NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Meeting to be held at 11:30 on Thursday 26th November 2015 in the Board Room, Sanger House, Brockworth, Gloucester GL3 4FE

No.	Item	Lead	Recommendation
1	Apologies for Absence	Chair	
2	Declarations of Interest	Chair	
3	Minutes of the Meeting held on 24th September 2015	Chair	Approval
4	Matters Arising	Chair	
5	Review of Personal Medical Services (PMS) Contracts	HG/NH	Approval
6	Springbank APMS Contract – Key Performance Indicators	HG	Approval
7	Standard Operating Procedure: Practice Boundary Changes	HG	Approval
8	Standard Operating Procedures: Application to close a branch surgery	HG	Approval
9	Any Other Business (AOB)	Chair	
Date and time of next meeting: Thursday 28th January 2016 at 12:00pm in the Board Room at Sanger House			

A recording will be made of this meeting to assist with the preparation of the minutes. This recording will be made on an encrypted device owned by the CCG and will be held securely for a maximum of one week before being deleted

MINDFUL EMPLOYER

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Primary Care Commissioning Committee (PCCC)

Minutes of the Meeting held on Thursday 24 September 2015 at 12:00pm in the Board Room, Sanger House, Gloucester GL3 4FE

Present:		
Alan Elkin	AE	Chair, Lay Member – Patient and Public Experience
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Colin Greaves	CG	Lay Member - Governance
Julie Clatworthy	JC	Registered Nurse
Helen Goodey	HG	Director of Locality Development and Primary Care
Cath Leech	CL	Chief Finance Officer
Dr Andy Seymour	AS	Deputy Clinical Chair
In attendance:		
Debra Elliott	DE	Director of Commissioning, NHS England Area Team
Nikki Holmes	NH	Head of Primary Care, NHS England
Becky Parish	BP	Associate Director, Engagement and Experience
Rosi Shepherd	RS	Assistant Director of Nursing (Quality and Safety), NHS England
Claire Feehily	CF	Chair of Healthwatch Gloucestershire
Cllr Dorcas Binns	DB	Chair of the Health and Wellbeing Board
Zoe Barnes	ZB	Corporate Governance Support Officer
There were no members of the public present.		

1 Apologies for Absence

1.1 Apologies were received from Mary Hutton (MH).

2 Declarations of Interest

2.1 AS declared an interest in relation to agenda item 6 as his

surgery (Heathville Medical Practice) has a branch surgery that may be taking on patients from St Luke's Medical Practice following its closure.

3 Minutes of the Meeting held on Thursday 30th July 2015

3.1 The minutes were approved subject to the addition of DB's apologies as these were not listed.

4 Matters Arising

4.1 **30/07/2015 Agenda Item 8.5** – It was confirmed that the updated structure had been received by the Committee as requested however JC noted that HG's job title was inconsistent. It was advised this had since been updated. **Item Closed.**

5 Springbank Surgery – Procurement Update

Post Meeting Note: The following text represents the minutes of the discussion at the Part Two meeting which preceded this meeting. It is recorded here since the Committee resolved that the report and discussion were public business and should be recorded as such.

5.1 HG informed the committee that the new provider for Springbank Surgery following a successful procurement process, in which a number of high quality bids were considered, would be Church Street in Tewkesbury. The Patient Participation Group had been actively involved in the procurement which overall had been a very cohesive process.

5.2 HG noted that the CCG would now be feeding back to the unsuccessful bidders.

5.3 HG gave an update regarding the Hesters Way Healthy Living Centre and highlighted the following:

- The CCG expects Gloucester Health Access Centre (GHAC) to sign the tenancy agreement this week;
- It is important that Hesters Way continues to run for the benefit of the patients.

5.4 HG informed the Committee that the actions for the CCG are now

around engagement in preparation for the start on the 1 December 2015.

5.5 AE noted that there would be significant learning for the CCG from the process, in particular a suggestion made from one bidder about reshaping the service.

5.6 HG advised that the CCG would be continuing to work with public health around the KPIs for the contract.

5.7 AS noted that the challenge moving forward would be aligning the suggestions for service change alongside the desires of the public.

5.8 JC queried the possibility of the availability of a Nurse led Paediatric Nurse service within surgeries as suggested by one of the bidders. DE confirmed that in Swindon this was in place, and that she would share the model with the CCG for information.

5.9 CG noted the possible shortfall in the service charge reapportionment at point 2.6 of the report and requested that an update was given regarding this issue moving forward. HG advised that this would be reapportioned to providers appropriately, as per best practice guidance.

5.10 CG requested that updates regarding Springbank are provided regularly to the Committee. It was agreed that another update would be given in six months' time.

5.11 JC queried if the CCG had received any legal challenge to date. HG confirmed that there had been none however the CCG would continue to remain open to challenge.

5.12 <u>RESOLUTION:</u> The Committee noted:

- **The progress towards closure of St Luke's practice and the actions undertaken by GCCG and;**
- **The progress made in securing the future of Hesters Way Healthy Living Centre.**

6. <u>St Luke's Practice Closure</u>

Post Meeting Note: The following text represents the minutes of

the discussion at the Part Two meeting which preceded this meeting. It is recorded here since the Committee resolved that the report and discussion were public business and should be recorded as such.

6.1 HG gave an update regarding the progress made following the upcoming closure of St Luke's Medical Centre and highlighted the following points:

- The practice will close on the 30 September 2015;
- The Receptionist and Practice Manager (PM) will continue to work after this date to support the transition process;
- As at 8 September 2015, 1,400 still remained unregistered with new practices, even after four letters;
- Vulnerable groups of patients have been identified and are being worked through as a priority to ensure these patients are registered before 30 September 2015.

6.2 BP gave an update regarding the patient advice line in place to support patients and GPs with registration to new practices. BP advised that this would be extended for a further week and a Freephone number would be in place and manned once the line has closed. It was noted that a further letter would be sent out which would underline the importance of registering with a new practice for those patients not registered.

6.3 HG advised that it was unusual to have such a high number of patients not re-registered however it was felt that the CCG had worked very hard to ensure the transition would be a smooth as possible.

6.4 HG informed members that the CCG were working with the SCW Commissioning Support Unit (CSU) to ensure that Information Governance requirements are met with regards to patient notes for those individuals who had not registered with an alternative practice.

6.5 AE queried when the PM will continue to be in place until. HG advised this would be until the end of October to assist the transition.

6.6 AE suggested that a sample should be taken of those patients not

registered, to establish the reasons why they may not have done so. CF queried if the CCG has ruled out house calls, as patients with learning disabilities in particular could benefit from these. HG advised this would be next on the list of actions and that the PM was working with the homes of those with learning disabilities to help them to register.

6.7 HG confirmed that she would provide a further update regarding St Luke's at the next PCCC meeting.

6.8 <u>RESOLUTION:</u> The PCCC noted:

- **The processes implemented for supporting patients and practices with the registration process away from St Luke's and;**
- **The progress made to date**

7. Workforce – Planning in Practice

7.1 AS presented the attached PowerPoint to the Committee which provided an overview of Primary Care Education and Workforce and outlined current and future pressures which include:

- Patients with more complicated conditions living longer;
- CQC regulations and inspections;
- Diverse needs of different populations;
- High cost and usage of locums;
- Growing population of young families in urban centres;
- Local elderly population living in urban centres and rural geographically dispersed areas.

7.2 AS highlighted the following key points from the PowerPoint:

- Context including demographics within Gloucestershire
- Number of salaried GPs is improving;
- 6 GP retainers in place;
- The LMC surveyed newly trained GPs, none want to become Partners;
- Average direct patient contact hours for GPs and Nurses;
- Partnership working;
- Workforce problem is a national issue, not unique to

Gloucestershire;
- Primary Care Nursing;
- Recruitment and retention;
- Prime Minister's Challenge Fund, choice plus element added;
- Remote working;
- Planned activities for 2015/16.

