NHS
Wolverhampton
Clinical Commissioning Group

Meeting of the Primary Care Commissioning Committee (PUBLIC)
Tuesday 5th September 2017 at 2.00 pm, Stephenson Room, 1st Floor, Technology Centre, Wolverhampton Science Park

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 1st August 2017	Chair	1 - 8
5	Matters Arising from the Minutes	Chair	Verbal
6	Committee Action Points	Chair	9 - 10
7	Primary Care Quality Report	Manjeet Garcha	11 - 20
8	Primary Care Strategy Committee Update	Sarah Southall	21 - 26
9	Primary Care Operational Management Group Update	Sarah Southall	27 - 32
10	Provision of Services Post Dr Mudigonda Retirement from a Partnership to a Single Handed Contract - Business Case	Gill Shelley	33 - 46
11	Any Other Business	All	Verbal
	• Risk Register	Chair	Verbal
12	Date of Next Meeting **Tuesday 3rd October 2017 at 2.00pm PC108, 1st Floor, Creative Industries Centre, Wolverhampton Science Park**		

For further information on this agenda or about the meeting generally, or to submit apologies for absence, please contact Laura Russell on 01902 444613 or email laura.russell4@nhs.net

NHS
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Clinical Commissioning Group

MEMBERSHIP	
Wolverhampton CCG	Dr D Bush Mrs M Garcha Dr H Hibbs Dr Kainth Mr S Marshall Dr Reehana Ms P Roberts Les Trigg Mr J Oatridge
NHS England	Bal Dhami
Patient Representatives	Sarah Gaytten
Invitees (Non-Voting)	Elizabeth Learoyd Chair - Wolverhampton Healthwatch Katie Spence – Consultant in Public Health (Health and Wellbeing Board)

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Primary Care Commissioning Committee Meeting (Public)
Held on Tuesday 1st August 2017, Commencing at 2.00 pm in the in PC108, Creative Industries Building, 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
Les Trigg	Lay Member (Vice Chair)	Yes

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 ~

Sue McKie	Consultant in Public Health on behalf of Public Health and Wellbeing Representative	Yes
Elizabeth Learoyd	Chair - Wolverhampton Healthwatch	No
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	Yes

In attendance ~

Mike Hastings	Associate Director of Operations (WCCG)	Yes
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Jane Worton	Primary Care Liaison Manager (WCCG)	No
Jim Oatridge	Interim Chair (WCCG)	No
Helen Hibbs	Chief Accountable Officer (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	No
Lesley Sawrey	Deputy Chief Finance Officer	Yes
Liz Corrigan	Primary Care Quality Assurance Coordinator	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

Welcome and Introductions

WPCC87 Ms Roberts welcomed attendees to the meeting and introductions took place.

Apologies for absence

WPCC88 Apologies were submitted on behalf of Manjeet Garcha, Tony Gallagher and Sarah Southall.

Declarations of Interest

WPCC88 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.

Dr Hibbs declared that she is no longer an employee at of a GP Practice but still an owner of Parkfields Medical Services, who currently do not hold any NHS Contracts.

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 5th July 2017

WPCC89 RESOLVED:

That the minutes of the previous meeting held on 5th July were approved subject to the following amendment;

Page 5 under the resolution to reword to the quality report to ensure that it makes clear that the majority of complaints are managed by the GP practices, however some are either escalated to NHS England or made directly to NHS England and are resolved in collaboration with the GP Practice.

Matters arising from the minutes

WPCC90 There were no matters arising from the minutes.

RESOLVED: That the above is noted.

Committee Action Points

WPCC91 **Minute Number PCC302 – Premises Charges (Rent Reimbursement)**
The Committee was informed the CCG have received advice and guidance from NHS England regarding the use of rooms for none GMS. The CCG are still awaiting the cost directives. Action to remain open.

Minute Number WPCC71- Pharmacy First Scheme Report
It was confirmed that David Birch had contacted Helen Ryan in order to have the information regarding the service shared with the Practice Managers. Action closed.

Minute Number WPCC72 – Primary Care Quality Report
It was confirmed this action would be picked up and shared with Ms Corrigan under item 9 Primary Care Quality Report. Action closed.

RESOLVED: That the above is noted.

WCCG Quarterly Finance Report

WPCC92 Mrs Sawrey presented to Committee the first CCG quarterly finance report since the budget allocation from NHS England, which outlines the CCGs financial position at month 3. The financial position has been reported to the CCGs Finance and Performance Committee last week.

The report provides the Committee with the assurance that the finances are in line for 2017/2018, with the forecast outturn of £35.513m delivering a breakeven position. The CCG have received no information from NHS England as it is still very early in the financial year and there are no other concerns which would move the CCG finances from a break even position.

In month 3 the CCG have received £688k recurrent allocations, which has helped transform Primary Care growth over and above what has originally funded. There has also been £78k allocated to GP Premises funding to be used with any premise cost increase the CCG may experience.

Mrs Sawrey outlined to the Committee the growth allocation and how the CCG plan to allocate the funds as well as a breakdown of the month 3 forecast position. Mrs Sawrey highlighted the PMS premium which currently stands at £494,000. This will grow each year as a result of the transitional taper of funding of PMS Practices it is anticipated cumulative position for 2021/2022 will be £1,096,098.

The CCG and NHS England have discussed the month 4 figures which is very early indication of the position. It has anticipated that due to increase list sizes, QOF and DES reporting much higher, there would be a current withdrawn on resource and a meeting would need to take place with the Director of Finance.

The CCG budget is only for 2017/2018 there are still costs coming through from 2017/2016 which need to be paid. The impact has been taken out of the position and as it stands at the moment the CCG are online to breakeven with Primary Care.

RESOLVED: That the above is noted.

Governing Body Report/Primary Care Strategy Committee Update

WPCC93 Mr Marshall presented the above report on behalf of Mrs Southall and highlighted the progress made on the following four key points;

1. ***Primary Care Strategy Committee Deep Dive Evaluation Report***
   Deep Dives have taken place across all the seven Task and Finish Groups to review the work programmes progress to date. The Deep Dives identified some areas have achieved; and some areas have evolved and needed further review. In light of this four of the seven Task and Finish Groups prorgammes of work have been halted and a review of their Terms of Reference has taken place and was approved by the Governing Body in July 2017.

   The Governing Body were also informed that three out of the Task and Finish Groups programme of work will also be dependent on the future outcomes pertaining to the possible accountable care alliance with partners across the City.

2. ***Bank Holiday Opening***
   A report on the Bank Holiday Opening was considered by the Governing Body, the report confirmed that attendance levels over the Eater and early May Bank Holiday had been lower than expected. The level of activity over the late Bank Holiday did see an improvement across all four hubs that were open.

   There has been positive feedback received from patients regarding the availability of the service. It has been agreed that the cost effectiveness and any reduction in attendances at the City's Urgent Care Centre would be considered within future reports following the August Bank Holiday.

3. ***Primary Care Strategy Implementation Plan***
   The programme of work is now under review and it is the intention to share with the Governing Body a copy of the milestone plan for the coming year.

4. ***General Practice Five Year Forward View Programme***
   The Governing Body was informed that 50% of the projects are now up and running and continue to be overseen by the Primary Care Strategy Committee.

Ms Roberts asked how are they promoting the Bank Holiday Opening, Mr Marshall agreed to confirm with Mrs Southall and advise the Committee at the next meeting.

