NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Held in Public at 2pm on Thursday 25th June 2020 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 • 20 February 2020 • 19 March 2020	Chair	Approval
4.	Matters Arising	Chair	Discussion
5.	Application to close a branch surgery (Lydbrook) from The Brunston and Lydbrook Practice	Jeanette Giles	Approval
6.	Application to merge from Rosebank and Bartongate	Jeanette Giles	Approval
7.	Application to close a branch surgery from Rendcomb	Jeanette Giles	Appproval
8.	PCIP annual progress report	Andrew Hughes	Approval
9.	Primary Care Quality Report	Marion Andrews-Evans	Information
10.	Primary Care Delegated Financial Report	Cath Leech	Information
11.	Any Other Business	Chair	
Date and time of next meeting: Thursday 20th August 2020 at 9:45am in the Board Room at Sanger House.			

NHS Gloucestershire Clinical Commissioning Group

3.1

Primary Care Commissioning Committee

(meeting held in public)

Minutes of the meeting held at 9.45am on 20th February 2020

Boardroom, Sanger House

Present:		
Alan Elkin (Chair)	AE	Lay Member, Patient and Public Engagement
Colin Greaves	CG	Lay Member, Governance
Cath Leech	CL	Chief Financial Officer
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Julie Clatworthy	JC	Lay Member, Registered Nurse
In Attendance:		
Dawn Collinson	DC	Localities and Estates Project Support
Lauren Peachey	LP	Governance Manager (minutes)
Jeanette Giles	JG	Head of Primary Care Contracting
Dr Andy Seymour (from 10.20)	AS	Clinical Chair, CCG
Andrew Hughes	AH	Associate Director, Commissioning
Helen Goodey	HG	Director of Locality Development and Primary Care
Cherri Webb	CW	Primary Care Development & Engagement Manager
Madeleine Kenway	MK	Project Manager - Locality Development & Primary Care
Chris Roche	CR	Information Manager, CCG
Becky Parish	BP	Associate Director, Engagement and Experience

1.	**Apologies**

1.1	Apologies were received from Mary Hutton, Mark Walkingshaw, and Jo Davies.
1.2	It was confirmed that the meeting was quorate.
2.	**Declarations of Interest**
2.1	BP declared that she had recently accepted position as Chair of Gloucestershire Young Carers. The Chair considered the item and it was agreed that this did not reflect on any of the agenda items and BP would continue to participate in the committee discussions.
3.	**Minutes of the Meeting held on 19th December 2020**
3.1	The minutes of the meeting held on 10th October 2019 were approved as an accurate record of the meeting subject to the following amendments being made: • Attendees: Andrew Hughes to be recorded as 'In attendance' • Item 5.14: 'CG' to be amended to 'CGi'
4.	**Matters Arising**
4.1	**27/06/2019, item 8.7, Review of GP education and training** MAE advised that a review of GP education required a significant amount of resource to complete, which was not practical at the current time, therefore the action would need to be revisited later in the year if it was still required. ***Item to be closed***
4.2	**31/10/2019, item 6.1.4, Goal 5 of Primary Care Strategy: Digitally enabled (Systems Demonstration)** It was noted that a systems demonstration was not yet ready, although progress had been made. The systems demonstration would be arranged for a future meeting. ***Item to remain open***

4.3	**19/12/2019, item 8.5, Primary Care Budget** It was noted that recent changes to the national GP contract would need to be factored in to the budget; however, these changes were not yet available. Therefore, the Primary Care budget was not yet ready to be presented to the committee. It was agreed that the budget would need to be approved, at an extraordinary PCCC session during March, prior to the Governing Body meeting. **Action: Budget to go to an Extraordinary PCCC during March 2020.** ***Item to remain open***
5.	**Health Professionals in Primary Care Conference (presentation)**
5.1	HG presented an overview of the 'Health Professionals in Primary Care' conference. HG noted that the conference was well attended by a range of healthcare professionals across a number of Primary Care Networks (PCNs). HG explained that the conference presented the way in which Primary Care recruitment into the Additional Reimbursable Roles (ARR's) would bring great benefit to General Practice.
5.2	HG highlighted that the presentations at the Health Professionals in Primary Care' conference, delivered by Physiotherapists, Pharmacists, Social Prescribing Link Workers, Advanced Paramedics, and Physician's Associates, were all very well received. HG noted that the conference included a number of workshops which received positive feedback.
5.3	AE observed that, based on the attendee feedback, the Physician Associate's presentation was not praised as highly as the other presentations. AE queried why this may be. HG responded that there was some uncertainty as to what Physicians Associates could offer for practices. MAE added that Physicians Associates were not yet a registered profession and suggested that the uptake of Physicians Associates was low as they were not able to prescribe.
5.4	CG stated that some of the ARRs were not recognised as

	Allied Health Professionals (AHPs). CG emphasised that this was an issue which needed to be addressed on a national level to enable the roles to fully develop as part of the Primary Care workforce.
5.5	BP explained that Healthwatch was holding their annual event with a focus on Primary Care Networks. Healthwatch had advised BP that they were seeking representatives from the new roles in Primary Care to participate in a panel discussion.
5.6	MAE emphasised that the value of the existing roles, such as Practice Nurses, in Primary Care must not be overlooked. MAE stated that all professions in Primary Care needed to continue to be developed. MAE added that in the county, there had been a reduction in practice nurses despite a national ambition to increase the number of practice nurses. MAE explained that working in a Primary Care setting was vastly different to working in other clinical settings which resulted in challenging transitions for employees wishing to change positions. MAE further stated that, to support staff retention in Primary Care, sufficient training and induction time should be ensured and the environment should be attractive to work in.
5.7	JC described how the environment and clinical governance would have a significant effect on the new roles. JC further described the risk of tension being experienced if the processes were not clear and the environment was not suitable for the roles. JC explained how it was essential that the new roles understood which clinical governance arrangements they were a part of and therefore knew the processes to follow for any potential issues. JC highlighted that this should be embedded from the outset.
5.8	**RESOLUTION: The committee noted the contents of the Health Professionals in Primary Care Conference**
6.	**PCN Specifications and 'Item 7': NHS Operational Planning and Contracting Guidance 2020/21**
6.1	HG provided an update on the PCN specifications and the NHS Operational Planning and Contracting Guidance 2020/21. HG summarised that the roles included Additional

	Reimbursable Roles (ARRs) had been expanded upon and there had a major change in that all of these roles were going to be fully reimbursable. HG explained that there were seven new roles in addition to the original five roles and these new roles included Dietitians, Podiatrists, Paramedics, Mental Health Practitioners, Health and Wellbeing Coaches, Care Coordinators, and Occupational Therapists. HG noted that Gloucestershire already utilised Mental Health Practitioners in Primary Care who had previously been funded in a different way. HG reiterated that the ARRs were going to be 100% funded from NHSE/I.
6.2	HG stated that a tool had been developed for use by the PCNs which would enable PCNs to calculate the income which would be derived from employment of the ARRs.
6.3	HG explained that PCNs were required to each develop a four year plan detailing how they were going to spend 100% of the amount available from the ARRs. HG stated that the plans for 2020/21 needed to be completed by June 2020. It was further explained that the CCG would support PCNs with the recruitment into these roles. HG informed the committee that the official guidance stated that any projected PCN underspend was to be made available to other PCNs; which would ensure all funding was being utilised.
6.4	HG explained that challenges would arise from the limited availability of people trained in these additional roles seeking positions in primary care. HG acknowledged that some areas in the county were easier to recruit into than others; therefore some parts of the county would require additional work to be undertaken to ensure they were attractive to work in. HG advised that there was a risk of creating inequalities across the county if this additional work was not undertaken.
6.4	With regard to the 'new-to-partnership' one off payment and business training funding, HG stated that there was only limited information available at the current time and further information was due to be published; however there was already interest in the county being expressed. HG clarified that the one-off payment was a loan.

6.5	HG stated that, in Gloucestershire, there was a local ambition to increase the number of 'training practices' for healthcare trainees. HG explained that there had been a change in trainee doctors were to spend 36 months training in General Practice which was an increase from 24 months. HG added that this change had been well received however the value of hospital based training was also widely acknowledged.
6.6	HG reminded committee members that Primary Care service specifications had been made available during December 2019. HG explained that feedback included the large volume of work which was required in order to fulfil the service specifications and highlighted the disparity with the positon of the ARRs which were not yet embedded.
6.7	HG stated that the changes that NHSE/I had made to the service specifications, following the feedback, had been well received by PCNs.
6.8	HG explained there would be three service specifications for 2020/21 which were: • Structured Medication Reviews and Optimisation; • Enhanced Health in Care Homes; • Supporting Early Cancer Diagnosis. HG emphasised that from an ICS perspective, the priority was to ensure general practice was sustained, and to maintain momentum on the personalised care agenda.
6.9	HG noted that Gloucestershire already had a Structured Medication Reviews programme in place which formed part of the Primary Care Offer.
6.10	With regard to 'Enhanced Health in Care Homes' HG advised that this represented a local challenge. HG explained how PCNs were expected to provide health care cover for a number of care homes each. However, in Gloucestershire, the allocation of care homes overlapped PCNs. HG further explained that this was working well in the county and there was a benefit from cross-PCN working.

6.11	It was noted that the investment in care homes must be maintained. HG explained that one of the ambitions of the 'Enhanced Health in Care Homes' service specification was to support joined up working between community care and primary care. HG emphasised that Gloucestershire had a Care Home Locally Enhanced Service (LES) in place. The Care Home LES needed to be benchmarked against the national care home service specification. JC observed that there were some strong similarities between the national service specification and the Gloucestershire Care Homes LES.
6.12	With regard to the Supporting Early Cancer Diagnosis service specification, HG noted that through the CCGs' Cancer CPG the Primary Care Offer had included a cancer offer. HG explained that the new service specification supported early diagnosis and quality of referrals from GPs which Gloucestershire had already been working towards. AE observed that the information in the specification was 'general' and 'high level'. HG agreed and stated that further detail would be in the final specification and was expected to align with Quality Outcome Frameworks (QOF).
6.13	HG stated that the 'Network Investment and Impact Fund' would be available from April 2020. HG noted that the value had been reduced in year 1 due to the increase in investment in other areas. HG explained that this was going to work in a similar way to QOF which would be well understood by PCNs. HG clarified that, in terms of QOF, an 'Aspiration payment' was the target level of performance and was based on the performance of the previous year.
6.14	In terms of the PCN agreement there was going to be an auto-enrolment process from 2021/22. There was an opportunity for PCNs to opt-out and HG explained that there was no indication that any PCNs were likely to take this option.
6.15	HG emphasised that, in Gloucestershire, there was already an Improved Access and Extended Hours offer. However, the new GP contract would result in an improved dataset. AE queried which healthcare professional a person would have access to from the improved access initiative. HG

	advised that a range of healthcare professional appointments could be offered, provided there were GP appointments also offered. HG gave an example of how Improved Access and Extended Hours had worked particularly well in a GP practice in the Forest of Dean. GP practices would need to demonstrate that they had offered an Improved Access and Extended Hours service.
6.16	HG explained that vaccinations and immunisations were an 'essential service' as part of the new GP contract and informed the committee of the immunisation service fee amount. MAE observed that MMR was not included on the list of vaccinations eligible for the essential service fees and highlighted that MMR was a high priority. HG advised that an Item of Service (IoS) payment was going to be introduced for MMR1 and MMR2.
6.17	HG summarised that the changes were going to be phased over the years 2020/21 and 2021/22. JC highlighted how the new QOF domain would reward incremental improvements in performance. JC emphasised that this change would be beneficial.
6.18	HG stated that, as part of the new QOF Quality Improvement, cancer and learning disabilities were going to be a the focus for 2020/21. Practices were going to receive an additional payment for each patient who came under these categories and HG informed the committee of the amount.
6.19	HG stated that there were to be changes made to maternity services and explained that this would result in GP practices being required to offer an additional maternity check.
6.20	HG explained what the ICS and CCG responsibilities for primary care were. HG emphasised that a key responsibility was to support Primary Care with recruitment and retention of the ARRs and GPs.
6.21	AE stated that there was a vast amount of information presented to the committee. AE added that to ensure the committee were kept up to date on the changes it may be necessary to explore additional ways to disseminate information on a more regular basis. HG acknowledged the

	breadth of the information and changes that had occurred recently. AE emphasised the importance of ensuring that committee members maintained up to date knowledge. HG suggested that a series of workshops could be held to facilitate this.
6.22	CG highlighted the positive move from NHSE/I with regard to addressing the potential issues that could have arisen from only partially funding the additional roles.
6.23	CG stated that there needed to be clarity on the responsibilities of the PCCC and the ICS with regard to the Primary Care.
6.24	CG observed that there were challenges being faced by the CCG's Primary Care Team. HG acknowledged the challenges and advised that the Primary Care Team had recently been restructured to accommodate the changing demands on the team. HG also noted that the Primary Care Team had a significant amount of experience.
6.25	**RESOLUTION: The committee members noted the contents of the presentation on 'PCN Specifications' and 'NHS Operational Planning and Contracting Guidance 2020/21'**
8	**Population Health Management (PHM)**
8.1	CR presented on Population Health Management (PHM) with the key points as follows: • One Gloucestershire ICS were part of a 'Wave 2' programme; which was a partnership with NHSE/I and Optum; • some aspects of the Population Health Management (PHM) had already begun to be progressed; however, the Wave 2 programme provided further structure to support PHM going forwards; • three PCNs in Cheltenham were piloting the PHM programme; • the three capabilities of which PM was based on were: infrastructure, intelligence, and interventions;

	• CR explained how cohorts were identified and clarified that, due to the process which was in place, no patient identifiable data was accessible.
8.2	CL clarified that Optum held a contract with NHSE/I to deliver the Wave 2 PHM programme. CL explained that a data-sharing agreement had been put in place prior to commencing the work.
8.3	CR explained that the Wave 2 PHM programme was arranged over 20 weeks and prior to the programme commencing there was a 'data readiness phase'. This phase involved ensuring appropriate documentation was put in place with each participating practice.
8.4	CR described the cohorts which had been selected by the three PCNs which were piloting the wave 2 programme. HG noted that the selected cohorts represented high intensity service users.
8.5	JC noted that the approach needed to be patient centred and queried how the patient would become aware of possible changes in their healthcare arrangements. CR advised that the programme was patient centred and clinical discussions took place to ensure this. CR informed the committee that, upon being identified, the patient would be sent a letter informing them of the programme and explaining how would benefit from better coordinated care. CR explained that a care plan would be co-produced with the health care professional and the patient.
8.6	The committee members discussed how better coordinated care would work for the patient and noted that patients with a number of complex needs would likely have several care plans in place prior to participating in the wave 2 programme.
8.7	BP highlighted the need to present a sensitive and coordinated approach when writing to patients. BP offered support in compiling the letters which were to be sent to patients who had been identified for the 'Wave 2' programme. **ACTION: BP to liaise with CR with regard to writing the**

	letters which would be sent to patients.
8.8	CR summarised the next steps in the Wave 2 programme. In terms of feedback CR explained that feedback had been received from various stakeholders and Optum had been adapting the programme in response to some of this feedback. CR noted that the programme had supported the early development of the PCNs that had participated as a pilot PCN.
8.9	HG stated that embedding a PHM approach was essential to the delivery of the GP contract going forward.
8.10	**RESOLUTION: The committee noted the contents of the Population Health Management presentation**
9.	**Primary Care Quality Report**
9.1	The report was taken as read and MAE summarised the latest position of Primary Care quality. MAE noted that she had taken over as the Chair of the local Safeguarding Children's Executive Group. In terms of Safeguarding MAE stated that OFSTED were undertaking monitoring visits in across Children's Services and there had been a recent monitoring visit focussing on two localities, and children with learning disabilities.
9.2	With regard to Care Quality Commission (CQC) inspections, MAE stated that there had been an increase in practices going through an annual regulatory review process. MAE explained that the process involved an initial phone call meeting which was potentially followed by a practice visit if additional assurance was required. MAE added that, due to a recent merger, one practice had been downgraded from 'good' to 'requires improvement'. MAE raised concern of an issue around CQC downgrading ratings due to reception staff being trained at Level 1 Safeguarding instead of Level 2. MAE further explained that guidance stated that Level 1 safeguarding for receptionists was sufficient. MAE had arranged an urgent meeting with CQC to resolve the issue.
9.3	JC expressed concern that the Primary Care Safeguarding annual audit questionnaires had not been supported by the LMC; resulting in a low return of the annual audit

	questionnaires from GP Practices. HG noted that GP practices may have considered that undertaking the audit was a duplication of other work such as CQC inspections. MAE explained that the CCG was required to obtain assurance and not accept assurance via CQC inspections; legally the CCG were not entitled to gain assurance of Safeguarding via the CQC.
	MAE informed the committee that, in order to support the GP practices to respond, the annual audit questionnaire had been replaced by a statement affirming that GP Practices were complaint with safeguarding procedures; this statement was required to be signed and returned to the CCG. However, this alternative arrangement did not result in responses. JC emphasised that Safeguarding formed part of the core work of clinicians.
9.4	MAE stated that, since the implementation of the new Clinical Pharmacist role in Primary Care, there had been additional challenges in the recruitment of Prescribing Support Technicians.
9.5	In terms of seasonal influenza vaccinations, there were good rates of staff who had been vaccinated. MAE explained that the numbers of seasonal influenza cases were lower than they had been in the previous year.
9.6	MAE summarised that there had been three evening practice nurse events which were well attended. MAE highlighted that a GP Practice in Stroud and Berkeley Vale had recently appointed a Registered Nursing Associate; which was the first of these posts to be recruited to in the county.
9.7	AE raised concern that the nutrition and hydration project which had been undertaken in care homes, experienced limitations when the appropriate nursing actions were not implemented. MAE explained that staffing and retention was a challenge in care homes; therefore care homes needed to ensure information was being consistently disseminated to new employees.
9.8	It was noted that 10 practices had signed up to host student nurse placements from February 2020 compared to one

	practice in the previous year.
9.9	**RESOLUTION: The committee noted the contents of the Primary Care Quality Report**
10.	**Primary Care Delegated Financial Report**
10.1	CL informed the committee that there was a year-to-date under-spend. This was primarily due to non-recurrent underspends and CL therefore noted that these underspends would not continue into the year 2020/21.
10.2	CL stated that there were pressures within the budgets in areas such as dispensing and prescribing; which was forecast to overspend.
10.3	CL emphasised that list growth was between 1.14% and 1.2%; however this was higher than the allocation given to the county which was at 0.7%. CL stated that this would result in ongoing pressures.
10.4	CL explained that the budget was being refreshed based on new information. The recurrent position from 2019/20 formed the basis of the budget for 2020/21.
10.5	**RESOLUTION: The committee members noted the contents of the Primary Care Delegated Financial Report.**
	Any Other Business
	AE informed the committee that he would not be available for an extraordinary PCCC session during March.
	The meeting closed at 11:30 am
	Date and time of next meeting
	The next PCCC will be held on Thursday 23rd April 2020 at 9.45 am in the Board Room, Sanger House.

NHS Gloucestershire Clinical Commissioning Group

3.2

Extraordinary Primary Care Commissioning Committee

(Conference call)

Minutes of the meeting held at 9.45 am on 19th March 2020

Boardroom, Sanger House

Present:		
Peter Marriner (Chair) (dial-in)	PM	Lay Member, Business
Colin Greaves (dial-in)	CG	Lay Member, Governance
Julie Clatworthy (dial-in)	JC	Lay Member, Quality
Cath Leech	CL	Chief Financial Officer
Mary Hutton	MH	Accountable Officer
Dr Andy Seymour	AS	Clinical Chair
In Attendance:		
Lauren Peachey	LP	Governance Manager (minutes)
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Helen Goodey (dial-in)	HG	Director of Locality Development and Primary Care
Becky Parish	BP	Associate Director, Engagement and Experience

1.	**Apologies**
1.1	Apologies were received from Alan Elkin, Marion Andrews-Evans, Jo Davies.
1.2	It was confirmed that the meeting was quorate.
2.	**Declarations of Interest**
2.1	The chair requested that all members declare any possible interests.

3.	**2020/21 Co-commissioning Primary Care Budget**
3.1	CL summarised the 2020/21 Co-commissioning Primary Care Budget with the key points as follows: • The budgets factored in recent updates to the five year framework in the GP contract reform. CL noted that further guidance was due to be issued; • The allocation for 2020/21 had been received and additional sources of funding were explained within the '2020/21 Delegated Primary Care Budget report; • CL highlighted that population growth assumed within the allocation was 0.7% however the local population growth was between 1.2% - 1.4%; • Contract payments had been calculated in a similar way to how they had been in previous years; • In terms of the Network Access DES, the potential commitment against CCG funds were detailed within the report; • CL noted that seniority payments were due to cease for 2020/21; • There was a gap of £0.6m - £1.2m against the budget. CL informed the committee that the gap of £1.2m was the estimated recurrent gap in the budget. The £0.6m considers non-recurrent slippage which was expected to occur in year against a number of budgets. This position included a £2.15m transfer of programme funds from 2019/20; • CL summarised the risks; such as the rate of demographic growth being higher than anticipated and slippage on the additional staff reimbursement scheme.
3.2	CG observed that the funding for the Clinical Negligence scheme was required to run recurrently from the programme budget; and expressed concern with regard to this arrangement. CL explained how this arrangement arose and described the possible alternative approaches; including the

	option of funding via savings in delegated co-commissioning.
3.3	CG queried the level of risk relating to the draw-down of funds for the additional roles scheme. CL responded in terms of the additional roles the full cost had been assumed within expenditure budget.
3.4	Committee members discussed the insufficient allocation of funds to deliver on the national contract and HG stated that the CCG should be lobbying NHSE/I with regard to this issue; which was also being seen across neighbouring CCGs.
3.5	CL explained that the final budget and report was planned to go the Governing Body for formal approval on Thursday 26th March.
3.6	**RESOLUTION: The committee members noted the contents of the Primary Care Delegated Financial Report.**
	Any Other Business
	The meeting closed at 2:20 pm
	Date and time of next meeting
	The next PCCC will be held on Thursday 23rd April 2020 at 9.45 am in the Board Room, Sanger House.

NHS Gloucestershire Clinical Commissioning Group

Agenda Item 4

Primary Care Commissioning Committee (PCCC)
Matters Arising – June 2020

Reference	Item	Description	Action with	Due Date	Status
31/10/2019 Item	Goal 5 of Primary Care Strategy: Digitally enabled	***ACTION: Fiona Robertson (FR) and Paul Atkinson (PA) to arrange a demonstration of clinical systems for PCCC members to be held as a workshop.***	PA/FR	June 2020	Open
19/12/2019, Item 8.5	Primary Care Budget	It was noted that recent changes to the national GP contract would need to be factored in to the budget and these changes were not yet known. Therefore the budget was not yet ready to be presented to the committee. It was agreed that the budget would need to be approved, at an extraordinary PCCC session during March, prior to the Governing Body. **Action: Budget to go to an extraordinary PCCC during March 2020**	CL/Andrew Beard (AB)	March 2020	*Closed*
20/02/2020, Item 8.7	Population Health Management:	BP highlighted the need to present a sensitive and coordinated approach when writing to patients. BP offered support in compiling the letters which were	BP/Chris Roche	April 2020	Open

	Wave 2 Programme.	to be sent to patients who had been identified for the 'Wave 2' programme. **ACTION: BP to liaise with Chris Roche (CR) with regard to writing the letters which would be sent to patients regarding participation in the Wave 2 PHM Programme.**			

NHS Gloucestershire Clinical Commissioning Group

Agenda Item 5

Primary Care Commissioning Committee

Meeting Date	**Thursday 25th June 2020**
Title	**Application from The Brunston and Lydbrook Practice (L84071) to close their branch surgery at Lydbrook**
Executive Summary	An application has been received from The Brunston & Lydbrook Practice to close their branch surgery at Lydbrook Health Centre. This request is part of a broader proposal for the development of primary care facilities for Coleford, Lydbrook and the surrounding areas and an application to merge with Coleford Family Doctors. A business case for the premises development will be presented to the PCCC for approval at a later meeting as will an application to merge with Coleford Family Doctors. The proposed closure of Lydbrook branch surgery, if approved by the PCCC, would not be effective until any new premises in Coleford was open.
Risk Issues: **Original Risk** **Residual Risk**	Continued provision of local patient care is the principal risk with a branch surgery closure. Patients currently accessing Lydbrook would need to access the new premises in Coleford when open (potential timescale May 2022). This timescale is sufficient to plan for the change. The Engagement Team at the CCG has offered to support the practice with ongoing engagement work, including discussions with their PPG members, local stakeholders and public and community transport providers.