7.3 An additional slide was added regarding Nursing workforce which described that Nurses in Gloucestershire do not have as much training as is provided elsewhere.

7.4 The Committee discussed the PowerPoint further and AE queried why it is important that GPs become Partners. AS confirmed that this creates more resilience of practice in particular.

7.4.1 JC suggested that a Medical Leadership Programme was needed and AS agreed however advised there is a need to look at GP careers in addition to this.

7.4.2 CG noted that the GP retainer scheme is good but creates a cost. CG also noted that getting ahead of the market would be useful, and advised that the CCG should be coming up with innovative ways to maintain General Practice.

7.4.3 HG agreed with the comments made and noted the following points:

- There would be a workshop on 5 November 2015 to discuss the Primary Care Strategy and models would be laid out there;
- There needs to be a motivational factor to change;
- Premises issues regarding ownership and liabilities may be a factor in inhibiting the recruitment of GP partners.

7.5 <u>RESOLUTION:</u> The Committee noted the presentation.

8. <u>Primary Care Clinical Quality Review Group Terms of Reference</u>

8.1 MAE presented the ToR and advised this was brought forward

following minor changes requested at the meeting held in July.

8.2 AE queried the reporting arrangements of the group.

8.3 JC advised that the group should only provide exception reporting to the PCCC, with accountability to the Integrated Governance and Quality Committee and that this should be made clearer within the ToR.

8.4 JC noted that the membership needs to demonstrate check and challenge elements and it was confirmed that AS and CBu were both members of the group and would provide this from a GP perspective. MAE advised that membership decisions sit with the Clinical Chair in terms of the GP Liaison Leads.

8.5 CG queried who the Deputy Chair would be and advised that the ToR would need to be updated following discussion.

8.6 MAE confirmed that the ToR would be brought back to the next IGQC for approval, following adjustments as discussed.

8.7 <u>RESOLUTION:</u> The Committee noted the terms of reference.

9 <u>Any Other Business</u>

9.1 PMS Review

Post Meeting Note: The following text represents the minutes of the discussion at the Part Two meeting which preceded this meeting. It is recorded here since the Committee resolved that the report and discussion were public business and should be recorded as such.

9.1.1 HG introduced the paper and advised that Primary Medical Services (PMS) contracts and General Medical Services (GMS) contracts are two different types of contracts that we have in Gloucestershire. HG informed the Committee that the purpose of the review was to respond to a requirement from NHS England to review all such contracts by March 2016. The review seeks to ensure that all practices receive the same core funding for providing the same core services. Any resources freed up as a result of the reviews are to be reinvested in general practice

services.

9.1.2 HG highlighted the following key points from the report:

- NHS England are leading on the review;
- There are five PMS practices in Gloucestershire:
  - Bartongate Surgery, Gloucester
  - Hilary Cottage Surgery, South Cotswolds
  - Locking Hill Surgery, Stroud
  - St Peter's Road Surgery, South Cotswolds
  - Underwood Surgery, Cheltenham;
- The timeline and that all practices have had clear communications and an opportunity to fill out a proposal and;
- The process had reached a point where the deadline was extended.

9.1.3 HG noted that a PMS panel was held on the 23 September 2015 where three submissions had been received and gave a verbal update from the panel to the Committee.

9.1.4 HG informed the Committee of the following discussions held at the panel:

- Bartongate Surgery was felt to be an atypical practice and therefore there was a strong case to maintain the premium;
- St Peter's Road had a very well written proposal however evidence demonstrated that they were not an atypical practice. The panel therefore did not support the proposal, however will give positive feedback;
- Underwood Practice was considered to have some atypical elements however not completely atypical therefore the panel would need further information to support the proposal.

9.1.5 HG confirmed that the deadlines set are national therefore the panel is requesting that the Committee delegate the decision to the CCG Core team in order to comply with the time constraints. It was agreed that the PCCC should not delegate this responsibility. It was confirmed that further information would be brought forward to the November Committee meeting for a

decision.

9.1.6 **<u>RESOLUTION:</u> The Committee:**

- **Noted the process for the PMS review;**
- **Noted the progress to date and the timeline for next steps;**
- **Agreed in principle entering into negotiations with the practice where the atypical demographic may result in continuation of all or some of the premium funding.**

9.2 There were no other items of any other business.

10 The meeting closed at 1:25pm.

11 Date and Time of next meeting: Thursday 26 November 2015 in the Board Room at Sanger House.

Minutes Approved by Gloucestershire Clinical Commissioning Group Primary Care Commissioning Committee:

Signed (Chair):_____ Date:_____

NHS
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Matters arising from previous Primary Care Commissioning Committee Meetings – September 2015

Item	Description	Response	Action with
24/09/2015 Item 5.8	Springbank procurement update	JC queried the possibility of the availability of a Nurse led Paediatric Nurse service within GP Surgeries. DE advised she would forward the model from Swindon where this was in place, for information.	**DE**
24/09/2015 Item 5.9	Springbank procurement update	CG requested that updates are provided regarding Springbank regularly at the Committee. It was agreed an update would be brought in six months time (March 2016)	**HG**
24/09/2015 Item 9.1.5	PMS review	It was agreed that a further update regarding the PMS review would be brought to the November PCCC meeting.	**HG**

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Gloucestershire
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Agenda Item 5

Primary Care Commissioning Committee

Meeting Date	**Thursday 26th November 2015**
Title	**Review of Personal Medical Services (PMS) Contracts**
Executive Summary	In February 2014, following a national high level comparative review of PMS, NHS England instructed their Area Teams to begin a programme to review all PMS contracts for completion by March 2016. The Primary Care Commissioning Committee (PCCC) meeting of 24 September 2015 received information with regards to the PMS Review Framework and Gloucestershire CCG's responsibilities and approach to undertaking the review, under delegated commissioning responsibilities. This paper now presents the recommendations of the PMS Review Panel for consideration and approval by the PCCC.
Risk Issues: **Original Risk** **Residual Risk**	The principal risk is the financial destabilisation of our five PMS practices due to recovery of the PMS premium. This risk will be mitigated through careful planning and discussion along with the input and support of the Local Medical Committee (LMC) and CCG GPs.
Financial Impact	Under delegated authority, the PMS Premium budget has transferred from NHS England to CCG. The financial impact of the PMS Review Panel's recommendations is included within Appendix 2. Any resources freed up from PMS reviews will be reinvested in general practice services.
Legal Issues (including NHS Constitution)	Gloucestershire CCG (GCCG) needs to act within the terms of the Delegation Agreement with NHS England dated 26 March 2015 for undertaking the functions

	relating to Primary Care Medical Services. GCCG also needs to work within the NHS England "Framework for Personal Medical Services (PMS) agreements review", dated September 2014.
Impact on Health Inequalities	A key driver for NHS England in deciding to undertake PMS Reviews was to ensure reinvestment should be available to all practice populations, irrespective of whether patients are registered at PMS or GMS practices, in order to reduce any real, or perceived, health inequalities.
Impact on Equality and Diversity	No
Impact on Sustainable Development	No
Patient and Public Involvement	If any decisions are made as part of the PMS review that impact service delivery for a local population, this will require patient and public involvement at that point.
Recommendation	The Primary Care Commissioning Committee is asked to: • Review, consider and approve the recommendations of the PMS Review Panel • Approve implementation of the next steps of the PMS review process
Author	Stephen Rudd / Jeanette Giles
Designation	Head of Locality and Primary Care Development / Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey Director Locality Development and Primary Care

Agenda Item 5

Primary Care Commissioning Committee
26 November 2015

Review of Personal Medical Services (PMS) Contracts

1 Introduction

1.1 The PCCC meeting on 24 September 2015 received information with regards to the PMS Review Framework and Gloucestershire CCG's responsibilities and approach to undertaking the review, under delegated commissioning responsibilities.

