member General Practices has been the responsibility of the appropriate CCG.

Whilst General Practices as providers are accountable for the quality of their services and are required to have their own quality monitoring processes in place, the CCGs, as commissioners, have a responsibility for quality assurance. Through the duty of candour and the contractual relationship with commissioners, practices are required to provide information and assurance to commissioners and engage in system wide approaches to improving quality.

This quality assurance and improvement framework describes the Greater Nottingham CCGs' approach to monitoring and assuring quality and improvement in General Practice services.

The three domains of quality: patient safety, clinical effectiveness and patient experience are monitored through a Primary Care Quality Dashboard alongside routine internal contractual processes and clinical governance structures and in parallel with external sources such as CQC, peer reviews and national surveys.

A Primary Care Quality Group (Rushcliffe, Nottingham West and Nottingham North and East CCGs) / Primary Care Performance and Quality Steering Group (Nottingham City CCG) is in place for each of the Greater Nottingham CCGs as a sub-group of their individual CCG Primary Care Commissioning Committees / Panels (PCCC/PCCP). This provides a governance framework for monitoring Primary Care quality and improvement and responding to any concerns.

2.0 Quality Assurance and Improvement Framework:

A single definition of quality for the NHS was first set out in High Quality Care for All in 2008, following the NHS Next Stage Review led by Lord Darzi, and has since been embraced by staff throughout the NHS and by successive governments. This definition sets out the three dimensions to quality that must be present to provide a high quality service.

1. Clinical effectiveness - quality care is delivered according to the best evidence available that demonstrates the most clinically effective options available that are likely to improve a patient's health outcomes.

2. Safety – quality care is delivered in a way that reduces the risk of any avoidable harm and risks to a patient's safety.

3. Patient experience – quality care provides the patient (and their carers) with a positive experience of receiving and recovering from the care provided, including being treated according to what the patient (or their representatives) wants or needs, and with compassion, dignity and respect.

Quality assurance is the systematic and transparent process of checking to see whether a product or service being developed is meeting specified requirements. The mechanisms through which the CCGs assure themselves of primary care (medical services') quality are described in the following sections.

2.1 Primary Care Quality Groups / Primary Care Performance and Quality Steering Group

The Primary Care Quality Groups / Primary Care Performance and Quality Steering Group vary slightly in membership, but generally consist of:

- Head of Quality, Primary Care, Greater Nottingham CCGs
- Quality Manager, Primary Care, Greater Nottingham CCGs
- Quality Officer, Primary Care, Greater Nottingham CCGs
- CCG's Primary Care Lead
- Primary Care Hub, NHS England representative
- Patient representative
- Clinician (GP) representative
- CCG's Primary Care Pharmacy representative
- Infection Prevention Control representative
- Community Nursing Team representative

The purpose of the groups is to jointly review quality performance and improvement. The groups use the Primary Care Quality Dashboard and other information such as Infection Prevention and Control Audits, Patient Record Audits, CQC Reports, patient and staff feedback, incidents, workforce information and key Quality Outcomes Framework (QOF) information and exception reporting in order to identify potential or actual risks to quality. The group then agrees any action / response and ensures that concerns about quality and risks are escalated appropriately to the Primary Care Commissioning Committees / Panels and any serious concerns to the appropriate statutory body.

2.2 Primary Care Quality Dashboard and Risk Matrix

The dashboard consists of a range of metrics across the three domains of quality incorporating information from the following sources:

- Clinical Outcomes - including immunisations and vaccinations, screening and prescribing indicators

- Patient Experience - including Friends and Family Test (FFT) submissions and indicators from patient satisfaction surveys

- Patient Safety – including safeguarding and information governance indicators

The information within the dashboard is refreshed quarterly to determine a Red, Amber or Green (RAG) rating for each of the quality domains which in turn determines an Overall Rating of either Red, Amber, Green or Green*.

The methodology used to rate each quality domain is as follows:

- Clinical Outcomes (20 indicators) - 7 adverse indicators or more = Red, between 4 and 6 adverse indicators = Amber, between 0 and 3 adverse indicators = Green

- Patient Experience (14 indicators) - 7 adverse indicators or more = Red, between 3 and 6 adverse indicators = Amber, between 0 and 2 adverse indicators = Green

- Patient Safety (11 indicators) - 5 adverse indicators or more = Red, between 1 and 4 adverse indicators = Amber, 0 adverse indicators = Green

An Overall Rating is then assigned based on the methodology detailed in the table below:

Overall Rating	Rating Methodology	Rating Actions/Support
Red	Achieved if there are 2 or more red domains	A meeting with the practice to agree an action plan and support required. Wider discussion with NHSE / the LMC / CQC may also take place to determine further support that can be provided to the practice.
Amber	Achieved if there is either 1 red domain or 2 or more amber domains	Meeting / correspondence with the practice to discuss any concerns, agree an action plan, (which will be monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group), and agree any support required.
Green	Achieved if there are 0 red domains and a maximum of 1 amber domain	Correspondence with the practice to discuss any concerns, agree an action plan, (which will be monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group), and agree any support required.
Green ★	Achieved if all domains are green with 0 adverse indicators	Routine quality monitoring using the Primary Care Quality Dashboard and other quality indicators such as Infection Prevention and Control audits and patient and staff feedback.

The Care Quality Commission (CQC) inspection outcomes for practices are also displayed as part of the dashboard as follows:

'Inadequate' = Red
'Requires Improvement' = Amber
'Good' = Green
'Outstanding' = Green*
Not yet inspected or report not published = Grey

However, the CQC results do not contribute to the Overall Rating of a practice.

2.3 Monitoring and Support and Escalation

In addition to the rating methodology, the table above also describes the actions and support that will be undertaken in relation to each Overall Rating.

Green * Overall Rating

Routine quality monitoring using the Primary Care Quality Dashboard and other quality indicators such as Infection Prevention and Control audits, patient and staff feedback, patient record audits, CQC Reports, patient and staff feedback, incidents, workforce information and key Quality Outcomes Framework (QOF) information and exception reporting is undertaken.

Green Overall Rating

In addition to the routine quality monitoring detailed above, correspondence with the practice to discuss any concerns / adverse indicators is undertaken. Appropriate actions are agreed and then monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group. Where appropriate, any support available / required is identified and put in place.

Amber Overall Rating

In addition to the routine quality monitoring detailed above, a meeting with the practice to discuss any concerns / adverse indicators is undertaken. Appropriate actions are agreed and then monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group. Where appropriate, any support available / required is identified and put in place.

Red Overall Rating

A meeting with the practice to discuss any concerns / adverse indicators is undertaken. Appropriate actions are agreed and then monitored through the Primary Care Quality Group / Primary Care Performance and Quality Steering Group. Where appropriate, any support available / required is identified and put in place. Routine quality monitoring continues and wider discussion with NHSE / the LMC / CQC may also take place to identify further support that can be provided to the practice.

Any significant quality risks / issues are escalated by the Primary Care Quality Groups / Primary Care Performance and Quality Steering Group to the Primary Care Commissioning Committees / Panels. Serious concerns are also reported by the Primary Care Quality Groups / Primary Care Performance and Quality Steering Group to the appropriate statutory body.

Any learning / good practice identified by the Primary Care Quality Groups / Primary Care Performance and Quality Steering Group / is disseminated appropriately.