Financial Impact	The current rent reimbursable for the branch surgery is: • Lydbrook Health Centre - £11,873.40 per annum. Closure of the branch surgery will result in a nominal saving on notional rent, but this factor is not a consideration in this case.
Legal Issues (including NHS Constitution)	Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26.03. 2015 for undertaking the functions relating to Primary Care Medical Services. A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements.
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at Brunston's main surgery site, 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 Brunston's main surgery site or can choose to register with another local practice.
Impact on Quality and Sustainability	A Quality and Sustainability Impact Assessment has been carried out.
Patient and Public Involvement	The practice has undertaken patient and public consultation during the period 28.1.20 to 24.2.20.
Recommendation	PCCC is asked to: • Consider the recommendation from the Primary Care Operational Group meeting

	of 9th June 2020 which was to support the application to close the branch surgery in line with the timeframe proposed. • Make a decision regarding this request to close Brunston's branch surgery at Lydbrook Health Centre.
Author	Jeanette Giles
Designation	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 5

Primary Care Commissioning Committee

Tuesday 25th June 2020

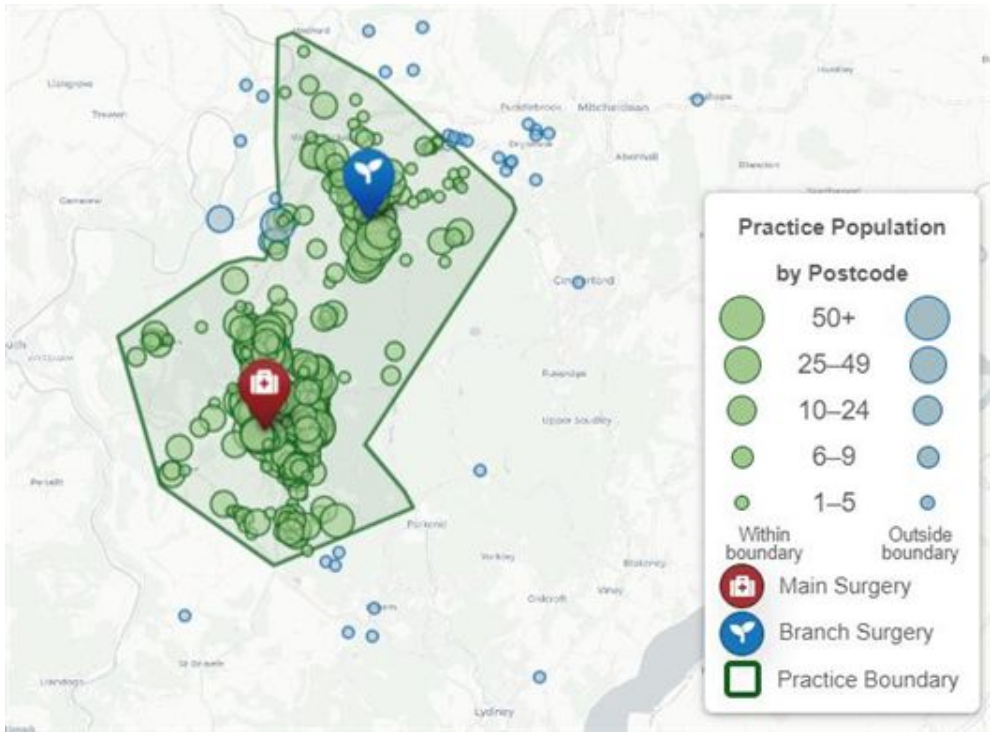
Application from The Brunston and Lydbrook Practice (L84071) to close their branch surgery at Lydbrook

5

1	**Introduction and background**
1.1	An application has been received from The Brunston & Lydbrook Practice to close their branch surgery at Lydbrook Health Centre (Appendix 1). This request is part of a broader longer term strategic plan for the development of primary care facilities for Coleford, Lydbrook and the surrounding areas and future application to merge with Coleford Family Doctors. A business case for a premises development in Coleford will be presented to the PCCC for approval at a later meeting as will an application to merge with Coleford Family Doctors.
1.2	The proposed closure of Lydbrook branch surgery, if approved by the PCCC, would not be effective until any new premises in Coleford were open (likely to be May 2022 or later).
1.3	The practice currently has two surgery sites: • Brunston Surgery, Coleford, Glos GL16 8HJ • Lydbrook Health Centre, Upper Lydbrook, Lydbrook GL17 9LG. 

The branch surgery site is open Monday to Friday 8:30 – 18:00 and is leased from NHS Property Services.

1.4 The practice boundary, location of the surgeries and practice population by postcode is shown in the below map.



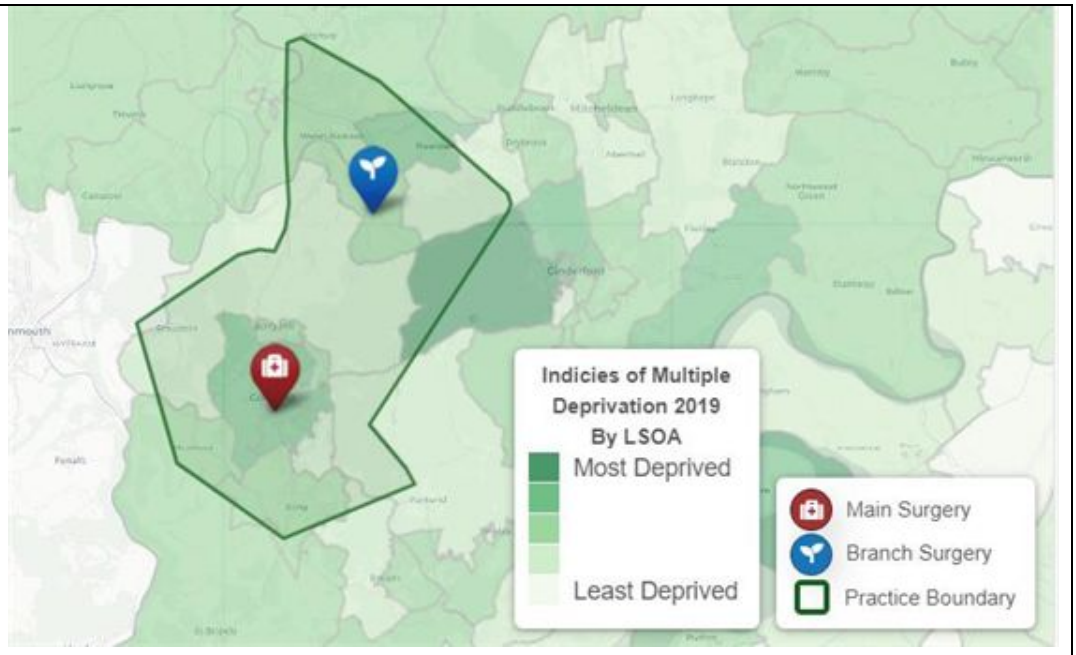
1.5 The Brunston and Lydbrook Surgery has a registered list size of 6,183 patients (as at 1.4.20), with total of 1,804 patients (29.2% of the practice list) living in the village of Lydbrook.

The practice demographic profile of patients registered at the Lydbrook surgery is as follows:

Age range	Number of patients
Under 20	337
20 – 59	892
60 – 69	285
69 – 75	120
Over 75s	172

1.6 The practice plan to provide services to patients in Lydbrook according to their needs by utilising their main site, their proposed new premises, enhanced transport, improvements to home based

	care and a medicine delivery service. The practice anticipates patients will see an enhancement in the services provided.
1.7	The partners at Brunston and Lydbrook are keen to merge with Coleford Family Doctors and there is a mutual fit in terms of approach to patient care, ethos, practice area and the business case for new premises in Coleford. The premises team is planning the square meterage of the building based on an assumption there will be one merged practice in the new building.
1.8	Whilst merger talks are at an early stage, it has become clear that operating from two sites, i.e. the proposed new build at Coleford and Lydbrook branch surgery would pose a significant issue for Coleford Family Doctors because they consider: • It would be too inefficient to attempt to provide services from two separate sites; • The financial risk is too great; • The continuation of a branch at Lydbrook dilutes and separates the workforce that needs to work more as a team than it has been able to in the past. In addition Brunston and Lydbrook's experience is that having a small site is not attractive to potential new GP recruits, especially younger people who are less keen to work on a smaller site. The Primary Care Team recognise the challenge of having sufficient number of clinical staff operating from more than one site operating safely, efficiently and effectively within the GMS global sum funding available to the practice.
1.9	Lydbrook Health Centre postcode is not an area of high deprivation as measured by the index of multiple deprivation, as shown in the below map:



2. Alternative services – Lydbrook branch

2.1 Currently, the Brunston Surgery's main site is 4.1 miles away from the branch surgery at Lydbrook. We do not have confirmation of the exact site location for the new premises so we cannot at this stage confirm details regarding journey time by car, or public transport routes. However we are aware that the number 22 and 35 bus services currently run between Coleford, Lydbrook and Joys Green and there are also community transport schemes operating in the area.

2.2 Travelling times to the current Brunston Surgery are approximately:

- By Car: 10 minutes
- Public Transport: 25 minutes
- Voluntary transport service: The Forest of Dean has the below community transport options:
  - Community Connexions operate a door to door car service across Gloucestershire for a small annual membership fee of £15, plus charges for each journey taken. They operate wheelchair accessible vehicles driven by their qualified drivers or with trained volunteers using their own cars.
  - Lydney Dial-A-Ride is a friendly door-to-door transport service for those people who do not have their own

	transport and are unable to use public transport for a small annual membership fee of £6, plus charges for each journey taken. ○ Lydcare runs a voluntary transport service for passengers who are self-mobile with walking aids.
2.3	The alternative practices which patients could register at are: Coleford Health Centre (4.1 miles from Lydbrook Health Centre) Dockham Surgery (5.0 miles from Lydbrook Health Centre) Drybrook Surgery (3.9 miles from Lydbrook Health Centre) Forest Health Care (2.3 miles from Lydbrook Health Centre) Severnbank Surgery (9.2 miles from Lydbrook Health Centre) Yorkley & Bream Practice (7.7 miles from Lydbrook Health Centre).
2.4	Lybrook patients are used to travelling to the main site at Brunston Surgery to access services and 73% of them have attended for an appointment at the main site in the last 12 months. Patients were asked what would they do if Lydbrook branch surgery closed. Of the 387 responses to this question, 20 (5%) said they would register with another practice.
2.5	An analysis of alternative practices available to Brunston patients has been carried out, relating specifically to the national patient survey, QOF and availability of male and female GPs, has been undertaken (see Appendix 2).
3.	**Consultation and engagement for the branch closures**
3.1	The proposed branch surgery closure was discussed with the practice's Patient Participation Group at meetings on 28.1.20 and the consultation period commenced on 28.1.20 and finished on 24.2.20.
3.2	Gloucestershire CCG, have consulted with: • Neighbouring practices (6 practices) • Healthwatch Gloucestershire • The Local Medical Committee • NHS England

	• The Health and Care Overview and Scrutiny Committee (HCOSC) • The Health and Wellbeing Board (to be consulted)
3.3	**Consultation: the responses**
3.3.1	The main themes from patients received during drop-in events and via the survey included: • The logic for the proposed closure is understood (89.5% understood the practice's reasons), although many patients preferred to maintain a site in Lydbrook • Poor access to Coleford for the elderly and in particular those reliant on public transport • The service at Lydbrook Health Centre is excellent, despite the fact that the current premises are not ideal • The closure of Lydbrook Health Centre would be a huge loss for their local community • The ability of one site to manage combined numbers of existing patients, both in terms of capacity/availability of appointments and practical issues such as sufficient parking arrangements was a concern.
3.3.2	<u>Neighbouring practices with overlapping boundaries</u> Forest Health Care - *'fully support their plans and have no immediate concerns or objections, especially if they intend to retain their current practice boundary.'* Brunston and Lydbrook have no plans to change their current practice boundary.
3.3.3	<u>Healthwatch Gloucestershire</u> *'Primarily, we would like assurance that the impact on patients has been properly assessed and that action will be taken to ensure that patients receive a consistent or improved service. We already know from local people that there can be difficulties in accessing GP services, especially in rural areas. Transport can be a particularly difficult challenge for many people so we would welcome assurance that alternative arrangements will take this into account.*

	We are pleased to see that you will work with the practice and the PPG. We would be happy to support this by offering patients the opportunity to talk to Healthwatch Gloucestershire independently and, as appropriate, confidentially.'
3.3.4	<u>The Local Medical Committee</u> *The LMC understands the circumstances, which is similar to one in Gloucester City a couple of years ago. We agree with this plan as laid out.*
3.3.5	<u>NHS England</u> None received. Any further responses received between the time of writing and the meeting of the PCCC, will be tabled accordingly.
4	**GCCG Quality and Sustainability Impact Assessment**
4.1	In accordance with the SOP, a Quality and Sustainability Impact Assessment with regard to this application was undertaken by the CCG's Deputy Director Of Quality/Chief Pharmacist (Appendix 3). The conclusion of this assessment was that overall it was a positive proposal.
5.	**Branch surgeries or list closure requests in the area**
5.1	There are no list closures or other branch surgeries requests from Gloucestershire practices in the area.
6.	**Premises development in Coleford**
6.1	A business case for new premises in Coleford is currently being written. Brunston and Lydbrook and Coleford Family Doctors have indicated their intention to work towards a merger (subject to approval from PCCC) and the premises team have taken this into account when considering building size, etc. A new primary care facility could be realised from May 2022 onwards.

7.	**Summary**
7.1	Lybrook patients are used to travelling to the main site at Brunston Surgery to access services and 73% of them have attended for an appointment at the main site in the last 12 months.
7.2	Brunston and Lydbrook would like to progress to become a merged practice with Coleford Family Doctors in new premises which would enable them to be more innovative and adopt new and different ways of working. This has the potential to make the practice a more attractive option for new clinical staff and enable them to more easily recruit new partners and salaried staff.
7.3	Coleford Family Doctors have made it very clear that the agreement to close Lydbrook branch surgery is a pre-requisite for any merger. This application to close Lydbrook addresses the importance attached to this issue in ongoing merger discussions. (Both practices are aware that any application to merge would have to be approved by PCCC.)
7.4	The proposals for change have been planned with appropriate lead in time to ensure that the partners at Brunston and Lydbrook can work proactively with its PPG and patients (particularly any vulnerable patients) and can ensure they are aware of the proposals and timescales withsupport offered as required.
7.5	The Engagement Team at the CCG has offered to support the practice with ongoing engagement work, including discussions with their PPG members, local stakeholders and public and community transport providers to ensure healthcare services are as accessible as possible. There is concern about access to the new premises in Coleford, particularly for the elderly and those reliant on public transport. However, more general discussions between the CCG and Stagecoach suggest a willingness to work together in the future to ensure healthcare services are as accessible as possible. Specific discussions relating to this programme of work will be pursued once a site for a new combined practice is secured.
7.6	There are limited options available to patients who wish to access

	GP services at an alternative location to Lydbrook Surgery (see para 2.3 – alternative local provision).
7.7	If the responses to the questionnaire are accurate, the number of patients who may choose to register at an alternative surgery is relatively small, i.e. 5%.
7.8	It is noted that the patient consultation was carried out pre-covid and therefore the change to delivery of primary care services which has seen the rise of telephone and digital service rather than the historic focus on face to face appointments. If carrying out the survey now it is possible that some of the patient responses may be more positive to change based on their experience of recent months.
7.9	Any application from Brunston and Lydbrook for a practice merger and business case will need to be considered by the PCCC at a future meeting. However it is noted that in their application for closure of the branch surgery the practice have said that if the proposals for a practice merger and a new premises is not approved by the PCCC at a later date the practice has confirmed they would still be asking to close the Lydbrook Health Centre as they consider it is still a non-viable option to continue providing services in the Lydbrook Health Centre building.
7.10	If the application to close the branch surgery at Lydbrook is rejected and as a consequence merger talks are not progressed, the partners at Lydbrook and Coleford Family Doctors would need to consider what steps will be necessary to enable them to manage the demands of their surgeries and the plans for the building would have to be reviewed.
8.	**Recommendation**
8.1	PCCC is asked to: • Consider the recommendation from the Primary Care Operational Group meeting of 9th June 2020 which was to support the application to close the branch surgery in line with the timeframe proposed.

	• Make a decision regarding this request to close Brunston's branch surgery at Lydbrook Health Centre.
9.	**Appendices** Appendix 1 – Application  application to close Lydbrook Branch.doc Appendix 2 – An analysis of alternative practices' performance in relation to national patient survey and QOF and availability of male & female GPs  GP Patient Survey data, GPs & QOF info Appendix 3 - Quality and Sustainability Impact Assessment  Appendix 3 Quality and Sustainability Imp

5

Application form for branch closure

Practice name and stamp:

The Brunston and Lydbrook Practice,
Brunston Surgery,
Cinderhill,
Coleford,
Glos
GL16 8HJ

Please complete the following:

1) Details of branch surgery address proposed for closure:

Lydbrook Health Centre
Upper Lydbrook
Lydbrook
GL17 9LG

2) Do you have premises approval to dispense from the branch surgery? **Yes**

a. If yes, how many patients do you currently dispense to? **1600 Lydbrook HC**

3) Do you have premises approval to dispense from any other premises? **Yes**

500 Brunston

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

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

As well as asking for comments with regard to proposed closure of Lydbrook Health Centre, we also took the opportunity to discuss future plans for a potential merger with Coleford Family Doctors and development of a new purpose-built surgery premises.

A notice was posted on the Practice website and in Reception at both Lydbrook Health Centre (Lydbrook HC) and Brunston Surgery.

This is the weblink to the letter published on the practice website on 28/1/2020
https://www.brunstonlydbrookpractice.co.uk/practice_news/lydbrook-health-centre-review-closing-date-for-questionnaire-24-2-20/

A FAQ page was also published on the practice website
https://www.brunstonlydbrookpractice.co.uk/practice_news/proposals-for-future-of-the-brunston-lydbrook-practice/

A questionnaire was available via a link on the practice website and was completed by 387 patients
Paper copies of the questionnaire were issued by receptionists in both Lydbrook HC and Brunston Surgery. Completed paper copies were input to the online survey so that all results could be analysed from the same place (and are included in the total above).
Text messages were sent to all Lydbrook HC registered patients directing them to the notice and questionnaire on the practice website.

2 drop in sessions were held, attended by approx. 30-40 people and several representatives from the CCG.

Meetings held with PPG who confirmed full support for the proposal (Appendix 3).

A letter was sent to Lydbrook Parish Council.

The neighbouring GP practice of Ruardean Surgery was contacted and they sent a very favourable reply: '*Many thanks for outlining your proposals for Lydbrook Health Centre and your exciting plans for Brunston and Coleford Practices.*
We fully support your plans and have no immediate concerns or objections, especially if you intend to retain your current practice boundary.
We wish you well with this project'.

Any actual changes will be communicated to patients via the Practice website and individual patients registered at Lydbrook will receive a letter. The letter and website notice will explain that the Lydbrook branch surgery will close, confirm date of closure and advise that Lydbrook patients will automatically transfer to Brunston. It will be clearly explained that they may change to a different practice if they choose and will include a list of appropriate local practices.

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

A summary of the consultation feedback is shown in Appendix 1 and demographic information is shown in Appendix 2. This information was compiled from the survey results by Caroline Smith (Senior Management Engagement and Inclusion).

The specific responses will be made available upon request.

The paper questionnaires which were input to the system are available upon request.

The main concerns about the closure related to poor access to Coleford for the elderly and those reliant on public transport. Patients were highly complementary of the service they received at Lydbrook HC and disappointed they may lose their local surgery, but many recognized the current premises were not ideal.

To try to minimise these concerns we are considering expanding the dispensing delivery service provided by the practice. We will also be looking at transport and accessibility as we proceed with our new build project.

Some patients were concerned that it may be more difficult to get an appointment, but more appointments should be available if our proposal for a merger with Coleford Family Doctors and new build project is approved by the PCCC in due course.

People were accepting of change if the proposed benefits of a new purpose built facility is realised

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

• access to the main surgery site i.e. public transport, ease of access;

• capacity at main surgery site;

• booking appointments;

• additional and enhanced services;

• opening hours;

• extended hours; and

• dispensing services (if applicable).

The past few years have brought a number of challenges, including a high turnover of staff; nonetheless the practice has continued to provide high quality services to patients and make improvements to services.

However, it has become increasingly apparent that the Lydbrook Health Centre premises are outdated and no longer suitable for the provision of high quality care. The premises are not owned by the practice but area leased from NHS Property Services, which means that we have had no scope for improving and modernising the facilities. We consequently feel that we can no longer provide the service we would wish from this building.

In developing our plans we have reviewed the services provided at Lydbrook Health Centre and do not believe that we are able to continue to provide a safe and reliable service from this building.

The proposed closure of Lydbrook Health Centre is a fundamental part of a broader proposal for the development of primary care facilities for Coleford, Lydbrook and the surrounding area.

The overall proposal has three aims: 1. To merge the two existing practices; 2. To close the Lydbrook Health Centre building; 3. To develop a new building replacing the current three sites of Coleford Health Centre, Brunston Surgery and Lydbrook Health Centre.

In order to progress to a merger and completion of a business case for a new build, it is necessary to seek approval to the closure of the branch surgery at Lydbrook Health Centre. It has been stated by the practice with which we wish to apply to merge with, that they will not consider merging with us, if the application for the closure of the branch surgery is not approved. The risks of joining with the branch surgery closure not approved are seen to be organisational: that it would remain just too inefficient to attempt to provide services from two or possibly three separate sites; that the financial risk is too great to consider; that it dilutes and separates a workforce that needs to work more as a team than it has been able to in the past, because of the divided nature of the service provision in so many different sites.

The current demographics of Lydbrook Health centre are
1804 patients are on The Lydbrook Health Centre register of which 891 are men and 911 female

337 under 20
892 20– 60 years
575 over 60 (incl 1 x100years +)

The following numbers demonstrate that most Lydbrook HC patients are already able and familiar with travelling to Coleford for their health care:

For the year period from 1st January 2019, 1270 of the 1804 patients registered at Lydbrook HC attended Brunston Surgery for clinical appointments.