1.2 At this meeting, the PCCC noted the process being undertaken by GCCG and agreed in principle to enter negotiations with practices where atypical demographics may result in continuation of all or some of the premium funding. It was proposed therefore that items for decision would be brought to the November PCCC meeting, which this paper therefore provides.

2 Background

2.1 Acting within NHS England's February 2014 publication titled 'Review of PMS Contracts', Gloucestershire CCG must establish how best to apply the principles of equitable funding to PMS practices and achieve best value for investment in quality improvement and innovation. Reviews must be completed by March 2016.

2.2 The principles underpinning the PMS review process include:

- There should be a case-by-case review of all affected practices to ensure they are not serving special populations that merit continued additional funding and that they would not be unfairly disadvantaged by the changes.

- Any proposals to reduce current levels of PMS funding for any practices should reflect decisions on how the money freed up will be redeployed, including proposals for reinvestment of resources to support local improvement and innovation in primary care.

- Where changes to services are proposed which result in

different services being available to patients, there is a need to engage with patients and or patient representative groups.

- Any resources freed up from PMS reviews should always be reinvested in general practice services (including, as appropriate, general practice premises developments)

- Where as a result of PMS reviews, practices are likely to move towards levels of funding equivalent to GMS funding, consideration should be given to the potential benefits of practices nonetheless having the option to remain on PMS contracts as a way of preserving future flexibility.

2.3 This paper outlines the progress made with the review of the five PMS Contracts in Gloucestershire:

- Bartongate Surgery, Gloucester;
- Hilary Cottage Surgery, Fairford;
- Locking Hill Surgery, Stroud;
- St Peter's Road Surgery, Cirencester;
- Underwood Surgery, Cheltenham.

3 PMS Review Panel

3.1 The PMS Review Panel has been established to consider practice reinvestment proposals from the five PMS practices. The Terms of Reference and membership of the PMS Review Panel are attached (Appendix 1).

3.2 The practices were asked to provide the following information:

- The services currently provided for the 'premium' which would not be covered by core contract, enhanced services, QOF or locally commissioned services, such as additional workload, services and/or staffing.

- The services they wished commissioners to consider reinvesting some or the entire PMS premium' funding in to, which is not currently commissioned.

- Whether the practice covered an atypical population that could be considered to be significantly outside the national norm and

is not reflected in the Carr-Hill formula (which is used to adjust the global sum total for a number of local demographic and other factors which may affect practice workload). When reviewing a practice proposal for an atypical population, the Panel compared the practice profile against local CCG practice data and other practices in the South West.

3.3 The Panel met on 23 September 2015 to review information submitted by PMS practices, with submissions received from the Bartongate, St Peter's Road and Underwood Surgeries. The Locking Hill and Hilary Cottage Surgeries did not submit practice reinvestment proposals.

4 Practice PMS Premium Proposals

4.1 Bartongate Surgery, PMS Premium: £64,541

4.1.1 Bartongate Surgery provides general medical services within a deprived area of inner-city Gloucester. They have proposed that they have an atypical population, therefore providing services not covered by their core contract or other funding streams.

4.1.2 Bartongate's practice population consists of 40% ethnic minority groups, with patients from 85 different countries. 48% of monthly registrations are new migrants or patients from an ethnic minority who have moved to Gloucester.

4.1.3 As a result of this diverse population and the effects of deprivation, mental health problems and drug and alcohol dependency, the practice cite a high patient consultation rate. Many consultations were also significantly longer due to language barriers and the complexity of many patients' medical and social circumstances.

4.1.4 The practice population has a high prevalence of diabetes, COPD, mental health problems and infectious disease (Hepatitis, TB and HIV) compared to the CCG and National average, adding additional workload.

4.1.5 Bartongate Surgery is strategically important with regard to their work with Gloucestershire Action for Refugees & Asylum Seekers (GARAS) and refugees and migrants. GPs often see people who are from war-torn countries and have been exposed to terrible traumas. Syria is a particular project of resettlement at this time, with

the GPs providing vital support to GARAS.

4.1.6 The PMS Review Panel decided that Bartongate's population could be considered to be significantly outside the national and local norm and this was not reflected in the Carr-Hill formula.

4.1.7 The PMS Review Panel's recommendation was therefore that Bartongate's funding should be maintained, i.e. they should retain their 100% of premium funding to reflect the atypical characteristics of its practice population.

4.2 St Peter's Road Surgery, PMS Premium £54,302

4.2.1 St Peter's Surgery has a more elderly practice population, with 12% of patients aged 75 and over and the majority of these patients having their care managed within their own homes.

4.2.2 The practice proposal put forward the case that they had an atypical population, which they provided for through a service not currently funded by the GMS core contract and wished to provide a newly commissioned service.

4.2.3 The PMS Panel considered St Peter's Road Surgery had submitted a well written proposal which demonstrated a clear understanding of the requirements of the PMS review process.

4.2.4 However, while the Panel recognised the excellent work of the practice in relation to their older population, the Panel reflected that practices with similar age demographics across Gloucestershire are providing equally innovative services within GMS contract funding. The Panel also concluded that the services currently provided by St Peter's were not above core and existing commissioned services.

4.2.5 The PMS Review Panel's recommendation was therefore that St Peter's Road surgery should not receive reinvestment of PMS premium funding in relation to the submitted proposal, with a plan to reduce the premium to zero over a five year period.

4.3 Underwood Surgery, PMS Premium: £68,293

4.3.1 The practice has a registered list size of 10,352 patients (as at March 2015), of which approximately 3,000 patients are students at the University of Gloucestershire. Their main surgery is at St George's

Road in Cheltenham, while they also have a branch surgery on the Park Campus of the University.

4.3.2 The Underwood Surgery proposal outlined that provision of medical services to students resulted in a significantly higher administrative burden for the practice. Examples provided included frequent registration of an influx of temporary patients, greater support required in relation to information governance consent issues, vaccine advice and loss of income due to students inappropriately deregistering from the practice during summer holidays. They also experience higher demand than would otherwise be expected for certain services, such as contraception and counselling.

4.3.3 Analysis of the practice population profile demonstrates the practice has almost 35% of patients in the age range of 15-24, which is clearly the outlier for the County (the second highest practice has 27.7% of patients in this age bracket). Furthermore, 63% of Underwood's patients are aged between 15 and 44 years, compared to the CCG average of 36% and the national average of 41%. However, the PMS Review Panel were aware that other practices serving university patients in the South of England have more than 90% of patients in this latter age range.

4.3.4 The Panel also noted that the Underwood Surgery have been commissioning through a Locally Commissioned Service (LCS) (formally an enhanced service) to provide additional services to their university population, including sexual health and counselling. NHS England South Central therefore benchmarked the practice LCS funding for the population with another practice serving a large university population in BaNES. This demonstrated a deficit of circa £1.20 per student on Underwood Surgery's list, equating to £3,595.

4.3.5 NHS England therefore proposes the practice retains £3,595 (5.3%) of their PMS premium funding in addition to the current LCS, bringing them in line with funding per student of the benchmark practice. This will be reduced in 1/5ths over a five year period.

5 Other factors considered by the PMS Review Panel

5.1 With regards to the Locking Hill (PMS Premium: £53,967) and Hilary Cottage (PMS Premium: £49,651) surgeries, in the absence of any practice proposal, the PMS Review Panel determined that the premium should be withdrawn. As for the St Peter's Road and

Underwood Surgeries, this would be decreased in equal reductions over a five year period.

5.2 In addition, the Panel recognised that, following discussions with NHS England and the Local Medical Committee (LMC), there was an inequitable approach to PMS payments when compared across the local NHS England patch, i.e. Bath, Swindon and Wiltshire. This relates primarily to rates, immunisation and vaccinations payments, which reflected activity at the time the PMS contract commenced and had not subsequently been updated to reflect current values. This therefore means that, historically, Gloucestershire PCT had taken the decision to include this within PMS baseline positions, disadvantaging those practices over time compared to other PMS practices in the area.

