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NHS
Stockport
Clinical Commissioning Group

Primary Care Commissioning Committee

Agenda

Date of Meeting:	25 January 2018	Time	From	To
			2.45pm	4.00pm
Venue:	Boardroom, Regent House, Heaton Lane, Stockport			
Attendees:	**Anita Rolfe (Executive Nurse)** **Christine Morgan (Lay Member for Primary Care Commissioning) CHAIR** **Gaynor Mullins (Chief Operating Officer)** **Jane Crombleholme (Lay Member with responsibility for Patient and Public Participation)** **Mark Chidgey (Chief Finance Officer)** **Dr Ranjit Gill (Chief Clinical Officer)** **Dr Vicci Owen-Smith (Clinical Director Public Health)**			

*This meeting will be held in public. To register to attend please contact 0161 426 9900 or email ccg.reception@nhs.net

Item No.	Agenda Item	Format	Papers	Action required	Lead	Time
Meeting Governance						
1.	Apologies	Verbal	N/A	To receive and note	JC	2.45
2.	Declarations of Interest	Verbal	N/A	To receive and note	JC	
3.	Approval of the Minutes of the Meeting held 29 November 2017	Minutes	Attached	To approve	JC	
4.	Actions Arising	Action Log	Attached	To receive and note	JC	
5.	Notifications of items for any other business	Verbal	N/A	To receive and note	JC	
Items of Business						
6.	Contract Merger Proposal – Eastholme Surgery and Heaton Moor Medical Group	Written	Attached	To determine	RR	2.50
7.	Draft GMS Contract Review	Written	Attached	To consider	RR	3.10

8.	Viaduct Care Establishment and Contract Update	Written	Attached	To receive an update	TR	3.20
9.	Primary Care Quality Report	Written	Attached	To receive	RR	3.40
Any Other Business						
10.	Any other business as raised in item 5.	Verbal	N/A	To receive and discuss	JC	3.50
Meeting Governance						
11.	**Date, time and venue of next meeting** The next meeting of the Primary Care Commissioning Committee will be held on: Wednesday 7 March 2018 at 1pm.					

NHS
Stockport
Clinical Commissioning Group

Primary Care Commissioning
MINUTES of the meeting held on Wednesday 29 November 2017 Part 1
Boardroom, floor 7, Regent House

Present:

Anita Rolfe	Executive Nurse, NHS Stockport CCG
Christine Morgan	Lay Member, Primary Care Commissioning **(Chair)**
Gaynor Mullins	Chief Operating Officer, NHS Stockport CCG
Jane Crombleholme	Lay Member, Patient and Public Participation
Dr Vicci Owen-Smith	Clinical Director for Public Health, NHS Stockport CCG
Mark Chidgey	Chief Finance Officer, NHS Stockport CCG

In attendance:

David Kirk	Healthwatch
Cllr Tom McGee	Stockport Council
Cath Comley	Area Business Manager, NHS Stockport
Laura Latham	Associate Director Corporate Governance and Organisational Effectiveness, NHS Stockport CCG

1. Governance

1. Apologies: Apologies were received from R Gill and A Gough

2. Declarations of interest:

Councillor T McGee declared an interest in Item 10 – Practice Matters. The nature of the interest being that he was a registered patient at the Heatons Medical Centre.

3. Approval of previous minutes 27 September 2017

The minutes were agreed as a correct record.

4. Actions

The following updates on actions were provided:

- The Safeguarding report would be considered as part of the agenda and was therefore confirmed as closed.

5. Notification of items for any other business

Two items of Any Other Business were requested by D Kirk:

1. Follow up on previous Committee Part 2 Meeting
2. Specialist Commissioning

C Morgan confirmed that arrangements had been agreed for J Crombleholme to take the Lay Member lead for Primary Care Commissioning whilst she would assume responsibility for Patient and Public Involvement. Arrangements for the Chairing of the Committee would reflect this proposal ahead of formal ratification by the Council of Members at the Annual General Meeting in 2018.

Items of Business

6. Bramhall Park Medical Practice – Estates and Technology Transformation Fund

D Dolman provided an overview of the development of the proposal noting that it had been progressed since further capital funds had been released by NHS England. The scheme was noted to be aligned to CCG objectives but had increased in cost by approximately £200k since the initial inception of the proposal. Support from the Committee was sought for the bid ahead of submission to NHS England.

The financial implications of the bid were considered, including the nature of the grant funding and the revenue implications which would be incurred by Commissioners in future years.

Resolved: It was agreed that:

1. The content of the paper be noted, including the PID and appendices containing the original request for funding.
2. That Committee note the change in scheme and in particular the improvements proposed to deliver increase in capacity and improved access for patients.
3. The application including the revised PID be supported and that the Chief Finance Officer arrange for submission to NHS England for the revised capital value and that the Committee further support the increase in revenue consequence on both completion of the project and the following abated period.
4. Project development costs of £20,000 be supported to progress the scheme to business case and to enable planning submission, design and tender of works.
5. A review of IT requirements be supported to ensure costs can be confirmed and any funding requirements met.

7. Practice Half Day Closures

R Roberts noted that changes to the GP contract relating to half day closures had required review within the Stockport context. Arising from local discussions proposals for planned and unplanned practice closures had been captured within the proposal outlined. Approval for the approach was sought from the Committee.

Resolved: It was agreed that:

1. The approach to half day planned and unplanned practice closures as outlined in the report be approved.

8. Progression of Commissioning Intentions

The Committee considered the work which had been undertaken since the approval and issue of commissioning intentions for the delivery of Primary Care at Scale. She noted that a response had been received from the Stockport GP Federation and dialogue was on-going. It was anticipated a report would be considered by the Committee early in 2018.

G Mullins highlighted that site locations for 7 Day services had been proposed as a result of detailed work undertaken by the GP Federation which included a proposal for a central hub, with 8 sites across neighbourhoods with a 2 week rotation where any 4 would be open at a single time. Patients would book appointments through their own Practice. The locations had been determined using a range of criteria and would continue to be assessed in the future as part of strategic planning for service delivery and the primary and community estates strategy.