The Committee raised the following queries in relation to the Task and Finish Groups Terms of References which were enclosed within the report;

Task and Finish Group Structure - Primary Care Joint Commissioning Committee needs to be amended to the Primary Care Commissioning Committee.
Localities - whether they still exist and should they be included. It was agreed they needed to remain as although they are New Models of Care there are still discussions taking place regarding the patient reconfiguration and this aligns.
Quoracy – Discussion took place as to whether this was relevant for the Task and Finish Group. It was agreed the sentence needed to be reworded for clarity and whether quoracy is necessary for a task and finish Group.

RESOLVED: Mr Marshall agreed to confirm with Mrs Southall how the Bank Holiday opening is being promoted and advise the Committee at the next meeting.

The terms of references structure chart needs to be amended.

Primary Care Quality Report

WPCC94 Ms Corrigan presented the Primary Care Quality Report to the Committee which provides the assurance of monitoring of key areas of Primary Care activity. The following areas were highlighted:

1. ***Infection Prevention***
   Infection Prevention is provided by the Royal Wolverhampton Hospitals, a new infection prevention audit has commenced. There currently no concerns of those audits that have been completed using the new process.

2. ***Friends and Family***
   The figures for the June Friends and Family Test submission (May figures) have slightly improved on last month (18% to 33%) although the submission levels are low, according to NHS England the CCG are one of the better performing CCGs. It was noted those Practices who have submitted data but have less than 5 responses the data would be suppressed and not included within the overall figures.

3. ***Quality Matters***
   The data for quality matters for the month have been stable there are no concerns with any particular Practice. There are currently 5 quality matters that are on-going.

4. ***Risk Register***
   The risks are recorded onto Datix and monitored by the Quality Team on a monthly basis and mitigation and actions discussed via the Primary Care Operational Management Group. There are currently 17 risks in total.

5. ***Workforce***
   The development of a communications and promotion for workforce is currently been worked upon in order to attract people to live and work in Wolverhampton. A workforce gap analysis has been undertaken by the two Project Managers within Primary Care Home and Medical Chambers.

RESOLUTION: That the above was noted

Primary Care Operational Management Group Update

WPCC95 Mr Hastings provided an update on the Primary Care Operational Management Group meeting which took place on the 17th July 2017. The following update was provided;

IT Migration Plan – Showell Park and Dr Kharwadkar migration to EMIS Web has now been completed. Dates are now being now being arranged with the next group of Practices.

Estates Update/Local Estates Forum - working is currently taking place on a possible Practice merger with Grove, All Saints, Caerleon and Dr Mundlur.

The Black Country wide Estates support Service Level Agreement is being tested by solicitors prior to a full support offer being made to the CCG.

Child Health Information System (CHIS) – Public Health provided an update on the investigations regarding issues identified with the system. It transpires that the issue is not as widespread as initially thought and the team are working with the provider of the system and CCG data specialists who have mitigated the risk.

Patient Choice Update - As Royal Wolverhampton NHS Trust move towards being paper free by the summer of 2018 they are introducing a more direct booking onto E-RS. A new system has been introduced for 2 week wait cancer appointments and the feedback form GPs has not been positive. A meeting has been arranged with Operations, Local Medical Committee and Cancer Services to review and discuss alternative processes.

Ms Roberts asked in relation to the four practices possibly merging what the potential list size be after the merger. Ms Shelley highlighted that the merger would take time and an initial report would come to the September Committee.

RESOLUTION: Ms Shelley to provide an initial report on the four practice merger (Grove, All Saints, Caerleon and Dr Mundlur) to the September meeting.

Patient Experience

WPCC96 Ms Roberts shared with the Committee the following reports for the Committees information;

1. Healthwatch Wolverhampton GP Access: Patient Experience April 2017
2. Healthwatch Wolverhampton Urgent Care Centre: Patient Experience May 2017
3. National NHS England GP Patient Survey: Wolverhampton CCG Results

The Committee asked what would the CCG do with this data, it was confirmed that the CCG would be reviewing to identify any key elements that can be used to support programmes of work or practice visits.

Any Other Business

WPCC97 There were no further items raised by the Committee.

RESOLVED: That the above is noted.

WPCC **Date, Time & Venue of Next Committee Meeting**
Tuesday 5th September 2017 at 2.00pm in the Stephenson Room, Technology Centre, 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	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. 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. 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. 06.06.17 - The Committee was informed that the cost directives have been put on hold due to purdah. Action to remain open. 07.06.17 – Action to remain open cost directives still awaited.

						01.08.17 – Action to remain open the CCG have received advice and guidance from NHS England regarding the use of rooms for none GMS. The CCG are still awaiting the cost directives

Primary Care Commissioning Committee Actions Log (public)

Action No	Date of meeting	Minute Number	Item	By When	By Whom	Action Update
05	**01.08.17**	**WPCC93**	**Governing Body Report/Primary Care Strategy Committee Update** Mr Marshall agreed to confirm with Mrs Southall how the Bank Holiday opening is being promoted and advise the Committee at the next meeting.	**September 2017**	**Steven Marshall**	
06	**01.08.17**	**WPCC93**	**Governing Body Report/Primary Care Strategy Committee Update** The task and finish groups terms of references structure chart needs to be amended.	**September 2017**	**Steven Marshall/Laura Russell**	
07	**01.08.17**	**WPCC95**	**Primary Care Operational Management Group Update** Ms Shelley to provide an initial report on the four practice merger to the September meeting.	**September 2017**	**Gill Shelley**	

NHS
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Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
5th September 2017

TITLE OF REPORT:	Primary Care Monthly Report
AUTHOR(s) OF REPORT:	Liz Corrigan – Primary Care Quality Assurance Coordinator
MANAGEMENT LEAD:	Manjeet Garcha
PURPOSE OF REPORT:	To provide an overview of activity in primary care, and assurances around mitigation and actions taken where issues have arisen.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain OR This report is confidential for the following reasons
KEY POINTS:	• Overview of Primary Care Activity
RECOMMENDATION:	Assurance only
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Providing information around activity in primary care and highlighting actions taken around management and mitigation of risks
2. Reducing Health Inequalities in Wolverhampton	N/A
3. System effectiveness delivered within our financial envelope	N/A

1. BACKGROUND AND CURRENT SITUATION

This report provides an overview of primary care activity in Wolverhampton and related narrative. This aims to provide an assurance of monitoring of key areas of activity and mitigation where risks are identified.

2. INFECTION PREVENTION

Infection prevention is provided by Royal Wolverhampton Hospitals with a dedicated link for primary care. Information for the most recent visits and audits are shown below.

IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%; No rating ≤84%

Site	Date	Overall audit
Tettenhall Medical Practice	8/5/2017	94%
Duncan Street Primary Care Centre	16/5/2017	89%
Cannock Road Medical Practice	6/2017	95%
Probert Road Surgery	26/5/2017	94%
Penn Surgery	20/7/2017	90%
Rosevillas Surgery	27/7/2017	90%
Dr Sharma Practice	31/7/2017	85%
Hill Street Surgery	7/8/2017	76%
Caerleon Surgery	10/8/2017	89%
Showell Park Practice	5/2017	92%

The new IP audit has now been ratified and is in use at all sites. The following areas are now being audited:

- Waste
- Equipment
- IP Management
- Environment
- Sharps
- PPE
- Minor Surgery Room
- Practice Nurse Room

3. MEDICINES ALERTS

Healthcare professionals are informed about the alerts via a monthly newsletter (Tablet Bytes). In addition, ScriptSwitch messages and/or PMR searches are used to inform healthcare professionals where appropriate.