5.3 The PMS Review Panel therefore recommended that the five practices are now funded equitably in accordance with other local PMS practices, meaning they should now receive full reimbursement of rates, immunisation and vaccination payments that reflect current activity/achievement.

6 Summary of PMS Review Panel Recommendations

6.1 To summarise the recommendation for the five practices:

Practice	Recommendation
Bartongate	Retain full PMS premium
Hilary Cottage	Withdraw PMS premium
Locking Hill	Withdraw PMS premium
St Peter's Road	Withdraw PMS premium
Underwood	Reduce to 5.3% PMS premium
All five PMS practices	Update payments for rates, vaccinations and immunisations to reflect current activity

6.2 The final payment adjustments following these full set of recommendations are shown at Appendix 2.

7 Next steps

7.1 In accordance with the agreed timetable, the five practices were written to on 30 September 2015, confirming their finance schedule

with an indication of reinvestment decisions.

7.2 The practices were also informed that Gloucestershire CCG would confirm reinvestment decisions by 31 December 2015, at which point they will have an opportunity to make a formal appeal should they disagree with the outcome.

7.3 Patient consultation and engagement, where services are likely to change, will commence in January 2016, while practice appeals will be heard in February. The implementation of the agreed recommendations will then commence from April 2016.

7.4 With regards to the reinvestment of the PMS Premium, this will be wholly reinvested in primary medical care services. As can be seen at Appendix 2, initially the released premium will be utilised for the increased cost of rates, vaccination and immunisation payments. From 2017/18 onwards, the released premium will begin to exceed these increased costs. This released premium will then be available for GCCG to support Primary Care enhanced services that deliver good clinical evidenced based care that reduce health inequalities.

8 Recommendation

8.1 The Primary Care Commissioning Committee is asked to:

- Review, consider and approve the recommendations of the PMS Review Panel
- Approve implementation of the next steps of the PMS review process

Appendix 1

PMS Review Panel Meeting
Terms of Reference: September 2015

1. Purpose

The PMS Review Panel is a time limited panel convened to consider practice reinvestment proposals of their PMS Premium in accordance with the PMS review principles detailed within the NHS England publication "Framework for Personal Medical Services (PMS) agreements review", dated September 2014.

2. Authority and Reporting

The PMS Review Panel will make recommendations to Gloucestershire's Primary Care Commissioning Committee (PCCC) for approval.

3. Membership

The PMS Review Panel will consist of the following:

- Director Locality Development and Primary Care (GCCG)
- Deputy Clinical Chair (GCCG)
- Head of Primary Care (NHSE Sub Region Team)
- Financial Accountant (GCCG)
- Head of Primary Care Contracting (GCCG)
- LMC Representative
- Lay Representative

Conflicts of interest will be managed in accordance with the GCCG Conflicts of Interest policy. Conflicted individuals will absent themselves from discussion if necessary.

4. Quoracy

The PMS contracts are held with NHSE, under a co-commissioning (delegated) arrangement with the CCG. The Panel will, therefore, be quorate with 2 CCG members and 1 NHSE members.

5. Responsibilities

To make recommendations to the PCCC on the continued payment of PMS premiums. This will include reviewing proposals submitted by PMS practices that detail the services that they feel are currently provided with the 'premium'. Practices will express this as services they wish commissioners to consider reinvesting some or all of the PMS 'Premium' funding in.

In accordance with the NHS England Framework, proposals will be reviewed using the criteria below:

i. Reflects agreed joint strategic plans for CCG primary care

ii. Secures services or outcomes that go beyond what is expected of core general practice and are not commissioned elsewhere.

iii. Helps reduce inequalities

iv. Offers equality of opportunity for GP practices in each locality (i.e. if one or more practices in a given locality are offered the opportunity to earn extra funding for providing an extended range of services or meeting enhanced quality requirements, other practices in that locality capable of providing those services or meeting those requirements should have the same opportunity)

v. Supports fairer distribution of funding at locality level

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Appendix 2

PMS Premium Changes if PMS Review Panel Recommendations Approved *

Practice	Annual PMS Premium	Proposed Reduction		Additional funding for rates (2016/17**)	Additional funding for imms/vacs activity (2016/17**)	2016/17 projected gain (+) or cost (-) to CCG budget	2020/21 annual projected gain (+) or cost (-) to CCG***
		Annual	By Year Five (2020/21)				
Bartongate Surgery	£64,541	£0	£0	£10,487	£7,601	-£18,088	-£18,088
Hilary Cottage Surgery	£49,651	£9,930	£49,651	£11,260	£1,253	-£2,583	+£37,138
Locking Hill Surgery	£53,967	£10,793	£53,967	£13,005	£3,940	-£6,152	+£37,022
St Peter's Road Surgery	£54,302	£10,860	£54,302	£6,314	-£4,032	+£8,578	+£52,020
Underwood Surgery	£68,293	£12,940	£64,698	£19,536	£9,793	-£16,389	+£35,369
Totals	**£290,754**	**£44,524**	**£222,618**	**£60,602**	**£18,555**	**-£34,634**	**+£143,461**

Year	Annual PMS Premium reduction	Additional funding for rates, imms/vacs activity (2016/17 values**)	Overall projected gain (+) or cost (-) to CCG budget***
2016/17	+£44,524	-£79,157	-£34,633
2017/18	+£89,048	-£79,157	+£9,891
2018/19	+£133,572	-£79,157	+£54,415
2019/20	+£178,096	-£79,157	+£98,939
2020/21	+£222,620	-£79,157	+£143,463

* Note 1: All figures have been rounded to the nearest pound for presentational purposes, therefore columns may not add to exact £
** Note 2: These figures will increase annually and are subject to establishing costs for water and trade refuse
*** Note 3: These figures are subject to decreasing as rates (plus water and waste), immunisations and vaccinations increase

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Agenda Item 6

Primary Care Commissioning Committee

Meeting Date	**Thursday 26th November 2015**
Title	**Springbank APMS Contract – Key Performance Indicators**
Executive Summary	During August 2015, GCCG undertook a successful procurement exercise for Springbank Surgery, following a notice served on the existing GMS contract. The new provider, Church Street Surgery based in Tewkesbury, will commence their APMS contract with effect from 1 December 2015. Key Performance Indicators (KPIs) form an important element of the contract award, with 5% of the contract value subject to successful achievement of the indicators. This covering paper introduces the proposed KPIs for Springbank, which have been agreed in principle with the practice. KPI performance will be reviewed on a six monthly basis.
Risk Issues: **Original Risk** **Residual Risk**	Springbank serves an area that suffers from higher levels of deprivation and poorer lifestyle behaviours compared to other areas of Cheltenham, along with one of the highest concentrations of social housing in the county. There was a risk, therefore, that generically set KPIs would have poorly represented the improvements required of the new provider in order to serve this population. With that in mind, the KPIs have been developed with colleagues in Public Health, along with recommendations from the Primary Care Commissioning Committee, to ensure the income

	linked to them generates better outcomes that are relevant to the registered patient list.
Financial Impact	5% of the new Provider's APMS contract value is linked to achievement of the KPIs.
Legal Issues (including NHS Constitution)	GCCG needs to comply with the relevant statutory requirements and obligations under APMS contracts and procurement regulations, as well as acting within the terms of the Delegation Agreement with NHS England for undertaking the functions relating to Primary Care Medical Services.
Impact on Health Inequalities	The KPIs have been developed to reduce the health inequalities experienced by patients within the Springbank practice boundary area, which includes Hesters Way, Springbank and St Marks.
Impact on Equality and Diversity	No
Impact on Sustainable Development	No
Patient and Public Involvement	Two members of the Springbank Patient Participation Group actively supported the procurement evaluation process as members of the evaluation team, while patient and public communication and engagement has been supported by GCCG throughout the process.
Recommendation	The Primary Care Commissioning Committee is asked to: • Review, consider and approve the proposed Key Performance Indicators
Author	Stephen Rudd / Jeanette Giles
Designation	Head of Locality and Primary Care Development / Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director of Locality Development and Primary Care