The Committee was informed that a pilot hub had been running at Heaton Moor Medical Practice serving the Heatons Neighbourhood and a proposal to use Brinnington Health Centre for the Tame Valley Neighbourhood. Support for the sites identified was sought from the Committee in order for the pace of implementation of the services to be maintained.

Other sites identified and proposed were:

Cheadle and Bramhall Neighbourhoods – Gatley Medical Centre and The Village Surgery
Stepping Hill and Victoria Neighbourhoods – Beech House and Stockport Medical Group, Edgeley
Marple and Werneth – Marple Cottage and Bredbury Medical Centre

In response to questions, the following matters were discussed:

- Existing services which would be superseded by the mobilisation of the services within the Commissioning Intentions would be de-commissioned in due course.
- Travel and patient access to some sites was identified as a known issue which had been mitigated as far as possible by the site proposals
- Footfall modelling could be undertaken given the appointments were pre-bookable.
- The response to the Commissioning Intentions was being continually aligned to the delivery of the Outline Neighbourhood Business Cases.

Resolved: That the Committee:

1. Notes the update provided
2. Supports the continued location of the Heatons Neighbourhood site at the Heaton Moor Medical Practice and endorse the use of Brinnington Health Centre as the Tame Valley site.
3. Supports the additional locations as outlined below:

- Cheadle and Bramhall Neighbourhoods – Gatley Medical Centre and The Village Surgery
- Stepping Hill and Victoria Neighbourhoods – Beech House and Stockport Medical Group, Edgeley
- Marple and Werneth – Marple Cottage and Bredbury Medical Centre

9. Safeguarding

R Roberts provided an overview of the two part proposal outlined in the report. He noted that the CCG's lead GP for Safeguarding Dr J Higgins had been doing detailed work with GP colleagues and the LMC to develop the scope of the service. He confirmed that Part 1 would include an element of training common to all Practices and that Part 2 would recognise variability in workload an include a fee per child for those on a child protection plan. A series of criteria had been proposed for access to the monies and an element of trialling new roles in adult and children's safeguarding for a period of 18 months had been proposed.

In response to questions the following elements were noted:

- Support for trial approach outlined, in particular for Part 1 of the service.
- It had not yet been confirmed who would act as the employing body for the proposed additional roles.
- Funding had been confirmed as available within existing budgets for the pilot but potential recurrent funding for further roll out had not been confirmed.
- Further information regarding the outcomes required of Part 2 was sought.
- The importance of investing in the proposal was noted, in particular the importance of protecting the most vulnerable within the Stockport population.
- The need to ensure Part 1 referenced the statutory responsibilities and was clear that thresholds were not being lowered.
- Impact on funding for Practices were requirements were not met.

Resolved: That the Committee:

1. Support the direction of travel as proposed within the paper.
2. Approve the progression of Part 1 of the proposal subject to statutory responsibilities being clearly outlined, clarity that thresholds were not being lowered and confirmation that Practices should meet the minimum requirements of funding as part of the scheme would be at risk.
3. Request that further work on Part 2 be undertaken including further consideration of the financial elements and issue regarding employment of the proposed pilot staff.

10. Practice Matters

- **Bredbury Medical Centre**

R Roberts provided an overview of the actions in place following the most recent Care Quality Commission (CQC) inspection of the Practice including those in relation to contract notices issued by the CCG. In particular he confirmed that an internal management re-organisation had taken place and that on visits to the practice, staff had been able to articulate manage and deliver the requirements of a newly implemented policy suite, showing elements had been embedded. He recommended lifting of the contract notices which remained in place.

Resolved: That the Committee:

1. Approves the lifting of the contract notices in place at Bredbury Medical Centre.

Any other business

The following matters were considered:

1. G Mullins confirmed that the Part 2 matter had been progressed by the CCG's Medical Director.
2. G Mullins confirmed that specialist commissioning was not within the Terms of Reference of the Primary Care Commissioning Committee and any questions could be followed up outside the meeting.

Governance

11. Date of next meeting:

Wednesday 3 January 2018
13:00 – 15:00
Merseyway, floor 7, Regent House

NHS
Stockport
Clinical Commissioning Group

Report to:	**NHS Stockport Primary Care Committee**
Report from:	**Prepared by Andrea Ferguson (GMHSCP) on behalf of Stockport Clinical Commissioning Group (CCG)**
Date:	**4th January 2018**
Subject:	**Contract Merger**

Purpose of the paper

The purpose of this paper is to inform the Primary Care Committee of Stockport CCG of a proposal to formally merge two contracts - Heaton Moor Medical Group, 32 Heaton Moor Road, Heaton Moor, Stockport SK4 4NX (P88026) and Eastholme Surgery, 32 Heaton Moor Road, Heaton Moor, Stockport SK4 4NX (P88028) creating a single organisation and operating under one single contract with a single registered list.

Background

Stockport CCG have received an application from the above aforementioned GP practices to formally merge practices on 22nd November 2017. The two practices are co-located in the same building at Heaton Moor Road, Stockport and currently hold a PMS agreement and a GMS contract respectively.

The underlying principle for Stockport CCG to consider when any such proposal is made is what the benefits are for patients and what the financial implications are. Stockport CCG must consider any application having regard to but not limited to: Value for money, IT requirements, Patient Access, GP choice and NHSE/ local primary care strategies. These areas will be covered within this document.

Information about Stockport

The health of the people in Stockport is varied compared with the England average. About 15% (7900) of children live in low income families. Life expectancy for both men and women is similar to the England average. Life expectancy is 10.2 years lower for men and 9.3 years lower for women in the most deprived areas of Stockport than in the least deprived areas.

Chid Health: In year 6, 15.6% (448) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those who are under 18 was 59.5, worse than the average for England. This represents 36 stays per year. Levels of GCSE attainment are better than the England average.

