NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Meeting to be held at 9:45am on Thursday 26 July 2018 in the Board Room, Sanger House, Brockworth, Gloucester GL3 4FE

No.	Item	Lead	Recommendation
1.	Apologies for Absence	Chair	Information
2.	Declarations of Interest	Chair	Information
3.	Minutes of the Meeting held on 31 May 2018 Extraordinary Minutes	Chair	Approval
4.	Matters Arising	Chair	Discussion
5.	Merger Application from St. Peter's Road and The Avenue Surgery	Jeanette Giles	Approval
6.	Primary Care Workforce Health inequalities Fellowship – presentation	Zaheera Nanabawa	Discussion
7.	Premises Development Report July 2018	Andrew Hughes	Discussion
8.	Primary Care Quality Report	Marion Andrews Evans	Discussion
9.	GCCG Pharmacy Team Update	Teresa Middleton	Approval
10.	Delegated Primary Care Financial Report	Cath Leech	Information
11.	Primary Care Operational Group minutes and presentation on Improved Access (embedded document)	Helen Edwards	Information
12.	Any Other Business	Chair	

Date and time of next meeting: Thursday at 9:45am on 4 October 2018 in the Board Room at Sanger House.

Primary Care Commissioning Committee (PCCC)

Minutes of the meeting held on Thursday 31 May 2018 at 9:45am in the Board Room, Sanger House, Gloucester GL3 4FE

Present:		
Alan Elkin *(Chair)*	AE	Lay Member – Patient and Public Engagement
Cath Leech	CL	Chief Finance Officer
Dr Andy Seymour *(Non-voting)*	AS	Clinical Chair
Colin Greaves	CG	Lay Member – Governance
Mary Hutton	MH	Accountable Officer
Julie Clatworthy	JC	Registered Nurse
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Helen Goodey	HG	Director of Primary Care and Locality Development
In attendance:		
Alan Thomas	AT	Healthwatch Representative
Andrew Hughes	AH	Associate Director of Commissioning
Jeanette Giles	JG	Head of Primary Care Contracting
Stephen Meadows *(Item 8)*	SM	Locality Manager
Zoe Barnes	ZB	Corporate Governance Officer
Jo White	JW	Programme Director for Primary Care
Razi Ahmed	RA	Lay Member – Insights Programme
There were 5 members of the public present.		

1 Apologies for Absence

1.1 Apologies were received from Joanna Davies (JD), Christina Gradowski (CGi), Cllr Roger Wilson (RW) and Becky Parish (BP).

1.2 The meeting was confirmed as quorate.

2 Declarations of Interest

2.1 AS declared a general interest as a Gloucestershire GP. AE confirmed that AS should not be excluded from any discussions as he was a non-voting member.

3 Minutes of the Meeting held on Thursday 29th March 2018

3.1 The minutes of the meeting held on Thursday 29th March 2018 were approved subject to the following amendment at section 4.2 to read:

- "HE provided an update regarding the Learning Disabilities **Physical Disabilities Nursing Home** DES."

3.2 CG requested further clarification with reference to the funding for clinical pharmacists against the primary care budget, as discussed at 11.3 of the minutes. CL advised that the majority of clinical pharmacists were funded from the CCG prescribing budget, and a few were funded by NHS England. AE suggested that a paper was brought forward to describe how all innovative posts were being funded e.g. those within clusters. HG advised that the data was available however the situation was complex and therefore suggested that the team develop a paper describing the complete picture of skill mix within the workforce. AS advised that a high level of detail would be difficult to obtain from each individual practice. It was agreed that HG would discuss this issue with Stephen Rudd in terms of how to present the data to the Committee for the next meeting. **ACTION HG.**

4 Matters Arising

4.1 25/01/2017 Item 6.10 Learning Disabilities DES Preliminary Report – Members noted that this item was due in September. **Item to remain open.**

4.2 29/03/2018 Item 3.2 Revenue Requirements Valley Road Health Centre – AH had circulated a revised resolution to members for this item regarding the Valley Road revenue costs (see section 3.3 post meeting note 29/03/2018) and the Committee agreed with this alteration. **Item closed.**

4.3 29/03/2018 Item 4.2.2 Community Dental Services – MAE provided an update and advised that she had had a conversation with the Nurse Consultant in Learning Disabilities (LD) to establish the current position for access to community dental services. MAE noted that those with complex learning difficulties had access to dental support from Gloucestershire Care Services NHS Trust

(GCS) and others were expected to go to a normal dental practice, however this presented challenges. Dental hygiene had been raised through mortality reviews as this had been identified to be associated with pneumonia. AE queried if community dental practices provided a full range of dental services to patients. MAE confirmed that this was the case. JC added that adequate choice for people with LD and their carers was important to consider. **Item closed.**

5 Briefing on the proposed branch closure of St Catherine's Surgery

5.1 JG presented the briefing paper and advised that an application had been received from St Catherine's Surgery to close their branch surgery at Hester's Way Living Centre. The surgery currently provided 3 GP sessions a week and 4 nursing sessions per week.

5.2 JG advised that the practice had requested closure as soon as possible and further detail on the reasons would be included in a paper to a later meeting of the Committee. In line with the Standard Operating Procedure (SOP) process, neighbouring practices had been contacted resulting in two practices coming forward to advise that they would be interested in having a branch surgery at Hester's Way.

5.3 HG advised that as a result, the Committee would be asked to review a number of options to assess what would be the best fit for patients in this area. It was noted that an extraordinary PCCC meeting in June may be needed to approve the request for closure as the practice had requested to proceed with closure as soon as possible.

5.4 RESOLUTION: The Committee noted the report.

6 Development of a Primary Care Hub, Quayside regeneration, Gloucester City Centre progress report

6.1 AH presented the paper which was taken as read, and provided an update on infrastructure issues within Gloucester City Centre, and the strategic approach for the Primary Care Hub as part of the County Council led Quayside regeneration programme.

6.2 AH highlighted the key sections of the report including section 3.1 regarding project and business case development and section 4 regarding the approach to population and final sizing.

6.3 AH noted that appropriate adjustments had been made to the financial aspects of the development subject to the usual caveats. The business case delivery was anticipated in the Summer 2020.

6.4 AE requested assurance that the assumed costs had been built into the primary care financial plan and CL confirmed that this was correct.

6.5 AE requested clarity on the contracting model used by the County Council for their professional advisor team. AH advised that councils had standing financial instructions and a framework to adhere to and had sought to obtain external advisors. Confirmation as to who had been chosen had not yet been received. AE added that the CCG's business case would need to adhere to the council's timescales and underlined the importance of the service being in place in a reasonable timescale. AH assumed that as a result of the considerable amount of work put into the scheme he was reasonably assured that it would deliver.

6.6 HG advised that vulnerable patients were being identified; particularly those unable to travel and an update would be brought to the Committee at a later date on how this issue would be handled. **ACTION HG.**

6.7 AH highlighted the table on page 7 and noted that it was anticipated that only a small number of patients from St Michaels and College Yard surgeries would transfer to the new surgery, however this could change once the surgery was built.

6.8 AS queried what role the City Council had in the developments. AH advised that the City Council were not formally involved but the City Council Leader had been present at the press launch at Quayside. AH added that the County Council could not move any quicker in terms of the development due to restrictions beyond their control.

6.9 JC recommended that adequate testing was undertaken in terms of skill mix for the new service. AH advised that there was an added challenge as the practices had different contract structures however

by working collectively space was being reduced. JC added that innovation was important, however downtime in the rooms should be minimalised to reduce costs.

6.10 CG noted that there was an increase in size, parking and price per square meter however the new plan allowed for growth as opposed to the previous business case which was a positive development.

6.11 <u>RESOLUTION:</u> The Committee noted the contents of the report, the revised timeline and assumption changes.

7. <u>Improving Access Pilots</u>

7.1 JW gave a presentation update on the improving access pilots and reminded members of the intentions of the pilots in enabling more equality of access to appointments.

7.2 JW gave further background noting that national core requirements were to be adhered to and the team were looking locally at how pilots could be developed across the county.

7.3 JW reported that 4 cluster pilots (Tewkesbury, Forest of Dean, St Pauls and the Aspen centre) successfully went live in October 2017 with GP led appointments. Challenges presented included IT interoperability with 3 different systems in use across these sites. IT solutions were subsequently worked up, and the Commissioning Support Unit (CSU) IM&T team had provided significant support.

7.4 JW advised that in line with the GPFV, the team were working with clusters on developing the skill mix and ensuring shift fill which would be useful in terms of delivering at scale whilst still meeting the national core requirements.

7.5 JW discussed the new cluster pilots as described within the table on slide 5 and noted that some were working with GP Partners, and some on a hybrid model.

7.6 JW described the evaluation method and plan which had been completed for the first four pilots to assess improved access including routine appointment availability, sustainability of primary care and the impact on the wider system.

7.7 JW noted the review of paramedic activity Tewkesbury, Newent and Staunton locality to establish how many patients were seen, their age range, the conditions treated and the outcomes.

7.8 JW advised that advertising appointments was a challenge in terms of making sure that these were equally available. Different methods were being used to assist in communications including posters and radio.

7.9 JW discussed the learning to date including that equity of access was at a good level and rota fill was also very positive in most areas.

7.10 JW advised that the next steps were to reiterate governance arrangements and ensure that shift fill was consistent and develop a relationship with 111 for booking appointments at weekends and bank holidays. .

7.11 JC recognised the hard work that had gone into these developments but queried whether information would be presented to the Committee in terms of quality assurance including capturing local innovations. JW noted that there had been a challenge in getting the pilots up and running but agreed that performance monitoring was important, and was being looked at alongside the wider Sustainability and Transformation Partnership (STP) agenda.

7.12 HG wished to note that improved access could not be expected to solve all problems and the key priority at the beginning of implementation was to deliver against the core requirements and support sustainability of primary care. The key elements of the programme were to improve access to key appointments and raise awareness. HG advised that a further update would be given at the July or September meeting in terms of quality assurance and performance. **ACTION HG.**

7.13 AS advised that his practice was one of those that had merged in April and improved access had been helpful in supporting this merger. AS added that 4 GPs had subsequently come forward to become partners since April. JW noted that moving towards a new model was a challenge for practices in terms of making improved access work for them and their workforce.

7.14 HG noted that the workforce to deliver 8 until 8 services was existent in Gloucestershire however further work was needed in terms of continuing to deliver this at a sustainable level.

7.15 <u>RESOLUTION:</u> The Committee noted the update.

8 Online Consultation Systems Project Update

8.1 HG introduced the item which provided an update to the presentation given at the last meeting regarding the online consultation systems project, in line with the GPFV programme.

8.2 It was noted that the timeline for the implementation of 111 Online by NHS England had been brought forward from December 2018 to the end of July 2018, therefore the primary care team were working with the finance and communications teams to ensure delivery against this deadline.

8.3 HG noted that GPs were committed to implement online consultation systems, and a workshop event had been scheduled for the 12 June 2018 for Gloucestershire practices and GPs to hear about the solutions.

8.4 HG advised that there were some challenges in ensuring that online consultation systems align to the ASAP app, Directory of Services, pathways, and NHS 111 online. However, the procurement did not allow the use of one system at this time, but as part of the NHS digital roadmap, NHSE had committed to one system from next year. HG noted that the CCG would therefore progress a two year contract to ensure it aligns to 111.

8.5 SM informed members that he had gone out to all localities to gain feedback, and there was a good appetite for online consultation systems, but ultimately one integrated system was desired and would continue to be worked towards.

8.6 AE queried what feedback had been given by those in the county already using online consultation systems. HG advised that some practices had dropped out of using them, but there was now an appetite amongst some GPs for starting to point patients towards

using online systems such as online prescriptions in line with the GPFV. SM reported that the CCG had been liaising with Hampshire CCG who had implemented the programme. CL added that information was available from them in terms of outputs and outcomes from their implementation which were being used to develop Gloucestershire's case. CL suggested that practices who want to use the system should be targeted first to enable a better chance of delivery.

8.7 CG noted that a previous trial for Skype for online consultations had been unsuccessful and also highlighted section 4.2 of the report regarding trialling forms of online consultation. CG therefore raised concerns that there was insufficient evidence of success. AS advised that the Skype component was very different, and this solution was about compliance with the GPFV in reducing reception time and improving efficiency of GP time.

8.8 HG advised that the team were establishing opportunities to develop a Gloucestershire practice website, noting the variance currently in each GP Practice website. Locality Chairs had shown significant interest in developing an online website to redirect patients, recognising locally that patients were also seeking online solutions for primary care.

8.9 MAE informed members that she had raised this issue with the cross border group with Wales. MAE advised that this solution would also fit in with other solutions such as the over the counter medicines programme launching at the end of May.

8.10 JC raised concerns that the use of online consultations would prevent the use of other online initiatives. CL advised that practices had given feedback that they want to utilise more online solutions therefore providing assurance that this would not be the case.

8.11 It was confirmed that funding was non-recurrent therefore a full business case would be needed at a later date should further funding be required.

8.12 <u>RESOLUTION:</u> The Committee noted the contents of the report.

9 <u>Primary Care Offer (PCO) 2018/19</u>

9.1 JG presented the paper which provided details on the contract specification for the PCO 2018/19, which was over and above the normal primary care contract.

9.2 The PCO in previous years had enabled great changes amongst GP practices, and JG highlighted the changes to the offer for 2018/19 as outlined within appendix A:

- Single Point of Clinical Access (SPCA) – all practices to use SPCA for all admissions to Gloucestershire Hospitals NHS Foundation Trust (GHT) and community hospitals and to use NEWS scoring;
- Data quality – use of the LES, raising awareness of good quality clinical data;
- CVD prevention, social prescribing and physical activity masterclasses.

9.3 JG informed members that there was 100% sign up of the PCO by practices in 2017/18, and just 8 practices were awaited to confirm for 2018/19.

9.4 HG reported that 4 elements for prescribing had been introduced last year including Gluten Free, SIP Feeds, over the counter medicines and non-formulary drugs evidencing that the PCO allowed appropriate focus on key issues. The focus for this year was supporting frailty.

9.5 AS advised that the CCG had worked with the Local Medical Committee (LMC) to develop the PCO. Cancer masterclasses had been removed for 2018/19 however AS provided assurance that these were to continue outside of the PCO.

9.6 CG highlighted activity 4 and the requirement for practices to attend the commissioning event annually, raising concerns that capacity in some practices may be limiting, and patient needs should come first. HG advised that a detailed discussion had been held with the Local Medical Committee (LMC) around this issue and the CCG would be flexible around this element of the offer and other elements where appropriate.

9.7 JC requested that quality concerns were incorporated such as post-operative wound care for patients which would be a key element to be audited, noting that this was not included in the paper.

9.8 JC raised concerns that frailty was important to include however would present a significant amount of work for practices and GPs. HG confirmed that work was ongoing by the CCG frailty lead however it was important to understand the challenges following training given to practices last year. HG added that a Clinical Programme Group (CPG) was in development for frailty, and some localities such as North Cotswolds had chosen to focus on frailty with their PCO monies.

9.9 MAE noted that the skills to deliver the elements of the PCO should not be assumed as being readily available, and appropriate planning was needed around ensuring skills and capacity for delivery.

9.10 MH noted that it was clear that practices were engaged with the PCO and suggested that the same wording was included within the Gloucestershire Care Services NHS Trust contract to support joint working and consistency in line with the Sustainability and Transformation Partnership (STP).

9.11 <u>RESOLUTION:</u> The Committee noted the paper which was provided for information.

10 <u>Brockworth / Hucclecote Update</u>

10.1 AH gave a verbal update on practice developments in Brockworth and Hucclecote, which had been identified within the infrastructure plan as a key priority to support population growth in the area.

10.2 AH informed the committee that the update was speculative at this time however the two practices had advised they were keen to do a joint development to support 20k patients however should this not be possible, would continue to complete developments separately.

10.3 AH advised that a location would be sought near to or within Gloucester Business Park, Brockworth on order to be accessible to both areas, however costs were anticipated to be high.

10.4 AH reported that he had shared intelligence with the District Evaluations Service, and was working closely with the practice developer and the local MP to support the development proposals.

10.5 CL noted the financial pressures which would impact on the delegated budget which was already restricted, and the CCG would need to consider priorities once more comprehensive information had been received.

10.6 HG noted the importance of maintaining sustainability of the practices which would be reliant on the results of the developments in the area.

10.7 MH advised that Gloucestershire needed sustainable primary care services in order to support the overall CCG position on service delivery and suitable options would continue to be worked through.

10.8 HG informed members that both practices were willing to come and present their ideas on what would work for them and their patients to the Committee, noting that it was important to gain and incorporate feedback from both practices.