Appendix 1: Springbank proposed Key Performance Indicators (KPIs)

Performance Report Key	KPI	Description of KPI	Springbank population relevance	Measured by
Quality				
1	QOF achievement	As a minimum, to achieve a better QOF achievement than in 2014/15 (430/559 points or 77%, CCG average 97%). Clinical priority areas to be reviewed and agreed, likely to include: Cancer (17% below CCG average), COPD (27% below CCG average), Dementia (29% below), Diabetes (27% below), Heart Failure (30% below), Mental Health (43% below), Palliative Care (49% below) and Stroke/TIA (58% below)	Improvement in quality care consistent with what is offered with other practices across the CCG	CQRS against baselines; clinical priority areas will be agreed with the practice and reviewed annually
Service Delivery				
2	Flu immunisations	**Patients aged 65 and over** An uptake rate of at least 67% of eligible patients in year one with a view to achieving at least 75% uptake (national and international target) within three years (i.e. by 2018/19). **Patients in clinically at risk groups (aged 6 months - under 65 years within immunisations and vaccinations categories)** By firstly ensuring accurate registers, an uptake rate of at least 50% of eligible patients in year one (14/15 national average), with a view to achieving at least 53% uptake (best NHSE Area Team average in 14/15 = 54.6%, CCG performance 14/15 = 49.5%) within three years, working toward achieving 75% uptake (in line with national targets) long-term.	To protect adults and children who have a long term health condition and are at risk of flu and its complications	ImmForm/practice data. Will be reviewed against baseline data from Public Health to measure improvement.
3	NHS Health Checks	100% of eligible population invited (pro rata over five year rolling programme).	Springbank's population has a high level of poor lifestyle behaviours. Improved uptake of NHS Health Checks will help prevent the development of the most disabling – but preventable – illnesses	Public Health GCC. Will be reviewed against baseline data from Public Health to measure improvement.

		66% uptake of invitation (Public Health England aspirational target of eligible population): a stretch target to be reviewed with the practice and Public Health for ascertaining baseline and developing trajectory.	preventable illnesses	
4	Sexual health	Chlamydia screening - agree a three year profile of chlamydia screening uptake rate (15 - 24 year olds) - targets to be determined with Public Health (likely to be c.30% based on current CCG average performance)	Improve sexual health of population	Public Health GCC. Will be reviewed against baseline data from Public Health to measure improvement.
Access				
5	Extended Hours	Participate in the defined national Extended Hours DES from April 2016	Better access for working age adults	Sign up to DES and quarterly monitoring
6	Increase list size	To increase list size to reflect local patient demographics and future housing developments	Ensure practice has high profile within community and ensure local residents register with GP	Practice list size as at 1.10.15 is 1,773. Projected growth at 10.5% (range of growth since 2011 has been 11% - 15% annually). Quarterly review via Exeter
7	Integration with Gloucestershire Care Services staff and social care	Multidisciplinary working with GCS and Social Care staff through a team approach to case management, ensuring services are joined-up. Achieved initially through at least monthly meetings, progressing to fortnightly by end of Y1.	To provide integrated care to practice patients improving access to all services	Evidenced by regular meetings and actions taken
8	Social Prescribing	Proactive engagement to work with patients and service users to connect patients with local voluntary and community organisations.	Improve overall health and wellbeing	Maximum usage of social prescribing for identified population to meet criteria evidenced by practice audits of referrals. Rate of referral at least not less than Cheltenham locality average.
Health Promotion				
9	Health promotion within local schools	Rolling programme of presentations/input to all local schools (at least once per annum) to include advice/support re: sexual health, smoking cessation, encouraging healthy eating, reducing alcohol misuse, improving mental health	The area covered by the practice has high rates of child poverty, children with excess weight, poor lifestyle behaviours and higher levels of alcohol related harm	Recording of schools visited and topics covered, reviewed annually
Access to Medicines				
10	Electronic prescription service	Where requested by patients, send prescriptions electronically to a pharmacy of the patient's choice.	Patients do not have to pick up paper prescription. GP will send it electronically to the place patient chosen, which will be more convenient and will save the patient time.	EPS was launched at the practice in June 2015. By 31.12.16 70% uptake By 31.12.17 90% uptake

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Agenda Item 7

Primary Care Commissioning Committee

Meeting Date	**Thursday 26th November 2015**
Title	**Standard Operating Procedure: Practice Boundary Changes**
Executive Summary	As an organisation with responsibility for commissioning primary care, under a Delegation Agreement with NHS England, Gloucestershire CCG (GCCG) is required to consider applications for practice boundary changes. A Standard Operating Procedure (SOP) has therefore been developed to standardise the process for consideration of such requests, for approval by the Primary Care Commissioning Committee (PCCC).
Risk Issues: **Original Risk** **Residual Risk**	GCCG must ensure transparency and consistency in handling applications for practice boundary changes, while also striving to ensure continuous improvement in primary medical care provision and complying with legislation.
Financial Impact	N/A
Legal Issues (including NHS Constitution)	Gloucestershire CCG must act within the terms of the Delegation Agreement with NHS England for undertaking the functions relating to Primary Care Medical Services. In determining all variations the following guidance, legislation and regulations are considered: • GMS Regulations • PMS Regulations and guidance • APMS Directions • Statement of Financial Entitlements • NHS Act(s) • European Union (EU) procurement legislation • The Public Contracts Regulations

	• Department of Health Procurement Guide • Principle and rules of co-operation and competition (issued by the Department of Health)
Impact on Health Inequalities	The SOP has been designed to ensure health inequalities are considered within each application, through the completion of a Quality Impact and Sustainability Assessment.
Impact on Equality and Diversity	The SOP has been designed to ensure equality and diversity impacts are considered within each application, through the completion of an Equality Impact Assessment.
Impact on Sustainable Development	The SOP has been designed to ensure equality and diversity impacts are considered within each application, through the completion of a Quality Impact and Sustainability Assessment.
Patient and Public Involvement	The SOP requires patients to be involved through engagement and consultation prior to submitting a formal application, as well as post the decision. The GCCG Patient Engagement and Experience team will support practices as required.
Recommendation	The PCCC is asked to: • Consider and approve the draft SOP for practice boundary change requests
Author	Jeanette Giles / Stephen Rudd
Designation	Head of Primary Care Contracting / Head of Locality and Primary Care Development
Sponsoring Director (if not author)	Helen Goodey Director of Locality Development and Primary Care

Appendix 1: Standard Operating Procedure: Practice Boundary Changes

NHS
Gloucestershire
Clinical Commissioning Group

Standard Operating Procedure (SOP) for Application to change practice area

Prepared by: Primary Care Commissioning, Gloucestershire CCG

Version 1: October 2015

1.	**Introduction**
1.1	There may be circumstances when a primary care medical services contractor wishes to change their practice area to either expand or contract the practice area for new registrations. Any changes to the practice area must be considered a variation to the contract and the definition of this area amended under a variation notice. From 1 April 2015, NHS England has delegated to NHS Gloucestershire CCG (GCCG) under section 13Z of the NHS Act delegated functions in relation to the commissioning, procurement and management of Primary Medical Services Contracts. This delegation therefore includes the consideration and agreement of practice area change applications.
1.2	This document describes the steps required to undertake a change in practice area, the decision making process and undertaking the associated contract variation. This ensures that any changes reflect and comply with national regulations. The document focuses on primary medical care contracts in their various forms, has been developed in line with national legislation and regulations and will be reviewed regularly (at least annually, sooner if a change in legislation/regulation requires it).
1.3	**SOP statement**
	This SOP keeps the following principles in mind: • To balance consistency and local flexibility; • Compliance with legislation; • Compliance with the Equality Act 2010; • Wherever possible to enable improvement in primary medical care provision.
1.4	**Scope**
	The scope of this SOP is to outline the principles and steps required by practices and GCCG when an application to change a practice area is received. The different mechanisms for contract variations are located within the primary regulations or directions for each contracting route:

	• GMS contract regulations – schedule 6, part 8; • PMS agreement regulations – schedule 5, part 8; • APMS directions – schedule 5 – part 8 of the PMS agreement regulations but with the amendments cited at part 3.6(s) of the APMS directions.
1.5	**Equality Impact Assessment**
	Equality and diversity are at the heart of GCCG's values. Throughout the development of the policies and processes cited in this document, there is due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010) and those who do not share it. If a Practice is applying to change a practice area but will not be removing any patients who live in the affected area, an Equality Impact Assessment and Quality Impact and Sustainability Assessment will be undertaken by GCCG. This is to ensure that any suggestion for a GP boundary change is assessed in terms of its impact on quality as defined as patient safety, clinical effectiveness and patient experience. This will include location of alternative GP practices, access to public transport, health needs and social deprivation in the area affected. Where it is a Practice's intention to remove patients from an area currently within their defined boundary, the practice will also be required to complete an Equality Impact Assessment to support its application.
2.	**Application to change Practice Area**
2.1	A change to practice area is a significant change for the practice's registered population and as such GCCG's Primary Care Team and the contractor should engage in open dialogue in the first instance to consider the reasons behind the application and consequence and implications of the proposed change to practice area.
2.2	Contractor and CCG discussions will often include consideration of (but not limited to): • The circumstances that have led to the request to change their boundary area and discussion of possible implications of the action, i.e. a reducing patient register, an expanding patient register, the financial implications of both and any possible alternative actions that may be taken by either party to enable the practice to maintain its existing practice area;

	• When the practice wishes to withdraw from a certain area, consideration must be given as to whether there is adequate provision of GP practices and therefore patient choice in the area; • Registered list size and patient demographics of the practice submitting the application; • CCG's strategic plans for the area; • Other primary health care provision within the locality (including other providers and their current list provision, accessibility, rural issues); • Patient feedback; • Impact on health and health inequalities; • Feedback from the Local Medical Committee; • Feedback from neighbouring practices; • Feedback from NHSE sub region/CCG where the area being excluded falls within that NHSE sub region's/CCG's boundary; • Other relevant local factors, such as neighbouring practice lists that are closed to new patients or a pattern of historical closures in the area.
2.3	Where a contractor wishes to change its practice area, the contractor must discuss the relevant and appropriate patient and stakeholder engagement with GCCG's patient engagement team.
2.4	Once patient engagement/consultation has been undertaken, the contractor must then submit a formal application to change its practice area (Annex 1).
2.5	The GCCG Primary Care Team will then bring together all relevant information and prepare a paper for the Primary Care Operational Group outlining: • The reason for change; • Details of who has been consulted and feedback received; • Local health indicators; • Impact on health inequalities; • Choice of primary care coverage taking into consideration all local factors, such as practice lists that are closed to new patients in the area.
2.6	The Primary Care Operational Group will assess the application at the next available monthly meeting and develop a recommendation having considered: • Choice of primary care coverage; • Patient access to other local services; • Impact (with reference to equality and equality groups, as well as the quality and sustainability impact);

	• Other health service coverage within the location; • Feedback from patient engagement and consultation; • Other practice boundaries and the impact of the proposed change on their workload and sustainability; • Feedback from the Local Medical Committee; • Feedback from neighbouring practices; • Feedback from NHSE sub regional/neighbouring CCG(s). This recommendation will then be escalated to the next Primary Care Commissioning Committee for consideration and a decision. NOTE: Where more than one practice submits a proposal to change its practice area and the proposal involves some or part of the same geographical area, they will be considered jointly by the CCG. Where one application is received without knowledge of the additional application, each application will be considered on the local prevailing circumstances at the time of each application.
2.7	The Primary Care Commissioning Committee will consider the application in light of the recommendation of the Primary Care Operational Group and make a final decision with clear reasoning. This will then be communicated to the practice in writing, with the reasons for the decision reached.
2.8	If the boundary area change application is approved, the contractor must publish the details of the new practice area within their patient information leaflet and on their website. If the boundary change application is declined, the contractor has a right of appeal. Any appeal must address the reasons that were cited by the CCG for not approving the application in order to be re-considered.

Annex 1:

Application to change a practice area (GMS/PMS/APMS)

Factors which will be taken into consideration by Gloucestershire CCG when determining applications:
NHS Gloucestershire CCG (GCCG) is responsible for ensuring the provision of medical services within the GCCG boundary and therefore must ensure that there is adequate provision of GP Practices and therefore patient choice.
In normal circumstances, GCCG would expect the area in question to remain covered by at least two other practices in the vicinity.
Before reaching a decision GCCG will consult with the Local Medical Committee, neighbouring practices and any neighbouring NHSE sub regions/CCGs where the area being excluded falls within that NHSE sub region's/CCG's boundary. GCCG may also consider other factors such as lists that are closed to new patients or a pattern of historical closures in the area.
GCCG expects GP Practices to be open and transparent about the reasons behind their application.
GCCG has a responsibility to ensure equality of access to primary care medical services is maintained. GCCG has a duty to undertake a Quality and Sustainability Impact Assessment to ensure that the individual compoents of quality (patient safety, clinical effectiveness and patient experience) are considered.

If Practices wish to cease providing treatment for existing registered patients who fall outside of their revised area GCCG will also need to give consideration to:
The number and type of patients likely to be affected.
Timescales involved.
Whether other practices covering the areas to be excluded have open lists.

NHS
Gloucestershire
Clinical Commissioning Group

Application to Amend a Practice Boundary

Practice code:

Practice name and stamp:

Contact Details:
Name: Tel No:

Email:

Details of proposed practice area change:
(Please include a map or maps showing your current and proposed practice boundaries)

Please explain why you wish to amend your practice area, giving reasons why you wish to exclude or include specific areas:

How many patients currently on the practice list will subsequently fall outside of the proposed new practice area?

Should Gloucestershire CCG approval be given, do you intend to remove from your list any patients outside the new practice area? **Yes/No**

If yes, please give details of approximate numbers and residential areas affected:

Over what time period do you intend removing these patients?

Please complete and submit an equality impact analysis (see Appendix 1) with your application

If no, please confirm that it is not your intention to remove any patients within a three year period of your application being approved. **Yes/No**

Does the practice have patients in any nursing and residential homes that will fall outside the proposed new practice area should approval be granted?

Do you intend removing any or all of these nursing and residential homes? **Yes/No**

If yes, please give details.

Which neighbouring practice(s) will be affected by the amendment to your practice area? (include any practices in neighbouring CCGs) Please list them below:		
Have you spoken with other contractors within the practice area about the changes that you propose to make to your boundary? If so, are they able to manage any potential impact to their practice?		
Are you aware of any local planning developments which will impact on GP capacity in the practice area to be removed?		
Patient Engagement /Consultation:		
Did you consult the CCG for advice prior to undertaking patient engagement/consultation?		**Yes/No**
Have you consulted your patients about this proposal? If yes, please complete the following sections:		**Yes/No**
Means by which patient views were obtained:		
1) Did you have a display in your waiting room? If yes, please enter details below:		**Yes/No**
Dates that a notice was displayed, with invitation for patients to comment.	From	To
Number of responses.		
Number of patients in agreement with proposed change.		
Number of patients not in agreement with proposed change.		