Adult Health: The rate of alcohol related harm hospital stays is 740 worse than the average for England. This represents 2,083 stays per year. The rate of self-harm hospital stays is 236.9, worse than the England average. This represents 655 stays per year. The rate of smoking related deaths was 272 this represents 460 deaths per year. Rates of sexually transmitted infections and people killed and seriously injured on roads and TB are better than average.

Practice Demographics

The practices are located in the locality of Heaton Moor. They provide general medical services to a total registered population of **37,221** patients. The registered list sizes for the two practices as of 1st January 2018 are:-

Heaton Moor Medical Centre (P88026)
- All patients – **32,336**

Eastholme Medical Centre (P88028)
- All patients – **4,885**

Information about Heaton Moor Medical Group services (P88026)

Enhanced Service Provision	Name of Enhanced Service
Additional Services	Cervical Screening
Additional Services	Child Health Surveillance
Additional Services	Contraceptive Services
Additional Services	Immunisations
Additional Services	Minor Surgery
Additional Services	Maternity Medical Services
Directed Enhanced Services	Influenza
Directed Enhanced Services	Learning Disability Health Checks
Directed Enhanced Services	Frailty
Directed Enhanced Services	Pertussis (pregnant women)
Directed Enhanced Services	Rotavirus (childhood immunisation)
Directed Enhanced Services	MEN C
Directed Enhanced Services	Hep B New Born Babies
Directed Enhanced Services	MMR (aged 16 and over)
Directed Enhanced Services	MEN C (fresher's)
Directed Enhanced Services	Minor Surgery
Local Enhanced Services Public Health	Coil & Implant Fitting
Local Enhanced Services Public Health	NHS Health Check
Local Enhanced Services CCG	Spirometry
Local Enhanced Services CCG	Near Patient Testing
Local Enhanced Services CCG	Anticoagulation

Quality Outcomes Framework	Maximum	Achievement
Clinical	435	435
Public Health all	124	122.04
Total	**559**	**557.24**

Opening hours **Extended hours**

Mon 8.00am-6.30pm **Tue** 8.30am-6.30pm **Wed** 8.00am-6.30pm **Thur** 8.30am-6.30pm **Fri** 8.30am-6.30pm	**Mon** 7.30am-8.00am & 6.30pm-8.00pm **Tue** 7.30am-8.00am & 6.30pm-8.00pm **Wed** 7.30am-8.00am **Thur** 7.30am- 8.00am & 6.30pm-8.00pm **Fri** 7.30am-8.00am

Information about Eastholme Surgery services (P88028)

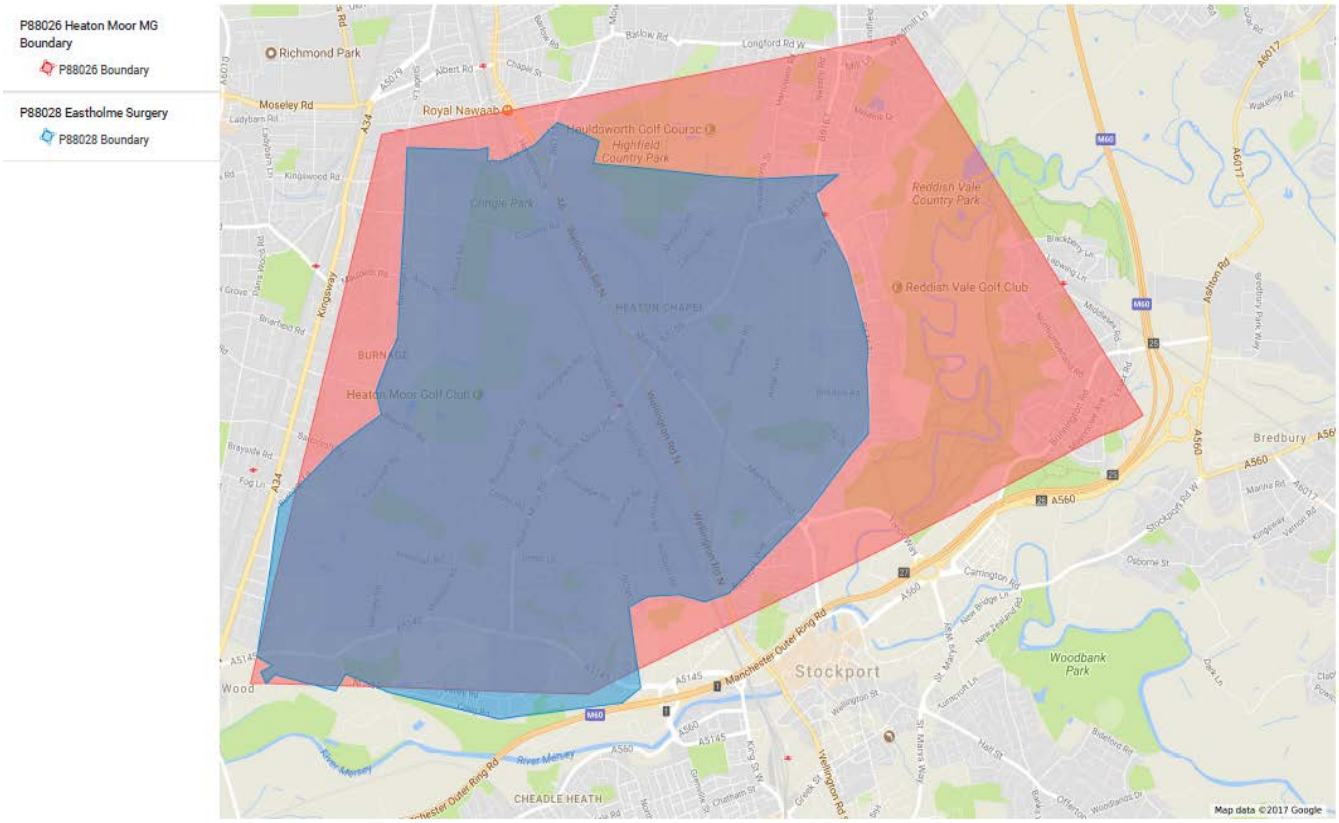
Enhanced Service Provision	**Name of Enhanced Service**
Additional Services	Cervical Screening
Additional Services	Child Health Surveillance
Additional Services	Contraceptive Services
Additional Services	Immunisations
Additional Services	Maternity Medical Services
Additional Services	Minor Surgery
Directed Enhanced Services	Influenza
Directed Enhanced Services	Learning Disability Health Checks
Directed Enhanced Services	Pertussis (pregnant women)
Additional Services	Rotavirus (childhood immunisation)
Additional Services	MEN C
Additional Services	Hep B New Born Babies
Additional Services	MMR (aged 16 and over)
Directed Enhanced Services	MEN C (fresher's)
Directed Enhanced Services	Minor Surgery
Local Enhanced Services CCG	Polyp removal
Local Enhanced Services CCG	Spirometry
Local Enhanced Services CCG	Near Patient Testing
Local Enhanced Services CCG	Anticoagulation