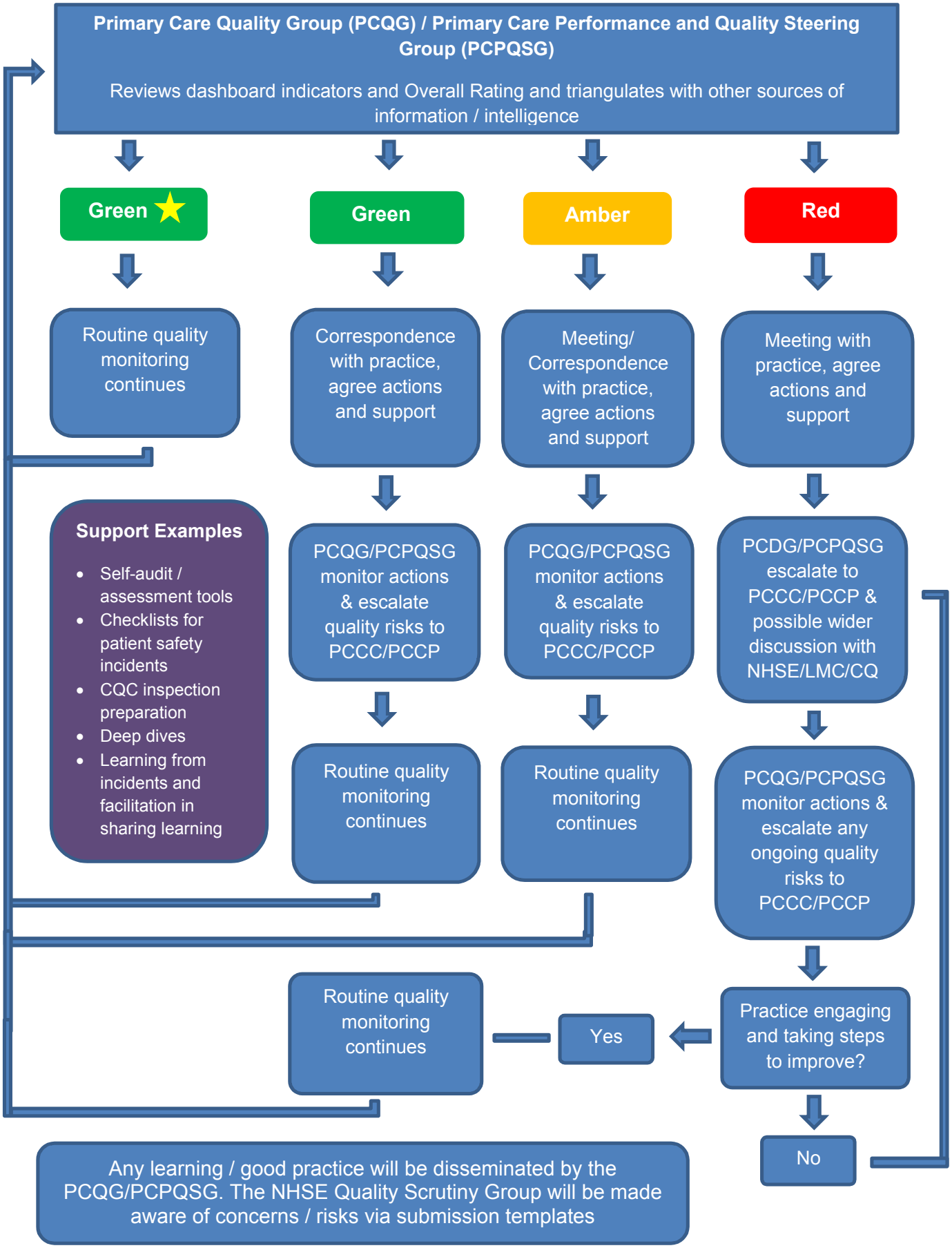
The Primary Care Quality Groups / Primary Care Performance and Quality Steering Group report to the Primary Care Commissioning Committee / Panel providing a quarterly Highlight Report to the Committee / Panel and identifying any areas of concern / good practice.

A summary report of the work of each CCG’s quality group is submitted annually to the Primary Care Commissioning Committee / Panel for information.

The Quality Scrutiny Group (NHSE) is made aware of any concerns / risks / issues via submission templates.

NHS
Greater Nottingham
Clinical Commissioning Partnership

Greater Nottingham CCGs' Primary Care Quality Monitoring, Support and Escalation Process



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Primary Care Quality and Performance Steering Group – Work Plan 2019/20

	Responsibility	Update Type	April (Q4)	July (Q1)	October (Q2)	January (Q3)
Terms of Reference	EG	Paper		X		
Practice List Size Report	AE		X			
Quality						
Primary Care Quality Dashboard (including CQC update)	EG	Dashboard	X	X	X	X
GP CAS Alerts					X	
Primary Care Incident Report	LG/EG	Report				
Primary Care Patient Experience Report	AW/EG	Report	X	X	X	X
Primary Care E-Healthscope Issues Log	MK/EG	Report	X	X	X	X
Prescribing Visit Update	MB/DG/LC/ GG/SS	Paper	X			X
18/19 Prescribing Visit Programme (provisional)	MB/DG/LC/ GG/SS	Report		X		
Performance						
Primary Care Web Tool Overview (timing depends when nationally updated)	AE	Paper		X		
QOF Annual Performance Report	AE	Report				X
Primary Care Enhanced Services Update	LD/RR/RH/JM	Verbal		X		X
GP Patient Survey – annual results	AE	Report			X	
Online services uptake	AE	Paper		X		X
NHSE Primary Care Contract Dashboard	JK	Dashboard	X	X	X	X
Clinical Variation & Practice Visit						
Clinical variation update / escalation of outliers / practice packs	LD/RR/RH/JM	Verbal	X	X	X	X
Practice visit programme update	LD/RR/RH/JM	Verbal		X		X

Deep Dives will be presented as and when required – for individual practices these follow the agreed escalation process. Deep Dives for individual performance / quality indicators may be presented where the majority / all practices are poorly performing in an area. Results of CQC inspections, reports and action plans will be presented as and when required at the confidential section of the meetings

NHS
Nottingham West
Clinical Commissioning Group

Terms of Reference for the Primary Care Quality Group (v4)

1. Introduction	The Primary Care Commissioning Committee / Panel resolves to establish a Group to be known as the Primary Care Quality Group to ensure robust assurance processes are in place with regard to the quality of primary care delivered to patients by registered GP Practices of the CCG. These terms of reference set out the membership, responsibilities, and reporting arrangements of the Primary Care Quality Group.
2. Membership	The membership of the Primary Care Quality Group is as follows: • Head of Quality, Primary Care, Greater Nottingham CCGs (Chair / Clinician) • Quality Manager, Primary Care, Greater Nottingham CCGs (Vice Chair) • Quality Officer, Primary Care, Greater Nottingham CCGs • CCG Primary Care Manager • Primary Care Hub, NHSE Representative • Patient representative • Clinician (GP) representative • CCG Practice Manager representative • CCG Primary Care Pharmacy representative (Clinician) • Infection Prevention Control representative (Clinician) • Community Nursing Team representative (Clinician)
3. Chair and Deputy	The Chair of the Primary Care Quality Group will be the Head of Quality, Primary Care, Greater Nottingham CCGs. The Vice-Chair will be the Quality Manager, Primary Care, Greater Nottingham CCGs. In the event of the Chair being unable to attend all or part of the meeting, the Vice-Chair will deputise.
4. Quorum	A quorum will be five members which must include the chair or vice chair and include a clinician.
5. Attendees	Minimum attendance of 75% of meetings is required annually, with the exception of the Clinician (GP), Practice Manager and patient representatives who are expected to attend 50% of meetings and the Infection Prevention Control representative who will submit an update report to each meeting and attend if there is a significant concern. Apologies should be sent to the Greater Nottingham CCGs' Quality Officer, Primary Care prior to meetings. Attendance will be monitored by the Primary Care Commissioning Committee / Panel.
6. Frequency and conduct of business	The Primary Care Quality Group will meet a minimum of 8 times per year. Administrative support will be provided by the Quality Officer, Primary Care, Greater Nottingham CCGs. Agenda and supporting papers will be circulated to members not less than five working days prior to any meeting using a forward planner approach.
7. Authority	The Primary Care Quality Group is authorised by the Primary Care Commissioning Committee / Panel to consider any matter in its terms of reference. It is authorised to seek any information it requires from any source, and all employees are directed to co-operate with any request made by it.

