NHS
Wakefield
Clinical Commissioning Group

**PROBITY COMMITTEE**

**28 SEPTEMBER 2017**
**12.30PM, MEETING ROOM 3, WHITE ROSE HOUSE**

**AGENDA**

| No. | Agenda Item | Lead officer |
|---|---|---|
| 1. | Apologies for Absence – | **Richard Hindley** |
| 2. | Declarations of Interest | **Richard Hindley** |
| 3. | i) Minutes of the meeting held on 25 July 2017<br>ii) Action sheet from the meeting held on 25 July 2017 | **Richard Hindley** |
| 4. | Matters Arising | **Richard Hindley** |
| 5. | Wakefield Premium Practice Contract – Performance Update | **Chris Skelton** |
| 6. | Delegated commissioning responsibility for Primary Medical Care Services MoU 2017/18 | **Melanie Brown** |
| 7. | Virtual Practice | **Melanie Brown** |
| 8. | Prospect Surgery List Closure | **Chris Skelton** |
| 9. | King Street Closure - Allocation | **Chris Skelton** |
| 10. | Outwood Park Branch closure consultation Update | **Chris Skelton** |
| 11. | Premises Re-imbursement | **Melanie Brown** |
| 12. | Co Commissioning Update (Verbal) | **Chris Skelton** |
| 13. | Practice Resilience – Strategic update (Verbal) | **Chris Skelton** |
| 14. | Any Other Business<br><br>The Committee is recommended to make the following resolution: *"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)".* | |
| 15. | Date and Time of Next Meeting<br>24 October 2017, 12:30pm, The Seminar Room, White Rose House | |

**Agenda item: 3i**

# NHS Wakefield Clinical Commissioning Group

## PROBITY COMMITTEE

## Minutes of the Meeting held on 25 July 2017

**Present:**

| | |
|---|---|
| Richard Hindley | Lay Member (Chair) |
| Melanie Brown | Programme Commissioning Director Integrated Care |
| Sandra Cheseldine | Lay Member |
| Dr Greg Connor | Executive Clinical Advisor |
| Stephen Hardy | Lay Member |
| Diane Hampshire | Nurse Member |

**In Attendance:**

| | |
|---|---|
| Nichola Esmond | Healthwatch Representative |
| Dr Hany Lotfallah | Secondary Care Consultant |
| Anna Ladd | NHS England Representative |
| Chris Skelton | Head of Co Commissioning |
| Ruth Unwin | Associate Director of Corporate Affairs |
| Cllr Pat Garbutt | Health and Wellbeing Board Representative |
| Gareth Webb | Minute Taker |

**17/029 Apologies**

Apologies were received from, Jo Pollard, Andrew Pepper and Jo Webster.

**17/030 Declarations of Interest**

There were no declarations of interest made.

**17/031 (a) Minutes of the meeting held on 13 June 2017**

The minutes from the meeting held on 13 June 2017 were agreed as an accurate record.

**(b) Action sheet from the meeting held on 13 June 2017**

Anna Ladd stated that there was an action for her to complete related to ETTF which she was not aware of. A colleague at NHS England who leads on ETTF is in conversation with the CCG and Mr Skelton and can bring back to a future Probity Committee if requested.

Other actions on the Actions worksheet have been completed.

**17/032 Matters Arising**

There were no matters arising.

**17/033 Wakefield Premium Practice Contract – Performance Update.**

Chris Skelton presented the paper on the Wakefield Premium Practice. The paper followed on from a previous discussion at Probity Committee in respect of having a process in place should a GP Practice not deliver elements of their contract and the recourse to take some of the funding back. Chris provided a detailed explanation of how the framework in the paper would work using Care Planning as an example. However there was a caution that setting levels of penalties too high or too low would not achieve the improvements the CCG is seeking therefore they were trying to achieve the right levels.

Dr Conner provided the timescales for agreeing the paper stating that in September there would be a list of recommended changes; by October a final draft; with the consultation to start in November 2017. Sandra Cheseldine questioned the sanctions and how they were calculated in relation to mechanisms for re-take funding. It was her view that KPI's should come with consequences and wanted them to be more punitive. Dr Conner acknowledged there was a sensitive line between encouraging improvement and disincentivising if too punitive, but there is a need for learning for the future particularly with Practice Plus.
Diane Hampshire recommended that where the paper stated that if a practice is failing the matter should be brought back to the Probity committee to make a decision then it would be helpful to have criteria which can be applied to provide a consistent approach.

It was **RESOLVED** that**:**

Probity Committee agreed to implement the proposed framework for 2017/18.

**17/034 Late Visiting Specification**

Melanie Brown presented the paper. The proposal was a new way of working with General Practices and Community Nurses. It is still in the pilot phase and is to be piloted by a number of practices from the beginning of August 2017. The pilot will be thoroughly evaluated before it proceeds past the pilot stage. The evaluation will be shared with Probity once completed.

Sandra Cheseldine brought to the attention of the committee a deliverable outcome on Page 4 that appeared to contradict the urgent visit necessity the pilot is seeking to address. Melanie thanked Sandra for this observation and will feedback this contradiction. Also a KPI stated the last referral was 17:30 pm however the last appointment was for 17:00. If an urgent visit arrives at 17:05 what would happen. Melanie stated this had undergone discussion and will continue to be considered but she thought the clinical team would act appropriately

to the response for need. Melanie would come back to the committee with the result of the discussion.

Sandra also raised concerns that the costs were blank with a note which said that provider will bring back this information. Melanie Brown responded by saying that at the time of drafting there had been considerations of where the funding would come from, which has now been identified for band 3 and 5 community matrons. Sandra questioned whether it would cover all the associated costs as it did not include additional costs such as administration, without which there could not be a proper evaluation. It was agreed that at the evaluation stage all costs would be included.

The timescale were: Aiming to get the evaluation in December/January time and feedback about February 2018.

It was **RESOLVED** that:

i) Probity committee noted the contents of the report and contributed to the discussion.

**17/035 Outwood Park Branch closure consultation**

Chris Skelton stated that the Primary Care Team had been approached by Outwood Park about the processes involved when considering making a branch closure. During the last few weeks the team had worked with the practice supported by the engagement team. A representative from the practice had come to present their rationale for the proposal requesting for Probity to comment on their consultation.

Glennis Rhodes, Practice Manager at Outwood Park provided the background for how Wrenthorpe became associated with Outwood Park. Glennis also outlined Outwood's reasons for the branch closure:-

- Building access issues.
- Parking at rear so those attending must be reasonably mobile.
- The internal premises only just compliant
- The numbers of attendees.
- There is a flu clinic and a number of incidents have occurred involving those with mobility difficulties.
- Didn't think the people who attend the centre get the service they deserve and would get a better service from Outwood Park.

Ruth Unwin, who is responsible for public engagement with the CCG, asked whether the Patient Reference Group (PRG) had been approached for feedback.
In response Glennis said initially she thought there would be some resistance as many of the members had been with Wrenthorpe for many years however there was much support for the proposal and most of the discussion was to do with communication with the stakeholders. Councillor Garbutt asked that elected members be informed of the discussions too.

Sandra Cheseldine was aware that this would be the second branch closure which had taken place in the area although it was an area of growing housing development. In previous proposal for closure it was usually a question of sufficient staffing however on this occasion the issue seems to be in respect of the premises and access. Glennis responded stating staffing was not an issue, however extended services couldn't be provided to both Outwood Park and Wrenthorpe. Local practices had been informed of the potential closure as well as the Federation, it was not anticipated that there would be significant pressure on surrounding waiting lists. The consultation would be a 12 week consultation and there would be no redundancies.

The Councillor Garbutt was concerned that with new developments in the area and the potential closure of this branch whether there were sufficient vacancies on the lists within surrounding practices. Glennis was not aware of any closed list in Wakefield and the Outwood branch would not be closing its list. Dr Conner stated the consultation also needs to consider the vulnerable patients and what could be done to support them especially those with transport and mobility issues.

It was **RESOLVED** that:

i) Probity Committee approved 'In principle' the proposal put forward and agree to the practice undertaking a patient engagement and communications exercise focusing on service provision and patient benefits.

ii) A decision concerning the proposed closure will be made by Probity Committee once the patient engagement exercise is complete and with regard to clinical safety/care (a quality impact assessment), patient experience and financial viability.

**17/036 APAC Performance**

Dr Greg Connor presented the 1st Quarter Performance Monitoring report on the Additional Patient Access Contract (APAC). The report measures the number of contacts.

There is a 90% target for this financial year by practice and details:

- how many extra contacts;
- whether over achieved;
- achieved the 90%; and
- if under achieve and what we do about it.

Patience Lane was just short by 44 contacts has been experiencing staffing problems and impacting on their ability to deliver the panel believed it would be possible for the practice to catch up on that shortfall during quarter 2 and meet the quarter 2 requirement. Eastmoor had for a number of reasons failed in obtaining any contacts and failed in reporting any issues and therefore the recommendation is to:

- Approve payment to practices apart from Eastmoor;
- Suspend payments to Eastmoor.