During this period, only 240 Lydbrook HC registered patients attended Lydbrook HC solely, and did not attend Brunston for any appointment. However subsequently, 55 of these have been seen in Brunston Surgery since January 1st 2020, Since the data collection, 16 of these patients are no longer registered with the practice. The

remaining patients will be provided services according to their need, based from the proposed new premises through an arrangement of enhanced transport, improvements to home based care and medicine delivery service. Even the most vulnerable and house-bound patients will not be disadvantaged at all by the closure of the Lydbrook Health centre building. We anticipate that they will see an enhancement in the services provided.

None of the services currently provided to the Lydbrook HC patients will be reduced but will be provided in a new purpose built facility. The aim will be to significantly improve the access and type of health care availability and facilities while minimising any negative impacts of the closure of the Lydbrook HC building

There is a frequent bus service providing transport to and from Coleford at convenient stops. We have liaised with the management of Stagecoach, the current provider of services, to ensure a good working relationship to maintain transport services for patients. There is a volunteer transport service Lydcare that already helps those with no transport to access healthcare appointments and this will continue.

We intend to continue and enhance the medicines delivery service for medicines dispensed from the surgery and to provide home based care for the housebound patients.

The full range of additional and enhanced services will be available to current Lydbrook HC patients in significantly improved facilities. As new services come on-line via the surgery and the Primary Care Network, the full range of these services will be available to current Lydbrook HC patients in the new building.

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

Even if the proposals for a practice merger and a new premises is not approved, we would still be asking to close the Lydbrook health centre. It would still remain a non-viable option to keep providing services in that building.

From the date of the opening of the new premises in Coleford. **Aiming for May 2022**.

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

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

Appendix 1:

Responses from Brunston & Lydbrook Practice (GL16 postcodes)

Thinking about our merger and new premises, how important are the following to you?

	Very important	Important	Unimportant	Don't mind	Response Total
Accessible location	72.6% (114)	24.2% (38)	1.9% (3)	1.3% (2)	157
Proximity to local bus routes	32.0% (49)	32.7% (50)	21.6% (33)	13.7% (21)	153
Good patient parking	68.4% (108)	26.6% (42)	1.3% (2)	3.8% (6)	158
Sustainability of the building (eg. "green energy")	22.8% (36)	48.7% (77)	9.5% (15)	19.0% (30)	158
Extended opening hours	48.1% (76)	42.4% (67)	4.4% (7)	5.1% (8)	158
Better choice of appointment times	54.8% (86)	38.2% (60)	4.5% (7)	2.5% (4)	157
Additional services e.g. physiotherapy, counselling	38.9% (61)	43.9% (69)	8.9% (14)	8.3% (13)	157
Better mix of Male and Female GPs	23.9% (37)	27.7% (43)	23.9% (37)	24.5% (38)	155
Prescription delivery service	13.1% (20)	19.0% (29)	37.9% (58)	30.1% (46)	153
				answered	158
				skipped	6

Responses from Brunston & Lydbrook Practice (GL17 & other postcodes)

Thinking about our merger and new premises, how important are the following to you?

	Very important	Important	Unimportant	Don't mind	Response Total
Accessible location	76.0% (155)	20.6% (42)	1.5% (3)	2.0% (4)	204
Proximity to local bus routes	35.2% (69)	26.5% (52)	24.5% (48)	13.8% (27)	196
Good patient parking	71.1% (143)	24.4% (49)	2.5% (5)	2.0% (4)	201
Sustainability of the building (eg. "green energy")	36.2% (72)	41.7% (83)	9.0% (18)	13.1% (26)	199
Extended opening hours	48.0% (96)	34.5% (69)	8.5% (17)	9.0% (18)	200
Better choice of appointment times	54.8% (109)	30.7% (61)	6.0% (12)	8.5% (17)	199
Additional services e.g. physiotherapy, counselling	34.2% (67)	41.8% (82)	8.2% (16)	15.8% (31)	196
Better mix of Male and Female GPs	18.5% (36)	22.1% (43)	36.9% (72)	22.6% (44)	195

Thinking about our merger and new premises, how important are the following to you?					
	Very important	Important	Unimportant	Don't mind	Response Total
Prescription delivery service	26.8% (51)	26.3% (50)	29.5% (56)	17.4% (33)	190
				answered	205
				skipped	8

Responses from Coleford Family Doctors

Thinking about our new premises, how important are the following to you?					
	Very important	Important	Unimportant	Don't mind	Response Total
Good patient parking	71.4% (15)	28.6% (6)	0.0% (0)	0.0% (0)	21
Proximity to local bus routes	40.9% (9)	36.4% (8)	18.2% (4)	4.5% (1)	22
Sustainability of the building (eg. "green energy")	22.7% (5)	50.0% (11)	18.2% (4)	9.1% (2)	22
Additional services eg Pharmacist clinics	38.1% (8)	42.9% (9)	0.0% (0)	19.0% (4)	21
Access to a range of healthcare professionals	86.4% (19)	13.6% (3)	0.0% (0)	0.0% (0)	22
Accessible location	77.3% (17)	22.7% (5)	0.0% (0)	0.0% (0)	22
Extended opening hours	77.3% (17)	22.7% (5)	0.0% (0)	0.0% (0)	22
				answered	22
				skipped	0

Appendix 2: Demographic information

Brunston & Lydbrook Practice

I am			Response Percent	Response Total
1	Male		34.90%	119
2	Female		63.93%	218
3	Prefer not to say		1.17%	4
			answered	341
			skipped	45

Which age group are you:			Response Percent	Response Total
1	Under 18		0.58%	2
2	18-25		0.58%	2
3	26-35		5.23%	18
4	36-45		12.50%	43
5	46-55		17.15%	59
6	56-65		26.74%	92
7	66-75		25.87%	89
8	Over 75		10.47%	36
9	Prefer not to say		0.87%	3
			answered	344
			skipped	42

Do you consider yourself to have a disability? (Tick all that apply)			Response Percent	Response Total
1	No		67.35%	231
2	Mental health problem		5.83%	20
3	Visual Impairment		1.17%	4
4	Learning difficulties		0.00%	0
5	Hearing impairment		5.54%	19
6	Long term condition		24.20%	83
7	Physical disability		8.75%	30
8	Prefer not to say		2.04%	7
			answered	343

5.1

Do you consider yourself to have a disability? (Tick all that apply)			
		Response Percent	Response Total
	skipped		43

Which best describes your ethnicity?				
			Response Percent	Response Total
1	White British		95.64%	329
2	White Other		2.03%	7
3	Asian or Asian British		0.00%	0
4	Black or Black British		0.00%	0
5	Chinese		0.00%	0
6	Mixed		0.58%	2
7	Prefer not to say		1.74%	6
		answered		344
		skipped		42

5.1

Coleford Family Doctors:

I am				
			Response Percent	Response Total
1	Male		15.79%	3
2	Female		78.95%	15
3	Prefer not to say		5.26%	1
		answered		19
		skipped		3

Which age group are you:				
			Response Percent	Response Total
1	Under 18		0.00%	0
2	18-25		10.53%	2
3	26-35		5.26%	1
4	36-45		15.79%	3
5	46-55		15.79%	3
6	56-65		26.32%	5

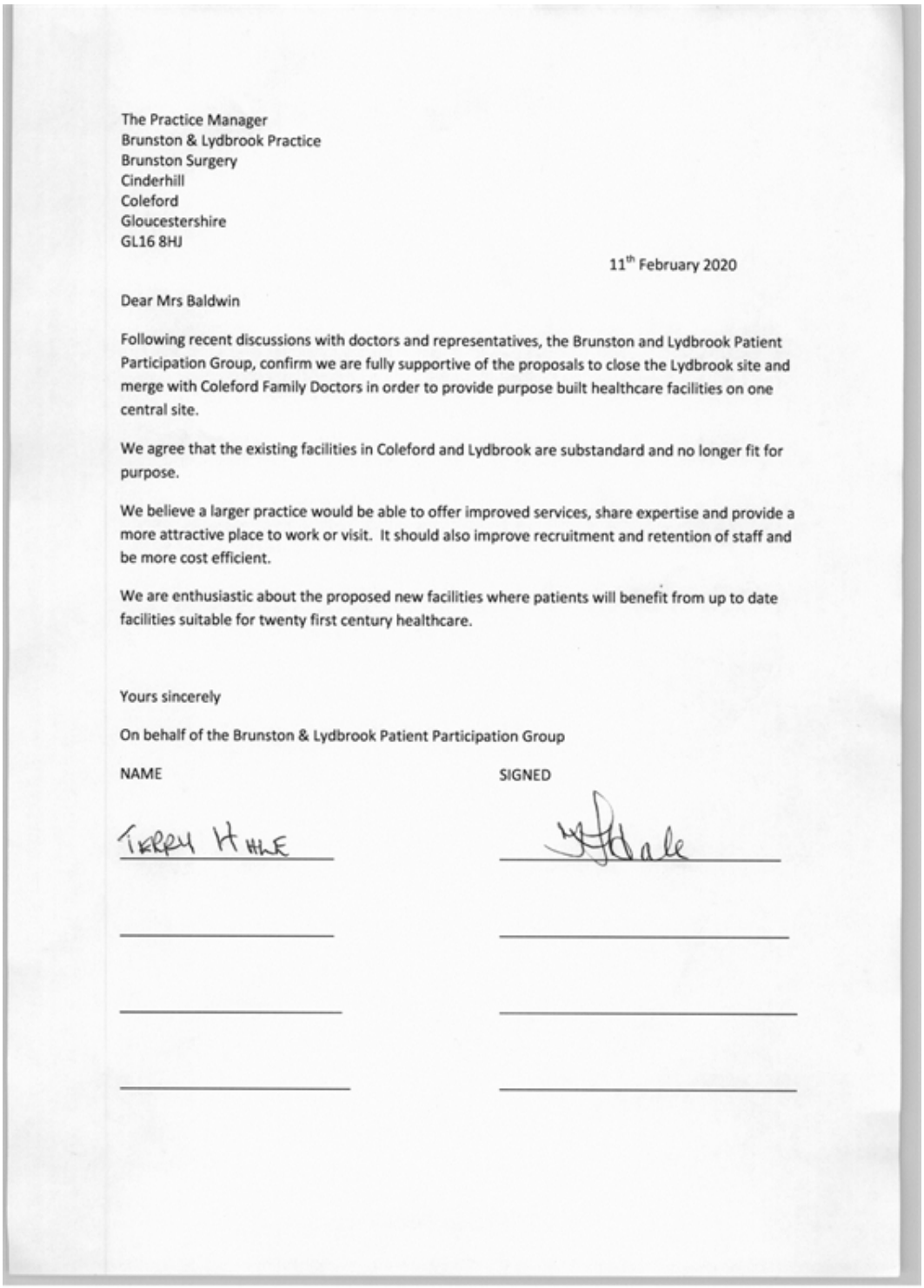
Which age group are you:

		Response Percent	Response Total
7	66-75	10.53%	2
8	Over 75	10.53%	2
9	Prefer not to say	5.26%	1
		answered	19
		skipped	3

Which best describes your ethnicity?

		Response Percent	Response Total
1	White British	94.74%	18
2	White Other	5.26%	1
3	Asian or Asian British	0.00%	0
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	0.00%	0
7	Prefer not to say	0.00%	0
		answered	19
		skipped	3

Appendix 3: PPG Support



The Practice Manager
Brunston & Lydbrook Practice
Brunston Surgery
Cinderhill
Coleford
Gloucestershire
GL16 8HJ

11th February 2020

Dear Mrs Baldwin

Following recent discussions with doctors and representatives, the Brunston and Lydbrook Patient Participation Group, confirm we are fully supportive of the proposals to close the Lydbrook site and merge with Coleford Family Doctors in order to provide purpose built healthcare facilities on one central site.

We agree that the existing facilities in Coleford and Lydbrook are substandard and no longer fit for purpose.

We believe a larger practice would be able to offer improved services, share expertise and provide a more attractive place to work or visit. It should also improve recruitment and retention of staff and be more cost efficient.

We are enthusiastic about the proposed new facilities where patients will benefit from up to date facilities suitable for twenty first century healthcare.

Yours sincerely

On behalf of the Brunston & Lydbrook Patient Participation Group

NAME SIGNED

TERRY HALE

5.1

GP Patient Survey set questions on NHS Choices - published in Jan 2020	National Average	**Gloucester-shire CCG Average**	The Brunston & Lydbrook		Coleford Health Centre	Dockham Surgery	Drybrook Surgery	Forest Health Care	Severnbank Surgery	Yorkley & Bream Practice
Distance from Lydbrook Health Centre & travel time by car					4.1 Miles / 10 min	5 Miles / 11 min	3.9 Miles / 7 min	2.3 Miles / 6 min	9.2 Miles / 18 min	7.7 Miles / 13 min
GP Patient Survey score for opening hours	65%	**69%**	76%		68%	83%	66%	62%	81%	85%
GP Patient Survey score - The proportion of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?. Higher values are better	68%	**80%**	95%		68%	86%	94%	85%	96%	92%
GP Patient Survey score - Percentage of patients rating their experience of making an appointment as good or very good	67%	**73%**	78%		65%	88%	74%	73%	82%	89%
GP Patient Survey score - The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as good or very good.. Higher values are better	83%	**87%**	84%		82%	91%	89%	88%	81%	94%
2019-20 QOF Overall Achievement (CCG averge 542.34 out of 559 points)			Higher than GCCG average score		Higher than GCCG average score	Higher than GCCG average score	Higher than GCCG average score	Lower than GCCG average score	Higher than GCCG average score	Higher than GCCG average score
Male & Female GPs available			YES		YES	YES	YES	YES	NO	YES

NHS Gloucestershire Clinical Commissioning Group

Quality and Sustainability Impact Assessment Tool

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found at appendix 1.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and lead for scheme: Brunston and Lydbrook Practice proposal to close Lydbrook branch surgery Spring 2022

Brief description of scheme: An application has been received by Gloucestershire CCG from Brunston and Lydbrook Practice to close the Lydbrook Health Centre branch surgery.
This request is part of a broader proposal for the development of primary care facilities within the Coleford, Lydbrook and surrounding area and an application to merge with Coleford Family Doctors.

Answer positive/negative (P/N) in each area. If N score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N	Impact	Likeli-hood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	Scoring not applicable			
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, accessibility, personalised & compassionate care?	N	2	3	6	N
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P	Scoring not applicable			
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	Scoring not applicable			
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	Scoring not applicable			
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	Scoring not applicable			

Please describe your rationale for any positive impacts here:

Duty of Quality –The merger of the current practice premises will negate any need to split the practice team across two sites which enables the provision of care and services to be focused in one place, and allows the team to focus their service provision in one place. The ability to have all team members in one place will contribute to improved team communication and working together and reduce the instances of poor communication. All patients will be treated by the same team in the same way, negating any unintentional inequality. **Patient Experience** –the practice have detailed the mitigating actions that are in place and additional actions that will be initiated to address the patient concerns, in the supporting information on the practice website and via the opportunity to complete a questionnaire and/or attend two informal drop-In meetings. The PPG has confirmed full support of the proposal. Patient Safety –The location of one team in one place working with one set of systems and procedures supports patient safety as there is a reduced risk of misunderstanding and poor communication. **Clinical Effectiveness** – Clinical leadership will be supported by locating all team members in one place, making communication and training logistically easier. This will contribute to the opportunity to deliver services of the highest possible standards, **Prevention** – The opportunity to expand the promotion and information supporting self-care will be provided within the team all working together in one physical location. Infection control within a new building will be less challenging than in the previous building, although stringent attention to infection control and prevention must be maintained. Easier with one team on one site which is also a new build. **Production and Innovation** – The widening of the scope of the practice by working more closely with supportive services eg. physiotherapy, counselling, social care, pharmacy ,mental health and specialist nursing colleagues will be facilitated by bringing the surgery team together in one place, which will be better accommodated in the future purpose built surgery premises. The carbon footprint of the surgery will be reduced by eliminating the need for staff travelling between the two sites.		
Signature: Teresa Middleton	Designation: Deputy Director Of Quality	Date: 5th June 2020

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 6

Primary Care Commissioning Committee

Meeting Date	**Thursday 25th June 2020**
Title	**Application to merge from Rosebank Health and Bartongate Surgery**
Executive Summary	An application for merger has been received from two practices in Gloucester City.
Risk Issues: **Original Risk** **Residual Risk**	Bartongate Surgery currently has only two partners. One of the partners was due to retire in the summer of 2020 but is now retiring in March 2021. Recruitment for additional partner(s) has been unsuccessful. Bartongate had been considering handing their PMS contract back prior to merger discussions with Rosebank Health. The merger of these practices will have a positive impact on the resilience of Bartongate Surgery as the contract will no longer be held by a single practitioner.
Financial Impact	The CCG should consider costs/value for money as merging two contracts leads to an 'averaging' effect. 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 Director of Primary Care and Locality Development has given a clear indication to both practices that there would be no overall

	income reduction as a consequence of the merger. 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 contract and therefore requires agreement by GCCG under delegated commissioning arrangements. The PCCC approved a GCCG Standard Operating Procedure for an application to merge in May 2017 which 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 sustainability is one of the main reasons the practices wish to merge. By becoming one entity this will have a positive impact on the resilience of Bartongate Surgery.

Patient and Public Involvement	The practices have started engagement in relation to their proposed merger with their patients with advice and support from the CCG.
Recommendation	PCCC is asked to: • Consider the recommendation from the Primary Care Operational Group meeting on 9 June 2020 which was to support the application to merge. • Make a decision regarding this request to merge contracts from Rosebank Health and Bartongate Surgery.
Author	Jeanette Giles
Designation	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 6

Primary Care Commissioning Committee

Thursday 25th June 2020

Application to merge from Rosebank Health and Bartongate 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.

1.3 Within our Primary Care Strategy we recognised that 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.

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

2. Proposal to Merge

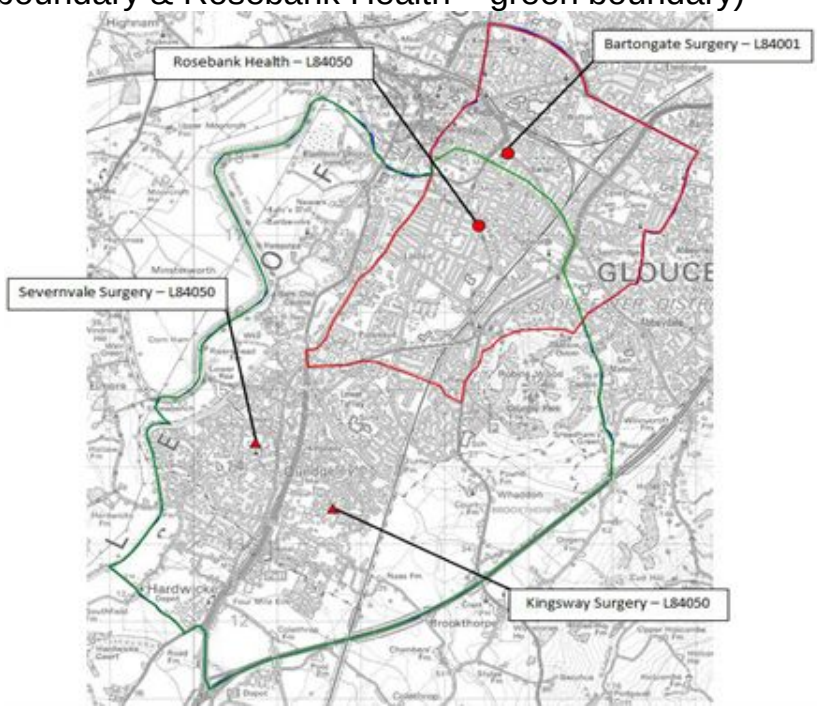
2.1 Gloucestershire CCG has received a merger application (Appendix 1) from the following two practices:

- Rosebank Health (L84050)
  153b Stroud Road, Gloucester GL1 5JQ

- Bartongate Surgery (L84001)
  115 Barton Street, Gloucester GL1 4HR.

Rosebank Health holds a GMS contract and Bartongate Surgery holds a PMS contract.

2.2. The location of the two practice boundaries and practice locations are shown below in the map below (Bartongate Surgery - red boundary & Rosebank Health – green boundary)



2.3 Maps showing the combined population spread by post code and the indices of multiple deprivation are shown in Appendix 2.

2.4 Prior to merger discussions, Bartongate Surgery had only two partners with one of the partners due to retire in the summer of 2020. The national and local shortage of GPs is impacting on the ability of Gloucestershire practices to recruit and retain staff, and despite extensive attempts to recruit a new partner the practice has not been successful. However following commencement of merger talks, partners at Rosebank have joined the Bartongate contract.

2.5 Rosebank Health is a seven partner practice and a GP training practice.

2.6 The practices have been in discussion regarding collaboration and closer working for some time and since 1.5.20 have officially formed a Primary Care Network on their own. As discussions have progressed they have identified operational and cultural similarities and have a shared vision for general practice sustainability and resilience.

2.7 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.

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

3. Impact/benefits for patients and local population

3.1 All sites will remain operational, i.e. 153b Stroud Road, Kingsway Health Centre, Severnvale Surgery and 115 Barton Street.

3.2 Patients will have better access to services as the mix of services currently delivered by individual practices will be offered to all patients. There will also be access to a greater pool of health care professions. wider skill-mix will also potentially enable new service development and specialisms.

3.3 The merger will enable the practices to better manage the increasing demands on general practice and adapt to the challenges of an ageing population, any housing developments and likely greater inequalities stemming from the implications of Covid-19.

3.4 No specific patient groups will be adversely affected through the proposed merger as there will be no requirement for patients to travel to a different site other than their most local one.

4. Financial implications for CCG

4.1 A financial analysis has been undertaken relating to the potential effect on GMS Global Sum Funding.

4.2 An average 2019/20 weighting differential has been calculated for each practice subject to the proposed merger and from this we have calculated the 2019/20 average notional differential for the combined list of the practices.

4.3 The CCG then calculated a notional April 2020 Global Sum based on the combined actual patient population and applying the 2019/20 average notional differential for the combined list of the group of practices to get the weighted list.

4.4 The CCG also assumed that Bartongate's PMS Premium will roll over to the new merged practice; the same applies for the Temporary Residents Adjustment.

4.5 The CCG then compared the result of the notional April 2020 Global Sum calculation for the proposed merged practices to the actual April 2020 Global Sum/PMS Baseline funding. The result was a very minimal increase in GMS Global Sum funding of approx. 0.19%, equating to approx. £5,400 per annum.

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

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

4.8 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.

5. Alternative local provision

5.1 There are a number of GP practices within the area where patients could register if they choose to seek an alternative surgery, these are detailed and shown in the maps below:

Gloucester City Locality

- Hadwen Health
- Alney Practice, The
- Aspen Medical Practice
- Gloucester City Health Centre
- Gloucester Health Access Centre
- Kingsholm Surgery
- Partners in Health
- Quedgeley Medical Centre.

Stroud Locality

- Frampton Surgery
- High Street Medical Centre
- Regent Street Surgery
- Stonehouse Health Clinic.

6

5.2 Furthermore, an analysis of alternative practices available to Bartongate and Rosebank patients has been carried out, relating specifically to the national patient survey, QOF and availability of male & female GPs, has been undertaken (see Appendix 3).

6. GCCG engagement for the application to merge

6.1 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 and the Patient Engagement and Experience Team.

6.2 Gloucestershire CCG has engaged with:

- Neighbouring practices (12 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee.