Quality Outcomes Framework	**Maximum**	**Achievement**
Clinical	435	325.60
Public Health all	124	101.74
Total	**559**	**427.34**

Opening hours	**Extended hours**
Mon 8.00am-6.30pm **Tue** 8.00am-6.30pm **Wed** 8.00am-6.30pm **Thur** 8.00am-6.30pm **Fri** 8.00am-6.30pm	**Mon 6.30 pm – 7.30 pm** **Tue 6.30 pm – 7.30 pm** **Wed** **Thur 6.30 pm – 7.30 pm** **Fri 6.30 pm – 7.30 pm**

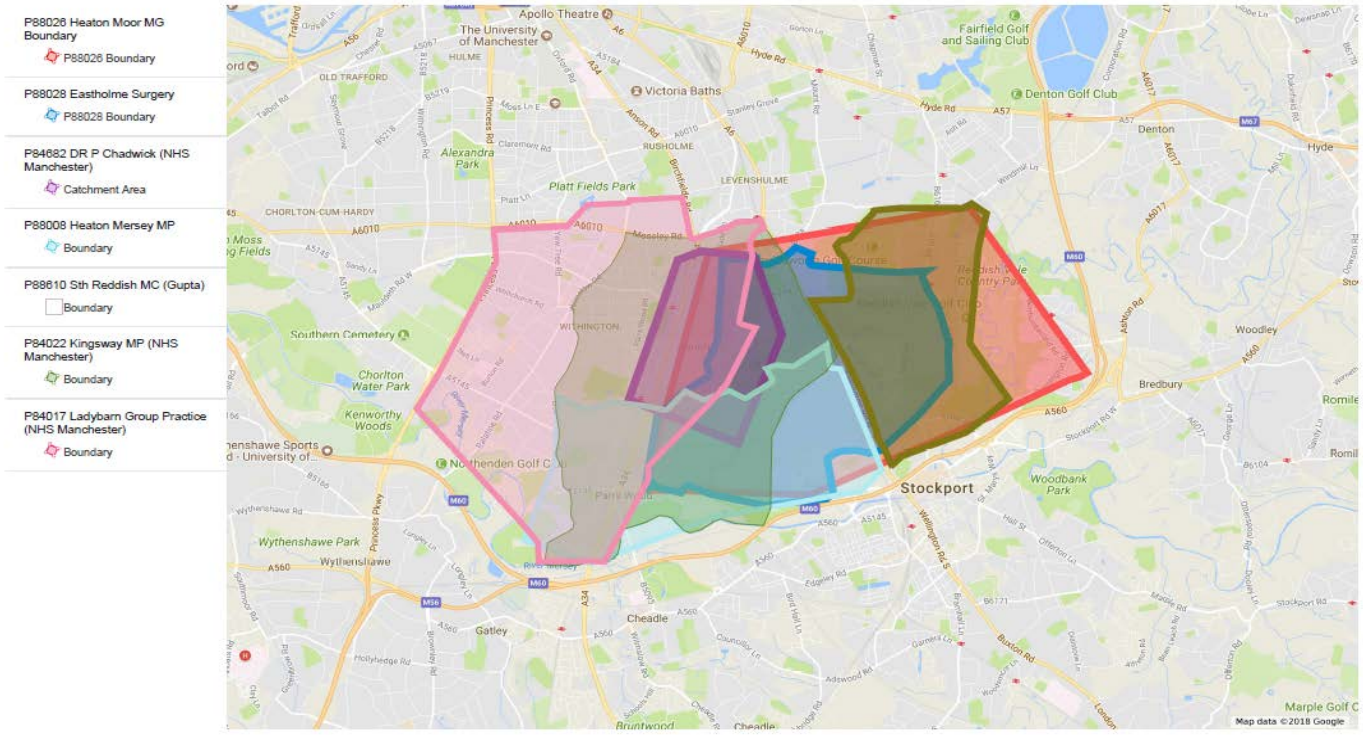
Boundaries

Proposed Merger P88026 Heaton Moor MG + P88028 Eastholme Surgery Boundaries



This map shows the current practice boundary and the boundaries of the closest 5 GP practices:

Proposed Heaton Moor Merger and 5 nearest Practices



Looking at current boundaries, some patients wishing to register with an alternative practice in the Stockport locality would have a choice of Dr Gupta or Heaton Mersey Medical Centre. For some patients they will have the option to choose a Manchester practice but this will affect neighbourhood working and out of hours services etc. Patient choice may therefore be considered to be somewhat limited as only Heaton Mersey practice is in the vicinity. The application does not address this sufficiently and both practices have been contacted to suggest that this is an area that needs strengthening. Information regarding patient engagement is limited.