It was **RESOLVED** that:

i) The Probity Committee approved the report of the APAC Scrutiny Panel including the proposals for payments to 36 practices and suspends payments to Eastmoor.

**17/037 Co Commissioning Update**

Chris Skelton outlined the Wakefield Practice Premium contract performance review for quarter 1. He reported that the majority of practices were on track, however there were a couple of practices where more assurance was needed and locality managers would be going out to those practices.

Chris provided an update on the Estates and Technology Transformation Fund. NHS England the bids submitted were in the process of reviewing the Castleford bid. There are currently 150 schemes being reviewed by NHSE in Yorkshire and Humber and they need to make sure they are progressed at the same rate. There is a delay in reviewing the Wakefield bids because they are currently not a priority; however the CCG is awaiting a response back from NHSE as to when they will be reviewed.

Chris, Andrew Pepper and Esther Ashman Head of Strategy are currently reviewing the Estate Strategy to know what is in our estate and what would be needed for the future, taking into account current housing developments in key areas. Also in September 2017 will be holding a stakeholder event and Probity members will be invited. We have invited the consultants working on the Castleford bid and the local authority to talk about their current plans. Although there is already a bid in there are other options which can be considered with input from other interested parties. Following the event the Castleford bid will be back to Probity for a decision on what the bid would look like.

The CCG was waiting for NHSE and Primary Care Support England to pass them data about King Street patients to allocate them with the most suitable practice. The CCG would be communicating with the practices within the next 2 weeks to inform them of their allocations and subsequently send out letters to all patients informing them of which practice they have been allocated. The information is being sent first to practices just in case a patient had previously been removed from their list as the CCG doesn't have the historical data. When this has been completed a paper will be brought back to Probity explaining where the allocations have been made. Councillor Pat Garbutt had received a request from a constituent who had just moved into the area and had tried to get onto a practice list. Melanie Brown offered to discuss with Councillor Pat Garbutt to make arrangements.

It was **RESOLVED** that:

i) The Committee noted the content of the verbal report.

**17/038 Interim Provider Policy**

Chris Skelton presented the Interim Provider Policy. Under delegated authority

from NHS England for Primary Care Contracts the CCG is required to have in place an Interim Provider Policy. The policy would only be enacted when the CCG or provider terminated a contract at short notice and an alternative provider was required and sufficient time did not allow for a full procurement. This would only be an interim measure were there was an urgency. A more formal procurement would be follow when time allowed, it was to ensure that patients got a continuity of service. Chris had conducted a review and no changes had been made as no updating was required.

It was **RESOLVED** that:

i) The Probity Committee approved the CCG's Interim Provider Policy.

**17/039 Practice Resilience – Strategic update (Verbal)**

Chris Skelton provided an outline of the GP resilience work he and the primary care team were involved in, and they were currently making practice visits and have added a section on Practice Resilience in the plans to reflect on what is their workforce strategy. The feedback has provided good awareness for the team about where practices are and have collected good practice which the CCG has begun to share with other practices. The CCG is also good practice will be brought together in a report which will be shared with practices and presented to Probity Committee. Also looking at ways of putting resilience into the Wakefield Practice Premium Contract for next year and practices will have a formal method for reviewing their workforce and to manage those risks themselves. An application had been made to NHS England's Practice Resilience funding. The CCG has put forward a number of bids to support practice resilience. Practices in Pontefract have been talk together about how they share services and rather than just considering their practice and their patients they are considering the patients of a population

The CCG would be sponsoring a merger session in September 2017, as there are a number of practices who are looking to merge with another provider with the intent on becoming more resilient. The event will be supported by an organisation called Primary Care Commissioners, they will be stating the benefits of merging but a merger would not necessarily suit every practice.

It was **RESOLVED** that:

i) The Committee noted the content of the verbal report.

**17/040 Any Other Business**

No items were identified for discussion.
Richard Hindley then reminded the members that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970).

## 17/041 Date and Time of Next Meeting

Tuesday 28 September 2017, 12:30pm, Meeting Room 3, White Rose House

**Agenda item: 3ii**

**NHS Wakefield Clinical Commissioning Group**

**ACTION POINTS FROM PROBITY COMMITTEE**
**HELD ON 25 JULY 2017**

| Minute No | Topic | Action required | Who | Date for completion | Progress |
|---|---|---|---|---|---|
| 17/018 | Estates and Technology Transformation Fund | Pursue a decision from NHS England | Chris Skelton | Awaiting NHSE | Matters arising |
| 17/034 | Late Visiting Specification | Provide pilot evaluation to Probity Committee once completed and incorporate all costs at evaluation stage | Katie Roebuck | 23 January 2018 or April 2018 | On 23 January 2018 agenda |
| 17/035 | Outwood Park Branch Closure Consultation | To bring back proposed closure to Probity once Patient Engagement Complete | Chris Skelton | 23 January 2018 | On the agenda 28 Sept 2017 |
| 17/037 | Co-commissioning Update | A new constituent needs a GP allocation. Melanie to arrange on behalf of Cllr Garbutt. | Melanie Brown | 28 Sept 2017 | Details of available practices sent to Cllr to forward to constituent. |
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NHS Wakefield Clinical Commissioning Group

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|---|---|---|---|
| **Title of meeting:** | **Probity Committee** | **Agenda Item:** | **Item 6** |
| **Date of Meeting:** | **28th September 2017** | **Public/Private Section:** | |
| | | Public | ✓ |
| | | Private | |
| **Paper Title:** | **Delegated commissioning responsibility for Primary Medical Care Services MoU 2017/18** | N/A | |
| | | If private, insert here reason for inclusion as a private paper | |

| **Purpose (this paper is for):** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Decision | ✓ | Discussion | | Assurance | | Information | ✓ |

| | |
|---|---|
| **Report Author and Job Title:** | **Chris Skelton, Head of Primary Care Co-Commissioning** |
| **Responsible Clinical Lead:** | **Dr Greg Connor, Executive Clinical Advisor** |
| **Responsible Governing Board Executive Lead:** | **Mel Brown, Director for Integrated Care** |

**Recommendation (s):**

It is recommended that probity committee;

- Review and note the contents of the Memorandum of Understanding
- Agree that the CCG signs document

**Executive Summary:**

The MoU outlines working arrangements, including roles and responsibilities between NHS England and the CCG. The MoU underpins the formal Delegation Agreement that CCGs have signed. In addition to the MoU a refreshed RASCI document will also be shared to outline the tasks and functions that the commissioning organisation will undertake when issued by NHS England to the CCG.

| **Link to overarching principles from the strategic plan:** | | |
|---|---|---|
| | Reduction in hospital admissions where appropriate leading to reinvesting in prevention | |
| | New Accountable Care Systems to deliver new models of care | |
| | Collective prevention resource across the health and social care sector and wider social determinant partners | |
| | Expanded Health and Wellbeing board membership to represent wider determinants | |
| | A strong ambitious co-owned strategy for ensuring safe and healthy futures for children | |
| | A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health | |
| | Transforming to become a sustainable financial | |

| | | | |
|---|---|---|---|
| | | economy | |
| | | Organising ourselves to deliver for our patients | ✓ |
| **Outcome of Integrated Impact Assessment completed (IIA)** | Not applicable | | |
| **Outline public engagement – clinical, stakeholder and public/patient:** | Governance Team, WCCG<br><br>NHS England Area Team | | |
| **Management of Conflicts of Interest:** | Not applicable | | |
| **Assurance departments/ organisations who will be affected have been consulted:** | Not applicable | | |
| **Previously presented at committee / governing body:** | Not applicable | | |
| **Reference document(s) / enclosures:** | NHS England Memorandum of Understanding | | |
| **Risk Assessment:** | Not applicable | | |
| **Finance/ resource implications:** | Not applicable | | |

**NHS WAKEFIELD CCG**

**DELEGATED COMMISSIONING RESPONSIBILIES MEMORANDUM OF UNDERSTANDING**

As a fully delegated CCG for Primary Care Services, NHS England has issued a revised Memorandum of Understanding which sets out the roles and responsibilities between the two organisations. An MOU is revised on an annual basis.

The CCG has received a number of clarifications in relation to this document.

There are three minor changes to this MOU from the previous version which are summarised below;

- NHS England are increasing the amount of shared information we have access to. This will improve the knowledge we have about our GP practices and reduce duplications
- Further clarity has been provided in terms of the role and functions of NHS England staff.
- Quality processes between NHS England and the CCG have been further clarified.

In addition to the MoU a refreshed RASCI document will also be shared to outline the tasks and functions that the commissioning organisation will undertake when issued by NHS England to the CCG.

It is recommended that probity committee;

- Review and note the contents of the Memorandum of Understanding
- Agree that the CCG signs document

**Memorandum of Understanding between NHS England Yorkshire and the Humber (West Yorkshire) and Clinical Commissioning Groups for the management of the delegated commissioning responsibility for Primary Medical Care Services**

## 1. Introduction

This Memorandum of Understanding (MoU) sets out and describes the agreed working arrangements between the Clinical Commissioning Group's (CCGs) and NHS England Primary Care Medical Commissioning, Contracts, Finance and other NHS England teams involved with and supporting the Co Commissioning of primary medical care services.

