

**Meeting of the Primary Care Commissioning Committee (PUBLIC)**  
**Tuesday 6th June 2017 at 2.00 pm**  
**1st Floor, Creative Industries Centre, Wolverhampton Science Park,**  
**Wolverhampton, WV10 9RU**

**A G E N D A**

|    |  |       |           |
|----|--|-------|-----------|
| 1  | Welcome and Introductions                                    | Chair | Verbal    |
| 2  | Apologies  | Chair | Verbal    |
| 3  | Declarations of Interest                                     | All   | Verbal    |
| 4  | Minutes of the meeting held on 2 <sup>nd</sup> May 2017      | Chair | 1 - 6     |
| 5  | Matters Arising from the Minutes                             | Chair | Verbal    |
| 6  | Committee Action Points                                      | Chair | 7 - 8     |
| 7  | Governing Body Report/Primary Care Strategy Committee Update | SS    | 9 - 20    |
| 8  | Primary Care Operational Management Group Update             | MH    | To follow |
| 9  | Application to close Branch Site - Dunkley Street            | GS    | 21 - 40   |
| 10 | Any Other Business   |       |           |
| 11 | Date of Next Meeting   |       |           |

Tuesday 4<sup>th</sup> July at 2.00pm in the Stephenson Room, 1<sup>st</sup> Floor, Technology Centre,  
Wolverhampton Science Park

| <b>MEMBERSHIP</b>       |  |
|-------------------------|--|
| Wolverhampton CCG       | Dr D Bush<br>Mrs M Garcha<br>Dr H Hibbs<br>Ms Jervis<br>Dr<br>Mr S Marshall<br>Reehana<br>Ms P Roberts<br>Les Trigg<br>Mr J Oatridge |
| NHS England             | Mr Bal Dhami   |
| Patient Representatives | Ms Sarah Gaytten<br>Ms Jenny Spencer   |
| Invitees (Non-Voting)   | Ms Elizabeth Learoyd (Healthwatch)<br>Ms R Jervis (Health and Wellbeing Board)   |

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

Minutes of the Primary Care Commissioning Committee Meeting (Public)  
Held on Tuesday 2<sup>th</sup> May 2017, Commencing at 2.00 pm in the in the Stephenson Room,  
Technology Centre, Wolverhampton Science Park

**MEMBERS ~  
Wolverhampton CCG ~**

|                  |                                       |         |
|------------------|---------------------------------------|---------|
|                  |                                       | Present |
| Pat Roberts      | Chair                                 | Yes     |
| Dr David Bush    | Governing Body Member / GP            | No      |
| Dr Manjit Kainth | Locality Chair / GP                   | Yes     |
| Dr Salma Reehana | Locality Chair / GP                   | No      |
| Steven Marshall  | Director of Strategy & Transformation | Yes     |
| Manjeet Garcha   | Executive Lead Nurse                  | No      |
| Peter Price      | Lay Member (Vice Chair)               | No      |

**NHS England ~**

|           |                  |     |
|-----------|------------------|-----|
| Bal Dhami | Contract Manager | Yes |
|-----------|------------------|-----|

**Independent Patient Representatives ~**

|               |                                    |     |
|---------------|------------------------------------|-----|
| Jenny Spencer | Independent Patient Representative | No  |
| Sarah Gaytten | Independent Patient Representative | Yes |

**Non-Voting Observers ~**

|                   |  |     |
|-------------------|--|-----|
| Ros Jervis        | Service Director Public Health and Wellbeing | Yes |
| Elizabeth Learoyd | Chair - Wolverhampton Healthwatch            | Yes |
| Dr Gurmit Mahay   | Vice Chair – Wolverhampton LMC               | No  |
| Jeff Blankley     | Chair - Wolverhampton LPC                    | No  |

**In attendance ~**

|                 |  |     |
|-----------------|--|-----|
| Mike Hastings   | Associate Director of Operations (WCCG)    | Yes |
| Peter McKenzie  | Corporate Operations Manager (WCCG)        | Yes |
| Jane Worton     | Primary Care Liaison Manager (WCCG)        | Yes |
| Claire Skidmore | Chief Finance and Operating Officer (WCCG) | Yes |
| Helen Hibbs     | Chief Accountable Officer                  | No  |
| Sarah Southall  | Head of Primary Care                       | Yes |
| Laura Russell   | Primary Care PMO Administrator (WCCG)      | Yes |

## **Welcome and Introductions**

WPCC23 Ms Roberts welcomed attendees to the meeting and introductions took place.

## **Apologies for absence**

WPCC24 Apologies were submitted on behalf of Alastair McIntyre, Jeff Blankley, Jenny Spencer, Manjeet Garcha and Les Trigg.

Ms Roberts informed the group Mr Trigg will be the new Lay Member and Vice Chair of the Primary Care Commissioning Committee.

Ms Roberts noted that in Ms Garcha absence, Ms Skidmore is the nominated core Executive Representative and therefore the meeting would be quorate.

## **Declarations of Interest**

WPCC25 Dr Kainth declared that, as GP he had a standing interest in all items related to primary care.

Ms Gaytten declared that, in her role as employee of the University of Wolverhampton, she worked closely with practices to arrange placements for student nurses and therefore had a standing interest in items related to primary care.

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

**RESOLVED: That the above is noted.**

## **Minutes of the Primary Care Commissioning Committee Meeting Held on the 4<sup>th</sup> April 2017**

WPCC26 RESOLVED:

That the minutes of the previous Primary Care Commissioning Committee meeting held on 4<sup>th</sup> April 2017 were approved as an accurate record.

## **Matters arising from the minutes**

WPCC27 There were no matters arising from the minutes.

**RESOLVED: That the above is noted.**

## **Committee Action Points**

WPCC28 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**  
NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.

### **Minute Number PCC283 – Wolverhampton CCG Update**

A joint evaluation report on the two extended opening hour's scheme is to be presented at the meeting. Action Closed.

### **Minute Number PCC329 – Wolverhampton CCG Update**

Ms Learoyd confirmed the details regarding the specific areas where patients feel they are not being provided with patient choice. Action closed.

**RESOLVED: That the above is noted.**

## **Governing Body Report/Primary Care Strategy Committee Update**

WPCC29 Mrs Southall presented to the Committee the Primary Care report that was present to the Governing Body meeting in April 2017 along with the minutes from the Primary Care Strategy Committee.

Ms Roberts queried the timescales for the programme, it was highlighted there are time limited individual programmes of work within each of the 7 Task and Finish Groups.

**RESOLVED: That the above is noted.**

## **Primary Care Operational Management Group Update**

WPCC30 Mr Hastings provided the following update as the meeting of the Primary Care Operational Management Group Meeting for April 2017 was cancelled;

- The Primary Care Contract Monitoring visits continue and a schedule for the next six months have been arranged.
- The demand management programme of work has been sent to NHS England performance team.
- The Local Estates Forum (LEF) are due to meet this week and they continue to discuss the Locality Hubs and clinical requirements.
- The Zero Tolerance Policy commenced as of the 1<sup>st</sup> April 2017 and there are currently 12 patients on the scheme.

**RESOLVED: That the above is noted.**

## Extended Opening Hours Schemes Joint Evaluation Report

WPCC31 Mrs Southall presented the Improving Access in Primary Care 2016/2017 report to the Committee. The report provided an overview of the three WCCG extend access schemes during December 2016 to March 2017. The three schemes were as follows;

- A&E Delivery Board (CCG) Christmas and New Year funded opening scheme.
- NHS England Winter Pressures
- CCG Extended winter pressures offering additional appointments from the 4<sup>th</sup> March – 31<sup>st</sup> March 2017.

