

**PRIMARY CARE COMMISSIONING COMMITTEE**

**15 JUNE 2021  
14:00 PM, VIRTUAL MEETING  
Via Microsoft Team**

**AGENDA**

<b>No.</b>	<b>Agenda Item</b>	<b>Lead officer</b>
	Meeting Etiquette – to help this meeting run smoothly please could I ask that members: <ul style="list-style-type: none"> <li>• Mute your microphone when you are not speaking</li> <li>• Turn your camera off when you are not speaking</li> <li>• To ask a question use the 'wave hand' emoji</li> <li>• Ensure any confidential documents are out of view</li> <li>• Use headphones when sensitive or confidential information is being discussed</li> <li>• You will be asked to select a second Microsoft Team meeting for the Private session</li> </ul>	
1.	Apologies for Absence: Richard Hindley	<b>Stephen Hardy</b>
2.	Declarations of Interest	<b>Stephen Hardy</b>
3.	i) Minutes of the meeting held on 19 January 2021 ii) Action sheet from the meeting held on 19 January 2021	<b>Stephen Hardy</b>
4.	Matters arising	<b>Stephen Hardy</b>
<b>5.</b>	<b>General Practice Strategy</b>	
5i	Commissioning Arrangements/Intentions - Presentation	<b>Chris Skelton</b>
5ii	Healthcare First – Queen Street & Park View merger	<b>Hilary Craig</b>
<b>6.</b>	<b>Co Commissioning Operational Issues</b>	
6i	Interim Provider Policy	<b>Chris Skelton</b>
<b>7.</b>	<b>Governance</b>	
7i	Committee Effectiveness Report	<b>Aimee Willett</b>

7ii	Committee Annual Report	<b>Aimee Willett</b>
7iii	Committee Workplan for 2021/22	<b>Aimee Willett</b>
7iv	Committee Terms of Reference	<b>Aimee Willett</b>

**8. Decisions made by Governing Body (For Information)**

8i	None	<b>Aimee Willett</b>
9.	Reflections and Agenda Items for next meeting	<b>Stephen Hardy</b>
10.	Matters to be referred to - (i) Governing Body – Details of any exception reporting (ii) Other Committees - Items to be included on other committee agendas	<b>Stephen Hardy</b>
11.	Any Other Business The Committee is recommended to make the following resolution: <i>“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)</i> ”.	
12.	Date and Time of Next Meeting: 14:00 – 16:00 Tuesday 21 September 2021 via Microsoft Teams	

**NHS Wakefield Clinical Commissioning Group**

**PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Meeting held on 19 January 2021**

<b>Present:</b>	Mel Brown	Director of Commissioning Integrated Health and Care
	Dr Greg Connor	Executive Clinical Advisor
	Suzannah Cookson	Chief Nurse
	Diane Hampshire	Registered Nurse
	Stephen Hardy	Lay Member (Deputy Chair)
	Mr Hany Lotfallah	Secondary Care Specialist
	Richard Watkinson	Lay Member (Audit)
	Jonathan Webb	Chief Finance Officer/Deputy Chief Officer
<b>In Attendance:</b>	Anna Ladd	NHS England Representative
	Amrit Reyat	Governance and Board Secretary
	Chris Skelton	Head of Primary Care Co- Commissioning
	Ruth Unwin	Director of Corporate Affairs
	Pam Vaines	Minute Taker

**21/01 Apologies**

Apologies were received from Richard Hindley, Richard Sloan and Dominic Blaydon.

In the absence of Richard Hindley, the meeting was Chaired by Stephen Hardy, Deputy Chair.

**21/02 Declarations of Interest**

There were no declarations of interest made.

**21/03 (a) Minutes of the Primary Care Commissioning Committee meeting held on 29 September 2020**

The minutes from the meeting held on 29 September 2020 were agreed as an accurate record.

**(b) Action sheet from the Primary Care Commissioning Committee meeting held on 29 September 2020**

The action sheet was noted.

**21/04 Matters Arising**

There were no matters arising discussed.

## 21/05 General Practice Update

Chris Skelton presented the General Practice update with particular reference to the 'National Asks' regarding Covid-19.

In November 2020, NHS England and Improvement issued further guidance to ICS leaders in regards to supporting practices with an additional national fund of £150m. The allocation for Wakefield was £1,040,000.

Chris Skelton highlighted the work carried out by GPs and Primary Care Networks (PCNs) during the pandemic. NHS Wakefield CCG has provided support including adhering to guidance amending contractual arrangements to allow Practices to prioritise Covid-19 procedures.

NHS Wakefield CCG is working collaboratively with PCNs and other providers to maintain services. This includes the Oximetry At Home Model which has been provided by Local Care Direct.

Chris Skelton provided an update on the Covid-19 vaccination programme. General Practices and PCNs have stepped-up to the challenge to offer the Covid-19 vaccination programme with all practices/PCNs participating in the Enhanced Service.

There currently vaccination sites at the following General practices;

- Church View Health Centre
- Castleford Civic Centre
- Kings Medical Centre
- Sandal RUFC
- St Swithuns Community Centre

Working alongside all providers 'at place' with a collaborative approach to ensure vaccination being offered in line with the Joint Committee for Immunisation and Vaccination (JCVI ) cohorts as quickly as possible. NHS Wakefield CCG will continue to support GP practices and PCNs.

Future plans include a review of GP funding during the delivery of Covid-19 vaccination programme to ensure that practices are not financially impacted.

Chris Skelton informed the Committee that the previous intention to transition responsibility for the Access Funding and requirements to PCNs in April 2021 has now been delayed nationally. CCGs will retain the current commissioning arrangements as directed by NHS England.

Stephen Hardy asked whether the Home Oximetry Programme was still operational. Chris Skelton and Dr Greg Connor explained that there are two initiatives within what is called the "COVID Virtual Ward" nationally.

The first is a service to provide blood oxygen monitors to people with COVID and daily follow-up to identify those who develop low oxygen levels and need hospital care (some patients develop this without other symptoms and are at higher risk of deterioration and death from COVID).

The second is a service to provide enhanced support including oxygen therapy and specialist medicines to patients who could be discharged home from hospital safely with this extra care.