The arrangement described in this MoU is applicable to CCGs who have responsibility under the Terms of the NHS England Delegation Agreement.

This MOU will not outline/clarify roles and responsibilities in functional areas that have not changed as a result of delegated commissioning of primary medical care.

This document presents the agreed working arrangements to ensure operational delivery across CCGs and NHS England Yorkshire and the Humber, and forms part of Schedule 7 Local Terms of the Delegation Agreement between NHS England and CCGs operating under Full Delegation.

***The provisions contained within the Memorandum of Understanding are not intended to be legally binding and staffing levels may vary as a result of unforeseen circumstances or other service requirements.***

The following West Yorkshire Clinical Commissioning Groups operate under delegated Commissioning arrangements:

- Airedale, Wharfedale and Craven Clinical Commissioning Group
- Bradford District Clinical Commissioning Group
- Bradford City Clinical Commissioning Group
- Calderdale Clinical Commissioning Group
- Greater Huddersfield Clinical Commissioning Group
- Harrogate and Rural District Clinical Commissioning Group
- Leeds North Clinical Commissioning Group
- Leeds South & East Clinical Commissioning Group
- Leeds West Clinical Commissioning Group
- North Kirklees Clinical Commissioning Group
- Wakefield Clinical Commissioning Group

This MoU is primarily in regard to working arrangements for the delivery of the functions relating to operational and transactional management of the contracting for Primary Medical Services. The MoU will however refer to a number of other related functions:

Quality and Risk

- Patient safety and quality concerns

- Safeguarding
- Complaints
- Finance
- Practitioner Performance

## 2. Key Principles

- There is a shared agreement to seek to maintain business as usual for core delivery of the contracting and finance functions for the provision and commissioning of general medical practice under co commissioning, ensuring stability of functions in order to enable CCGs to afford full development of opportunities in relation to the co-commissioning of primary care.
- It is understood from Next Steps towards primary care co-commissioning that there is no additional administrative resources being deployed on primary care commissioning services at the current time due to running cost constraints.
- Pragmatic and flexible solutions should be agreed by CCGs and local offices to support the commissioning arrangements required locally for 2017/18.
- Delegated commissioning (level 3) allows CCGs to assume full responsibility for commissioning and contract management for general practice services while NHS England retains residual responsibility for clinical performance through Performer List regulations and requirements.
- It is anticipated that the parties shall endeavour to deliver their responsibilities through mutual consensus and common agreement that;
    - Recognises limit in resources
    - The need for each party to continue to meet their existing organisational commitments and regulatory requirements for primary medical care whilst recognising the competing priorities.
- It should be noted that this MOU outlines principles and working arrangements. The content is not exhaustive and it is recognised that not every eventuality will be covered and that on occasion NHS England and CCGs will need to deal with issues on an exceptional case basis.

## 3. Breakdown of the workforce and the nature of the functions/roles to be covered

NHS England agrees to make available the Assigned Staff (described in tables 1-3 below) to the CCG to perform administration and management support services in accordance with Schedule 8 of the Delegation Agreement until which dates CCGs and NHS England agree which staffing models will be adopted and the date on which such models shall take effect. Under this model staff in NHS England (West Yorkshire) retains their current role and location but will provide services to the CCG under the terms of this MoU.

**Table 1** provides CCGs with a breakdown of the workforce currently allocated to support the delivery of primary medical care.

**Table 1 - Primary Care Commissioning Team (West Yorkshire)**

| Role / Post | Band | WTE | Task/Function | CCG's |
|---|---|---|---|---|
| Senior Primary Care Manager | 8B | 2 | Overview of primary care Medical functions including premises and Transformation Allocated Relationship Manager | Support all 11 CCGs. Allocated Relationship Manager |
| Primary Care Manager | 8A | 3 | Contract/Performance Assurance Procurement Co commissioning Reporting Transformation – GPFV support | All West Yorkshire CCGs |
| Primary Care Support | 7 | 2.5 | Contract/Performance Management CQRS QoF Enhanced Services Transformation – GPFV Support | All West Yorkshire CCGs |
| Primary Care Support | 6 | 2 | Contract/Performance Management CQRS QoF Enhanced Services PPV audit | All West Yorkshire CCGs |
| Primary Care Support | 5 | 1 | Contract/Performance Management CQRS QoF Enhanced Services PPV /Audit CCG Co commissioning Reporting | All West Yorkshire CCGs |
| Primary Care Admin | 4 | 0.8 | | All West Yorkshire CCGs |

**To Note:**

- *The staff resource breakdown identified in tables 1-3 is indicative over the year dependent upon the issues that arise in individual CCG's. Staff will be flexible where possible to meet demand and agree in advance timescales and scope of support/function to be provided.*
- *The GPFV Transformation Team is also in place until March 2019 supporting CCGs with the delivery of the GPFV and forms part of the Primary Care Team – this team is not included in the headcounts above.*
- *NHS England Nursing role is professional leadership, not transactional management and therefore not appropriate to be included within assigned staff agreement.*

## 4. Governance and Management Arrangements

CCGs must operate within their approved Organisational Governance Committees when considering primary medical care commissioning issues /service delivery decisions in relation to functions described in the Delegation Agreement. This will include;

- Primary Care Commissioning Committees
- Quality Review and Improvement Committees
- Joint Committees in the case of Level 2 Co Commissioning arrangements or Overarching Committee structures where agreed with CCGs to ensure consistency, and to facilitate wider sharing across a number of specified CCGs.

NHS England designated staff will have a seat on the above committees/groups in accordance with agreed Terms of Reference.

NHS England Databases

NHS England has implemented the use of SharePoint for the sharing of information between NHS England Primary Care team and nominated staff within CCGs. It is intended that this facility will allow for timely access to information for CCG teams and allow an effective transfer of key information.

SharePoint currently holds the following information;

- Directed Enhanced Service uptake – historic sign up (and future uptake data to be included);
- Premises information – rent review tracker and key information;
- E-Dec data.

Planned updates to SharePoint for 2017/18 include;

- Contract variation tracker – partnership changes;
- GPFV Transformation Team resources; and
- Stakeholder list for commissioning changes;

## 5. Service Offer, Core Services and Key Interactions

Scope

Legally NHS England will retain the residual liability for the performance of primary medical care commissioning. Therefore will require robust assurances that its statutory functions are being discharged effectively

Delegated commissioning excludes functions reserved to NHS England but CCGs will be expected to work collaboratively with NHS England and will assist and support NHS England to carry out these Reserved Functions.

These Reserved Functions may include such issues affecting service provision that may arise from, for example;

- Individual GP performance management in relation to performers list management,
- Section 7A (Public Health) functions and funds, in such cases where performance may be considered to be lower than expected or difficulties with engaging the Provider.
- Capital expenditure functions and allocation of funds, in accordance with agreed CCG priorities and strategy,

- Complaints management, for example if lack of engagement from the Service provider.

*CCGs must refer to the Functions Reserved to NHS England section of the Delegation Agreement.*

The NHS England Primary Care team will continue to process and manage the tasks and functions related to contractual administration and contract performance management where agreed, (documented in RASCI tool) escalating any risks as appropriate.

The NHS England Primary Care team will continue to provide an operational contracting function on an equitable basis for each CCG within the current resources available. This includes;

- Ensuring systems and contacts are in place to make payments promptly and accurately for transactional processes carried out by the NHS E Primary Care Team – for example management of payments through CQRS;
- Making available policies, procedures and operating approaches discussed via the NHS England Relationship Manager;
- Providing Expert advice and guidance to support the delivery of the delegated functions;
- Providing data and information required to support delivery of primary care functions, this includes the provision of historic documentation;
- Assessment and authorisation of national contract payments (includes QOF, DES and premises);
- Management of patient allocation processes working alongside PCSE including the operational management of Violent Patient/Safe Haven schemes;
- Supporting the review of complaint responses to assist in the management of the patient complaint process.

It is recognised that the number of workstreams that CCGs require support on will vary throughout the year. It is expected that the CCG primary care lead will discuss and agree with the relationship manager any support that is required to support specific projects and the agree timescales for such support. The relationship manager will consider this alongside resources and expertise within the existing NHS England Primary Care Team. Where agreement cannot be reached or the CCG consider it unreasonable this will be escalated and managed by the Head of Co Commissioning.

CCGs and the local office have mapped out each of the tasks and functions undertaken by the team at **Schedule 1** (RASCI), indicating the agreed approach, role and responsibility for the undertaking of such tasks and functions. Where there is a need to vary this, discussion should take place with the assigned NHS England relationship manager or Head of Co Commissioning.

