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NHS
Stockport
Clinical Commissioning Group

Primary Care Commissioning Committee
Agenda

Date of Meeting:	**1 March 2017**	**Time**	**From**	**To**
			1.00pm	**2.15pm**
Venue:	**Viaduct, Regent House, Heaton Lane, Stockport. SK4 1BS**			
Attendees:	**Dr Adam Firth (Locality Committee Representative)** **Anita Rolfe (Executive Nurse)** **Christine Morgan (Lay Member for Primary Care Commissioning)** **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	CM	1.00
2.	Declarations of Interest	Verbal	N/A	To receive and note		
3.	Approval of the Minutes of the Meeting held 31 January 2017	Minutes	Attached	To approve	CM	
4.	Actions Arising	Action Log	N/A	To receive and note	CM	
5.	Notifications of items for any other business	Verbal	N/A	To receive and note	CM	
Items of Business						
6.	Boundary Change Application – Cheadle Hulme Health Centre	Written	Attached	To determine	RR	1.10

7.	Practice Merger Application – Heaton Moor and The Surgery	Written	Attached	To determine	RR	1.30
8.	Primary Care Quality Update • Including Bredbury Health Centre	Verbal	N/A	To consider	RR / GM	1.50
Any Other Business						
9.	Any other business as raised in item 5.	Verbal	N/A	To receive and discuss	CM	2.10
Meeting Governance						
10.	**Date, time and venue of next meeting** The next meeting of the Primary Care Commissioning Committee will be held on: 3 May 2017 1.00pm – 3.00pm					

NHS
Stockport
Clinical Commissioning Group

Primary Care Commissioning
DRAFT NOTES of the meeting held on Tuesday 31 January 2017
11:00 – 12:12 pm, Viaduct, Floor 7, Regent House

Present:

Anita Rolfe	Executive Nurse, NHS Stockport CCG
Ann Gough	Contract Manager, NHS England
Christine Morgan	Lay Member, Primary Care Commissioning **(Chair)**
David Kirk	Healthwatch
Gaynor Mullins	Chief Operating Officer, NHS Stockport CCG
Gina Evans	Joint Commissioning Manager, NHS Stockport CCG, for item 6
Jane Crombleholme	Lay Member with responsibility for Patient and Public Participation
Roger Roberts	Director of GP Development, NHS Stockport CCG
Dr Vicci Owen-Smith	Clinical Director for Public Health, NHS Stockport CCG

Apologies:

Dr Adam Firth	Locality Committee Representative
Mr Mark Chidgey	Chief Finance Officer, NHS Stockport CCG
Dr Ranjit Gill	Chief Clinical Officer, NHS Stockport CCG

Minute Taker:

Alison Newton	Committee Support Officer, NHS Stockport CCG

1. Governance

1. Apologies: Apologies were received as listed above.

ITEMS OF BUSINESS

2. Declarations of interest: There were no declarations of interest stated.

3. Notes of last meeting (16 November 2016): The minutes of the previous meeting were approved as a correct record.
Matters arising:

- A Gough briefed on the outstanding recommendations for CQC inspections (re: item 8 on previous minutes);
- L Latham reported that she had not received the CQC GM (Greater Manchester) comparator inspection data; A Gough would follow this up;

Action 14: A Gough to obtain the comparator CQC inspection information for GM.

- Safeguarding: It was suggested that a representative from the LMC (Local Medical Committee) be invited to a future meeting to discuss safeguarding assurance in general

practice and the support required for GPs. It was noted that when CQC completed its inspections of GP practices, a summary report would be produced and further discussions could take place. In response to a question, A Rolfe acknowledged that a safeguarding issue had been raised at Quality Committee and this would be monitored via the Issue Log. Safeguarding issues would be considered as one item on receipt of the CQC summary report. It was noted that there were no immediate actions required.

4. Actions: There were no actions to follow up.

5. Notification of items for any other business:

- Questions from the public regarding commissioning and medical services (D Kirk)
- Clarity on boundary issues (D Kirk).