Click to view Tablet Bytes

Suspected adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme (www.mhra.gov.uk/yellowcard).

4. FRIENDS AND FAMILY TEST

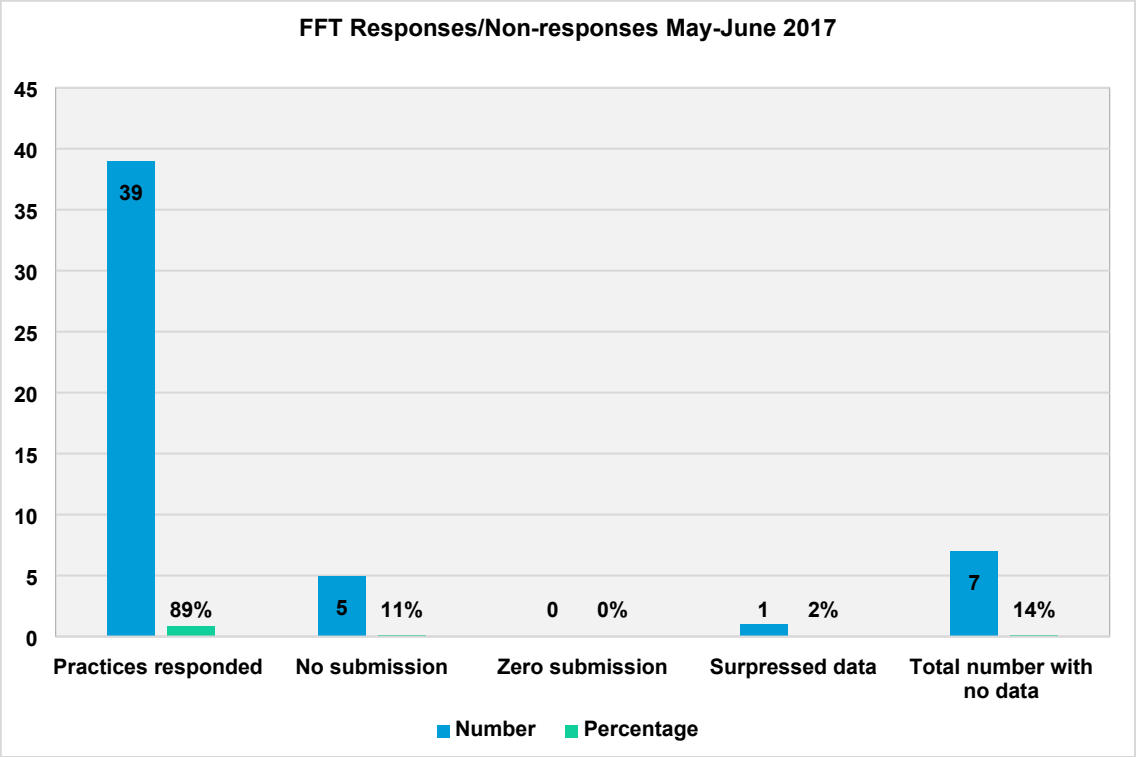
The figures for June FFT submissions (May 2017 figures) are shown below.

GP FFT	Submission for July 2017 (June 2017 data)		
	WCCG	West Mids	England
Percentage Recommended	83%⇩ *(2409/2892)*	91%⇧	89%⇔
Percentage Not recommended	4%⇩ *(116/2892)*	5%⇔	6%⇔
Overall response % of total list size	1%⇧ *(2892/276229)*	0.6%⇔	0.5%⇧

Wolverhampton CCG		
	Number	**Percentage**
No of Practices with "no data"	5	11%⇔
No of Practices had data suppressed *(returns with less than 5 responses are not included in the final analysis by NHSE)*	1	2%⇩
No of practices with zero responses	0	0%⇩
Total number practices with no data	6	14%⇩

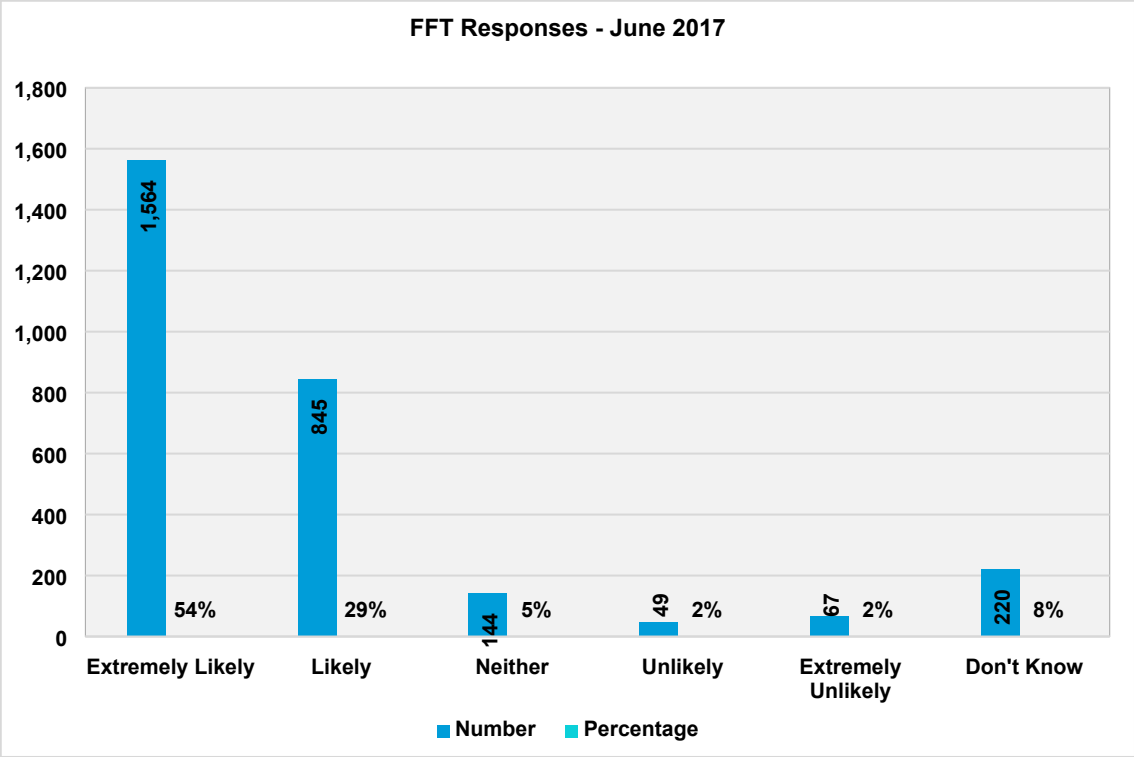
Overall practices with no data available is improved on last month (14% compared to 18% and 36% in May), this indicates a steady improvement although overall figures are still low and fluctuate on a monthly basis. NHS England Quality team continue to provide input into FFT and Gill Shelley Primary Care Contract Manager continues to liaise with practices that have failed to submit data. Liz Corrigan also continues to liaise with practices and with the Primary Care Team to encourage promotion of FFT and to look at ways to facilitate this.