10.9 RESOLUTION: The Committee noted the update.

11 Delegated Primary Care Financial Report 2017/18

11.0.1 CL presented the report which outlined the financial position on delegated primary care co-commissioning budgets as at the end of March 2018 (year-end). This was part of the overall CCG financial position. The paper was taken as read.

11.0.2 The CCG reported an under spend of £6k against delegated budgets. CL discussed the over and underspends such as locum fees, which had been mitigated through full utilisation of the 0.5% planned contingency fund and headroom funding.

11.0.3 CL advised that provision had been included for pressures in year.

11.0.4 RESOLUTION: The Committee noted the paper.

11.1 Delegated Primary Care Budget Update 2018/19

11.2 CL presented the paper which gave an update on the 2018/19 budget proposals for delegated commissioning. An update had been given at the March meeting and there had been no changes since that report.

11.3 CL highlighted the key changes for 2018/19 including the requirement from NHSE that £1.017p per registered patients would be deducted from delegated allocations and transferred to programme budgets. This would equate to £657k and the impact of this was continuing to be worked through, and the CCG would look at utilising contingency funds to manage pressures in year.

11.4 CL also noted the risk to the budget as a result of the national pay award.

11.5 AE raised concerns regarding the risk analysis. CL provided assurance that contingency funds would support the risks, with capital demand and demographic growth always being inherent risks however the pay award risk had less certainty than others identified.

11.6 AE noted that there had been an acceleration in spend towards the end of the financial year. CL advised that the CCG had to set aside for some practices who had been struggling in year.

11.7 <u>RESOLUTION:</u> The Committee noted the contents of the report.

12 <u>Primary Care Quality Report</u>

12.1 MAE introduced the primary care quality report which was taken as read and noted the highlights.

12.2 MAE noted that there were not high numbers of serious incidents reported through the NRLS from in primary care with most being reviewed within practices. The CCG would be looking to enhance the reporting through NRLS by practices through the sign up to safety initiative.

12.3 MAE reported that there were a number of safeguarding cases ongoing as outlined within the paper, however there was an

increase of uptake of training by practices of Gloucestershire Safeguarding Children's Board (GSCB) level 3 safeguarding. There was also good attendance at the safeguarding events organised by the CCG.

12.4 MAE highlighted the 'Do Not Prescribe List' section of the report and noted that this would now include the over the counter medicines programme due to be launched on the 1 June 2018.

12.5 MAE advised that 2 more practices had been inspected by the CQC and had achieved overall ratings of 'good'. MAE added that a list of the next inspections would be forwarded to the CCG in due course.

12.6 MAE informed members that a comprehensive primary care assurance framework would be presented to the committee at a later date.

12.7 MAE advised that the Friends and Family test (FFT) performance remained poor.

12.8 MAE discussed the practice participation groups and advised that the PPG network continued to meet and the next meeting would be looking at online consultations and 111 online at meetings.

12.9 MAE noted that the GP patient survey was being reviewed and the CCG were directly involved in this piece of work with BP invited to be a member of the GPPS Steering Group.

12.10 MAE informed members that discussions were underway regarding a potential merge of the Prescription Ordering Line (POL) and Prescription Ordering Centre (POC). The POL had been found to be more cost effective and deliverable. MAE added that prescription requests for appliances would be going through the POL system in future.

12.11 MAE highlighted dressings prescribing, prescribing support dieticians and prescribing data. It was noted that the medicines optimisation team had achieved good outcomes for the prescribing budget.

12.12 MAE noted the following key issues from the report:

- Complaints summary – majority of complaints coming through PALS related to the Freestyle Libre flash glucose monitoring system;
- Infections remained a challenge in the community particularly around E Coli;
- Prescribing targets for antibiotics;
- C Difficile infection rate increasing between 2016/7 and 2017/18 with the most substantial increase being as a result of community acquired infection. Hospital acquired infection had fallen. Flu planning for winter commenced;
- Further development of Practice Nurses. Hospital discharge pilot red bag scheme – 5 care homes agreed to implement red bags and the process has been well received by hospitals.

12.13 AT highlighted the C Difficile figures and related deaths, and noted the increase in cases in 2017/18 from the previous year. AT queried whether targets were separate for community and hospital services. MAE advised that many deaths had resulted from other factors, C Difficile related deaths would not necessarily have had C Difficile as the principle cause of death. MAE advised that GHFT had an NHSE set target, and there was also a countywide set target for the trust, however local targets were set for GCS. MAE confirmed that GHFT were exceeding their target. There was no target for 2Gether NHS Foundation Trust (2G) as they did not have any cases.

12.14 AE queried when the primary care assurance framework information could be anticipated to be presented to Committee. HG confirmed that a report could be brought to the next meeting however, the information would be extensive. It was agreed that anonymised information would be presented to the next PCCC. HG added that a nationally driven primary care internal audit was planned for this year. **ACTION HG.**

12.15 Members noted the common quality report shared with the Integrated Governance and Quality Committee (IGQC) which would be reviewed at a later date.

13. Any Other Business

13.1 There were no items.

The meeting closed at 11:35am.

<u>Date and Time of next meeting:</u> Thursday 26th July 2018, 09:45am, in the Board Room, Sanger House.

Primary Care Commissioning Committee (PCCC)
Matters Arising – July 2018

Item	Description	Response	Action with	Due Date	Status
25/01/2017 Item 6.10	Learning Disabilities DES Preliminary Report	JD queried whether there were any examples of practices undertaking and outreach programme to allow health checks to be completed outside of a practice environment. HG identified that there was a Local Enhanced Service (LES) which was used within care homes and felt that feedback on the results of the LES would be beneficial to the Committee. 29/03/2018 – JC requested that an evaluation was undertaken providing further context of the service.	HG	October 18	For October agenda
31/05/2018 Item 3.2	Minutes 29/03/2018 – Clinical Pharmacists funding	AE suggested that a paper was brought forward to describe how all innovative posts were being funded e.g. those within clusters. HG advised that the data was available however the situation was complex and therefore suggested that the team develop a paper describing the complete picture of skill mix within the workforce. It was agreed that HG would discuss this issue with Stephen Rudd in terms of how to present the data to the Committee for the next meeting.	HG	July 18	On agenda see item 9.
31/05/2018 Item 6.6	Gloucester City Primary Care Hub	HG advised that vulnerable patients were being identified; particularly those unable to travel and an update would be brought to the Committee at a later date on how this issue would be handled.	HG	October 18	For October agenda
31/05/2018 Item 7.12	Improved Access Pilots – Quality assurance	JC queried whether information would be presented to the Committee in terms of quality assurance including capturing local innovations. HG advised that a further update would be given at the July or September meeting in terms of quality assurance and performance.	HG	October 18	For October agenda

31/05/2018 Item 12.14	Quality Report – PC assurance framework	AE queried when the primary care assurance framework information could be anticipated to be presented to Committee. HG confirmed that a report could be brought to the next meeting however, the information would be extensive. It was agreed that anonymised information would be presented to the next PCCC.	HG	July 2018	This report has been produced see Part 2.

Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

Decision

Clinically Go

Mile-stone	Area	Task	Owner	% Complete	3/19	3/26	4/2	4/9	4/16	4/23	4/30	5/7	5/14	5/21	5/28	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6
PCC Approval	PCC Approval	Outline Model	CCG / SB	0%																					
		Communicate with Springbank PPG	CCG / SB	0%																					
		Determine Patient Flow impact	CCG	0%																					
		Detail Background (Investment in Drs, Developments West & North)	CCG / SB	0%																					
		Receive Questionnaires - Share Patient Feedback with SB	CCG	0%																					
		Present to PCC	CCG	0%																					
		Obtain Approval from PCC	CCG	0%																					
				0%																					
Mobilisation Management Set Up	Team and Tool Set Up	Identify staff to be involved, and their area of responsibility	SB	0%																					
		Complete detailed mobilisation plan that includes due dates and person responsible	SB	0%																					
		Create high level milestone status reporting to be able to monitor if on track	SB	0%																					
				0%																					
	Springbank's Staff Engagement	Staff Meeting	SB	0%																					
		Set up regularly scheduled steering / working / daily meetings	SB	0%																					
		Determine schedules / resources required to operate over two sites	SB	0%																					
				0%																					
	Patient Engagement	Existing Springbank Patient Notification	SB	0%																					
		Potential new patient messages - flyers, web, etc	SB	0%																					
				0%																					
	Stakeholder Engagement	Identify key stakeholders	SB	0%																					
		CQC - Notification and Confirmation of Additional Location	SB	0%																					
		NHS Hospital Trusts - Notification	SB	0%																					
		Community Service Provider - Notification	SB	0%																					
		Voluntary Sector - Notification	SB	0%																					
		Information Commissioners Office	SB	0%																					
	Governance	Review Hesters Way Clinical Incidents Log and Identify any Risk Areas	SB	0%																					
		Confirm key responsibilities - Caldicott etc	SB	0%																					
		Review/Harmonise Governance Framework across both sites	SB	0%																					
		Review/Harmonise Policies and Procedures across both sites	SB	0%																					
				0%																					
	Facilities and Equipment	Assess security of building	SB	0%																					
		Assess safety of building – clutter, storage, visibility, cabling, Legionella, Asbestos, personal safety and safety of visitors, including slips, trips and falls	SB	0%																					
		Assess Fire Safety and training	SB	0%																					
		Assess utility management	SB	0%																					
		Assess pest control	SB	0%																					
		Assess building and landscape maintenance (condition of building – walls, roof, windows, floors)	SB	0%																					
		Assess cleaning standards	SB	0%																					
		Assess laundry options	SB	0%																					
		Assess health and safety standard	SB	0%																					
		Assess waste management	SB	0%																					
		Assess clinical waste management	SB	0%																					
		Assess infection control standard	SB	0%																					
		Assess condition of equipment used – both workplace and medical	SB	0%																					
		Assess safety of equipment used – including working at height, display screen equipment, personal protective equipment	SB	0%																					
		Assess Control of Substance Hazardous to Health (COSHH) standards status	SB	0%																					
		Assess spillage equipment and training	SB	0%																					
		Assess PAT test status	SB	0%																					
		Assess equipment servicing status	SB	0%																					
		Meet with owners to review lease, expectations, and understand what we are responsible for in building	SB	0%																					
		Meet with other building occupants to receive feedback	SB	0%																					
		Review Hesters Way disaster plan.	SB	0%																					
		Meet with any other occupiers of Hesters Way to determine their expectations and any issues with the current provision.	SB	0%																					
		Assess rooms / available space	SB	0%																					
		Review parking	SB	0%																					
		Assess furniture	SB	0%																					
		Review opening hours	SB	0%																					

Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

Decision

Clinically Go

Mile-stone	Area	Task	Owner	% Complete	3/19	3/26	4/2	4/9	4/16	4/23	4/30	5/7	5/14	5/21	5/28	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6
Pre Contract Start Assessment (Assess Current Situation / Baseline Information)				0%																					
	Human Resources	Source staff to fill model	SB	0%																					
		Adjust contracts if required	SB	0%																					
		Determine staff availability / rotas / holidays	SB	0%																					
				0%																					
	Information Technology	Inventory hardware (condition, status, functionality)	SB	0%																					
		Inventory software (Lexacom, Scriptswitch, INR Star, Windows 7?)	SB	0%																					
		Assess server hosted / on site	SB	0%																					
		Assess telecommunications	SB	0%																					
		Assess N3 Connection	SB	0%																					
		Inventory of medical equipment - Minor Ops – hyfrecator, ECG, 24 hour ECG, Defibrillator, Spirometry, Blood Pressure	SB	0%																					
		Assess equipment ownership	SB	0%																					
		Initiate IT Set Up	SB	0%																					
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	Finance & Legal	Review utilities	SB	0%																					
		Review rental lease arrangement / service charge	SB	0%																					
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		Identify any immediate potential savings	SB	0%																					
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	Clinical Handover	Determine what services will be offered at which site and when	SB	0%																					
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		Assess workforce to detail where we can provide an 'enhanced level' of care above normal primary care services in taking advantage of allied health professionals in delivery of services and increasing the range of services available to patients, become more accessible and flexible to patient's needs (ie COPD, Mental Health, Sexual Health, Older People)	SB	0%																					
		Design schedule for specialist clinics (vascular - cardiovascular disease, diabetes, peripheral vascular disease, cerebrovascular disease, heart failure and NHS checks)	SB	0%																					
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Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

Decision | Clinically Go

Mile-stone	Area	Task	Owner	% Complete	3/19	3/26	4/2	4/9	4/16	4/23	4/30	5/7	5/14	5/21	5/28	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6
		Meet with and consult the Practice's Patient Participation Group for their input and suggestions.	SB	0%																					
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		Ensure business continuity plan is up to date and implementable	SB	0%																					
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Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

Decision **Clinically Go**

Mile-stone	Area	Task	Owner	% Complete	3/19	3/26	4/2	4/9	4/16	4/23	4/30	5/7	5/14	5/21	5/28	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30	8/6
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Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

› Live at Hesters Way

Mile-stone	Area	Task	8/13	8/20	8/27	9/3
PCC Approval	PCC Approval	Outline Model				
		Communicate with Springbank PPG				
		Determine Patient Flow impact				
		Detail Background (Investment in Drs, Developments West & North)				
		Receive Questionnaires - Share Patient Feedback with SB				
		Present to PCC				
		Obtain Approval from PCC				
Mobilisation Management Set Up	Team and Tool Set Up	Identify staff to be involved, and their area of responsibility				
		Complete detailed mobilisation plan that includes due dates and person responsible				
		Create high level milestone status reporting to be able to monitor if on track				
	Springbank's Staff Engagement	Staff Meeting				
		Set up regularly scheduled steering / working / daily meetings				
		Determine schedules / resources required to operate over two sites				
	Patient Engagement	Existing Springbank Patient Notification				
		Potential new patient messages - flyers, web, etc				
	Stakeholder Engagement	Identify key stakeholders				
		CQC - Notification and Confirmation of Additional Location				
		NHS Hospital Trusts - Notification				
		Community Service Provider - Notification				
		Voluntary Sector - Notification				
		Information Commissioners Office				
	Governance	Review Hesters Way Clinical Incidents Log and Identify any Risk Areas				
		Confirm key responsibilities - Caldicott etc				
		Review/Harmonise Governance Framework across both sites				
		Review/Harmonise Policies and Procedures across both sites				
	Facilities and Equipment	Assess security of building				
		Assess safety of building – clutter, storage, visibility, cabling, Legionella, Asbestos, personal safety and safety of visitors, including slips, trips and falls				
		Assess Fire Safety and training				
		Assess utility management				
		Assess pest control				
		Assess building and landscape maintenance (condition of building – walls, roof, windows, floors)				
		Assess cleaning standards				
		Assess laundry options				
		Assess health and safety standard				
		Assess waste management				
		Assess clinical waste management				
		Assess infection control standard				
		Assess condition of equipment used – both workplace and medical				
		Assess safety of equipment used – including working at height, display screen equipment, personal protective equipment				
		Assess Control of Substance Hazardous to Health (COSHH) standards status				
		Assess spillage equipment and training				
		Assess PAT test status				
		Assess equipment servicing status				
		Meet with owners to review lease, expectations, and understand what we are responsible for in building				
		Meet with other building occupants to receive feedback				
		Review Hesters Way disaster plan.				
		Meet with any other occupiers of Hesters Way to determine their expectations and any issues with the current provision.				
		Assess rooms / available space				
		Review parking				
		Assess furniture				
		Review opening hours				

Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

› Live at Hesters Way

Mile-stone	Area	Task	8/13	8/20	8/27	9/3
Pre Contract Start Assessment (Assess Current Situation / Baseline Information)						
	Human Resources	Source staff to fill model				
		Adjust contracts if required				
		Determine staff availability / rotas / holidays				
	Information Technology	Inventory hardware (condition, status, functionality)				
		Inventory software (Lexacom, Scriptswitch, INR Star, Windows 7?)				
		Assess server hosted / on site				
		Assess telecommunications				
		Assess N3 Connection				
		Inventory of medical equipment - Minor Ops – hyfrecator, ECG, 24 hour ECG, Defibrillator, Spirometry, Blood Pressure				
		Assess equipment ownership				
		Initiate IT Set Up				
	Finance & Legal	Review utilities				
		Review rental lease arrangement / service charge				
		Review Reimbursements				
		Identify any immediate potential savings				
		Identify all current contracts				
		Review term's of occupancy				
		Review Enhanced service provision / DES / CES				
		Consult with Accountants				
		Review payment processes				
		Review vendor costs				
		Back Office - Review/Harmonise – Insurance, Finance, Payroll, Telecoms, Website				
	Impact on CSM	Financial				
		Staff use				
	Clinical Handover	Determine what services will be offered at which site and when				
		Adjust SystmOne to accommodate offerings at each site				
		Define approach and process for directing patients to appropriate site				
		Map out clinic rotas				
		Determine Allied Health relationships – DNs, HVs, Midwife, Mental health				
		Map out Services – what offered, who performs, how scheduled, contractual obligations				
		Determine where DN based, if they do leg ulcers?				
		Determine where Health Visitors hold clinics				
		Determine Social Services, Named, where based, Drug & Alcohol, Access, Sexual Health, Provision, Pharmacy, In house, EPS, On Site Providers, Arrangement, Dentist, Child Care, Pharmacist, Weight Management, Mental Health				
		Review Governance policies				
		Review Buisness Continuity Plan				
		Assess workforce to detail where we can provide an 'enhanced level' of care above normal primary care services in taking advantage of allied health professionals in delivery of services and increasing the range of services available to patients, become more accessible and flexible to patient's needs (ie COPD, Mental Health, Sexual Health, Older People)				
		Design schedule for specialist clinics (vascular - cardiovascular disease, diabetes, peripheral vascular disease, cerebrovascular disease, heart failure and NHS checks)				
		Set up schedule to include Hesters Way in regular "Target" meetings (includes Clinical Audit, Significant Events)				
		Set up schedule to include Hesters Way in Nurses Forum				
		Review staff development opportunities				
	Patients	Assess demand pattern				
		Determine population mix				
		Determine deprivation mix				
		Determine extent of current patient involvement through assessing the Patient Participation surveys that were required as part of the NHS England contract to determine what areas would be a priority improvement focus.				

Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

› Live at Hesters Way

Mile-stone	Area	Task	8/13	8/20	8/27	9/3
		Meet with and consult the Practice's Patient Participation Group for their input and suggestions.				
		Assess the new Practice's website and text messaging situation to determine what improvements could be made in communicating with patients.				
		Consider implementing a mini survey for additional feedback.				
		Assess demographics and determine how to meet their needs				
	Communication	Create Communication Plan - for staff, patients and local health economy				
		Update staff through face to face meetings and daily internal updates.				
		Arrange local public meeting, coffee mornings at the surgery, direct mailing, and updates on surgery notice boards, local town hall meeting, website, and local posters				
		Seek feedback to inform any changes that are required.				
		Pre-Draft Announcement - written document plus FAQs				
		Consult Hester's Way Neighbourhood Project who manage the building				
		Communicate through Hester's Way Neighborhood Project monthly magazine Viewpoint				
	Administration	Liase with the Care Quality Commission, and confirm location update				
		Update current model of processes in Reception - registrations, deductions, home visits, phone answering, prescriptions, post, and arranging transport.				
		Update current model of processes in Administration - scanning, insurance requests, patient recalls, pathology matching, referral letters / dictation, open Exeter smears and immunisations.				
		Update current model of processes in Management - IT support, staff hiring and management, finance (including claims, payments and income), and premises management.				
		Update current model of processes in Clinical - clinic and rota / appointment set ups, consultations, prescribing, and referring, and how / if the current clinical system is used to support those processes.				
		Review CQC preparedness / last assessment outcomes				
		Patient Literature - Review/Harmonisation				
Prioritise Issues		Create Issue Plan based on gaps identified, and for any others identified during mobilisation				
Identify Risks		Create Risk monitoring plan and mitigation options				
Implement Required Changes for Service Readiness at Hesters Way	**Change**	Create a change management plan identified from gaps, issues and risks. This will include organisation structure, roles, competencies, processes, tools, interventions, and data capture infrastructure necessary to achieve the optimal model and performance targets.				
	Training	Provide staff training for The Health & Safety at Work Act (1974)				
		Provide training for cleaners				
		Provide staff training for Spillages				
		Provide staff training for fire safety procedures				
		Staff Development Plan - Review Training Log, Prepare Staff Training and Development Plan				
	Audit	Set up daily, monthly and quarterly Infection Control audits				
		Set up regular COSHH audits				
	Mitigation	Assess for risk and adequate controls put in place. Control of Substances Hazardous to Health (COSHH). Produce and maintain a written inventory of all hazardous substances and obtain safety data sheets from suppliers				
		Arrange next due PAT Test				
		Arrange next due equipment servicing				
		Organise repairs or update equipment and rooms to meet infection control, COSHH or health and safety standards				
		Ensure business continuity plan is up to date and implementable				

Springbank Surgery
The West Cheltenham Practice

Springbank / Hesters Way Transition

› Live at Hesters Way

Mile-stone	Area	Task	8/13	8/20	8/27	9/3
6 Month Plan	**Clinical**	Review roles - GP / Prescribing NP / HCA				
		Plan Vascular clinic schedule to cover CHD/ PVD. DM				
		Plan Respiratory clinic schedule to cover Asthma / COPD				
		Plan Over 75 clinic schedule				
		Plan Minor Ops clinic schedule – AW / SS once a month				
		Plan Sexual health clinic schedule				
		Determine opportunity for a Trainee				
		Determine opportunity for a Prescribing Pharmacist				
		Consider potential to get Springbank / Hesters Way to training status				
		Review integration with the wider health and social care economy				
		Plan for future increased list size changes				
	Administration	Amend model to merge back office to serve both surgeries				
		Review potential to centrailse Appointments				
		System templates (letters / Basics)				
Monitor		Track that changes are remaining where expected				
		Watch key performance indicators on finance, QOF, staff, service delivery				

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 5

Primary Care Commissioning Committee

Meeting Date	**Thursday 26th July 2018**
Title	**Application to merge from The Avenue Surgery and St Peter's Road Surgery**
Executive Summary	An application for merger has been received from two practices in South Cotswolds locality.
Risk Issues: **Original Risk** **Residual Risk**	Both practices have identified the increasing challenges of managing small practices. A merger will increase practice resilience.
Financial Impact	The CCG should consider costs/value for money as this contract merger will merge two contracts and leads to an 'averaging' effect. In this instance, following analysis there appears to be no cost pressure on the CCG if the merger is approved. However, the CCG should also bear in mind that once patients are under one contract, the Carr-Hill formula (or any future equivalent) will be applied and may increase the cost of the transferring patients based on one of the other factors such as rurality, when it may not have applied to the terminating contract. The merger will have a positive impact on the practices as they will be more efficient and resilient and therefore we would not anticipate they would require any vulnerable practice funding in the foreseeable future.
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. A merger represents a variation to a practice's GMS/PMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements. The PCCC approved a GCCG Standard Operating Procedure for an application to merge application in May 2017, which also sets out the prevailing guidance, legislation and regulations to be considered. This protocol has been followed in handling this application.
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at current locations, or can choose to register with another local practice.
Impact on Equality and Diversity	Assessed as low as patients will continue to have access to services at current locations or can choose to register with another local practice.
Impact on Quality and Sustainability	Increasing future sustainability is one of the reasons the practices wish to merge.
Patient and Public Involvement	The practices have engaged with the PPGs and patients in relation to proposed merger with their patients with advice and support from CCG Associate Director, Engagement and Experience.
Recommendation	The PCCC is asked to review the application and supporting information which set out the proposals for the merger of two practices in South Cotswolds Locality: • Consider the recommendation from the Primary Care Operational Group meeting

	on 17th July 2018; • Make a decision regarding this request to merge contracts from the Avenue Surgery and St Peter's Road Surgery
Author	Jeanette Giles
Designation	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

Thursday 26th July 2018

Application to merge from The Avenue Surgery and St Peter's Road Surgery

1 Introduction and background

1.1 Gloucestershire CCG's Primary Care Strategy supports the vision for a safe, sustainable and high quality primary care service, provided in modern premises that are fit for purpose which requires a resilient primary care service.

1.2 There is an increasing trend towards delivery of 'Primary Care at Scale', with the traditional small GP partnership model often recognised as being too small to respond to the demographic and financial challenges facing the NHS. Our Strategy refers to GP practices and other professionals, such as clinical pharmacists, working together in closer partnership to deliver more sustainable high quality services. This should result in a number of benefits including access to a wider range of local services for patients within the local community, increased staff resilience, improved staff satisfaction, work life balance and learning opportunities, and improved financial sustainability.

Two of the most fundamental issues affecting primary care both nationally and locally which threaten the sustainability of services and employment of staff, resulting in a crisis in general practice relate to:

- Workforce
  - A large number of GP retirees within the next five years – 54% amongst over 50 year olds (Dayan et al., 2014);
  - A lack of new medical students entering the profession with more than one in ten slots for new GP trainees unfilled (BMJ Careers, 2014);
  - Health Education England reporting only 40% of medical students chose general practice (Health Education England, 2014);

- A significant proportion – 33% of general practice nurses are due to retire by 2020;
- At the same time, there has also been a shift with more GPs working as salaried employees and more GPs working part-time.

And

- Funding
  - It is well recognised that spending on primary care as a percentage of overall healthcare spend has been reducing year-on-year since 2005/06 (HSCIC, 2012);
  - The relationship for GP practices between earnings, expenses and their resulting income needs to be sustainable in order to fulfil expenses, maintain staff and services, invest in their businesses and have sufficient remaining funds to pay their partners an appropriate income.

1.3 In April 2016, NHS England published the "General Practice Forward View" which sets out a range of measures to support general practice, i.e.:

- General practice at the core, working 'at scale' (mergers, federations, networks) but retaining 'family medicine';
- 'At scale' organisations providing a wider range of services;
- With a MDT approach, offering extended access (hours and methods);
- Integrated, coordinated, care based on registered lists and delivering continuity of care;
- Integrated IT and increased/better use of technology.

Within our Primary Care Strategy we said we would:

- Create a better work-life balance for primary care staff;
- Support practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients.

1.4 The CCG made a strategic commitment to 'Primary Care at Scale' including working with practices to support them through merger conversations.

Within our Primary Care Strategy we recognised Primary care operating at scale could result in:

- Improved financial sustainability for practices through delivering more services along with rationalisation of some back-office functions and reduced duplication of work;
- Reduced management responsibilities for partners as the load is spread amongst more;
- Increased resilience in primary care, such as through additional staff in-house providing the ability to more easily flex to cover absence;
- Improved work-life balance for primary care staff;
- Increased practice staff satisfaction and learning opportunities through offering a more diverse range of services.

1.5 Whilst there are different initiatives nationally, the narrative is a repetitive one: sustainability and resilience of primary care fit for the future, which is working as part of an integrated team of multi-specialists needs to be working collaboratively at scale.

Locally we will continue to value the essence of local primary care, care continuity and preservation of “family medicine”.

2. Proposal to Merge

2.1 Gloucestershire CCG has received a merger application (appendix 1) and supporting information (appendix 2) from the following two practices:

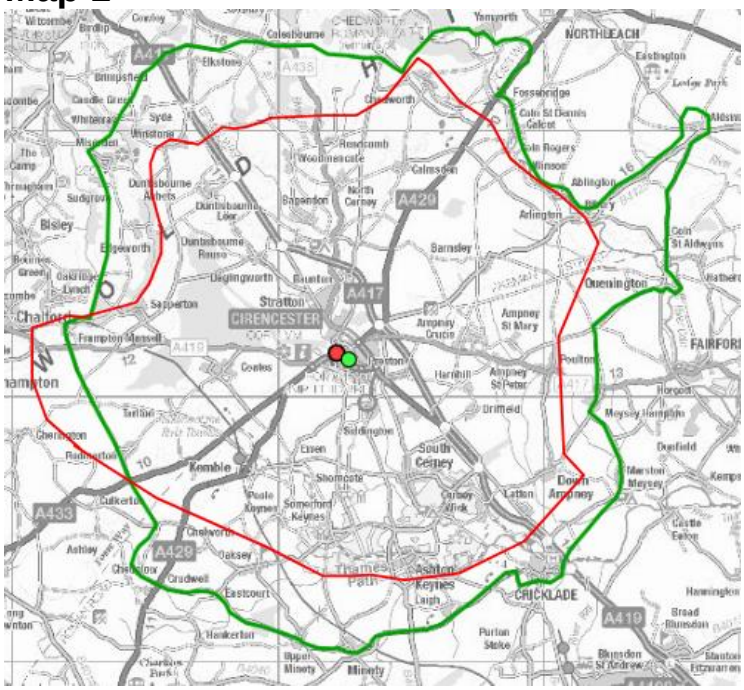
- L84018 - The Avenue Surgery (List size 6,683)
  - 1 The Avenue, Cirencester, Glos GL7 1EH

- L84017 - St Peter’s Road Surgery (List size 6,573)
  - 1 St Peter's Road, Cirencester, Glos GL7 1RF.

The Avenue Surgery holds a GMS contract and St Peter’s Road Surgery holds a PMS Contract. The practices are in the South Cotswolds Locality.

2.2 The location of the surgeries and their two practice boundaries are shown below in Map 1 (The Avenue Surgery is shown in green and St Peter’s Road Surgery is shown in red).

Map 1



2.3 Both practices have recognised the increasing challenges of managing a small practice and a merger will create a more resilient practice with the resources and expertise to manage the demands of general practice, both clinically and administratively with greater opportunities for more innovation and different ways of working.

Both practices are located close to one another (a few hundred metres apart) in the centre of Cirencester. Unfortunately, both practices have evolved in converted residential buildings with limited space and facilities. They both wish to develop and move to new premises in Cirencester.

They are both training practices and host medical students from Bristol University and Oxford University.

They have come to the conclusion that to continue as they are is not a viable option and want to merge to secure the long term stability and security of their practices for the benefit of their patients, present and future.

2.4 The surgeries already have overlapping boundaries and following the merger the same area will be covered.

2.5 The merged practice will have a greater focus on education, professional development and excellence. The larger pool of doctors will enable expertise to be shared, and it will be much more possible for the larger nursing team to maintain subspecialisation, especially in the areas of managing long-term conditions (LTCs) and mentoring.

2.6 **Financial implications for CCG**

A Financial Analysis has been undertaken relating to the potential effect on GMS Global Sum Funding.

An average 2017/18 weighting differential has been calculated for each practice subject to proposed merger and from this we have calculated the 2017/18 average notional differential for the combined list of the practices.

The CCG then calculated a notional April 2018 Global Sum based on the combined actual patient population and applying the 2017/18 average notional differential for the combined list of the group of practices to get the weighted list.

The CCG also assumed that all MPIG and PMS premium will roll over to the new merged practice; the same applies for the Temporary Residents Adjustment.

The CCG then compared the result of the notional April 2017 Global Sum calculation for the proposed merged practices to the actual April 2018 Global Sum funding the practice received, or would have received assuming that the 2 practices would be part of one GMS contract.

The result was a very minimal increase in GMS Global Sum funding of 0.05%, equating to approx. £580 per annum.

The methodology used takes into account individual actual and weighted lists relative to the proposed merged entity.

However, until the combined numbers are finalised by the Exeter (NHAIS) system at the time of merger this is our best estimate.

It is assumed that best practice will be shared in the larger entity to enhance QOF and/or Enhanced Services performance that could potentially increase income.

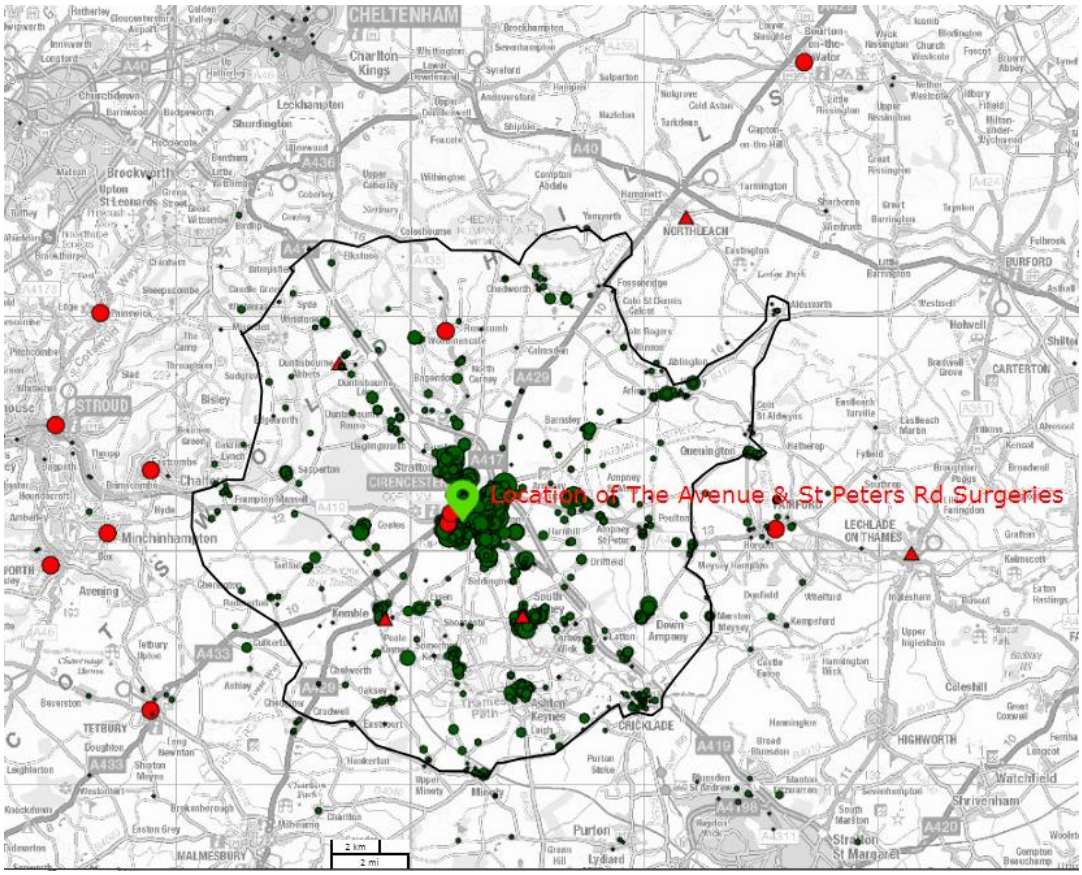
It is however noted that both of the practices are already above the CCG average of practice QOF achievement.