8. Responsibilities	The principal duties of the Primary Care Quality Group are to: • Act as a central information sharing point for concerns about the quality of care identified by stakeholders, areas of good practice and review of quality intelligence including: ➢ Patient experience data including GP patient survey analysis/ feedback from Healthwatch and other sources (including media sources) ➢ Outcome of CQC inspections ➢ Outcome of CCG / NHS England practice visits ➢ Contractual compliance / intelligence ➢ Incidents ➢ Complaints ➢ Whistleblowing ➢ Practice Workforce data ➢ Patient Record audits ➢ Key Quality Outcomes Framework (QOF) information and exception reporting • Develop systems, processes and working relationships to ensure quality monitoring is robust and consistent • Monitor action plans, review progress on key actions and identify any on-going concerns using exception reporting • Escalate concerns about processes and resources related to monitoring quality in primary care, both internally and externally, to the Primary Care Commissioning Committee / Panel • Make recommendations regarding monitoring processes and operational requirements which will be approved by the Primary Care Commissioning Committee / Panel • Serious concerns will be reported by the Primary Care Quality Group to the appropriate statutory body • Any learning/good practice identified by the Primary Care Quality Group will be disseminated appropriately
9. Reporting	The Primary Care Quality Group will report to the Primary Care Commissioning Committee / Panel providing a quarterly highlight report to the Committee and escalating any areas of concern. A summary report of the work of the committee will be submitted annually to the Primary Care Commissioning Committee / Panel for information.
10. Declaration of Interest	At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting. The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final.
11. Conduct	The members and attendees will act in accordance with any applicable laws and guidance, and observe the CCGs' Conflict of Interest and Confidentiality Policies.
12. Review of the Terms of Reference	The Primary Care Quality Group Terms of Reference will be reviewed on an annual basis from the date that they were approved by the Primary Care Commissioning Committee / Panel. Any resulting changes to these terms of reference or membership of the Primary Care Quality Group must be approved by the Primary Care Commissioning Committee / Panel before they shall be deemed to take effect.

2.1

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)	**Date:**	17 July 2019

This item relates to:	**ALL** ☒	**M&N** ☐	**N&S** ☐	**NC** ☐	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	Delegated Co-Commissioning Finance Report	**Paper Reference:**	**PCC 19 033**

Sponsor:	Stuart Poynor, Chief Finance Officer	**Attachments/ Appendices:**	PCCC Co-Commissioning Report M3
Presenter:	Stuart Poynor		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☒	Receive/Note for: • Assurance • Information	☒

Executive Summary

The paper presents the financial position of each CCG Delegated Primary Care budget plus a consolidated position.

The consolidated position shows a year to date position of £513k favourable variance. The combined forecast position of the 6 CCGs is to remain within budget, with sufficient reserves available to cover all risks that may be incurred during the financial year. Such risks include locum cover, care-taking and list dispersal.

The overall financial position for the CCGs is deteriorating and shows a £0.7m deterioration from plan to month 3. All budgets are subject to increased scrutiny and savings against all areas of spend need to be maximised.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☐	Establishment of a Strategic Commissioner	☐
Financial Management	☒	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Approval of Practice Mergers	☐
Strategic Planning	☐	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ 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 ☐ Conflict noted, conflicted party to be excluded from meeting				
Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Risk(s): *(please highlight any risks identified within the paper)*				
None identified				
Confidentiality: *(please indicate whether the information contained within the paper is confidential)*				
☒No				
Recommendation(s):				
1. To **NOTE** the financial position of the Delegated Primary Care budget				

Delegated Co-Commissioning – Finance Report – June 2019

Nottingham & Nottinghamshire CCGs

The financial position below shows a consolidated overall position for the Nottingham and Nottinghamshire CCG's Delegated Primary Care budget.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	2,342	577	438	-139
Enhanced Services	3,891	945	955	10
General Practice – APMS	5,615	1,457	1,456	-1
General Practice – GMS	59,738	14,858	14,809	-48
General Practice – PMS	32,427	7,976	7,973	-3
General Reserves	3,282	68	0	-68
Other GP Services	2,171	581	546	-35
Other Premises costs	2,913	727	746	18
Premises Cost Reimbursemen	15,756	3,932	3,916	-16
Primary Care Networks	4,586	1,103	940	-164
QOF	13,723	3,073	3,006	-67
Grand Total	**146,445**	**35,296**	**34,784**	**-513**

Year to Date

The consolidated position for all 6 CCGs is showing an underspend of £513k. This is due to a favourable variance within M&A CCG of £527k as well as smaller underspends within the Greater Nottinghamshire CCGs. This is offset by an overspend position of £100k within N&S CCG.

For detailed budget line variance review please see the supporting CCG reports.

Forecast

Overall, the Co-Commissioning financial position is forecast to remain within budget. The individual CCGs, with the exception of N&S CCG and Rushcliffe CCG, all have contingency and other reserves that are expected to sufficiently cover all anticipated expenditure plus also providing cover for risks such as locum, caretaking or list dispersal.

Newark & Sherwood CCG in isolation has a current forecast overspend position of £750k.

Overall CCG Financial Position

The position faced across the CCGs is a challenging financial position with an adverse year to date position of £0.7m adverse to plan reported and risk that the year end Control Total may not be met. In this context, all areas of spend are subject to increased scrutiny and savings from all budgets, including Primary Care, will need to be maximised as much as possible.

Mansfield and Ashfield CCG (04E)

The financial position for Mansfield and Ashfield CCG at Month 3 2019/20 is £527k underspent. Below is the summary position by expenditure category.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	164	41	38	-3
Enhanced Services	1,044	247	238	-9
General Practice – APMS	1,279	318	318	0
General Practice – GMS	13,227	3,290	3,232	-57
General Practice – PMS	3,930	977	977	0
General Reserves	1,217	303	0	-303
Other GP Services	281	69	60	-9
Other Premises costs	58	14	16	1
Premises Cost Reimbursement	2,729	679	674	-5
Primary Care Networks	858	189	93	-97
QOF	2,757	479	434	-45
Grand Total	**27,544**	**6,606**	**6,080**	**-527**

Key Variances

Dispensing/Prescribing Drs – Currently reporting on plan. This activity is seasonal and may vary during the winter period.

Enhanced Services – Minor surgery claims are below plan at this stage, however this varies throughout the year.

General Practice contracts – Core contract payments are on plan except for GMS. The underspend on the GMS contracts line is a non-recurrent benefit relating to a deduction of OOH that was not collected by PCSE at the point practices switched from PMS to GMS, which is now being clawed back.

General Reserves – As in previous years Mansfield & Ashfield CCG has a surplus reserve that is phased evenly throughout the year and is the primary driver of the overall surplus position.

Primary Care Network (PCN) – A new category of spend has been introduced this financial year which encompasses the PCN payment, Clinical Director, Clinical Pharmacist and Social Prescriber payments. There is a non-recurrent benefit this year as updated guidance on the staff reimbursements element means costs will now not start being incurred until July 2019.

QOF – The underspend relates to 18/19 prior year fall out of £35k with the balance relating to lower than planned Aspiration payments.

Newark & Sherwood CCG (04H)

The financial position for Newark and Sherwood CCG at Month 3 2019/20 is £100k overspend. Below is the summary position by expenditure category.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	659	156	121	-35
Enhanced Services	632	144	154	10
General Practice – APMS	903	225	224	-1
General Practice – GMS	12,131	3,018	3,027	9
General Practice – PMS	0	0	0	0
General Reserves	-947	-235	0	235
Other GP Services	290	71	48	-23
Other Premises costs	104	25	29	4
Premises Cost Reimbursement	2,253	560	550	-10
Primary Care Networks	596	131	64	-67
QOF	1,931	335	313	-22
Grand Total	**18,552**	**4,430**	**4,530**	**100**

Key Variances

Dispensing/Prescribing Drs – Currently below plan however this activity is seasonal and usually increases during the winter period.