I.T

Currently both practices are on EMIS Web. Stockport CCG will need to approve any IT costs that are incurred during the merger before the application can be formally approved. The CSU IT team will be consulted and provide the CCG with a costing plan to show the associated costs for any additional IT kit and support that the practice may require to merge both practices database.

CQC

The CQC have visited the **Heaton Moor Medical Group** on 15th November 2016 and the report was published on the 15th December 2016. The practice received an overall rating of Good for all of the services to ensure that services are safe, effective, caring, and are well led. There were 2 areas of outstanding practice:
Each GP had a lead role, for example, safeguarding lead, and this responsibility was rotated on an annual basis so every GP had knowledge of the subject. The practice had an open access phlebotomy service every morning and evening.

The areas that the CQC have recommended where the practice should make improvements on are:

- Display information about how patients can complain to the service in all premises.
- Monitor the time taken to respond to a complaint and if this exceeds the timeframe set out in the complaints procedure, send an explanation for the reason for the delay to the patient.
- Have a protocol for handling uncollected prescriptions which includes checks to ensure patients have received their medication.
- Display health and safety information posters for staff at the main site and the branch site.
- Ensure emergency medication containers are correctly labelled to avoid inadvertently using the wrong medication.
- Monitor responses/reports from GPs to any requests for sharing information as identified in the safeguarding audit. Ensure that records of all relevant recruitment checks for clinicians are kept and monitored.

The CQC have visited **Eastholme Surgery** on 9th November 2016 and the report was published on the 7th December 2016. The practice received an overall rating as Good, with good ratings in safe, effective and well led, requires improvement in responsive to people's needs and caring services.

The areas where the CQC have recommended improvements are:

- Improve the quality of recording meeting minutes to clearly identify the issues discussed, the actions agreed and to provide a template to monitor and review progress.
- Ensure recruitment arrangements include all necessary employment checks for all staff. This includes the medical indemnity insurance for clinicians and the need for a Disclosure and Baring Service (DBS) check when appropriate, for example when staff performs chaperone duties.
- Obtain references for locum GP's used at the practice.
- Develop a policy and protocol for responding to medical emergencies to support the staffs existing knowledge.
- Develop and implement a plan for continuous quality improvements and clinical audit.
- Continue to promote, develop and facilitate a patient reference group to include patients who do not have access or skills to use IT.

Finance Details

With the exception of the IT costs, there will be no additional cost pressure to Stockport CCG as a result of the merger as Heaton Moor Medical Group has signed the new PMS variation agreement.

Patient Consultation

As part of Stockport CCG preliminary discussions with the practices, they were made aware of NHSE policy and requirement for patient consultation, which should be appropriate and proportionate to the individual circumstances.

Heaton Moor MC have provided a copy of their patient poster but have not provided any additional information and state that patient choice is not affected adversely, this however is not evidenced anywhere.

Eastholme MC advised that they have undertaken patient engagement, but not clear if this is not fully reflected in the application.

Associated consultation documents

Application form for contractual merger 22	Application form
Patient Information Poster re merger.doc	Patient poster
GMAT Practice Guidance on Patient (	Practice Guidance for Patient and Stakeholder Consultation
Patient Notice.docx	Patient notice
Merger docs.pdf	Information submitted by the practice in relation to patient engagement.

The practices have not offered evidence to demonstrate how they have responded to concerns raised by patients and have not addressed the concern that as a result of a merger some patients will not have a choice of practice.

Views from Stakeholders

As part of Stockport CCG responsibility to consult with key stakeholders we wrote to Stockport LMC, Stockport Local Authority and Healthwatch to provide them with the opportunity to express views/comments on the proposal. Replies were directed to Stockport CCG by 5th January 2018.

1. Stockport LMC-

Stockport LMC assumes that a process of consultation will be undertaken and representations received from both patients and Stockport Healthwatch in respect of the proposed merger

Subject to a satisfactory consultation process Stockport LMC has no objection to the proposed merger having considered the following factors:

- Both practices are keen to pursue the merger which should offer a wider range of services to the patients of Eastholme Surgery and greater resilience to their infrastructure and staffing establishment
- Both practices already occupy the premises from which the merged services are to be provided.
- There continues to be choice of GP in the local area for patients

2. Healthwatch –

Healthwatch Stockport has read the patient feedback and the application from Heaton Moor Medical Group and Eastholme surgery and spoken to the Practice Manager from Eastholme Surgery. Eastholme Surgery's Practice Manager emailed the PPG members and the two email replies that were received were not supportive of the merger.

Here are extracts from the replies:

> "*It was a surprise because I thought when Eastholme moved to the new site, we were reassured it would retain its separate status. My main concern, which I suspect will cut across most groups, is how the current excellent continuity of care be safeguarded? Will appointments with one of the three Eastholme doctors be as easy to obtain?"*
>
> *"It's EXACTLY as I predicted where there was all the consultation on moving from the old premises. Eastholme will be merged with its big brother and loose ALL that made it different!"*

There are also positive and negative responses on the feedback sheets that were left in both surgeries.

The merger aims to provide patients with enhanced availability with appointments across a range of sites with extended hours as well as improved access to community and additional services such as minor surgery, specialist diabetic Nurse Practitioner. However, the number of smaller GP surgeries, that some patients prefer, continues to fall. This does reduce patient choice and within the application it is stated that there are still GP surgeries in the Heatons and Reddish if patients prefer a smaller practice. Patients do value continuity of care and replies indicate that patients will still want to see the 3 GPs currently at Eastholme Surgery. The merger proposes that the *"GPs will be working across all sites on a weekly rotation."* This indicates that some weeks there will be patients, that are currently with Eastholme Surgery, that will not be able to see their GP at 32 Heaton Moor Road and will have to travel to another site. Healthwatch Stockport believes that this situation has not been fully explained to Eastholme Surgery patients.