G Evans and G Mullins joined the meeting (11:10 am).

6. Learning Disability Health Checks: The Chair invited GE to summarise the key issues from the report.

- There would be a focus on annual health checks for people with LD (Learning Disabilities) to address health inequalities and improve lives;
- LD health checks would be included within the CCG improvement assessment framework – there remains an expectation that checks would be undertaken;

G Mullins stepped out of the meeting (11:13 am).

- The new NHS Leader Programme included mortality reviews for people with LD (evidence showed that people with LD die at a younger age);
- Local performance was low. Previously, practices were supported by a nurse to undertake these checks. J Crombleholme questioned whether the CCG measures the statistics for people with LD dying at a younger age and was advised that this information was collated by Public Health via an annual report on health outcomes;
- Dr Smith questioned whether the data quality team had validated the GP registers. R Roberts would contact GM Shared Services to check whether this work had taken place;

Action 15: R Roberts to contact GM Shared Services to determine whether GP registers had been validated.

G Mullins re-joined the meeting (11:16 am).

- A Business Case had been prepared for a nurse to be employed to facilitate health checks, update GP registers for people with LD, work with health informatics to finalise the EMIS template and work with stakeholders and individual practices to undertake targeted work;
- G Mullins questioned who would provide the weekend service. A discussion took place on the weekend service and continuity of care. It was highlighted that a weekend service would be required for those practices that were not included on the DES (Directed Enhanced Services). G Mullins sought clarification on how these practices would access the service and was advised that this would be picked up within the local neighbourhood; GPs would still update their clinical records. A Gough pointed out that the budget had been based on historic data and that there would be no additional funding for any practice

that was not included on the DES (practices on the DES could access weekend services), creating a further cost pressure for the CCG. The new budget for practices on the DES was due to go out in March 2017.

The Chair referred to the statement that all practices signed up to the DES had to attend a multi-professional education session – it stated that out of 40 practices signed up to the DES, 14 had attended the recent Masterclass on LD and physical health checks. The Chair questioned whether there would be a follow-up for those practices that had not sent a representative and was told `yes' – there would be a follow up for these practices.

The Chair highlighted that Stockport remained lower than other areas in comparison for completed health checks for people with LD. A further discussion took place on what support could be offered to practices to increase the uptake of health checks. It was noted that some of these patients are complex and for others with mild LD, they choose not take up the offer of a health check as they feel they are healthy. In time, this work would be included within the neighbourhood programme as there was a move to population based commissioning.
It was noted that Stockport was an outlier but uptake was generally lower across GM.

The Chair questioned the validity of the data as there was variability amongst practices from one year to the next year. It was acknowledged that further work needed to take place, working with practices to determine how they want this service to work.

It was further acknowledged that the Business Case should improve the uptake of completed health checks for people with LD.

Action 16: R Roberts and G Evans to discuss variability amongst practices; R Roberts to speak to locality chairs following this discussion

G Mullins stepped out of the meeting (11:33 am).

RESOLVED: The Committee

1. Noted the report.
2. Agreed that a consistent approach should be followed on the use of READ codes to distinguish between people on the QoF register with all levels of LD and those eligible for an annual health check – this would be discussed with the data quality team.
3. Support the Business Case, to recruit a Primary Care Facilitator to work with practices and other stakeholders to improve the uptake of health checks for people with LD. This would be a non-recurrent resource linked to the GM transforming care agenda and was likely to be for two years.
4. Recommended not to utilise the GP/primary care 5 Year Forward View Funding as the national requirements had not been published.
5. Supported the view to utilise the weekend service to provide LD health checks for practices who were not signed up to the DES. Further discussions would take place on this item with an update to be provided at a future meeting on the progress for those practices not signed up to the DES.

G Mullins re-joined the meeting (11:38 am).

The Chair thanked G Evans for her report and invited her back to a future meeting to update the

Committee on the progress of health checks for people with LD.