3. Alternative local provision

3.1 There are a number of GP practices within the area where patients could register with if they choose to seek an alternative surgery, these are detailed and shown in the below Map 2, which also shows the combined practice boundary and practice population spread for The Avenue & St Peters Road Surgeries.

1. Upper Thames Medical Group, Cirencester & Lechlade
2. Phoenix Surgery, Cirencester
3. Hilary Cottage Surgery, Fairford
4. Rendcomb Surgery, Rendcomb
5. Romney House Surgery, Tetbury
6. Minchinhampton Surgery, Minchinhampton
7. Prices Mill Surgery, Nailsworth
8. Frithwood Surgery, Bussage
9. Stroud Valleys Family Practice, Stroud
10. Painswick Surgery, Painswick
11. Cotswold Medical Practice, Bourton-on-the-Water.

Map 2



4 CCG engagement for the application to merge

4.1 As per the Standard Operating Procedure (SOP) for the application to merge contracts, the practice had preliminary discussions with the GCCG Primary Care and Localities Directorate. They also met with the Associate Director of Communications.

4.2 Gloucestershire CCG have engaged with:

- Neighbouring practices (11 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee.

The responses:

4.3 Prices Mill Surgery - *"I confirm that there are no comments from Price's Mill".*

Any additional responses received before the meeting will be presented verbally at the meeting.

5. Practice engagement

Both practices have engaged with their PPGs who have been positive and enthusiastic about the planned merger. Their PPGs will help them with plans to engage more widely with their practice population.

If the merger is approved the practices will continue further engagement and communication in liaison with the CCG.

6. Premises

The practices continue developing their joint proposal for new premises. If the merger is agreed this will facilitate them working to develop new ways of working prior to co-locating to a single site in Cirencester town.

A suitable site has been found, and commercial negotiations are currently raking place. As part of wider discussion with other practices in the town, assumptions on the share of patient growth need to be agreed prior to the CCG agreeing the size of the building eligible for reimbursement.

In the meantime it remains the case that there is no specific date for the completion of the business case.

7. Summary

The two practices have been looking to move into a shared building for over five years. During this time they have started to work more closely together including sharing resources and mutually supporting one another.

The merger of these practices will increase the resilience and sustainability and should improve the recruitment and retention of GPs and clinical staff. It is envisaged that the proposed merger will benefit all staff, in particular the practices cite:

- improved staff leave/absence cover (allowing for continuity of patient care and reduced reliance on temporary staff).
- improved learning and development opportunities which can be shared across all locations
- improved working methods (economies of scale) with greater choice on working in different areas
- improved educational environment and training ethos
- greater resilience and the ability to withstand change.

For those patients who wish to access GP services at an alternative location to The Avenue and St Peter's Road, options are available for them to register at alternative surgeries (see para. 3.1).

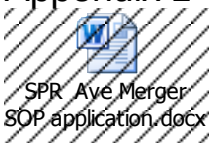
7. Recommendation

The PCCC is asked to:

- Consider the recommendation from the Primary Care Operational Group meeting of 17th July 2018;
- Make a decision regarding this request to merge.

8. Appendices

8.1 Appendix 1 - merger application



Appendix 2 - supporting information

merger supporting information.pdf

NHS
Gloucestershire
Clinical Commissioning Group

Name and address of the practices wishing to merge:

Practice A:

St Peter's Road Surgery

1 St Peter's Road

Cirencester GL7 1RF

Practice code: L84017
Type of contract: PMS

Practice B:

The Avenue Surgery

1 The Avenue

Cirencester GL7 1EH

Practice code: L84018
Type of contract: GMS

Please complete the following:

1. Which of these contracts you would prefer to continue with (CCG final decision in this respect would be required)

The Avenue (L84018) GMS

2. Indicate whether you intend to operate from all current premises

Yes, although we are in discussion with the CCG regarding options for developing a new surgery which would accommodate both current practices.

a. If yes, which premises will be considered the main and which is to be considered the branch/s (if applicable):

Avenue will be the main site and St Peter's will be the branch location.

3. Are there any changes to premises/hours, etc?

Hours – no change.
Premises - not at this stage. We are seriously investigating the possibility of co-locating to new premises as soon as we can (see below).

4. Full details of the benefits you feel the registered patients of all practices involved will receive as a result of this proposed merger.

Our two practices:

- **Are currently only a few hundred metres apart**
- **Have identical geographical practice boundaries**
- **Serve patients from very similar socioeconomic backgrounds**
- **Are both approved for GP training, and provide this; we also offer placements to medical students**
- **Are almost exactly the same size (in terms of numbers of registered patients),**
- **Have well-advanced plans to co-locate to a shared building.**

THE PROBLEM

Both practices are located close to one another (a few hundred metres apart) in the centre of Cirencester. Unfortunately, both practices have evolved in converted residential buildings with limited space and facilities. Both share many obstacles in providing the level of service that their patients expect and deserve. Due to the inflexible design of the buildings there is no possibility to expand further and offer the services we want to provide. The net result of this is that we are unable to move with the times and create a modern day primary care facility that both supports the increasing demands of the local community and meets the expectations of NHS England. At present there is limited space for facilitating locality projects, for example we were unable to bid to host the frailty project nursing team in September 2016 due to lack of space and parking.

In the 'bigger picture', General Practice is in crisis nationwide. The challenge of training and recruiting new GPs has become a significant problem and the predicted shortfall of available GPs (and other clinical staff) in the coming years threatens the stability of primary care. The local Sustainability and Transformation Plan (STP) has identified that significant changes need to be made in order to continue to provide high quality physical and mental health care into the future.

In addition to this there are increasing clinical demands on primary care which require clinical staff (nursing staff especially) to undertake additional training to be able to deliver more specialised care to certain groups of patients.

The clear direction of travel within NHS England is to encourage close collaboration and cooperation between practices so that primary and community services can be planned and delivered to larger populations, and it is highly likely that future funding of such services will depend on established patterns of federated working being in place.

The combined effect of all this problems leads us to the conclusion that to continue as we are is not a viable option: we need to seek a solution which will secure the long term stability and security of our practices for the benefit of our patients, present and future.

THE SOLUTION

Fully aware of the challenges that face General Practice in the future, we are keen to proactively embrace change, plan for the future and tackle the headwinds face on. The 2 practices have been looking to move into a shared building for over five years. During this time we have started to work more closely together – sharing resources and mutually supporting one another. We have now decided to join partnerships, expanding what we can do as a larger business with stronger resilience to cope with the demands for the future of general practice. This fits well with the NHS 5 Year Forward View, which encourages collaborative working and larger practices. When our two surgeries merge we will become a practice serving approximately 13,000 patients with scope to grow further.

- **We therefore plan to merge the partnerships and move to a new purpose-built premises near the centre of Cirencester.**
- **The merged practice will have a greater focus on education, professional development and excellence. The larger pool of doctors will enable expertise to be shared, and it will be much more possible for the larger nursing team to maintain subspecialisation, especially in the areas of managing long-term conditions (LTCs) and mentoring.**
- **The larger team will be more able to attract new clinical staff to replace those nearing retirement, so that provision of clinical care is affected.**
- **In summary, patients of the merged partnership will be being cared for by a medical and nursing that will be more resilient, and more able to face anticipated future challenges in the NHS.**

5. 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:

Both practices are current SystmOne users so there will be minimal disruption to staff as there will be no need for retraining. The policy for the provision of home visits will remain unchanged. Working collaboratively will mean that there is the possibility of increasing the range of services offered for all patients (e.g. endometrial biopsies are currently only available to patients at St Peter's Road, contraceptive implant insertion and removal is only offered at The Avenue – but after merger these could be available to all the patients). There will be some duplication of clinical expertise, which will provide greater resilience in the provision of existing additional and enhanced services. There is no intention to alter existing opening hours, or the current provision of extended services. Neither practice is providing extended hours, having engaged fully in the locality's Improving Access project.

There are plans afoot to develop and move to new premises in Cirencester; this development will be facilitated by the merger, and be of huge benefit to our patients (and staff), providing opportunities to be treated and cared for in a purpose-designed and built state-of–the-art setting, and for a greater range of services to be provided.

6. Merger of clinical systems will require lead time. Please confirm the practice has approval for the clinical system merger and has considered the lead time for the merger:

Both practices use TPP SystmOne

7. Details of the proposed merged practice boundary (please provide a map):

There will be no restriction of the practice area from that provided by either practice currently.

8. Describe your engagement with patients to date and how you propose to engage with your wider patients about this proposal, communicate actual change to patients

We have shared our plans with both of our PPGs, and received positive, enthusiastic responses.
We intend to plan our public consultations with their support.

9. Please confirm that a process of due diligence has been undertaken by each of the merging parties for each of the following areas:

Practice Name	Organisational	Financial	Clinical (including record keeping)	Other, e.g. partnership agreements
St Peter's Road	Yes	Yes		Yes
The Avenue	Yes	Yes		Yes

10. Please identify the proposed date the merger will take effect from:

1 October 2018……..

SUPPORTING INFORMATION

FOR PROPOSED MERGER OF

St Peters Road Surgery
AND
The Avenue

Introduction

St Peters Road Surgery and The Avenue Surgery are practices within the Gloucestershire Clinical Commissioning Group (GCCG) operating area. St Peters Road Surgery has a list size of 6551, The Avenue has a list size of 6724

St Peters Road Surgery is located at 1 St Peters Road, Cirencester, GL7 1RF and The Avenue Surgery is located at 1 The Avenue, Cirencester, GL7 1EH

Both practices have been in discussion regarding collaborating together and closer working for some time - they are all members of the same Cluster Group. As those discussions have progressed, the operational and cultural similarities between the practices have become clearer. Equally, it has become noticeable that they share similar medium and longer term outlooks around General Practice sustainability and resilience, and that a merger makes business and economic sense.

Following further discussion between Partners and a Financial Due Diligence Review of both practices in 2017, the intention to merge has been confirmed with effect from 1st October 2018.

In addition to the advantages that patients will see, it is envisaged that the proposed merger will greatly benefit all levels of staff (administrative and clinical) across the practices by sharing workloads, enabling efficiency (economies of scale), enhancing resilience and therefore improving and enhancing the patient experience. It is also important to emphasise that the proposed merger will not lead to the withdrawal of any services currently provided to patients, more likely lead to additional services to many - following a potential reconfiguration of how and where some services are provided. It will not affect patient access to the practices and will not lead to the removal of any patients under boundary regulations.

Background of the Practices

There are plans afoot to develop and move to new premises in Cirencester; this development will be facilitated by the merger, and be of huge benefit to our patients (and staff), providing opportunities to be treated and cared for in a purpose-designed and built state-of–the-art setting, and for a greater range of services to be provided.

Staffing at St Peters Road Surgery

Number of GPs

Name	Gender	Session Cover
Partners		
Martyn Hewett	Male	4
Helen Bromwich	Female	5
Kate Digby	Female	4
Rachael Wickett	Female	4
Salaried GP		
Alexandra Harris	Female	3
Robert Mawdsley	Male	6
Holly Cavanagh	Female	4
GP Registrars and F2		
Joanne Sinclair	Female	4
Peter Butler	Male	8

Number of Hours of Nursing Time

Name	Gender	Weekly Cover
Practice Nurse		
Sarah Bull (Lead)	Female	28.5
Pauline Carter	Female	18
Naomi Prince	Female	20
Kerri Lewis	Female	20
Healthcare Assistants		
Sam Breeds	Female	23

Number of sessions/clinical hours per week

GP – 30.5 sessions per week (includes pre-booked clinics, improved access and tutorial) excludes Registrars and F2s).

Nursing – 83.5 hrs per week (excludes Healthcare Assistants).

Number of Other Practice Staff

Role	No. of Staff	Weekly Cover
Practice Manager	1	32
Secretary	1	24
Reception Team Lead	1	30
Business / IT Lead	1	26
Receptionists	7	124.5
Administration	3	48
Cleaners	2	23

Staff Issues

One Practice Nurse is on a performance improvement plan

Staffing at The Avenue Surgery

Number of GPs

Name	Gender	Session Cover
Partners		
Alan Gwynn	Male	6
William Norman	Male	8
Vanessa Tiffney	Female	4
Anna Keitley	Female	6
Salaried GP		
James Urquhart	Male	7
GP Registrars and F2		
Sophie Wood	Female	8
Muhammad Ghayas	Male	8

Number of Hours of Nursing Time

Name	Gender	Weekly Cover
Practice Nurse		
Carol Bond	**Female**	21
Judith Reynolds	**Female**	20
Kerri Lewis	**Female**	17.5
Healthcare Assistants		
Paula Tracey	**Female**	16
Phlebotomist		

Number of sessions/clinical hours per week

GP – 27 sessions per week (excludes Registrars and F2s).

Nursing – 58.50 hrs per week (excludes Healthcare Assistants).

Number of Other Practice Staff

Role	No. of Staff	Weekly Cover
Practice Manager	1	37
Secretary	1	23
Reception	5	109.5
Deputy Practice Manager	1	37
Admin Staff	4	73.5
Summarising	1	16
Apprentice	-	-

Staff Issues

One member of staff (Summariser) is currently long term sick. The work is being covered by another member of admin staff doing additional hours.

IT - All Practices

Both practices are current SystmOne users so there will be minimal disruption to staff as there will be no need for retraining.

Care Quality Commission –
Latest CQC reports for each practice
St Peters Road Surgery – Good The Avenue Surgery – Good

http://www.cqc.org.uk/sites/default/files/posters/20180225_1-543792139_summary_ratings_poster_A4.pdf

http://www.cqc.org.uk/sites/default/files/posters/20180509_1-556469798_summary_ratings_poster_A4.pdf

Clinical Governance - All Practices

At St Peters Road Surgery we have multi-disciplinary meetings twice a month including community nurse, frailty nurse, frailty well-being co-ordinator and health visitor and midwife re safeguarding.
We have in-house clinical meetings, where patient care, significant events and complaints are discussed monthly
Educational meetings occur monthly and NICE guideline update meetings quarterly.
There is also a partners management meeting monthly.

At The Avenue Surgery we have weekly multi-disciplinary meetings including PM, GP's and Nursing staff. (Admin staff are invited for relevant agenda items) Once a month this is extended to include community nurse, frailty nurse, frailty well-being co-ordinator and health visitor.
We have weekly Nurse and PM meetings, monthly Admin Team meetings and monthly Partner's Management meeting.
One a month the full Practice Team is given protected learning time for clinical and non clinical training/shared learning/team building.

Once merged we will continue with these meetings and benefit from increased attendance and clinical expertise ensuring excellent patient care.

Training Practice

Both practices are training practices.
At St Peters Road Surgery there are 2 educational supervisors and at The Avenue there is 1 educational supervisor and 2 clinical supervisors. Both practices host medical students from Bristol University and Oxford University.

Opening Hours – for each practice
St Peters Road Surgery

8.30am – 8.00pm Monday
8.30am – 6.30pm Tuesday to Friday

The Avenue Surgery
8.00am – 6:30pm Monday to Wednesday
8.00am – 8.00pm Thursday
8.00am – 5.00pm Friday

Summary on Likely Opening Times – will there be any changes?
We do not envisage any changes to our opening hours in the first instance.

Service Provision

The Avenue Surgery offers services as per the GMS contract.
Currently St Peters Road Surgery offers services as per the PMS contract.
In October 2018, we have the intention of altering St Peters Road Surgery contract to GMS.

Enhanced Service Provision - All Practices

In 2018/19, the Practices have signed up to National, Directed and Local Enhanced Services and will continue to provide these services.