The numbers/percentages of submission and non-submission are shown below:

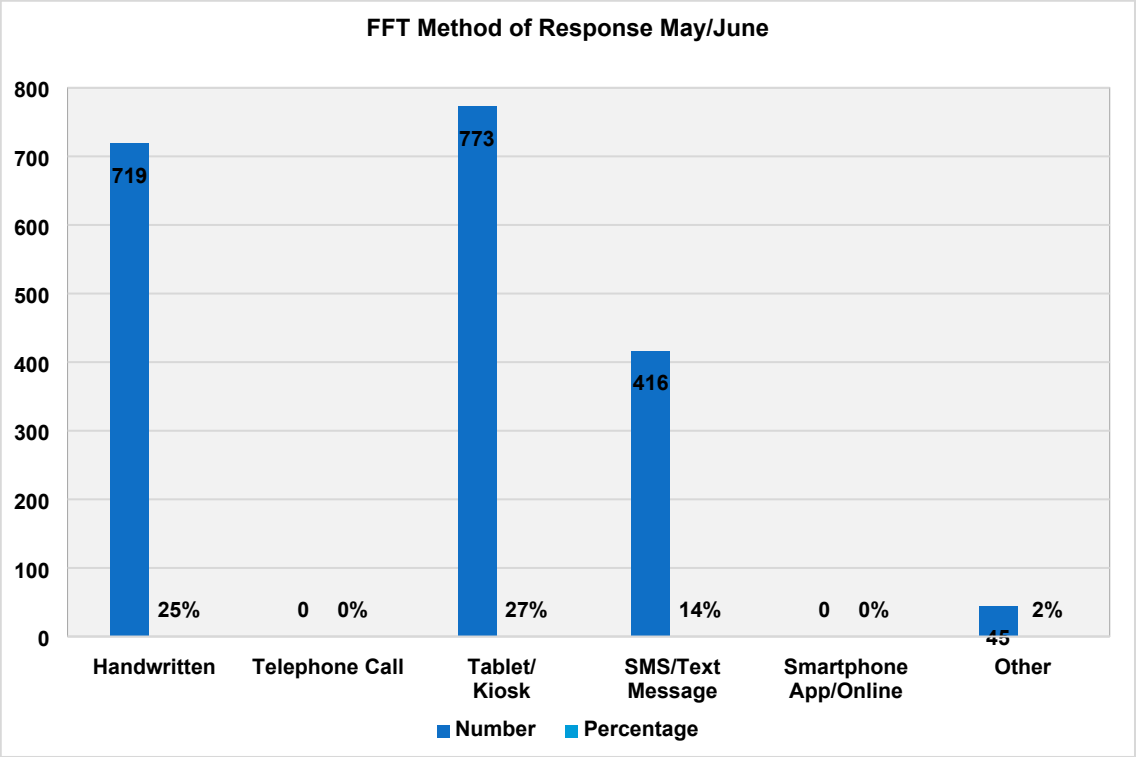


Overall response for WCCG as a proportion of list size was 1% which had increased from 0.7% and was significantly better than both the regional and national average.

FFT Ratings:
83% (2409) of responses were positive (extremely likely or likely with all practices providing a response in this category) a slight improvement on last month. 4% (116 – with responses from 21 practices) were unlikely or extremely unlikely to recommend which is a slight improvement on last month, with fewer practices receiving a negative response. Overall 13% (364) of respondents also gave a neither or don't know answer to this question which is slightly higher than last month, once again figures are low and fluctuate on a monthly basis and it is difficult to draw firm conclusions. There is a slight discrepancy as some respondents do not give a rating despite returning the questionnaire.



Method of Response:
This month the majority of responses have come via tablet/kiosk (check in screens) with handwritten cards in second place and SMS text in third, reflecting an effort by the CCG to promote this within practices. Responses via tablet/kiosk are significantly higher than the national and regional averages (27% compared to 2% and 3%), but SMS texts remain lower at 14% compared to 68% and 66% and work is planned in this area.



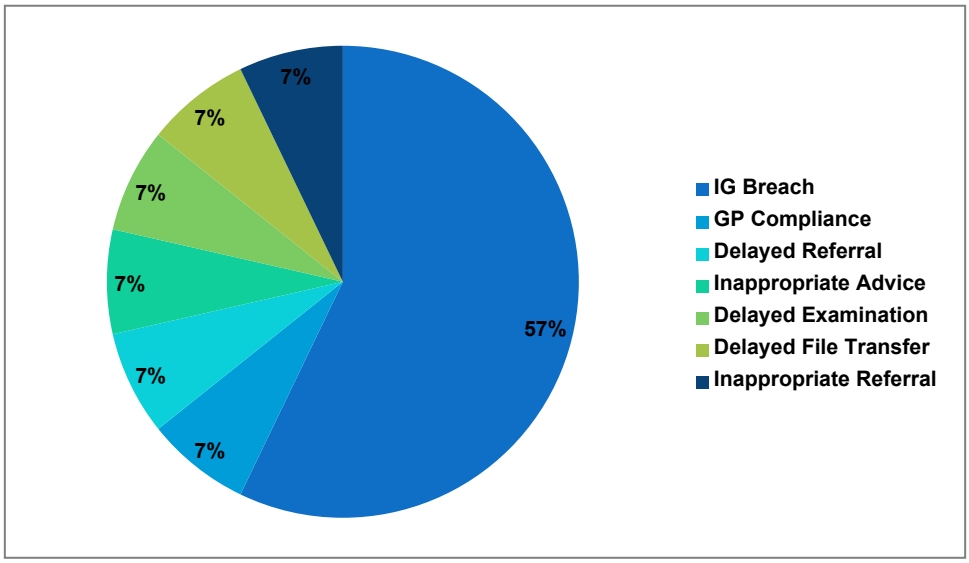
Please note that some practices do not appear to record the method of collection.

5. QUALITY MATTERS

Activity via the Quality Matters process is shown below, this is reviewed monthly. Quality issues relating to GPs are reported to NHS England Professional and Practice Information Gathering Group (PPIGG) for logging and escalation where appropriate.

New	9
On-going	5
Closed	0

Quality Matters themes are shown in the chart below, the majority of current incidents relate to information governance breaches, this is currently being reviewed in-depth by the Quality Team. All incidents here are due to be reported to PPIGG for logging and escalation once the practice has responded to the request for further information:



6. COMPLAINTS

No complaints or compliments relating to primary care are noted for the CCG. NHS England Primary Care complaints data is next due at the end of Quarter 2. GP complaints are dealt with within the surgery or via NHS England and the CCG does not have oversight of these during this process, however an overview of complaints data is provided by NHSE on a quarterly basis and a brief report will be provided.

7. NHS ENGLAND PRIMARY CARE DASHBOARD

The NHS England primary care dashboard provides feedback for individual practices in the following areas:

- Clinical quality
- Organisational quality
- Patient experience
- Safety

From these elements an overall score is provided and practices allotted a “stage” depending on how high the score is (the higher the score the higher the stage – an indication that the practice may require additional support). Four practices in the city have scored at stage 2 or 3 and may require some additional support to reduce their overall scores, this information has shared with the Patient Safety Manager, Primary Care Team, and the Primary Care Contract and Liaison Managers to discuss further actions.

Each domain is monitored and quality assured within the CCG and by external partners (e.g. NHSE and Public Health) and via CQC:

- Clinical quality is monitored via direct input from the Quality and Primary Care Teams, and via Operational Management Group and Quality and Safety Committee.
- Organisational quality is monitored via Primary Care Operational Management Group, and via Public Health and the local and regional Screening and Immunisation Boards.