G Evans left the meeting.

7. Dr Sharma – update on actions from CQC inspection: A Rolfe reported that she had met with Ian Stanyer (Practice Manager) the previous week to discuss identified quality improvements required at Dr Sharma's practice.

A Rolfe referred to the paper circulated and outlined the plans that had been put in place to address the issues identified. It was noted that a refurbishment plan would be put in place once the handover had been signed off and that CQC would visit the practice in 6 months on completion of this work. Nursing staff from Heaton Moor Medical Group were staffing Dr Sharma's practice; there had been a period of intense training. A meeting room was now in place at Dr Sharma's practice.

Members were asked to note the progress made by the Heaton Moor team. J Crombleholme conveyed the thanks of the Group to all staff involved in the handover.

Dr Smith questioned whether the latest infection control audit from Dr Sharma's practice had been passed to Dr Dawson's team; Dr Smith to action.

Action 17: Dr Smith to pass the latest infection control audit to R Roberts

A Gough reported that NHS England had received the formal merger application from Dr Sharma's practice to merge with Heaton Moor Medical Group; an update, including IT costs would be presented to the Group when available.

The merger would be managed by the Primary Care Quality Sub-Group.

8. Primary Care Quality Report: R Roberts provided an update on Primary Care Quality, highlighting a number of issues:

- Learning had taken place following the closure of Haider practice on managed dispersals;
- A Gough advised that there remained 242 patients to re-register from the Haider practice;
- Dr Sen's practice had been issued with a notice to improve following a CQC visit; the Area Business Team would continue to support the practice;
- Woodley – there had been an issue for one of the practices working with a care home - a plan had been put in place to address the issue; an update would be provided at a later meeting;
- Members were referred to a list of GP practice performance against set criteria (referrals to ED and prescribing for example) – those practices that were not performing as well as their counterparts were being monitored. Dr Smith suggested reviewing public health statistics for those practices not performing well;
- CQC reports were also considered as part of the monitoring process. There remained one practice in special measures – there was also an enforcement report included within the report. A Gough explained that this practice would have another visit by CQC within the next few weeks; work would continue with R Robert's team on remedial notices. G Mullins added that as well as the CQC process, this had now become a contractual issue and discussions had taken place with the CCG and LMC. R Roberts pointed out that they had

not received a complete list of practices inspected by CQC (38 reports had been published);
- A discussion took place on capacity to improve for this practice. In response to a question, it was noted that the CQC, CCG and regulators would work together to understand the risks.

The Chair and G Mullins thanked the GP Development Team for their hard work on this practice closure.

D Kirk questioned whether patient views are sought for these practices that are under scrutiny by CQC. A Gough advised that it was not practice for CQC to involve patient groups post inspection at Risk summits.

D Kirk highlighted that six practices had a `requires improvement' notice and questioned whether this status would remain until another inspection and was told `yes'.

The Chair highlighted the need to also focus on those practices that were undertaking outstanding work; this comment was acknowledged.

An update on practices would be provided at the next meeting.

9. Any other business: D Kirk highlighted a number of areas of concern raised with Healthwatch by the public:

- Rationing of services and not funding of CHC where there was a cost benefit of the patient being admitted to a home – it was explained that this issue was not within the remit of this Committee to discuss however A Rolfe reported that this policy was not applied in Stockport – the CHC framework was applied and the patient was funded as appropriate. The CCG had funded 170 CHC applications that year – comparable numbers to the previous year. D Kirk was advised that he could email G Mullins direct if unsure where to raise concerns.
.
- Neighbourhoods and boundaries – the public had queried what would happen if a patient lived in High Lane with a Stockport post code but attend a GP practice in East Cheshire, where would they receive support after a hospital visit. G Mullins explained that for health services, the provision of after hospital care would depend on where a patient was registered with a GP and for this example it would be East Cheshire nurses but for social care, it was based on where a patient pays their Council tax. It was acknowledged that there was a cross over with services across boundaries.