Mrs Southall outlined an overview in terms of finance and performance for each scheme and noted it had varied in respect of patient attendance. The following points were highlighted;

- Varied performance for Christmas and New Year CCG Scheme, 91% utilisation on 5 dates made available to patients which would not normally be available, this included Christmas Eve and New Years Eve.
- 94% total attendance rate of patients overall during Winter Pressures NHS England Scheme.
- Extended Winter Pressures - CCG Scheme (64% attendance rate of patients attending extra slots on Saturdays, and 75% weekdays).

It was noted that some of the Practices who are considering how they move forward with extended access into 2017/2018 have considered guidelines from the General Practice Transformation Fund. This asks practices to identify how they will best meet their patients' needs by providing 20mins per 1000 patients to improve access during the year. This will be achieved through working at scale and the practice groups have submitted development plans which demonstrate how practices intend to work at scale and provide additional appointments in the evening instead of Saturday as the outcomes were so variable.

It was queried by the Committee if they will measure whether the schemes reduced the A&E activity during this time. It was highlighted that from patient experience survey undertaken it was indicated if an appointment was not available, patients would have gone to A&E. It was agreed to cross reference the data with A&E attendance in order to extrapolate what a high risk run rate would be for this time of year.

Ms Roberts raised her concerns regarding the equality of services and asked if they are planning any further extended access schemes that all practices can take part. Ms. Southall noted the issue of consistency was highlighted at the start, in terms of the bank holidays all practices have been provided with the opportunity to take part and they all took part, however not all practices opened for both bank holidays. There is the intention to work towards achieving this.

**RESOLUTION: Ms Southall agreed to cross reference the data with A&E attendance in order to extrapolate what a high risk run rate would be for this time of year.**

**Any Other Business**

WPCC33 There were no further discussion items raised by Committee or members of the public.

**RESOLVED: That the above is noted.**

WPCC32 **Date, Time & Venue of Next Committee Meeting**  
Tuesday 6<sup>th</sup> June 2017 at 2.00pm in PC108, 1<sup>st</sup> Floor, Creative Industries, Wolverhampton Science Park

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## Primary Care Joint Commissioning Committee Actions Log

### Open Items

| Action No | Date of meeting | Minute Number | Item                                  | By When  | By Whom     | Action Update   |
|-----------|-----------------|---------------|---------------------------------------|----------|-------------|---|
| 35b       | 08.02.17        | PCC302a       | Premises Charges (Rent Reimbursement) | May 2017 | NHS England | <p>08.02.17 - Awaiting the new cost directives to provide clarity on rent reimbursement in relation to when Practices allow other service providers to be use their rooms such as midwives.</p> <p>07.03.17 - NHS England confirmed they are still awaiting the new cost directives and have been informed they should receive this in April 2017. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.</p> <p>04.04.17 - NHS England confirmed they are still awaiting the new cost directives and will inform the CCG once this has been received. This will help to provide clarity on rent reimbursement in relation to when Practices allow other service providers using their rooms such as midwives.</p> |

## Primary Care Joint Commissioning Committee Actions Log

| Action No | Date of meeting | Minute Number | Item  | By When   | By Whom        | Action Update |
|-----------|-----------------|---------------|---|-----------|----------------|---------------|
| 01        | 02.05.17        | WPCC31        | <p><b>Extended Opening Hours Schemes Joint Evaluation Report</b></p> <p>Ms Southall agreed to review attendance data for A&amp;E to determine the level of demand from May 2016 to May 2017 focusing on each bank holiday period.</p> | July 2017 | Sarah Southall |               |

**WOLVERHAMPTON CCG**  
**Governing Body**  
**23 May 2017**
**Agenda item 18**

|   |   |
|---|---|
| <b>TITLE OF REPORT:</b>   | Report of the Primary Care Strategy Committee   |
| <b>AUTHOR(s) OF REPORT:</b>                                     | Sarah Southall  |
| <b>MANAGEMENT LEAD:</b>   | Sarah Southall  |
| <b>PURPOSE OF REPORT:</b>                                       | To update the governing body on continued progress that has been demonstrated to the Primary Care Strategy Committee, specifically the outcome of discussions at the April Meeting.   |
| <b>ACTION REQUIRED:</b>   | <input type="checkbox"/> <b>Decision</b><br><input checked="" type="checkbox"/> <b>Assurance</b>  |
| <b>PUBLIC OR PRIVATE:</b>                                       | This Report is intended for the public domain.  |
| <b>KEY POINTS:</b>  | <ul style="list-style-type: none"> <li>• Provide assurance on progress made to date in relation to achievements that have been realised from the programme of work attached to the CCGs Primary Care Strategy and confirm what work is currently underway in the next phase implementation.</li> <li>• The report also confirms where assurance has been received from the committee in respect of new models of care demonstrating how practices have aligned with their preferred model &amp; how working at scale is maturing.</li> <li>• The outcome of discussions at national level in respect of CCGs responsive plan that seeks to address the actions required to implement the GPFV is also confirmed.</li> </ul> |
| <b>RECOMMENDATION:</b>  | <p>The recommendations made to governing body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> <li>• Receive and discuss this report</li> <li>• Note the continued achievements being realised by the Committee</li> </ul>  |
| <b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b> | <ol style="list-style-type: none"> <li>1 Improving the quality and safety of the services we commission : Ensure on-going safety and performance in the system</li> <li>2 Reducing Health Inequalities in Wolverhampton : Improve and develop primary care in Wolverhampton; Deliver new models of care that support care closer to home and improve management of Long Term Conditions.</li> <li>3 System effectiveness delivered within our financial envelope : Deliver improvements in the infrastructure for health and care across Wolverhampton</li> </ol>   |

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCGs Primary Care Strategy was ratified by the Governing Body in January 2016 in recognition of the changing demands in primary care. The programme of work was launched in the summer of 2016 and this report focuses on the achievements that have been realised since the programme of work commenced.
- 1.2. The CCGs vision is to achieve universally accessible high quality out of hospital services that promote the health and wellbeing of our local community, ensuring that the right treatment is available in the right place at the right time and to improve the quality of life of those living with long term conditions and also reduce health inequalities

## 2. PRIMARY CARE STRATEGY COMMITTEE

- 2.1. Since the programme of work was launched in the summer of 2016 a number of objectives have been achieved through the work of each task and finish group. The following section provides an overview of the milestones which have completed on the strategic higher level programme of work since the developed of the programme in August 2016 to May 2017:-

| Primary Care Strategy Committee |  |           |
|---------------------------------|--|-----------|
| PCS001                          | Establish Primary Care Joint Commissioning Committee   | Completed |
| PCS002                          | Establish Primary Care Operations Management Group   | Completed |
| PCS003                          | Apply for authorisation for full delegation of Primary Care Commissioning  | Completed |
| PCS004                          | Establish Primary Care Commissioning Committee following discussions refining remit and broader relationship to CCG Governance | Completed |
| PCS005                          | Hold Quarterly members engagement events.  | Completed |
| PCS006                          | Establish Programme Management Governance , PMO Office and assemble Task and Finish Groups.                                    | Completed |
| PCS007                          | Ensure alignment with CCG strategies and standard operations; QIPP, Operating Plan, BCW, H&WB, STPs                            | Completed |
| PCS008                          | Work with Practices/ Localities to submit proposals for 15/16 Primary Care Reserves Investment Plan                            | Completed |
| PCS009                          | Identify appropriate areas for development of extended services in line with population needs                                  | Completed |
| PCS010                          | Project Management support to enable models of care i.e. PCH (WTH); Estates; LES forms   | Completed |
| PCS011                          | Ensure practice indicative budget statements are rolled out  | Completed |