The **first** scheme is operational however it only began on 4 January 2021 and therefore there is currently insufficient data available to review the programme at this juncture. The second scheme is currently being developed with MYHT.

It was **RESOLVED** that:

- i. Primary Care Commissioning Committee approved the proposals set out in the presentation
- ii. Primary Care Commissioning Committee approved the associated funding.

## **21/06 Castleford Health Centre**

Chris Skelton shared the Terms of Reference for the Castleford Health Centre Project Board.

As previously discussed at Primary Care Commissioning Committee, the Project Board will oversee the development of a business case for the development of GP estates provision in Castleford.

Ruth Unwin commented that the role of the PCCC will be to oversee the work of the Project Board. The Project Board is an operational group and will not receive delegated authority to make decisions without reference to NHS Wakefield CCG.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the establishment of the Castleford Health Centre Project board to oversee the development of the Castleford Health Centre premises development business case.

## **21/07 Committee Effectiveness Survey**

Amrit Reyat informed the Committee that the 2020/21 Committee Effectiveness Survey will begin in February 2021 and will again be in two sections. The first section will be conducted between the meeting Chair and the Governance and Board Secretary and all members will be asked to contribute to the second section via a link to an on-line process.

Amrit Reyat commented that the inclusion of the standing agenda item – Reflections and Agenda Items for next meeting – had been instigated as a result of findings from the 2020/21 Committee Effectiveness Surveys.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the process for the completion of the 2020/2021 PCCC Self-Assessment questionnaire to consider the effectiveness of the PCCC Committee.

**21/08 For Information - Urgent Decisions by CO at Governing Body 8 December 2020**

Amrit Reyat explained that the paper presented to Governing Body on 8 December 2020 had been shared for information only to ensure that Primary Care Commissioning Committee members were aware of the current situation regarding the temporary closure of GP branch surgeries.

Amrit Reyat confirmed that no further branch closures had been agreed and that all branches were reopened.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the contents of the Urgent Decisions by CO at Governing Body on 8 December 2020

**21/09 Reflections and Agenda Items for next meeting**

Mel Brown commented that Governing Body would need to be informed of the primary care estates work and this should be included on the forward plan for the Governing Body development sessions and meetings.

**21/10 Matters to be referred to other committees or Governing Body**

The following papers are to be referred to other Committees:

- i. The minutes of this meeting to be shared with the Governing Body.

**21/11 Any Other Business**

No other business was discussed.

**21/12 Date and Time of Next Meeting**

Tuesday, 27 April 2021 at 2pm, virtually via Microsoft Teams

NHS Wakefield Clinical Commissioning Group

**ACTION POINTS FROM PRIMARY CARE COMMISSIONING COMMITTEE  
HELD ON 19 JANUARY 2021**

<b>Minute No</b>	<b>Topic</b>	<b>Action required</b>	<b>Who</b>	<b>Date for completion</b>	<b>Progress</b>
20/19	Probity Committee Effectiveness Survey	Consider options to improve outcomes	Amrit Reyat	January 2021	Completed.



## **PRIMARY CARE COMMISSIONING COMMITTEE**

### **Paper 5i – Commissioning Arrangements/Intentions 2021-22**

#### **Presentation**



<b>Name of Meeting</b>	Primary Care Commissioning Committee	<b>Meeting Date</b>	15 June 2021
<b>Title of Report</b>	Health Care First (B87030), Queen Street Surgery (B87600) and Park View Surgery (B87041) Practice Merger Application	<b>Agenda Item No.</b>	5ii
<b>Report Author</b>	Hilary Craig, GP Practice Manager Consultant	<b>Public / Private Item</b>	Public
<b>Clinical Lead</b>	Dr Greg Connor, Executive Clinical Lead	<b>Responsible Governing Body Executive Lead</b>	Mel Brown, Director for Integrated Care

### Executive Summary

Health Care First (PMS), Queen Street Surgery (PMS) and Park View Surgery (APMS) have expressed a desire to merge the three contracts into one PMS Contract. Health Care First and Queen Street have six GP Partners who hold both contracts. The same six partners are directors of FMC Health Solutions who hold the APMS contract for Park View Surgery.

This report explains the background and context to this proposed merger. There are no changes in service delivery, premises from which services are provided or staffing / access levels. Additionally, the report describes the considerations for the commissioner with regards to practice merger applications alongside supporting narrative.

Part of the process which Primary Care Commissioning Committee will consider is patient engagement and this paper describes the proposed approach to this.

### Has the issue been considered at any other meetings?

<b>Name of meeting</b>	Not Applicable	<b>Meeting Date</b>	
<b>Name of meeting</b>		<b>Meeting Date</b>	

**Recommendations**

It is recommended that Primary Care Commissioning Committee;

- Consider the proposal with regards to the proposed merger between Health Care First, Queen Street and Park View Surgeries
- Agree for the three practices to commence engagement with patients and their local community
- Agree to the completion of an Equality Impact Assessment
- Attend a future Primary Care Commissioning Committee and present a further paper including an Engagement Report and outcome of the Quality and Equality Impact Assessment.

**Decision** **Assurance** **Discussion** **Other:****Implications**

**Has a quality impact assessment been completed?**

No

**Have any quality and safety implications been identified**

No

**Are there any resources or financial implications (including Staffing/Workforce considerations)**

Net Financial impact, discussed within the report.

**Does the issue have any implications for sustainability or climate change?**

No

**Has a Data Protection Impact Assessment (DPIA) been completed?**

Yes No N/A 

**Strategic Objectives (which of the CCG objectives does this relate to?)**

Organising ourselves to deliver for patients

**Risk (include risk number and a brief description of the risk)**

Not applicable

**Legal / CCG Constitutional Implications**

Not applicable

**Conflicts of Interest (include detail of any identified / potential conflicts)**

Not applicable

**NHS WAKEFIELD CCG**  
**PRIMARY CARE COMMISSIONING COMMITTEE**

**Health Care First (B87030) PMS, Queen Street Surgery (B87060) PMS and Park View Surgery (B87041) APMS**  
**PRACTICE MERGER APPLICATION**

---

**Purpose**

The purpose of this Paper is to

- Notify the Primary Care Commissioning Committee of a request to merge two Primary Medical Services contracts held by Health Care First (B87030) and Queen Street Surgery (B87060); and one Alternative Provider Medical Services Contract held by Park View Surgery (B87041).
- Discuss the matters for which the commissioner must consider in approving the application.
- Inform the decision on the commencement of an engagement process with relevant stakeholders.