- Patient experience is monitored via Friends and Family and the Primary Care Operational Management Group and the Primary Care Commissioning Committees, and with additional input from Health Watch and local PPGs.
- Safety score is monitored via the Quality and Safety Committee and via intelligence gathered by the Quality and Risk Team.

8. NICE/CLINICAL AUDIT

The NICE assurance group met in July 2017 where the latest guidelines were discussed. Guidance relevant to primary care is shown below. For the latest list of published guidance please see this link.

Guideline
DG30 - Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care
NG71 - Parkinson's disease in adults
QS155 - Low back pain and sciatica in over 16s
QS150 - Haematological cancers
QS152 - Liver disease
QS153 - Multimorbidity

9. CQC INSEPECTIONS AND RATINGS

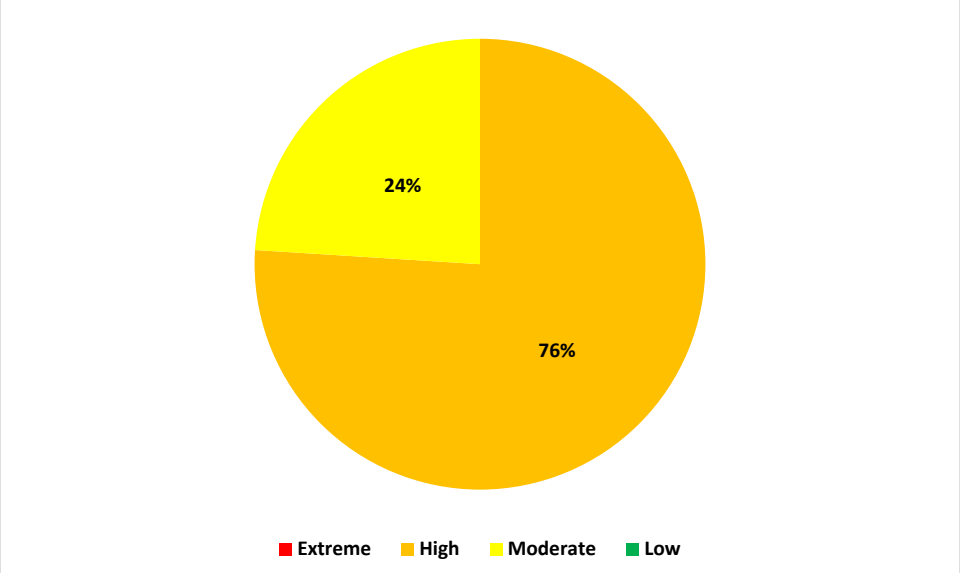
Most recent inspections are shown below with rating and link to the full report, CQC continue to liaise with the CCG around inspections and ratings.

Site	Date	Rating
Keats Grove Surgery	18/8/2017	Good

10. RISK REGISTER

Risks relating to primary care are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team, with mitigation and actions discussed via Primary Care Operational Management Group and Quality and Safety Committee. The current risk status is shown below

Rating	Number (inc. confidential risks)	Percentage
Extreme	0	0%
High	13	76%
Moderate	4	24%
Low		0%
Total (inc. confidential risks)	17	100%
Confidential risks	2	2 high



RAG rating:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

11. WORKFORCE

A working group has been set up to develop effective communications and engagement, which includes a video promoting primary care in the city and developing the primary care web pages. A primary care vacancies bulletin has been set up. The next meeting is scheduled for September 2017.

A workforce gap analysis report has been provided by PCH and Unity identifying current and future needs. Similar will be provided by VI this will be aligned with the workforce strategy. Work is also being carried out to align this with the Ten Point Action Plan for General Practice Nursing and with local developments in the apprenticeship programme.

The Nursing Associates continue in their course as do the nurses undertaking Fundamentals of Practice Nursing. The NAs alongside those from Dudley CCG are the first in England in Primary Care. This programme will be offered as a Foundation Degree Apprenticeship from 2018.

The 10 point action plan was released on 27th July and funding allocation has been tentatively released with more information to follow later in the month via the HEE Regional Leads Steering Group.

GPFV training programmes continue and include Reception Staff training and Practice Manager training. Funding allocation for practice nurse and ACP has been provisionally agreed and this will be announced as soon as the candidates have been made aware. Further information on NHS England/HEE Leadership programmes is expected in the autumn.

12. CLINICAL VIEW

Not applicable

13. PATIENT AND PUBLIC VIEW

Not applicable

14. KEY RISKS AND MITIGATIONS

See section 9.

15. IMPACT ASSESSMENT

Not applicable.

Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
Minutes of the Primary Care Strategy Committee
Held on Thursday 17 August 2017
Commencing at 1pm in the CCG Main Meeting Room, Wolverhampton Science Park, Glaisher Drive, Wolverhampton

Present:

Sarah Southall	Head of Primary Care, WCCG (Chair)
Sharon Sidhu	Head of Strategy & Transformation, WCCG
Ranjit Khular	Primary Care Transformation Manager, WCCG
Jo Reynolds	Primary Care Development Manager, WCCG
Stephen Cook	IM&T Lead, WCCG
Tally Kalea	Commissioning Operations Manager, WCCG
Dr Kainth	Locality Lead/New Models of Care Representative, WCCG
Gill Shelley	Primary Care Contracting Manager, WCCG
Jason Nash	Project Manager, WCCG
Dr Mehta	LMC Representative
Barry White	Project Manager, WCCG
Laura Russell	PMO Administration, WCCG
Jane Worton	Primary Care Liaison Manager, WCCG
Liz Hull	Administrative Officer, WCCG

Declarations of Interest

PCSC212 Dr Kainth and Dr Mehta declared that they are GP's but did not declare an interest in any specific agenda items.

RESOLVED: That the above was noted.

Apologies for absence

PCSC213 Apologies were submitted on behalf of Dr Helen Hibbs, Steven Marshall, Manjit Garcha, Andrea Smith, David Birch, Lesley Sawrey and Vic Middlemiss

RESOLVED: That the above is noted.

Minutes and Actions

PCSC214 The minutes of the previous meeting held on 20th July 2017 were accepted as a true and accurate record.

The action log was discussed and an updated version will be circulated with the minutes.

RESOLVED: That the above was noted.

Matters Arising

PCSC215 **Outcomes of Discussions – Report to Governing Body of the Primary Care Strategy Committee:**

The Committee was informed that a Governing Body Meeting did not take place in August.

RESOLVED: That the above was noted.

Risk Register

PCSC216 **Escalation of Risks (Risk Scoring 15-25):**

The Committee was advised that ESC002, ESC006, ESC007, ESC008 have been reviewed, downgraded and can be removed from the Issue Log.

There were no objections or queries from those present.

RESOLVED: That the above was noted.

PCSC217 **Summary of Risk Logs:**

The risk logs for the following Task and Finish Groups were reviewed by the Committee:

- Practice as Providers
- IM&T Business Intelligence
- Clinical Pharmacist in Primary Care
- Capital Review Group / Strategic Estates Forum
- General Practices as Commissioners
- Primary Care Project Management
- Workforce and Development

RESOLVED: That the above was noted.

Performance

PCSC218 **Strategy Implementation Plan**

The Committee was provided with an update with regards to areas of completion and areas of slippage, which were noted as follows:

- PCSC021 – Work has been delayed but work is due to start in September / October.
- PCSC022 – Since the Committee papers were published, this milestone has been split into two. The first one has been completed.