| <b>New Model of Care Objectives</b>        |  |           |
|--|--|-----------|
| NMC002                                     | Practice Group forming   | Completed |
| NMC003                                     | MOUs signed & Commenced new ways of working  | Completed |
| NMC004                                     | Ten high impact actions scoped   | Completed |
| <b>1. Practice as Providers</b>            |  |           |
| 1.5  | Improving Access to Primary Care   | Completed |
| 1.8  | Review COPD/ Asthma extended service   | Completed |
| 1.9  | Continue to embed and evaluate the Primary Care In reach Team (PITs)/Resource Centres  | Completed |
| <b>5. Primary Care Contract Management</b> |  |           |
| 5.1  | Review MOU between NHS E/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care contracting. | Completed |
| 5.2  | Develop a standardised collaborative approach to contract review and development support to enable a single contract monitoring visits                             | Completed |
| 5.3  | Develop an integrated management tool underpinned by a programme of prioritised contract review visits   | Completed |
| 5.4  | Agree criteria, intervention modes, and processes for vulnerable/ practices with issues which require extraordinary support or practice visits.                    | Completed |
| <b>6. Estate Development</b>               |  |           |
| 6.3  | Estate Survey  | Completed |

### **Task and Finish Group Priorities**

The following table highlights the individual Task and Finish Groups work programme priorities for the current quarter (April to June 2017). This only includes milestones which are due to commence or are due to be completed within this quarter. It does not include any existing programmes of work which are currently in progress and have a completion date after June 2017.

| <b>Project Implementation Plan - Practice as Providers v13</b> |  |
|--|--|
| <b>4</b>   | <b>Work with New Models of Care i.e. PCH, Medical Chamber and VI to define and develop clinical pathways in scope of MCP model</b> |
| 4.1  | Organisation Structure and Governance arrangements   |
| 4.2  | Identify clinical leads to lead the development of clinical pathways on themed areas (list)  |
| 4.3  | Develop clinical pathways with the clinical leads that promote care within the primary care setting (list)                         |



|           |  |
|-----------|--|
| 4.6       | Develop a project plan for the implementation of new pathways/ delivery models   |
| <b>6</b>  | <b>Understand how the CCG should/ could respond to identified needs for Back office support functions for clinical networks/ MCPs</b>  |
| 6.2       | Identify feasible options for the provision of non-clinical support functions as delivered by Vanguard sites   |
| 6.5       | Ensure each Clinical Network has a plan for the provision of non-clinical services effective for 1st April 2018.   |
| <b>7</b>  | <b>Clearly defined Contract management processes through primary Care Issue Log to enable Practices to feedback there and their patient's experience of using the CCG commissioned services.</b> |
| 7.2       | Undertake a 6 monthly audit of all Practice Issue logs completed by all practices, to document learning and outcomes and make recommendations for optimal use of the log                         |
| 7.4       | Establish a process to ensure that matters reported through the Practice Issues log are escalated through Contract Management process  |
| <b>10</b> | <b>Work with Community Matrons/CRG to streamline the proactive case finding via risk stratification tool.</b>  |
| 10.3      | Practices to routinely use Aristotle Risk Stratification function to identify at risk patients.  |
| 10.4      | Establish a system to ensure that Practices have access to current practice level locally available data & intelligence as published by PHE, HSCIC, NHS Digital.                                 |
| 10.5      | CCG to have a high level plan for the use of Aristotle, which includes the role of the Practice/MDT.   |
| 10.6      | Develop locally enhanced service to ensure practices undertake risk stratification and establish robust links with their respective community neighbourhood teams.                               |
| 10.7      | Ensure that there is on-going support from Aristotle to support new practitioners within primary care to utilise the system  |

| <b>Localities as Commissioners Task and Finish Group Plan V13</b> |   |
|---|---|
| <b>1</b>  | <b>Practices to have insight of the needs of their practice population</b>  |
| 1.2   | Establish a system to ensure that Practices to have access to current practice level intelligence as published by PHE, HSCIC, NHS Digital.                |
| 1.4   | Develop locally enhanced service to ensure practices undertake risk start and establish robust links with their respective community neighbourhood teams. |
| <b>2</b>  | <b>Practices utilise data/ intelligence to consider their utilisation of commissioned services</b>  |
| 2.1   | Practices to engage in Peer Review at Group level   |
| 2.2   | Practices to utilise the Right Care approach when undertaking Peer Review   |
| 2.3   | Develop a reporting feedback mechanism to allow Peer Review Groups to report into CCG   |
| 2.6   | Develop and introduce risk based capitated budgets.   |

|                                       |   |
|---------------------------------------|---|
| <b>3</b>                              | <b>Practices are informing the commissioning process</b>  |
| 3.2.1                                 | Facilitate discussion at quarterly network meetings where practices are engaged in on-going service reviews and inform the service review process (Q1 April 2017) |
| 3.3                                   | Develop a planning template to incorporate clinical network priorities into Commissioning intentions  |
| <b>5</b>                              | <b>Practices supported to develop and maintain intelligence of local services</b>   |
| 5.1.2                                 | WIN directory of service to be developed to incorporate health services to enable social prescribing  |
| 5.4                                   | Monitoring mechanism to determine launch and going effectiveness of social prescribing service to be defined and implemented.                                     |
| <b>6</b>                              | <b>Ensure that new clinical networks/ practices working at scale have organisational and business requirements in place as commissioning entities</b>             |
| 6.1                                   | Ensure MOUs are in place across all practices working at scale  |
| 6.2                                   | Constitution and Articles of Association  |
| 6.3                                   | Working capital   |
| 6.4                                   | Organisation's principal fields of activity, its values and main objectives.  |
| 6.5                                   | Organisation and business structure   |
| 6.6                                   | The organisation's insurance  |
| 6.7                                   | Business plan and Strategy  |
| <b>Workforce and Development V2.6</b> |   |
| <b>2</b>                              | <b>Wolverhampton a place to work</b>  |
| 2.3                                   | Work with HEWM re recruitment and retention of GP trainees  |
| 2.7                                   | Develop a programme to recruit individuals from Wolverhampton where possible (i.e. those most likely to remain in Wolverhampton) via recruitment fair etc         |
| <b>3</b>                              | <b>Career development for clinical and non-clinical staff</b>   |
| 3.3                                   | Support implementation of career pathways in general practice and new models of care for: Advanced clinical practice (Masters)                                    |
| 3.4                                   | Support implementation of career pathways in general practice and new models of care for: Non-academic development opportunities                                  |