**Background & Context**

Health Care First (HCF) (B87030) provides services for 27,638 patients (1/4/2021) via a PMS contract from the following sites;

- Beauforth House Clinic, Ferrybridge
- Ferrybridge Medical Centre, 8-10 High Street, Ferrybridge
- Byram Surgery, St Edward's Close, Byram
- Elizabeth Court Surgery, Castleford
- Castleford Health Centre, Castleford
- Pinfold Lane Surgery, Methley

Health Care First has 17 GPs providing 94 sessions, 10 Advanced Nurse Practitioners, 9 Nurses and 51 non-clinical staff.

Queen Street Surgery, (B87060) is in Normanton and has 2,446 registered patients (1/4/2021). Park View (B87041) Surgery is co-located in the same building in Normanton and has 2,233 registered patients (1/4/2021). The same clinical and non-clinical staff care for patients registered at both practices. Queen Street and Park View have 1 GP providing 5 sessions at each site. Each site also has an ANP, 1 HCA and 4 non-clinical receptionists/ administrators.

The application to merge is aimed at reducing the administrative and financial burden of running three separate legal entities and three separate contracts. The patients will see no change to current levels of access or any reduction in service delivery. The time and costs saved in managing the three separate contracts will be reinvested in managing service provision and increased productivity. The merger, if approved, will bring all 3 contracts under the same PMS contract, with the APMS contract at Park View ending.

Healthcare first holds a PMS contract; it has six GP partners and twelve salaried GPs. The Practice has a registered list size of 27,638 as at 1/04/2021. Queen Street holds a PMS contract, has the same six GP partners and one salaried GP. This Practice has a registered list size of 2,446 as at 1/04/2021. Park View is an APMS contract and has one salaried GP and a registered list size of 2,233 as at 01/04/2021. The GP partners of Health Care First and Queen Street are all Directors of the Company that holds the APMS contract. If the merger is approved the combined list size will be 32,317

Details of the wider clinical and non-clinical workforce at all sites detailed in the table below. The practices hope that the proposed merger would take place on 1<sup>st</sup> January 2022. A merged practice would continue to operate from the all the current sites with no changes in service delivery.

	Current Provision – Practice 1 HCF B87030	Current Provision – Practice 2 Queen Street B87600	Current Provision – Practice 3 Park View B87041	Merged Practice
Name and address of practice (provide name and address)	<b>Health Care First</b> Pinfold Lane Methley LS26 9AA	<b>Queen Street Surgery</b> 60 Queen Street Normanton Wakefield WF6 2BU	<b>Park View Surgery</b> 60 Queen Street Normanton WF6 2BU	<b>Health Care First</b> Pinfold Lane Methley LS26 9AA (Administrative Centre)
Number of GPs and clinical sessions (provide breakdown)	17 x GPs 94 sessions (Trainees in addition to the above]	1 x GPs 5 sessions (Trainees in addition to the above]	1 x GPs 5 sessions (Trainees in addition to the above]	19 x GPs 104 sessions

wn)		*Note approx. figures split across sites	*Note approx. figures split across sites	
Number of other practice staff (provide breakdown)	10 ANPs and 9 Nurses 9 x HCAs 51 x non-clinical (receptionist/administrator)	1 ANPs and 1 Nurses 1 x HCAs 4 x non-clinical receptionist/administrator)  *Note approx. figures split across sites	1 ANPs and 1 Nurses 1 x HCAs 4 x non-clinical receptionist/administrator)  *Note approx. figures split across sites	12 ANPs and 11 Nurses 11 x HCAs 59 x nonclinical
Number of hours of nursing time (provide breakdown)	457 hours per week	37.5 hours per week  *Note approx. figures split across sites	37.5 hours per week  *Note approx. figures split across sites	532 hours per week

### GP Contract Merger

A GP or partnership may hold more than one form of primary care contract with Commissioner. This flexibility has enabled GP practices to come together in varying ways to provide support for each other, expand on the services available and/or resolve premises issues and achieve economies of scale, though each will have their own reasons for coming together.

There are many ways in which practices may seek to come together. However, in this case the proposed contract arrangements will be as follows; the PMS contract held by Health Care First (B87030), will become the new combined contract for all registered patients of the three contracts, with this same ODS (B) number retained. The PMS contract for Queen Street (B87060) will be terminated as will the APMS contract (B87041). All 7 GP Partners are signatories to both PMS contracts.

As a fully delegated CCG for the commissioning of Primary Medical Services, NHS Wakefield CCG adheres to the NHS England Primary Medical Care Policy and

Guidance. This sets out what commissioners should consider when deciding on contractual mergers, this includes;

- how patients would access a single service;
- what would the practice boundary be (inner and outer);
- assurances that all patients will access a single service with consistency across provision, i.e. home visits, booking appointments, essential and additional services, opening hours, extended hours, and so on, single IT and phone system;
- premises arrangements and accessibility of those premises to patients; and
- proposed arrangements for involving the patients about the proposed changes, communicating the change to patients, and ensuring patient choice throughout.
- competition and procurement law and whether the proposed model of merger poses any risks to the commissioner

In considering the application the CCG must consider the following;

- Benefits to patients
- Costs/Value for Money
- Patient Engagement
- Choice, Competition and Procurement

The proposed merger would not change how patients access services and there would be no change to the practice boundaries at any of the sites.

The Practices have provided assurance that patients would have the same access to home visits, booking appointments, essential and additional services, extended hours, and services as they have now. The phone system is already merged and the clinical system / CQRS would be merged following any merger agreement. Currently the clinical systems for all three practices are accessed via shared administration rights.

### **Wakefield CCG Support**

The CCG has been providing managerial support and advice to Health Care First during about the application and merger process; this has included support from the wider Primary Care Team and from the Communications and Engagements Team.