10. Date of next meeting:

Wednesday 1 March 2017
13:00 – 15:00
Viaduct, floor 7, Regent House

Primary Care Commissioning – Actions Arising (31 January 2017) Action Log					
Action number	**Date Agreed**	**Action**	**Owner**	**Due Date**	**Revised Due Date**
PCC14	31.01.17	*Learning Disability Health Checks:* Learning Disability Health Checks – RR to contact GM Shared Services to determine whether the data quality team had validated registers	RR	01.03.17	
PCC15	31.01.17	*Learning Disability Health Checks:* RR and GE to discuss variability amongst practices – RR to speak to locality chairs following this discussion	RR	01.03.17	
PCC16	31.01.17	*Learning Disability Health Checks:* VOS to pass on latest infection control audit for Dr Sharma's practice	VOS	01.03.17	**Completed**

NHS
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Practice boundary change

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

NHS Stockport Clinical Commissioning Group
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Executive Summary

What *decisions* do you require of the Committee?

The purpose of this paper is to inform the Primary Care Commissioning Committee (PCCC) of an application received from Cheadle Hulme Health Centre, Dr Seabrook (P88007) to alter the boundary in their contractual paperwork to match that which they believe they have been working to for some years.

The PCCC is asked to consider all the information contained within this paper and reach a decision to accept or reject the application.

Practice Application to formalise their existing Practice Boundary

Cheadle Hulme Health Centre has applied to Stockport CCG to formalise its boundary. This area includes the new housing development on the former Woodford Aerodrome site that is within the SMBC area. There is a large development planned on the site of circa 900 new residential buildings the first phase of which has been launched by Redrow homes to build 145 new homes.

http://www.harrowestates.co.uk/portfolio/current-projects/woodford-aerodrome/

Practice information

The practice holds a PMS contract providing services to a population of 12692 across 2 sites (as at January 2017);

Main Surgery: The Health Centre, Smithy Green, Cheadle Hulme, Cheadle, SK8 6LU

Branch Surgery: Bridge House Medical Centre, 11 Ladybridge Road, Cheadle Hulme, Cheshire, SK8 5LL

Premises Information *(provided by the practice)*

Smithy Green (main surgery) – Traditional Health Centre built in 1960's and refurbished 2013-15. General practice part of the building is shared with Hulme Hall Medical Group and has a shared reception, waiting room, & administrative area, exclusive use of 8 under sized consulting rooms, storage area. Health Centre has limited scope for expansion.

Bridge House Medical Centre (branch surgery) - Substantial Victorian building with accommodation over 3 floors, 2 of which have access from ground level. Significant renovations were undertaken during 2014. The practice has exclusive use of the building which has 6 consulting rooms and soon to be 9, 1 practice managers office and a meeting room. Additional consultation rooms added and the property is owned by the practice.

During 2015 the practice recruited an additional GP and currently employs 6 GPs (5.56 FTE). The additional consulting rooms are expected to support the ongoing increase in list size although it should be noted that the branch surgery is further away from the Woodford development site.

The amended boundary does not go beyond the Stockport MBC Boundary and there will be no impact on local community services as they are already provided for these patients. The practice already has over 70 patients registered in this area. These numbers may increase further as the Woodford site develops.

Below is a link to the practice website that shows the boundary which the practice operate to.

https://www.google.com/maps/d/viewer?mid=1my7rklELbB0GNZelj0FXbYHM6Ww&usp=sharing

Stakeholder Engagement

Although stakeholder engagement was undertaken by Stockport CCG in October 2016 this was done on this basis that this was a practice boundary extension rather than a formalisation of the boundary that the practice was already working to. Comments were received from Healthwatch Stockport, Wilmslow Health Centre, Hulme Hall Medical Group, Cheshire LMC, Village Surgery Stockport and NHS Eastern Cheshire CCG.