Rationale for Merging

Commissioning services for Primary Care is increasingly being aimed toward practices covering a larger patient population. Equally, with the growing complexity of primary care it is becoming increasingly difficult to manage a small practice and offer a good level of care to patients. Merging will create a more resilient practice with the resources and expertise needed to manage all the demands of general practice, both administratively and clinically. In addition, technological advances will allow the organisation to adapt to the challenges of an ageing population, workforce and recruitment difficulties and increased population of Cirencester, given a new housing development project, and as such will be inherently more resilient and sustainable.

From early discussions, it is clear that the practices share a similar ethos and ambition – to exceed patient expectations in the delivery of general practice services.

The partners have completed a financial review of each practice's accounts through an independent accountant, Lentells and are satisfied with the outcome.

Benefits to staff include

- Improved staff leave/absence cover allowing for continuity of patient care and a reduced reliance on temporary staff.
- Improved learning and development opportunities.
- Improved working methods (economies of scale) - greater choice on working in different areas.
- Improved educational environment and training ethos
- Greater resilience and the ability to withstand change

Proposed Plans for Merger

Working collaboratively will mean that there is the possibility of increasing the range of services offered for all patients (e.g. endometrial biopsies are currently only available to patients at St Peter's Road, contraceptive implant insertion and removal is only offered at The Avenue – but after merger these could be available to all the patients).
There will be some duplication of clinical expertise, which will provide greater resilience in the provision of existing additional and enhanced services. There is no intention to alter existing opening hours, or the current provision of extended services. Neither practice is providing extended hours, having engaged fully in the locality's Improving Access project.

Locations

Both sites will remain operational

Number of GPs (Partners, Salaried etc)

We are expecting all GPs currently employed by each practice to remain employed following the merger.

Number of Hours of Nursing time

We are anticipating there will be no reduction in the number of nursing hours per week currently provided by both practices during the merger.

Number of Other Practice Staff

We are not expecting there to be any reduction in the number of practice staff following the merger

Number of Clinical Hours Per Week (Face to Face Consultations)

We are not anticipating there will be any reduction in the number of clinical hours provided following the merger.

List Sizes

The 2 patient lists will be merged and all patients will be invited to remain with the single Practice.

Patient Benefit

- Increased flexibility in appointment system
- Increase in GP's available to see
- Increased minor surgery
- Enhanced contraceptive services
-

Training Practice

We will continue to be a training practice and hope to develop into a multi-disciplinary training hub.

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Clinical Commissioning Group

Gloucester City Health Inequalities Fellowship

NHS
Gloucestershire
Clinical Commissioning Group

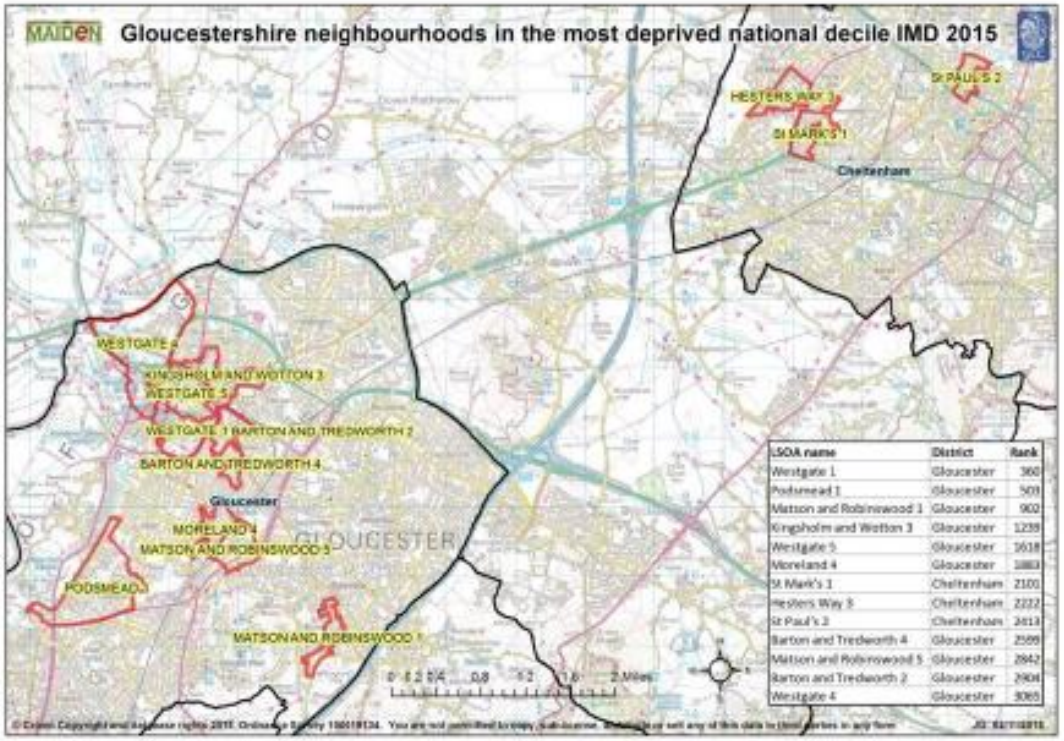
Update July 2018

Gloucester City Health Inequalities Fellowship

NHS Gloucestershire Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group

LSOA – most deprived to least deprived	Location
Westgate 1	Gloucester
Podsmead 1	Gloucester
Matson and Robinswood 1	Gloucester
Kingsholm and Wotton	Gloucester
Westgate 5	Gloucester
Moreland 4	Gloucester
St Mark's 1	Cheltenham
Hester's Way 3	Cheltenham
St Paul's 2	Cheltenham
Barton and Tredworth 4	Gloucester
Matson and Robinswood 5	Gloucester
Barton and Tredworth 2	Gloucester
Westgate 4	Gloucester



Scheme practices - Bartongate, Gloucester Health Access Centre (GHAC), Gloucester City Health Centre (Rikenel) and Partners in Health

Gloucester City Health Inequalities Fellowship

NHS Gloucestershire Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group

The Project

- Review of Health Inequalities Fellowships
  - UK schemes – Scotland, Wales, Academic,
  - Workforce gaps
  - Local system connectivity
  - Future GP leaders for Gloucestershire

Gloucester City Health Inequalities Fellowship

NHS Gloucestershire Clinical Commissioning Group

NHS Gloucestershire Clinical Commissioning Group

- Attractive portfolio post, weekly sessions:
  - 4 clinical, 2 sessions term time- cert.(unpaid)
  - 1 observing HHT, CGL, project & mentoring
- Connecting in with local services
- Public Health – provision of mentoring support and local context
- Collaboration and co-funding - CCG, practices, PH, HEE

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Funding commitments

- BMJ adverts – CCG
- Scheme costs including Salary, Indemnity and Travel, 50% CCG/50% practice
- Management time – CCG and CEPN
- Post Grad Cert in Public Health – 2 CCG, 2 HEE
- Fellowship Tutor role – CCG main funding, CEPN top up

Gloucester City Health Inequalities Fellowship

NHS Gloucestershire Clinical Commissioning Group

Innovative, interesting, and challenging new GP roles in 2018

Are you a motivated GP who wants to continue their education, combining clinical experience with academic learning?

Do you have an interest in understanding inequality in health and healthcare for inner city patients, and the public health implications of deprivation?

Would you like tailored support and mentoring to settle into a new primary care setting?

There are four of these ground breaking, innovative, flexible and integrated one-year fellowship posts available.

Core elements

Clinical sessions – four per week working in core General Practice as a salaried GP, employed directly by one of our fellowship practices.

Health Inequalities session – one paid session a week to focus on local health inequalities, which includes an initial two to three month induction/shadowing period, followed by project development tailored to the learning needs of the Fellow, and health needs of the population.

Academic study – One day a week undertaking the Postgraduate Certificate in Public Health at the University of the West of England (UWE) to develop expertise in the wider determinants of inequality in health and healthcare. Fully funded course fees and travel for the 22 week programme (attendance required during term time only).

Project Work and Mentoring – Following the initial induction period, participants will use their Health Inequalities session to work on a project of their choosing agreed with their practice. This may be allied to the UWE Public Health certificate, and could include mentoring or placement time with Gloucestershire County Council Public Health team. There will be opportunity to link with local peers, and wider networks nationally.

Fellows will be supported by a local mentor based in the employing practice, and will also have access to an independent mentor for support, and to discuss and reflect upon challenges during the year.

Further information can be found at **https://tinyurl.com/y9w3reyy**

For an informal discussion please contact Zaheera Nanabawa zaheera.nanabawa@nhs.net **0300 421 1433**

Open to early career or experienced GPs
Commencing August/September 2018 – flexible start options available

NHS Gloucestershire Clinical Commissioning Group

- Engagement with GPs
- Engagement with PM's
- GP Role - Role Descriptor, MSc Public Health Timetable, PH CPD Course Descriptor, Practice Information pack, Health Inequalities Fellowship FAQs
- *Information onto CCG Live*

- Workshop 1 – GPs and PM's – 23rd May '18
- Tutor Role interviews – 28th June '18
- Workshop 2 – 22nd August '18

NHS Gloucestershire Clinical Commissioning Group

Recruitment

- Initial expressions of Interest – 13 GP colleagues
- 8 applications
- 2 people withdrawn due to other opportunities
- 2 people matched up with preferred practice
- 4 people connecting with practices

Education and Projects

NHS
Gloucestershire
Clinical Commissioning Group

- Month supervision with Lead practice GP
- Mentoring/pastoral support – Fellowship Tutor
- Shadowing existing services – priorities Safeguarding, Asylum seekers and Refugees, Glos county council PODs (Toxic Trio), Drugs and Alcohol, Social Prescribing/Community Connectors
- Development of specific HI projects – critical panel and stakeholder engagement

Agenda Item 7

Primary Care Commissioning Committee (PCCC)

Meeting Date	**Thursday 26th July 2018**
Title	**Primary Care Premises Report**
Summary	The primary care premises development workstream is made of a number of key components: - • Ensuring the delivery of committed premises developments to practical completion; • Progressing the priorities identified in the Primary Care Infrastructure Plan (PCIP), including proactively working to kick start development opportunities and supporting business case development; • Ensuring local practices take full advantage of national funding initiatives such as the Estates and Technology Transformation Fund (ETTF); • Working with other key delivery partners particularly NHS Propco where joint responsibility for business case development exists; • Managing local improvement grant processes; and • Ensuring the CCG operates within Premises Directions and uses these regulations appropriately. Whilst individual proposals are presented to the PCCC for decision, members of the meeting have requested a workstream report three times per year. This report, the first one of the financial year sets out key progress for all areas of work up to the end of June 2018. This summary section sets out key objectives of the 2018/ 2019 and the rest of the report provides specific detail. **2018/ 2019 plan** By the end of the financial year, 4 schemes are expected to be fully completed and open (Cleevelands, Glevum Kingsway and Stow) and one (Cinderford) being partially constructed. This will mean 9 of the 20 schemes identified in the PCIP will have been delivered.

	A number of business cases are expected (but not guaranteed) to come forward for consideration during 2018/ 2019. More specifically: - • A Business case for new Minchinhampton surgery completed and ready for CCG consideration; • A Business case for new Gloucester City Centre Primary Care Hub completed, ready for CCG consideration; • A Business case for new Phoenix surgery in Cirencester completed and ready for CCG consideration; • A Business Case for a multi practice Cheltenham Town Centre surgery completed and ready for CCG consideration; • A review of delivery approach for Beeches Green completed and strategic approach agreed with the a Business case significantly progressed; • A Business case for a new Brockworth & Hucclecote surgery completed and ready for consideration by the CCG; • A Business case for a new surgery in Tetbury, completed and read for consideration by the CCG; • Completion of the 2017/ 2018 and progression of the 2018/ 2019 improvement grant programmes
Risk Issues: Original Risk Residual Risk	There will be insufficient suitable primary care premises to meet core quality standards, to deliver the range of service required for the future model of primary care and be able to provide services for the expected increased population.
Financial Impact	The premises workstream report includes financial elements, where applicable. The Premises Development Team continue to review the current timetable to ensure alignment of delivery with the CCG's medium term financial plan as well as the potential for further prioritisation of schemes.
Legal Issues (including NHS Constitution)	The CCG applies NHS Premises Directions to the rights and responsibilities of the practice and the CCG. In terms of the NHS Constitution the author considers 'You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary' and 'You have the right to be cared for in a clean, safe, secure and suitable environment' as the most pertinent NHS Constitution rights applicable to this scheme.
Impact on Health Inequalities	No health inequalities assessment has been completed for this report.

Impact on equality and Diversity	No equality and diversity impact assessment has been completed for this report.
Impact on Sustainable Development	The Building Research Establishments Environmental Assessment Method (BREEAM) is the national standard for assessing the sustainability of new construction developments. It aims to differentiate between developments with higher environmental performance by providing a sustainability ratings across 9 indicators (management, health and wellbeing, energy, transport, water, materials, wastes, land use and technology and pollution)There are 6 performance levels (unclassified, pass, good, very good, excellent and outstanding). There is a national government requirement that generally for new public buildings, the rating should be excellent. The NHS oversees compliance with this, although the NHS stipulates this applies to schemes that cost over £2m to complete.
Patient and Public Involvement	The Primary Care Infrastructure Plan sets out a clear engagement and involvement approach and provides a recommended checklist. All specific business case proposals will include patient engagement feedback.
Recommendation	Members of the committee are asked to comment on and note the contents of this report.
Authors	Andrew Hughes & Declan Mclaughlin
Designation	Associate Director, Commissioning & Primary Care Project Support Manager
Sponsoring Director	Helen Goodey Director of Locality Development and Primary Care

Agenda Item 7

Primary Care Commissioning Committee
Thursday 26th July 2018

Premises Development workstream progress report
April 1st 2018 to June 30th 2018

Theme	Progress
Legacy proposals (8schemes in total) **(please note Longlevens, Devereux Centre, Stoke Road and Churchdown are now completed and now business as usual)**	**Cleevelands medical centre, Bishops Cleeve (Sevenposts) -** Work started on site at the end of November 2017 and progress remains on track with a planned opening of Monday 29th October 2018. Following completion, in line with previous business case approval, the Seven Posts and Greyholme Surgeries will then close.
	Stow Surgery - Construction of the new surgery continues. Originally, the new building was due to be open by the end of 2018. However, due to recent inclement weather, the building is now likely to be completed in the New Year of 2019.
	Glevum surgery - The extension at Glevum is now completed and open. The refurbishment of the existing building is on track to be completed by the end of August 2018. In line with previous business case approval, the Wheatway branch surgery will close at the end of August 2018. The St Michael's site will not close until the end of December 2019.
	Kingsway - Building work continues and the new surgery remains on track to be open completed and handed over on Friday 26th October 2018 with the new facility open by Monday 5th November 2018.
PCIP/ new proposals (Including reference to ETTF funding) 12 schemes in total	**PCIP summary -** Work continues on developing the business cases for all identified priorities within the PCIP. It is anticipated a number of completed business cases will come forward during 2018 for consideration by the PCCC. Subject to business case approval, estimated additional revenue requirements remain in line with the PCIP and are aligned with the CCG's medium term financial plan. Specific scheme progress is set out below.
	Beeches Green - The Beeches Green Surgery, Stroud Valleys Family Practice (located in Beeches Green Health Centre) and Locking Hill Surgery facilities were identified as key priorities in the CCG's Primary Care Infrastructure Plan (PCIP). The CCG has actively worked with NHSPS, the 3 practices and

	the practices advisor to develop a business case with a preferred option to a new build state of the art surgery premises housing the 3 practices to cover 26,500 patients on a different part of the existing Beeches Green site. It has been assumed that the business case would be completed and approved by March 2019, building work starting by November 2019 and the building open by June 2021. Since the last update the development of Beeches Green site has been identified as the number two priority of the draft Gloucestershire ICS Estate Strategy 2018 to 2023 with a request for capital funding of £6.8m with a proposed delivery date by 2021/22. Separately, the CCG have been approached by the new owners of the Merrywalks Shopping Centre in central Stroud as they view the integration of a primary care medical facility would be beneficial to both the local population and their redevelopment plans. All three practices that are part of the original Beeches Green Development proposal have met with the developer of Merrywalks to assess whether this alternative site could be a viable proposition. As at the time of writing this report no decision has been made by the practices as to whether they wish to pursue this option further.
	Cheltenham Town Centre - A new Cheltenham Town Centre primary care facility remains a key priority for the CCG. Any proposal will include Berkeley Place, Crescent Bakery and Royal Crescent surgeries and will need to accommodate around 25,000 patients through a GP Led scheme. The CCG continues to work with the practices and their advisors. Focus is presently on the confirming the feasibility of developing a specific site. Subject to this and pre planning advice, the Practices would seek to purchase the site subject to planning and NHS approval. It should be noted that an Estates, Technology & Transformation Fund (ETTF) proposal application remains valid. A revised project initiation document was submitted in February 2018 with an overall request for £3.22m capital grant. If the identified site is workable, the timetable for delivery would remain in line with ETTF requirements, although it is subject to NHS England approval of a business case. The assumed timetable is a CCG business case no sooner than

	November 2018, building starting by Spring of 2019 and finished by the Spring/ Summer of 2020.
	Avenue & St Peters, Cirencester The practices continue developing their joint proposal. A suitable site has been found and initial commercial negotiations have taken place. Other potential options are also being explored. It should be noted that the two practices are meeting with the CCG and the Phoenix surgery in August 2018 to ensure alignment between proposals, confirm common service strategy elements and other aspects of the business case. It remains the case that there is no specific date for the completion of the business case. The current assumption is it is likely to be completed and presented to the PCCC in early 2019.
	Phoenix, Cirencester - The development of the business case continues. Current focus is on the completion of commercial negotiations covering site acquisition (linked with the South Chesterton housing proposal) It should be noted that the practice is meeting with the CCG and the Avenue and S Peters surgeries in August 2018 to ensure alignment between proposals, confirm common service strategy elements and other aspects of the business case. The current assumption is that no business case is expected to be presented to the PCCC until November 2018 at the earliest.
	Brockworth & Hucclecote - The development of new primary care facilities for Brockworth & Hucclecote remains a key priority. The clear preference is for a single building to be able to accommodate up to 27,000 patients. The practices and their advisors have completed initial feasibility on a number of potential sites for the single surgery building. Due to the limited geographical scope and the nature of land use in this area, land purchase costs are expected to be more excessive than is typically the case. Consequently, the CCG instructed the District Valuation (DV) service to provide an early view on their willingness to agree an anticipated level of rent reimbursement higher than would usually be the case. This feedback has now been received and the DV will, in this instance, be able to support a higher level of rent. The practices are now focussed on identifying a preferred site, securing the site and then completing the necessary business case.