|          |  |
|----------|--|
| <b>4</b> | <b>Pilot mapping Skills for new PC Service Provision model</b>   |
| 4.1      | Identify locality  |
| 4.2      | Map PH data – GP data – WF numbers   |
| 4.3      | Workshops with identified teams  |
| 4.4      | Secure resources and tools for scoping skills and workload   |
| 4.5      | Scope skills for disease areas / teams   |
| 4.6      | Monthly progress reports to group  |
| <b>6</b> | <b>Developing a leadership culture within primary care</b>   |
| 6.1      | Scope leadership skills within GP teams  |
| 6.2      | Identify leadership courses and resources to support them  |
| 6.3      | Increase uptake of leadership courses/programmes by teams  |
| 6.6      | Develop and support the long term transformation of the primary and the community workforce                  |
| <b>7</b> | <b>Improving and improving standards of practice</b>   |
| 7.2      | Standardise practice – for non-clinical workforce  |
| <b>8</b> | <b>Increase training capacity in primary care</b>  |
| 8.2      | Ensure clinical placement models in primary care are sustainable   |
| 8.3      | Work with HEWM and Deanery to ensure GP trainees allocations are spread across all areas with WCCG footprint |
| 8.4      | Explore incentives for GP trainee recruitment in Wolverhampton   |
| <b>9</b> | <b>Develop a Primary Care Workforce Development Strategy</b>   |
| 9.1      | Amend and Implement the Primary Care Workforce Strategy  |
| 9.2      | Monitor and evaluate the Primary Care Workforce Strategy   |
| 9.3      | Develop a mechanism to record the primary health care workforce training requirements                        |





| <b>Primary Care Contract Management - Task and Finish Group V11</b> |   |
|---|---|
| 5   | Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England  |
| 5.4   | Identify appropriate contracting mechanisms for enhanced primary care services 2017/2018.   |
| 5.5   | Prepare contracting plan for primary care in response to practice groupings i.e. limited company /alliance agreement based on local preference in line with national guidance.  |
| 5.6   | Ensure practice groups are sufficiently prepared to sub contract services where deemed necessary.   |
| 5.7   | Confirm state of readiness for contracting with practice groups for new models of care due to take affect April 2017. This involves development of a checklist to be used by practice groupings and also a CCG version for contracting/ commissioning purposes. |
| 5.8   | Develop an outline contract strategy for primary care based on MCP approach.  |

| <b>Project Implementation Plan - Task &amp; Finish Group Estates V1.13</b> |   |
|--|---|
| <b>2</b>   | <b>Primary Care Estates</b>   |
| 2.8  | Estates Strategy to be Implemented.   |
| <b>4</b>   | <b>Estates Prioritisation</b>   |
| 4.2  | Work with Practices who score highly on the prioritisation document to scope estates development. |
| 4.3  | Papers to be produced based on priority for relevant committees and governing body.               |

| <b>IM&amp;T - Business Intelligence Implementation Plan V12</b> |   |
|---|---|
| <b>5</b>  | <b>Improving Access - Lean</b>                  |
| 5.2   | Development of existing Text Messaging solution |

2.4 All task and finish groups provide formal highlight reports to the committee at monthly intervals, in April the committee considered exception reports from two task and finish groups.

| <b>Task &amp; Finish Group</b> | <b>Reason for Exception</b>   |
|--------------------------------|---|
| Practices as Providers         | The initial objective was to develop a project plan for the implementation of new pathways/ delivery models as defined by the new practice groups. The number of pathways was quite lengthy, 5 out of 12 have completed and the remainder will be complete by September 2017.                   |
| Localities as Commissioners    | The availability of practice level intelligence and the introduction of an enhanced service for risk stratification had been delayed as a result of data final steps in completing these tasks had not been fully achieved. The revised implementation date was agreed as the end of June 2017. |



2.5 Whilst there are risks attached to the delivery of this programme of work there are no red risks captured on the risk register at this stage, this was verified through discussions held at the committee meeting in April.

### 3. NEW MODELS OF CARE

3.1 There are 45 practices within the membership of Wolverhampton CCG, almost all practices have aligned with like-minded practices to enable them to work together with a view to reviewing health care needs for their population(s) and where feasible exploring opportunities to share the workload through working at scale. Each group has identified the priorities they feel are most important for their population and comprise of some of the following:-

- Improving access for patients with diabetes
- Improving access for patients during the evening & weekends
- Adopting pro-active management of patients with frailty
- Using a risk based approach to managing patients with long term conditions

3.2 The current practice groupings are largely attached to the Primary Care Home Model where practices work together to serve a population of in the region of 30-50,000 patients to provide population based complete care in conjunction with health and social care partners and the voluntary sector. This enables patients to receive the right care, first time, personalised to their needs through a strong focus on partnership working. The primary care home model is owned and lead by our general practitioners within each practice who continue to engage with their clinical peers to ensure they achieve a consistency of approach in the way care is provided to their patients.

| Practice Group       | Number of Practices | Population Size |
|----------------------|---------------------|-----------------|
| Primary Care Home 1  | 9                   | 58,388          |
| Primary Care Home 2  | 8                   | 50,266          |
| Medical Chambers     | 21                  | 130,500         |
| Vertical Integration | 5                   | 30,350          |
| Not Yet Aligned      | 2                   | 5,477           |

Discussions are taking place with practice group leads to identify how those groups can be aligned within the boundaries of the three localities, this will enable the Primary Care Home Model to be further developed by all practices within Primary Care Home 1, 2 and Medical Chambers. Further discussions with practices not yet aligned and vertical integration will also take place to ensure equity of delivery of patient care.



#### **4 General Practice Forward View**

As a result of feedback from NHS England in relation to the CCGs second stage implementation plan for the GPFV a range of supplementary information was provided to the regional team in a revised plan. The plan has since been confirmed as fully assured and a programme of work is well underway to implement each of the projects detailed within the plan. The committee will receive formal reports on all live GPFV projects from May 2017 onwards, this information will be reflected in future reports of the committee to Governing Body.

#### **5 CLINICAL VIEW**

5.1 There are a range of clinical and non-clinical professionals leading this process in order to ensure that the leadership decisions are clinically driven. Clinical representation at many Task and Finish Groups takes place on a regular basis.

#### **6 PATIENT AND PUBLIC VIEW**

6.1 Whilst patients and the public were engaged in the development of the strategy and a commissioning intentions event held in the summer specific to primary care the Governing Body should note that Practice based Patient Participation Groups are being encouraged to ensure their work with the practice(s) encompasses new models of care and the importance of patient and public engagement moving forward.

6.2 An update on Primary Care was provided to the Patient Participation Group Chairs in March, whilst this was welcomed they have requested further clarity regarding their involvement in the future in discussions with their respective models of care/practice groupings. Therefore, arrangements are being made for each group of PPG Chairs to meet with the CCG and the Group Lead(s) to discuss how this will be achieved and to ensure patients and the public are invited to share their suggestions on areas for improvement and take part in discussions about changes affecting patients.

#### **7 RISKS AND IMPLICATIONS**

##### ***Key Risks***

7.1 The Primary Care Strategy Committee has in place a risk register that has begun to capture the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise with the Governing Body.

##### ***Financial and Resource Implications***

7.2 At this stage there are no financial and resource implications for the Governing Body to consider, representation and involvement from finance colleagues at committee and tasks and finish group level will enable appropriate discussions to take place in a timely manner.

##### ***Quality and Safety Implications***

7.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme becomes more established is anticipated to be met with positive experiences of care. The quality team will be engaged accordingly as service design takes place and evaluation of existing care delivery is undertaken.

***Equality Implications***

7.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

***Medicines Management Implications***

7.5 The role of clinical pharmacist is an area of specific attention within the programme of work. A task and finish group has been established to ensure this role is utilised with maximum impact in the future.