3. Stockport LA –

We are broadly supportive of the merger, as the practices are already operating out of the same building. Whilst the practices generally perform well, we have some concerns about screening and (particularly flu)

immunisation rates at the Heaton Moor practice and would need assurance that the practice will prioritise action in this area. My team have offered support to the practice and they have been working with us to increase childhood immunisation rates. The rates are as follows:

Screening

· 2016/17 Breast screening (age 50-70) = 72.5%, above Stockport average of 69.7% - this programme is without the practice control, and shows that the population behaviour is above the Stockport average

· 2016/17 Bowel screening (age 60-69) = 58.1%, above Stockport average of 57.4% - this programme is without the practice control, and shows that the population behaviour is above the Stockport average

· 2016/17 Cervical screening (age 25-64) = 74.1%, below Stockport average of 75.9% -this programme is within the practice control, population behaviour suggests that this rate should be higher

· 2016/17 NHS Health Checks: invited 100% of those expected (around 1,900 people) above Stockport average of 73%, the practice invites around 490 people per quarter around 40% of those expected (around 700 people) received an NHS Health Check above Stockport average of 24%, the practice checks around 180 people per quarter. This programme is within the practice control, and is performing well

Immunisations:

· 2017/18 week 52 flu:

- Over 65 – 68.6% - lowest in Stockport
- 6months to 65yrs at risk – 46.9% - 2nd lowest in Stockport
- Pregnant women – 64.1% - mid ranking
- Carers 16+-65– 28.4% - 2nd lowest in Stockport
- Age 2-4 – 46.4% - mid ranking

· 2016/16 childhood

- Age 2 – 329 reported, estimated cohort 374 – 45 missing
- Primary DTaP/IPV/Hib – 96.4% (Stockport uptake 96.8%)
- MMR1 – 96.0% (Stockport uptake 92.8%)
- Age 5 – 317 reported, estimated cohort 406 – 89 missing
- Primary DTaP/IPV/Hib – 98.7% (Stockport uptake 98.1%)
- Primary booster - 92.7% (Stockport uptake 87.3 %)
- MMR1 – 98.7% (Stockport uptake 98.0%)
- MMR2 – 93.7% (Stockport uptake 90.4%)

We are still investigating the missing children and suspect that these might be a data anomaly due to patients being allocated to branch surgeries and therefore CHIS struggling to report.

<u>Stockport CCG Responsibilities</u>

The Health and Social Care Act 2012, Part 3, Chapter 2 Competition

Requirements as to procurement, patient choice and competition;

(1) Regulations may impose requirements on the National Health Service Commissioning Board and clinical commissioning groups for the purpose of securing that, in commissioning health care services for the purposes of the NHS, they—

(a) Adhere to good practice in relation to procurement;

(b) Protect and promote the right of patients to make choices with respect to treatment or other health care services provided for the purposes of the NHS;

(c) Do not engage in anti-competitive behavior which is against the interests of people who use such services.

When commissioning primary medical services, the NHS Commissioning Board may make contractual arrangements with any person. This allows NHS England (CCG with delegated responsibility) to contract with the best provider of services, irrespective of the organisational structure of that contractor i.e. from a

local NHS provider or another NHS provider, from the public, private or voluntary sectors. However this must be in line with new EU procurement rules, which govern how NHS purchases goods to ensure any procurement process is transparent, equal and non-discriminatory.

Often the biggest considerations are associated with practice premises. Therefore, decisions about practice list vacancies must have regard to relevant strategic plans such as the Primary Care Commissioning Strategy. In securing services we have to ensure that the premises are suitable to meets the needs of the patients.

GP Five Year Forward View

General practice in England is under significant strain, facing pressure from a range of supply, demand and health service factors. At the same time, it is being asked to do more to relieve increasing pressures on emergency and out-of-hours services, support the development of better integrated care for people with long-term conditions, and play a central role in commissioning.

GPs and their teams are responding to pressures by forming new organisations to allow care provision at greater scale meaning fundamental changes to the organisation and delivery of general practice and primary care become necessary, including the linking together of practices in federations, networks or merged partnerships, in order to increase the scale.

All these factors need to be considered by Stockport CCG whilst preserving the local small-scale points of access to care that is valued by the local population they serve.

Considerations

Prior to making any determination regarding the approval of the proposed merger, the Primary Care Commissioning Committee needs to give due consideration to the points outlined below:

- Have the concerns raised during the patient consultation by Eastholme patients been adequately addressed?
- The attached mapping demonstrates that there will be limited/reduced patient choice for some patients if the merger is approved, how will this be addressed by the practice?
- Does the committee consider that broader patient engagement is required; letter to patients, patient survey, meeting, materials in accessible format prior to any approvals being given?

Options

The options available to Stockport CCG are outlined below. The Primary Care Committee is asked to consider the options and risks and confirm the preferred option.

Consideration should reasonably relate to:-

- Acceptability to stakeholders
- Value for Money (includes efficiency, best outcomes)
- Patient access (Capacity and Choice)
- Suitable available premises in relation to the services intended to be provided
- Alignment to Stockport CCG strategy for Primary Care

Available Options

Option 1

To approve the merger (subject to agreement of IT costs and agreed merger date)

Option 2

To approve the merger in principle subject to considerations identified in the meeting

Option 3

To decline the application to merge

REPORT OF:	Kerry Porter / Gail Henshaw Primary Care Managers Greater Manchester Health Social Care Partnership
DATE OF PAPER:	21st December 2017
SUBJECT:	General Medical Services Standard Contracts - Regulation Consolidation Exercise.

1. Introduction

1.1 This briefing paper is intended to advise Greater Manchester commissioners of primary medical care services of ongoing requirement to update contracts further to regulatory amendments. It shall specifically focus on the review of regulatory updates which apply to primary medical care General Medical Services (GMS) standard contracts.

1.2 All standard GMS contracts are required to be consolidated in line with the relevant national legislation and regulations. The paper outlines the approach recommended by the GP Contracting function of Greater Manchester Health Social Care Partnership.

1.2 This briefing seeks approval from each delegated CCG to issue the NHS England 2017/18 GMS contract (subject to its release date) to all GMS contract holders and in line with the GMS standard contract variation regulations.