6.3 **The responses**

6.3.1 Neighbouring practices
None received.

6.3.2 Healthwatch Gloucestershire
"At Healthwatch, we would like to highlight the importance of assessing any impact on patients in decision making. Change is positive when patients receive a consistent or improved service. People tell us that there can be difficulties in accessing GP services and we would ask that any decisions around central

functions ensure that patients do not have more difficulty / longer waits in dealing with the administrative functions of the practice, outside of clinical appointments.

We are pleased to see that you will work with the practice and the PPG. We would highlight the need to make extra efforts in community consultation in this location – it includes members of the community who are seldom heard from and who are likely to be experiencing health inequalities. We would be happy to support this by offering patients the opportunity to talk to Healthwatch Gloucestershire independently and, as appropriate, confidentially."

6.3.3 The Local Medical Committee

"We would agree it's the best outcome in the circumstances and would commend all for achieving this.

It does though once again mean an even larger practice. Patient satisfaction studies regularly shows better satisfaction in smaller practices.

We note that the PMS premium is retained in the practice, which was a decision that the LMC agreed with several years ago when Bartongate nearly reverted to GMS."

6.3.4 NHS England
None received.

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

7. Practice engagement

7.1 Both practices have commenced engagement with their patients. In particular Bartongate Patient Participation Group (PPG) met to discuss the potential merger on 25.02.2020 and members considered this a positive move for the surgery. The Chair of Rosebank Health's PPG was supportive of the merger and did not raise any issues or concerns.

7.2 The CCG's Associate Director, Engagement and Experience, will work with the practices and their PPGs if the merger is approved

by the PCCC.

7.3 The surgeries will publicise their merger plans via an information statement on their websites, a newsletter and posters displayed in their buildings.

7.4 The practices aim to form a new combined PPG.

8. Summary

8.1 For those patients who wish to access GP services at an alternative location to Rosebank Health and Bartongate Surgery options are available for them (see para. 5).

8.2 The merger of these practices will increase the resilience and sustainability of this Primary Care Network and should improve the recruitment and retention of GPs and clinical staff. This is especially important in an area of deprivation and inequality and an important consideration post covid as the practice's vulnerable population is likely to need even greater supportand good access to primary care services.

It is envisaged that the proposed merger will benefit all staff across the practices as workloads will be shared, efficiencies can be delivered which will enhance resilience and lead to an improved and enhanced patient experience. 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.

8.3 Merging into a single partnership will greatly enhance their ability to organise and deliver staff training and clinical education through better organisation and greater use of Rosebank Health's training and conference facilities at its Kingsway premises.

8.4 Operating from four sites has the potential to provide all patients with better access to services and a greater pool of healthcare professionals.

8.5 Rosebank has a good reputation for proactive leadership, both clinically and organisationally which Bartongate will be able to benefit from both leading up to and post merger.

8.6 A merged practice will be better placed to take advantage of new opportunities to develop services that can be offered for the benefit of patients and the wider heath system.

9. Recommendation

PCCC is asked to:

- Consider the recommendation from the Primary Care Operational Group meeting on 9 June 2020 which was to support the application to merge.

- Make a decision regarding this request to merge contracts from Rosebank Health and Bartongate Surgery.

9. Appendices

Appendix 1 - merger application

Rosebank and Bartongate applicatio

Appendix 2 – Map showing combined population spread by postcode and Map showing Indices of Multiple Deprivation

Map showing practice combined po

Appendix 3 – Analysis of alternative practices' performance in relation to national patient survey and QOF and availability of male & female GPs

GP Patient Survey data, GPs & QOF info

NHS
Gloucestershire
Clinical Commissioning Group

6.1

Application for consideration of a contractual merger

Application for consideration of a contractual merger

(Please add additional pages if you have insufficient room to complete fully)

Name and address of the practices wishing to merge:

Practice A:

Bartongate Surgery
115 Barton Street
Gloucester
GL1 4HR

Practice code: L84001
Type of contract: PMS

Practice B:

Rosebank Health
153b Stroud Road
Gloucester
GL1 5JQ

Practice code: L84050
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)

   GMS- Rosebank Health contract L84050

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

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

   Current Main Site: Rosebank Surgery, 153b Stroud Road, Gloucester, GL1 5JQ

   New Main Site: Kingsway Health Centre, Rudloe Drive, Gloucester, GL2 2FY
   Branch sites: Severnvale Surgery
   Rosebank Surgery
   Bartongate Surgery

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

Premises will remain extant, opening hours will not be reduced. As Rosebank Health and Bartongate Surgery will become a Primary Care Network (PCN) in its own right, all Extended hours/Improved Access clinics provided will be held over the 4 sites, there may therefore be an increase in the opening hours.

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

Bartongate Surgery currently have only two Partners, one of the Partners is due to retire in March 2021. Recruitment for additional partners has been unsuccessful. Bartongate Surgery is in a very vulnerable position and the Partners were considering handing back their PMS contract, as a single handed contract was not an option for the remaining Partner. By merging with Rosebank Health- a neighbouring practice with overlapping boundaries, it helps to provide sustainability and resilience to maintain the GMS contract and ensure the survival of a Practice in one of Gloucester City's most deprived areas.

By merging with a larger Practice that will operate over four sites it has the potential to provide better access to services and further choice for all patients. As a Practice we will be able to offer appointments to all patients across all sites if they wish. We do not expect patients to attend other sites if they usually attend Bartongate Surgery and do not wish or have the means to travel.

We hope that by increasing our team, we will be able to enhance the skill mix and pool of clinicians, which will allow us to develop further new and innovative services. Rosebank Health already has a diverse and developed team including Advanced Nurse Practitioners, Emergency Care Practitioners, Physiotherapist, Social Prescribers and Pharmacists. Bartongate Surgery patients will also now be able to access these services and clinicians.

Rosebank Health has experience in training and development that will benefit Bartongate Surgery. Bartongate Surgery will become part of a training surgery that offers GP, foundation doctor and nurse training, which helps with resilience and recruitment. The aim is that our team members will work across all four sites, Rosebank Health has senior nurse practitioners and managers who are passionate about supervising and developing their clinical and administrative team.

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:

Bartongate Surgery will be moving to the clinical system, System 1. This will allow us to merge our patient lists and operate via one computer system. This along with a centralised telephone system will allow patients to book appointments in their preferred location with their preferred clinician. The centralised phone system will be more robust and allow greater flexibility with staffing, to always ensure an optimum service to our patients.

The merger should increase the capacity and services available to all patients, as all patients will be able to access all of our services across all four sites.

Rosebank Health already has a home visiting team in place, which is run predominantly by Paramedics throughout the day. This service will be extended to Bartongate patients. .

We will work together on enhanced services. It is common practice for partners to discuss which (new) Enhanced Services (ES) to take part in (noting that all current ES would be open to all patients) and we would see this remaining the case as the partnership widens, with decisions being based on the specification requirements, patient needs and practice income.

The Practices current opening hours will not change, Rosebank Surgery and Kingsway Health Centre will continue to open from 8.00am-6.30pm Monday to Friday, Bartongate Surgery from 8.30am- 6.00pm Monday to Friday. Severnvale will continue to open for shorter days on a Tuesday, Wednesday and Thursday.

Extended Access and Improved Access will be provided on a rotational basis across all four sites, allowing for evening and weekend appointments.

The Practice premises have already been dealt with and all premises are now owned by the Rosebank Partnership. This means the Bartongate premises are more secure and will continue to accommodate the surgery for the foreseeable future. Plans for improvement and extension to the Bartongate Surgery are already underway.

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:

   Rosebank Health already use System 1, Bartongate Surgery has approval for System 1, however due to coronavirus this has been postponed, until July/August 2020.

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

Rosebank and Bartongate map.docx

Please see attached map showing current and proposed boundaries.

The plan is for the new practice boundary to be a combination of the two current practice boundaries. There is no plan to change practice boundaries causing patient exclusion.

8. Patient and Stakeholder engagement

Have the practices engaged with patients and /or stakeholders on the practice merger?

The Bartongate Patient Participation Group has been consulted with at a recent meeting. The meeting was held on the 25th February 2020 with a group of representative patients. The meeting outlined the merger proposal and explained the benefits for joining together with Rosebank Health. All PPG members thought it was a positive move forward for Bartongate Surgery. Please see attached the meeting minutes.

Minutes - 25 February 2020 BG.do

Rosebank Patient Participation Group have not had a meeting recently due to Covid. A newsletter explaining the potential merger has been sent to all PPG members and feedback, concerns or questions requested. Currently no concerns have been raised. A telephone call with the PPG Chair Rita Leech was complete on the 13th May 2020 with the Practice and Assistant Practice Manager. A detailed explanation about the merger was given and any questions were answered. The PPG Chair was supportive of the merger and raised no issues or concerns. We will send further information to the PPG members on a regular basis keeping them up to date with developments.

PPG Newsletter update April 2020.doc

Do the practices intend to engage with patients/stakeholders?

Yes

When and in what form will you engage with patients/stakeholders?

On receipt of outline approval to merge, the practices intend to start immediately a public engagement and consultation process in partnership with the CCG engagement lead. This will include written information, notices on websites, public engagement meetings and the formation of a new combined PPG. There will also be engagement via social and local media.

Both Practices will work with Gloucestershire CCG and NHS England in terms of consultation with other stakeholders, including Gloucestershire local Medical Committee (LMC), local Ophthalmic and Dental Committees (LOC and LDC) and the other Gloucestershire clinical networks

With whom will you engage?

Patients, other Practices, Clinical networks, local NHS Trusts and Gloucestershire Social services.

If you have already carried out engagements, what was the outcome?

Bartongate have had an extraordinary meeting with PPG group, who were delighted with the news and felt this was a positive and thoughtful move for the future of Bartongate alongside Rosebank Health. Being of similar patient cohorts it was felt the fit was beneficial and exceptionally workable.

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
Bartongate Surgery	L84001	Completed by BDO accountants. All Partners had access to this information when considering the merger.	Bartongate System 1 migration booked, due to take place in July/August (actual date to be confirmed)	Rosebank Partners have joined the Bartongate contract and a new Partnership agreement has been completed and signed. Bartongate Property transferred to Rosebank Health Partnership.
Rosebank Health	L84050	Completed by BDO accountants. All Partners had access to this information when considering the merger.	Already on System 1	Rosebank Partners have joined the Bartongate contract and a new Partnership agreement has been completed and signed. Bartongate Property transferred to Rosebank Health

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

1st November 2020, however date still to be confirmed.

Business Case

1. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)	Bartongate Surgery 115 Barton Street Gloucester GL1 4HR	Rosebank Health 153b Stroud Road Gloucester GL2 2FY	Bartongate Surgery will become a branch of Rosebank Health.
Name of contractor(s)	Bartongate Surgery	Rosebank Health	Rosebank Health
Location (provide addresses of all premises from which practice services are provided)	115 Barton Street Gloucester GL1 4HR	Rosebank Surgery 153b Stroud Road Gloucester GL2 2FY Severnvale Surgery St James' Quedgeley GL2 4WD Kingsway Health Centre Rudloe Drive Kingsway GL2 2FY	Rosebank Surgery 153b Stroud Road Gloucester GL2 2FY Severnvale Surgery St James' Quedgeley GL2 4WD Kingsway Health Centre Rudloe Drive Kingsway GL2 2FY 115 Barton Street Gloucester GL1 4HR
Practice area (provide map of area)	See map	See map	See map
List size (provide figure)	8,600	26000	34600
Number of GPs and clinical sessions (provide breakdown)	See attached - appendix 1  SOP supporting information - Appendi	Appendix 1	Appendix 1
Number of other practice staff (provide breakdown)	Appendix 1	Appendix 1	Appendix 1
Number of hours of nursing time (provide breakdown)	Appendix 1	Appendix 1	Appendix 1
CCG area(s) (list CCG(s) in which practices are located)	Gloucestershire	Gloucestershire	Gloucestershire

Which computer system/s (list system(s) used)	Emis Web to be migrated in July/August 2020	System 1	System 1
Clinical governance/ complaints lead and systems (provide names)	Dr Nair	Dr Roberts	Dr Roberts
Training practice (yes/no)	No	Yes	Yes
Opening hours (list days and times)	See attached – Appendix 2.  Opening hours Appendix 2.docx	Appendix 2	The opening hours of each surgery will remain the same.
Extended hours (list days and times)	See attached – Appendix 3.  Extended hours - Appendix 3.docx	Appendix 3	Still to be confirmed, as this will develop as we start to work together as a PCN
Enhanced services (list all enhanced services delivered)	See attached- Appendix 5.  Enhanced Services - Appendix 5.docx	Appendix 5	Appendix 5
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	Owned	All owned	All owned

6.1

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
The clinicians within both practices are motivated by a desire to serve their patients in the best possible way, something that traditional General Practice arrangements increasingly are failing to allow - due to shortages of GPs and increased patient demand. We believe the merger will both increase urgent care capacity and access (through skill mix and new innovative ways to work together), and improve continuity of care for patients with frailty and complex conditions by allowing a greater

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
proportion of a GP's time to be available for their usual patient list. We are hoping to use Econsult (online triage tool) as a way of ensuring the right patient gets to the right clinician in a timely manner. The merged practice will also be able to offer different types of flexible working sessions to GPs, including working from home. We hope that this will improve GP recruitment and retention, and ensure as a Practice we are up to date with helping GP's work in ways that suit them. Working later in the evenings and having Saturday morning clinics through our own Network Improved Access and Extended Hours will also increase the availability of appointments (such as for smears) that are of particular value and convenience for patients of working age. The proposed merger will greatly enhance the collective resilience that would allow a larger practice move towards a sustainable staffing model. The aim is to become a proactive organisation that better anticipates and adapts to the needs of our patients and local health system.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	**Bartongate Surgery has been transferred to the Rosebank Health Partnership**
IT	**Bartongate to change from EMIS to System 1**
TUPE	**We felt it important to help and support Bartongate as soon as possible, therefore we merged our Partnership and accounts to enable us to do this effectively. This means the Bartongate staff have already been TUPED to Rosebank Health.**
Redundancy	**None.**
QOF	**N/A**
Pension/seniority	**N/A**
PMS Premium	**The PMS premium will be transferred to the GMS contract via an enhanced service to ensure Bartongate**

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
	does not lose any funding.
Dispensing	**N/A**

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	**QoF will continue as currently, until the IT system has been merged and we have one patient list.**
Access	**We have already started work on ensuring we have a robust and multi-disciplinary workforce, that will offer a wider choice of service and access to our patients;** **Clinical pharmacist** **Social Prescribers** **Advanced Nurse Practitioners (ANP)** **Paramedics** **Physiotherapy Practitioners**
Recent or ongoing breaches of contract	**None**
Recent or pending CQC matters	**None**
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	**N/A**
Will there be any cessation of services post-merger?	**No**
Will there be a reduction of hours for which services are provided post-	**No**

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
merger?	
Will there be a change in the hours at which services are provided?	**No**
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	**No**
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	**After the merger the Practice will have 9 partners, and a full complement of GPs (we have recently recruited a further 2 salaried GP's). We are developing a multi-disciplinary team that will provide resilience and resources and expertise that is needed to manage all the demands of general practice both administratively and clinically.** **We have embraced all new technologies and are continually looking for ways and new ideas to allow us to deal with the challenges of general practice in the most efficient way.**

5. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.
None

6. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, the order in which the actions need to be undertaken and timescales for the actions to be completed.

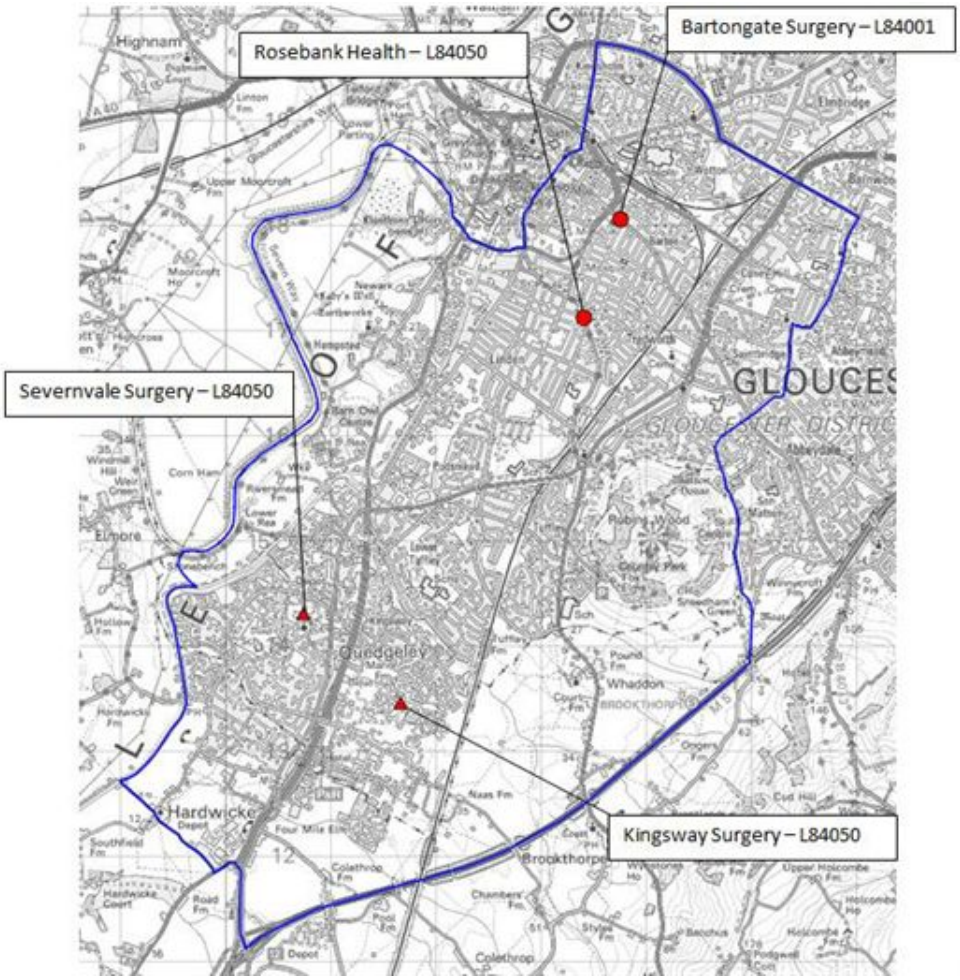
Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, the order in which the actions need to be undertaken and timescales for the actions to be completed.
We have already undertaken a lot of the work, via solicitors and accountants and the Partners have joined each other's contracts from 1.4.2020. Covid19 has caused some delays and without a firm merger date it is difficult to plan some aspects of the merger. **Attached is our merger worksheet (appendix 4) with confirmation of progress so far.**  Appendix 4 - Merger Worksheet.xlsx

8. Additional information

Please provide any additional information that will support the proposed practice merger.
It is important to stress that the merger of the two Practices has been fully and enthusiastically supported by both Primary Health Care Teams—Partners, Salaried Doctors, other clinicians, Management and administration staff.

Rosebank Health and Bartongate Surgery

Proposed Combined Boundary, following merger



Key

Proposed New Boundary

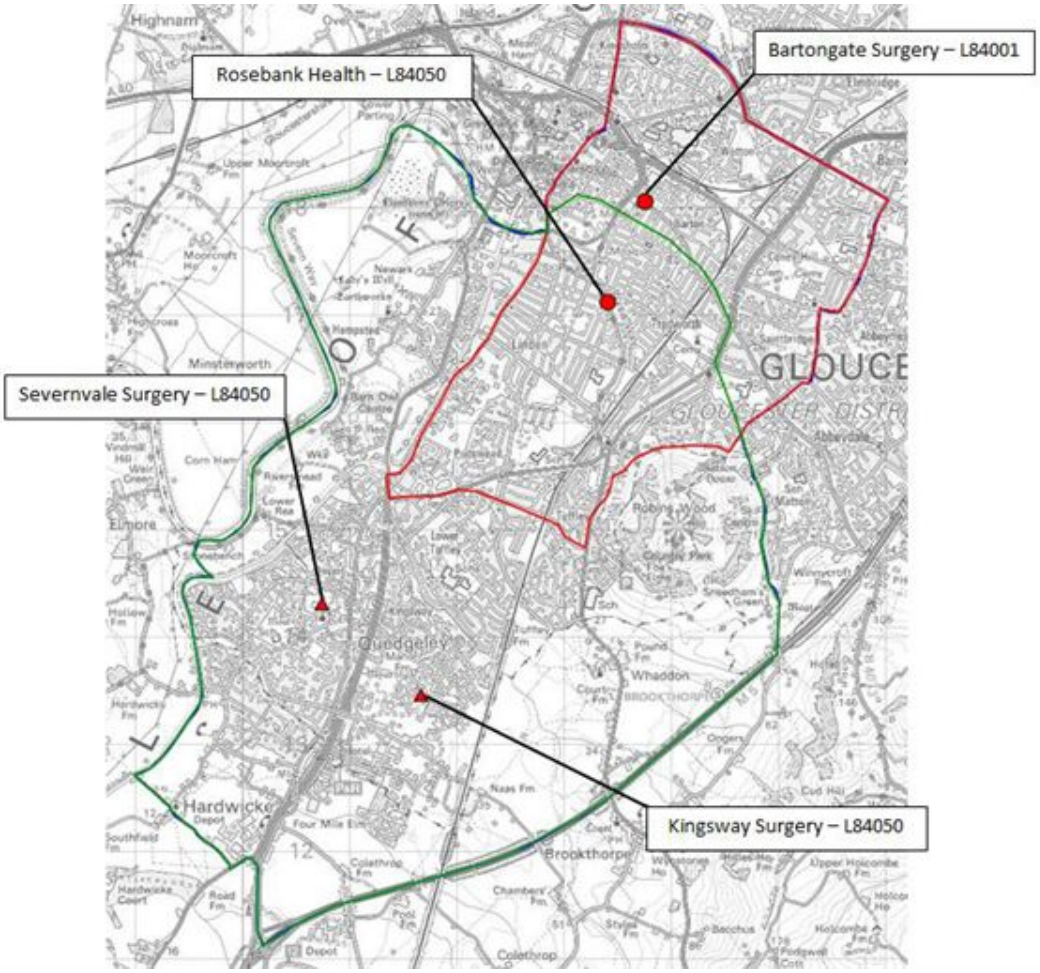
Bartongate Surgery Current Boundary

Rosebank Health Current Boundary

6.1

Rosebank Health and Bartongate Surgery

Existing Boundaries



Key

Proposed New Boundary

Bartongate Surgery Current Boundary

Rosebank Health Current Boundary

Minutes of Extraordinary PPG
Tuesday 25 February 2020

In Attendance:	
Jan Newman, Practice Manager (minutes) (JN)	Stefan Szymanski (SS)
Dr Shanta Nair (SN)	Betty Szymanski (BS)
	Shelina Jetha (SJ)
	Haroon Kadodia (HK)

		Actions
	SN opened the meeting thanking all for coming this evening. SN outlined our proposal to merge with Rosebank Surgery, as a way forward to keep Bartongate Surgery alive and well. It was highlighted: • the need for more doctors • more partners • working as one organisation – one business / one PCN • the benefits of us coming together • greater choice for patients • offering more services • a stronger workforce We engaged in positive conversations with everyone on this, it was felt this was a great way forward for the community and the need for this to happen so that Bartongate does not closed. HK agreed this is a good move for the community and building links with the various services will help to support the demands of the various diverse population served. JN highlighted the move of Al-Shafa Pharmacy to the next door building, which all were aware of due to the consultation that had taken place to gain the change of use for this building. Again everyone agreed this was a positive move for the community and with the Rosebank merger as well this would give so much to patients and the workforce of everyone. JN/SN also told the PPG of the Health Inequalities Fellowship GP we have just secured via the CCG. This was felt to be another benefit to the practice. HK felt links could be made with the Friendship Café and Fair Shares giving his and Hashim Norat details to be passed to the new GP as they felt they could contribute to some of the project work he will be undertaking. SJ mentioned the Michael Marmot report, stating this would be a	

	good source of information to read and consider. https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on SJ also suggested the Health Foundation Website, stating that there is funding that can be applied for that may help us going forward. With all of these changes happening for the good, it was felt that a Newsletter going forward would be a good communication source. Everyone felt this had been a very positive meeting, and all were pleased to have had such good discussions on the changes and challenges going forward and very keen for us to succeed.	