***Legal and Policy Implications***

7.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

**Name** Sarah Southall  
**Job Title** Head of Primary Care  
**Date** 12 May 2017

### REPORT SIGN-OFF CHECKLIST

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

|   | <b>Details/<br/>Name</b> | <b>Date</b>    |
|---|--------------------------|----------------|
| Clinical View   | <b>Salma Reehana</b>     | <b>12.5.17</b> |
| Public/ Patient View  | <b>Pat Roberts</b>       | <b>12.5.17</b> |
| Finance Implications discussed with Finance Team                        | <b>NA</b>                |                |
| Quality Implications discussed with Quality and Risk Team               | <b>NA</b>                |                |
| Equality Implications discussed with CSU Equality and Inclusion Service | <b>NA</b>                |                |
| Information Governance implications discussed with IG Support Officer   | <b>NA</b>                |                |
| Legal/ Policy implications discussed with Corporate Operations Manager  | <b>NA</b>                |                |
| Other Implications (Medicines management, estates, HR, IM&T etc.)       | <b>NA</b>                |                |
| Any relevant data requirements discussed with CSU Business Intelligence | <b>NA</b>                |                |
| <b>Signed off by Report Owner (Must be completed)</b>                   | <b>Steven Marshall</b>   | <b>12.5.17</b> |



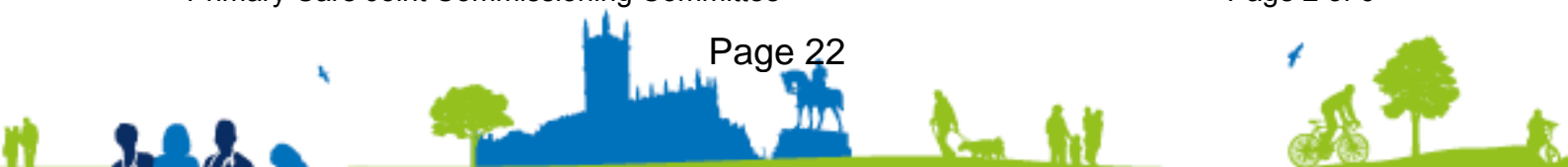
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**WOLVERHAMPTON CCG**
**PRIMARY CARE JOINT COMMISSIONING COMMITTEE  
JUNE 2017**

|   |  |
|---|--|
| <b>Title of Report:</b>   | <b>Application to close a branch site at Dunkley Street</b>  |
| <b>Report of:</b>   | Gill Shelley, Primary Care Contracts Manager, Wolverhampton CCG  |
| <b>Contact:</b>   | Gill Shelley, Primary Care Contracts Manager, Wolverhampton CCG  |
| <b>Primary Care Joint Commissioning Committee Action Required:</b>  | <input checked="" type="checkbox"/> <b>Approval</b>  |
| <b>Purpose of Report:</b>   | To inform the Committee regarding the application received to close a branch surgery within the Wolverhampton CCG area.  |
| <b>Public or Private:</b>   | This Report is intended for the public domain  |
| <b>Relevance to CCG Priority:</b>   | To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via co-commissioning of primary care services |
| <b>Relevance to Board Assurance Framework (BAF):</b>  | Outline which Domain(s) the report is relevant to and why – See <a href="#">Notes</a> for further information  |
| <ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>                                      |  |
| <ul style="list-style-type: none"> <li>• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes</li> </ul> | Improved Outcomes and Delivery of Primary Medical Services to the patients of Wolverhampton CCG  |
| <ul style="list-style-type: none"> <li>• <b>Domain 2b:</b> Quality (Improved Outcomes)</li> </ul>                                 | Improved quality of services for patients.   |
| <ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>   | rent reimbursement on Dunkley Street will cease  |
| <ul style="list-style-type: none"> <li>• <b>Domain 4:</b> Planning (Long</li> </ul>   | Provides and secures continued and sustainable   |



|  |   |
|--|---|
| Term and Short Term)   | primary medical services to patients of Wolverhampton |
| <ul style="list-style-type: none"> <li>• <b>Domain 5:</b> Delegated Functions</li> </ul> | This is a delegated function of the CGG               |





## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. This Wolverhampton practice known as Prestbury Medical Practice has a list size of 14400 patients operating across three sites. The main premises is located at Prestwood Road West and serves approximately 48% (or 6879 patients) of the total registered list. The surgery based at Bushbury Health Centre serves approximately 42% (or 6038 patients) of the total registered list with the remainder 10% (or 1449 patients) accessing primary medical services through the branch surgery located at Dunkley Street.
- 1.2 The GMS Contract is held with 7 Partners and Dr C Luis is the lead Senior Partner..
- 1.3 Dunkley Street Surgery was acquired in 2010 when the practice merged with another local practice due to retirement of the incumbent GP. An additional site in Prestwood Road was subsequently closed leaving 3 sites overall.
- 1.4 The practice was inspected by the CQC summer 2016 and was given an overall rating of good, however while the inspection team visited both Bushbury Health Centre and Prestwood Road sites they did not go to Dunkley Street.

## 2 RATIONALE FOR BRANCH CLOSURE

- 2.1 The partners have now reviewed their branch operation and have submitted a formal application to close the Dunkley Street branch site. The business plan attached provides their rationale for closure.
- 2.3 The practice has been unsuccessful in recruiting into clinical posts and is experiencing difficulty in providing appropriate clinical cover to all sites.
- 2.4 There are a considerable number of issues with the premises at Dunkley Street (outlined in the business plan) including infection prevention issues and limited accommodation for staff
- 2.5 The partners also have indicated that keeping the branch open is a continual financial burden due to increased use of locum doctors,
- 2.6 Practice staff are reluctant to work at the site due to fears of safety, the practice has experienced 2 police incidents over a 6 month period and lone working is an issue
- 2.7 Patients can remain registered with the practice and can be seen still be seen at either of the other 2 sites. The Prestwood Road West site is 2.6 miles and Bushbury Health Centre is 3 miles from Dunkley Street. Both sites are accessible by bus and



both have dedicated car parking. Patients already access these sites for nurse clinics and enhanced services. If patients do not wish to remain with the practice then there are 6 practices within a mile of Dunkley Street where patients can register. All practices have open lists and are registering new patients.

The practice has contacted all of the practices outlined below to ensure that they are aware of what may potential occur in respective of an potential increased demand in patients asking to register:

| <b>Practice</b>                      | <b>Distance in Miles</b> |
|--------------------------------------|--------------------------|
| Leicester Street Medical Centre      | 0.3                      |
| Thornley Street Medical Centre       | 0.4                      |
| Dr Vij, Whitmore Reans Health Centre | 0.5                      |
| West Park Surgery                    | 0.6                      |
| Dr Whitehouse, 199 Tettenhall Road   | 0.9                      |
| Owen Road Medical Centre             | 0.9                      |
| Penn Fields Medical Centre           | 0.9                      |

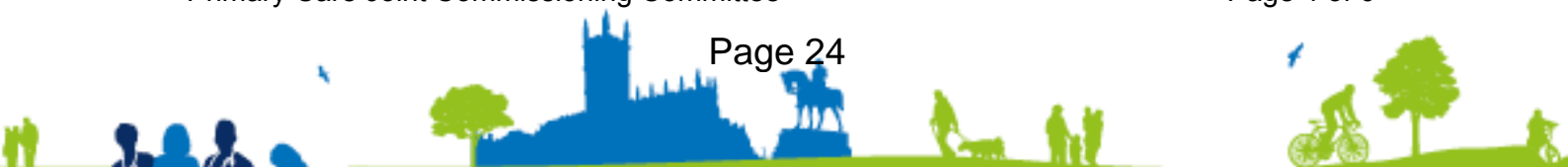
Feedback was received form Thornley Street, Leicester Street and Owen Road confirming that these surgeries are open for registration of patient, however all practices on the list are open to new patient registrations

### **3. BENEFITS FOR PATIENTS**

- 3.1 The practice have listed the increased benefits in their business plan for their patients should the DunkleyStreet Site be allowed to close. These include an improved appointment system, increase in surgery opening hours, increase in telephone access improved clinical.