There is not considered to be any risk to the CCG or patients as a consequence of a merger of three contracts into one, should a merger be approved. There is no

change in provider, staffing, services, opening hours, premises, or practice boundaries.

There would be a reduction in administration for the CCG as a consequence of combining the three contracts.

### **Benefits for Patients**

The proposed merger would not change how patients access services and there would be no change to the practice boundaries at any of the sites. There are no planned changes to services or staffing because of this application.

### **Procurement, Competition and Choice**

As a result of this application the CCG has considered any potential impact on patient choice by this merger application. As there is no change in provider the risk of patients wishing to register elsewhere is minimal. Patients do always have choice to register with any practice within whose boundary they reside of to apply to register as an out of area patient.

The proposal for this merger is via contract variation route. There are no known procurement implications as a result of approving this merger application.

### **Financial Implications**

As with any contractual merger, there is likely to be an impact on the costs to the commissioner. This is due to the mechanisms which underpin the core GP contract payments. Specifically, the number of practices and size are factors which determine contract price although these calculations will have a very small financial impact on the CCG. As part of this proposal, the patients will transfer from a PMS and an APMS contract to a PMS contract so there should be no increase in the overall contract price. There may be a small reduction in cost with the move from the APMS contract.

### **Proposed Merger Mobilisation and Merger Date**

The practice is developing a mobilisation plan should the merger be approved. Currently, the merger is proposed to take place on the 1<sup>st</sup> January 2022. The contractual merger date is dependent on a number of different factors including;

- Communication with patients (both prior and after the merger date)
- Engagement with regulatory bodies
- Date for clinical system merger

The CCG will finalise a contractual merger date with the practices should the application been approved.

### **Recommendations**

It is recommended that Primary Care Commissioning Committee;

- Consider the proposal with regards to the proposed merger between Health Care First, Queen Street and Park View Surgeries
- Agree for the three practices to commence engagement with patients and their local community
- Agree to the completion of an Equality Impact Assessment
- Attend a future Primary Care Commissioning Committee and present a further paper including an Engagement Report and outcome of the Quality and Equality Impact Assessment.

**Hilary Craig**  
**PM Consultant**

**NHS Wakefield CCG**



<b>Name of Meeting</b>	Primary Care Commissioning Committee	<b>Meeting Date</b>	15 June 2021
<b>Title of Report</b>	Interim Provider Policy	<b>Agenda Item No.</b>	6i
<b>Report Author</b>	Chris Skelton – Head of Primary Care	<b>Public / Private Item</b>	Public
<b>Clinical Lead</b>	Not Applicable	<b>Responsible Governing Body Executive Lead</b>	Melanie Brown – Director of Integrated Care

<b>Executive Summary</b>
<p>The purpose of this paper is to seek approval for minor amendments to the CCG interim provider policy following review by internal audit. The changes relate to the referencing to current national policy from the Primary Care Policy and Guidance Manual that is updated from time to time.</p>

**Has the issue been considered at any other meetings?**

<b>Name of meeting</b>		<b>Meeting Date</b>	
<b>Name of meeting</b>		<b>Meeting Date</b>	

<b>Recommendations</b>
<p><b>It is recommended that the Primary Care Commissioning Committee;</b></p> <ul style="list-style-type: none"> <li>Approve the amendments to the interim provider policy.</li> </ul>

<b>Decision</b> <input checked="" type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Other:</b>
-----------------------------------------------------	-------------------------------------------	--------------------------------------------	---------------

## Implications

<b>Has a quality impact assessment been completed?</b> <b>Have any quality and safety implications been identified</b>	Included as part of Policy
<b>Are there any resources or financial implications (including Staffing/Workforce considerations)</b>	Included as part of Policy
<b>Does the issue have any implications for sustainability or climate change?</b>	Not applicable

<b>Has a Data Protection Impact Assessment (DPIA) been completed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
-----------------------------------------------------------------------	------------------------------	-----------------------------	-----------------------------------------

<b>Strategic Objectives (which of the CCG objectives does this relate to?)</b>		<b>Risk (include risk number and a brief description of the risk)</b>	Not Applicable
<b>Legal / CCG Constitutional Implications</b>	Not Applicable	<b>Conflicts of Interest (include detail of any identified / potential conflicts)</b>	Not Applicable



Wakefield Clinical Commissioning Group

# PRIMARY CARE INTERIM PROVIDER POLICY

Version	<del>17-07-2018 v4</del> <sup>12<sup>th</sup></sup> April 2021 Version
Ratified by	<del>Probity Committee</del> Primary Care Commissioning Committee
Name of originator /author	Programme Manager – Primary Care Co-commissioning
Name of Lead	Executive Clinical Advisor
Date issued	<del>July 2018</del> April 2021
Review date	September 2023
Target audience	<del>Primary Care Commissioning Committee</del> Probity Committee

Formatted: Superscript

## **1. Purpose**

NHS Wakefield Clinical Commissioning Group (CCG) is committed to improving Primary Care Medical Services for the benefit of patients and local communities.

The purpose of this document is to outline NHS Wakefield Clinical Commissioning Group's approach to appointing an interim provider for primary care medical services in situations where time limits do not allow for a comprehensive procurement exercise to be undertaken. This would allow for alternative options to be considered and contracted services to be secured appropriately, with no impact upon patient safety or continuity of care.

## **2. Background**

Delegated Commissioning requirements (Co-Commissioning) from 1st April 2015 have meant that NHS Wakefield Clinical Commissioning Group is responsible for the commissioning of Primary Care Medical Services. However, NHS England remains legally responsible for GMS/PMS and APMS core contract requirements. NHS Wakefield Clinical Commissioning Group is still required to work within NHS England policies and procedures for managing core contract requirements.

Within Wakefield, situations may arise where a single handed practice has to close and emergency cover is required for a GP practice. For example, the death of a single handed GP whilst still in service. In addition, a number of other scenarios may occur which require intervening action by NHS Wakefield Clinical Commissioning Group.