FRIENDS OF ROSEBANK HEALTH PATIENT PARTICIPATION GROUP

APRIL 2020

Hello all

I hope you are well and keeping safe at this very difficult time. Rita has asked if I can send an update to everyone to keep you informed of the latest developments.

COVID-19 HUB

A Covid hub has been established at Rosebank Surgery, Stroud Road and went live on April 2nd 2020. The purpose of the hub is to see suspected COVID infected patients in one place to keep both Kingsway and Severnvale surgeries as "clean" practices. Please be aware during this time Rosebank Surgery is closed to all normal activity. We have joined forces with Churchdown, Alney, Longlevens, Brockworth and Bartongate practices to provide this invaluable service to the community.

COVID STAFF UPDATE

I am very pleased to report that Rosebank staff have been relatively unaffected by self- isolation and shielding; we remain very much fully staffed with some colleagues working from home where necessary.

HOME VISITING SERVICE

Rosebank have recently organised a home visiting service to encompass a hire car and a dedicated GP or paramedic and an HCA on each afternoon should the need arise for patients to be seen in their own homes. All staff will be in PPE for their own safety and the safety of the patients.

APPOINTMENTS

A vast majority of our appointments remain as telephone appointments for routine matters and we endeavour to deal with as many issues as we can in this way. We have also introduced video consultations which have proved very successful. Kingsway and Severnvale practices are still operational and are dealing with non COVID conditions so please do not hesitate to contact the surgery should you feel you need to.

BOWEL CANCER TALK

Unfortunately the Bowel cancer talk scheduled for 24th April had to be postponed due to the pandemic and we will be looking to reorganise this and other talks once we are able.

COMMUNITY ENGAGEMENT

At this time it is extremely important we look after the most vulnerable people in our community and as such Abi Griffiths, our social prescriber, has been contacting those patients and signposting them to available resources in their area, this includes community shoppers, mental health guidance, friendship phone calls and food parcels.

Rosebank Health

STAFF RECRUITMENT

Kate Moores - Physiotherapist

Jodie Craven has been promoted to Senior Receptionist with responsibility for Rosebank Surgery, Stroud Road.

Sue Morgan has taken on the role of Deputy Senior Receptionist

Wendy Dickie-Clark is now the Reception Administrator

We have also employed 2 additional receptionists

We have recruited another doctor and are actively recruiting 2 further doctors, a Social prescriber and an administrator/PA

FAMILY FUN DAY – IT'S A KNOCKOUT!

https://hopefortomorrow.org.uk/its-a-knockout-family-fun-day/

Sunday 5th July 2020 – Please be aware we are currently unsure if this is going ahead, however Rosebank Health have put together a team of 12 people to take part in this charity event.

Hope for Tomorrow have partnered with another local charity Heart Heroes to bring the most fun filled team challenge – "It's a Knockout" – Family Fun Day to Gloucestershire at Archdeacon Meadow, Gloucester.

It's safe, fun and entertaining, and anyone over 14 can take part and regardless of their fitness level. It's brilliant, competitive fun, It's a Knockout brings out the team spirit, and we guarantee everyone will be laughing.

Join forces with friends, family or colleagues to complete wacky and fun challenges. A 'let's go for it' attitude and a sense of humour is all that is needed.

Bring your family and friends along to spectate and support Rosebank as there is plenty to entertain them also.

Free parking
Refreshments/BBQ
Family Fun Entertainment
Spectators £2 on the gate

Address – Archdeacon Meadow, The Kings Playing Field, St Oswalds Road, Gloucester, GL1 2TF

Rosebank Health

RETIREMENT

It is with great sadness I have to inform you Sue Hawkins will be retiring effective May 31st 2020. Sue has been with Rosebank for 15 years and has given loyal and dedicated support to the Partners and staff during this time. She will be greatly missed and I know many of you have known Sue for a very long time; I am sure you will all join me in wishing her the absolute best for her retirement.

ROSEBANK AND BARTONGATE MERGER

We are excited to announce the potential merger of Rosebank Health and Bartongate surgeries; our aim is to be fully merged by the end of 2020. Rosebank were contacted by the CCG to establish if we could assist Bartongate to avoid their possible closure.

When looking at the situation it was agreed the knock on effect on practices in the surrounding area needing to register Bartongates patients would of put a huge strain on already stretched resources. Rosebank, after much consideration, decided to assist Bartongate and the CCG by agreeing the merging of the practices. This has many advantages including becoming our own Primary Care Network and therefore being able to make decisions that best aid the care of our patients and the running of the surgery.

We are confident the merger will not have any impact on the quality of care we provide however we are aware you will have many questions and of course we are happy to address these. We will keep you updated with developments as they happen.

Thank you

Michaela Davies

Assistant Practice Manager

Kingsway Health Centre, Rudloe Drive, Kingsway, Quedgeley, Gloucester, GL2 2FY Tel: 01452 543000
Partners: Drs Unwin, Roberts, Layzell, Riley, Quick, Eaton-Charnock and Mrs Rearie

Appendix 1: Staffing

Rosebank Health

Number of GPs

Name	Gender	Total Sessions	Clinical Session Cover
Partners			
Dr J Unwin	Male	6	6
Dr M Roberts	Male	7	6
Dr J Layzell	Male	8	6
Dr T Riley	Male	8	6
Dr J Quick	Female	4	4
Dr Eaton Charnock	Female	6	6
Mrs K Rearie	Female	8	6
Salaried GP			
Dr M Henson	Female	4	4
Dr A Vanden Broek	Female	5	5
Dr R Remfry	Female	4	4
Dr J James	Female	6	6
Dr I Odofin	Female	3	3
Dr S Haque	Female	2	2
Dr J Tucker	Female	6	6
Dr Hiley (starting july 2020)	Female	4	4
Dr J Stanley (starting July 2020)	Male	6	6

Number of Hours of Nursing Time

Name	Gender	Weekly Cover/Hours
Advanced Nurse Practitioner		
Estelle Namela	Female	29
Sophie Dela Cruz	Female	23
Kelly Brooks	Female	30
Practice Nurse		
Rachel Pearce	Female	37.5
Sarah Dhillon	Female	37.5
Sally Turner	Female	26.5
Helen Jones	Female	27
Simone Ingall	Female	27
Rebecca Vaughn	Female	18
Healthcare Assistants		
Angela Bowley	Female	25.5
Hayley Law	Female	32.50
Elizabeth Wilson	Female	34
Penny Paulin	Female	37.5
Lynne Williams (starting June 2020)	Female	37.5
Phlebotomist		
Sara Hancock	Female	28

Other Practice Staff Hours

Name	Gender	Weekly Cover/Hours
Emergency Care Practitioner		
Matthew Thomas	Male	37.5
Matthew Francis	Male	8
Lisa Bindley	Female	37.5
Pharmacist		
Karen Kane	Female	22.5
Clive Fisher	Male	37.5
Mik Rerych	Male	30
Elias Kazi (starting June 2020)	Male	30

Role	No. of Staff	FTE
Practice Manager	1	1
Assistant Practice Manager	1	1
Patient Services Manager	1	1
Secretary	2	1.52
Reception	32	18.62
IT Manager	1	1
QOF Admin/Records Mgmt/Summarising/Scanning	7	6.28
Admin/Occ Health	5	3.93
Prescribing Assistants	4	2.88
Social Prescriber	2	1.1

Bartongate Surgery

Number of GPs

Name	Gender	Total Sessions	Clinical Session Cover
Partners			
Dr S Nair	Female	6	4
Dr M Karunaratne	Female	8	6
Salaried GP			
Dr C Hindley (Maternity leave from May 2020)	Female	4	4
Dr A Anduvan	Male	6	6
Dr A Caton	Female	4	4
Dr J McGrath	Female	4	4

Number of Hours of Nursing Time

Name	Gender	Weekly Cover/Hours
Advanced Nurse Practitioner		
Shibu Mathew	Male	37.5
Donna Veal	Female	30
Practice Nurse		
Rachael Sparkes	Female	32
Lisa Oliver	Female	35
Healthcare Assistants		
Katie Bright	Female	16
Phlebotomist		
Karen Hayward	Female	13.50

Role	No. of Staff	FTE
Practice Branch Manager	1	0.85
Reception	7	4.97
Admin	4	3.21

All staff will continue to be employed by the Practices, each team will slowly combine and become one practice team.

Appendix 2 - Opening Hours

Rosebank Health

Reception remains open at lunchtime, although the phones are for emergencies only.

Rosebank Surgery	
Monday	08.00-18.30
Tuesday	08.00-18.30
Wednesday	08.00-18.30
Thursday	08.00-18.30
Friday	08.00-18.30

Severnvale Surgery	
Monday	08.00-18.30
Tuesday	08.00-13.00
Wednesday	08.00-13.00
Thursday	13.30-18.30
Friday	08.00-18.30

Kingsway Health Centre	
Monday	08.00-18.30
Tuesday	08.00-18.30
Wednesday	08.00-18.30
Thursday	08.00-18.30
Friday	08.00-18.30

Bartongate Surgery

Phones transfer to message Link during the following times: 8-8.30, 13.15-13.45 and 18.00-18.30. Reception is closed during these times.

Bartongate Surgery	
Monday	08.30-18.30
Tuesday	08.30-18.30
Wednesday	08.30-18.30
Thursday	08.30-18.30
Friday	08.30-18.30

Appendix 3 – Extended Hours

Current Extended hours provision

Rosebank Health		
Day	**Time**	**Hours**
Monday	HCA 7.30am-8am Phlebotomist 7.30am-8am	0.5 0.5
Tuesday		
Wednesday	HCA 7.30am-8am HCA 7.30am-8am	0.5 0.5
Thursday	Phlebotomist 7.30am-8am Nurse 6.30pm -7.00pm	0.5 0.5
Friday	HCA 7.30am-8am Phlebotomist 7.30am-8am	0.5 0.5
Saturday	Phlebotomist 8am-12pm HCA/Nurse 8am-12pm	4 4

Bartongate Surgery		
Day	**Time**	**Hours**
Monday		
Tuesday		
Wednesay		
Thursday		
Friday		
Saturday	Nurse 8.00am-12.30pm	4.5

Planned Extended Hours Provision

Extended hours will remain the same as above for both Practices for a period of transition; this will be looked at and changed as Improved Access develops for the new Rosebank Network.

Our intention is that Improved Access and Extended Hours will rotate across all surgeries each week.

Appendix 5- Enhanced Services

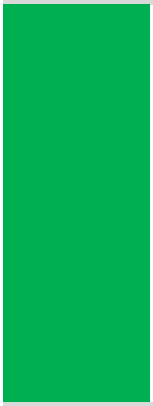
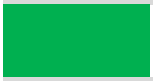
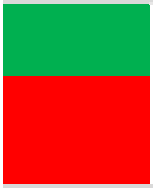
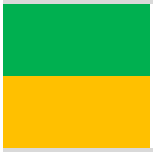
Enhanced Service	Rosebank Health	Bartongate Surgery	Merged
INFLUENZA	Y	Y	Y
PNEUMO	Y	Y	Y
MINOR SURGERY CUTTING	Y	Y	Y
MINOR SURGERY INJECTION	Y	Y	Y
CHILDHOOD IMMUNISATIONS	Y	Y	Y
CHILDHOOD BOOSTERS	Y	Y	Y
EXTENDED HOURS	Y	Y	Y
LEARNING DISABILITY	Y	Y	Y
MMR	Y	Y	Y
ROTAVIRUS	Y	Y	Y
SHINGLES	Y	Y	Y
PERTUSSIS	Y	Y	Y
IMPROVED ACCESS	Y	Y	Y
IA INNOVATION	Y	Y	Y
QOF	Y	Y	Y
PRIMARY CARE NETWORK	Y	Y	Y
IMPLANTS	Y	Y	Y
IUCD'S	Y	Y	Y
NHS HEALTH CHECKS	Y	Y	Y
PRIMARY CARE OFFER	Y	Y	Y
CARE HOME	Y	Y	Y
LEG ULCERS	Y	Y	Y
VASECTOMIES	Y	N	Y
ANTICOAGULANT	Y	Y	Y
HIGH RISK DRUGS	Y	Y	Y
DIABETIES	Y	Y	Y
HPV	Y	Y	Y
HIB	Y	Y	Y
MENINGITIS B	Y	Y	Y
MENINGITIS ACWY	Y	Y	Y
EAR IRRIGATION	Y	Y	Y
DVT	Y	N	Y
ENDOMETRIAL BIOPSIES	N	Y	Y

BAIL HOSTEL	N	Y	Y
ASYLUM SEEKERS	N	Y	Y
ETHNICITY	N	Y	Y

No	Task	Owner
1	**Project**	
1a	Steering Group	
1b	Exec Group	
1c	Agree workshop schedule and attendees	
1d	Complete risk assessment	
1e	Agree informal engagement activity	
1f	Produce weekly progress report	
1g	Produce monthly spend report	
1h	NDA	
1j	Obtain Legal Advice	
1k	Obtain HR Advice	
1l	Obtain guidance from CCG on merger milestones	
2	**Communications**	
2a	Complete stakeholder assessment	SG/JN
2b	Develop communications and engagement plan	SG/JN
2c	Develop patient feedback process	SG/JN
2d	Identify if any engagement is required with the local council	SG/JN
3	**Vision + Outcomes**	
3a	Document key USPs for merging	
3b	Agree identity/name for the new org	
4	**Funding**	
4a	Identify cost elements and agree sharing	Partners/SG/CT
4b	Discuss availability of additional funding resources with CCG	Partners/SG/CT
5	**Premises**	
5a	Develop Agreement on Premises	
5b	Arrange maintenance responsibility	
5c	Arrange security infrastructure	SG
5d	Review buildings and contents insurance	SG
5e	Update name boards and signs	SG
6	**Merger Go/No Go Decision**	
6a	Review financial due diligence report	
6b	Partner approval for merger	
6c	Agree formal merger date	Partners/SG
7	**Formal Engagement**	
7a	Inform CCG about merger intention	
7b	Complete Merger App Form and Business Case	SG
7c	Report to be prepared for the PCCC	CCG
7d	Receive decision on merger application	CCG
7e	Meet with CCG to review merger project plan	SG/JN
7f	Meet with CSU to discuss scope of support available	SG/JN
7g	Inform CCG with names of GP Partners to be included on new contract	SG/JN
7h	Inform Deanery if appropriate	SG/JN
7i	Meet with NHSE re dispensing regs if appropriate	SG/JN
8	**PCSE**	
8a	Complete GP Performer Change Form (NPL3)	SG/JN
8b	Complete GP Joiner/Change of Circumstance Pro-Forma	SG/JN

8c	Complete and submit estimates of NHS Pensionable Profits/Pay Form	SG/JN
8d	Agree date when Practices are to stop registering new patients	SG/JN
9	**Other Stakeholders**	
9a	Contact CQRS	SG/JN/CT
9b	Contact NHS Prescription Services	SG/JN/CT
9c	Contact NHS Prescription Information	SG/JN/CT
9d	Inform Open Exeter	SG/JN/CT
9e	Inform Choose and Book	SG/JN/CT
9f	Inform PPA	SG/JN/CT
9g	Inform Imms Team	SG/JN/CT
9h	Inform Child Health	SG/JN/CT
9i	Inform Breast and Retinal Screening Team	SG/JN/CT
9j	Inform Public Health	SG/JN/CT
9k	Inform SRCL - healthcare waste removal service?	SG/JN/CT
10	**Practice Baselining**	
10a	Review NHS contract	SG/JN/CT
10b	Review third party contracts/lease agreements etc	SG/JN/CT
10b(i)	Identify any agreements with early closure penalties	SG/JN/CT
10b(ii)	Inform suppliers and contractors re merger	SG/JN/CT
10c	Review assets and inventory	SG/JN/CT
10d	Review patient lists	SG/JN/CT
11	**IT**	
11a	Arrange mtg with CSU and discuss implications and actions	SG/JT
11b	Arrange mtg with clinical sys supplier and discuss implications and actic	SG/JT
11c	Arrange mtg with website host(s) and discuss implications and actions	SG/JT
11d	Complete baseline audit of IT and telephony infrastructure	SG/JT
11e	Complete procurement of required new equipment	SG/JT
11f	Develop training plan for use of new equipment if appropriate	SG/JT
12	**Partnership/Practice Documentation**	
12a	Develop Practice Constitution	SG
12b	Develop Business Transfer Agreement	
12c	Develop Partnership Agreement	
12d	Develop Premises Agreement	
12e	Obtain Partner Sign-Off	
13	**Service Design**	
13a	Review SOPs	Partners/SG/JN
13b	Review patient pathways	Partners/SG/JN
13c	Review clinical processes	Partners/SG/JN
13d	Review non-clinical processes	Partners/SG/JN
13e	Agree functions to be centralised	Partners/SG/JN
13f	Document new ways of working	Partners/SG/JN
14	**Clinical Policies Alignment**	
14a	Review Practice clinical policies and procedures	Partners /SG/JN
14b	Review information governance requirements	Partners /SG/JN

14c	Review use of IT	Partners /SG/JN
14d	Develop aligned policies and processes	Partners /SG/JN
14e	Agree implementation date	Partners /SG/JN
14f	Complete staff briefing	Partners /SG/JN
15	**HR**	
15a	Review ACAS guidance on TUPE transfers	
15b	Review employer liability insurance	SG
15c	Develop employee representation group	SG
15d	Review staff contracts	SG
15e	Review staff holiday commitments, study leave and sabbaticals	
15f	Review new workforce structure	SG
15g	Assign lead responsibilities	SG
15h	Map existing staffing and roles onto new structure	SG
15i	Undertake staff consultation	
15j	Issue new employment contracts	
15k	Update staff handbook	
15l	Update staff job descriptions	
16	**QOF**	
16a	Review QOF structure	JQ/JT/SG
17	**Medical Defence Insurance**	
17a	Review level of cover needed and cost for the merged org	SG
18	**CQC**	
18a	Contact and discuss action steps to register new organisation	SG/JN/CT
19	**Other Regulatory Bodies**	
19a	Identify registration requirements	SG
20	**New Bank Account**	
20a	Complete account application	
21	**Other Stakeholders**	
21a	Inform NHS Choices	SG/JN
21b	Inform BMA	SG/JN
21c	Inform GMC	SG/JN
21d	Inform RCGP	SG/JN
21e	Contact Path Lab	SG/JN
21f	Contact the Primary Care Web Tool Team	SG/JN
21g	Inform HSCIC	SG/JN
22	**31/3/17 Activity**	
22a	Take screenshots of QOF from each Practice's clinical system	JT/JN
23	**Merger Completion**	
23a	Completed merger	
24	**Post-Merger Activity**	
24a	Close and retire merged practices J/L number(s)	

Stage	Date to be completed by	Notes
		
		Many stakeholders aware of merger, write to stakeholders once dates finalised. Communication plan already in place, dates to be confirmed.
		Part of SOP merger document Discussed with Partners and agreed.
		Finances discussed, but ongoing Finances agreed, monely to be recieved
		
		Dependant on board agreement and S1 migration at Bartongate
		
		Via PCSE- Cherri providing suppport

6.1

	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Awaiting confirmed date of merger
	Currently under review
	Currently under review
	Currently under review
	Currently under review
	Currently under review
	Currently under review
	A gradual change for all proceeses will be implemented ready for System 1 migration and list joining
	A gradual change for all proceeses will be implemented ready for System 1 migration and list joining
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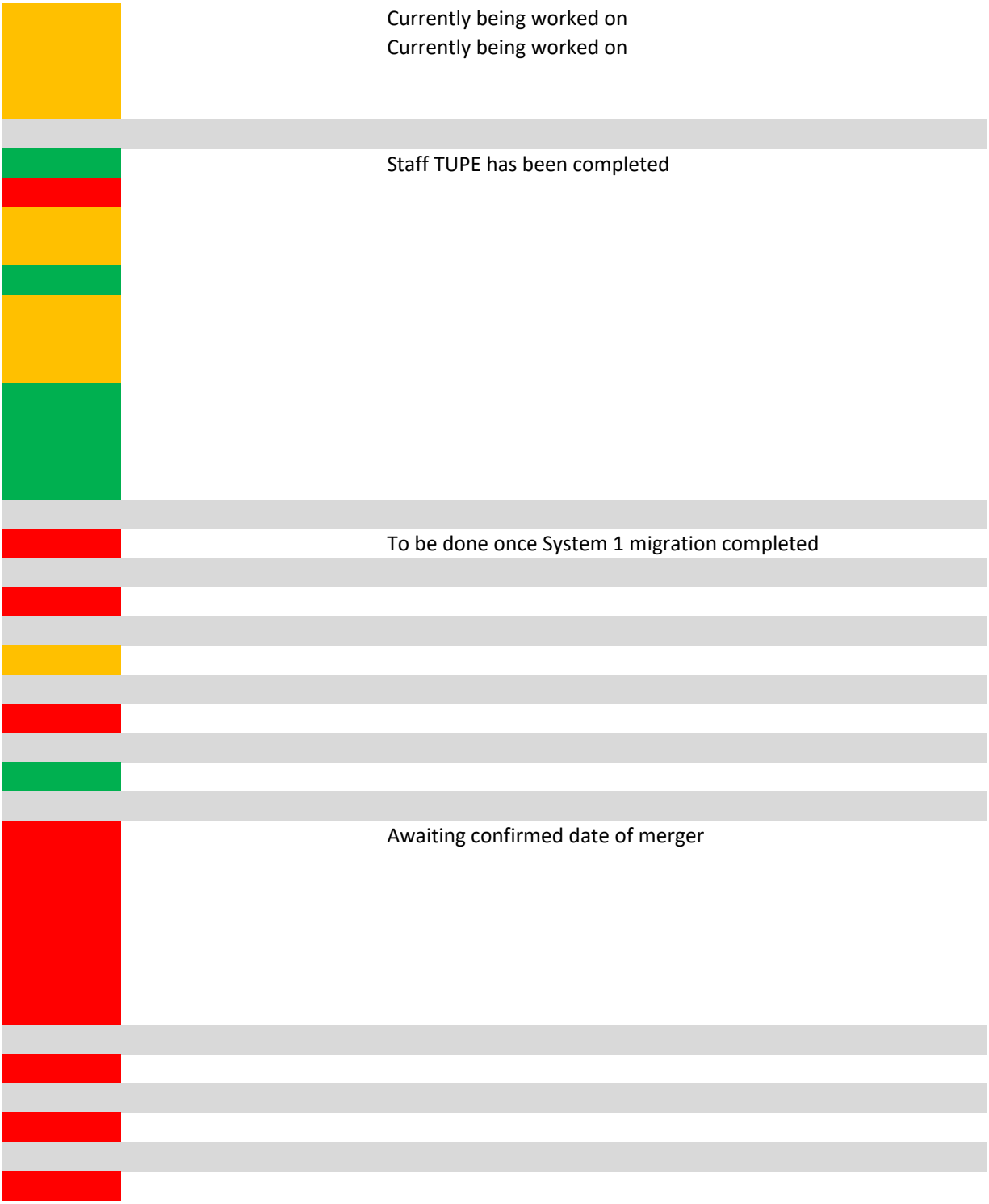
	Currently being worked on
	Currently being worked on