The following parties have not responded in regards to the letter that was sent to them in relation to Cheadle Hulme Health Centre application:

- Dr Azmy ~ The Surgery – Stockport CCG
- Handforth Health Centre– Eastern Cheshire CCG
- Stockport LMC
- McIlvride Medical Practice – Eastern Cheshire CCG
- Priorsleigh Medical Centre – Eastern Cheshire CCG

Impact on the locality and East Cheshire practices

As this is a formalisation of the practice boundary that they are already working to there will be no impact on the locality or East Cheshire practices.

Options for the Committee

1. **Accept the formalisation of the Boundary as proposed**

   Accept the formalisation of the boundary as the practice are already working to this and have accepted patients onto their list on the basis of this.

2. **Reject the application**

   Reject the application on the grounds that the practice should have checked their contract and raised any objections to the practice map contained within this prior to signing.

   The practice has a right to appeal within 28 days; if local resolution cannot be reached the NHS dispute resolution procedure must be followed. The practice can make a further application after 3 months, starting on the date of the committee's decision to reject the application, or the final determination following dispute resolution.

Recommendations

On the basis that the practice has been working to the boundary highlighted in this report for many years it is recommended that the Committee accept this application.

NHS
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Report to: **NHS Stockport Primary Care Committee**

Report from: **Prepared by Sue Shorrock (GMHSCP) on behalf of Stockport CCG, 20th February 2017**

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 The Surgery, Fulmar Drive, Stockport, SK2 5JL (P88618), 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 in January 2017, creating a single organisation and operating under one single PMS agreement. The two practices are located in Heaton Moor Medical Group and The Surgery, Fulmar Drive, 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.

Please see supporting application for consideration of a contractual merger **Appendix A**

Application form for contractual merger St

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 localities of Heaton Moor and Offerton. They provide general medical services to a total registered population of 31,265 patients. The registered list sizes for the two practices as of 1st January 2017 are laid out in the following tables:-

Registered Patients Age breakdown- Heaton Moor Medical Group P88026

Total Under 65	Total 65-74	Total 75+	Total Practice List
25172	2402	2054	29628

Information about Heaton Moor Medical Group

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	Seasonal Flu	
Directed Enhanced Services	Learning Disability	
Directed Enhanced Services	Avoiding unplanned admissions	
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	Dementia	
Directed Enhanced Services	MMR (aged 16 and over)	
Directed Enhanced Services	MEN C (fresher's)	
Directed Enhanced Services	Shingles catch up	
Directed Enhanced Services	Shingles 70	
Directed Enhanced Services	Minor Surgery	
Local Enhanced Services Public Health	Coil & Implant Fitting	
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	**Mon** 7.00am-8.00am & 6.30pm-8.00pm
Tue 8.30am-6.30pm	**Tue** 7.00am-8.00am & 6.30pm-8.00pm
Wed 8.00am-6.30pm	**Wed** 7.00am-8.00am
Thur 8.30am-6.30pm	**Thur** 7.00am- 8.00am & 6.30pm-8.00pm
Fri 8.30am-6.30pm	**Fri** 7.00am-8.00am 7 6.30pm-7.00pm
	Sat 8.30am- 11.30

Registered Patients Age breakdown- The Surgery, Fulmar Drive P88618

Total Under 65	Total 65-74	Total 75+	Total Practice List
1535	60	42	1637

Information about The Surgery, Fulmar Drive

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	Seasonal Flu	
Directed Enhanced Services	Learning Disability	
Directed Enhanced Services	Avoiding unplanned admissions	
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	Dementia	
Directed Enhanced Services	MMR (aged 16 and over)	
Directed Enhanced Services	MEN C (fresher's)	
Directed Enhanced Services	Shingles catch up	
Directed Enhanced Services	Shingles 70	
Directed Enhanced Services	Minor Surgery	
Local Enhanced Services Public Health	Coil & Implant Fitting	
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** 8.30am-6.30pm **Wed** 8.00am-6.30pm **Thur** 8.30am-6.30pm **Fri** 8.30am-6.30pm	