Enhanced Services – Minor Surgery and Learning disability services are overperforming at this stage however varies throughout the year.

General Practice contracts – Core contract payments are largely on plan with the exception of a slight overspend at month 3 on the GMS contracts relating to changes in list size. As with all contracts this will vary throughout the year.

General Reserves – As in previous years Newark & Sherwood CCG has an unidentified QIPP target that is phased evenly throughout the year and is the primary driver of the overall deficit position as the scheme is still to be determined to achieve the balanced position.

Other GP Services – The key areas of spend in this category relate to CQC reimbursements, Seniority payments and Locum costs. At this stage all areas are performing on plan with a benefit from Locum budget not required year to date.

Primary Care Network (PCN) – A new category of spend has been introduced this financial year which encompasses the PCN payment, Clinical Director, Clinical Pharmacist and Social Prescriber payments. There is a non-recurrent benefit this year as updated guidance on the staff reimbursements element means costs will now not start being incurred until July 2019.

QOF – The underspend relates to 18/19 prior year fall out of £17k, with the balance relating to lower than planned Aspiration payments.

Nottingham City CCG (04K)

The financial position for Nottingham City CCG at Month 3 2019/20 is £31k underspent. Below is the summary position by expenditure category.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	267	67	22	-45
Enhanced Services	1,043	261	272	11
General Practice – APMS	3,344	825	825	0
General Practice – GMS	19,593	4,869	4,869	0
General Practice – PMS	10,728	2,653	2,653	0
General Reserves	1,511	0	0	0
Other GP Services	800	228	231	4
Other Premises costs	2,122	531	532	1
Premises Cost Reimbursement	5,793	1,448	1,445	-3
Primary Care Networks	1,569	392	392	0
QOF	3,943	986	986	0
Grand Total	**50,715**	**12,259**	**12,227**	**-32**

Key Variances

Dispensing/Prescribing Drs – The spend on this code relates to payments made in relation to dispensing practices and the prescribing costs associated with them. This is currently underspending due to the seasonal factor that effects Prescribing in general and spend is expected to increase during the winter months.

Enhanced Services – The majority of this overspend relates to Learning Disability Health Check Enhanced Service, where budgets are to be reviewed in month.

General Practice Contracts – The budgets within the General Practice contracts have been adjusted to reflect the current list sizes and are all on plan.

General Reserves – The total of the General reserves within Delegated Co-Commissioning are £1,511k.

Other GP Services – The slight overspend here relates to the GP Retainer budgets that have been offset by the Additional Staff payments budget that is no longer required for the 'old PMS' Bilborough Medical Centre as they have now moved to an APMS contract.

Premises Cost Reimbursement – This is mainly on plan however, in month requires a review of a few Practice budgets to ensure that they are in line with expected costs.

Nottingham North & East CCG (04L)

The financial position for Nottingham North & East CCG at Month 3 2019/20 is £18k underspent. Below is the summary position by expenditure category.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	285	71	53	-18
Enhanced Services	410	102	94	-8
General Practice – APMS	89	89	89	0
General Practice – GMS	3,953	994	994	0
General Practice – PMS	8,285	1,989	1,989	0
General Reserves	1,019	0	0	0
Other GP Services	343	99	99	0
Other Premises costs	160	40	41	1
Premises Cost Reimbursement	1,479	370	377	7
Primary Care Networks	646	161	161	0
QOF	1,891	473	473	0
Grand Total	18,558	4,388	4,370	-18

Dispensing/Prescribing Drs – The spend on this code relates to payments made in relation to dispensing practices and the prescribing costs associated with them. This is currently underspending due to the seasonal factor that effects Prescribing in general and spend is expected to increase during the winter months.

Enhanced Services – The service that is creating the underspend within Enhanced Services is Minor Surgery, mainly due to fallout from 18/19.

General Practice Contracts – The budgets within the General Practice contracts have been adjusted to reflect the current list sizes and are all on plan.

General Reserves – The total of the General reserves within Delegated Co-Commissioning are £1,019k.

Premises Cost Reimbursement – The main areas for this slight overspend are Rent that is showing £3k overspent and Business Rates that is £4k overspent.

Nottingham West CCG (04M)

The financial position for Nottingham West CCG at Month 3 2019/20 is £1k underspent. Below is the summary position by expenditure category.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	127	32	13	-19
Enhanced Services	398	99	107	7
General Practice – APMS	0	0	0	0
General Practice – GMS	5,528	1,371	1,371	0
General Practice – PMS	3,818	949	947	-3
General Reserves	833	0	0	0
Other GP Services	177	44	48	3
Other Premises costs	230	57	69	11
Premises Cost Reimbursement	1,529	382	381	-1
Primary Care Networks	393	98	98	0
QOF	1,556	389	389	0
Grand Total	14,589	3,423	3,422	-1

Key Variances

Dispensing/Prescribing Drs – The expenditure on this code relates to payments made in relation to dispensing practices and the prescribing costs associated with them. This is currently underspending due to the seasonal factor that effects Prescribing in general and spend is expected to increase during the winter months.

Enhanced Services – The main reason for this variance is the allocation of budgets for Newthorpe and Giltbrook, this is being reviewed in month and adjusted where necessary.

General Practice Contracts – The budgets within the General Practice contracts have been adjusted to reflect the current list sizes and are all on plan.

General Reserves – The total of the General reserves within Delegated Co-Commissioning are £833k.

Other Premises Costs – The majority of this overspend relates to Giltbrook Surgery as no budget has been set due to change of CCG, these budgets will be reviewed and adjusted accordingly.

Rushcliffe CCG (04N)

The financial position for Rushcliffe CCG at Month 3 2019/20 is 34K underspent. Below is the summary position by expenditure category.

Co-Commissioning Category	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Variance £'000s
Dispensing/Prescribing Drs	840	210	191	-19
Enhanced Services	365	91	90	-2
General Practice – APMS	0	0	0	0
General Practice – GMS	5,306	1,316	1,316	0
General Practice – PMS	5,666	1,407	1,407	0
General Reserves	-351	0	0	0
Other GP Services	280	70	60	-10
Other Premises costs	239	60	60	0
Premises Cost Reimbursement	1,973	493	490	-4
Primary Care Networks	524	131	131	0
QOF	1,645	411	411	0
Grand Total	16,487	4,189	4,155	-34

Key Variances

Dispensing/Prescribing Drs – The expenditure on this code relates to payments made in relation to dispensing practices and the prescribing costs associated with them. This is currently underspending due to the seasonal factor that effects Prescribing in general and spend is expected to increase during the winter months.

General Practice Contracts – The budgets within the General Practice contracts have been adjusted to reflect the current list sizes and are all on plan.

General Reserves – Rushcliffe do not have any general reserves, these have been utilised in setting budgets for the other areas.

Other GP Services – The slight underspend here mainly relates to Seniority due to the change in who is eligible to receive this payment and also the costs of CQC reimbursement have also reduced in comparison to what was reimbursed in 18/19.

Premises Cost Reimbursement – This is mainly on plan however, in month requires a review of a few Practice budgets to ensure that they are in line with expected costs.

2.2

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)			**Date:**	17 July 2019		
This item relates to:	**ALL** ☒	**M&N** ☐	**N&S** ☐	**NC** ☐	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	GP Forward View Funding 2019/20	**Paper Reference:**	**PCC 19 034**
Sponsor:	Sharon Pickett, Associate Director of Primary Care Commissioning	**Attachments/ Appendices:**	Nottingham & Nottinghamshire Integrated Care System – GPFV Funding 2019-20
Presenter:	Sharon Pickett, Associate Director of Primary Care Commissioning		

Summary Purpose:	Approve	☐	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

Feedback from CCGs, local teams and practices highlighted frustrations in terms of how the Primary Care Transformation Fund programme budgets had been allocated in previous years.