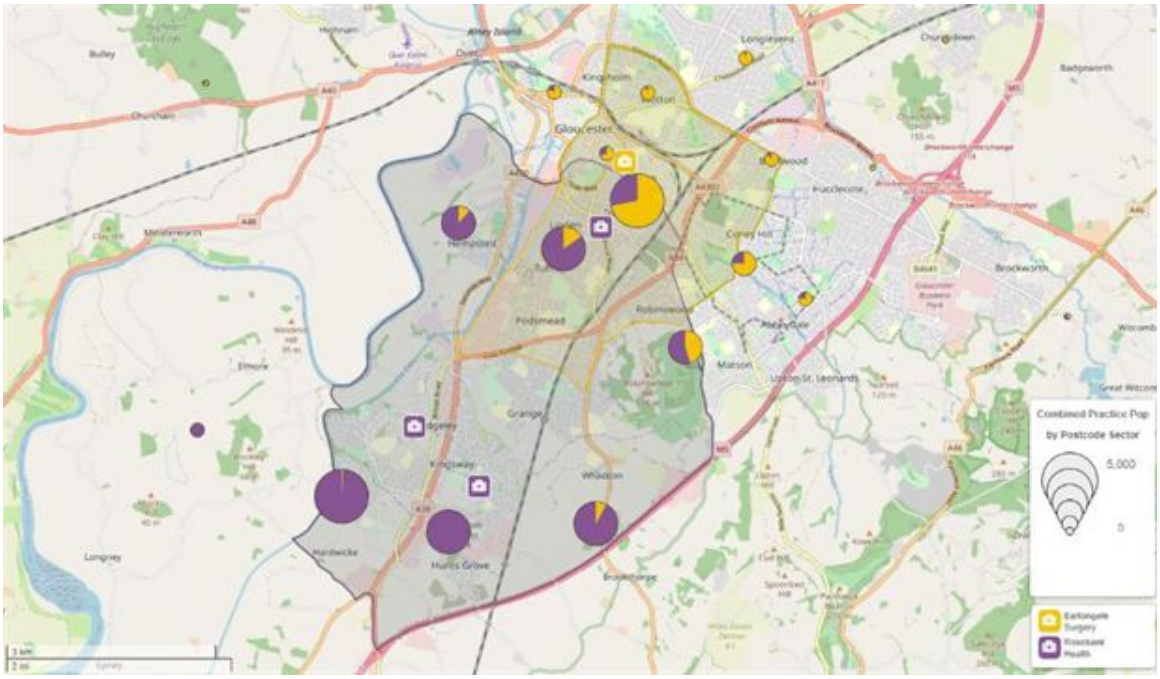

Currently being worked on
Currently being worked on
Staff TUPE has been completed
To be done once System 1 migration completed
Awaiting confirmed date of merger

KEY

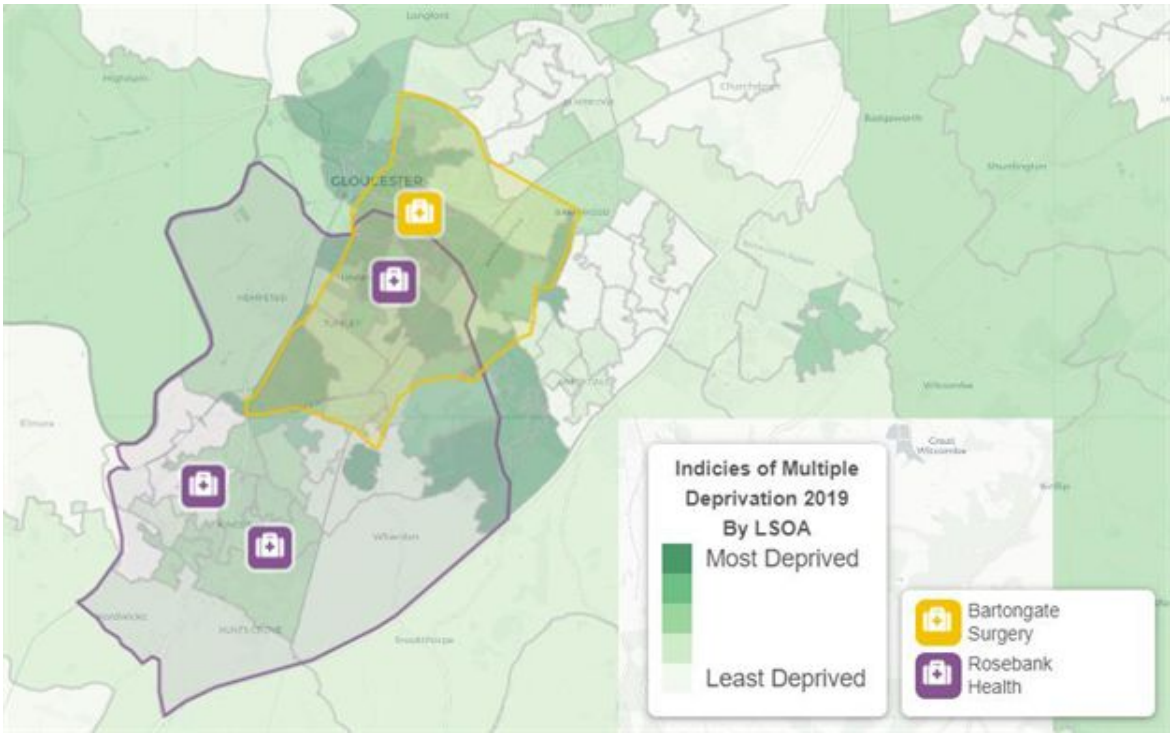
	Completed
	In progress
	To be started

SG	Susie Graham
JN	Jan Newman
CT	Caroline Trickey
JT	Jon Tremeer
JQ	Dr J Quick

Map showing practice combined population spreads by postcode



Map showing Indicies of Multiple Deprivation



6.2

GP Patient Survey set questions on NHS Choices - published in Jan 2020	National Average	**Gloucester-shire CCG Average**	L84001 - Bartongate Surgery	L84050 - Rosebank Health	Y02519 - Gloucester Health Access Centre	L84052 - Gloucester City Health Centre	L84081 - Kingsholm Surgery	L84026 - Aspen Medical Practice	L84034 - Partners in Health	L84009 - Hadwen Health	L84617 - Quedgeley Medical Centre	L846060 - Alney Practice, The	L84070 - High Street Medical Centre	L8613 - Stonehouse Health Clinic	L84080 - Regent Street Surgery	L84078 - Frampton Surgery
Distance from Bartongate Surgery in miles				0.8	0.1	0.3	0.7	0.7	0.7	2.3	3.2	3.7	9.3	9.4	9.7	9.9
Distance from Rosebank Health in miles			0.8		0.7	0.8	1.4	1.7	0.3	2.3	2.9	4.1	9.1	9.1	9.4	9.6
GP Patient Survey score for opening hours	65%	**69%**	69%	46%	69%	56%	76%	49%	53%	54%	75%	52%	59%	91%	76%	97%
GP Patient Survey score - The proportion of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?. Higher values are better	68%	**80%**	84%	67%	61%	57%	90%	30%	59%	61%	79%	65%	76%	93%	98%	99%
GP Patient Survey score - Percentage of patients rating their experience of making an appointment as good or very good	67%	**73%**	68%	52%	63%	58%	87%	41%	55%	51%	76%	55%	60%	95%	79%	97%
GP Patient Survey score - The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as good or very good.. Higher values are better	83%	**87%**	86%	78%	68%	80%	86%	63%	78%	83%	83%	84%	83%	93%	90%	98%
2019-20 QOF Overall Achievement (CCG averge 542.34 out of 559 points)			Lower than GCCG average score	Higher than GCCG average score	Lower than GCCG average score	Lower than GCCG average score	Higher than GCCG average score	Lower than GCCG average score	Lower than GCCG average score	Higher than GCCG average score	Higher than GCCG average score	Lower than GCCG average score	Higher than GCCG average score	Higher than GCCG average score	Lower than GCCG average score	Lower than GCCG average score
Male & Female GPs available			YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 7

Primary Care Commissioning Meeting

Meeting Date	**Thursday 25th June 2020**
Title	**Application from Rendcomb Surgery to close their two branch surgeries at Winstone and Duntisbourne Abbotts**
Executive Summary	Rendcomb Surgery currently has two branch surgeries which are open for 30 mins per day, twice a month. These are: • Winstone Branch at Village Hall, Winstone; and • Duntisbourne Abbotts branch at Village Hall, Duntisbourne Abbotts. Following a consultation period with their patients who live in the affected villages the practice has submitted an application to close these branch surgeries.
Risk Issues: **Original Risk** **Residual Risk**	Continued provision of local patient care is the principal risk with a branch surgery closure. With this application, the risk is assessed as low, predominantly due to the very short opening times and limited services available at the two locations, combined with the continued access to services at both the main surgery site and a choice of other local primary care providers.
Financial Impact	The current rents reimbursable for the 2 branch surgeries are: • The Village Hall, Duntisbourne Abbots - £105 per annum; and • The Village Hall, Winstone - £100 per

	annum. Closure of the branch surgery will result in a nominal saving on notional rent, but this factor is not a consideration in this case.
Legal Issues (including NHS Constitution)	Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26.03.2015 for undertaking the functions relating to Primary Care Medical Services. A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements.
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at Rendcomb's main surgery site, 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 Rendcomb's main surgery site or can choose to register with another local practice.
Impact on Quality and Sustainability	A Quality and Sustainability Impact Assessment has been carried out (Appendix 4).
Patient and Public Involvement	The practice has undertaken patient and public engagement during February 2020. Details are within the application form (Appendix 1).
Recommendation	PCCC is asked to: • Consider the recommendation from the Primary Care Operational Group meeting of 9th June 2020 to fully support this application to close Rendcomb's branch surgeries.

	• Make a decision regarding this request to close Rendcomb's branch surgeries.
Author	Jeanette Giles
Designation	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

NHS
Gloucestershire
Clinical Commissioning Group

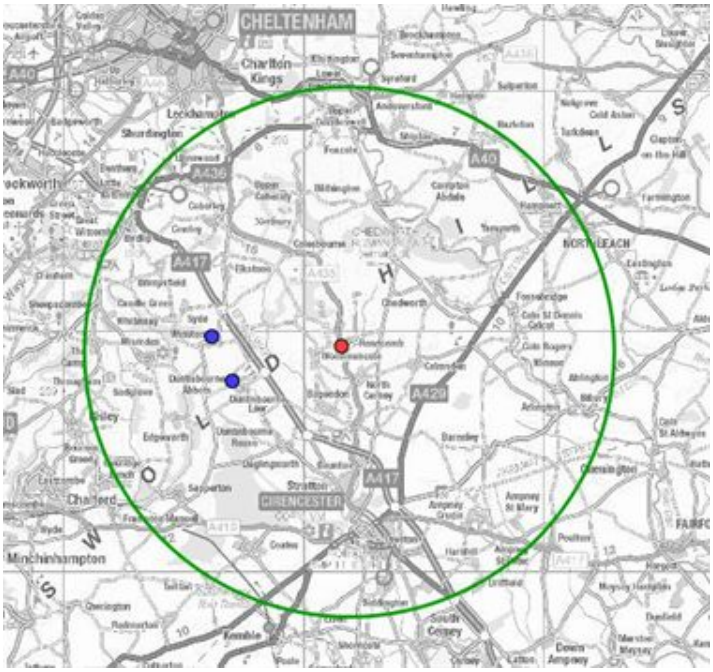
Agenda Item 7

Primary Care Commissioning Committee

Thursday 25th June 2020

Application from Rendcomb Surgery to close their two branch surgeries at Winstone and Duntisbourne Abbotts

1	**Introduction and background**
1.1	Rendcomb Surgery, currently have two branch surgeries which are open for 30 mins per day, twice a month: • Winstone Branch at Village Hall, Winstone  • Duntisbourne Abbotts branch at Village Hall, Duntisbourne Abbotts 
1.2	The location of the branch surgeries are shown in the below map as blue dots. The main surgery is shown as a red dot and the practice boundary is shown in green.



1.3 In May 2018 as part of the Branch surgery audit review it was noted there was not an examination couch, computer or 4G access at either of these locations.

1.4 A visit to Rendcomb Surgery's branches at The Village Hall, Duntisbourne Abbots and The Village Hall, Winstone was made on 4th July 2018. At the visit it was noted that no appointments were offered, it was a 'turn up and be seen' service and Dr. Davis advised that very few patients had been seen in the previous 12 months. The facilities were basic, however, there was a separate room for a private conversation. If any further investigations or examinations were needed then the patient would need to visit the Rendcomb site. Although the GP did have access to washing facilities they would not comply with infection control standards, however, there are no procedures undertaken at these sites. The GP does not have access to patient records and there is no IT capability at the sites.

1.5 After careful consideration and exploration of other possible solutions, the practice has now decided to submit an application for closure of these sites. The principal reason for the application relates to the poor quality of the two premises for providing a high standard of care. This includes:

- Inefficient use of GP time
- No examination facilities and the settings are unsuitable for primary medical care

- lone worker risk
- No IT services available, meaning no access to patient medical records or test results.

Therefore, there is often a need for patients to attend the main surgery, resulting in inefficiency and frustration for both patients and doctors.

1.6 Many patients will be on repeat medications and the practice has confirmed the branch surgery is mainly used for medication drop off and review.

2 The branch surgery – demographics, utilisation and alternative services available for patients

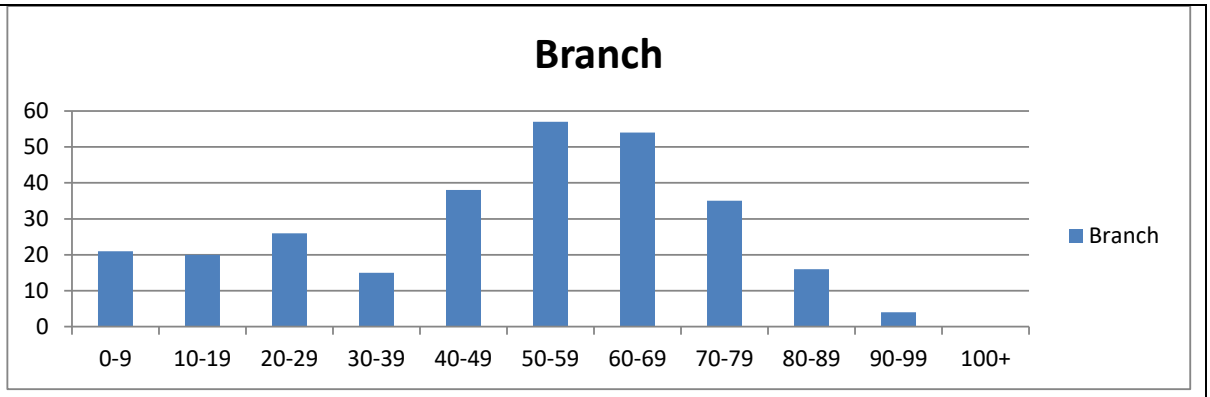
2.1 Rendcomb Surgery has a registered list size of 4,370 patients (as at 1.4.20), with total of 286 patients (6% of the practice list) living in the villages of Winstone and Duntisbourne Abbotts.

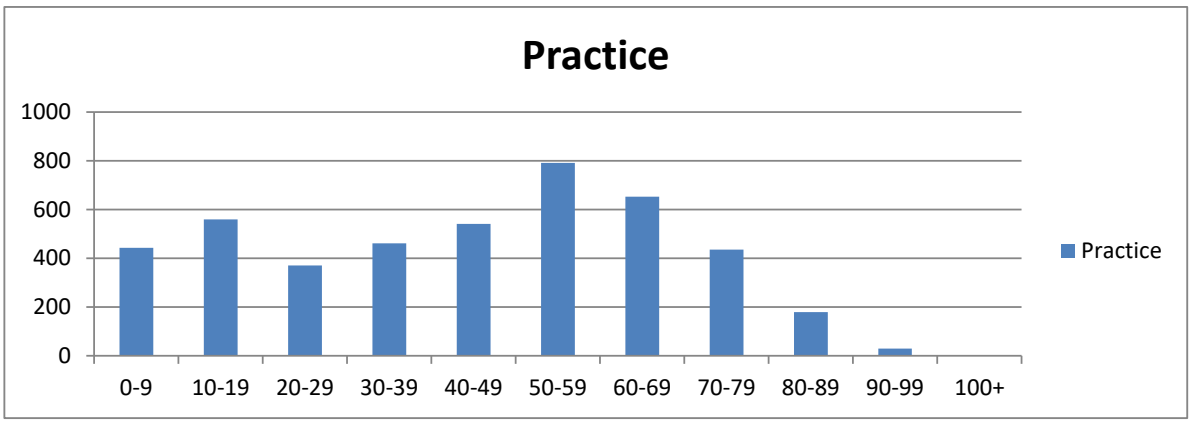
2.2 In the last two years approximately10 patients have been seen with any regularity and this has been mainly due for medication drop off and review. These patients also attend the main surgery for nurse appointments and GP appointments.

2.3 Winstone and Duntisbourne Abbotts are not areas of high deprivation (see Appendix 2) as measured by the index of multiple deprivation. They are also in the least deprived category with regard to Health, Education and Income).

2.4 The practice demographic profile of patients living in Winstone and Duntisbourne Abbotts is as follows:

Over the last 10 years there seems to have been a significant change in demographics in these villages with a lot of the older residents passing on and new, young, families moving in, resulting in a patient base with a greater number of working aged adults which is similar to the rest of the practice population.





2.5 <u>Alternative services – Winstone branch</u>

2.5.1 <u>Main surgery – Rendcomb</u>

Patients will be able to continue to use Rendcomb Surgery's main site, which is 8.2 miles from the Winstone branch. Travelling times are approximately:

- By Car: 18 minutes
- Public Transport: 2 hour 16 minutes via Cirencester or 2 hours 56 minutes via Gloucester & Cheltenham
- Voluntary transport service: The community transport company Community Connexions operate a door to door car service across Gloucestershire for a small annual membership fee of £15, plus charges for each journey taken. They operate wheelchair accessible vehicles driven by their qualified drivers or with trained volunteers using their own cars.

2.5.2	Neighbouring practices The 3 nearest alternative practices to the branch surgery at Winstone are: • L84025 - Painswick Surgery, Painswick • L84016 - Frithwood Surgery, Frithwood, Stroud • L84010 - Upper Thames Medical Group, Cirencester. Travelling times to Painswick are approximately: • By Car: 19 minutes • Public Transport: 50 minutes. Travelling times to Frithwood are approximately: • By Car: 21 minutes • Public Transport: 1 hour 5 minutes. Travelling times to Cirencester are approximately: • By Car: 15 minutes • Public Transport: 16 minutes.
2.6	Alternative services – Duntisborne Abbotts branch
2.6.1	Main surgery – Rendcomb Patients will be able to continue to use Rendcomb Surgery's main site, which is 4.6 miles from the Duntisborne Abbotts branch. Travelling times are approximately: • By Car: 15 minutes • Public Transport: 1 hour 26 minutes (via Cirencester) • Voluntary transport service: The community transport company Community Connexions operate a door to door car service across Gloucestershire for a small annual membership fee of £15, plus charges for each journey taken. They operate wheelchair accessible vehicles driven by their qualified drivers or with trained volunteers using their own cars.
2.6.2	Neighbouring practices The 3 nearest alternative practices to the branch surgery at Duntisborne Abbotts are: • L84010 - Upper Thames Medical Group, Cirencester • L84018 - Cirencester Health Group, Cirencester

	• L84012 - Phoenix Health Group, Cirencester Travelling times to Cirencester are approximately: • By Car: 15 minutes • Public Transport: 21 minutes.
2.7	Furthermore, an analysis of alternative practices available to Rendcomb patients has been carried out, relating specifically to the national patient survey, QOF and availability of male and female GPs, has been undertaken (see Appendix 3).
3	**Consultation and engagement for the branch closures**
3.1	The proposed branch surgery closures were discussed with the practice's Patient Participation Group at a meeting on 4th February 2020 and the consultation period commenced on 10th February.
3.2	Rendcomb Surgery sent email, text and letters to all patients 18 years and over living in the affected villages and a notification was put on the practice website.
3.3	The same letter and questionnaire were also made available on the practice's website and waiting room to obtain the views of the wider practice population.
3.4	Gloucestershire CCG, again in accordance with the SOP, have consulted with: • Neighbouring 19 practices (detailed in Appendix 3) • Healthwatch Gloucestershire • The Local Medical Committee • NHS England • The Health and Care Overview and Scrutiny Committee (HCOSC) • The Health and Wellbeing Board (to be consulted)
4	**Consultation: the responses**
4.1	<u>Patients</u> The practice received only 1 response, saying the patient was disappointed.

4.2	Neighbouring practices with overlapping boundaries Painswick Surgery – *'Painswick Surgery has no objections to the plan.'* Cotswold Medical Practice – *'We would fully support this application. Village halls are not generally suitable locations to run GP clinics.'*
4.3	Healthwatch Gloucestershire '*Primarily, we would like assurance that the impact on patients has been properly assessed and that action will be taken to ensure that patients receive a consistent or improved service. We already know from local people that there can be difficulties in accessing GP services, especially in rural areas. Transport can be a particularly difficult challenge for many people so we would welcome assurance that alternative arrangements will take this into account.* *We would be happy to support this by offering patients the opportunity to talk to Healthwatch Gloucestershire independently and, as appropriate, confidentially.'*
4.4	The Local Medical Committee *"We note the lack of provision within them, and the changing times with remote access to patients in rural location being ever more easy. We therefore approve this proposal."*
4.5	NHS England None received. Any further responses received between the time of writing and the meeting of the PCCC, will be tabled accordingly.
5	**GCCG Quality and Sustainability Impact Assessment**
5.1	In accordance with the SOP, a Quality and Sustainability Impact Assessment has been undertaken by the CCG's Deputy Director Of Quality/Chief Pharmacist (Appendix 4). The overall effect of the closures was scored as positive.
6.	**Branch surgeries or list closure requests in the area**
6.1	There are no list closures or other branch surgeries requests from Gloucestershire practices in the area.