The management of issues/concerns with regard to Quality should be managed in accordance with the agreed principles and the process described in the following **schedule 2;**

- Quality Concerns Triggers Tool - ***Schedule 2***
- Quality Profile – ***to be requested through the NHS E Nursing Team***

Key Principles:

Seniority of lead for Quality Concerns will be dependent upon risk assessment of issue and the severity. For example; individual performance concerns that lead to practice closure and re-procurement would be monitored/overviewed by Performance Advisory Group/Performers List Decision Panel, (PAG/PDLP), General Medical Council (GMC), Senior Management Team (SMT), Governing Body (GB). In these circumstances Governance arrangements will be agreed collaboratively and developed as part of the Action Plan process.

The CCG is responsible for routine quality assurance monitoring.

The CCG would be expected to take the lead co-ordinating role in the majority of cases when for single quality issues and this may include quality visits.

Where there is persistent and/or increasing quality concerns identified the NHS England Quality Triggers Tool will be used.

Where there is evidence of persistent and/or increasing quality concerns the CCG may initiate a Quality Risk Profile (QRP) in collaboration with other key stakeholders following a CCG led Quality Assurance Visit. This will be followed by a Quality Review Meeting which would involve as a minimum all relevant commissioners and regulators.

NHS England will provide support to the process in discussion with the CCG and this will be reviewed on a case by case basis and agreed at the start of the process.

Where concerns are identified with the delivery of services and/or care and treatment, CCGs are obligated to consider whether these are linked to practitioner performance and refer to the relevant professional body for example the General Medical Council. Where these concerns relate to a General Practitioner the CCG must inform and take advice from the NHS England Practitioner Performance Team led by Dr Yasmin Khan.

The CCG should note that any provider that is on 'enhanced' surveillance will be reported through the Locality Surveillance Report to the West Yorkshire Quality Surveillance Group (QSG).

It is the expectation of NHS England where quality issues are not resolved following the Quality Assurance Visit and QRP process that this is escalated accordingly as outlined in the Quality Triggers Tool.

Incidents and serious incidents should be manged by the primary care provider with the support of the CCG and through the CCGs assurance processes. Where the incident or serious incident involves Public Health Section 7a Services, the primary care provider and CCG will work collaboratively with the NHS England Public Health Screening and Immunisation team and Nursing and Quality in line with the following guidance:

> Managing Safety Incidents in NHS Screening Programmes, 20151,
>
> Revised NHS England Serious Incident Framework, March 20152, and
>
> Vaccine incident guidance - actions to take in response to vaccine errors" Health Protection Agency, March 20123

NHS England Quality Leads are able to provide expertise and guidance to fully delegated CCGS on the management of quality issues in primary medical care services. This support forms part of this MOU.

Relationship Manager

In order to appropriately manage relationships between NHS England and West Yorkshire Clinical commissioning Groups on the mutual delivery of Primary Medical Care Co Commissioning there shall be identified NHS England team member /relationship manager, allocated to a cluster of CCGs. The Relationship Manager shall act as;

- Relationship Managers (Senior Contract Managers), who shall liaise with key contacts in the CCG on all issues including operational matters, providing technical advice and support, agreeing scope of work and timescales. The relationship manager will have a good understanding of all issues, including an overview of Performer List concerns that may impact on service delivery, and CQC issues.
- It is expected that the Relationship manager will be the contact for all queries and if unable to contribute /advice directly will inform the necessary NHS England contact to support. It is noted that in some instances it will also be beneficial for Relationship Managers to be in attendance at local operational groups depending on frequency, issues and priorities.

The Head of Co Commissioning or nominated deputy when required will attend the Primary Care Commissioning Committee as part of the agreed Terms of Reference for those committees.

NHS E will also aim to support Primary Care Operational Meetings where this can be resourced within the team.

Finance Liaison Managers will be assigned to each CCG to support the financial management arrangements as part of the Co Commissioning of Primary Medical Care.

## 6. Related Functions

Procurement

The NHS E Primary Care Team shall continue to provide specialist advice regarding primary care regulation and contractual framework through joint working with CCGs. Specialist procurement support shall be required to be appropriately sourced by the responsible commissioning organisation for specific tenders.

The key functions and tasks attached (RASCI) will make clear the agreed approach for supporting procurements.

Safeguarding

Routine and Enhanced Monitoring

CCGs and NHS England will continue to work closely together regarding safeguarding. Named GPs and designated professionals for safeguarding will continue to be the key professionals working to improve safeguarding practice across primary medical services.

Where CCGs have taken on full delegation of commissioning they will take responsibility for seeking assurance regarding the standard of safeguarding within these services and will inform NHS England regarding any risk and planned mitigation. If a multi-agency safeguarding review is required involving a practice in a CCG with full delegation, the CCG will take responsibility for co-ordinating the Incident Management Review which will be signed off jointly by the CCG Chief Nurse and the NHS England Deputy Director of Nursing.

Patient Complaints

Formal patient complaints are currently out of scope of the co commissioning arrangements for 2017/18 and the management of this function sits with NHS England. There are no imminent plans for complaints investigation and sign-off to be delegated to CCGs.

In taking legal advice, it was established that in order to comply with the existing complaints regulations NHS England would be unable to delegate responsibility for the investigation or sign-off of complaints to the CCGs.

As a fully delegated CCG, NHS England would require the support of CCG Primary Care Teams to facilitate the resolution of issues with timeliness and quality of practice responses to individual complaints.

It is also recognised that the outcome of a patient complaint may indicate wider quality issues and compliance with contract which CCGs would be responsible for taking the appropriate level of action.

## 7. Service Sustainability

A standard approach has been agreed across all levels 1, 2 and level 3 CCGs in West Yorkshire to support and enable service delivery for all 10 CCGs in West Yorkshire. CCGs should note that any significant deviation from this is likely to result in a variation to the level of service delivery.

In the event of termination by either party of the Delegation agreement staff providing primary medical care commissioning support to CCG's will not be affected.

This MOU requires CCGs not to fragment existing staffing resource as this will limit the team's ability to delivery against the core functions and thus affect service sustainability.

## 8. Terms and Variation of the Agreement

Terms of Agreement

- This agreement sets out the arrangements from 1st April 2017, expiring on the 31st March 2018.
- This agreement will be subject to review in year with a view to either agreeing a continuation of the arrangement, variation or cessation and movement to a new agreement.

Variation

Either party is able to request a variation to the Memorandum of Understanding at any point in time. Any requests to vary the process should be logged with Kathryn Hilliam, Head of Co Commissioning. If specific to one CCG then this shall be noted and actioned. Assuming agreement of request, the Memorandum of Understanding confirmation will be provided in the form of an amendment to the existing MOU.

## 9. Signatories

Signed _____ Dated _____

For NHS England Yorkshire and the Humber (West Yorkshire)

Signed _____ Dated _____

For NHS ……..Commissioning Group

NHS

Wakefield Clinical Commissioning Group

| | | | |
|---|---|---|---|
| **Title of meeting:** | **Probity Committee** | **Agenda Item:** | **Item 7** |
| **Date of Meeting:** | **28 September 2017** | **Public/Private Section:** | |
| | | Public | ✓ |
| | | Private | |
| **Paper Title:** | **'Virtual Practice' proposal** | N/A | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Purpose (this paper is for):** | Decision | ✓ | Discussion | | Assurance | ✓ | Information | |

| | |
|---|---|
| **Report Author and Job Title:** | **Liz Blythe, Head of Primary Care Commissioning Development** |
| **Responsible Clinical Lead:** | **Dr Greg Connor, Executive Clinical Advisor** |
| **Responsible Governing Board Executive Lead:** | **Melanie Brown, Director of Commissioning and Integrated Care** |

**Recommendation:**

For the Probity Committee to note the content of the Virtual Practice proposal and support further development of the model to cover an STP footprint

**Executive Summary:**

At the General Practice Development Group (GPDG) meeting in July 2017 the members highlighted concerns around practices struggling, experiencing difficulty in recruitment and retention of staff and how staff morale is at an all-time low.

This was also confirmed from a number of practices during the recent CCGs annual visits where some practices are just 'coping' at this point in time with staff, both clinical and managers, nearing retirement and no continuity plans in place.

In order to support GP resilience across Wakefield a proposal was developed by GPDG to create a 'Virtual Practice which could offer direct support to the practices when required but also to focus on training, mentoring and advice

**Link to overarching principles from the strategic plan:**

| | |
|---|---|
| Citizen Participation and Engagement | |
| Wider Primary Care at Scale including Network development | ✓ |
| A Modern Model of Integrated Care | ✓ |
| Access to the Highest Quality Urgent and Emergency Care | |
| A Step Change in the Productivity of Elective Care | |
| Specialised Commissioning | |
| Mental Health Service Transformation | |
| | |

| | | |
|---|---|---|
| | Maternity, Children and Young People Transformation | |
| | Organising ourselves to deliver for our patients | ✓ |
| **Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA)** | Not applicable | |
| **Outline public engagement – clinical, stakeholder and public/patient:** | | |
| **Management of Conflicts of Interest:** | Not applicable | |
| **Assurance departments/ organisations who will be affected have been consulted:** | General Practice Development Group<br>NHS England | |
| **Previously presented at committee / governing body:** | No | |
| **Reference document(s) / enclosures:** | NHS England General Practice Forward View guidance April 2016<br><br>NHS England General Practice Resilience Funding guidance July 2016 | |
| **Risk Assessment:** | Not applicable | |
| **Finance/ resource implications:** | Not applicable | |

# Virtual Practice proposal

## Background

In 2016 NHS England released guidance which described how the General Practice Resilience Programme (GPRP) would operate to deliver the commitment set out in the General Practice Forward View to invest £40m over the next four years to support struggling practices.