Proposal

The new merged practice will provide all directed and locally commissioned services as indicated within the individual practices enhanced service provision above. The new practice will also adopt the same access model and opening times. *(See section 4, Practice application for full details of benefits for registered patients)*

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 The Surgery on 24th February 2016 and the report was published on the 14th April 2016. The practice received an overall rating as Inadequate in safe, effective and well led, requires improvement in responsive to people's needs and good for caring services. The areas where the practice MUST make improvements are:

- Ensure there are policies and procedures in place for staff guidance and ensure effective governance systems. These should accessible to staff, specific to the practice, dated and reviewed appropriately.
- Ensure clinical audits and re-audits are undertaken to monitor and improve patient outcomes.
- Ensure a system is in place to manage, assess and mitigate risks to patients, including those risks around responding to a medical emergency, fire safety and the safe management and disposal of medicines.
- Ensure an effective system of clinical supervision and peer review is implemented for the nursing staff team and GPs working at the practice including locum GPs.
- 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 perform chaperone duties.

- Ensure safeguarding policies are available for children and adults and they contain up to date information to guide staff. Ensure all staff have received appropriate safeguarding training and that all staff are aware of who the practice leads are for safeguarding.
- Ensure all staff receive appropriate training on induction, and effective training at the required Intervals in accordance with their role and responsibilities and records of this are maintained. This includes training in basic life support.

Finance Details

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.

Practice Consultation

As part of Greater Manchester Health and Social Care Partnership preliminary discussions with the practices, they were made aware of NHSE policy and requirement for consultation, which should be appropriate and proportionate to the individual circumstances.

Notices have been put up in all of the medical centres informing patients of the merger, and letting them know that they can still access all the services from the individual premises. The notices have been in place since 1/12/16 advising patients of the change, and opportunistic communication when patients have contacted the surgery for services.

There is a comments feedback form in reception at Heaton Moor and the Surgery for patients to complete; they have also put a link on both websites to the comments form for feedback. Heaton Moor Medical Centre had a PPG meeting where the merger was discussed. The PPG meeting at the surgery has not yet taken place.

Views from Stakeholders

As part of Stockport CCG responsibility to consult with key stakeholders we wrote to Stockport LMC, Stockport Local Authority and Healthwatch on the 21st February 2017 to provide them with the opportunity to express views/comments on the proposal.

1. Stockport LMC-
2. Health watch –
3. Stockport LA –

Stockport CCG Responsibilities

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.

Conclusion

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.

Options

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

Available Options

Option 1

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

Option 2

To decline the application to merge

Attached Supporting Documentation

Appendix A – Practice Application to merge

NHS
Stockport
Clinical Commissioning Group

Primary Care Quality committee report

Report of the activity of the Primary Care Quality Committee

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

NHS Stockport Clinical Commissioning Group

7th Floor

Regent House

Heaton Lane

Tel: 0161 426 9900 **Fax:** 0161 426 5999

Text Relay: 18001 + 0161 426 9900

Website: www.stockportccg.org

Primary Care Quality Committee Report

1. Update

1.1. There was no meeting of the primary care quality meeting in the period since the last Primary Care commissioning Committee.

1.2. There have been further CQC reports published and these are shown below.

1.3. Bredbury Health Centre will be considered as part of this discussion.

1.4. Of the remaining outstanding reports Cheadle Hulme Health Centre has been inspected and the report is due. CQC inform us that the remaining practices listed have not been visited as registration details have changed. These sites will be visited in the next few months.