A successful pilot in 2018/19, in which a new methodology was adopted, demonstrated that taking an alternative approach has the opportunity to deliver increased benefit across a local area. This approach empowered and enabled the Sustainability Transformation Partnership (STP) and CCGs to decide collectively, how best to deploy the General Practice Forward View (GPFV) funding for four specific GPFV programmes. This approach is now being rolled out to all STPs/Integrated Care System (ICS's) from 2019/20.

As part of NHS England's new operating model, increasingly more responsibility and ability to take decisions locally, will sit at STP/ICS level. Therefore funding for four GPFV programmes (Practice resilience, GP retention, reception and clerical, and online consultation) was allocated in June 2019 for the whole year, to each ICS, rather than to individual CCGs, as one pot of money and not by programme. Spending can commence once the ICS and their CCGs have decided how they want to invest the allocation.

This new GPFV funding methodology is in line with this new way of working. Consequently, NHS England teams at both regional and national level will have less of an approval role but more of an advisory/supportive role in the spending of the GPFV fund. The funding for the six Nottingham and Nottinghamshire CCGs is being held by Nottingham City CCG.

Across the Nottingham and Nottinghamshire ICS footprint a piece of work has been undertaken to identify the system-wide priorities for the use of the GPFV funding allocation. A summary of potential schemes and the provisional decisions made is provided in the attached report.

Approval of the proposed schemes took place at the newly formed Nottingham and Nottinghamshire ICS CCG Primary Care Programme Board which was established as a requirement of the MoU between NHSE and the ICS in respect of the GPFV funding. The decisions made have been communicated to both the Accountable Officer of the CCGs and the Managing Director and Finance Lead for the ICS. A GPFV

Funding Working Group has been established to coordinate and monitor delivery of the approved schemes.			
Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*			
Compliance with Statutory Duties	☐	Establishment of a Strategic Commissioner	☐
Financial Management	☒	Wider system architecture development (e.g. ICP, PCN development)	☒
Performance Management	☐	Approval of Practice Mergers	☐
Strategic Planning	☒	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ 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
☐ Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*

Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why

Risk(s): *(please highlight any risks identified within the paper)*

None identified

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*

☒No

Recommendation(s):

1. **ACKOWLEDGE** progress on this programme of work to date;
2. **NOTE** the use of the GPFV funding for 2019/20 as approved by the Nottingham and Nottinghamshire ICS CCG Primary Care Programme Board and in line with the proposals and priority areas detailed in the report; and
3. **DETERMINE** the future updating requirements to the PCCC.

Nottingham & Nottinghamshire Integrated Care System – GPFV Funding 2019-20

Background

Feedback from CCGs, local teams and practices highlighted frustrations in terms of how the Primary Care Transformation Fund programme budgets had been allocated in previous years.

A successful pilot in 2018/19, in which a new methodology was adopted, demonstrated that taking an alternative approach has the opportunity to deliver increased benefit across a local area. This approach empowered and enabled the STP and CCGs to decide collectively, how best to deploy the GPFV funding for four specific GPFV programmes. This approach is now being rolled out to all STPs/ICSs from 2019/20.

As part of NHS England's new operating model, increasingly more responsibility and ability to take decisions locally, will sit at STP/ICS level. Therefore funding for four GPFV programmes was allocated in June 2019 for the whole year, to each ICS, rather than to individual CCGs, as one pot of money and not by programme. Spending can commence once the ICS and their CCGs have decided how they want to invest the allocation. This new GPFV funding methodology is in line with this new way of working. Consequently, NHS England teams at both regional and national level will have less of an approval role but more of an advisory/supportive role in the spending of the GPFV fund. The funding for the six Nottingham and Nottinghamshire CCGs is being held by Nottingham City CCG.

The four programmes and funding allocation for the Nottingham and Nottinghamshire ICS for 2019/20 and 2020/21 are confirmed in the table below:

Nottingham and Nottinghamshire Health and Care		
	19/20 allocation	**20/21 ring-fenced allocation**
Practice Resilience	£144,547	£152,880
GP Retention	£229,440	£229,320

Reception and Clerical	£182,286	£182,286
Online Consultation	£297,374	£289,650
Practice Nursing		£76,440
Total	**£853,648**	**£930,576**

Across the Nottingham and Nottinghamshire ICS footprint a piece of work has been undertaken to identify the system-wide priorities for the use of the GPFV funding allocation. A summary of potential schemes and the provisional decisions made is provided below. A number of principles were agreed to support the process of prioritisation as follows

1. Consideration to be given to proposals for 2019-20 only in order to ensure 2020-21 funding supports Primary Care Network requirements as they emerge during 2019/20. This also allows for measure of impact of Pharmacist roles and Social Prescribers (link workers)
2. Proposals must demonstrate they meet an immediate need and will have impact in 2019-20
3. Schemes will only be supported where it is clear there is no current/existing provision for delivery or future system resource
4. Proposals will be considered at a system level unless there is sufficient evidence to support local or targeted developments related to the criteria set. Any local schemes agreed must be able to be replicated at a system level.
5. Schemes must deliver with a view to becoming 'business as usual' delivery in PCNs by March 2020.

Consideration was also given during discussions on the availability of infrastructure and delivery resource.

Approval of the proposed schemes took place at the newly formed Nottingham and Nottinghamshire ICS CCG Primary Care Programme Board which was established as a requirement of the MoU between NHSE and the ICS in respect of the GPFV funding. The decisions made have been communicated to both the Accountable Officer of the CCGs and the Managing Director and Finance Lead for the ICS. A GPFV Funding Working Group has been established to coordinate and monitor delivery of the approved schemes.

The Primary Care Commissioning Committee is therefore asked to:

- Acknowledge progress on this programme of work to date
- Endorse the use of the GPFV funding for 2019/20 as approved by the Nottingham and Nottinghamshire ICS CCG Primary Care Programme Board and in line with the proposals and priority areas detailed below
- Determine the future updating requirements to the PCCC.

Summary of Approved Schemes

Project Description and Aims and Objectives	Funding Requested 2019/20	Funding Allocated
Practice Resilience		
PCN Organisational Development – ICS-Wide Initiative. A scheme to facilitate the organisational development of sustainable PCNs that have a shared vision, values, narrative, commitment and ambitions. This will indirectly support GP capacity and resilience but will include engagement of system partners to support system transformation. The funding would cover the costs for each PCN to hold 3 facilitated development meetings during 2019/20 to support the introduction and establishment of PCNs. Funding would cover all 20 PCNs holding x 3, 1 and half hour development sessions, with structure and format being determined by each Clinical Director. The funding would be used to cover room hire, hospitality and any speaker costs. It is not intended to cover back fill. This scheme needs to be considered in the context of the National PCN Development Programme which is currently being developed at a national level and will potentially be supported by national, ring-fenced funding.	**£70,000**	**£28,100**
Group consultations – ICS-Wide Pilot Group consultations to support practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and secure continuing high quality care for patients. The need for new ways of working and the concept of 'trickle down' to allied health professionals needs to be demonstrated to more conservative colleagues and pilot projects coupled with plans for rapid and agile wider roll out are a good way to achieve this. Group consultations (or shared medical appointments) are one of NHS England's 10 High Impact Actions to help GPs free up time to deliver more clinical care. In the model, up to 12 patients are seen in a 40-60 minute slot potentially doubling clinician capacity. Evidence from early evaluations has shown clear benefits for practice resilience with increased access, reduction in clinic backlog, reduced admissions and quantifiable financial savings.	**£31,400**	**£30,000**