For Wakefield this resulted in a total of 6 practices being successful in their applications and they received funding for a number of initiatives which were specific to their practices needs, to support them to build resilience.

In 2017/18 there was another opportunity for practices to put forward bids but a key factor this year that has been considered in how NHS England plans to manage the GP resilience programme this year is the available funding. The funding available in 2017/18 is £356,400 which represents 50% of the available budget from 2016/17.

## Proposal

At the General Practice Development Group (GPDG) meeting in July 2017 members highlighted concerns around practices struggling, experiencing difficulty in recruitment and retention of staff and how staff morale is at an all-time low.

This was also affirmed from a number of practices during the recent CCGs annual visits where some practices are just 'coping' at this point in time with staff, both clinical and managers, nearing retirement and no continuity plans in place.

Following discussions on how practices could build resilience a decision was made to develop a 'Virtual Practice' model which could offer direct support to all the Wakefield practices when required but also to focus on training, mentoring and advice.

The proposal as set out in Appendix One was submitted to NHS England to try and secure funding from the GP Practice Resilience for 2017 to pump prime the development of the model but unfortunately it was rejected based on a number of similar requests received by NHS England.

However, NHS England suggested, as part of the need to reflect the Sustainability and Transformation Partnership (STP) working in the delivery plan, to take the proposal to the Local Workforce Action Board in September to discuss how and what can be developed on a wider scale to support primary care workforce and build resilience.

## Recommendation that Probity Committee:

(a) note the Virtual Practice proposal to increase general practice resilience and support the intention to explore how it can be developed further on an STP basis.

**Appendix One**

# ‘Virtual Practice’

## Background

In July the General Practice Development Group highlighted concerns around practices struggling and experiencing difficulty in recruitment, retention and how staff morale is low. Feedback from the annual practice visits the CCG is undertaking has found that some practices are just coping at this point in time and some have a number of staff, both clinical and managers, who are nearing retirement and have no continuity plans in place.

Two practices in Wakefield have temporarily closed their patient lists, one formally and another informally because of problems with recruitment.

The GP Resilience funding last year provided a few practices with some resource to support resilience and with some good results. This year we have an opportunity to develop a proposal to submit a bid to NHS England for some pump priming funding to support general practice resilience in 2017/18. The Group discussed briefly that a “virtual practice” could be a useful vehicle for retaining experienced staff who would otherwise reduce their hours or retire in order to provide:

- shared resources such as clinical and admin protocols;
- CQC inspection support;
- mentoring for trainees placed in practices.

The Group agreed to discuss this further and consider the possible funding sources.

## Proposals for further discussion

The plan is to have a virtual team made up of a GP, Practice Nurse and Practice Manager and the roles will be to support on local federation planning, future vision and review of practice business models. They will provide targeted support and realise opportunities to working at scale, and succession planning.

Where required, the team will undertake a diagnostic review of a practice and:

- work with GPs, managers and other staff to understand the issues within the practice
- provide diagnostic reporting, including the development of an action plan
- work with the practice team to prioritise and implement actions
- provide signposting to specific support

Other targeted support will include:

- direct advice and mentoring to clinical and admin staff eg new practice managers
- team building and development
- specific review of practice nursing processes
- operational skills training support – business skills, HR, property advice and any additional

support where necessary

- development of district wide policies, procedures and templates
- linking with the academy for practice receptionist and clerical staff training

**Virtual Team roles**

| Team member | Roles |
|---|---|
| General Practitioner | Provide pre booked clinical care sessions each week across the district with potential to provide specialist service at Federation level e.g. GPwER<br>Support TARGET with the Clinical Commissioning Leads<br>Offer clinical support and guidance<br>Support the 10 high impact actions to release time for care |
| Practice Nurse | Provide pre booked clinical care sessions each week across the district with potential to provide specialist service at Federation level e.g. Respiratory/Diabetes/Care Planning<br>Support the 10 high impact actions to release time for care<br>Work collaboratively with the Wakefield General Practice Workforce Development Academy (WGPWDA) to:<br>• Provide nurse leadership<br>• Undertake support and meetings reviewing competencies and capability, producing plans (development plans) and support as required<br>• Provide and facilitate clinical supervision<br>• Be the link for existing support and training e.g. engagement, TARGET, education session<br>• Undertake clinical sessions ad hoc<br>• Support with revalidation and/or any NMC related issues<br>• Mentorship<br>• Confirmer for nurse revalidation for peer review<br>• Support to the nurse Preceptorship programme – new staff/GPN ready<br>• Provide peer advice |
| Practice Manager | Provide pre booked sessions across the district<br>Support collaborative working<br>Bespoke support where required e.g. business case development, quality improvement<br>Support Federation development and workforce planning /redesign working closely with the WGPWDA<br>Preceptorship/Mentorship for new Practice Managers<br>Support and advise on HR issues including: Recruitment, disciplinary issues and retention |

| | |
|---|---|
| | Support the 10 high impact actions to release time for care |

The scheme supports

- Practice, sector and system resilience
- Diagnostic and improvement
- Specialist advice and guidance (e.g. operational/HR/management/finance)
- Leadership/coaching/supervision/mentorship
- GP, Nursing and Practice management capacity
- Primary care integration
- Workforce planning, estates and technology
- Change management (e.g. management support)

**Funding**

Three sources of funding may be available to fund the virtual practice:

- Funding from NHS England - GP resilience fund;
- Funding from NHS England - GPFV funding streams for specific staff groups in collaboration with the Wakefield General Practice Workforce Development Academy;
- Funding from the CCG general practice commissioning budget (for example top sliced from WPPC funding);
- Funding from practices on a subscription basis and/or payment for specific services provided.

In terms of the GP resilience fund a request is being prepared to pump prime funding three posts of GP, Practice Manager and Practice Nurse for a period of six months. To ensure continuity the CCG is planning to identify funds from practice commissioning budgets. Practices utilising clinical/managerial sessions would be required to pay when accessing this service.

**Costings**

| **Role** | **WTE plus on costs/six months** |
|---|---|
| GP | £112,320 |
| GPN | £30,500 |
| Practice Manager | £30,500 |
| IT/resources | £3180 |
| **Total** | **£176,500** |

NHS Wakefield Clinical Commissioning Group

| | | | |
|---|---|---|---|
| **Title of meeting:** | **Probity Committee** | **Agenda Item:** | **Item 9** |
| **Date of Meeting:** | **28th September 2017** | **Public/Private Section:** | |
| | | Public | ✓ |
| | | Private | |
| **Paper Title:** | **King Street Closure – Patient Allocations** | N/A | |
| | | If private, insert here reason for inclusion as a private paper | |

| **Purpose (this paper is for):** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Decision | | Discussion | | Assurance | ✓ | Information | ✓ |

| | |
|---|---|
| **Report Author and Job Title:** | **Chris Skelton, Head of Primary Care Co-Commissioning** |
| **Responsible Clinical Lead:** | **Dr Greg Connor, Executive Clinical Advisor** |
| **Responsible Governing Board Executive Lead:** | **Mel Brown, Director for Integrated Care** |

**Recommendation (s):**

It is recommended that probity committee;

- Notes that patients previously registered with Kings Street have been reallocated to other GP practices or managed by the NHS England FP69 process.

**Executive Summary:**

Following the Closure of Kings Street Medical Practice on the 31st March 2017, the CCG agreed with NHS England that patient allocations would be undertaken by the CCG. The purpose of this paper is to explain the process undertaken with regards to patient allocations, provide the final allocations to local practices and report on the reflections of the primary care team following this exercise.

| **Link to overarching principles from the strategic plan:** | | |
|---|---|---|
| | Reduction in hospital admissions where appropriate leading to reinvesting in prevention | |
| | New Accountable Care Systems to deliver new models of care | |
| | Collective prevention resource across the health and social care sector and wider social determinant partners | |
| | Expanded Health and Wellbeing board membership to represent wider determinants | |
| | A strong ambitious co-owned strategy for ensuring safe and healthy futures for children | |
| | A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health | |

| | | | |
|---|---|---|---|
| | | Transforming to become a sustainable financial economy | |
| | | Organising ourselves to deliver for our patients | ✓ |
| **Outcome of Integrated Impact Assessment completed (IIA)** | Not applicable | | |
| **Outline public engagement – clinical, stakeholder and public/patient:** | Not applicable | | |
| **Management of Conflicts of Interest:** | Not applicable | | |
| **Assurance departments/ organisations who will be affected have been consulted:** | Patient Engagement Team, WCCG | | |
| **Previously presented at committee / governing body:** | Not applicable | | |
| **Reference document(s) / enclosures:** | NHS England - Primary Care Policy Book pg. 214-242<br>Copy of Patient Letters (Appendix 1) | | |
| **Risk Assessment:** | Not applicable | | |
| **Finance/ resource implications:** | Not applicable | | |

**NHS WAKEFIELD CCG**

**KING STREET PATIENT ALLOCATIONS**

## Background

Following the Closure of Kings Street Medical Practice on the 31st March 2017, the CCG agreed with NHS England that patient allocations would be undertaken by the CCG. This was to enable the CCG to work closely with local GP practices to assess their capacity and ensure that, wherever possible, patient allocations were made in consideration of the patient's location and the capacity of the surrounding General Practices.