	It remains the case that whilst the practices are fully committed to a single GP led development Both practices and the CCG still need to consider plan 'b' options, including two separate developments, should a suitable, affordable site, not be available.
	Cinderford Health Centre -The PCCC approved the business case in January 2018. The practices and the 3rd party developer have been finalising arrangements and completing final engagement with patients and key stakeholders the final design. The Developer is finalising a detailed planning application to the Forest of Dean District Council, which is due to be submitted during the third of fourth week of July. Subject to planning approval, it is still expected that construction will commence by the end of November 2018 and the new building open by November 2019.
	Coleford Health Centre - The redevelopment/ replacement of the current health centre remains a strategic priority for the CCG and any development will be aligned with the wider Forest of Dean infrastructure health programme. No work will be carried out until the location of a new community hospital is confirmed.
	Minchinhampton - The business case for a new surgery is still being finalised and the costs of delivering the scheme have increased due to planning requirements and other construction factors. The practice is reviewing the financial plan to reduce this as much as they can. Discussions are ongoing with the DV and it is anticipated that the Business Care will not be presented until November 2018.
	Romney House, Tetbury The practice continues to focus on confirming and securing a preferred site. Initial planning advice has been sought for two potential locations. The CCG Premises Development Team will continue to work closely with the practice. No business case is anticipated until January 2019 at the earliest.
	Regent Street, Stonehouse - No further work undertaken - the team continue to review the timelines to ensure progress aligns with the West of Stonehouse housing development.

	North West Elms, West Cheltenham - The plan remains for a new GP building to serve a population of around 10,000 by 2028/ 2031. The housing development is likely to be phased over a number of years. The current assumption is that temporary facilities will be provided in the first phase (up to 1,000 homes) by the Developer. When housing levels meet an agreed trigger, permanent facilities will then developed as part of the community/ neighbourhood section 106 arrangements. The current expectation is that the first phase of development would start no earlier than 2020/ 2021.
	Gloucester City Primary Care Hub As members are aware, the CCG Premises team have established a health project, commissioned practice advisors, confirmed the population to be served of around 18,000 patients and completed a Schedule of Accommodation of 1,441m2 gross internal area and undertaken as much work as possible prior to the Developer, Gloucestershire County Council (GCC), commissioning its professional advisors. GCC have now completed this and Kier Construction Team was introduced to the Practices on the 19th June 2018 and a timetable of work set out. A Programme Board has now been established. This slight delay in the commissioning of advisors means the business case timeline has been changed. The programme is now focussed on completing all necessary work by the end of October 2018 ready for Business case consideration at the November 2018 PCCC. The overall timeline remains as reported at the May 2018 meeting with a planned opening of the new facility between June and September 2020
Improvement Grants	**ETTF improvement grant for Culverhay surgery -**Following on from an initial award of £211,530, The practice received an enhanced Grant from NHSE that increased financial support to £322,580. This was used for the refurbishment and expansion to the surgery and completed in March 2018. This scheme will no longer be reported.
	ETTF improvement grant for Springbank surgery - To remodel existing space to provide additional clinical/training capacity and develop service provision and range for up to £73,260 is currently being reviewed by the Practice to confirm if this is still going ahead.

	2017/18 schemes PCCC funded - The CCG provided financial support to a number of smaller projects, up to a maximum of £50k for a number of practice projects (Leckhampton, Newnham, Portland, Rendcomb, Sixways, Stonehouse and St George's) which are all completed and so will no longer be reported.
	2017/2018 schemes PCCC approved and NHSE funded- A parallel funding bid was submitted to NHSE to attract external funding for these smaller schemes and larger schemes. The CCG have been successful in obtaining an award of approx. £260k to fund the improvement grants already approved by the CCG and larger additional projects at Bartongate, Painswick, Royal Well and Staunton & Corse.
	2018/ 2019 Improvement Grant process - In March 2018, the CCG wrote inviting practices to submit their improvement grant applications by the 31st July 2018 with the objective of presenting recommendations to the PCCC at the September 2018 meeting. At the time of writing this report, four applications had been submitted

NHS Gloucestershire Clinical Commissioning Group

Agenda item 8

Primary Care Quality Report July 2018

CQC Key Line of Enquiry	Quality Lead Commentary
Are they safe?	**Serious Incidents & Significant Events** Serious Incidents in GP practices are normally referred to as Significant Events. Most Significant Events are reviewed internally in practices, while some are also uploaded to the National Reporting and Learning System (NRLS) via a GP Eform. From April 2017-March 2018 there were a total of 21 reports to the NRLS. Quarter 1, 2018/19 there has been 5 reports to the NRLS. **Safeguarding** GCCG safeguarding team have been actively supporting GPs in completing Individual Management Reviews (IMRs) for 1 large scale Serious Case Review (11 children) and an additional SCR (4 siblings). The Safeguarding Team continue to lead both Child, Adult and Dental Safeguarding Forums, programmed through the year and facilitated to update, refresh and inform GP and Dental Safeguarding Leads on topics pertinent to local and national practice. These sessions are well attended with excellent representation from practices across the county. On 27 June 2018, 28 Dentists attending an update on Aspiration Pneumonia and dysphagia. The focus of the topic was Learning from Deaths with Learning Disabilities Review. The session was evaluated positively. GCCG Safeguarding team continues to work proactively to support training needs across Gloucestershire GP Practices. We have provided bespoke safeguarding training to address specific requests for example, where CQC have advised specific safeguarding updates and also delivering safeguarding training regarding mental health client group, involving a Specialist Practitioner from the Safeguarding Adults Team. **Care Homes Enhanced Service (CHES)** The CHES is being monitored, as part of the Care Home Programme, in terms of provision of service and impact on quality of care for residents: the integrated approach to this is being further developed.
Are they effective?	**CCG Clinical Effectiveness Group** **Items which should not be routinely prescribed in primary care** “Conditions for which Over The Counter" (OTC) items should not be routinely prescribed in primary care” This is the most recent change in local policy, which is to adopt the recommendations of this national consultation on the NHS prescribing of OTC medicines. Prescribing should not occur in Gloucestershire for self-limiting or self-care suitable conditions, commencing from 31st May 2018, unless the patient falls into one of the categories exempted relating to the use of OTC products. This relates conditions for which the OTC medicine is licensed for OTC sale. This decision was ratified by the GCCG Priorities Committee meeting May 3rd 2018. **CQC Update** The purpose of CQC inspections are to ensure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. All practices have received an overall rating as “good “except for two practices who have received an overall rating of “Requires improvement”. Four Gloucestershire practices are currently listed

	as “Outstanding”.
Are they caring?	**Friends and Family Test (FFT)** The FFT results for GP Practices in Gloucestershire present a mixed picture. The full data for the most recently published data (April 2018) is available on the FFT website at: https://www.england.nhs.uk/publication/friends-and-family-test-data-april-2018/ The GP FFT dataset includes FFT responses for the latest month from GP practices. Data is submitted directly to NHS Digital’s Calculating Quality Reporting System (CQRS) each month. The overall results for all GP practices combined in Gloucestershire in February, March, April 2018:

	Responses Submitted and % recommend GP practice		
	February 2018	**March 2018**	**April 2018**
England	348,699 / 89%	325,178 / 89%	266,373 / 90%
Gloucestershire	1245 / 93%	841 / 93%	814 / 91%

Gloucestershire results continue to be consistently better than the England average.

There has been a significant reduction in responses submitted both nationally and locally in the last three months should. It should be noted that a significant number of Gloucestershire practices submit fewer than 5 responses on a monthly basis. In April (the last month we have data for) 49 Gloucestershire GP practices are recoded as submitting no data. In most cases the response rates, in line with other areas nationally, are very low and therefore cannot be considered to be statistically significant when looking at one month’s data in isolation.

The Primary Care Clinical Quality Review Group reviews the FFT data alongside the national GP Patient Survey data. Practice Patient Participation groups continue to be reminded to ask their practices for a copy of the FFT results and to promote FFT within their practices.

Practice Participation Groups
Only 2 practices in Gloucestershire are reporting that they do not have an active PPG at this time. Support from the CCG Engagement Team has been offered to assist these practices with establishing a PPG.

GCCG has established a successful Gloucestershire Patient Participation Group (PPG) Network. The last PPG Network, attended by approximately 50 PPG representatives, was held on 8 June 2018. The agenda included: GP online consultations and 111 Online. Several PPG Members volunteered to participate in the procurement process for the new GP Online service.

Following feedback received from PPG members, presentations were shortened and slides were designed to be less ‘busy’; film clips were added and volume more carefully controlled. The PPG members were pleased with these changes. Presenters from the Primary Care Commissioning Team and the Urgent Care Team were commended for their efforts in this respect.

The CCG Engagement Team is working with several practices and PPGs to support activities such as mergers, branch closures and gathering of patient experience feedback.

PPGs have their own dedicated web page on the CCG website:
http://www.gloucestershireccg.nhs.uk/feedback/engagement-and-consultation/patient-participation-groups-ppgs-overview/

GP Patient Survey
The GPPS is an England-wide survey, providing practice and CCG level data about patients’ experiences of their GP practices. It provides data using a consistent methodology, which means

	it is comparable across organisations and over time. The survey content has changed quite considerably for the 2018 survey, which launched in January 2018. The CCG was involved in the redesign of the national survey and has been invited to be a member of the GPPS Steering Group.
Are they responsive?	**Prescription Ordering Line (POL)** GCCG Prescription Ordering Line (POL) has been operating since July 2017. The phone call activity continues to increase as patient numbers using the service increase in current practices and within newly commenced practices. More practices are expressing interest in becoming involved, and the service is extending to incorporate them gradually. The POL is now also serving some patients from participating surgeries with ordering their appliance requests. This will allow the POL team to check the suitability and timeliness of those requests. There has been a delay in starting the patient survey work. Appropriate Information Governance requirements are being rigorously applied, which means that individual patients who have accessed the POL cannot be contacted direct by the CCG engagement team. A solution has been designed and survey work is now underway. **Dressings Prescribing** The Countywide wound management formulary will be reviewed during 2018-2019, in order to make the most cost effective choices. GCCG and GCS are working closely together to do this, as well as to deliver publicity and training to staff in all settings to make full utilization of the dressing formulary, and to reduce variation across clinicians so that all patients get similar evaluated products. A QIPP plan has been developed to support the desired outcomes. **Medicines Optimisation in Care Homes (MOCH)** A recent application by the GCCG to participate in a national Medicines Optimisation in Care Homes (MOCH) project has received agreement from NHS England. This will involve creating 2.2 fte pharmacist and 0.7 fte pharmacy technicians' posts to focus on supporting improvements in the quality and safety of medication use in care homes. As this is an STP based initiative, we are currently concluding our discussions with GHT and GCS as our STP partners, on the joint working options for these MOCH posts. Based on agreement of the level of integrated working that will be involved, the plan is to commence the recruitment process with the next few weeks. **Pharmacy technicians** The GCCG has recently recruited two pharmacy technicians in its established GP practice prescribing support team. This brings the technician team from 1.6 fte to 3.2 fte posts. The intention is to further improve the skill mix and effectiveness of the current GP practice prescribing support team, as well as increase support to improve the efficiency of repeat prescribing processes in targeted GP practices. **Prescribing Support Dietitians** The GCCG Prescribing Support Dietitians continue to support GP practices to ensure the appropriate prescribing of primarily Oral Nutritional Supplements (ONS) and Gluten-Free foods. The dietitians continue to advise practices and other health care professionals including community nursing teams on alternative ways to support patient's nutritional status, based on a 'Food First' approach. The dietitians are working on further areas of involvement and cost/quality effectiveness, including progressing restrictions on the prescribing of vitamin and minerals prescribing. In addition work is commencing soon on developing county-wide dysphagia guidelines and the use of soft diets. **Prescribing data** Prescribing data reflecting the whole of 2017/18 is now available, showing that the planned prescribing cost efficiencies were realised. The achievement of savings were across all the key areas of medicines optimisation local focus last year, including sip feeds; inhalers; pregabalin;

analgesics; and deprescribing. The GCCG prescribing improvement plan (PIP) for 18/19 has been finalised and circulated and implementation in practices has begun supported by practice pharmacists and technicians. The initial focus is aimed at achieving increased efficiency and effectiveness in the prescribing of inhalers for COPD and asthma.

Primary Care Complaints

Primary care complaints are managed for the most part by GP practices themselves. However, some complainants also choose to draw their complaints to the attention of NHS England. From 1 June 2017, GCCG is now receiving details of primary care complaints which have been handled by NHS England South (Central). NHS England South, Regional Complaints Manager has confirmed that problems have been caused with their database associated with modifications to reflect the current changes in the south. This has caused their reporting process to be unreliable. NHSE were unable to produce data for Q3 for the last Report. Limited data for Q3 now shows 15 primary medical care complaints were reported as handled by NHSE. The CCG has requested an explanation regarding the frequency of closed complaints being recorded as 'Admin Closure – consent not received'. The CCG has now received data from NHSE for Q4 17/18. 23 complaints were received, 4 are still open and 6 "admin closures - no consent received".

GPD06 - Clinical Treatment (inc Errors)	GPD27 - Prescription Issues
GPD05 - Charging/ Costs	GPD06 - Clinical Treatment (inc Errors)
GPD06 - Clinical Treatment (inc Errors)	GPD10 - Delay in Diagnosis
GPD11 - Delay in Failure to Refer	GPD06 - Clinical Treatment (inc Errors)
GPD06 - Clinical Treatment (inc Errors)	GPD33 - Removal from List
GPD06 - Clinical Treatment (inc Errors)	GPD10 - Delay in Diagnosis
GPD06 - Clinical Treatment (inc Errors)	GPD35 - Staff Attitude/Behaviour/Values
GPD06 - Clinical Treatment (inc Errors)	GPD22 - Misdiagnosis
GPD06 - Clinical Treatment (inc Errors)	GPD11 - Delay in Failure to Refer
GPD11 - Delay in Failure to Refer	GPD35 - Staff Attitude/Behaviour/Values
GPD07 - Communications	GPD30 - Refusal to Prescribe
GPD06 - Clinical Treatment (inc Errors)	

NHSE are looking at new arrangements for sharing the complaints information with the CCG following the implementation of GDPR.

GDPR

Due to the introduction / compliance with the new GDPR legislation, NHS England has adapted its complaints process in terms of consent that it now requests from complainants. A key change is that NHSE will now be asking direct permission from the complainant and / or patient to share their complaint and NHSE's investigation with the CCG responsible for primary care in their area.

Where consent is received NHSE would propose that this is shared via nhs.net secured email to the CCG's patient experience team and have requested that this email address is provided to NHSE complaints team via email to england.southeastcomplaints@nhs.net / england.southwestcomplaints@nhs.net

The regulatory responsibility for primary care complaint investigations as commissioner is held by NHS England and cannot be delegated. NHS England trust that this proposed sharing will address the current gap of knowledge surrounding complaints received and investigated by NHS England for services that CCGs hold delegated responsibility for.

The actions and learning from the complaints received will be shared with the CCG for their follow-up with the relevant practices as appropriate. A systematic process to consider themes and trends to focus on quality improvement requirements will be for local CCG determination.