Indicative cost is £31.4k		
Health Care Assistant Workforce Training This scheme aims to plug gaps in workforce training to support improved utilisation of appointments in GP practices. It builds on work undertaken in 2018/19 to understand why some HCA appointments were not being used in the GP Enhanced Access Service. It was identified that the reasons related to the varying skills and capabilities of HCAs. The scheme would therefore have the aim of standardising the skills of HCAs though additional training. The proposal for 2019/20 is to hold training sessions for the following areas: ▪ Wound care ▪ Supporting Minor surgery ▪ Ear Care Average costs would be approximately £800.00 per training session for 18 people. This scheme could be rolled out across the ICS area and could also be expanded to include practice nurses.	**£2,400**	**£20,000**
Practice Manager Roving Support – ICS-Wide Initiative This scheme involves the recruitment of three 'roving' practice management supporters to work on an in-hours on-call basis with practices requiring operational assistance. The scheme would provide support with: • Claims, QOF and finance issues • Support around campaigns e.g. flu season • New manager inductions • Support and training for GPs (particularly in case of PM sickness/absence) • Training of new GPs on business aspects of general practice in-house and external • Other operational issues as identified in LMC practice manager forums working with 2 LMC Committee Practice Manager reps The aim of the scheme would be to achieve greater practice business resilience as a consistent approach to key practice business issues were addressed.	**£120,000**	**£120,000**

Practice Manager Training – ICS-Wide Initiative The development and delivery of training for aspiring and existing Practice Managers to support GP practice resilience. To be aligned with the Practice Manager Roving Support scheme. To build on training funded via the GPFV in previous years, being mindful of the changing training and support needs of Practice Managers in the context of the emergence of PCNs.	**£33,900**	**£33,900**
NHSE national allocation for 2019/20 – Practice Resilience	**£144,547**	
Funding allocated – Practice Resilience	**£232,000**	
GP Retention		
Senior Fellowship Programme - ICS-Wide Initiative This scheme is based on direct feedback from GPs who expressed a need for help to work more flexibly, reduce their sessions and perform more interesting work. The aim is to mirror the GP Fellowship Lite approach by granting an allowance to support placement/project work for a minimum of one session per week (at £6k per session per annum) on the condition that participating GPs continue to work at least two sessions per week in practice. Participants would also be invited to become mentors for younger GPs and therefore a list of GP mentors would be created to utilise to support new and mid-career GPs. Peer support would also be facilitated to help the sharing of ideas and give moral support to colleagues who would then plan their retirements in a phased way rather than running out of the profession without a plan or support. Pre-retirement workshops and exit interviews to understand their reasons for leaving (and help inform the system planning) would also be provided within this scheme. The aims of the scheme are: • More GPs retained in their practices for longer when actively considering early retirement • Growth of extra GP support for others in the system as mentor hub forms • Managed succession planning for individuals and practices as well as learning from GPs leaving via exit interviews • Utilisation of skills of retiring GPs and those already retired to contribute to retention, recruitment and development opportunities	**£185,000**	**£90,000**
Fellowship Lite - ICS-Wide Initiative This scheme expands the offer of the opportunity for mid-career GPs (post 'First5') to learn additional specialist skills e.g. Community Gynaecology or Emergency. It will involve undertaking sessions within different clinical setting for which the GP will be paid. The pay-off for practices is that the GPs benefitting from this must also work in at least one	**£180,000**	**£60,000**

practice for a minimum of two sessions per week. • The current Fellowship Lite programme is proving to be very appealing, but we are at a great risk of not stemming the flow of mid-late career GPs leaving the profession early unless we open up such initiatives to them. • The fellowship lite is modelled on HEE fellowships but will not result a post graduate certificate being awarded. • The initial cohort for funding was GPs who are newly qualified or within their first two years of practice. • This new proposal is to widen the offer to all GPs who work a minimum of two sessions in a GP practice per week (to demonstrate impact on digital workforce returns) • The overarching aim is for more mid-career GPs to be retained in Nottinghamshire with a greater pool of GPs able to offer additional skills/services to the ICS		
General Practice Fundamentals Programme (Practice Nursing) - ICS-Wide Initiative This scheme involves the delivery of a coordinated and centrally delivered training programme for new practice nurses to improve delivery of services and capacity in general practice. This approach is considered cost-effective when compared to the costs of individual practices procuring their own nurse training. In addition some training is difficult to source locally. The scheme aims to improve the training, recruitment and retention of practice nurses within Nottinghamshire. Nurses new to working in general practice will have completed a relevant recognised course and be able to demonstrate appropriate knowledge, professional values and competency. It is aligned to the national GPN 10PP actions by working with commissioners, NHS Employers and professional bodies in supporting primary care to be a good place of employment for GPNs.	**£50,000**	**£50,000**
NHSE national allocation for 2019/20 – GP Retention	**£229,440**	
Value of schemes identified to date – GP Retention	**£200,000**	
Reception and Clerical Staff Training		

Training Programme – ICS-Wide Initiative Development and implementation of an ICS-wide training programme for reception and clerical staff based on local needs. The training is planned to cover areas such as workflow optimisation, care navigation, signposting health and correspondence management. These modules will be developed further to build on previous work and, due to numbers; this will be staggered across PCNs. The aim of this programme of work is to reduce clinical time through upskilling administrative teams to confidently and effectively signpost patients to services using a guide of NHS, local authority and 3rd sector services available to patients. Workflow optimisation and correspondence management will enable administrative teams to process letters etc. without the involvement of a GP, freeing up GP time but also engaging the administrative team which in turn does increase job satisfaction. Part of this programme will be to review 1 year on what the impact has been in a practice/PCN, capturing the benefits to the administration team and clinicians. It also enables administration teams to learn with other PCN teams, building relationships and skills which will support the sharing of back office functions.	**£124,500**	**£125,000**
NHSE national allocation for 2019/20 – Reception and Clerical Staff Training	**£182,286**	
Value of schemes identified to date – Reception and Clerical Staff Training	**£125,000**	
Online Consultation		

ICS-Wide Initiative Online consultation forms part of the wider strategic public facing digital services and access to online consultation is a key requirement within the new GP contract. Initial research has identified that patients want a single point of access to digital health and care services and do not want numerous apps for different services or conditions. Across Nottinghamshire the deployment of online consultation is being progressed across the ICS footprint via the public facing digital services. Change management and process re-design will be a huge part to the success of the delivery of online consultations. Initial funding received through the GP5YFV online consultation allocations was utilised to funding extensive research into the most effective model for delivery, patient requirements and barriers as well as the procurement activities associated with the project. Additional funding is required to support the significant change management requirements is fundamental to achieve whole system benefits. This additional funding will support the delivery of change management through the following models: The digital fellow scheme would build on the proven and successful GP Fellowship model. Practices, OOHs Organisations, Federations and PCNs across the intervention footprint would have opportunity to act as hosts for Digital Transformation Fellows. Digital GP Fellows would spend 4 sessions working a typical GP Surgery and gain conventional clinical experience. 2 sessions would be spent studying for a suitable post graduate qualification. 4 sessions would be spent in an at-scale provider organisation working on projects related to preparing the workforce for digital transformation of services. Projects and activities would be coordinated by a team of mentors with experience in digital health, and several years in practice, drawn from local surgeries. Fellowship projects includes conducting audit and/or generation of teaching materials and protocols in the following areas; • Safe and successful delivery of video consultations • E-Consultations (effectively online pre assessment symptom questionnaires) • General use of NHS app and addressing uptake and inclusion issues • How to do all this safely • Feasibility of hub +\- spoke models to do these things • Review of literature and engagement with stakeholders may also throw some things up • Fellows will also bring own ideas for projects	**£297,000**	**£297,000**