CQC Reports published

	Practice	Date published	Safety	Efficiency	Caring	Responsive	Well led	Overall
1	Dr Azmy	29/10/2015	Good	Good	Outstanding	Good	Good	Good
2	Marple Medical Practice	12/11/2015	Good	Good	Good	Good	Good	Good
3	Bredbury Medical Practice	12/11/2015	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
4	Marple Bridge	12/11/2015	Good	Good	Good	Good	Good	Good
5	Dr Gupta	19/11/2015	Good	Good	Good	Good	Good	Good
6	Gatley Medical Centre	26/11/2015	Good	Good	Good	Good	Good	Good
7	Marple Cottage	16/03/2016	Good	Outstanding	Good	Outstanding	Outstanding	Outstanding
8	Stockport Medical group	18/03/2016	Good	Good	Good	Good	Good	Good
9	Bramhall Park MC	05/04/2016	Good	Good	Good	Good	Good	Good
10	Dr Sharma	13/04/2016	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	**Inadequate & Spec measures**
11	Cale Green	16/04/2016	Requires Improvement	Good	Good	Good	Good	Good
12	Dr Raina Patel	02/06/2016	Requires Improvement	Outstanding	Good	Good	Good	Good
13	Archwood Medical	30/06/2016	Good	Good	Good	Good	Good	Good
14	Dr Hazem Lloyd	07/07/2016	Requires Improvement	Good	Good	Good	Good	Good
12 a	Dr Raina Patel	04/08/2016	Good	Outstanding	Good	Good	Good	Good
15	Cheadle Medical	21/08/2016	Good	Good	Good	Outstanding	Good	Good
11a	Cale Green	11/09/2016	Good	Good	Good	Good	Good	Good

	Practice	Date published	Safety	Efficiency	Caring	Responsive	Well led	Overall
16	Alvanley Family Practice	11/09/2016	Good	Good	Good	Good	Good	Good
17	Heaton Norris Health Centre 2	20/09/2016	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
18	Adswood Road Surgery	06/10/2016	Good	Good	Good	Good	Good	Good
19	Park View Group Practice	07/10/2016	Good	Good	Good	Good	Good	Good
20	Chadsfield Medical	08/10/2016	Good	Good	Outstanding	Good	Good	Good
21	Adshall Road	15/11/2016	Good	Good	Good	Good	Good	Good
22	Village Surgery	15/11/201126	Good	Good	Good	Good	Good	Good
23	Brinnington Surgery	22/11/201136	Good	Outstanding	Good	Outstanding	Good	Outstanding
24	Cedar House	02/12/201146	Good	Good	Good	Good	Good	Good
25	Dr Chatterjee	05/12/2016	Requires Improvement	Good	Good	Good	Good	Good
26	Eastholme	07/12/2016	Good	Good	Good	Good	Good	Good
27	The Family Surgery	14/12/2016	Good	Good	Good	Good	Good	Good
28	Beech house	14/12/2016	Good	Good	Good	Good	Good	Good
29	Heaton Moor	15/12/2016	Good	Good	Good	Good	Good	Good
30	Heaton Norris	21/12/2016	Good	Good	Good	Good	Good	Good
31	Highlane	21/12/2016	Good	Good	Good	Good	Good	Good
32	Bramhall Health Centre	29/12/2016	Good	Good	Good	Good	Good	Good
33	Heaton Mersey	03/01/2017	Good	Good	Good	Good	Good	Good
34	Bracondale	18/01/2017	Good	Good	Good	Outstanding	Good	Good
35	Caritas	23/01/2017	Requires Improvement	Good	Good	Good	Good	Good
36	Hulme Hall	23/01/2017	Good	Good	Good	Good	Good	Good
3a	Bredbury Health Centre	26/01/17	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

	Practice	Date published	Safety	Efficiency	Caring	Responsive	Well led	Overall
37	Manor Medical Centre	02/02/17	Good	Good	Good	Good	Good	Good
38	Heald Green 1 Dean	14/02/17	Good	Good	Good	Good	Good	Good
39	Heald Green 2 Wright	20/02/17	Requires Improvement	Good	Good	Good	Good	Good
40	Cheadle Hulme HC 2	awaited						
41	Woodley Village surgery	awaited						
42	BL Medical Practice	awaited						
43	Springfield Surgery	awaited						