7.	**Summary**
7.1	The branch surgeries at Winstone and Duntisbourne Abbotts take place in premises which are poor for delivery of primary care services. In addition there are no appropriate examination facilities on site. There are no IT services available and therefore GPs are not able to access patient medical records or test results which could delay treatment.
7.2	The number of patients attending the two sites is small. In the last two years approximately 10 patients have been seen with any regularity and this has been mainly due for medication drop off and review. All of the patients attending the branch site have also attended the main site on multiple occasions.
7.3	Access to primary care services has changed during the covid period and it is recognised that there can often be a telephone or digital consultation offer to patients which might negate travel to the main surgery site.
7.4	Transport for residents, particularly older residents without access to their own means of transport is an issue and as the main reason for attendance is medication drop off, the surgery is considering putting in place a solution for medication collection and delivery.
8	**Recommendation**
8.1	PCOG is asked to: • Consider the recommendation from the Primary Care Operational Group meeting of 9th June 2020 to fully support this application to close Rendcomb's branch surgeries. • Make a decision regarding this request to close Rendcomb's two branch surgeries.
9.	**Appendices** Appendix 1 – Application  application from rendcombe re branch

7

	Appendix 2 – Index of deprivation  Appendix 2.docx Appendix 3 – Analysis of alternative practices' performance in relation to national patient survey and QOF and availability of male and female GPs  GP Patient Survey data, GPs & QOF info Appendix 4 – Quality and Impact Assessment  Quality and Sustainability Impact

7

NHS Gloucestershire Clinical Commissioning Group

Agenda Item 8

Primary Care Commissioning Committee

Meeting Date	**Thursday 25th June 2020**
Title	**Primary Care Infrastructure Plan 2019/2020 review and key objectives for 2020/ 2021**
Summary	NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. The CCG's responsibilities with regards to premises are set out in The National Health Service (General Medical Services - Premises Costs) Directions 2013 (PCDs) and include: • Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant • Managing the reimbursement of business rates and other recurring expenses defined in the PCDs for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant • Determining improvement grant priorities: the NHS is able to provide some funding to help surgeries improve or extend their building • Determining new primary care premises priorities • Funding the annual revenue requirements of new premises as a result of additional/new rent reimbursement requirements Currently, any capital funding requirements is not delegated to the CCG and NHS England approval is required.

	The CCG 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. Within the strategy, the CCG has a prioritised Primary Care Infrastructure Plan (PCIP), which was originally approved by the CCG Governing Body in March 2016 and looked forward to Gloucestershire 2031. The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding. Whilst individual proposals are presented to the PCCC for decision, the purpose of this report is to provide members of the meeting with an update on the Primary Care Infrastructure Plan with a particular focus on progress made during 2019/2020, the key objectives for 2020/2021, financial issues and key strategic risks.
Risk Issues: **Original Risk** **Residual Risk**	All individual projects have their own risk register. Key programme risks covering financial, commercial and reputational matters are set out in the report.
Financial Impact	Subject to business case approval and in light of existing commitments, the 2020/ 2021, the additional financial impact is anticipated to be £296k for capital (Improvement Grants plus GPIT) and £487k for recurrent revenue requirements.
Legal Issues (including NHS Constitution)	The CCG will need to apply PCDs to 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 £0.5m 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 PCCC are asked to note the contents of the report and discuss how often it will like receive further progress reports.
Authors	Stephen Ball, Andrew Hughes and Declan McLaughlin
Designation	Senior Management Accountant, Primary Care & Partnership, Associate Director,

	Commissioning and Senior Primary Care Project Manager respectively
Sponsoring Director	Helen Goodey Director of Locality Development and Primary Care

Report written 3rd April 2020

Primary Care Commissioning Committee

Thursday 25th June 2020

Primary Care Infrastructure Plan review of 2019 / 2020 and objectives for 2020/ 2021

1.0 Purpose

The purpose of this report is to provide members of the meeting with an update on the Primary Care Infrastructure Plan with a particular focus on progress made during 2019/2020, the key objectives for 2020/2021, financial issues and key strategic risks.

2.0 Background

NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. The CCG's responsibilities with regards to premises are set out in the PCDs and include:

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant
- Managing the reimbursement of business rates and other recurring expenses defined in the PCDs for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant
- Determining improvement grant priorities: the NHS is able to provide some funding to help surgeries improve or extend their building
- Determining new primary care premises priorities
- Funding the annual revenue requirements of new premises as a result of additional/new rent reimbursement requirements

Currently, any capital funding requirements is not delegated to the CCG and NHS England approval is required.

The CCG 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.
Within the strategy, the CCG has a prioritised Primary Care Infrastructure Plan (PCIP), which was originally approved by the CCG Governing Body in March 2016 and looked forward to Gloucestershire 2031. The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding.

3.0 2019/ 2020 Plan - review

The key objectives of the 2019/ 2020 plan are set out in the table below along with progress made and the status as at the 31st March 2020

Item	Progress	Status
As part of the premises workstream, the PCCC agreed that there should	Review completed, plan refreshed, priorities identified and agreed by	Achieved

be a review of the PCIP and take a forward look from 2021 to 2026 with additional priorities agreed.	PCCC in October 2020 and formally approved by Governing Body in January 2020	
New Stow surgery opened by the summer of 2019.	Building completed and open in December 2019	Achieved
Completion of a Business case for a new Primary Care Centre in Gloucester City to colocate Gloucester Health Access Centre and Gloucester City Health into a new purpose built facility for 18,000 patients now referred to as Quayside House. Subject to approval, construction of the building to start by the end of the March 2020.	Business Case approved in June 2019. Planning approval achieved. As at 31st March 2020, Agreement to Lease about to be signed before construction starts.	Partial completion
Construction of new Cinderford Health Centre commences by Summer of 2019	Construction commenced in June 2019	Achieved
A Business Case for a new Stroud Town Centre facility to co-locate Locking Hill and Stroud Valleys Family practice to be completed and considered in the Summer of 2019.	Business Case approved in December 2019.	Achieved
Cheltenham, Prestbury Road Primary Care Centre for 25,000 patients- ETTF grant of £3.22m confirmed by NHSE. Subject to	Planning approval granted. ETTF grant approved, subject certain terms and conditions. Legal Agreement currently being drawn up by NHSE/I for	Partial completion

planning approval, construction work commenced by December 2019.	signing with Practices. This expected to be signed by the end of April 2020, with building work starting soon afterwards.	
A Business Case for development proposals for Cirencester Health Group to be completed by March 2020	Strategic work undertaken as part of wider visioning for public sector campus in Cirencester	Delayed
A Business Case for a new surgery to colocate Brockworth and Hucclecote surgeries completed for consideration in the Summer of 2019;	Business Case progressed but preferred site cannot be secured until a related planning applications is approved	Delayed
A Business Case for a new single surgery site for Brunston and Coleford practices completed for consideration by the New Year of 2020;	Project live. Business Case being progressed, engagement work undertaken and preferred site identified	Delayed
A Business case for a new Minchinhampton surgery completed and considered by December 2019;	Business case approved in October 2019	Achieved
To have successfully completed an improvement grant process for the year 2019/ 2020	The CCG invited expressions of interest in 2019/20 from all its member practices. Two of the larger projects were submitted for consideration for utilisation	Achieved

	of ETTF underspend, please refer to the next section. The remaining projects have not been successful in attracting funding at the time of writing this report.	
To have maximised opportunities of further national funding to improve existing surgery facilities – extension of Highnam surgery completed and the first phase of Chipping surgery improvement completed;	The CCG was successful in attaining 2 substantial Improvement Grants plus GPIT funding from ETTF underspend for the following projects: 1. **Chipping Surgery (Wotton-under-Edge)** – Approx. £684k for a large 2-storey extension including a lift to significantly increase clinical capacity; and 2. **Alney (Highnam Surgery)** – £390k for an extension to increase clinical capacity. Both projects were progressing to targets set by NHSE but have come to a temporary halt in works due to the current Coronavirus crisis. NHSE have agreed that unspent funding can be accrued in to 020/21 for utilisation when works are able to be resumed.	Achieved

Cotswolds Medical Practice – Westwoods Surgery (Northleach);	Negotiated a new 20 year lease representing value for money to the NHS. The result was that an extensive programme of improvement/refurbishment works were undertaken at the site that were completed in December 2019.	Achieved
To have supported wider ICS Strategic Estates planning;	Significant input in ICS Estates Strategy Checkpoint review and regrading to 'good' status	Achieved
A Business Case for a new surgery in Tetbury to replace the existing Romney House surgery to be completed by the end of March 2020	Commercial negotiations continue around costs of site acquisition and costs of enabling works	Delayed
A Business Case for a new surgery in Cirencester to replace the existing Phoenix Health Group, Chesterton Lane surgery site to be completed by March 2020	Commercial negotiations continue around site acquisition and Section 106 obligations	Delayed

4.0 2020/ 2021 Plan

The table below sets out key objectives for the financial year 2020/2021

Item	**Planned date**
Construction of new Quayside House Primary Care Centre in Gloucester City to colocate Gloucester Health Access Centre and	April to June 2020

Gloucester City starts.	
New Cinderford Medical Centre completed and open.	June 2020
Construction started for New Stroud Town Centre to co-locate Locking Hill and Stroud Valleys Family practice	September 2020
Construction starts for new Cheltenham, Prestbury Road Primary Care Centre.	May 2020
A Business Case for a new surgery to colocate Brockworth and Hucclecote surgeries completed for consideration	June to December 2020
A Business Case for a new single surgery site for Brunston and Coleford practices completed for consideration	June to August 2020
Subject to planning approval and successful tender, construction of new Minchinhampton surgery starts	December 2020
To have successfully completed an improvement grant process for the year 2020/2021 and maximised opportunities for further national funding to improve local facilities. This includes the ongoing of identifying and ranking Estates priorities foe the CCGs 2020/21 Business As Usual Capital Planning submission to NHSE/I.	March 2021
To have supported wider ICS Strategic Estates planning requirements through contributing to joint work	March 2021
A Business Case for a new surgery in Tetbury to replace the existing Romney House surgery to be completed	March 2021
A Business Case for a new surgery in Cirencester to replace the existing Phoenix Health Group, Chesterton Lane surgery completed	March 2021
To confirm strategic plan and approach for the development of primary and community facilities in the South of the Forest f Dean	September to December 2020
To consider initial strategic plans (project initiation documents) for Campden, Alney (Cheltenham Road site) and Overton Park Surgery & Yorkleigh surgery, if developed by	April to March 2021

Practices	

5.0 Financial framework

The table below sets out the expenditure on premises relates matter for the financial year 2019/ 2020 and then the plan for expenditure during 2020/2021 based on the anticipated delivery of new proposals. It includes revenue costs, and capital investment made/ to be made through improvement grant investments.

It highlights that for 2019/ 2020 an additional £1,109k investment was made through improvement grants and an additional £384k recurrent revenue investment.

It also shows that the 2020/ 2021 plan will lead to £296k investment through improvement grants (including GPIT) and £487k recurrent revenue investment.

Scheme	19/20 Revenue Inc. from 18/19	20/21 Revenue Inc. from 19/20	Grant Expenditure 19/20	Grant Expenditure 20/21
Hadwen	£75,871	£0		
Kingsway (Rosebank)	£133,288	£0		
Stow	£69,076	£96,707		
Cleeveland (Sevenposts)	£105,694	£0		
Cinderford	£0	£274,039		
Gloucester Quayside (GHAC and GCHC)	£0	£100,677		
Chipping		£15,827	£931,456	£0
Alney			£87,297	£0
Bartongate			£0	£190,000
Frampton Surgery			£0	£32,680
Newent Doctors Practice			£0	£72,960
TOTAL	**£383,929**	**£487,250**	**£1,018,753**	**£295,640**

6.0 Risks

Each business case and proposal has its own risk registers, from an overall plan perspective, the key strategic risks are set out below: -

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Financial	The costs of delivering the Primary Care infrastructure Plan are no longer affordable to the CCG due to competing financial pressures	5	3	15 (High)	Prioritisation of proposals, involvement of District Valuation to ensure proposals, minimising financial expenditure wherever possible (e.g. reducing fee support) encouraging joint developments, progressing improvement and extension grants to surgeries wherever possible, encouraging shared facilities wherever possible to reduce costs. Five year financial framework and pipeline management of proposals. Supporting but agreeing revised date	5x2 =10 (medium)

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Financial	There is a risk that the costs of schemes rise following business case approval and by the time of construction are no longer affordable and cannot proceed	5	2	10 (medium)	Financial appraisal takes into account proposed construction date. Process for review by PCCC in exceptional circumstances and further DV review	5x1 (low)
Reputational	Specific proposals are not supported by large number of patients and other key stakeholders	4	2	8 (medium)	Business Case process includes requirements for detailed patient engagement. Regular communication and information sharing with patients and key stakeholders. Sharing on long term plan with key priorities identified	4x1= (low)

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Commercial	There is a risk that a key priority cannot be delivered due to a practice, or practices, not being willing to take forward a proposal due to development costs, financial and commercial risks	4	3	12 (medium)	Reviewing different delivery models, reviewing risk management arrangement, particularly around lease provision	4x2= 8 (medium)

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 9

Meeting Date	**Thursday 9 June 2020**
Report Title	**Primary Care Quality Report**
Executive Summary	This report provides assurance to the Primary Care Operational Group and Primary Care Commissioning Committee that quality and patient safety issues are given the appropriate priority.
Key Issues	The Quality Report provides an overview of activity undertaken within the CCG to monitor and improve quality of commissioned services. The report highlights areas of strong performance and areas which may require increased surveillance.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Failure to secure quality, safe services for the population of Gloucestershire
Management of Conflicts of Interest	Not applicable
Financial Impact	There is no financial impact
Legal Issues (including NHS Constitution)	Compliance with the NHS Constitution, NHS Outcomes Framework and recommendations from NICE and CQC.
Impact on Health Inequalities	A focus on the delivery of equitable services for the residents of Gloucestershire and which will reflect the diversity of the population served.
Impact on Equality and Diversity	There are no direct health and equality implications contained within this report.
Impact on Sustainable Development	There are no direct sustainability implications contained within this report.
Patient and Public Involvement	There is no impact
Recommendation	The Primary Care Commissioning Committee is asked to note the contents of this report.
Author	Marion Andrews-Evans
Designation	Executive Nurse and Quality Lead
Sponsoring Director (if not author)	Not applicable

NHS Gloucestershire Clinical Commissioning Group

1 Patient Advice and Liaison Service (PALS)

1.1 The table below gives a breakdown of the types of enquiries the CCG PALS team has responded to during Q4 2019/20.

Type	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20*	Q4 19/20
Advice or Information	110 (PC 22)	38 (PC 8)	38 (PC 11)	21 (PC 8)	51 (9 PC)	96 (PC 25)
Comment	11 (PC 4)	0	1	0	1	5 (PC 1)
Compliment	2	2	2	4	1	4 (PC 1 GHAC)
Concern	75 (PC 22)	72 (PC)	50 (PC 10)	35 (PC6)	48 (PC 12)	73 (PC 19)
Complaint about GCCG	7	5	7	12	9	3
Complaint about provider	18 (PC 5)	35	33 (PC 7)	33 (PC2)	36 (8PC)	17 (GP 1)
NHSE complaint responses copied to GCCG PALS	0	1	10*	15*	17**	11 **
Other	34 (PC 4)	67 (PC 9)	74 (PC 6)	87 (PC15)	57 (16 PC)	17 (PC 2)
Clinical Variation (Gluten Free)	0	1	1	1	0	0
Total contacts	**257 (PC 57)**	**221**	**216 (PC 34)**	**208 (PC46)**	**220 (PC 62)**	**226 (PC 61)**

***** NHSE complaint investigations & responses copied to GCCG PALS:*** *NHSE are now consistently sharing complaints for logging only.*
*Numbers within **(PC):** contacts related to Primary Care*

1.2 **Themes identified from GCCG PALS Contacts Q4 19/20**

Several patients contacted PALS after receiving a letter from their GP

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	Practice advising them they had moved outside of the catchment area and would need to register with another practice. PALS were able to help them access alternative practices in their area.
1.2.1	**Compliments** • Paramedic services, naming a member of staff specifically • PALS for helping them liaise with the GP • Gloucestershire Hospitals NHS Foundation Trust • Positive experience when visiting GHAC
1.2.2	**GCCG Complaints** A total of five complaints have been received in Q4, of those complaints two were handled as local resolutions, the GCCG PALS Manager had been able to resolve these quickly without any delay. Three complaints were formally investigated: • 2 complaints regarding NHS CHC Funding (resolved) • NHS Funded Wheelchair (still under investigation)
1.2.3	**Covid 19 (C19)** For this Quarter PALS have only received general contacts relating to C19: - MP enquiry relating to receipt of text message - MP enquiry requesting GCCG C19 plan - Patient asking about access to GP practice during C19 PALS have continued to offer a full service during lockdown and will be able to report additional COVID 19 related contacts in 20/21 Q1.
1.3	**What's happening with the Friends and Family Test** NHS England and Improvement (NHSE/I) provided the high-level advice about reducing burden and releasing capacity to manage the COVID-19 response: • Community services: "Cease data submission and collection with immediate effect" • Primary care: "Practices will not be required to report to commissioners about FFT results"

	• Acute providers: “Stop reporting requirement to NHS England and NHS Improvement”
1.3.1	NHSE/I has temporarily suspended the submission of FFT data to NHS England and Improvement from all settings until further notice. Providers do not need to keep a count of responses collected during the suspension. There will be no penalties for not complying with any part of the FFT guidance during this period. Providers have also been advised to stop carrying out the Staff FFT – and there will be no data submission for that either, until further notice.
1.3.2	**British Sign Language video translations of the FFT question** NHSE/I has commissioned a range of British Sign Language video translations of the revised FFT question and these cover each setting. A translation service is currently finalising written versions of the revised FFT question and response options a range of different languages. These are: Albanian, Amharic, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional), Czech, Farsi, French, German, Greek, Gujarati, Hungarian, Italian, Japanese, Kurdish Sorani, Lithuanian, Pashto, Polish, Portuguese, Punjabi, Romanian, Russian, Slovak, Somali, Spanish, Tamil, Tigrinya, Turkish, Urdu and Vietnamese.
1.4	**What’s happening with the national patient experience surveys?** Below is the status of some of the national patient experience surveys that were in progress or due imminently when the COVID-19 response started.
1.4.1	The **CQC Maternity Survey 2020**, which is normally in progress at this time of year, will no longer go ahead in order to alleviate pressure on services caused by the impact of COVID-19. Maternity staff are therefore not required to do any further work in relation to the survey. Development work on the new **Under-16 Cancer Patient Experience Survey i**s continuing as planned. Focus groups and interviews with under 16s and parents/carers have recently been completed to develop the survey content. A webinar was held on 22 April 2020 with advisory group members to review the draft questionnaires and NHSE/I hope to start recruiting for under 16s and parents/carers to take part in cognitive testing of the questionnaires in May 2020.

1.4.2	Fieldwork for the 2020 **GP Patient Survey (GPPS)** came to a close on 6 April. Ipsos MORI and NHS England colleagues have been working closely on mitigating and understanding the impact of COVID-19 on the survey. As the pandemic was announced very late into the survey, it was possible to keep fieldwork open until early April as originally intended. It is not currently anticipated there will be an impact on the survey publication date but this will remain under review. Becky Parish, GCCG Associate Director Engagement and Experience, as a member of the GPPS National Steering Group, has suggested that next years' GPPS (and all other national NHS surveys) incorporates a COVID-19 related section in order to obtain national level feedback patient experience of the Pandemic in order to inform preparedness planning and service development, in particular 'virtual' clinician/patient interaction and other online functions. A discussion will be had about this suggestion later this month.
1.5	**ENGAGEMENT** The focus of this engagement update to the Governing Body is on activity associated with supporting the CCG response to COVID-19. The **Fit for the Future (FFTF)** programme is paused. However, early planning for potential FFTF consultation later in the year is underway, including scoping the options for engagement activities which support social/physical distancing. The GCCG Engagement Team continues to work with colleague to develop online surveys to evaluate experience (staff and public) of COVID-19 related activities.
1.6	**EngagementHQ – *Get Involved in Gloucestershire*** For some time the GCCG Engagement and Communication teams have been looking at systems, which would help us to interact with local communities, bringing together all our engagement and consultation work onto a single, interactive platform. Given the current and developing situation regarding COVID-19 and in light of the emerging advice from NHSE/I and organisations such as The Consultation Institute, we believe that it is time to invest in software to

	support focused and transparent community and key stakeholder communication, engagement and consultation. Having reviewed two recommended software systems available, we have received approval from Core to purchase “Bang the Table Engagement HQ”. The system provides a range of integrated online engagement tools, information and communication resources, participant record management, reporting and data analysis capabilities. The package we have procured provides initial support with design, a comprehensive training package, licence for unlimited use of the software/site URLs and ongoing technical and on-line moderation support. In addition to providing a stakeholder management system, it has the capacity to simultaneously run an unlimited number of communication projects, engagement and consultation programmes. It will replace our existing survey software, providing all of the functionality that the current system provides for staff, stakeholder (including GPs) and public engagement and consultation. Key Features include: • Our preferred domain name; • Capacity to engage in open community consultation projects or protected consultation projects; specific on-line stakeholder panels or focus groups; • Capacity to determine, capture and manage participant demographic data and participant records; • Comprehensive analytics including tagging, analysis and reporting of all quantitative and qualitative; • Accessibility via mobiles, tablets and PCs; • Access to discussion forums to engage in and facilitate discussion; • Participant capacity to RSVP to event invitations. Strategic Support includes: • 24/7 independent moderation of all publicly accessible feedback; • Full technical support and hosting on our United Kingdom servers; • Ongoing assistance and advice via our Engagement Specialists and

	Client Experience Team; • Online chat, email and direct telephone support. Key Feedback Tools in each consultation project include: Moderated Discussion Forums, Patient/Stakeholder stories, Ideas boards, surveys, quick polls. Key Communication and Information Resources in each consultation project include: Email and e-Newsletter Formats, Document Library, FAQs; Project Life Cycle and Key Dates, video and image galleries. Governance and GDPR: Servers are hosted within the UK and no data is transferred to any other jurisdiction. EngagementHQ is fully GDPR compliant, with explicit consent built in to allow collection of personal details. Participants can access and manage their profile (if they choose to set one up). An independent third party carries out comprehensive Vulnerability Assessment and Penetration Testing (VAPT) of EngagementHQ once a quarter. We anticipate 'go live' with EngagementHQ during June/July 2020 dependent upon training being completed and overall team capacity.
1.7	**From PPE to …PPE** The following article has been written for the GCCG Covid-19 weekly staff communication *'focus on'* feature. Many of the PPE team have been partially redeployed to support the distribution of PPE to out of hospital settings, so the CCG communications team invited us to share our experience with our Sanger House colleagues: *Sangerites will be familiar with work of the GCCG PPE (Patient and Public Engagement) team – heading out and about across Gloucestershire in all weathers seeking the views of local people from all communities to inform the development of local health and care services; designing surveys, running focus groups and Citizens Juries… that kind of thing. Some of our work has been paused because of COVID-19, so we took the opportunity to diversify into another kind of PPE – Personal Protective Equipment.* *Members of the PPE team (Becky, Caroline, Katherine, Lucy and Dave*) have been working with colleagues from the wider GCCG Quality Team (Cate), Procurement (David [our Bronze Cell lead] and Paul), Urgent Care (Kate) and the PMO (Mark), and Local Resilience Forum (LRF) colleagues from Gloucestershire County Council,*