2. Background

2.1 Strategic Health Authorities (SHA) and Primary Care Trusts (PCT) were abolished on the 31st March 2013. As part of the previous organisations closedown (and specific to this briefing), PCT's were tasked with transferring or discharging their liabilities. This included ensuring all documents transferred to the new receiving organisation 'NHS Commissioning Board' were fit for purpose. In terms of medical services contracts each PCT reviewed all their respective GMS/PMS contracts and where necessary re-issued an updated 2012 GMS contract or Statutory Instruments (SI).

2.2 For the avoidance of doubt, SI's are a form of legislation which allows the provisions of an Act of Parliament to be subsequently brought into force. Acts of Parliament confer

powers on Ministers to make more detailed orders, rules or regulations by means of SI's. An Act will often contain a broad framework and SI's are used to provide the necessary detail that would be too complex to include in the Act itself. Therefore for Primary Care direct commissioning, SI's are used to amend, update or enforce existing primary legislation and core contracts.

2.3 Since the 1st April 2013 significant updates were made to the regulations following the establishment of the 'NHS Commissioning Board' and furthermore there have been subsequent updates to regulation following national contract negotiations.

2.4 There are three possible contracting routes which are:

- A general medical services (GMS) contract;
- A personal medical services (PMS) agreement; or
- An alternative provider medical services (APMS) contract

2.5 However both PMS and APMS contracts have now been subject to review either through National policy mandate (PMS) or as a result of the contract being time limited (APMS) and subsequently brought up to date with current regulation/direction through re-procurement.

3. Background to GMS Variation status

3.1 The GMS contract regulations provide that:-

The Board may vary a contract without the contactor's consent where—

(a) it is reasonably satisfied that the variation is necessary in order to comply with the Act, any regulations made under or by virtue of the Act or any direction given by the Secretary of State under or by virtue of the Act; and

(b) it gives notice in writing to the contractor of the wording of the proposed variation and the date on which that variation is to take effect.

(c) the date on which the proposed variation referred to in sub-paragraph (2)(b) is to take effect must, unless it is not reasonably practicable, be a date which falls at least 14 days after the date on which notice under that sub-paragraph is given to the contractor.

3.2 In May 2014 the NHS Commissioning Board issued a new GMS standard contract that incorporated all relevant statutory regulation, it is also worth noting that this new GMS contract updated the format of the document and the specific clause numbering from those GMS standard contracts issued by PCTs (pre 2013).

3.3 Subsequently a GMS Contract variation was issued which reflected the amendments to the GMS Regulations made by the National Health Service (General Medical Services and Personal Medical Services Agreements) Amendment Regulations 2014, SI 2014 No.

465. As previously mentioned this notice had not been numbered to work with the original GMS contract (pre 2013)

3.4 Local NHS England teams keen on issuing the variation notice to pre-2013 GMS standard contracts (which was the vast majority) were mindful of incorporating the amendments made by the 2014/465 SI prior to incorporating the (substantive) amendments made by the National Health Service (Primary Medical Services) Miscellaneous Amendments and Transitional Provisions Regulations 2013, SI 2013 No. 363, as these amendments had not been formulated into a GMS Variation Notice.

3.5 Although the new GMS Contract 2014 contained the amendments made by both the 2013/363 SI and the 2014/465, local NHS England teams were reluctant to reissue the entire contract for a variety of reasons and in particular recognising PCTs had only recently issued up to date contracts (pre 2013) and preferred the option of a variation notice as an alternative.

3.6 However due to NHS England Gateway process the comprehensive variation notice did not come into effect until November 2015.

4. PMS Reviews

4.1 Due to the timeframe in which the 2013 No. 363 SI variation notice was issued in November 2015, local NHS England teams were already fully immersed in the framework for Personal Medical Services (PMS) Contracts Reviews.

4.2 Within Greater Manchester there were 156 PMS Agreements that required review with local providers. This programme of work plus other competing priorities such as the 37 APMS contract reviews and national policy requirements meant that the GP team capacity was significantly stretched to also incorporate a review of the GMS standard contract to over 305 GMS contract providers.

4.3 Therefore, the priority at this time was risk management of PMS contracting, rather than administration of GMS variations, which were legally enforceable through the national regulations.

5. Current Status

5.1 There are 305 GMS contracts within Greater Manchester all requiring SI updates.

5.2 The latest NHS England standard GMS contract template 2016/17 (v3) was published in July 2017. Furthermore we have been informed by NHS England central team that a further 2017/18 GMS standard contract and contract variation is expected to be issued. However as the regulations only came into force on the 2nd October 2017 the latest template is currently being drafted by the NHS England legal support. Efficient administration would suggest that a single exercise to issue the most current variation would be advisable.

6. Risks

6.1 Historically commissioners would normally issue providers with SI's as and when they become available, it is felt that a retrospective exercise to issue each of the SI's would make the process over complicated. In summary 5 SI's have been issued since 1st April 2013.

6.2 Based on approaches taken with other PMS/APMS providers, experience would indicate that a single re-issue of the latest GMS standard contract, in this case 2017/18, would be most acceptable.

6.3 Amendments to the GMS Contract Regulations are worked through with NHS Employers (on behalf of NHS England) and the British Medical Association's (BMA) General Practitioners Committee England (GPC), and so there is little risk providers will object to contracts being updated to reflect regulatory change.

6.4 However stakeholders, including finance, commissioning partners, providers and LMCs may need assurance that replacing the existing paperwork with an up to date, inclusive, and comprehensive contract, is simply an exercise which allows the commissioner to discharge responsibilities. It is by no means a performance or contract review but supports all parties in maintaining robust, mandated contractual information to accurately describe services.

7. Recommendations

Each Greater Manchester Clinical Commissioning Group is asked to:

1. Note the content of the report
2. Note the risks, and assurances, that have been identified
3. Approve the re-issue of the latest GMS standard contract (2017/18) to Greater Manchester GMS contract holders.