### **4. PATIENT ENGAGEMENT**

- 4.1 Throughout the engagement process, the practice have met with representatives of the circa 1449 registered list size.



5.2 To date, the Practice has:

- Met with patient participation group on 3 separate occasions
- Sent letters to patients and requested feedback
- Posters have been displayed in reception area
- Updated practice website
- Attended a patient forum meeting of 100 attendees -7<sup>TH</sup> March 2017

Feedback from patients is detailed in the practice application

## **6. RISKS AND IMPLICATIONS**

### **Key Risks**

#### **6.1. Committee decides to keep branch surgery open.**

- 6.1.1. Continued premises, safety and infection prevention concerns if the surgery remains open in its current state.
- 6.1.4. Substantial financial input required for the renovation of the branch practice to meet current infection prevention, equality and clinical guidance as well as general building regulations. Following renovation a review and likely increase in revenue costs will be expected.
- 6.1.5 Continued pressure in providing clinical cover at a time of known national recruitment difficulties
- 6.1.5 Continued financial pressure on practice in maintaining locum cover at the practice

#### **7. Committee decides to support closure of branch surgery.**

- 7.1. Increased pressure on neighbouring surgeries –

#### **8. Financial and Resource Implications**

- 8.1. There is a likely financial implication for the repair of the current branch surgery at Dunkley Street to bring it in line with current benchmarking.

#### **9. Quality and Safety Implications**

- 9.1. Closure of the surgery will reduce the current concerns around safety of delivering services in the current branch surgery.

### **Recommendations**

That the committee



- Discuss the proposed branch close and approve the practice application to close the branch surgery. Timescales to be agreed.

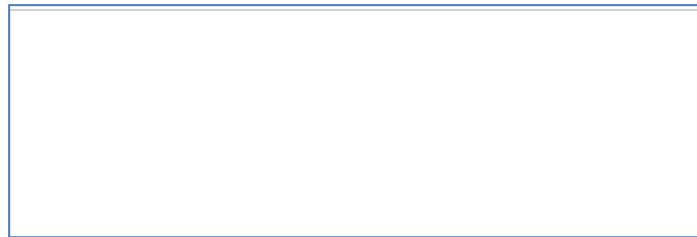
|                  |   |
|------------------|---|
| <b>Name</b>      | <b>Gill Shelley</b>                                     |
| <b>Job Title</b> | <b>Primary Care Contract Manager, Wolverhampton CCG</b> |
| <b>Date</b>      | <b>31<sup>st</sup> May 2017</b>                         |



**Application for consideration of a contractual change** (for example sub-contracting arrangements, change to services, change to agreed opening hours, change in level of commitment for Doctors, practice boundary changes, etc)

(Please add additional pages if you have insufficient room to complete fully and depending upon the nature of change requested, not all sections of this form will need to be completed)

Practice stamp



|                         |  |
|-------------------------|--|
| Proposed Change         | <b>Closure of Dunkley Street Surgery</b> |
| Proposed Date of Change | <b>Unknown</b>                           |
| Practice M/Y Codes      | <b>M92009</b>                            |

Provide the Practice rationale for the proposed change:

### **Background Information**

Prestbury Medical Practice encompasses 3 sites. The main site is based at 81 Prestwood Road West, with branch sites at Bushbury Health Centre and Dunkley Street. Dunkley Street surgery was acquired in 2010 when Dr Ghosh@s surgery ceased in Wednesfield due to retirement, and patients from Dr Ghosh were absorbed in the site at Prestwood Road West. Dunkley Street surgery is the smallest of the sites, both in patient list size and accommodation.

### **Recruitment issues and loss of expertise:**

- Retirement of Senior Partner in July 2016. The practice has been unsuccessful in the recruit of a replacement Partner.
- The Practice completed a recruitment exercise in 2016 for salaried GP's; two posts were offered and both candidates declined.
- ANP left in July 2016
- ANP recruited in 2015 to support workload left after a few months
- Nurse left practice in July 2016

### **Premises**

- Premises bid submitted in 2016 to amalgamate 3 sites into one central site was rejected in December 2016.

- Premise requires modernisation and redecoration internally. Building has experienced leaks in the roof during Winter.
- Flooring in 3<sup>rd</sup> clinical room does not comply with Infection Control regulations – this is currently out of use, and as a result, we are unable to offer enhanced services such as minor surgery, additional nursing clinics or community clinics such as counseling, due to restrictions in room availability. Quotations have been obtained for the replacement of flooring.
- Infection control recommends replacement of chairs and carpeted flooring in the reception and patient waiting area. Quotations to complete these works have been obtained.
- Unable to expand the premises in order to offer an increase in services – this is limiting the services we can offer to patients.
- Car parking space is limited and is not dedicated to patient use only. It is shared with several local shops.
- Unable to expand staffing offices and areas to accommodate increase in staff numbers - Dunkley Street accommodates 1 receptionist, 2 x summarisers, 1 x domestic.

#### **Cost effectiveness**

- Increasing GP workload as a result of increasing workload and geographical area of practice.

#### **Increasing patient size:**

- Prestbury patient list size 14400 – 7 Partners + salaried GP = 5.72 WTE = 2517.48 patients/WTE
- Current list sizes: Dunkley 1449 (10%), Bushbury Health Centre 6038 (42%), Prestwood Road West 6879 (48%)
- List size is increasing by an average 450 patients per annum – increasing GP workload

#### **Health and Safety**

- Undesirable location – staff reluctance to work at site due to fears to safety
- Increasing number of significant events – 2 police incidents in 6 month period
- Lone working concerns

#### **Rental**

- Private landlord – 3 year contract – 6 months' notice
- Increasing annual rental costs

- Percentage of reimbursement of rental decreasing year on year. Reimbursement in 2010 was 94.7% of rental compared to 70% for 2017. The projected rent reimbursement for 2018 is 67.61%.
- Decrease in rental reimbursement represents an annual £ deficit to the practice. Deficit was £624 in 2010 compared to £5184 in 2017. The projected deficit is £5892 for 2018.

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your issues/open hours/practice list and, if any were implemented, what was your success in reducing or erasing such difficulties?

- **Partners and locums providing 13-15 hours weekly at Dunkley** – this has increased sessions at Dunkley Street, but has decreased GP availability at Prestwood Road West and Bushbury HC
- **Employed salaried GP** – 4 sessions per week
- **Employing long term locums** – 3 long locums employed has increased session availability for patients at a cost of £850/week
- **Clinical Manager recruited** – started August 2016 and is currently completing ANP course, which is being fully funded by Practice
- **ANP locum** - 2-4 sessions weekly (since 2015)
- **Premises bid submitted in 2016** – rejected. We are in discussion with CCG regarding options for the practice to relocate and share premises with another practice in order to facilitate “hub” working
- **Re-negotiated rental costs with landlord** – this has seen a slight decrease in the rental costs for 2016/17

**Of which CCG are you or propose to be a member?**

Wolverhampton CCG

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If applicable, has the CCG approved your proposal? (Please provide evidence of approval/comments from your local CCG)

Our local CCG were informed of our application to close Dunkley Street and have not opposed this application. Prior to the practice starting this process, we have met with the CCG to discuss the proposal. They have provided advice with respect to the stages of patient engagement, the collection of patient feedback, liaising with local practices to gauge capacity for additional patients and the appropriate timelines for the process.