- PCSC023 – There is a delayed pending a decision in relation to the localities and Locality Manager positions which are currently out to advert. The Committee agreed to extend this milestone to November.

RESOLVED: That the above was noted.

Task & Finish Groups

PCSC219 **Practice as Providers Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects:

- Collaboration between practices to improve access
- Integration of Primary and Community services
- Practices sharing back office functions
- Review of identified pathways / redesign opportunities

The Committee acknowledged current progress and next steps.

RESOLVED: That the above was noted.

PCSC220 **General Practices as Commissioners Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Ranjit Khular, Jason Nash and Barry White in relation to the following projects:

- Governance / functions of locality and clinical network groups
- Commissioning and contracting cycle
- Monitoring and quality
- Engagement and development of services
- Business intelligence and data

The Committee acknowledged current progress and next steps.

RESOLVED: That the above was noted.

PCSC221 **Workforce and Development Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Sarah Southall, on behalf of Manjeet Garcha, in relation to the following projects:

- Attraction
- Recruitment
- Development
- Retention

RESOLVED: That the above was noted.

PCSC222 **Clinical Pharmacists in Primary Care Task & Finish Group**

The workbook was reviewed by the Committee in relation to the following projects:

- Promotion of new Clinical Pharmacist and Workforce
- Communication
- Future service delivery of Medicines Optimisation
- Training and development
- Contribution to the development of clinical pharmacist

RESOLVED: That the above was noted.

PCSC223 **Primary Care Contract Management Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Gill Shelley, on behalf of Vic Middlemiss, in relation to the following projects:

- Implementation of a virtual alliance contract
- Implementation of MCP / PACs emerging care model and contract framework, working in conjunction with NHS England

RESOLVED: That the above was noted.

PCSC224 **Estates Development Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Tally Kalea in relation to the following projects:

- Primary Care BCF Hub Locality (secure funding)
- Primary Care Estates
    - Re-developments / Re-locations - It was noted that if an agreement could not be reached, the recurrent money will continue to be paid but there is a risk that some of the non-recurrent money may be lost. Reassurance was given to the Committee by Tally Kalea, who confirmed that there is a mitigation plan to reduce the impact of this, if required.
- Estates Prioritisation

RESOLVED: That the above was noted.

PCSC225 **IM&T Business Intelligence Task & Finish Group**

The workbook was reviewed by the Committee and assurance provided by Stephen Cook in relation to the following projects:

- Single clinical system EMIS Web
- Integrated working

- Improving access – patient online access digital solutions
- Improving access – increasing the range of contact models
- Improving access – lean

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

Actions Agreed: **Integrated working:**

- **Stephen Cook to clarify the current situation with E-RS and liaise with the Communications and Engagement Team about providing clarification in the GP bulletin.**

Improving access – Patient online access digital solutions:

- **Stephen Cook to liaise with Barry White and Jason Nash with regards to carrying out a review exercise to establish which practices have a low uptake of patients signing up to POL.**

Improving access – Increasing the range of contact models:

- **Stephen Cook to liaise with the Communications and Engagement Team to promote the ASK NHS app.**

Improving access – lean:

- **Stephen Cook to identify costs and funding in relation to the text messaging solution.**

PCSC226 **GP 5 Year Forward View Task & Finish Group**

GP Forward Progress Report / Training Tracker:

GP Forward Progress Report will be submitted to the next Committee in September.

Jo Reynolds referred the Committee to the Training Tracker and an update was provided as follows:

- Care navigation training – A procurement exercise is being undertaken and training is due to start in September. Two workshops will take place, where a local offer is developed and a Launch Event will take place in October. It was advised that this is all part of the 3 year plan agreed with the LMC.
- Resilience bids – Six bids were submitted for Wolverhampton, 3 of which were CCG and 3 submitted separately by Practices. Two of the CCG bids were supported as well as 1 of the Practice bids. GP colleagues have been informed and discussions will be taking place with NHSE to agree a Memorandum of Understanding.

- August Bank Holiday – 4 hubs will be providing cover.

Transformation Fund Enhanced Service Delivery Plans:

Ranjit Khular advised that delivery plans were circulated on 25th July 2017 and to date, no queries have been received.

RESOLVED: That the above was noted.

PCSC227 **Any Other Business**

None discussed.

RESOLVED: That the above was noted.

Date of next meeting

Thursday 21st September 2017 at 1.00pm – 3.00pm in the CCG Main Meeting Room, Wolverhampton Science Park

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
PRIMARY CARE COMMISSIONING COMMITTEE
Tuesday 5th September 2017

TITLE OF REPORT:	Primary Care Operational Management Group Update
AUTHOR(s) OF REPORT:	Sarah Southall, Head of Primary Care
MANAGEMENT LEAD:	Mike Hastings, Director of Operations
PURPOSE OF REPORT:	To provide the Committee with an update on the Primary Care Operational Management Group.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This report is intended for the public domain.

KEY POINTS:	• Review of the Primary Care Matrix took place and the following highlighted;
	  • A signed contract from The Royal Wolverhampton NHS Trust for the caretaking arrangements for Ettingshall Medical Practice is still awaited. It is anticipated they would receive the signed contract within the next few weeks.
	  • Drs Bilas and Thomas is currently in the process of advertising to recruit a GP partner to the Practice.
	  • A contract monitoring visit has been arranged with Tettenhall Medical Practice, Lower Green Health Centre due to the CQC rating for this service of requires improvement.
	• IT Migration Plan - Castlecroft Medical Practice is the next practice to be scheduled to migrate to EMIS Web.
	• Primary Care Quality Update - The new infection Prevention audit tool is a more thorough process, due to the changes it is anticipated that the initial scores will be lower than previous year audit scores.
	• Quality Matters - Information Governance breaches have begun to rise again, however this relates to a backlog of quality matters incidents dating back to April which have now been cleared.
	• Pharmaceutical Involvement in Primary Care - treatment for minor eye conditions can now accessed through pharmacists, GP appointments, community appoints and hospital appointments if it is urgent.

RECOMMENDATION:	To provide the Committee with an update on the Primary Care Operational Management Group.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	The Primary Care Operational Management Group monitors the quality and safety of General Practice.
2. Reducing Health Inequalities in Wolverhampton	The Primary Care Operational Management Group work with clinical groups within Primary Care to transform delivery.
3. System effectiveness delivered within our financial envelope	Operational issues are managed to enable Primary Care Strategy delivery.

1. BACKGROUND AND CURRENT SITUATION

1.1. The Primary Care Operational Management Group met on Tuesday 22nd August 2017 and this report is a summary of the discussions which took place.

2. MAIN BODY OF THE REPORT

2.1. Review of the Primary Care Matrix

The CCG are still awaiting the signed contract from The Royal Wolverhampton NHS Trust for the caretaking arrangements for Ettingshall Medical Practice. The CCG anticipate they would receive the signed contract within the next few weeks.

Dr Thomas from Drs Bilas and Thomas is currently on long term absence and cover is being provided by regular locums to ensure consistency for the patients. Dr Bilas is now in the process of advertising to recruit a GP partner to the Practice.

A contract monitoring visit has been arranged with Tettenhall Medical Practice, Lower Green Health Centre due to the CQC rating of 'requires improvement'. The visit is due to take place in September 2017.

2.2. IT Migration Plan

Castlecroft Medical Practice is the next practice scheduled to migrate to EMIS Web. The practice has consented to system migration and work has commenced.