Number neither agrees nor disagrees.	
Other comments? Information also available on website, no patient feedback.	
2) Did you write to patients who live in the area affected? if yes, please enter details below:	**Yes/No**
Number of patients written to.	
Number of responses.	
Number of patients in agreement with proposed change.	
Number of patients not in agreement with proposed change.	
Number neither agrees nor disagrees.	
Other comments?	
3) Did you consult your Patient Participation Group? If yes, please enter their views below:	**Yes/No**

Please return to:
Jeanette Giles, Head of Primary Care Contracting,
NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

Appendix 1: Equality Impact Analysis (for completion when intending to remove existing patients from your practice list due to a boundary change)

Equality Impact Analysis (Please complete)
What is the equality profile of your practice population <u>where you have data/knowledge available</u>: describe the profile in terms of: • Age; • Disability including physical or sensory impairment, mental health problems, learning difficulties and long term conditions; • Gender reassignment; • Marriage and civil partnership; • Pregnancy and maternity; • Race, including nationality and ethnicity; • Religion or belief; • Sex; • Sexual orientation.
Does the proposed change in practice boundary affect an area with known inequalities (e.g. poor access to public transport for disabled people, area of multiple deprivation)?
What would be the main issues affecting access to an alternative GP practice? (E.g. Does deprivation affect how patients might get to another practice? Are other practices' premises fully compliant with Disability Discrimination Act? Is there access to male and female doctors at other surgeries? Do other practices offer the same services, e.g. extended hours?)

What consultation and engagement activities have already been undertaken regarding your application to change your practice area?

- Key points of feedback and any differences between the view of the different protected groups;
- Identify how the feedback was taken into account in the final drafting/design of the policy or practice.

Prior to consultation/engagement activities did you discuss with Gloucestershire CCG? **Yes/No**

If the proposal creates an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

What can be done to change this impact?

What changes have you made as a result of this Equality Impact Assessment?

Please return to:
Jeanette Giles, Head of Primary Care Contracting,
NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

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Agenda Item 8

Primary Care Commissioning Committee

Meeting Date	**Thursday 26th November 2015**
Title	**Standard Operating Procedure: Application to close a branch surgery**
Executive Summary	As an organisation with responsibility for commissioning primary care, under a Delegation Agreement with NHS England, Gloucestershire CCG (GCCG) is required to consider applications for practice's to close their branch surgery. A Standard Operating Procedure (SOP) has therefore been developed to standardise the process for consideration of such requests, for approval by the Primary Care Commissioning Committee (PCCC).
Risk Issues: **Original Risk** **Residual Risk**	GCCG must ensure transparency and consistency in handling applications for branch surgery closures, while also striving to ensure continuous improvement in primary medical care provision and complying with legislation.
Financial Impact	N/A
Legal Issues (including NHS Constitution)	Gloucestershire CCG must act within the terms of the Delegation Agreement with NHS England for undertaking the functions relating to Primary Care Medical Services. In determining all variations the following guidance, legislation and regulations are considered: • GMS Regulations • PMS Regulations and guidance • APMS Directions • Statement of Financial Entitlements • NHS Act(s) • European Union (EU) procurement

	legislation • The Public Contracts Regulations • Department of Health Procurement Guide • Principle and rules of co-operation and competition (issued by the Department of Health)
Impact on Health Inequalities	The SOP has been designed to ensure health inequalities are considered within each application, through the completion of a Quality Impact and Sustainability Assessment.
Impact on Equality and Diversity	The SOP has been designed to ensure equality and diversity impacts are considered within each application, through the completion of an Equality Impact Assessment.
Impact on Sustainable Development	The SOP has been designed to ensure equality and diversity impacts are considered within each application, through the completion of a Quality Impact and Sustainability Assessment.
Patient and Public Involvement	The SOP requires patients to be involved through engagement and consultation prior to submitting a formal application, as well as post the decision. The GCCG Patient Engagement and Experience team will support practices as required.
Recommendation	The PCCC is asked to: • Consider and approve the draft SOP for branch surgery closure applications
Author	Jeanette Giles / Stephen Rudd
Designation	Head of Primary Care Contracting / Head of Locality and Primary Care Development
Sponsoring Director (if not author)	Helen Goodey Director of Locality Development and Primary Care

Appendix 1: Standard Operating Procedure: Application to close a branch surgery

NHS
Gloucestershire
Clinical Commissioning Group

Standard Operating Procedure (SOP) for Application to close a branch surgery

Prepared by: Primary Care and Localities Directorate, Gloucestershire CCG

Version 1: November 2015

1.	**Introduction**
1.1	There may be circumstances when a primary care medical services contractor wishes to close their branch surgery. Any changes must be considered a variation to the contract and amended under a variation notice. From 1 April 2015, NHS England has delegated to NHS Gloucestershire CCG (GCCG) under section 13Z of the NHS Act delegated functions in relation to the commissioning, procurement and management of Primary Medical Services Contracts. This delegation therefore includes the consideration and agreement of branch surgery closure applications.
1.2	This document describes the steps required once a practice makes an application to close a branch surgery, including the decision making process and undertaking the associated contract variation. The document focuses on primary medical care contracts in their various forms, has been developed in line with national legislation and regulations and will be reviewed regularly (at least annually, sooner if a change in legislation/regulation requires it).
1.3	**SOP statement**
	This SOP keeps the following principles in mind: • To balance consistency and local flexibility; • Compliance with legislation; • Compliance with the Equality Act 2010; • Wherever possible to enable improvement in primary medical care provision.
1.4	**Scope**
	The scope of this SOP is to outline the principles and steps required by practices and GCCG when a request to close a branch surgery is received. A branch closure variation to contract falls into the following categories: • changes to the detail of the contracting parties/organisational structure; • alterations in the service provision covered; and/or • changes to the payment mechanisms.

	GCCG teams must work closely with the practice applying for a branch closure to ensure that all appropriate and necessary consultation is completed and that patient's access to services is not put at risk. In determining all variations the following guidance, legislation and regulations are considered: • GMS Regulations • PMS Regulations and guidance • APMS Directions • Statement of Financial Entitlements • NHS Act(s) • European Union (EU) procurement legislation • The Public Contracts Regulations • Department of Health Procurement Guide • Principle and rules of co-operation and competition (issued by the Department of Health)
1.5	**Equality Impact Assessment**
	Equality and diversity are at the heart of GCCG's values. Throughout the development of the policies and processes cited in this document, there is due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010) and those who do not share it. If a Practice is applying to close a branch surgery, an Equality Impact Assessment and Quality and Sustainability Impact Assessment will be undertaken by GCCG. This is to ensure that any suggestion for a branch surgery closure is assessed in terms of its impact on quality, i.e. patient safety, clinical effectiveness and patient experience. This will include, but not be limited to: • Patient consultation and engagement • Location of the practice's main surgery • Alternative GP practices that serve the area and their current position to accept patients • Access to public transport, health needs and social deprivation in the area affected

2.	**Application to close a branch surgery**
2.1	The closure of a branch surgery may be as a result of an application made by the practice to GCCG or due to GCCG instigating the closure following full consideration of the impact such a closure would have.
2.2	In the circumstances that GCCG, under delegated authority from NHS England, is instigating a branch closure, the CCG must be able to clearly demonstrate the grounds for such a closure and have fully considered any impact on the contractors registered population and any financial impact on the actual contractor. GCCG will be expected to demonstrate that they have considered any other options available prior to instigating a branch closure and entering into a dialogue with the contractor as to how the closure is to be managed.
2.3	Where a practice wishes to close a branch surgery, they should have preliminary discussions with GCCG's Patient Engagement and Experience Team to determine appropriate and proportionate consultation requirements prior to the consideration of such a service provision change.
2.4	The closure of a branch surgery would be a significant change to services for the registered population and as such GCCG and the practice contractor should engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them.
2.5	Practice and CCG discussions resulting ultimately in a decision about a branch closure will often include consideration of (but not be limited to): • financial viability; • registered list size and patient demographics; • condition, accessibility and compliance to required standards of the premises; • accessibility of the main surgery premises; • the CCG strategic plans for the area; • other primary health care provision within the area (including other providers and their current list provision, accessibility, dispensaries and rural issues); • dispensing implications (if a dispensing practice); • possible co-location of services; • rurality issues;