Acting under delegated arrangements from NHS England, the CCG is required to ensure that the following criteria is met;

- the wishes and circumstances of the patient to be assigned;
- the distance between the patient's place of residence and the practice premises;
- whether, during the six months ending on the date on which the application for assignment is received by the Commissioner, the patient's name has been removed from the list of patients of any practice in the area of the Commissioner, at the request of the practice;
- whether the patient's name has previously been removed from the list of patients of any practice in the area of the Commissioner owing to violent behaviour and, if so, whether the practice to which the patient is to be assigned has appropriate facilities to deal with such a patient; and
- other matters the Commissioner considers relevant.

## The Process

Patients registered with Kings Street were sent three letters informing them of the practice closure. This letter (Appendix 1) encouraged patients to register with a GP practice of their choosing. A significant number of these patients did register with a GP practice, which enabled the commissioner to ensure patient's wishes and circumstances were considered.

On the 12th July 2017, 1591 patients were still registered at Kings Street who had not registered with a GP Practice. As a result of this the CCG chose to allocate these patients to neighboring practices. Practices were asked to submit their capacity to take additional patients and the CCG took this into consideration when allocating patients.

Using boundary maps from Google Maps patients demographic information was to layered onto practice boundary to identify the closest practice with capacity to deliver care to these patients.

Practices were provided with their provisional allocations to ensure that they had not previously removed patients from their practice lists for which they should be allocated to another provider. Following this a letter to each patient was sent informing them of their allocated practice.

Throughout the process there has been continual liaison between engagement team, primary care team and practices regarding patient allocations and ensuring a smooth transition.

**The Final Allocations**

1591 Patients were registered at Kings Street when the data was provided.

12 addresses were from outside the Wakefield Area as a result these allocations were completed by the NHS England Primary Care Team.

Of the remaining 1,579;

- 438 were allocated to Homestead Health Centre
- 651 were allocated to Trinity Health Centre
- 437 were allocated to Warrengate Surgery
- The remainder (53) were shared (according to postcode) across 20 other practices.

As with all GP contractors there is an inevitable degree of list inflation as a result of patients not updating their registered address, leaving the area or country which may lead to duplicate registrations sometimes referred to as 'ghost' patients.

There were a number of patient who's letters were returned 'not this address'. These patients will be managed via the FP69 process by PCSE. The FP69 process asks practices to confirm that the patients are still resident in their area and accessing services. Where patients fail to respond or cannot be contacted they are removed from the practices register.

The practices who received allocations manually registered their patients and were very supportive during the process.

**Reflections**

There were a number of reflections following the patient allocation exercise which are summarised below;

- Delay in receiving the data sharing agreement between PCSE to enable the release of patient information to the CCG.
- When they attempt to register the patients, they find that they have recently registered elsewhere that they are cancelling the registration in order to leave the patient with their chosen practice.
- Our approach has been commended by NHS England and we have shared our work and learning with neighboring CCG's undertaking the same process.

**It is recommended that probity committee;**

- Notes that patients previously registered with Kings Street have been reallocated to other GP practices or managed by the NHS England FP69 process.

## Appendix 1 – Patient Letters

NHS
Wakefield
Clinical Commissioning Group

Ref: KSPatient1

White Rose House
West Parade
Wakefield
West Yorkshire
WF1 1LT

Tel: 01924 213050

15 February 2017

Addressee
Address1
Address2
Address 3

Dear Name

**Action needed: Your GP Practice - King Street GP practice is closing on 31 March 2017**

We wrote to you in the Autumn asking for your views on the practice and the care you receive there. This feedback was used together with other information to think about the future of the practice. It was decided not to extend the current contract.

This means that the contract will end on 31st March 2017 and the GP practice will close on that date.

**Please note the Walk-In service at King Street Health Centre is not affected by the change – this will stay open.**

**To make sure you can get to see a doctor or a nurse when you need one, you need to register with another GP practice.**

We want to make sure that all patients currently registered at King Street Health Centre know what is happening.

To help you register with a new practice, we have enclosed a list of the practices closest to King Street. The NHS Choices website at www.nhs.uk also has information on the GP practices and their services nearest to where you live.

**We would advise you to register with another GP as soon as possible. We will make sure that your medical records are transferred safely to your new GP practice.**

Please be aware that each practice will have its own catchment area, and in order to register at the practice you must live within its boundary.

Once you have decided which practice you want to register with, please contact them. You will be asked to complete a registration form. You may need to take along photo ID (like a photo driving licence or passport) and proof of address – please try and have this available.

If you have a medical card or registration confirmation letter, please take this with you as it will have your NHS number on it. Don't worry if you don't have one as you can register without it.

It may help if you take this letter with you to explain that you are a former patient of King Street GP Practice.

If you are currently receiving treatment at a hospital, please tell them when you change your GP practice. This will make sure that any letters are sent to your new practice in future.

If you need help to register with a new practice, we are more than happy to help. Please contact our **Patient Advice and Liaison Service on 0800 052 5270** or email embed.pals@nhs.net who will be able to talk you through the process and help you register.

We have arranged three drop in sessions to help answer any questions you may have. You don't need an appointment to see us. These will be at King Street GP practice:

**Tuesday 28 February, 8am – 10am**
**Thursday 9 March, 5pm – 7pm**
**Wednesday 15 March, 12noon – 2pm**

If you are not able to come to the drop in sessions but would like more information, please call or email the PALS service on the details above.

If you have booked appointments at King Street GP practice before 31 March 2017, please attend as normal.

Understandably you may be disappointed with the decision. However, we would like to assure you that this decision has been made in your best interests and that everyone at NHS Wakefield CCG will support you to re-register before King Street practice closes. We are here to support you and nobody will be left without a GP practice as a result of these changes.

Yours sincerely

Melanie Brown
Director of Commissioning and Integrated Care

If you need this document in another language or another format, such as large print or audio tape, please contact us on 01924 317644 or email Sarah.deakin@wakefieldccg.nhs.uk

**Polish**

Dokument jest dostępny w innych językach lub formatach np. dużą czcionką lub w formie nagrania. W celu otrzymania, proszę dzwonić pod numer 01924 317644
lub Sarah.deakin@wakefieldccg.nhs.uk

**Czech**

Potřebujete-li tento dokument v jiném jazyce nebo v jiném formátu, jako je například

velký tisk nebo audio, zavolejte nám na čísle 01924 317644
nebo Sarah.deakin@wakefieldccg.nhs.uk

NHS
Wakefield
Clinical Commissioning Group

White Rose House
West Parade
Wakefield
West Yorkshire
WF1 1LT

Tel: 01924 213050

Ref: KSPatient2

13 March 2017

Addressee
Address1
Address2
Address 3

Dear Name

**Action needed: Your GP Practice is closing on 31 March 2017**

We wrote to you in February 2017 to let you know that the King Street GP practice will close on 31st March 2017. This is to remind you that you need to register with a new GP practice if you haven't already done so.

We want to make sure that no patient is left without a GP when the practice closes.

Our information shows that you have not yet registered with a new practice. It is important that you register with another local practice to make sure you are not left without the care of a GP when the practice closes.

**If you have recently registered with a new GP Practice please ignore this letter.**

There are a number of practices within your area and we strongly recommend you register with one of these before King Street GP practice closes on 31 March 2017. To help you register with a new practice, we have enclosed a list of the practices in the Wakefield area. The NHS Choices website at www.nhs.uk also has information on the GP practices and their services nearest to where you live.

Once you have decided which practice you want to register with, please contact them. You will be asked to complete a registration form. You may need to take along photo ID (like a photo driving licence or passport) and proof of address – please try and have this available.

If you have a medical card or registration confirmation letter, please take this with you as it will have your NHS number on it. But don't worry if you don't have one as you can register without it. It may help if you take this letter with you to explain that you are a former patient of King Street GP Practice.

If you need help with registering with a new GP Practice, please contact our **Patient Advice and Liaison Service (PALS) on 0800 052 5270** or email embed.pals@nhs.net who will be able to guide you through the process and help you register if you still need to.