## **3. Requirements for an interim provider**

This policy outlines the approach that will be taken by NHS Wakefield Clinical Commissioning Group should a situation arise that requires the appointment of an interim provider to maintain GMS/PMS/APMS service delivery on a short term basis. This may include, but is not limited to, the following circumstances:

- a) Death of a single handed GP whilst still being the named core contract holder. The contract should be terminated within 7 days of notification of the contractor's death or 28 days after the end of the seven-day period if agreed. NHS Wakefield Clinical Commissioning Group has to provide GP services until a decision is reached to either disperse the list or procurement can be completed to appoint an alternative provider.
- b) Single Handed Practice informs the CCG they wish to terminate their contract,

c) Commissioners terminate the contract. Commissioner terminations can arise in the following cases (without limitation):

- i. Breach of core conditions
- ii. Where there is a serious risk to the safety of the contractor's patients or risk of material financial loss to NHS England or NHS Wakefield Clinical Commissioning Group
- iii. For the provision of untrue information
- iv. On fitness grounds
- v. For unlawful sub-contracting
- vi. Failure to comply with a Remedial Notice or repetition of a breach that has already been the subject of a Remedial Notice or Breach Notice
- vii. Upon agreement of NHS England or NHS Wakefield Clinical Commissioning Group and the Contractor in writing
- viii. On notice from the contractor
- ix. If in its reasonable opinion, NHS England or NHS Wakefield Clinical Commissioning Group considers that a change in membership of the partnership is likely to have a serious adverse impact on the ability of the contractor or NHS England or NHS Wakefield Clinical Commissioning Group to perform its obligations under the contract
- x. The end of time limited contract periods
- xi. Failure of practices to comply with CQC requirements if they have been placed into special measures

#### **4. Service Provision**

Each emergency situation will be reviewed dependent upon the individual circumstance that present at that time.

It is essential that there is high quality, consistent Primary Medical Care services in the district therefore NHS Wakefield Clinical Commissioning Group will need to decide how best to serve the population of the practice during the interim period.

In the majority of circumstances, the CCG would look to appoint an interim provider to deliver services with regard to the scale listed below:

1. Provision of core contract services only
2. Provision of core contract plus public health initiatives e.g. vaccinations and immunisations
3. Provision of core contract, Wakefield Practice Premium Contract (WPPC) and public health initiatives
4. Provision of core contract, WPPC, public health initiatives and enhanced services

Option 4 is the preferred option as this will ensure that patients are not disadvantaged in comparison with patients who are registered with another practice.

## 5. Process and criteria for selection

5.1 If a situation should occur where an interim provider is required and the period of service provision will not exceed 18 months, NHS Wakefield Clinical Commissioning Group will write to all NHS Wakefield Clinical Commissioning Group member practices only and will invite expressions of interest to provide the service under emergency provision arrangements.

5.2 This will be done by taking into consideration a number of essential and desirable criteria. These are shown in more detail in Appendix 1 and will include an assessment of both the applicant and the plans for service delivery. Expressions of interest will be assessed on:

- a) Capacity (the practice list must be open)
- b) Contractual Compliance with the core contract
- c) Service Delivery (Including GPOS and GPHLI Indicators) of their own service and plans for covering the interim service
- d) Quality & Clinical Effectiveness
- e) Financial viability (credible financial plan and current practice financial viability)

In addition, practices will also be asked to set out plans and timescales for mobilisation.

### 5.3 Capacity

The provider must be able to demonstrate that they are able to secure sufficient capacity and capability to meet the contractual requirements of the interim service. These include, but are not limited to:

- A full complement of clinical and support staff, with consideration being given to annual leave arrangements and the appropriate levels of cover, such that they would have the capacity to cope with the additional workload.
- A telephone system with the capacity to cope with the additional demand generated by the increase in patients, without any detriment to the current level of service on offer.
- There is a significant risk around TUPE to any caretaking arrangements. Therefore HR advice must be sought for each individual circumstance.

### 5.4 Financial Viability

The interim provider must be able to demonstrate financial viability and readiness to be responsive to the immediate requirements for service provision, and to maintain such service delivery for the duration of the anticipated timescale.

This will include, but not be limited to:

- Consideration of the management of the provider's finances where there are known areas of concern;

- Any declaration of fraudulent activity

These criteria will be applied to each expression of interest sought. However it may be necessary to tailor the requirements of the practice to the situation which has arisen.

For the avoidance of doubt, only holders of GMS/PMS or APMS contracts with the NHS Wakefield Clinical Commissioning Group will be initially entitled to be invited to submit an expression of interest in respect of such practices where required.

### **5.5 Service delivery considerations**

It is key, under any temporary or longer term commissioning arrangement, that continuity of service is maintained at levels previously provided to patients, to ensure that any detriment to patients is minimised. In particular interim providers must consider the following pre-requisites:

- Hours – the interim provider must be able to demonstrate the ability to offer a reasonable range of hours to meet the needs of patients;
- Distance – if applicable the distance on foot, by car, and via public transport for patients to the alternative premises would be considered. Additionally, parking facilities would be taken in to consideration.
- Premises - the interim provider's premises would be assessed to determine whether an increase in patients could be accommodated, considering such factors as the reception size, number of consultation rooms, car parking etc.

### **5.6 Exclusions**

An individual practice, partnership, consortium or other legal entity meeting this requirement within NHS Wakefield Clinical Commissioning Group will be automatically excluded from consideration if the organisation:

- has received its most recent CQC report which has been determined as "requires improvement" or "inadequate." This is regardless of whether a review of one or more of the ratings has been requested and the outcome of that review may result in a change in rating; or
- has had warning letters, a contract breach or remedial notice served at any time within the previous twelve (12) months; or
- has funding reclaimed for under performance (Network Development Framework or Wakefield Practice Premium Contract) at any time within the previous twelve (12) months;, **or** (for APMS contracts only) has had a KPI financial penalty applied in the last contract year ending 31<sup>st</sup> March.
- Is subject to any fitness to practice process
- Is subject to any investigation for fraud

For the avoidance of doubt, the 12 month period referred to above will start immediately prior to the date the CCG invites expressions of interest.