2.3 Estates Update

The estates prioritisation document has now been shared with the Primary Care Team and Local Medical Committee (LMC). The comments received from the Primary Care Team have been incorporated and the approach the CCG are taking towards estates prioritisation has been agreed by LMC.

2.4 Primary Care Quality Update

The infection prevention ratings were discussed. The practices visited within the month using the new infection prevention audit tool have achieved bronze level ratings. The new audit tool is a more thorough process and it is anticipated that the initial scores will be lower than those undertaken within the previous year audit.

The Friends and Family Test (FFT) completion rates for the month remain the same for June as they did for the previous month. Discussions took place regarding the ratings for those unlikely or extremely unlikely to recommend and it was agreed to review with the Practices with the higher ratings in order for the CCG and LMC to provide support to these practices.

Quality Matters for the month were shared with the group. It highlighted that Information Governance breaches have begun to rise again, this relates to a backlog of quality matters incidents dating back to April which have now been cleared.

The most recent CQC inspection reports that have been published were provided to the group. The practices and their ratings are as follows;

- Woden Road Surgery rating - Good
- Tettenhall Medical Practice rating – requires improvement
- Bilston Urban Village Medical Centre rating – Good
- Drs Bilas & Thomas rating – Good
- Hill Street Surgery rating – Good

2.5 General Practice Forward View Update

The General Practice Forward View plan was reviewed and updates on the training currently taking place was provided. The CCG have received further funding from NHS England for the Practice Resilience Programme and are awaiting the Memorandums of Understanding.

The training for reception and admin staff is currently being organised and it is anticipated that a ½ day stakeholder event will be taking place followed by full day training. There will also be an online sessions that staff can undertake which provides training and online resources.

2.6 Contract Visit Programme

A visit took place to Ashmore Park Medical Centre on the 26th July 2017 this was the first visit to the practice since Dr Rajcholan became a single hander practice following the retirement of Dr E George. There were a number of actions highlighted relating to policy updates and version control of templates, these are being monitored through their action plan.

The second vertical integration practice Lea Road Medical Practice contract review visit took place on the 21st August 2017. The initial feedback from the visiting team has been positive.

2.7 Pharmaceutical Involvement in Primary Care

It was advised that the patients who need treatment for minor eye conditions can now access treatment for this condition through pharmacists, GP appointments, community appoints and hospital appointments if it is urgent.

3. CLINICAL VIEW

3.1. A clinical representative from LMC attends the meetings and gives views on all discussions.

4. PATIENT AND PUBLIC VIEW

4.1. Patient and public views are sought as required.

5. KEY RISKS AND MITIGATIONS

5.1. Project risks are reviewed as escalated from the programme.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The group has no authority to make decisions regarding Finance.

Quality and Safety Implications

6.2. A quality representative is a member of the Group.

Equality Implications

6.3. Equality and Inclusion views are sought as required.

Legal and Policy Implications

6.4. Governance views are sought as required.

Other Implications

6.5. Medicines Management, Estates, HR and IM&T views are sought as required.

Name: Sarah Southall
Job Title: Head of Primary Care
Date: 25th August 2017

NHS
Wolverhampton
Clinical Commissioning Group

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.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	**Sarah Southall**	**29.08.17**

NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
Primary Care Commissioning Committee
Tuesday 5th September 2017

TITLE OF REPORT:	Dr N Mudigonda & Dr V Mudigonda : Retirement and removal from contract of Dr N Mudigonda
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Vic Middlemiss
PURPOSE OF REPORT:	The CCG require assurance of delivery of the GMS contract where a partner is removed from the contract and leaves a sole contract holder
ACTION REQUIRED:	☒ **Decision**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• Dr N Mudigonda is retiring from practice and coming off the GMS contract • Dr V Mudigonda will become a sole contract holder • The CCG require assurance on the ongoing delivery of the contract.
RECOMMENDATION:	That the committee gives approval for the contract to continue with Dr V Mudigonda as a sole contract holder given the assurances provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The practice plans to join Primay Care Home 1 or 2. The groupings support the CCG Primary care Strategy in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost

1. BACKGROUND AND CURRENT SITUATION

1.1. Dr N Mudigonda and Dr V Mudigonda (father and son) hold a GMS contract to provide primary medical services form Bilston Health Centre. The practice had c3,800 patients.

1.2. Dr N Mudigonda was a sole contract holder until joined by Dr V Mudigonda in 2012.

1.3. Dr N Mudigonda has submitted an application to retire from the practice leaving Dr V Mudigonda as the principle GP on the contract post Dr N Mudigondas retirement.

1.4. The CCG are required to gain assurance that the practice will continue following the retirement of a partner where the remaining partner becomes a sole contract holder

2. PRACTICE PROPOSAL

2.1. The practice has submitted a business plan identifying the proposal for clinical cover following Dr N Mudigonda's retirement.

2.2. Dr N Mudigonda reduced his clinical committemnt in the practice fromm 9 sessions to 5 per week in October 2013. A salaried GP has been covering these sessions since then

2.3. An additional salaried GP has been employed for 4 sessions per week with a view to this GP becoming a partner on the contract in the future

2.4. This salaried GP was previously a GP registrar in the practice so has an advantage in already having knowledge of the patients and the area.

2.5. The practice has a robust nursing team in a health care assistant and advanced nurse practitioner (ANP). The ANP also supports the medical team in that she will see patients with minor illnesses.

2.6. The practice is also a training practice and have part time female registrar who will be in the practice for 2.5 years and while it is understood she is a trainee and supernumerary she will be able to offer some continuity and additional choice to those patients who wish to see a female GP in the immediate future.

2.7. The practice will continue to offer the full range of additional and enhanced services and has demonstrated that there will be no loss of clinical services or change to appointment schedules.

3. CLINICAL VIEW

Not applicable

4. PATIENT AND PUBLIC VIEW

4.1 There is no change to patient services, although the practice will inform patients of the retirement of Dr N Mudogonda via the PPG and posters in the surgery.

5. KEY RISKS AND MITIGATIONS

5.1. The Capitation of nearly 4000 patients exceeds the amount of patients per contract holder that would normally be expected. If there was a situation where the sole contract holder was unavailable for any period of time e.g long term sick there could be serious implications as to the management and direction of the practice as well as meeting the needs of the practice capitation. This could result in an impact on the delivery of the contract. The practice has considered this and has included a business continuity plan to mitigate this risk and:

- Has taken on the extra salaried doctor with a view to making them partner in the near future
- Are in active discussion one of the Primary care Home groups with regarding to joining them in the near future
- Has an arrangement with a local surgery for provision of patient services in an urgent situation
- Has an arrangement with the spouse of Dr V Mudigonda for clinical cover
- Will approach a locum agency if necessary for additional clinical cover.
- Dr M Mudigonda (non medical doctor) is the practice business manager and brother of Dr V Mudigonda and has long term vested interest in the practice.

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. There are no financial implications

Quality and Safety Implications

6.2. The practice has informed CQC of the proposed changes

Equality Implications

6.3. Not applicable

Legal and Policy Implications

6.4. Risk to delivery of the contract – see Key risks and mitigations

Other Implications

6.5. No other implications identified.

7. RECOMMENDATION

It is recommended that the committee give approval for Dr V Mudigonda to continue as sole contract holder following the removal of Dr N Mudigodna given the assurance provided by the practice.