If you need to book a new appointment for you or your family before you have registered with a new practice, you can still contact King Street GP practice before it closes on 31 March 2017. We want to make sure you are not left without a GP after 31 March 2017. If you have any questions please feel free to contact the PALS service on the details above.

We apologise for any inconvenience and want to reassure you that we are here to help you find a new GP practice.

Yours sincerely

Melanie Brown
Director of Commissioning and Integrated Care

If you need this document in another language or another format, such as large print or audio tape, please contact us on 01924 317644 or email Sarah.deakin@wakefieldccg.nhs.uk

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**Czech**

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velký tisk nebo audio, zavolejte nám na čísle 01924 317644
nebo Sarah.deakin@wakefieldccg.nhs.uk

NHS
Wakefield
Clinical Commissioning Group

Ref: KS Patient3

White Rose House
West Parade
Wakefield
West Yorkshire
WF1 1LT

Tel: 01924 213050

3 April 2017

Addressee
Address1
Address2
Address 3

Dear Name

**Action needed: Your GP Practice at King Street closed on 31 March 2017**

Further to my letters to you in February and March 2017, I am writing to confirm that the King Street GP practice is now closed.

We have been reviewing patient registrations so that we can make sure that all patients of King Street have a new GP Practice to attend if necessary. Our information currently shows that you have not yet registered with a new practice and are currently without a family doctor (GP).

To make sure that you are able to see a GP when you need to, please make sure that you register as soon as possible. The walk-in-service is not appropriate for ongoing healthcare needs which GPs provide.

There are a number of practices within your area. For your information, the nearest one to your home address is:

**XX (full practice name and address)**
**Tel:**

If you have recently registered with a new GP Practice then please ignore this letter.

**What do I have to do?**

Please contact the practice you would like to register with. You will be asked to complete a registration form. You may need to take along photo ID (like a photo driving licence or passport) and proof of address – please try and have this available.

It may help if you take this letter with you to explain that you are a former patient of King Street GP Practice.

If you have a medical card or registration confirmation letter, you can take this with you to register at your new practice as it will have your NHS number on it. But don't worry if you don't have one as you can register without it.

Your medical records from King Street GP practice will transfer automatically to this new Practice. If you need any help with this process please contact the **Patient Advice and Liaison Service (PALS) on 0800 052 5270** or email embed.pals@nhs.net and they will be more than happy to help.

**What if I want to go to a different GP surgery?**

Although we are suggesting this particular practice you can, if you wish, still move to another GP practice of your choice (as long as you live within their practice catchment area). You can search for GP practices within your area on the NHS Choices website: www.nhs.uk

**I have some questions – who do I contact?**

If you have any further questions, please contact the PALS service on the above details and they will help in any way they can.

You can also ring the service if you have difficulties in registering and would like some help like completing forms.

Yours sincerely

Melanie Brown
Director of Commissioning and Integrated Care

If you need this document in another language or another format, such as large print or audio tape, please contact us on 01924 317644 or email Sarah.deakin@wakefieldccg.nhs.uk

**Polish**

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lub Sarah.deakin@wakefieldccg.nhs.uk

**Czech**

Potřebujete-li tento dokument v jiném jazyce nebo v jiném formátu, jako je například

velký tisk nebo audio, zavolejte nám na čísle 01924 317644
nebo Sarah.deakin@wakefieldccg.nhs.uk

NHS
Wakefield
Clinical Commissioning Group

Ref: KS Patient 4

White Rose House
West Parade
Wakefield
West Yorkshire
WF1 1LT

Tel: 01924 213050

July 2017

Addressee
Address1
Address2
Address 3

Dear Name

**Your GP Practice at King Street is now closed**

We wrote to you in February and March 2017 to tell you that the GP practice at King Street would be closing. I am writing to confirm that the King Street GP practice is now closed.

Our information shows that you have not yet registered with a new practice and are currently without a family doctor (GP).

To make sure that you are able to see a GP when you need to, NHS Wakefield CCG will register you with the following GP practice from DATE:

Your new practice may contact you to arrange a new patient check or to complete any additional forms as part of the registration but this will depend on the process within the practice.

**What do I have to do?**

If you have registered with a new GP Practice in the last three weeks, please let us know on 01924 317644. You will stay registered with the GP practice you have chosen but we need to know for our records.

If you have not registered with a GP, we will do this for you. This means that you will be put onto a list of a local GP and your medical records from King Street GP practice will transfer automatically to this new practice.

Please remember that the GP practice at King Street has now closed. The Walk in Centre is still open but will only be able to provide urgent care. You need to see a GP for any routine health problems.

**What if I want to go to a different GP surgery?**

Although we are registering you with this particular practice you can, if you wish, still move to another GP practice of your choice (as long as you live within their practice catchment area). You can search for GP practices within your area on the NHS Choices website: www.nhs.uk

If you want to go to a different practice to the one allocated to you, you can contact us on 01924 317644.

**I have some questions – who do I contact?**

If you have a general question about registering with a GP, please contact the **Patient Advice and Liaison Service (PALS) on 0800 052 5270** or email embed.pals@nhs.net and they will be more than happy to help.

If you need help after we have allocated you a GP, please ring us on 01924 317644.

Yours sincerely

Melanie Brown
Director of Commissioning and Integrated Care

If you need this document in another language or another format, such as large print or audio tape, please contact us on 01924 317644 or email Sarah.deakin@wakefieldccg.nhs.uk

**Polish**

Dokument jest dostępny w innych językach lub formatach np. dużą czcionką lub w formie nagrania. W celu otrzymania, proszę dzwonić pod numer 01924 317644
lub Sarah.deakin@wakefieldccg.nhs.uk

**Czech**

Potřebujete-li tento dokument v jiném jazyce nebo v jiném formátu, jako je například

velký tisk nebo audio, zavolejte nám na čísle 01924 317644
nebo Sarah.deakin@wakefieldccg.nhs.uk

NHS Wakefield Clinical Commissioning Group

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|---|---|---|---|
| **Title of meeting:** | **Probity Committee** | **Agenda Item:** | **Item 11** |
| **Date of Meeting:** | **28 September 2017** | **Public/Private Section:** | |
| | | Public | ✓ |
| | | Private | |
| **Paper Title:** | **Premises Reimbursement** | N/A | |
| | | If private, insert here reason for inclusion as a private paper | |

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| **Purpose (this paper is for):** | Decision | ✓ | Discussion | | Assurance | | Information | ✓ |

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| **Report Author and Job Title:** | **Chris Skelton, Head of Primary Care Co-Commissioning** |
| **Responsible Clinical Lead:** | **Dr Greg Connor, Executive Clinical Advisor** |
| **Responsible Governing Board Executive Lead:** | **Andrew Pepper, Chief Finance Officer** |

**Recommendation (s):**

It is recommended that probity committee;

- Approves that practices seeking additional premises reimbursement, outside of those contractually required under the GP Premises Direction (2016), make a formal application via business case in advance of development.
- Approves the business case template and the associated review panel recommendation.
- Approves that business cases are reviewed by the defined CCG Panel.
- Approves that appeals against the decision of the panel would be heard by Probity Committee and a decision made by them.

**Executive Summary:**

The purpose of this paper is to provide a context to the premises reimbursement for GP practices and the financial implications this has on the CCG. The paper explains the current position in relation to the number of GP premises for which the CCG provides reimbursement for and the costs associated with this.

The paper then reports on the implications for the CCG in regards to premises developments with reference to increases in financial costs and sets out a process though which decisions are made about additional revenue costs.

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| **Link to overarching principles from the** | | | | |
| | | Reduction in hospital admissions where appropriate | | |

<table>
<tr><td>strategic plan:</td><td>
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<tr><td>leading to reinvesting in prevention</td><td></td></tr>
<tr><td>New Accountable Care Systems to deliver new models of care</td><td></td></tr>
<tr><td>Collective prevention resource across the health and social care sector and wider social determinant partners</td><td></td></tr>
<tr><td>Expanded Health and Wellbeing board membership to represent wider determinants</td><td></td></tr>
<tr><td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td><td></td></tr>
<tr><td>A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td><td></td></tr>
<tr><td>Transforming to become a sustainable financial economy</td><td></td></tr>
<tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr>
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</td></tr>
<tr><td>Outcome of Integrated Impact Assessment completed (IIA)</td><td>Not applicable</td></tr>
<tr><td>Outline public engagement – clinical, stakeholder and public/patient:</td><td>Not applicable</td></tr>
<tr><td>Management of Conflicts of Interest:</td><td>Not applicable</td></tr>
<tr><td>Assurance departments/ organisations who will be affected have been consulted:</td><td>Esther Ashman, Head of Strategy, WCCG.</td></tr>
<tr><td>Previously presented at committee / governing body:</td><td>Not applicable</td></tr>
<tr><td>Reference document(s) / enclosures:</td><td>NHS England Delivering the Forward View: NHS Planning guidance 2016/17 – 2020/21<br>NHS England Premises Cost Directions (2013)<br>Business Case Template</td></tr>
<tr><td>Risk Assessment:</td><td>Not applicable</td></tr>
<tr><td>Finance/ resource implications:</td><td>Not applicable</td></tr>
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**NHS WAKEFIELD CCG**

**PREMISES REIMBURSEMENT**

## Context

GP contractors are eligible for rental reimbursements on their premises used for delivering primary care services under their contracts. The type of reimbursement applicable depends on who owns the building. For instance:

A. Where the GP owns the building, this is known as 'notional rent'
B. Where the GP are paying off a mortgage, this is known as 'borrowing cost reimbursements' (historically known as 'cost rent')
C. Where the GP is tenants in a building owned by an NHS landlord or a private owner, they receive leasehold cost reimbursements, known as leasehold rent.