The funding will enable the backfill of GPs to allow them to act as mentors and digital champions across the PCNs and design process(es) for virtual online consultations. It will also enable us to create a network of digital nursing champions across the PCNs to support the digital literacy of our worksforce and support the change management of the project. Practice nurses are essential in the delivery of primary care. Developing confidence, capability and capacity in the general practice nursing workforce is vital if individual practice nurses and teams are to cope with the challenges ahead from the ever increasing number of people with long term conditions (LTCs), and greater public expectations of general practices and the NHS in general. Practice nurses need to be able to work more efficiently and productively and help to minimise demand by encouraging patients to take more responsibility for the care of their own health condition(s), by enabling their self-care and agreeing shared management plans. It would also enable the financial resource to support practices with the implementation and training to embed the new process for online consultations through a one off non recurrent payment.		
NHSE national allocation for 2019/20 – Online Consultation	**£297,374**	
Value of schemes identified to date – Online Consultation	**£297,000**	

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Meeting in Common of NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG

Meeting Title:	Primary Care Commissioning Committees (Open Session)				**Date:**	17 July 2019	
This item relates to:	**ALL** ☒	**M&N** ☐	**N&S** ☐	**NC** ☐	**NNE** ☐	**NW** ☐	**R** ☐

Paper Title:	Risk Report	**Paper Reference:**	**PCC 19 035**

Sponsor: **Presenter:**	Elaine Moss, Chief Nurse and Director of Quality and Governance/ICS Nurse Siân Gascoigne, Corporate Governance and Assurance Manager	**Attachments/ Appendices:**	Risk Report Risk Register (Extract) - Appendix A

Summary Purpose:	Approve	☒	Endorse	☐	Review	☐	Receive/Note for: • Assurance • Information	☒

Executive Summary

The purpose of this paper is to present the Primary Care Commissioning Committees with risks relating to the Committees' responsibilities. The paper provides assurance that primary care risks are being systematically captured across the Nottingham and Nottinghamshire CCGs and those sufficient management actions are in place and being actively progressed.

The approval to archive risks RR 055, RR 061, RR 065 and RR 066 is sought.

Relevant CCG priorities/objectives: *(please tick which priorities/objectives your paper relates to)*

Compliance with Statutory Duties	☒	Establishment of a Strategic Commissioner	☒
Financial Management	☐	Wider system architecture development (e.g. ICP, PCN development)	☐
Performance Management	☐	Cultural and/or Organisational Development	☐
Strategic Planning	☐	Procurement and/or Contract Management	☐

Conflicts of Interest: *(please indicate whether there are any conflicts of interest considerations in relation to the paper)*

☒ 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
☐ Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments: *(please indicate whether the following impact assessments have been completed)*				
Equality / Quality Impact Assessment (EQIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why
Data Protection Impact Assessment (DPIA)	Yes ☐	No ☐	N/A ☒	If the answer is No, please explain why

Risk(s): *(please highlight any risks identified within the paper)*

Report contains all risks from the CCGs' corporate risk register which fall under the remit of the Primary Commissioning Committees.

Confidentiality: *(please indicate whether the information contained within the paper is confidential)*

☒No

☐Yes *(please indicate why it is confidential by ticking the relevant box below)*

Recommendation(s):

1. **NOTE** work being undertaken to align the operational risks from Greater Nottingham and Mid Nottinghamshire CCGs;
2. **COMMENT** on the risks shown within this paper and those at **Appendix A**;
3. **APPROVE** the archiving of risk **RR 055, RR 061, RR 065** and **RR 066;**
4. **HIGHLIGHT** any risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

NHS Mansfield and Ashfield Clinical Commissioning Group
NHS Newark and Sherwood Clinical Commissioning Group
NHS Nottingham City Clinical Commissioning Group
NHS Nottingham North and East Clinical Commissioning Group
NHS Nottingham West Clinical Commissioning Group
NHS Rushcliffe Clinical Commissioning Group

Primary Care Commissioning Committees
Monthly Risk Report

1. Introduction

The purpose of this paper is to present the Primary Care Commissioning Committees with risks relating to the Committees' responsibilities. The paper provides assurance that primary care risks are being systematically captured across the Nottingham and Nottinghamshire CCGs and those sufficient management actions are in place and being actively progressed.

2. Risk Profile

There are currently **eight** risks pertaining to the Committees' responsibilities (as detailed in **Appendix A**). The movement of risks is described in Sections 3 and 4 of this paper.

The table to the right shows the current risk profile of the **eight** risks.

Since the last meeting, risks have been reviewed by the Corporate Governance and Assurance Manager in conjunction with the Associate Director of Primary Care, Locality Directors and finance colleagues.

There are two high / **red** risks in the Committees' remit as outlined below, however, it is acknowledged that they are duplicate risks, one of which is being proposed for archiving (see Section 4).

Risk Matrix

Impact	1 - Rare	2 - unlikely	3 - Possible	4 - Likely	5 - Almost Certain
5 - Very High				1	
4 – High		1	2	1	
3 – Medium			3		
2 – Low					
1- Very low					

Likelihood

Risk Reference	Risk Narrative	Current Risk Score
RR 032	Increase in primary care workforce challenges may adversely impact capacity and capability within General Practice, thus impacting the sustainability of some GP Practices. This presents a risk that GP Practices may be unable to deliver core services and transformation requirements, which in turn, may adversely impact patient experience, patient outcomes and the quality of services provided (including patient access, for example).	Overall Score 16: **Red** (I4 x L4)
RR 061	There is a risk that general practice workforce is required to deliver sustainable services during 2019/20 will not be in a	Overall Score 20: **Red**

	sustainable position to deliver the system requirements. This means the delivery of system benefits including population health outcomes and reduction in practice vulnerability will not be delivered. *Risk proposed to be archive in Section 4.*	(I5 x L4)

3. Risk Identification

Since the last meeting, discussions have been held with the Associate Director of Primary Care and senior Finance team in relation to a risk regarding the loss of financial flexibility due to national funding adjustments to the primary care budget. This is a draft risk, at present, with further work being done to identify responsibility and mitigating actions (see **RR 089** in **Appendix A**).

4. Archiving of Risks

Since the last meeting, work has been completed to review and rationalise all risks within the Committees' remit.

In response to this work, it is proposed that the following four risks are archived from the 'live' Corporate Risk Register. Corresponding risks, which will remain on the Register, are highlighted in **Appendix A.**

Risk Reference	Risk Narrative	Current Risk Score
RR 055	As a result of increasing demand, there is a risk that GP referrals may rise above planned levels. This, in turn, presents a financial risk to the CCGs due to potential overspends on Acute contracts and/or increased 'block' contract values for 2020/21.	Overall Score 12: **Amber** / **Red** (I4 x L3)
RR 061	There is a risk that general practice workforce required to deliver sustainable services during 2019/20 will not be in a sustainable position to deliver the system requirements. This means the delivery of system benefits including population health outcomes and reduction in practice vulnerability will not be delivered.	Overall Score 20: **Red** (I5 x L4)
RR 065	There is a risk that GP referrals will increase beyond the 19/20 planned levels and this will cause overspend against the acute contract for both CCGs.	Overall Score 12: **Amber** / **Red** (I4 x L3)
RR 066	There is a risk that four practices have unmanageable debt relating to NHSPS estate rental costs (both reimbursable and non reimbursable). In the short term this could lead to practices being unable to plan (i.e. recruit, invest, etc.) and weaken their resilience and in the long term this could result in practice collapse.	Overall Score 8: **Amber** (I4 x L2)

5. Amendments to Risk Score

There have been no changes to risk scores since the last meeting of the Committee.