Please note, individual practitioner performance concerns and the responsibility for follow-up of learning identified and actions to be taken remain the responsibility of NHS England.

The new consent forms will start to be used for complaints received after 25 May 2018 so CCG Patient Experience Team will start to receive the response letters from NHS England from this point going forward.

Patient Advice and Liaison Service (PALS) contacts

The CCG PALS team sits within the CCG Quality Directorate and is made up of one Manager and a part time Administrator. PALS provide a responsive work week advice and liaison service (telephone and email) for commissioning and primary care services and handle all CCG commissioning complaints.

The table below gives a breakdown of the types of enquiries the PALS team has dealt with up to the end of Quarter One 2018/19.

Type	Quarter 3 16/17	Quarter 4 16/17	Quarter 1 17/18	Quarter2 17/18	Quarter 3 17/18	Quarter 4 17/18	Quarter 1 18/19
Advice or Information	48	58	**48 (16 PC)[1]**	**45 (15PC)**	**58 (PC16)**	**63 (PC20)**	**111 (PC 27)**
Comment	7	7	**2 (1 PC)**	**2**	**7**	**0**	**11**
Compliment	0	4	**4**	**3**	**3**	**2 (PC1)****	**4**
Concern	20	41	**52 (17 PC)**	**47 (17PC)**	**41 (PC15)**	**55 (PC 19)**	**97 (PC 23)**
Complaint about GCCG	11	9	**11 (1 PC)**	**10 (2 PC)**	**5**	**2**	**2**
Complaint about provider	22	18	**22 (7 PC)**	**18 (3 PC)**	**21 (PC4)**	**9 (PC2)**	**22**
NHSE complaint responses copied to GCCG PALS			**2**	**2**	**1**	**0**	**1**
Other	3	10	**14 (4 PC)**	**15 (1 PC)**	**8**	**68**	**32 (PC4)**
Clinical Variation (Gluten Free)	49	11	**2**	**0**	**0**	**3**	**0**
Total contacts	**130**	**158**	**155**	**140**	**144**	**202**	**280**

PALS have received a total of four contacts from patients asking about Over the Counter medication and changes to their prescriptions.

[1] GP medical service complaints in brackets smitten

The introduction of the Patient Transport Advice Centre (PTAC) on 1st April 2018, where patients are now required to go through this service to their check eligibility for Non-Emergency Patient Transport Service (NEPTS), has resulted in the PALS service receiving nine contacts. PALS have worked closely with the CCG Implementation Manager and PTAC to address any anomalies and seek resolutions.
There are no key GP themes, contacts vary from GP access and the availability for non-urgent appointments, patients wanting to stay registered with a Practice when they move outside of its catchment area.

PALS have seen the number of contacts increase over the past few months. PALS have been able to support GP Practices liaising with patients to offer local resolutions. PALS attended a local resolution meeting at a Practice with the Patient to support ongoing communication difficulties and Patient/GP relationship.

Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections (Data to end of June)
Public Health England has set a threshold of 6 MRSA Bacteraemia infections. 2 have been attributed to community acquisition and 2 have been attributed to hospital acquisition.

In June 2018 1 death was been reported and a review meeting is arranged. This case and two further cases have been linked to intravenous drug use. Therefore the review meeting has been widened and will consider actions which can be taken locally to reduce the incidence amongst this group of patients.

MSSA Bacteraemia Infections
During the period 1 April 2018 – 31 May 2018, 18 cases were reported divided between 9 community acquired and 9 hospital acquired infections.

Escherichia coli (E.coli) Infections
The Quality Premium for 17/19 aims to reduce E.coli Gram Negative Bloodstream Infections (GNBSIs) by at least 10% and reduce inappropriate antibiotic prescribing for Urinary Tract Infections as well as sustain the decrease. The threshold for the year 2018/19 Is 257 (or less) cases.

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TOTAL NUMBER OF E.coli CASES ACROSS GCCG						
16/17	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
E.COLI BSI	82	84	48	30	256	**No threshold**
17/18	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold: 257**
E.COLI BSI	67	62	83	64	276	
18/19	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold: 257**

E.coli bacteraemia is linked to Urinary tract Infections (UTI) (approximately 41%). The Countywide UTI Group has several work streams linked to UTI including the improving the diagnosis and treatment of patients with a UTI, improving hydration particularly in older people and self-care advice. To support this work a training day for nurses working in GP practice was being in June 2018 and engagement events are being held in 7 locations over July and August to

reach nurses working in hospitals and care homes.

Prescribing targets

GCCG has been set a Quality premium to reduce antibiotics associated with UTI and C. Difficile Infections. GCCG is currently achieving these targets as detailed below.

PRESCRIBING TARGETS WITHIN THE QUALITY PREMIUM & AMR CCG IMPROVEMENT AND ASSESSMENT FRAMEWORK INDICATORS														
Item	Target	On Target?	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Co-amoxiclav, cephalasoprins and Quinolones	<10%	Yes	9.7	9.7	9.6	9.54	9.5	9.5	9.5	9.5	9.4	9.4	9.3	9.3
Trimethoprim : Nitrofurantoin ratio reduction	1.69	Yes	1.75	1.72	1.65	1.569	1.483	1.396	1.299	1.206	1.136	1.059	0.986	0.913
Antibiotics per STAR/PU	1.161	Yes	1.001	1.003	1.002	0.998	1.001	1	1.001	0.991	0.980	0.981	0.977	0.969
Trimethoprim in patients over 70yrs	18454	Yes	18753	18756	18593	18239	18269	17907	17488	17009	16473	16092	15657	15064

C. difficile Infections (CDI)

The threshold set by Public Health England for GCCG is 156 cases of CDI in 2018/19. Over April and May 2018 43 cases have been reported to PHE. A breakdown of the cases indicates:

- 21 cases (49%) hospital acquired. Of these 14 cases linked to GHT and 7 cases to GCS. The threshold target for GHT is 36 cases and GCS is 18 cases. Both organizations are exceeding the projected trajectory in order to meet the threshold.
  In May 2018 there were 25 cases divided between 3 cases of continuing infection, 19 cases a new infection, 2 cases were relapse/recurrence and 1 was unknown.
- 22 cases (51%) are community acquired.

16/17		**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
CDI cases	**Comm**	8	10	13	15	**46**	**157** (20 cases over threshold)
	Hospital	37	26	18	30	**111**	
	Sub total	45	36	31	45	**177**	
17/18		**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
CDI cases	**Comm**	34	45	25	23	127	**157** (47 cases over threshold)
	Hospital	14	18	23	22	77	
	Sub total	48	63	48	45	204	

Countywide there is an upward trend in cases. A short life working group (6 meetings) met for the first time October 2017. The group is refining an action plan focusing on environmental cleaning, implementing an MDT team to lead on managing patients with CDI, investigating faecal macrobiotic transplant as well as improving the information given to patients on discharge from hospital.

Kliebsiella Pneumoniae and Aeruginosa Pseudomonas

Since September 2017 it is mandatory to report of these infections.

OTHER BLOODSTREAM INFECTIONS TOTAL NUMBER OF CASES ACROSS CCG						
17/18	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
Kliebsiella spp.	21	24	17	20	82	**No threshold**
P.Aeruginosa	8	7	17	6	38	**No threshold**
18/19	**Q1 Apr, May**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
Kliebsiella spp.	13					**No threshold**
P.Aeruginosa	3					**No threshold**

Seasonal Influenza vaccination uptake plan 2018/19

The annual flu letter from PHE/NHSE outlining the national influenza immunisation programme 2018/19 has been received. Changes described are:

- The school age children's cohort has been extended to include school year 5, so the programme now covers reception to year 5.
- Uptake ambition for 2 and 3 year olds has changed to at least 48%.
- Uptake ambition for school aged children in reception to year 5 has changed to an average of at least 65% to be attained by every provider across all years.
- The other eligible cohorts remain the same.
- A second letter will follow with information about frontline healthcare workers and social care workers.

The CCG is working with partners to develop an action plan for the 2018/19 season. To date actions completed or progressing:

- A PSD to facilitate administration of nasal flu vaccination for people who are over 18 years of age as an accommodation to support people with severe needle phobia, dementia or learning disability.
- Improving uptake of flu vaccination amongst care home workers.
- Developing a strategy for collating data on flu vaccination uptake to care home residents.
- Working with communication team to develop media messages tailored to Gloucestershire.

Childhood Vaccinations

Indicator	Target	2017/18 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2	207/18 Q3	2017/18 Q4
DtAp/IPV/Hib vaccination (1 year olds)	95.0	94.6	95.1	94.1	94.3	95.3	Approx. 94.4
DtAp/IPV/Hib vaccination (2 year olds)	95.0	95.3	95.5	95.8	97.5	96.3	Approx. 97.2
DtAp/IPV/Hib vaccination (5 year olds)	95.0	96.0	96.0	96.9	97.2	97.1	Approx. 97.7
DTap/IPV (5 yr old)	95.0	88.1	88.1	88.0	89.3	90.3	Approx. 91.5
PCV (I year olds)	95.0	94.8	95.2	95.1	95.3	95.4	Approx.

							94.5
PCV (2 year olds)	95.0	95.5	91.9	93.2	93.2	93.2	Approx. 94.7
MenC Vaccination (1 year olds)	95.0	94.3	86.0	Data not published	Data not published	DNP	Approx. DNP
Hib/MenC Booster (2 year olds)	95.0	89.6	92.1	93.3	93.1	93.3	Approx. 94.7
Hib/MenC Booster (5 year olds)	95.0	90.5	92.1	93.3	93.1	94.7	Approx. 95.8
MMR 1 dose (2 year old)	95.0	90.6	92.1	93.2	93.2	93.2	Approx. 94.9
MMR 1 dose (5 year old)	90.0	94.7	95.0	95.9	96.1	95.6	Approx. 97.1
MMR 2 doses (5 year old)	95.0	87.7	89.1	88.3	89.6	90.2	Approx. 92.3
Rotavirus	95.0	91.7	92.3	90.8	91.9	92.6	Approx. 92.6
Men B (12 months)	95.0	93.4	95.0	94.8	95.1	95.0	Approx. 94.2

Annual Survey for PPV Coverage – Reported June 2018

The range by practices was 41.2% - 84.5%.

INDICATOR	TARGET (%)	31/013/2016	31/03/2017	31/03/2018
PPV COVERAGE	No target	71.6%	71.1%	70.2
BGSW	No target	70.7	71.1	70.3
ENGLAND	No target	70.1	69.8	Unpublished

starting in September 2018, the plan is to work with GP practices and alongside the flu vaccination work promote the uptake of PPV and Shingles immunization.

Measles

Since 1 January 2018 there have been 84 confirmed and 28 probable cases of measles in the South West North area. Since the 7/6/18 there have been 3 new cases and 7 probable cases of measles reported. The only and largest grouping of patients (11 cases) were in Gloucestershire and all linked to a school.

Are they well led?

Health Inequalities Fellowship

Our Health Inequalities Fellowship for Gloucester City has been promoted as we look to support the inner city area that persistently struggles to recruit GPs, and has attracted 12 expressions of interest and resulted in 6 applications for the posts. The CCG in partnership with the Community Education Provider Network agreed to support a Health Inequalities Tutor Role to ensure that these roles are successful and embedded. Financial support for the Public Health course for the Health Inequalities Tutor role and funding of up to £5600 for any additional hours required to embed project, evaluate and communicate findings to the

CEPN and CCG.

A workshop with the lead GPs and practice managers took place on the evening of the 23rd of May and the learning objectives and priority themes have been agreed. Further information on the scheme is available on our GPFV pages of CCG Live here: https://ccglive.glos.nhs.uk/intranet/index.php/localities/all-localities/general-practice-forward-view/workforce-opportunities.

International Recruitment

We are still awaiting the official outcome of the joint BSW GP International Recruitment bid submitted to NHSE in November 2017. Early indications are that, due to current GP workforce status of Gloucestershire in comparison to other regional areas, we are likely to be in Wave 4.

Community Education Provider Network (CEPN)

GCG is hosting the Gloucestershire CEPN and is providing oversight and support through the Workforce Programme manager. This has included the recruitment of two new roles to support primary care educational developments. CEPN project manager (12 months – 1WTE) and Education Facilitator (18 months at 0.6 WTE a week) will be supporting joint CEPN projects and increasing learner placements in primary care, to align with the activities of the Localities and Primary care directorate to support the overall direction of the Primary Care Workforce Strategy.

Clinical pharmacists – a Pharmacist Mentor has completed Clinical Pharmacist specific "Train the trainer" course (funded by CEPN) and there is an ambition for CEPN funded trainer to develop 8 further mentors in Gloucestershire to support the countywide development of Clinical Pharmacists.

Newly Qualified GP (NQGP) Scheme- currently recruiting for 4 NQGPs during 2018-19 with 6 participating practices identified. Matching of NQGP to practices to be determined following on from informal visits.

Mental Health- Advanced Mental health practitioner pilot continues in Gloucester City - 2gether Trust managing current pilot until September 2018. Initial role and Training and Development evaluation has been completed and the overall pilot evaluation is currently underway. Gloucestershire, as an example of best practice, is being highlighted in pan-STP workforce developments through HEE. Mental Health training for Primary Care Nurses is to be piloted at the September PLT in Gloucester City. The CEPN are working partnership with 2gether Trust to deliver training. South West Clinical Network (SWCN) are interested in supporting this session with funding, and if successful can be rolled out across the county and the region.

GP Portfolio Training Role-HEE have supported CEPN with funding for backfill support approved to support GPs in county to develop a plan for undergraduate placements to be based within a cluster combined with a GP portfolio teaching role – initially to be piloted in the South Cotswold and Aspen clusters.

Physician's Associates -Proposal for development of an STP rotational Physician's Associate's Internship for a 12 month period to rotate 4 months at a time: Primary Care, ED and GOAM. GHNHSFT have agreed to fund 4 salaries, Aspen Medical Practice will fund fifth salary, sixth salary funding to be sourced. Issues of clinical indemnity being explored.
Primary care PA placements - Taster sessions for students taking place over the summer which UWE will be evaluating. UWE have received EOI from 6-8 other practices for further placements in Autumn. Request made for update from University of Worcestershire students placed in Gloucestershire region

Primary Care based Physiotherapists -Advanced Physiotherapists in Primary Care as a partnership with GCS is developing very well, with interest in posts and recruitment completed for St Pauls Cluster and the Aspen Centre. 3 people have been recruited to 1.6 WTE posts in the two clusters, with 2 people being attracted to roles from out of county which is excellent as these new roles

	are attracting talent into Gloucestershire. CCG and GCS have been recognised by National Elective Performance team as best practice. Specialist Portfolio paramedics- A pilot in partnership with SWASfT is underway in Tewkesbury, Newent and Staunton locality cluster. Aspen cluster will no longer be progressing this rotational post with SWASfT, however may be interested in engaging with the HEE Paramedic Academy in the long-term future. Evaluation of current training and development requirements to be progressed by September 2018. **Sustainability and Transformation Partnerships** The STP Capability Thematic group has entered a bid for funding from Health Education England for transformation monies for the clinical priorities of the STP. Primary Care has received monies for Advancing Practice courses, Non-Medical Prescribing, spirometry training and other development that support the clinical pathways. It has been confirmed the STP will receive half the funding amount we received last year. The STP is identifying the priorities for this funding. **Gloucestershire Clinical Commissioning Group Practice Nurse Facilitator (PNF)Team** The GCCG PNF team engages with the national drive, aligned to the General Practice Forward View, to further develop practice nurses. The "General Practice Nurses (GPN) Ten Point Action Plan" sets out the measures required to bring about the changes that are needed, which will be taken forward by NHS England, Health Education England, NHS Improvement, Public Health England, The Royal College of Nursing, The Royal College of General Practitioners and the Queens Nursing Institute. These organisations will support commissioners and providers to implement the actions at local level. Delivery of this Ten Point Action Plan at a local level will be supported by one of four Regional GPN Delivery Boards. Locally the PNF team has been supporting these actions. All localities except Stroud and Berkeley Vale now have Practice Nurse Protected Learning Time events. The PNF team is working with the Primary Care team to ensure the remaining locality will have events in the future. The aim of the events is to provide clinical support, supervision, education, training and sharing best practice. Recent events have included Infection Control , MECC training and Sexual Health. The PNF team has been working with both practices and Universities to increase student nurse placements. The number of practices taking student nurses has increased from 7 (Jan 2017) to 15. Several practices are interested in taking students and these are being supported to take students in the future. PNFs and the University of Gloucestershire will be working with practices over the summer period to increase the number of placements. Funding for new placements is being explored. The PNF team and the CEPN are developing mentoring provision for newly qualified nurses; GDOC have been approached to explore what they can offer in terms of training support as a possible ongoing option. The PNFs continue to support Practice Nurses with their Nursing and Midwifery Council revalidation. An increasing number of Health Care Assistants have been supported and assessed for their Care Certificate by the PNFs. Over 100 Practice Nurses and Health Care AssistantS have attended an update for Travel Immunisations and Vaccinations. An initial Immunisation study days are being planned for October. This will be open to HCAs and registered Health Care Professionals. A non-medical prescribing CPD event has been held with over 60 NMPs attending. Updates included prescribing in asthma, diabetes and hypertension. Feedback from the day was very positive. The PNFs have been working with the Hypertension Clinical Programme team to organize a Hypertension study day for Primary Care staff. This is even is planned for October 2018.