### **5.7 Evaluation and contract term**

An evaluation panel of suitably qualified NHS Wakefield CCG staff, (inclusive of representation from NHS England) will independently score each bid submission following which a moderation meeting will be held to agree a final score in respect of each submission. The scores will then be weighted as advised in the published criteria and the highest scoring submission will be the preferred provider to deliver the interim service.

To allow the CCG's to secure an alternative contracted service, following the formal tender process, it is envisaged that the temporary contract would be for a minimum period of 9 months and extended thereafter on a month by month basis.

This recommendation will be presented to Probity Committee for approval.

### **5.8 Failure to Appoint an Interim Provider**

If an interim provider is not appointed via the process set out above, the scope of the invitation may be extended to a wider geography. This is likely to include neighbouring CCGs. This will be achieved with assistance and facilitation from colleagues in NHS England's Primary Care Team.

If this process fails to appoint an interim provider OR where continuation of the service is not possible due to ownership and the continued use of the original premises, the following options will be explored:

- a) dispersal of the registered list of patients to a practice of their choice
- b) allocation of patients to neighbouring practices using performance data to inform this process, subsequently patients can exercise their choice of practice. (This option does not meet the requirements of NHS patient constitution)

This is an emergency policy and due to time constraints there will be no appeals process.

## **6. Communications**

Once the preferred interim provider has been chosen and has accepted, the CCG will inform all unsuccessful applicants of its decision in writing.

6.2 All patients on the registered list will be informed of the interim arrangements by first class post, and all relevant departments and teams within the CCG will be notified in order to deal with any patient enquiries.

6.3 Communications will be sent advising of the interim arrangements to:

- All GP practices
- NHS England



- CCG Staff
- LMC
- Local Council
- Scrutiny Committee
- MYHT
- Local Pharmacy

This process will be led by the Head of Primary Care Co-Commissioning with support from the Primary Care Performance Group and Executive Clinical Advisor.

## References

### NHS England Guidance

<http://www.england.nhs.uk/wp-content/uploads/2013/07/death-con-pms.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2013/07/con-brea-sanc-term-pms.pdf>

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

### Credits

Cheryl Mould, Head of Primary Care and Quality, NHS Liverpool CCG

Karen Stothers, Head of Commissioning (Primary Care) Bradford City and Bradford Districts CCGs

**Appendix 1 – Framework for review  
of Quality and Clinical Effectiveness  
(Interim Provider)**

	Fully Compliant	Partially Compliant	Not Compliant
<b>Quality and Clinical Effectiveness</b>			
<b>Financial Viability</b>	Provide up to date accounts (previous 3 years) that demonstrate their viability and profitability		
<b>QOF</b>	more than 95% of available points achieved and 0 patients added back to cohorts due to exception reporting	more than 95% of points and >1 patients added back into cohorts or less than 95% of points achieved and 0 patients added back in	less than 95% of available points achieved and 1 or more patients added back to cohorts due to exception reporting
<b>Contractual Compliance</b>	no warning letters or breach notices issued and no remedial action plans in place/achieving	Some warning letters or breach notices issued or action plans in place/approaching review	warning letters and breach notices issued and remedial action plans in place/ under review
<b>Prescribing</b>	Below Total National Average for antibiotics per STAR PU	same as national average	above national average
<b>CQC Compliance (if not visit use NHSE indicators)</b>	<b>Outstanding</b>	<b>Good</b>	requires improvement/inadequate
<b>Childhood Imms</b>	=>90%	-	<90%
<b>Seasonal Flu</b>	=>75%	-	<75%
<b>Cytology</b>	=>80%	-	<80%
<b>No of GP's/ANP ratio to 1000 pts</b>	.55 wte (based on 1800 pts per wte)		
<b>Access and Patient Satisfaction</b>	Using GP National survey data - above the CCG average	equal to or within 5% of CCG average	below 5% of CCG average

<b>Name of Meeting</b>	Primary Care Commissioning Committee	<b>Meeting Date</b>	15 June 2021
<b>Title of Report</b>	Primary Care Commissioning Committee Effectiveness Report 2021/22	<b>Agenda Item No.</b>	7i
<b>Report Author</b>	Pam Vaines, Governance Officer	<b>Public / Private Item</b>	Public
<b>Clinical Lead</b>	Not Applicable	<b>Responsible Governing Body Executive Lead</b>	Ruth Unwin, Director of Corporate Affairs

### Executive Summary

Annual effectiveness surveys are carried out for all sub-committees of the Governing Body. Members and regular attendees of the Primary Care Commissioning Committee were asked to complete the survey and 9 of the 17 eligible members and regular attendees responded.

The full results of the survey have been shared with the group and can also be found [here](#).

#### Part One - Committee Processes

This section of the survey is a checklist relating to Committee processes and was completed by the Chair and the Governance Officer. The checklist is designed to elicit a simple yes or no answer to each question. All of the questions received a 'yes' response. The survey can be found [here](#).

#### Part Two - Themes Survey

This section is designed to measure the committee's effectiveness by taking the view of the committee members across a number of themes. The majority of the responses indicated that the members either agreed or strongly agreed with the questions asked.

The following are some of the positive feedback from members:

- The quality of committee papers received allows members to perform their role effectively
- Members provide real and genuine challenge, with meaningful discussion, they do not just seek clarification and/or reassurance
- Agenda items are 'closed off' appropriately so that members are clear what the conclusion is; who is doing what, when and how; and how it will be monitored
- Committee meetings are chaired effectively and with clarity of purpose and outcome
- Members agreed that the committee fulfilled everything set out in its terms of reference and has been proactive in seeking assurance on engagement, experience and quality
- Key achievements highlighted included; continued successful oversight of a strong and vibrant primary care sector; oversight, assessment and management of failing and merging practices; improvements in the Primary Care Learning Disabilities Annual Health Checks; setting up of 7 PCN Covid 19 Vaccination Clinics

## Executive Summary

Members were asked what, if anything, need to change to enable the committee to be more effective in its role. The following suggestions were made:

- Ensure that at the end of each meeting members discuss the outcomes and reflect back on decisions made and what worked well, not so well, etc.
- An interface with ICP
- Consider an annual committee development meeting
- Regularly review annual workplan

Members were asked what key achievements or other matters they would like to be included in the Committee's Annual Report for 2020/21, the following were suggested; reference to the involvement of Healthwatch Wakefield; continued successful oversight of a strong and vibrant primary care sector; improvement of the number of Learning Disability Annual Health Checks completed by primary care and the successful opening of the seven PCN vaccination sites.