6. Recommendations

The Committees are asked to:

- **APPROVE** the archiving of risks **RR 055, RR 061, RR 065** and **RR 066;**
- **COMMENT** on the risks shown within this paper (including the high/**red** risk)and those at **Appendix A**; and
- **HIGHLIGHT** any risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

Corporate Risk Register for Greater Nottingham and Mid-Nottinghamshire CCGs (July 2019)

Risk Ref	Oversight Committee (as per June 2019 Governance Structure)	Directorate (as per April 2019 Joint CCG structure)	Relevance to Statutory CCG	Risk Source / Previous Risk Ref (e.g. GN or MNs)	Date Risk Identified	Risk Description	Risk Category	Executive Lead	Risk Owner	Initial Risk Rating			Existing Controls	Mitigating Actions	Current Risk Rating			Mitigating Actions Progress Update:	Last Review Date	Next Review due
	(Relevant committee in the CCGs' governance structure responsible for monitoring risks relating to their delegated duties)		(Risk relevant to all six statutory CCGs or specific CCGs, as noted).	(Previous risk register ref if applicable)	(Date risk originally identified)	(These risks are by-products of day-to-day business delivery. They arise from definite events or circumstances and have the potential to impact negatively on the organisation and its objectives.)				Impact	Likelihood	Score	(The measures in place to control risks and reduce the likelihood of them occurring).	(Actions required to manage / mitigate the identified risk. Actions should support achievement of target risk score and be SMART (e.g. Specific, Measurable, Assignable, Realistic and Time-bound).	Impact	Likelihood	Score	(To provide detailed updates on progress being made against any mitigating actions identified. Actions taken should bring risk to level which can be tolerated by the organisation).		
RR022	Primary Care Commissioning Committees	Commissioning	All 6 CCGs	**GN068**	Jul-19	There is a risk that reductions in unwarranted clinical variations in primary care may not be achieved across Nottingham and Nottinghamshire in order to deliver better value for money and better outcomes for patients (Reworded July 2019).	Commissioning	Lucy Dadge	Locality Directors	4	3	12	• Role and remit of the Primary Care Commissioning Committee (and supporting governance structures - e.g. primary care quality / contracting teams) • PCCC assurance reporting requirements (PENDING) • Activity monitoring via e-Health Scope tool. • GP Practice Quality Visits programme	Action: Clarify PCCC supporting governance and reporting requirements to ensure appropriate assurance is provided regarding primary care services (e.g. quality of services, delivery of contract requirements, patient experiences). Action: Implement and embed afore-mentioned requirements.	3	3	9	Locality Directors confirmed as risk owners; update to be provided for next Committee.	09/07/19	07/10/19
RR023	Primary Care Commissioning Committees	Commissioning	All 6 CCGs	**GN070**	Jul-19	As practices have seen an increase in charges for reimbursable and non-reimbursable costs for premises from Property Services and from CHP (Community Health Partnerships), there is a risk that (for some practices) this may impact viability of providing primary care services from their current location. This may, in turn, may lead to service disruption, inability to invest and/or risks to patient access to primary care services. (Reworded July 2019)	Finance	Lucy Dadge	Lynne Sharp	3	3	9	• CCG meetings with NHS Property Services and Community Health Partnerships (quarterly). • Engagement with NHS England Primary Care national and local teams	Action: To continue to work with local GP practices and property companies (NHSPS and CHP) to ensure management plans are in place.	3	3	9	**July 2019:** It was highlighted by the Associate Director of Primary Care that some element of this risk is mitigated via lease agreements in place directly between the GP Practices and CHP/NHSPS. The Associate Director of Estates stated that work is continuing with the national teams.	03/07/19	01/10/19
RR032	Primary Care Commissioning Committees	Commissioning	All 6 CCGs	**GN089**	Jul-19	Increase in primary care workforce challenges may adversely impact capacity and capability within General Practice, thus impacting the sustainability of some GP Practices. This presents a risk that GP Practices may be unable to deliver core services and transformation requirements, which in turn, may adversely impact patient experience, patient outcomes and the quality of services provided (including patient access, for example). (Reworded July 2019)	Workforce	Lucy Dadge	Sharon Pickett	4	4	16	• Role and remit of the Primary Care Commissioning Committee (and supporting governance structures - e.g. primary care quality / contracting teams) • PCCC assurance reporting requirements (PENDING) • Appointment of Associate Director of Primary Care • Appointment of Associate Director of PCN Development • Appointment of Locality Directors (and supporting teams) • Establishment of Primary Care Networks (PCNs) (and/or other collaboration/federation activities) • Delivery of the Nottingham and Nottinghamshire ICS Workforce and OD Plan • Ensuring the best use of funding via the GP Forward View, targeting resources to areas of need e.g. GP Resilience Funding, Practice Manager training and development funding. • CQC Inspection Rating(s) / Report(s)	Action: Clarify PCCC supporting governance and reporting requirements to ensure appropriate assurance is provided regarding primary care services (e.g. quality of services, delivery of contract requirements, patient experiences). Action: Implement and embed afore-mentioned requirements.	4	4	16	**July** 2019: Risk narrative and score reviewed and updated; actions identified from June 2019 PCCC meeting.	03/07/19	01/10/19
RR055	Primary Care Commissioning Committees	Commissioning	All 6 CCGs	**MN Risk No. SR1**	Jul-19	As a result of increasing demand, there is a risk that GP referrals may rise above planned levels. This, in turn, presents a financial risk to the CCGs due to potential overspends on Acute contracts and/or increased 'block' contract values for 2020/21. (Reworded July 2019).	Finance	Lucy Dadge	Locality Directors	4	3	12	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 022.	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 022.	4	3	12	**July 2019:** Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 022. RR 022 reworded to encompass theme of both risks.	09/07/2019	07/10/19
RR061	Primary Care Commissioning Committees	Commissioning	All 6 CCGs	**MN Risk No. SR25**		There is a risk that general practice workforce required to deliver sustainable services during 2019/20 will not be in a sustainable position to deliver the system requirements. This means the delivery of system benefits including population health outcomes and reduction in practice vulnerability will not be delivered.	Workforce	Lucy Dadge	Sharon Pickett	5	4	20	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 032.	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 032.	5	4	20	**July 2019:** Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 023. RR 032 reworded to encompass theme of both risks.	03/07/2019	01/10/19
RR065	Primary Care Commissioning Committees	Commissioning	All 6 CCGs	**MN PC RR SR01**		There is a risk that GP referrals will increase beyond the 19/20 planned levels and this will cause overspend against the acute contract for both CCGs.	Finance	Lucy Dadge	Sharon Pickett	4	3	12	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 055.	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 055.	4	3	12	**July 2019:** Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 055. RR 055 reworded to encompass theme of both risks.	04/07/2019	02/10/19
RR066	Primary Care Commissioning Committees	Commissioning	MN CCGs	**MN QPRG 01**		There is a risk that four practices have unmanageable debt relating to NHSPS estate rental costs (both reimbursable and non reimbursable). In the short term this could lead to practices being unable to plan (i.e. recruit, invest, etc.) and weaken their resilience and in the long term this could result in practice collapse.	Finance	Lucy Dadge	Lynne Sharp	4	2	8	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 023.	Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 023.	4	2	8	**July 2019:** Risk proposed to be archived at July 2019 PCCC meeting as duplicate with risk RR 023. RR 023 reworded to encompass theme of both risks.	03/07/2019	01/10/19
RR 089	Primary Care Commissioning Committees	Commissioning	MN CCGs	**N/A**	Jul-19	National funding adjustments within primary care has resulted in a loss of financial flexibility for the organisation (of a value £1.4 million). This has also resulted in a cost pressure of £400k within the primary care budget. The above presents a potential risk to the delivery of the Mid-Nottinghamshire CCGs' financial control total. (Draft risk)	Finance	Stuart Poynor	TBC	3	3	9	• Financial management arrangements (including Associate Director of Primary Care as nominated Primary Care Budget Holder) to identify opportunities within Primary Care budgets to match the pressure where its arisen.	Action: To scrutinise primary care budgets to determine if actions can be taken to offset any increase in spend. Action: To ensure appropriate financial management arrangements are in place across (e.g. budget holder handovers following staff Consultation).	3	3	9		04/07/2019	02/10/19

RISK MATRIX

Impact \ Likelihood	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
5 - Very High	A	A/R	R	R	R
4 - High	A	A	A/R	R	R
3 - Medium	A/G	A	A	A/R	A/R
2 - Low	G	A/G	A/G	A	A
1 - Very low	G	G	G	G	G