The payment arrangements for this are set out in the current 2013 Premises Costs Directions for England.

*A - Notional Rent Reimbursements*
Contractors who own their premises may be eligible for notional rent reimbursement.

The amount of notional rent to be paid to the contractor is based upon the current market rental (CMR) value for the property, as determined by the district valuer. The CMR is assessed based on notional lease terms (hence the term notional rent), which assume a 15-year term and tenant internal repairing obligations with the landlord responsible for external and structural repairs together with insurance.

The level of CMR, and the amount of notional rent paid, must be reviewed every three years. The review will be brought forward if there is a change to the purpose for which the premises are used or if there is further capital investment in the premises which will be reflected in the payments the contractor is receiving under its contract.

*B - Borrowing Cost Reimbursements*

GPs who own their premises and have incurred costs, such as a mortgage or loan, may be eligible to have their borrowing costs reimbursed by the Area Team. Borrowing cost reimbursements are sometimes referred to as 'cost rent', the name given to the scheme under the Red Book.

As the name suggests, this form of reimbursement, is designed to cover the costs of a loan taken out by the practice for the purchasing, building or significantly refurbishing its practice premises.

Borrowing Cost Reimbursements should only be in place for a finite period of time; once the mortgage has been repaid, the practice is no longer eligible for Borrowing Cost Reimbursements and should notify the Area Team and switch to notional rent. When servicing their loan, practices are expected to pay down the capital and interest of the loan. Practices found to only be making payments on the interest of the loan may face NHS England sanctions.

*C - Leasehold Rent Reimbursements*

Contractors who rent their premises are eligible to receive reimbursement for their rental costs. The level of leasehold rent that may be granted is determined by the current market rental (CMR) value of the premises, or the actual lease rent, whichever is lower.

The CMR value of the premises is as assessed by independent valuation conducted by the District Valuer, who must determine what might be reasonably expected to be paid by a tenant for the premises at the date of valuation. The level of leasehold rent reimbursement paid to the contractor must be reviewed when the landlord undertakes a rent review provided for in the respective lease, unless the review does not result in any change to the level of rent being charged.

**Current Position**

Under the current delegated co-commissioning arrangement NHS England manage the processes for rent reimbursement. However, the CCG is recharged for the costs of reimbursements paid from Primary Care financial allocations. As a result the CCG must carefully manage its commitments in terms of GP Premises to ensure value for money and operate within its financial allocations.

NHS Wakefield CCG currently has 54 GP premises sites for which reimbursement is made totalling £6.3 million in premises reimbursements. This is likely to rise given the continual increase in the rateable value of GP practices premises and development of GP practices premises through the Estates and Technology Transformation Fund (ETTF).

**Implications of Premises Developments**

Where the CCG commits to new premises developments, it must consider its position in terms of the ongoing liabilities of revenue costs. Historically, the CCG/PCT have made these commitments on the basis of applications submitted as part of premises developments.

However, GP's or their landlords can develop their premises without the permission of the CCG and retrospectively seek reimbursement. The CCG has recently received a small number of requests for additional rent reimbursement as a result of development of their premises. Although the current applications do not present a significant increase, it could lead to a greater number of retrospective applications along with increased funding demands.

In line with the requirements of NHS England Delivering the Forward View: NHS Planning guidance 2016/17 – 2020/21 the CCG is reviewing the Local Estates Strategy. The CCG needs to ensure that the development of its estate fits with our current objectives and operational plan as well as supporting the development of the STP Estates plan. The Local Estates Strategy is being revised to include changes estates requirements with a greater focus on one public estate and housing developments in Eastmoor, Castleford and Pontefract.

Whilst the CCG acknowledges that there is a need to develop the primary care estates this needs to be done in context of the provision for Wakefield as a whole rather than by individual GP Practice level.

In order to ensure fairness and consistency the CCG has developed a business case template (appendix A) for which practices would need to complete. This case would then be reviewed by the existing scrutiny panel that would make a decision whether the additional revenue costs should be agreed.

The Panel currently reviews all recommendations to probity committee to ensure that decisions are fair, consistent and appropriate and also discusses potential unintended consequences of those recommendations.

Where a practices request for additional revenue costs is declined, it would be referred to probity committee to hear and make a judgement on that appeal.

**It is therefore recommended that Probity Committee;**

- Approves that practices seeking additional premises reimbursement, outside of those contractually required under the GP Premises Direction (2016), make a formal application via business case (appendix A) in advance of development.
- Approves the business case template and the associated review panel recommendation.
- Approves that business cases are reviewed by the scrutiny committee.
- Approves against the decision of the panel would be heard by Probity Committee and a decision made by them.

# BUSINESS CASE PROFORMA

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| **NHS ORGANISATION** | Wakefield Clinical Commissioning Group | | | |
| **SOURCE OF FINANCIAL INVESTMENT** | ie<br>NHS England<br>NHS Property Services Ltd<br>Community Health Partnerships<br>Other | | | |
| **TYPE OF REIBURSEMENT REQUESTED** | | | | |
| **TITLE OF SCHEME** | | | | |
| **FINANCIAL VALUE**<br>**(£'000 inclusive VAT)** | **Year**<br>**£'000** | **Year**<br>**£'000** | **Year**<br>**£'000** | **Total**<br>**£'000** |
| **CAPITAL COSTS** | | | | |
| **REVENUE COSTS** | | | | |
| **CONTACT DETAILS** | Provide details of lead officer for the scheme – name/title/ office & mobile phone number and email address. | | | |

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| SCHEME SUMMARY | What is/are the principal strategic driver/s triggering the need for this business case (e.g. to enable delivery of relevant commissioning requirements, to comply with NHS policy requirements).<br><br>Summarise the key dimensions of the scheme in terms of both the tangible capital asset to be delivered, and the outputs that will be enabled in service terms as a consequence of the investment. |

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| STRATEGIC CASE | Provide a summary of the key strategic drivers and service requirements that support the case for investment.<br><br>Provide confirmation of the support of all relevant stakeholders.<br><br>Confirm the extent to which the scheme delivers on high priority requirements, e.g. improving patient, safety and the patient environment, reducing backlog maintenance (% of total) enabling QIPP delivery.<br><br>Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities.<br><br>Confirm that any premises subject to the investment will not be disposed of within 5 years of their completion. |

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| FINANCIAL CASE | Confirm the capital costs of the scheme and anticipated dates of capital deployment (and any associated disposals)<br><br>If a lease is proposed, confirm the whole life cost of the lease.<br><br>Confirm the recurrent revenue costs of the scheme. Where these are anything other than revenue neutral or revenue saving, confirm the source of additional revenue.<br><br>Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable.<br><br>Confirm any non recurrent (e.g. transitional costs) of the scheme.<br><br>Confirm the source of non recurrent funds to meet these costs.<br><br>Provide supporting income and expenditure analysis that sets out clearly the recurrent and non recurrent costs of the scheme, the sources of funds to meet these costs, and which demonstrates clearly that the scheme is affordable. |

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| COMMERCIAL CASE | Confirm the commercial arrangements for delivery of the proposed capital investment, e.g. procurement approach and proposed contract type (if not using NHS Procure21+ for new build or refurbishment projects explain why not).<br><br>Confirm when any necessary full planning consent will be achieved.<br><br>Confirm status of legal documentation and what (if anything) remains to be agreed.<br><br>For new build and refurbishment projects confirm:<br>I. Compliant with DH guidance (HBN & HTM);<br>II. Compliant with eliminating mixed sex accommodation;<br>III. Compliant with an approved infection control strategy;<br>IV. In alignment with an approved estate strategy or equivalent;<br>V. Intention to undertake BREEAM assessment and target outcome.<br><br>Confirm any contribution to carbon reduction plan (if applicable).<br><br>Where appropriate, attach site plans and design drawings for the preferred option. |

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| MANAGEMENT CASE | Confirm the arrangements for management and delivery of the capital investment scheme.<br><br>Confirm the key risks to delivery and measures to mitigate and manage these risks.<br><br>Provide a simple timeline with key milestones for the procurement and delivery of the scheme. |
| RISK & ASSUMPTIONS | Advise if and where estimates and/or assumed costs have been included in the business case. |

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| LOCAL APPROVAL | Confirm if the scheme has received Federation support |