It is proposed that the Primary Care Commissioning Committee discuss further the results and comments received and consider if any actions need to take place to understand and improve the role and purpose of the Committee.

### Has the issue been considered at any other meetings?

Name of meeting		Meeting Date	
Name of meeting		Meeting Date	

## Recommendations

It is recommended that the Primary Care Commissioning Committee

- Note the findings of the Primary Care Commissioning Committee Effectiveness Survey;
- Discuss the 'disagree' replies; and agree some follow up actions

Decision

Assurance

Discussion

Other:

## Implications

<b>Has a quality impact assessment been completed?</b> <b>Have any quality and safety implications been identified</b>	Not Applicable
<b>Are there any resources or financial implications (including Staffing/Workforce considerations)</b>	Not Applicable
<b>Does the issue have any implications for sustainability or climate change?</b>	Not Applicable

<b>Has a Data Protection Impact Assessment (DPIA) been completed?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>
-----------------------------------------------------------------------	-------------------------------------	------------------------------------	------------------------------------------------

<b>Strategic Objectives (which of the CCG objectives does this relate to?)</b>	Organising ourselves to deliver for our patients	<b>Risk (include risk number and a brief description of the risk)</b>	None identified – all items included within terms of reference have been considered by the Committee
<b>Legal / CCG Constitutional Implications</b>	None identified	<b>Conflicts of Interest (include detail of any identified / potential conflicts)</b>	None identified



<b>Name of Meeting</b>	Primary Care Commissioning Committee	<b>Meeting Date</b>	15 June 2021
<b>Title of Report</b>	Primary Care Commissioning Committee Annual Report 2021/22	<b>Agenda Item No.</b>	7ii
<b>Report Author</b>	Pam Vaines, Governance Officer	<b>Public / Private Item</b>	Public
<b>Clinical Lead</b>	Not Applicable	<b>Responsible Governing Body Executive Lead</b>	Ruth Unwin, Director of Corporate Affairs

### Executive Summary

This report presents a summary of the activities of the Primary Care Commissioning Committee throughout the financial year 2020/21. It was shared with members of the Committee for comment and presented to and approved by Governing Body on 8 June 2021 to provide assurance about the effectiveness of the Primary Care Commissioning Committee. It concludes that the Primary Care Commissioning Committee complied with its function to facilitate decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body.

Full Assurance was granted following an Audit Yorkshire review of Primary Medical Care Commissioning and Contracting: Commissioning and Procurement Services.

### Has the issue been considered at any other meetings?

<b>Name of meeting</b>	Governing Body	<b>Meeting Date</b>	8 June 2021
<b>Name of meeting</b>		<b>Meeting Date</b>	

### Recommendations

Members of the Primary Care Commissioning Committee are invited to:

- i. Note the contents of the report.
- ii. Note the decision of the Governing Body to extend membership of the Primary Care Commissioning Committee by twelve months.

<b>Decision</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Other:</b>
------------------------------------------	------------------------------------------------------	--------------------------------------------	---------------



## Implications

<b>Has a quality impact assessment been completed?</b> <b>Have any quality and safety implications been identified</b>	Not Applicable
<b>Are there any resources or financial implications (including Staffing/Workforce considerations)</b>	Not Applicable
<b>Does the issue have any implications for sustainability or climate change?</b>	Not Applicable

<b>Has a Data Protection Impact Assessment (DPIA) been completed?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>
-----------------------------------------------------------------------	-------------------------------------	------------------------------------	------------------------------------------------

<b>Strategic Objectives (which of the CCG objectives does this relate to?)</b>	Organising ourselves to deliver for our patients	<b>Risk (include risk number and a brief description of the risk)</b>	None identified – all items included within terms of reference have been considered by the Committee
<b>Legal / CCG Constitutional Implications</b>	None identified	<b>Conflicts of Interest (include detail of any identified / potential conflicts)</b>	None identified

## **Primary Care Commissioning Committee – Annual Report 2020/21**

### **1. Purpose**

This report presents a summary of the activities of the Primary Care Commissioning Committee throughout the financial year. It is intended to provide the Committee with assurance about the effectiveness of the Committee.

### **2. Overview of Committee**

The Primary Care Commissioning Committee was established to facilitate decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body. The Committee shall carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act but may be extended (subject to approval from the Governing Body) to other areas which present a conflict of interest.

#### **2.1. Duties within the Terms of Reference**

- Make decisions on behalf of the Governing Body about items which present conflicts of interest for all or the majority of GP members of the Governing Body.
- Seek to increase quality, efficiency, productivity and value for money and to remove administrative barriers in primary medical services in Wakefield district.
- Make decisions on the review, planning and procurement of primary medical services in Wakefield district, under delegated authority from NHS England.
- Make decisions in relation to GP boundary changes and list closure, mergers and branch closures
- Seek assurance on behalf of the Governing Body in relation to the implementation of any actions, plans or policies that have been approved by the committee
- Make decisions in relation to financial allocation regarding Primary Care Networks.

#### **2.2. Membership and meetings**

The Committee scheduled four meetings.

#### **Members of the Primary Care Commissioning Committee:**

Melanie Brown	Dr Greg Connor
Suzannah Cookson	Diane Hampshire
Stephen Hardy	Richard Hindley
Hany Lotfallah	Richard Watkinson
Jonathan Webb	

All meetings held were quorate.

### **2.3. Communication from the Committee**

The minutes of meetings of the Primary Care Commissioning Committee are presented to the Governing Body on a regular basis.

## **3. Principal activities**

### **3.1. Delivery of the Work Programme**

The Primary Care Commissioning Committee work-plan for 2020/21 was approved by the Committee on 30 June 2020.