	• the impact on health and health inequalities.
2.6	GCCG and the practice, through their dialogue, may establish that there is a need to retain medical service provision in the area and must therefore find a solution, which could include tendering for a new provider, although not necessarily within the same premises.
2.7	In exceptional circumstances, GCCG may wish to consider providing additional support to the practice in the short term so they might maintain the branch surgery premises where there is a potential negative affect on patients. If support is mutually acceptable, the branch surgery should remain open for a specific period to allow matters to be resolved satisfactorily. GCCG should confirm any such arrangements and agreements in writing to the contractor as soon as is practicably possible after the agreement is reached. If the CCG and the contractor are unable to reach an agreement to keep the branch surgery open, then the contractor, based upon their previous discussions with GCCG regarding appropriate and proportionate consultation, will begin the consultation process.
2.8	Where it is deemed appropriate for a full consultation process to be followed, the contractor must consult all stakeholders. Those stakeholders should include: • Local residents • Registered patients • Local community groups • Patient representative groups • Other local allied health care professional organisations The contractor should ensure they have provided various routes through which stakeholders can respond to the consultation, such as the practice website, posters, direct mail and surgery questionnaires.
2.9	Once this consultation has been undertaken, the practice must submit a formal application to close the branch surgery to GCCG for consideration (Annex 1).

2.10	GCCG must then ensure they consult with: • Neighbouring practices • The Local Medical Committee (LMC) • Healthwatch Gloucestershire • The Health and Well Being Board (HWBB) • Neighbouring CCGs (if appropriate) • The Health and Care Overview and Scrutiny Committee (HCOSC)
2.11	The GCCG Primary Care Team will then bring together all relevant information and prepare a paper for the Primary Care Operational Group outlining: • The reason for the application to close a branch surgery • Details of who has been consulted and feedback received • Local health indicators • Impact with reference to equality and equality groups, as well as the Quality and Sustainability Impact Assessment • Patient access to other local primary care services • Choice of primary care coverage taking into consideration all local factors, such as practice lists that are closed to new patients in the area.
2.12	The Primary Care Operational Group will assess the application at the next available monthly meeting and develop a recommendation having considered all factors presented. The recommendation will then be escalated to the next Primary Care Commissioning Committee for consideration and a decision.
2.13	The Primary Care Commissioning Committee will consider the application in light of the recommendation of the Primary Care Operational Group and make a final decision with clear reasoning.
2.14	**Decision: Not approved** If the Primary Care Commissioning Committee refuses the branch closure, the practice shall be notified in writing within 14 days following the Primary Care Commissioning Committee meeting. Annex 2 contains an example letter. The practice may then choose to submit an appeal. Any appeal must address the reasons that were cited by the CCG for not approving the application in order to be re-considered by the Primary Care Commissioning Committee.

2.15	**Decision: Approved** If the Primary Care Commissioning Committee approves the branch closure, the practice shall be notified in writing within 14 days following the Primary Care Commissioning Committee meeting. Annex 3 contains an example letter. The practice is responsible for ensuring the transfer of patient records (electronic and paper Lloyd George notes) and confidential information to the main surgery, having full regard to Caldicott guidance, Records Management: NHS Code of Practice guidance and information governance principles. Information is contained in Annex 4. Once the final date for closure is confirmed the CCG will issue a standard variation notice to remove the registered address of the branch surgery from the contract, and ensure a smooth close down through working closely with the practice during this time. Where the practice had previously been granted with premises consent to dispense, and these rights are only associated to the closing premises in question (that is listed on NHS England dispensing contractor list), the practice's consent to dispense will cease.
2.16	Regardless of the outcome of the Primary Care Commissioning Committee decision, the practice is responsible for consulting and informing the registered patients of the outcome and any proposed changes.

Annex 1: Example application form for branch closure

Practice name and stamp:

Please complete the following:

1) Details of branch surgery address proposed for closure:

2) Do you have premises approval to dispense from the branch surgery? **Yes/No**

a. If yes, how many patients do you currently dispense to?

3) Do you have premises approval to dispense from any other premises? **Yes/No**

a. If no, do you intend to give three months' notice of ceasing to dispense as required by NHS Pharmaceutical Services Regulations 2012 schedule 6 para 10 as amended? **Yes/No**

4) How have you consulted with your patients regarding this proposal and how will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should the CCG approve this variation?

5) Please provide a summary of the consultation feedback and confirm that you will supply evidence of this consultation should it be requested.

6) Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including:

- access to the main surgery site i.e. public transport, ease of access;
- capacity at main surgery site;
- booking appointments;
- additional and enhanced services;
- opening hours;
- extended hours; and
- dispensing services (if applicable).

7) From which date do you wish the branch closure to take effect?

Note: Where an application to close premises is granted by the CCG, the contractor shall remain fully responsible for cessation or assignment of the lease for any rented premises and any disposal of owner-occupied premises. In both cases, payments under the premises directions will cease from the day of closure.

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

To be signed by all parties to the contract

Signed: ……..…

Print: ……..…

Date: ……..…

Signed: ……..…

Print: ……..…

Date: ……..…

Signed: ……..…

Print: ……..…

Date: ……..…

Signed: ……..…

Print: ……..…

Date: ……..…

Please continue on a separate sheet if necessary

Please return to: Primary Care and Localities Directorate, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

Annex 2: Example letter to decline a branch closure

[date]

Dear [*contractor name*]

Ref: [*contract details*]

Further to your request to close your branch surgery dated [*notification date*], I can confirm after consideration at the Primary Care Commissioning Committee held on [*date*] that the request has been declined for the following reason(s):
[*details*].

If you would like to appeal against the decision made, you can do so under the dispute resolution policy and guidelines. If this is a route you wish to pursue you are required to enter a written request for dispute resolution, detailing;

- the names and addresses of the parties to the dispute;
- a copy of the contract; and
- a brief statement describing the nature and circumstances of the dispute.

[where and to whom the appeal should be addressed]

Yours sincerely,

[*name*]
[*title*]

Annex 3: Example letter to accept a branch closure

[date]

Dear [*name*]

Ref: [*contract details*]

Further to your request to close your branch surgery dated [*notification date*], I can confirm your request has been accepted.

Please find attached a contract variation notice and revised schedule [*insert relevant section of the contract/agreement*] where your branch surgery has now been removed.

Please complete and sign both copies and return them to the above address. Both copies will then be countersigned and one copy will be returned to you for your records.

At this point you can update all websites, literature, practice leaflets and make all patients aware of the branch closure, the date that services will cease at the branch location and provide reassurance in respect of their continued care from your main surgery.

Yours sincerely,

[*name*]
[*title*]

Annex 4: Records management: NHS code of practice guidance

Full details of the code of practice can be found at:
www.gov.uk/government/publications/records-management-nhs-code-of-practice

Overview

The two-part NHS code of practice is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice.

For historic purposes, the code of practice also replaces the following guidance:

- HSC 1999/053 – *For the record*
- HSC 1998/217 – *Preservation, retention and destruction of GP General Medical Services records relating to patients (replacement for FHSL (94)(30))*
- HSC 1998/153 – *Using electronic patient records in hospitals: Legal requirements and good practice.*

The code provides a key component of information governance arrangements for the NHS. This is an evolving document because standards and practice covered by the code will change over time and will be subject to regular review and updated as necessary. As a result of a review, part 2 only of the code relating to the retention schedules has been updated in light of guidance and advice given from the NHS and professional best practice. The updated part 2 was published on 8 January 2009.

The guidelines contained in this code of practice apply to NHS records of all types (including records of NHS patients treated on behalf of the NHS in the private healthcare sector) regardless of the media on which they are held.