Name: **Gill Shelley**
Job Title: **Primary Care Contracts Manager**
Date: **5th September 2017**

ATTACHED:

Practice document: Application for Contractual Change

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.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Gill Shelley**	**5/9/17**

NHS England
West Midlands

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	***Change from partnership to single – handed practice***
Proposed Date of Change	***15th August 2017***
Practice M/Y Codes	***M92649***

Provide the Practice rationale for the proposed change:

- ***Age- related retirement of Senior Partner, Dr Naren Mudigonda***

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?

N/A

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

Wolverhampton

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

Not yet

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

The proposed change will ensure the continuity of care for the patients

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.

Access to essential services
Current situation:

- ***The retiring partner, Dr N Mudigonda, reduced his clinics from 9 sessions to 5 sessions per week in October 2013 (working from Wed to Fri).***

- ***A salaried GP has been covering the remaining four sessions since then (On Mon and Tue). There has been no negative impact on access to services for patients because there has been no reduction in the number of sessions offered by the practice each week.***

- ***The other partner Dr V Mudigonda, has been working 8 sessions per week, covering Monday, Tuesday, Wednesday and Friday.***

- ***Additional clinical team includes a Healthcare Assistant and an Advance Nurse Practitioner who oversees minor illnesses.***

*closing time subject to review in light of extended hours GP contract changes

- ***The practice is a training practice for GP trainees. The current registrar is female.***

Current sessional cover

DAY	AM	PM
MONDAY	Dr V Mudigonda Salaried GP	Dr V Mudigonda Salaried GP
TUESDAY	Dr V Mudigonda Salaried GP ANP	Dr V Mudigonda Salaried GP HCA
WEDNESDAY	Dr V Mudigonda **Dr N Mudigonda** ANP	Dr V Mudigonda **Dr N Mudigonda** ANP
THURSDAY	Dr **N Mudigonda**	
FRIDAY	Dr V Mudigonda Dr **N Mudigonda** ANP	Dr V Mudigonda Dr **N Mudigonda** ANP

Proposed Change

- In order to fill the void of five sessions of the retired partner, the practice is planning to employ a salaried GP for four sessions to cover on Wednesday and Friday. The remaining session will be covered by Dr V Mudigonda.
  In essence

DAY	AM	PM
MONDAY	Dr V Mudigonda Salaried GP	Dr V Mudigonda Salaried GP
TUESDAY	Dr V Mudigonda Salaried GP ANP	Dr V Mudigonda Salaried GP HCA
WEDNESDAY	Dr V Mudigonda **New Salaried GP** ANP	Dr V Mudigonda **New Salaried GP** ANP
THURSDAY	**Dr V Mudigonda**	
FRIDAY	Dr V Mudigonda **New Salaried GP** ANP	Dr V Mudigonda **New Salaried GP** ANP

As can be seen from the above tables, there will be no changes or reduction in session times for patients under the proposed changes.

*closing time subject to review in light of extended hours GP contract changes

HOME VISITS

Home visits are available for patients who are unable to attend the surgery for health reasons. Visits are made at the available doctors' discretion and this arrangement will continue in the future.

Current booking routine appointments/requesting blood test results, etc

DAY	TOTAL APPTS	ROUTINE	EMERGENCY
MON	52	32	20
TUE	56*	36	20
WED	52*	33	19
THU	11	7	4
FRI	49	30	19
	220	138	82

****Includes extended hours slots***
(NB: THE ABOVE APPOINTMENTS DOES NOT INCLUDE ANP APPOINTMENTS)

- ***Booking appointments and test requests are done through reception and this will continue in future***

ENHANCED SERVICES

- ***Extended Hours (NB: currently under review in light of new GP contract)***
- ***Basket Services***

The above services are overseen by all clinicians and this will continue in future.

IT and phone system – ***to remain the same***
Premises facilities – ***To remain the same***

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):

*closing time subject to review in light of extended hours GP contract changes

There will be no changes to the practice boundary as a result of the change.

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***

……
……**N/A**……
……

Please confirm the following:

Practice list size	***3800***
Current number of appointments per week	***220***
Proposed number of appointments per week	***220***

(NB: The above figures do not include super-numery registrar appointments)

ANP appointments will also account for an additional 125 appointments per week

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

N/A – There will be no reduction of appointments (please see above)

Current opening hours

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8.00am to 6.30pm	8.00am to 7.15pm	8.00am to 7.00pm	8.00 to 1 pm	8.00am to 6.30pm	OOH	OOH
6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH		

*closing time subject to review in light of extended hours GP contract changes

NHS England
West Midlands

Proposed opening hours

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8.00am to 6.30pm	8.00am to 7.15pm*	8.00am to 7.00pm*	8.00 to 1 pm	8.00am to 6.30pm	OOH	OOH
6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH	6.30pm – 8.00am next day: OOH		

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

……
……
……
……

If applicable:

Name of joining GP ***Dr Olatoye Lotsu***

Status of GP (e.g. Partner/Salaried doctor, etc.) ***Salaried Doctor***

Level of commitment ***Four sessions***

Enhanced Services

Learning Disability Health Check	Extended hours **subject to review**
Childhood Imms (2 – 5 year olds)	
Childhood Seasonal Influenza	
Men ACWY	
Meningitis Freshers	
Men B	
Pertussis (Pregnant Women)	
Seasonal Influenza + Pneumococcal	
Shingles (catch up)	

Any other services provided

Shared Care Substance recovery clinic – Thursdays
This service is provided by Dr N Mudigonda the retiring partner. However, Dr V Mudigonda will be taking over this service and it will therefore continue as normal.

*closing time subject to review in light of extended hours GP contract changes

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

In case of exceptional circumstances where the sole general practioner Dr V Mudigonda is off due to illness, the practice intend to provide the continuity of service to the patients as follows:

1. ***An additional salaried GP has been taken on with a view to making them a partner in the future.***
2. ***The practice is in active discussion with Primary Care Home Model of Care with regards to joining in the future.***
3. ***One of the salaried GPs to step in as locums*** **OR**
4. ***Approach locum agencies for cover*** **OR**
5. ***Dr V Mudigonda's spouse Dr Jas Bal to cover as locum OR***
6. ***Agreement has been reached with Drs Saini & Mehta at Church Street Surgery, Bilston for cover: both practices use the same clinical systems (EMIS, Docman) so patient records can be accessed; both practices are 300 yards away so patients will be able to access Church Street if necessary.***

Further points to note:

1. ***The new salaried GP previously worked at the practice as a GP registrar. He developed a good rapport with the patients and his previous experience with the practice will help to provide some continuity of care.***

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

N/A

Please list the following:

*closing time subject to review in light of extended hours GP contract changes

(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 ---

*closing time subject to review in light of extended hours GP contract changes

NHS England
West Midlands

Signed ----------

Print ----------

Date ----------

Signed ----------

Print ----------

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.

For those CCGs that are operating at Greater Collaboration or Joint Working, Please return this completed and signed form to:

By Email:

England.gp-contracting@nhs.net

Or

By Post to:

Primary Care Contracting Team

NHS England (West Midlands)

St Chads Court

*closing time subject to review in light of extended hours GP contract changes

213 Hagley Road

Edgbaston

Birmingham

B16 9RG

Has the Practice informed Care Quality Commission of this change?

Not Yet

Has the Practice informed Primary Care Support England of this change?

*closing time subject to review in light of extended hours GP contract changes