	Hospital Discharge to Care Homes The Red Bag project aims to improve quality and safety of patient transfer (hospital admission and discharge) processes and communications between care home and hospitals: testing the use of the Red Bag for holding relevant paperwork and personal belongings. This pilot scheme is being led by a Gloucester Nursing Home manager, under the Teaching Care Home initiative, with the Red Bags for the pilot funded by DH. The first phase of the pilot is underway, preliminary walkthroughs at Gloucestershire Royal have been completed and there is an encouraging system wide enthusiasm for this initiative. The Red Bags are initially in use as Discharge Bags whilst feedback is obtained and the hospital transfer from further developed using the PDSA approach. The Care Home Support Team (CHST) Trusted Assessor pilot post has been well-received and an Interim report demonstrating the beneficial impact on quality of discharge, length of stay and Care Home / Hospital communications has been produced. An orange folder scheme has also been introduced in to the South Cotswolds. The folder is left in people's homes that have been identified as "frail". The folder contains information about the patients and their care. The plan is this folder is available to all care staff entering the home and goes with patient if they are transferred to hospital. **Care Home Hospital Admissions** The Care Home Programme has reviewed the recently available hospital emergency attendance and admissions data for Care Home residents; scoping and linking a number of workstreams: Quality, CHST, CHES, dementia, frailty, LTCs. An integrated approach is being taken to pilot bespoke support for the Care Homes and the GP Practices together for those Care Homes where there were highest numbers of emergency hospital admissions. **Appointment of New Deputy Director of Nursing, Julie Symonds** One focus of this role will be to concentrate on Primary care practice nursing and development of a nursing strategy.

Agenda Item XX

Primary Care Commissioning Committee

Meeting Date	**Thursday 26th July 2018**
Report Title	**GCCG Pharmacy Team Update**
Executive Summary	Providing a summary of the current GCCG employed GP Practice pharmacy team working in support of Primary Care
Key Issues	The paper sets out the current establishment of the team and requests additional resource for the Parachuting GP Practice Pharmacist team to support practices considered at risk.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Insufficient capacity for the GP Practice Pharmacist team will result in practices being unable to access resource for clinical support or to achieve savings plans. (2 x 2) 4 (2 x1) 2 (residual meaning accepted risk)
Management of Conflicts of Interest	Not applicable
Financial Impact	Potential to be unable to meet prescribing savings targets due to insufficient capacity of team.
Legal Issues (including NHS Constitution)	Not applicable
Impact on Health Inequalities	Not applicable
Impact on Equality and Diversity	Not applicable
Impact on	Not applicable

Sustainable Development	
Patient and Public Involvement	Not applicable
Recommendation	The Primary Care Commissioning Committee is requested to note the current position regarding the establishment of the GP Practice Pharmacist team and approve the additional resource requested for the Parachuting team.
Author	Teresa Middleton
Designation	Deputy Director of Quality
Sponsoring Director (if not author)	Marion Andrews-Evans

Agenda Item XX

Primary Care Commissioning Committee

26th July 2018

GCCG Pharmacy Team Update

1. Introduction

1.1 The GCCG employed Pharmacist support team in primary care is a valued resource which supports effective prescribing, cost saving and provides clinical support to GP's and patients in county.

This paper sets out the current position of CCG employed practice based pharmacists supporting primary care in county and provides a future optimal position for these services.

2. Executive Summary / Purpose

2.1 The PCCC are asked to note the current position with regards to primary care pharmacist support and support the proposal regarding the future establishment of this team.

3. Background

3.1 The use of CCG employed pharmacists and technicians in primary care has been a key measure in achieving prescribing savings which for 2017-18 were £5m.

The pharmacist team ensure timely medication reviews are undertaken, support effective prescribing recommending amendment to medication as necessary and helps to reduce pressure on GP practices.

3.2 GCCG directly employs a total of 40 pharmacists/technicians. These are split between roles below.

3.2.1 Clinical Pharmacist (CP)

- Helps to support reduction in GP workload pressures in practice on prescribing and medicines related issues.

- As an independent prescriber, to undertake patient consultations with a focus on groups of patients with potential medication issues.

- To offer professional leadership and facilitate shared learning with other less experienced clinical practice pharmacists working in associated local practices to support the development of their role.

3.2.2 Prescribing Support Pharmacist (PSP)

- To engage with nominated general practices and provide technical pharmaceutical support so that high quality and cost effective prescribing is developed and maintained, including helping the practice to achieve prescribing savings targets.

- To implement local and national medication and policy change, including NICE guidance and aspects of the Pharmacy Contract and GMS /PMS contracts according to CCG priorities.

- To support the management of the Gloucestershire Health Economy Formulary and primary care prescribing budget.

3.2.3

- To assist the efficient working of the medicines management team by leading on key areas in relation to medicines management issues and systems, including implementation of the CCG Prescribing Improvement Plan (PIP).

Prescribing Support Technicians (PST)

- To support GP Practices in the implementation of their prescribing action plans.

- To promote high quality, cost-effective prescribing in primary care

- To provide support to the PSP team.

- To develop and undertake practice specific and CCG wide prescribing audits

- To undertake specific project work as required by the CCG.

4 Clinical Pharmacist Team

4.1 The Clinical Pharmacist Team have provided significant support to Primary Care since their appointment. They directly support GMS activity at practice level and although line managed via the CCG Medicines Optimisation team the practice sets and direct their day-to-day work priorities. Feedback on their input to Primary Care has been extremely positive. Current practice is allocation is as shown at Appendix 1.

4.2 Some practices have opted to directly employ their own CP's although the CCG do continue to engage with these pharmacists as part of the Gloucestershire CP network.

4.3 CCG funding for employed staff is from NHSE transformation funding with the intention that over the next 5 years practices will directly employ these staff. Whilst employed by the CCG their work in GP Practices is on a seconded basis.

5. Current PSP/PST Establishment

5.1 The initial establishment of the PSP team was based on PSP support being provided at 0.5 days per practice per week, increasing incrementally with the registered population for that practice. To ensure equability across settings the Medicines Optimisation team will be allocating baseline pharmacy support as below;

5.2

Patient List Size	PSP/PST allocation (days per week)	No. of practices in county (Mar 2018)	No. PSP/PST hours required
<10,000	0.5	54	202.5 hrs (5.4 WTE)
10,000 – 20,000	1.00	20	150 hrs (4 WTE)
20,000 – 25,000	1.5	1	11.25

			(0.3WTE)
>25,000	2.0	1	15hrs (0.4 WTE
Total PSP/PST requirement			378.75 hrs 10.1 WTE

5.3 Currently the team is established at 10.78 WTE. This figure however does include payments to GP practices that directly employ CP's and who are funded by GCCG to provide PSP support. This support is quantified at 0.65 WTE. It is proposed that this arrangement is ended from April 2019 with PSP/PST support being provided solely by CCG employed staff. This will reduce the current WTE to 10.13 WTE in line with the optimal position above.

5.4 The current establishment figure above also includes 1.6 WTE staff on maternity leave where cover has not been possible, resulting in some practices not receiving dedicated PSP support. In such situations, where possible, support has been provided by CP's although it is noted this is not a cost effective use of their time.

In addition staff from the funded establishment are being drawn in to support the Parachuting Team which is referred to below.

5.5 GCCG has encouraged and supported employed PSP's to complete the GPhC accredited pharmacist independent prescribing programme and this has allowed for the primary care workforce

5.6 development of the CP team. This provides clear benefits for Primary Care with CP's able to take on clinical responsibilities as prescribers. However this does place further pressure on the PSP team as it creates vacancies within the PSP/PST team once the pharmacists have qualified as a prescriber and moved into a CP role.

5.7 A move towards employment of greater numbers of PST's at AfC band 5 providing a cost effective option to replace PSP's is underway. This is however limited by the number of qualified and experienced pharmacy technicians available for such roles. This is an area we continue to explore and are actively looking at options to raise awareness of these roles and highlight GCCG as an employer of choice.

6. Parachuting Pharmacy Team

6.1 In addition to the funded establishment team of CP's, PSP's and

PST's allocated to practices, a team of Parachuting or rescue Pharmacists has been developed, funded by Primary Care.

6.2 Currently this team comprises CCG employed CP's. Providing support to practices in situations where there is temporary insufficient GP capacity, or where prescribing targets are not being met. Such requests are supported where possible, however it is not considered equitable or sustainable to manage this resource in such a reactive way in the longer term as additional demands on the prescribing saving plans focussed PSP/PST team.

6.3 At present funding for this parachuting group stands at 2.5 WTE CP's. The CCG currently employs 2.2 WTE in this role, however this will reduce to 1.3WTE from August 2018 due to staff leaving.

6.4 Due to the demands on the current team PSP and PST staff are being drawn in to provide support for practices deemed most at risk of exceeding targets, this reducing available resources to other practices.

6.5 It has become increasing apparent that a fuller skill mix is required within this resource to include PSP and PST staff as these functions are currently being performed by CP staff at higher banding.

6.6 Previously GCCG Priorities Committee had supported a proposal to provide temporary support to the 6 Practices in County who had overspent against prescribing budget for 2017/18. However this was agreed on a temporary basis for the establishment of a team comprising 0.2 WTE CP, 1.0 WTE PSP and 2.0 WTE PST's. The committee raised concerns about the temporary nature of such posts.

6.7 It is proposed that the parachuting team is substantively established as below;

- 2.5 WTE CP (as existing)
- 2.0 WTE PSP (1.0 WTE agreed by Priorities Committee 17/05/2018)
- 3.0 WTE PST (1.0 WTE agreed by Priorities Committee 17/05/18)

6.8 This enhanced establishment would allow a more cost effective resource to support effective prescribing utilising the PSP/PST staff

whilst retaining the CP support to reduce pressure on GP Colleagues as needed. Furthermore it would allow for support to be drawn from this Parachuting team to cover periods of staff absence providing enhanced resilience to pharmacy support services across the county.

6.9 Costing for the above proposal are calculated as below;

- 2.5 WTE CP (£165,000, funding already in place)
- 2.0 WTE PSP (£55,633 agreed by Priorities Committee)
- 3.0 WTE PST (£61,890 agreed by Priorities Committee)

This would require a further investment from Primary Care of £89,848 to support this proposal to increase capacity in the parachute team as well as increase the resilience of the current PSP/PST team to short term gaps in practice cover.

7. Recommendations

7.1 The Committee is asked to note the current establishment of the Clinical Pharmacist team, noting the intention to move towards practice employed staff over the next 5 years.

7.2 The Committee is asked to note the current establishment of the Prescribing Support Pharmacist/Prescribing Support Technician resource and approve the move to fully employed PSP/PST staff from April 2019.

7.3 The Committee is asked to approve the substantive increase in establishment for the Parachuting Pharmacy team to 7.5 WTE noting the requested skill mix. Funding for this increase to be available from Primary Care Investments.

7. Appendices

Appendix 1 – current pharmacy team allocation by practice

NHS
Gloucestershire
Clinical Commissioning Group

Agenda item 10

Primary Care Commissioning Committee

Meeting Date	**26th July 2018**
Report Title	**Delegated Primary Care Financial Report**
Executive Summary	At the end of June 2018, the CCG's delegated primary care co-commissioning budgets show an underspend of £184k.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	None
Management of Conflicts of Interest	None
Financial Impact	The current position and forecast has been included within the CCG's overall financial position.
Legal Issues (including NHS Constitution)	None
Impact on Health Inequalities	None
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	None
Recommendation	The PCCC is asked to • note the content of this report.
Author	Andrew Beard
Designation	Deputy Chief Finance Officer
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer

Primary Care Commissioning Committee - July 2018

Delegated Primary Care Commissioning financial report as at 30th June 2018

1 Introduction

1.1 This paper outlines the financial position on delegated primary care co-commissioning budgets at the end of June 2018.

2 Financial Position

2.1 The financial position as at 30th June 2018 on the delegated primary care budget is an under spend of £184k.

2.2 The year to date underspend position has been contributed to by:

- A continuation of savings from business rates, which, following a national review, resulted in reduced bills for most practices. Some gains reflect the full year impact of those recognised in the last year with further gains being made in 2018/19.

- Dispensing costs have also maintained the lower level of spend seen throughout most of last year. As actual costs are reported in arrears, the 2017/18 year end position was predicated on an estimate of the possible level of spend due. However, the actual costs incurred are below these levels to the benefit of the current year position.

- Maternity and sickness budgets are currently underspending; the budgets were based on costs incurred in the previous financial year, which were high. There can often be back dated claims received for these, so it is too early to be confident that any underspend will continue.

- The APMS budget is also underspending. The budget was set based upon the new GHAC contract running for the full financial year, however, it commenced on the 5th May; the old value being paid in April.

2.3 Within the position, there are also some areas which are overspending:

- Enhanced Services (DES) are currently overspending, with both extended hours and learning disabilities enhanced services showing overspends. LD spend was considered low last year and early indications suggest that this year's increase may be an adjustment to the expected level of spend.

- Spend on the temporary support pharmacists is higher than that budgeted for (contributing to the overspend on "Other GP Services"). With additional staffing planned later in the year, this is likely to continue to overspend.

- Costs in relation to new surgery developments have overspent to budget so far this year, including large one off costs such as the stamp duty payment for the now complete Churchdown development.

2.4

- Overspends in the above areas have been mitigated through full utilisation of the 0.5% planned contingency fund allowing the CCG to achieve a small year to date underspend position for 2018/19.

2.5

- The initial allocation for Delegated Primary Care was £81,551,000.
- Initially we were requested to ring-fence £349,550 of this as the CCG's contribution to "Indemnity costs".
- Subsequently, the guidance from NHS England changed, and this £349,550 has been reallocated from the Delegated budget (non-recurrently) to a range of GPFV schemes within programme costs. More specifically, the transfer related to reception/clerical training, online consultations and increases to Improving Access funds.
- Therefore, following these transfers, the budget for delegated Primary Care is now £81,161,450 for 2018/19.

2.6 The CCG is currently forecasting a breakeven position against delegated budgets whilst reviewing trends and potential risks at this early stage in the financial year.

3 Recommendation(s)

3.1 The PCCC are asked to:

Note the contents of the paper

NHS
Gloucestershire
Clinical Commissioning Group

Gloucestershire CCG
2018/19 Delegated Primary Care Co-Commissioning budget

June 2018

	Area	2018/19 Total Budget £	In Month Budget £	In Month Actual £	In Month Variance £	Year to Date Budget £	Year to Date Actual £	Year to Date Variance £	Forecast Variance £
SPEND	Contract Payments - GMS	51,032,022	4,252,601	4,201,898	(50,703)	12,757,873	12,707,170	(50,703)	
	Contract Payments - PMS	3,651,196	304,263	318,923	14,660	912,792	927,452	14,660	
	Contract Payments - APMS	1,838,754	153,229	5,077	(148,152)	459,688	311,536	(148,152)	
	Enhanced Services	2,276,629	189,584	205,708	16,124	568,889	585,013	16,124	
	Other GP Services	2,417,026	201,286	211,580	10,294	603,993	614,287	10,294	
	Premises	8,454,224	696,153	736,154	40,001	2,113,341	2,153,342	40,001	
	Dispensing/Prescribing	3,021,353	207,402	159,273	(48,129)	720,922	672,793	(48,129)	
	QOF	8,470,246	665,771	647,348	(18,423)	2,117,405	2,098,982	(18,423)	
	TOTAL	**81,161,450**	**6,670,289**	**6,485,962**	**(184,327)**	**20,254,903**	**20,070,576**	**(184,327)**	**0**

FUNDING Allocation 81,161,450

- £349,550 of funding allocation original earmarked for "Indemnity payments" has now been reallocated to GPFV schemes, per guidance from NHS England (£81,511,000 - £349,550 = £81,161,450)
- Global Sum (GMS contract payments) has now been published and represents a 3.01% increase on 2017/18
- Global sum per weighted patient moved from £85.35 to £87.92 in April 2018
- Other GP Services includes:
  - Legal & professional fees
  - Seniority
  - "Parachuting" Pharmacists
  - Doctors retainer scheme
  - Locum/adoption/maternity/paternity payments
  - Other general supplies & services