References:
(1) GMS contract: https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/2016-2017/

NHS
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Viaduct Care Establishment and Contract Update

NHS Stockport Clinical Commissioning Group will allow people to access health services that empower them to live healthier, longer and more independent lives.

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1. Introduction

1.1 The Primary Care Commissioning Committee approved the issuing of commissioning intentions for a range of GP at scale services to Viaduct in April 2017. These included GP 7 day services, GP Home Visiting, Workflow, Enhanced Medicines Management, Direct Access Physiotherapy and Mental Wellbeing. In total the financial value was estimated to be c£6m.

1.2 The development of a GP collaborative provider through Viaduct Care delivering primary care services is understood to be essential in ensuring that the provider alliance and in time any future Local Care Organisation are led from primary care and reflect the original commissioning intention of an MCP. The CCG Governing Body reviewed this direction of travel and reaffirmed it in October 2017.

1.3 Since the commissioning intentions were issued the outline business cases have been endorsed and a final decision will be made by the CCG on the 31st January and by the Council on the 6th February. There has also been an economy discussion on prioritisation of the services set out in the intentions with the GP 7 day service, the GP Home Visiting and Enhanced Medicines management being the priorities.

2. Process

2.1 Due to complications in untangling Viaduct Care from its predecessor Viaduct Health and ensuring the new organisation is set up to deliver service and not merely sub-contract progress has been slower than might have been hoped. However, on reflection it would have been difficult to justify signing a contract before the 6th February and the decision to progress the business cases in full. Other changes in the cases will form part of contracts only from April 2018.

2.2 Approach

The current approach is to put in a place a *developmental* contract. It will be a standard NHS Contract that will build service scope, investment and organisational development in parallel. So it is intended Phase 1 will require a minimum set of organisational capabilities to be in place and the delivery of GP Home Visiting and GP 7 day services. This phase will also include funding to ensure organisational capability & governance is in place. The goal is to sign this off as soon as possible after the decision on the 6th February assuming this is a *go ahead*.

2.3 The assessment is based on progress against typical PQQ type of questions. This includes corporate governance, management capability, clinical governance and adherence of service model to commissioning intentions. The developmental nature is intended to address the aspect of track record at least to a degree.

2.4 Phase 2 will be based on further organisational development having been achieved and effective mobilisation of the first services. This will focus predominantly from a service point of view on the Enhanced Medicines Management Service. There are effective work rounds in place to enable progress in this area in the meantime. It will probably also include the novation of existing Viaduct Health contracts enabling the process to close down Viaduct Health to proceed. It is envisaged this would be in place no later than the end of March 18.

2.4 Phase 3 will see the mobilisation of the remaining services by Viaduct Care subject to testing of organisational capability, effective mobilisation of phase 1 & 2 services, and agreement of their OD plan for remainder of 2018/19. The provisional goal is June 18.

2.5 Leadership

The current negotiating team as from the 20th December is Dr Ranjit Gill, Tim Ryley, Mark Chidgey and Michael Cullen (SMBC Treasurer). Support on contract development is being provided by the CCG Contract Team. Michael Cullen is involved because of his experience working with Community Interest Company's (CIC) and since the business cases underpinning this investment are part of the joint work done through Stockport Together. This team developed the approach jointly and it reflects the principles and contractual terms agreed by the CCG Finance & Performance Committee

2.6 It is also agreed that Dr Gill cannot be party to any meetings on the financial details of the contract and that the final signature of the contract should remain with the CCG Chief Operating officer to ensure conflicts of interest are managed effectively.

3. Current Position m Risks and Issues

3.1 Viaduct Care has provided the CCG with a detailed response to the commissioning intentions and a draft PQQ. We are currently working through the key areas of governance, clinical governance, service fidelity to model and managerial operating model. In each area two members of the team are involved. This will widen in later phases to include a wider range of subject matter experts.

3.2 Significant progress has been made by Viaduct Care. They are registered at Company House, have CQC registration, an internally agreed model of governance and have commenced recruitment. They are also making good progress on putting in place standard operating procedures (SOP) etc. for first services.

3.3 However, there are a number of risks and issues that the Primary Care Commissioning committee should be sighted on:

- Agreement of the contract terms is not certain particularly where undue control by the CCG is being perceived
- The length of contract or elements of it need to be considered carefully given the need to balance a review of the wider urgent care system next year with liabilities of short-term contracts
- This is a fledgling organisation albeit its members include highly capable providers and mobilisation is unlikely to be smooth
- Failure to deliver the changes planned through Viaduct Care at pace will significantly impact on the wider benefits delivery of the Stockport Together programme and lead to the failure to implement required GM service standards with associated reputational damage.

3.4 The goal is to have contract signed at Phase 1 by the 7th February with next hub (Tame Valley) going live shortly afterwards and all hubs and GP Home Visiting in place by end of March. This is ambitious on both counts.

NHS
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Primary Care Quality report

January 2018

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1. Practice monitoring

The practices identified at previous quality group meeting as requiring follow up were reviewed. Visits have taken place. The information presented was well accepted and have led to plans being put into place to address the issues raised. The outcomes require following up but there was significant assurance from the way that the doctors received the information. The practices concerned will be reviewed again in April following the completion of QOF. In the meantime the Area Business Team will continue to monitor and offer support to the practices concerned.

2. Practice Changes

The merger on the agenda was discussed and the difficulty in obtaining the information from the practices merging was noted. It was agreed that in future there may need to be some additional information.

3. Service Developments

A contract variation is on its way to practices following the report to the last Primary Care Committee for two items:

- The part one of the safeguarding proposal agreed at the last meeting.
- An increase in funding of 50p/head for the management of shared care drugs also agreed at the last meeting.

These are within the Locally Commissioned Service (LCS) contract with practices. The monies for this have come from PMS growth money that is ring fenced for primary care reinvestment.

Roger Roberts **January 2018**