	*Gloucestershire Fire and Rescue, Gloucestershire Constabulary and the Army. [*The other two members of our regular PPE team, Rachel and Debbie, who focus of 'Patient and Public Experience', have done an amazing job keeping the CCG PALS and Complaints service running virtually from their homes].* *In Gloucestershire we realised early that accessing the amount of PPE we might need would be challenging. A local process was quickly set up to procure, store, distribute and record the issuing of PPE to 'out of hospital' settings such as: GP practices and Hubs, care homes, hospices, funeral directors, emergency dental hubs and individuals receiving CHC packages at home and those with Personal Health Budgets. Acute hospitals and community and mental health services receive PPE direct from national supplies, but there is nothing similar in place yet for primary care, social care etc. We are there to ensure they get the PPE they need – and quickly – orders are usually delivered within 12 hours of receipt (allowing time for sleep!).* *We are based at Gloucester North Fire Station in Churchdown. The fire crews have been very welcoming and have put up with all the late night HGV deliveries and our occupation of their space with good grace; rest assured they are still able to carry out their urgent response function; but we are all getting quite used to hearing the sirens go off and just carrying on with picking the orders from our stocks of masks, gloves, aprons, visors etc.* *As well as deliveries that we have ordered we have received numerous donations of visors, gloves, hand-made items etc from many local people: businesses, farms, schools and colleges, vets, mechanics, hairdressers – too many to mention. We have made a note of all donations and everyone gets a thank you letter from Mary and Andy. After Easter we had lots of eater eggs donated, so for several days every PPE order we sent out included a surprise chocolate egg or two!* *We have been up and running at the Fire Station PPE Distribution Hub for 5 weeks now. We receive orders through a dedicated PPE NHS email account and operate two delivery runs a day to all localities via our ever cheerful retained fire fighter volunteer drivers (thank goodness for SatNav) - over 2 days last week they delivered almost 150,000 individual items of PPE!* *Everyone involved has demonstrated a 'can do' approach; it's been an incredible example of the effectiveness of integrated partnership working. We have all learned a lot from the experience so far and it's*

	likely to change the way we work together across the ICS and wider community into the future.
1.8	**Healthwatch Gloucestershire Priorities for 2020/21** Healthwatch Gloucestershire (HWG) has announced further details of its work to support health and social care services to develop and improve for local people, both during the coronavirus outbreak and in the future. **2.5.1 COVID-19** HWG is currently seeking and gathering the views of local people in relation to coronavirus services and other urgent and on-going needs, and providing real-time feedback to those in charge of health and social care services to help them resolve issues quickly. They are also helping local people find out how to get the care and support they need during these challenging times. Common concerns raised so far fall into three main categories: • people who are self-isolating and in need of help; • those with anxieties and issues around getting prescriptions and medications; and • those who are anxious about regular appointments or treatments and having difficulty finding the right information. Positive messages and experiences are centred around GP practices and how they are working well, sometimes in different ways.
1.9	**HWG Priorities 202/2:** HWG has also identified some broad priority areas it hopes to investigate later in the year: • GP surgeries, transitions between services • young people's experience of services, and • social isolation (see more detail below). These future priorities will be reviewed in light of the coronavirus, to ensure they make a positive difference to how health and care services are delivered locally. Nikki Richardson, Chair of the Healthwatch Gloucestershire local Board, explained why they are focusing on these areas of health and social care

	provision: *"Health and social care services are more effective when they reflect and respond to the views and needs of local people. Our current focus is on supporting local people and services to access and deliver effective care during coronavirus, but we are also looking ahead. Before the UK went into lockdown due to the virus, we had agreed a number of priorities to investigate during the next 12 months. These were identified from public feedback and through consultation to ensure they fed into national and local NHS and social care priorities. We have announced these priorities but will review them in light of current restrictions, to ensure our work continues to be relevant and beneficial to the situation people will be facing locally."* Healthwatch Gloucestershire Manager, Helen Webb, outlined how they will adapt and deliver their public engagement work programme in the face of current social distancing restrictions: *"Social distancing means we will need to be creative in how we reach people, but there are plenty of ways people can share their health and social care experiences with us, including online surveys, via our website, social media, by email, and over the phone. When we announce each new project we let people know how they can get involved. This year, we've started with our new online survey to find out how this virus outbreak may be changing the way people access local services, particularly if they rely on them for regular care:* *https://www.smartsurvey.co.uk/s/CoronavirusHWG/* The aim of this short survey is to gather real-time feedback for local services during the COVID-19 outbreak and to provide information that services can use to learn from once the outbreak has passed. HWG and the GCCG Engagement team are liaising closely during this time.
2	**Infection Control**
2.1	**Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia** From 1 April 2018 to 31 March 2019 there were fourteen incidences, eight cases attributed to community acquisition and six cases to hospital acquisition. Six of the cases are linked to intravenous drug misuse. A review group was formed, led by GCC Public Health Protection consultant with countywide representation from health providers. Implementation of an action plan is progressing well and on-going. 1 April 2019 – 31st March 2020 there has been eight MRSA Bacteremia cases assigned to the Gloucestershire CCG. Two cases have been

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assigned as hospital onset and six cases as community onset.

No new cases have been reported since 1 April 2020.

2.2 Clostridium difficile Infections (CDI)

The threshold set by NHS Improvement (NHSI) for Gloucestershire for 2019/20 is 194 cases which equates to 16 or less cases per month.

Initially this year the number of CDI cases reported in Gloucestershire showed a downward trend compared to 2018/19. However due to an increase in cases in October 2019, which included a CDI outbreak, we have exceeded our target by 5 cases with a total of 199 cases assigned to the CCG. These can be broken down into 94 cases with a hospital association, 101 cases with a community association and 4 cases with an unknown association.

To date we have not been set a target for 20/21.,

Since 1 April 2020 22 cases have been reported divided between the categories as shown in the table below.

Clostridium Difficile cases reported in Gloucestershire 2020/21			
Category	April	May	Subtotals
Hospital Onset – Healthcare Acquired	2	2	4
Community Onset	1	2	3
Community Onset	3	1	4
Community Onset	4	4	8
Missing info	0	2	2
Unknown	1	0	1
Total number of cases	11	11	

Hospital Onset

An Assurance Panel chaired by the CCG has been meeting monthly to review CDI cases reported as hospital onset. This monthly panel has been suspended during the current Covid-19 situation.

A review will be undertaken in June, as to whether there is a continued need for monthly assurance meetings. Ongoing assurance can be facilitated via the quarterly HCAI meeting which is chaired by the CCG.

2.3	**Gram Negative Bloodstream Infections (GNBIs)** **Escherichia coli (E.coli) Infections** The national ambition, announced by the Government in 2016, is to halve the number of healthcare-associated Gram-negative bacteraemia by March 2021. In 17/18, the threshold was exceeded by 19 cases. In 18/19, the threshold was exceeded by 29 cases. Despite this increase we have been informed by NHSE that we have the lowest rate of E.Coli in the south west region. The Quality Premium for 17/19 (two years) includes an annual threshold target of 257 incidences of E.coli Bloodstream infections in Gloucestershire. April 2019 – March 2020, 256 *E.coli* bacteraemia cases were reported of which 54 cases had a hospital onset and 202 cases a community onset. 1 April 2020 – 31 May 2020 18 cases were reported. Three cases had a hospital onset and 15 cases a community onset. A countywide UTI reduction plan is in place and reviewed quarterly. Under GHT there is an additional plan addressing other causes of Gram Negative Blood Stream Infections.
2.4	**Seasonal Flu** Plans are in place for the CCG to lead a system wide flu planning group, the first meeting will be in early June. The CCG is part of the regional flu planning and monitoring group and regularly attend the monthly meetings.. The purpose of the local flu planning group is to plan to support and encourage an increase in the uptake of seasonal influenza vaccination across the county; particularly amongst vulnerable groups, improve management of influenza cases and reduce the impact of outbreaks in Gloucestershire. During the "seasonal flu season" the CCG will lead a weekly call, when required, to monitor the incidence of seasonal flu and to co-ordinate partnership working and to reduce the impact of influenza on the healthcare system**.** There is an expectation that a second letter from NHSE/I will be received shortly which is likely to define the seasonal flu immunisation uptake expectation in addition to the possibility of extending

	the eligible cohorts.
3	**Provider Updates**
4	**Quality Team Activity**
4.1	**Safeguarding**
4.1.1	During the COVID-19 pandemic, all health professionals continue to be responsible for safeguarding those in their care and must respond to any safeguarding concerns. CCG and Health Providers have sustained Safeguarding Teams as a Priority 1 service. Usual safeguarding processes are followed if there are any adult safeguarding concerns, and for children, babies and unborn babies are at identified at risk of harm. Health Provider Safeguarding Teams are sustaining their supervision and advice line calls. Health professionals are sustaining good liaison across services as well as with the wider partnership, sighted on and widely cascading GCC Practice Briefings on any partners' altered services or request for support. GCCG Safeguarding Team has a weekly dial-in meeting for Provider's Safeguarding Leads and Named Professionals. The Safeguarding Strategic Health Groups (adult and children) meetings are continuing (bi-monthly) via video communication. All Safeguarding training usually provided face to face has been withdrawn, across the partnership and Health Providers alike. This will significantly impact in terms of evidenced compliance for training uptake. To mitigate the risk across all Healthcare staff, staff are being advised to utilise e-learning at each level, and there has been cascade of Health Education England Safeguarding training links, free to access. Learning materials and training links are also shared by both the Adult and Children Safeguarding Business Units across the partnership.
4.1.2	**Children:** Gloucestershire Safeguarding Children Executive (GSCE) continues to meet, but Covid19 impact has meant an agreed pragmatic approach across the partnership by way of a GSCE Executive Representation and Delivery Board combined membership. GSCE continues to ensure that the partnership maintains good communications through this time and

	adheres to existing multi agency arrangements whilst prioritising COVID-19 activity in relation to Child Deaths Reviews, Rapid Reviews and Serious Case Reviews in line with national guidance from the Child Safeguarding Practice Review National Panel, NCMD and the DfE. Marion Andrews Evans is currently Chair of the Safeguarding Executive.
4.1.3	**Serious Case Reviews (SCR)/ Child Practice Reviews (WT2018)** GSCE published two Serious Case Reviews (SCRs) to the GSCE website in May; 'Megan' is from a 2014 case, extensively delayed publication (criminal processes) and 'Family Y' similarly delayed. Recognising and responding to child neglect is key learning from both Reviews, alongside identifying child sexual abuse (Family Y). GSCE are assured of identified learning being progressed across the partnership. Links to the published reports: https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/serious-case-reviews-and-learning-from-reviews-and-audits/serious-case-reviews/ GSCE continue to progress the 4 SCRs reports are nearing completion, which are slightly delayed due to Covid19 working restrictions. 2 SCR final reports are pending GSCE sign off (one report is a joint SCR and DHR and so will be progressed through Home Office submission).
4.1.4	**Ofsted update** Gloucestershire Children Services had a further monitoring visit on 18th/19th February, focused on SEND. GCCG Executive Nurse is a member of the Improvement Board. A full inspection is further delayed due to Covid19 working restrictions.
4.1.5	**Multi-Agency Audit** GSCE has requested a clear annual programme of multi-agency case audits to be actioned through the Quality Improvement in Performance Subgroup. Initially the theme will be drawn from SCR findings (ie neglect, 'hidden' men, information sharing, understanding risk and escalation),
4.1.6	**Adults** Gloucestershire Safeguarding Adults Board (GSAB) initially ceased all

	meetings for the Board and Sub Groups. Two exceptions have been made; a SAR Extraordinary meeting, assessing one case, and the Quality and Commissioning Sub Group, each meeting virtually. GCCG is currently awaiting details of virtual meetings to progress the business of the Board. The GSAB Chair is a member of the Covid19 ICC Bronze Group and is also attending the GCCG Care Home Care Quality Review Group 'light' dial-in, stepped up to a weekly meeting.
4.1.7	**Safeguarding Adult Reviews (SAR)** There are 3 SARs that will be progressed by the authors during the Covid19 period. • NC - SAR referred from LeDeR • PH - a homeless man with Mental Health services involved. This is the first SAR Gloucestershire Safeguarding Adults Board (GSAB) has undertaken related to homelessness. • Non-statutory thematic review – concerning five sex workers who were all supported by Nelson Trust, and died within a two year period. None had care needs but there is significant relevance to Adverse Childhood Experiences (ACEs) and substance misuse.
4.1.8	**Multi-agency Audit** GSAB Performance and Quality Assurance Subgroup continue to undertake planned multi-agency thematic case audits, drawn from both Section 42 enquiry factors and learning from SARs. CCG Specialist Nurse Safeguarding consistently attends and engages directly with Primary Care with direct feedback to GP Practices and GP Forums.
4.1.9	**Primary Care Quality Assurance:** In July 2019 the internal audit on GCCG Child Safeguarding highlighted commissioners need to assure ourselves that commissioned organisations have effective safeguarding arrangements in place (NHSE Assurance and Accountability Framework 2019, Section 11, Children Act 2004, Care Act 2014) both for NHS and independent healthcare providers. Understanding that QA visits to all 74 GP practices are impractical and unachievable based on GCCG SG team capacity, the Named GP was already leading a progressive piece of work to undertake QA of Primary Care by means of a planned PCAGG audit. This comprised an automated

	safeguarding 'Read Code' audit combined with a QA questionnaire (sent out in July 2019), which the LMC subsequently advised practices not to complete. As a result, a one page Statement of Assurance compliance by the Practice was agreed with the LMC and sent out to practices in October 2019 with a request to either complete the questionnaire, or the Statement of Assurance. The Safeguarding Team has had a poor return result from this; only 24/74 practices responded despite the deadline being extended into November 2019. This risk was identified at the audit as 'medium', with some assurance at that time to the Board that we had mitigated against this risk through our action for Practices to self-assess as stated. This work has not produced the expected timely response. The Safeguarding Team will attempt to address this through work at the GP forums and are commencing a register to capture each GP Practice position on engagement and contributory work (ie DHR/SCR/SARs). In addition we will continue to lobby the LMC for their recognition and support on this very important matter.
4.1.10	**Liberty Protection Safeguards (LPS)** The Mental Capacity (Amendment) Act 2019 is currently due for enactment in October 2020 and Covid19 working restrictions are likely to further impact the timings. GGCG Safeguarding Lead will bring LPS as a substantive update discussion item to this Committee at the next quarter. Liberty Protection Safeguards will move the administrative burden (assessment, process and authorisation) of Deprivation of Liberty Safeguards (DoLS) from solely that for Local Authorities to a number of 'Responsible Bodies' (RBs); ie. CCG's and Health Provider Trusts. The Code of Practice (CoP) to accompany this new, detailed and impactful legislation remains unpublished, pending professional consultation to assure clarity for practitioners. Delays here are attributed to the period in parliament (Brexit and the general election). It has not been formally announced but there has been a request to government to delay enactment until April 2020. This then allows planning for workforce on the CoP for practical application of LPS. LPS creates significant impact on CCG and Health Trusts as RBs, and

	also potentially a greater demand on General Practice to complete the necessary Section 12 assessment (diagnosis of mental disorder). Again, the pending CoP will then provide proper guidance for practitioners. The high number of Gloucestershire DoLS applications awaiting authorisations are continually managed by the Local Authority, predicted to reach a backlog of 2000 cases by the time the LPS is implemented. NB: This is a national issue and Gloucestershire are not an outlier in this high figure. The MCA Governance Lead (CCG /GCC) is steering the LPS project group, using ICS as an opportunity to work collaboratively. This includes CHC, CCG Safeguarding and Countywide Workforce Development planning. Both GHC and GHT have further project plans to address expected LPS numbers, potential risk and training needs analysis.
4.2	**Medicines Optimisation**
4.2.1	Based on M12 actuals, the Year to Date (YTD) expenditure represents an end of year position of £5m above CCG's allocated budget (+6.2%). This was affected by a £1m increase in expenditure during March, which we believe was generated by a peak in prescribing of non-regular medication requests, as well as the unsurprising increase in regular medication requests as the country entered initial lockdown. While the CCG's prescribing growth rate is 4.4% vs the previous year, this growth rate remains lower than the national average circa 5%, and is one of the lowest in the South West region. Almost half the increased spend is the result of the increased prescribing of DOACs (Direct Oral Anticoagulants). The remaining increase is spread across the major chronic disease areas eg. diabetes and respiratory. Significant progress has been achieved on a range of local key prescribing indicators of cost effectiveness, safety and quality eg. polypharmacy, antibacterials, OTCs, generics. An updated Prescribing Improvement Plan for 20/21 will be finalised shortly.
4.2.2	The wider prescribing support team encountered a number of self-isolation periods creating short term absences, in the early days of COVID. Small numbers of staff have been affected by ongoing childcare issues, which have been managed, with the main impacts of slightly reduced hours to otherwise regular work attendance. Where team members have been unable to access some practices, they have been able to carry out extra work at those practices with appropriate space for safe working to

	continue. As access becomes available to affected practices, we are encouraging a gradual rebalancing of the allocated prescribing support time over the following weeks and months.
4.2.3	The activity of the Prescription Ordering Line (POL) was, and remains, significantly increased by the COVID-19 impacts, resulting from patients' reduced access to GP practices and pharmacies. This was particularly felt during the first few weeks as patient repeat ordering concerns were evident, and at that point we were working with standard team numbers. The POL team managed those calls well, and early on were able to reallocate and train our small team of prescribing support technicians to assist the POL team in managing the increased demand. We've incorporated social distancing of 2m for seating and passing within the POL area by temporarily expanding into two further meeting rooms, and now the expanded POL team are successfully handling in excess of an average of 650 telephone calls daily.. More patients than previously have accessed POL, because for many this is a convenient option to order their repeat medication, and numbers using POL continue to rise. The POL team, and supporting prescribing support technicians, have received a large number of verbal compliments for their high standard of service and positive attitude during this challenging time. Our prescribing support technicians (PSTs) are gradually returning to practice attendance where appropriate, while supporting POL for decreasing amounts of time each week.
4.2.4	Community pharmacy has been a vital player in delivering ongoing healthcare to patients, following increased prescription work pressures from larger prescription volumes, as well as being frontline in interacting with patients for Over The Counter medicines and minor ailments, following reduced access to other healthcare settings. Close working with our Local Pharmaceutical Committee (LPC) has continued, with the role of community pharmacy remaining important into the future. Community pharmacies are also in the process of informing us about which care homes they provide a pharmaceutical service to. Work has occurred related to timely medicines supply and availability, particularly for patients likely to be in care homes, and more recently, work to develop a Gloucestershire SOP, with helpful appendices for use in Care Homes of new 'Medicines Reuse' national NHSE/I SOP.

4.3	**Medicines Optimisation; Covid19 Activity** 1) <u>End of life pathways on G- Care</u> These have been developed in response to Covid-19 pandemic. Two pathways reflect the most appropriate treatment for patients who do not have Covid-19 and for those who are suspected or confirmed as having Covid-19. The latter pathway includes oral medicines which may be administered by relatives or carers for patients with Covid-19 who wish to remain in their own homes for end of life care. The pathways were developed in conjunction with primary care and secondary palliative care consultants. 2) <u>Local standard operating procedure (SOP) for the re-use of medicines in care home settings</u> A national SOP was published at the end of April by DHSC and NHSE/I to support timely access to essential prescribed medicines during the COVID-19 pandemic. This is applicable to patients in a care home or hospice setting when the usual routes for obtaining supplies of dispensed medicines cannot be fulfilled due to supply chain issues. A 'One Gloucestershire' local version of the national SOP has been developed which provides templates for the care homes (both residential and nursing) to use and includes some practical advice on when it is appropriate to provide medicines under the SOP. It is expected that it will be required in exceptional circumstances only since usual routes for obtaining medicines remain best practice. 3) <u>Community Pharmacy Services which support the provision of emergency medicines in Primary Care</u> Within Gloucestershire, local enhanced community pharmacy services have been established for a number of years which facilitate the provision of end of life medicines or other medicines likely to be required in an emergency. The pharmacies hold stock items that may be required and there is an 'out of hours call-out scheme' for when the pharmacies are closed. In response to the Covid-19 pandemic, a new community pharmacy enhanced service was established to provide urgent end of life medicines, within an hour, to critically ill patients. This service would be used when the patients usual community pharmacy was not able to provide the required medicines in this urgent time frame.

NHS
Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Meeting Date	**25th June 2020**
Report Title	**Delegated Primary Care Financial Report**
Executive Summary	At the end of the 2019/20 Financial Year, the CCG's delegated primary care co-commissioning budgets reported a £749k underspend.
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 - May 2020

Delegated Primary Care Commissioning financial report as at 31st March 2020

1 Introduction

1.1 This paper outlines the financial position on delegated primary care co-commissioning budgets at the end of the financial year 2019/20.

2 Financial Position

2.1 The final financial position at 31st March 2020 for the delegated primary care budget was an under spend of £749k.

If the CCG had not supported this budget with £2.15m funds from its 2019/20 Programme allocation, the budget would have overspent by £1.35m when compared with the CCG's Primary Care allocation.

2.2 Dispensing and prescribing costs contributed a significant amount to this figure, with the underspend being a little over £450k. Data on dispensing and prescribing, is a few months behind, so some of the figures are estimates, however, spend has been below budgeted levels now for several months, enough to be considered a trend.

As previously reported, rent has also been an area with spend lower than expected during the year, with outturn being £146k lower than budgeted. Alongside this, business rates bills also totalled less than budgeted, resulting in a £45k underspend.

The QOF budget has an underspend of approximately £250k; this is primarily due to an accrual gain from 2019/20, supplemented by some small in year underspends.

The other significant contributor to the total underspend is within

the “Other GP Services” section. More specifically, seniority, which is an entitlement in its final year. This has been phased out over the last 7 years, however, the reduction this year has been larger than expected, resulting in an underspend of £188k.

We also ended the year with a small underspend (£54k), on maternity and sickness, after two years of large overspends in this area.

2.3 Within the position, there are also some areas which overspent.

The APMS contract budget has overspent. This is partly offset by an underspend in the GMS budget. This reflects the relative list size changes that have occurred in the two types on practice, with rapid growth for Practices like GHAC, but low growth and even some list size reductions elsewhere.

2.4 Budget proposals for 2020/21 were presented to the Primary Care Commissioning Committee on 19th March 2020.

3 Recommendation(s)

3.1 The PCCC are asked to:

Note the contents of the paper

NHS
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Gloucestershire CCG

2019/20 Delegated Primary Care Co-Commissioning Budget

			Mar-20					
	Area	**2019/20 Total Budget**	**In Month Budget**	**In Month Actual**	**In Month Variance**	**Outturn Budget**	**Actual Outturn**	**Outturn Variance**
		£	**£**	**£**	**£**	**£**	**£**	**£**
SPEND	Contract Payments - GMS	52,627,478	4,386,217	4,464,579	78,362	52,627,478	52,492,025	(135,453)
	Contract Payments - PMS	3,166,111	263,857	268,465	4,608	3,166,111	3,212,469	46,357
	Contract Payments - APMS	2,120,964	176,753	201,820	25,067	2,120,964	2,469,213	348,249
	Enhanced Services	2,178,680	202,503	198,964	(3,539)	2,178,680	2,165,671	(13,009)
	Other GP Services	3,008,266	252,963	187,407	(65,556)	3,008,266	2,770,532	(237,734)
	Premises	8,703,966	726,719	551,624	(175,095)	8,703,966	8,659,700	(44,266)
	Dispensing/Prescribing	3,510,880	274,548	210,174	(64,374)	3,510,880	3,053,168	(457,712)
	QOF	8,958,115	747,234	7,057,963	6,310,730	8,958,115	8,709,976	(248,139)
	PCN	1,986,715	189,343	181,587	(7,756)	1,986,715	1,979,354	(7,361)
	TOTAL	**86,261,175**	**7,220,138**	**13,322,584**	**6,102,447**	**86,261,175**	**85,512,107**	**(749,068)**
	Funding Allocation	**84,165,000**						

Global Sum per weighted patient moved from £88.96 to £89.88 in April 2019
The value of a QOF point increased from £179.26 to £187.74 in April 2019
Other GP Services includes:

>Legal and Professional Fees
>Seniority
>Doctors Retainer Scheme
>Locum/adoption/maternity/paternity payments
>Other General Supplies and Services