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Full details of the benefits you feel your registered patients will receive as a result of this proposed change.

Please provide as much detail as possible as to how the current registered patients will continue to access services, including consistent provision across:

- Access to essential services (routine and emergency) including how the Provider will have access to the Patients medical records
- home visits;
- booking routine appointments/requesting blood test results, etc;
- additional and enhanced services;
- opening hours;
- Impact on other parts of the local health economy as a result of the practice proposal (positive/negative)
- extended hours;
- single IT and phone system; and
- Premises facilities

**The closure of Dunkley Street Surgery would benefit the patients in the following ways:**

#### **Increase in surgery opening hours**

Dunkley Street's opening hours are 08.30 to 11.45 and 3.45 to 6.30 pm daily. However, on Thursday's they close at 11.45 and they do not offer a Saturday morning clinic.

In comparison, Prestwood Road West and Bushbury are open from 08.30 am to 6.30 pm daily (Thursday 5.00 pm). This would provide increased access to clinical services, staff services such as IT, administrative, secretarial, prescription and general counter enquiries.

#### **Increase in telephone access**

Dunkley Street's telephone lines are open from 08.30 to 11.45 and 3.45 to 6.30 pm. On Thursday's they close at 11.45. Telephone lines at Prestwood Road and Bushbury are open from 08.00 am until 6.30 daily (Thursday 1.00 pm). This gives patient increased access to clinical services, staff services such as IT, administrative, secretarial, general enquiries and prescription queries. Both centres close for 1.5 hours/week for staff training but the lines are diverted to another centre, ensuring patients have access to the centre.



### **Extended Hours**

The site at Prestwood Road West holds regular Saturday clinics, with a GP, Nurse, Health Care Assistant and Receptionist in attendance. Pre-book appointment slots are available for this clinic, including Dunkley Street patients, who attend, if required.

### **Improved appointment system**

Patients will see an increase in the number of appointments available. A selection of pre-bookable and book-on-day appointments are available for patients at Prestwood Road West and Bushbury, both in the morning and afternoon. Generally, the morning sessions are held between 09.00–12.00 and the afternoon sessions are from 3.00-6.00 pm.

Prestwood Road West and Bushbury have telephone consultation slots available. Reception staff are trained to identify non-urgent or routine enquiries and book these into a telephone consultation slot, which allows GP's to triage patients for routine matters, thus alleviating the need for patients to attend surgery.

Patients from Dunkley Street have access to appointments at Bushbury Health Centre and Prestwood Road West and attend appointments at both of these sites, if required.

### **Improved patient care and access to patient services**

The improved surgery opening times and telephone lines ensures that patients have increased access to GP's, Nursing team and Health Care Assistants as well as staff who service the surgery in non-clinical functions. This includes front facing staff such as receptionists, back of house staff such as IT staff who support registrations, on-line access, secretarial staff who manage referrals, the centralised administration teams offering support for practice functions and the management tier, including the Practice Manager, Clinical Manager and HR. All disciplines of staffing expertise and levels are represented at both Prestwood Road West and Bushbury and are accessible by patients during opening hours.

### **Training Practice**

Prestbury Medical Practice is a training practice. Patients have access to registrar and FY appointments on a daily basis at both Prestwood Road and Bushbury. Appointment slots are longer than GP appointments of 10 minutes; registrars are 20 minutes in duration and 30 minutes for FY Doctors. This gives flexibility and enhances patient choice.

### **Regular Nursing clinics**

Prestwood Road and Bushbury offer regular nurse clinics. These include asthma reviews, chronic disease management, diabetes, dressing and super clinics offering extended appointment times. Patients are identified and called for annual “birthday” reviews. Patients from Dunkley Street have access to nursing clinics at Bushbury Health Centre and Prestwood Road West and attend appointments at both of these sites, if required.

### **Phlebotomy Service**

Phlebotomy services are offered on a weekly basis at both Prestwood Road West and Bushbury. These clinics are walk-in clinics, offering flexibility to patients.

### **Enhanced Services**

Prestbury Medical Practice has a range of enhanced services on offer to patients. These include minor surgery, sexual health and family planning, dementia screening, smoking cessation and learning disability. Patients from Dunkley Street attend Prestwood Road West or Bushbury Health Centre for these services when required, eg minor surgery.

### **Community Clinics**

Prestwood Road West and Bushbury offer weekly midwife and baby clinics (6 week checks and vaccinations).

### **Specialist services**

The practice has a designated drug and alcohol specialist. The Practice also has allocated GP’s for chronic disease areas including, for example, dementia, mental health, cardiovascular disease, rheumatoid arthritis, CKD, diabetes, contraception, heart failure, palliative care, cancer, COPD.

### **Patient medical notes and registration**

If patients wish to remain with the practice and transfer to either Prestwood Road West or Bushbury, they would not be required to re-register. Hard copy medical notes would be transferred to the sites of Prestwood Road West or Bushbury, dependent upon where patients would prefer to be transferred.

Patient records are accessible in EMIS system within Prestbury Medical Practice, which encompasses all 3 sites. No changes would need to be made.

If patients wish to register with an alternative practice, they will be offered support to complete registration forms, if needed. Support workshops or meetings will be arranged for these patients to ease their transition.

**Access to emergency services**

Access to emergency and out of hours service will not change. Patients who call the surgery are diverted to the Bushbury Health Centre answering service, which then transfers the caller to the NHS11 service, if they wish.

***Please attach any documentation/agreement from the external Provider if the practice is intending to sub contract services to another Provider to deliver primary care services (eg. half day closing/opts outs). The Agreement must describe how and what routine services are to be provided including arrangements for accessing patient medical record. A copy of the Service Level Agreement with the sub-contractor must be attached.***

***A copy of the practice current and proposed practice area is required for applications for changes to practice area***

Describe impact of proposed change upon practice boundary (inner and outer):

**N/A**

.....  
.....  
.....

***If applicable***, please provide the outcome of consultation with your patients (PRG) about this proposal and how the Practice will communicate the actual change to patients and ensure patient choice throughout (**provide written evidence (agenda/minutes of meetings, etc to document outcome of patient views with your application)**): ***Depending upon the type of practice application, NHS England/CCG will not be able to consider the Practice application until evidence from patient consultation has been received***

The Practice has arranged a consultation process with the patients of Dunkley Street. This included:

**February 2017- letter sent to Dunkley patients:**

- detailing the reason for the proposed closure
- outlining the feedback options – completing reply slip at the end of the letter and returning to surgery, accessing the website and completing “comments” box or attending Patient Forum meeting
- inviting patients to a Patient Forum on 7<sup>th</sup> March at Newhampton Arts Centre in Dunkley Street
- assuring patients that they will not be asked to leave the practice list

- assuring patients that they can join either Prestwood Road West surgery or Bushbury Health Centre
- assuring patients who cannot access other sites that we will be negotiating with local practices to enquire of capacity for new patients
- informing them of the 6 month processing timeframe

In addition:

- Copies of the above letter were made available for patients in the reception areas and counters of all surgeries: Dunkley Street, Prestwood Road West and Bushbury Health Centre
- Posters outlining proposals (and content of letter) displayed in reception areas, counters, display boards and doors of surgeries, including Prestwood Road West and Bushbury
- Letters (content as above) given to newly registered patients who are in the process of registering, or those attending the surgery to request registration forms, who intend to register
- Practice website was updated with details of proposal, content of which is similar to letter sent to patients
- All staff informed of proposal by letter
- 6 local GP practices within 1 mile of Dunkley Street contacted informing them of proposed closure and to enquire of capacity to register new patients.
- PPG meeting minutes displayed on PPG boards at all centres

### **March 2017**

- Partners and Practice Manager attended Patient Forum Meeting on 7<sup>th</sup> March 2017 at 7.15 pm. A power point presentation was prepared and delivered at the Patient Meeting. This was followed by question and answer session. 100 patient attendees, including 3 representatives from the Patient Participation Group (6.9%). A summary of the questions and responses of the meeting is attached. During the meeting, a patient informed us that they had enquired of re-registering with Leicester Street, but were not satisfied with the waiting time for an appointment.
- Immediately following the patient forum, between 12-15 patients approached the Partners and the Practice Manager to inform us of their intentions to

either stay with the practice or register with an alternative practice. The majority would be staying with the practice and would transfer. 2-3 told us that they may consider registering with Leicester Street, which is within walking distance of Dunkley Street.

- Closure date applied of 21.04.17 for receipt of patient feedback. Letters to patients and posters were updated with the closure date and were re-issued for display in all centres. The Practice website was updated with this information including the closure date.

### April 2017

- Closure date for patient feedback was 21.04.17.
- 24.04.17 – Patient feedback outcomes - the Practice has received 58 reply slips from patients and 3 patient comment e-mails via practice website. The majority of the replies have stated that they wish for the surgery to remain open as they rate the service highly.
- Response received following letters sent to 6 local GP practices enquiring of their capacity to take patients – we have received confirmation that Thornley Street, Leicester Street and Owen Road surgeries are open for registration of patients. Response also received from Dr R Cam of Tetterhall who informed us that the team would be relocating to West Park. The Practice Manager has checked NHS Choices website for those surgeries who have not responded to the letters, and these are accepting registrations.

### Contact with Patient Participation Group

21.02.17 - Dr J Cox and E McAndrew (Practice Manager) attended PPG meeting and discussed proposed closure of Dunkley. Copies of letters handed out. Agenda and minutes attached.

14.03.17 – Dr J Cox and E McAndrew (Practice Manager) attended PPG meeting to discuss progress and attendance at Patient Forum Meeting. Agenda and minutes attached.

11.04.17 - Dr J Cox and E McAndrew (Practice Manager) attended PPG meeting to discuss progress of closure application. Agenda and minutes attached. Dunkley Street is also included in the agenda for the meeting due to be held on 10<sup>th</sup> May.

Please confirm the following:

|   |                   |
|---|-------------------|
| Practice list size                      | 1449              |
| Current number of appointments per week | 72 GP, 20 Nursing |

Proposed number of appointments per week Same - To be transferred

**What arrangements are to be made in the event of there being a reduction in appointments availability/services (please list)**

- There will be no reduction in the number of slots available as these will be absorbed at Prestwood Road West and Bushbury Health Centre, along with the existing clinical staff
- The practice clinical rota will be altered to include the transferred additional GP/nursing sessions to cater for the expected rise in patient attendance at these sites.
- There will be no reduction in clinical time as this being transferred to Prestwood Road West and Bushbury Health Centre
- Dunkley Street patients have been advised that they will be given the option of transferring to Prestwood Road West or Bushbury Health Centre and that they will not be asked to leave the register. Patients will see an increase/improvement in availability of appointments and services upon transfer.
- The patient list size will be absorbed within the two branch sites and the transfer of clinical and nursing sessions will enable the practice to provide additional services.
- Home visits will continue to be provided.
- Prestwood Road West and Bushbury Health Centre are open for longer periods during the day and telephone lines are also open for longer period, therefore providing flexibility and patient choice

Should the proposal to close Dunkley be approved, patients will be informed by letter and will be supported through this transition. A sample letter to patients is attached.

Current opening hours

| Mon           | Tues          | Wed           | Thurs         | Fri           | Sat    | Sun    |
|---------------|---------------|---------------|---------------|---------------|--------|--------|
| 08.30 – 11.45 | 08.30 – 11.45 | 08.30 – 11.45 | 08.30 – 11.45 | 08.30 – 11.45 | Closed | Closed |
| 3.45 – 6.30   | 3.45 – 6.30   | 3.45 – 6.30   | Closed        | 3.45 – 6.30   | Closed | Closed |

Current opening hours for Prestwood Road West and Bushbury Health Centre

| Mon                             | Tues             | Wed              | Thurs                                      | Fri            | Sat                | Sun    |
|---------------------------------|------------------|------------------|--|----------------|--------------------|--------|
| 08.30* – 18.30                  | 08.30* – 13.30** | 08.30* – 13.30** | 08.30* – 13.00                             | 08.30* – 18.30 | 08:30 - 11:30(PRW) | Closed |
|                                 | 15.00 – 18.30    | 15.00 – 18.30    | OOH service                                |                |                    | Closed |
| * telephone lines open at 08.00 |                  |                  | ** closed for staff training for 1.5 hours |                |                    |        |

Proposed opening hours – same as above.

| Mon                             | Tues             | Wed              | Thurs          | Fri  | Sat                | Sun    |
|---------------------------------|------------------|------------------|----------------|--|--------------------|--------|
| 08.30* – 18.30                  | 08.30* – 13.30** | 08.30* – 13.30** | 08.30* – 13.00 | 08.30* – 18.30                             | 08:30 - 11:30(PRW) | Closed |
|                                 | 15.00 – 18.30    | 15.00 – 18.30    | OOH service    |  |                    | Closed |
| * telephone lines open at 08.00 |                  |                  |                | ** closed for staff training for 1.5 hours |                    |        |

If applicable, identify increase/recruitment of additional workforce (Please list details)

.....N/A.....

If applicable:

Name of joining GP N/A  
 Status of GP (e.g. Partner/Salaried doctor, etc.) -----  
 Level of commitment -----

Enhanced Services

|  |  |
|--|--|
|  |  |
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Any other services provided

Baby clinic – Wednesday pm

Antenatal Clinic – Thursday am

Do you have any other information to bring to the attention of NHS England/CCG about this application?

**Location**

The locations of Prestwood Road West (2.6 miles) and Bushbury Health Centre (3 miles) are in close proximity to Dunkley Street and both sites are accessible by bus routes. Both sites have dedicated car parks to accommodate patients and visitors.

**Sub-Contracting: Additional Information** (The Practice may have already provided this information above):

Please list the following: N/A

- (a) the name and address of the proposed sub-contractor;

.....

- (b) the duration of the proposed sub-contract;

.....

- (c) the services to be covered:

.....  
.....  
.....

- (d) the address of any premises to be used for the provision of services.

.....  
.....

To be signed by all parties to the current contract

Signed .....

Print .....

Date .....

Signed .....

Print .....

Date .....



Signed

Print

Date

Signed

Print

Date

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Date

Please continue on a separate sheet if necessary

**Note: this application does not impose any obligation on the NHS CB to agree to this request.**

Please return your completed and signed form to:

**By Email:**

[England.gp-contracting@nhs.net](mailto:England.gp-contracting@nhs.net)

Or

**By Post to:**

Primary Care Contracting Team

NHS England (West Midlands)

St Chads Court

213 Hagley Road

Edgbaston

Birmingham

B16 9RG