The topics discussed during 2020/21 included:

- Proposed GP practice merger
- Contract & Performance Decisions made during COVID-19
- Commissioning Intentions 2020/21
- GP practice premises refurbishment
- Quality & Outcomes Framework 2019/20
- Wakefield Practice Premium Contract Performance Report 2019/20
- Approval of the Interim Provider Policy
- Additional Roles Reimbursement Scheme – PCN Workforce Plans
- General Practice Update
- Castleford Health Centre

The revised Terms of Reference were approved at the first meeting of the Primary Care Commissioning Committee in April 2020.

## **4. Review of Effectiveness**

A summary of the Primary Care Commissioning Committee Self-Assessment is to be presented at the 15 June 2021 meeting. Following the results of the survey it is proposed that the Committee will discuss the level of assurance and challenge at Committee meetings and agree any actions to further improve the role and purpose of the Committee.

In April 2021, Audit Yorkshire completed a review of Primary Medical Care Commissioning and Contracting: Commissioning and Procurement Services. A finding of Full Assurance was granted with two minor recommendations, including a review of the Terms of Reference for the Primary Care Commissioning Committee to reflect the statutory duties set out in Chapter A2 of the NHS Act.

## **5. Forward View**

- 5.1** A work programme for 202/22 will be presented to the Committee at the meeting to be held on 8 April 2021.
- 5.2** It is recommended that the Governing Body reappoint all members for a further twelve month term of office on the Committee.
- 5.3** Primary Care Commissioning Committee Terms of Reference will be amended to reflect the recommendations of Audit Yorkshire

## **6. Conclusion**

This report provides assurance that the Committee has complied with its terms of reference and fulfilled its duties (detailed in section 2.1 above) during the period 1 April 2020 to 31 March 2021.

## **7. Recommendation:**

Members of the Primary Care Commissioning Committee are invited to comment on this annual report and subject to any necessary amendments, recommend the annual report to the Governing Body including the reappointment of all members for a further twelve month term of office on the committee.

<b>Name of Meeting</b>	Primary Care Commissioning Committee	<b>Meeting Date</b>	15 June 2021
<b>Title of Report</b>	Work Plan 2021/22	<b>Agenda Item No.</b>	7iii
<b>Report Author</b>	Pam Vaines, Governance Officer	<b>Public / Private Item</b>	Public
<b>Clinical Lead</b>	Not Applicable	<b>Responsible Governing Body Executive Lead</b>	Ruth Unwin. Director of Corporate Affairs

**Executive Summary**

The work-plan supports agenda planning for the Primary Care Commissioning Committee and helps to ensure that all responsibilities delegated by the Governing Body are covered by the committee.

The work-plan reflects the Primary Care Commissioning Committee's agenda structure; to include standing items.

The work-plan for 2021/22 was shared with members of the Primary Care Commissioning Committee for comment.

**Has the issue been considered at any other meetings?**

<b>Name of meeting</b>		<b>Meeting Date</b>	
<b>Name of meeting</b>		<b>Meeting Date</b>	

**Recommendations**

Members of the Primary Care Commissioning Committee are invited to:

- i) Comment and approve the work plan for 2021/22.

<b>Decision</b> <input type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Other:</b>
------------------------------------------	------------------------------------------------------	--------------------------------------------	---------------

## Implications

<b>Has a quality impact assessment been completed?</b> <b>Have any quality and safety implications been identified</b>	Not Applicable
<b>Are there any resources or financial implications (including Staffing/Workforce considerations)</b>	Not Applicable
<b>Does the issue have any implications for sustainability or climate change?</b>	Not Applicable

<b>Has a Data Protection Impact Assessment (DPIA) been completed?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input checked="" type="checkbox"/>
-----------------------------------------------------------------------	-------------------------------------	------------------------------------	------------------------------------------------

<b>Strategic Objectives (which of the CCG objectives does this relate to?)</b>	Organising ourselves to deliver for our patients	<b>Risk (include risk number and a brief description of the risk)</b>	None identified
<b>Legal / CCG Constitutional Implications</b>	None identified	<b>Conflicts of Interest (include detail of any identified / potential conflicts)</b>	None identified

<b>DRAFT PRIMARY CARE COMMISSIONING COMMITTEE WORKPLAN 2021/22</b>				
	<b>2021</b>			<b>2022</b>
<b>TOPIC</b>	15-Jun	21-Sep	21-Dec	15-Mar
<b>Committee work-plan and reporting</b>				
Approval of Primary Care Commissioning Committee Workplan 2021/22 (to be reviewed prior to drafting agenda)	✓	✓	✓	✓
<b>Monitoring implementation of work programmes/action plans (AS REQUIRED)</b>				
Probity Committee self assessment	✓			
Review committee terms of reference	✓			
Annual committee report to Governing Body	✓			
Report to Audit Committee meeting : progress against work-plan	✓			
Send minutes to Governing Body	✓	✓	✓	✓
<b>General Practice Strategy</b>				
Progress on General Practice Strategy	✓	✓	✓	✓
<b>GP Care Wakefield (AS REQUIRED)</b>				
<b>Co-Commissioning Operational</b>				
Ongoing management and performance of GMS, PMS and APMS contracts <b>(AS REQUIRED)</b>				
Commissioning of primary medical services <b>(AS REQUIRED)</b>				
Approve GMS, PMS and APMS contract breach/remedial notices and removing a contract <b>(AS REQUIRED)</b>				
Approve newly designed enhanced services and review performance <b>(AS REQUIRED)</b>				
Consideration of request for a branch closure <b>(AS REQUIRED)</b>				
Consideration of request for a practice merger <b>(AS REQUIRED)</b>				
Practice List Closure <b>(AS REQUIRED)</b>				
Consideration of contract end dates (APMS) <b>(AS REQUIRED)</b>				
Discretionary' payments <b>(AS REQUIRED)</b>				
Performance review of locally commissioned Primary Care Services <b>(AS REQUIRED)</b>				
Practice Resilience - Strategic Update (AS REQUIRED)				
<b>Other items which present a conflict of interest</b>				
Premises Update <b>(AS REQUIRED)</b>				
Approval of revised Interim Provider Policy				
Approve the development and implementation of schemes which support the development and resilience of General Practice <b>(AS REQUIRED)</b>				
<b>KEY</b>				
✓ Items expected to be included on the agenda				
Green means the item was discussed				