

PRIMARY CARE COMMISSIONING COMMITTEE

30 JUNE 2020
14:00 PM, VIRTUAL MEETING
Via Microsoft Team

AGENDA

No.	Agenda Item	Lead officer
1.	Apologies for Absence	Richard Hindley
	Meeting Etiquette – to help this meeting run smoothly please could I ask that members: <ul style="list-style-type: none"> • Mute your microphone when you are not speaking • Turn your camera off when you are not speaking • To ask a question use the ‘wave hand’ emoji • Ensure any confidential documents are out of view • Use headphones when sensitive or confidential information is being discussed • You will be asked to select a second Microsoft Team meeting for the Private session 	
2.	Declarations of Interest	Richard Hindley
3.	i) Minutes of the meeting held on 30 April 2020 ii) Action sheet from the meeting held on 30 April 2020	Richard Hindley
4.	Matters arising	Richard Handley
5.	General Practice Strategy	
5i	Commissioning Intentions 2020/21	Chris Skelton
6.	Co Commissioning Operational Issues	
6i	Prospect and Church Street Merger - Implementation Plan	Hilary Craig
6ii	Premises refurbishment – Northgate and Riverside – Briefing Note	Chris Skelton
6iii	Quality and Outcomes Framework 2019/20	Hilary Craig
6iv	Wakefield Practice Premium Contract Performance Report 2019/20	Natalie Knowles
7.	Governance	

7i. PCCC work plan 2020/21 **Amrit Reyat**

8. Decisions made by Governing Body (For Information)

8i Urgent decisions by the Chief Officer - Governing Body paper **Amrit Reyat**

9. Matters to be referred to - **Richard Hindley**
(i) Governing Body – Details of any exception reporting
(ii) Other Committees - Items to be included on other committee agendas

10. Any Other Business
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)”.

11. Date and Time of Next Meeting
Primary Care Commissioning Committee
29 September 2020, 3pm, The Boardroom, White Rose House

NHS Wakefield Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the Meeting held on 30 April 2020

Present:	Mel Brown	Director of Commissioning Integrated Health and Care
	Suzannah Cookson	Chief Nurse
	Dr Greg Connor	Executive Clinical Advisor
	Diane Hampshire	Registered Nurse
	Stephen Hardy	Lay Member (Deputy Chair)
	Richard Hindley	Lay Member (Chair)
	Mr Hany Lotfallah	Secondary Care Specialist
	Richard Watkinson	Lay Member (Audit)
	Jonathan Webb	Chief Finance Officer/Deputy Chief Officer

In Attendance:	Hilary Craig	Practice Manager Consultant
	Dr Aly Damji	GP Partner at Church Street Surgery and Clinical Director for West Wakefield PCN (item 20/16 only)
	Ciara Kelly	Practice Manager at Prospect Surgery (item 20/16 only)
	Dr Mary Kemshell	GP at Prospect Surgery (item 20/16 only)
	Anna Ladd	NHS England Representative
	Amrit Reyat Chris Skelton	Governance and Board Secretary Head of Primary Care Co- Commissioning
	Richard Sloan, MBE Luke Swinden	Healthwatch Representative Manager at Church Street Surgery (item 20/16 only)
	Pam Vaines	Minute Taker

20/12 Apologies

Apologies were received from Dominic Blaydon, Anna Hartley, Cllr Faith Heptinstall and Ruth Unwin

20/13 Declarations of Interest

Diane Hampshire declared an interest in agenda item 20/16 as she is a patient at Church Street Surgery. The Chair acknowledged the interest.

Mr Lotfallah declared an interest in agenda item 20/16 as he holds a One Health Group once a month at the premises. The Chair acknowledged the interest.

20/14 (a) Minutes of the Probity Committee meeting held on 28 January 2020

The minutes from the meeting held on 28 January 2020 were agreed as an accurate record.

(b) Action sheet from the Probity Committee meeting held on 28 January 2020

The action sheet was noted.

20/15 Matters Arising

There were no matters arising discussed.

20/16 Prospect Surgery and Church Street Surgery Practice Merger Application

Hilary Craig presented a detailed paper explaining the proposed merger and the work undertaken by the practice including recent patient engagement.

Hilary Craig provided an overview of the report to the committee including how the proposed merger will improve patient access and choice as well as support staff resilience. Hilary also highlighted that the practice had provided a detailed response to the concerns raised from patients during the engagement period.

Church Street Surgery is a training practice and this will continue. Dr Sloan asked for assurance that the postgraduate GP department has been informed of the merger of a training practice with a non-training practice. Chris Skelton will ensure this has taken place.

The proposed merger date is 1 October 2020. The practices will maintain separate reception areas; however plans have been presented for premises development changes to amalgamate the reception areas to operate as a single practice.

The practice representatives confirmed they are currently working together to respond to Covid 19 which has further strengthened the relationship and improved the resilience of both practices.

Hilary Craig confirmed that no known procurement issues related to the proposed merger had been identified and following the previous

committee, both practices began instigating their engagement plans in February 2020.

A detailed engagement report was referred to within the paper. Patient engagement had been positive with the retention of quality care, patient experience and choice constituting the areas of concern. Both practices have provided assurance around these issues. Patients have been assured that the quality of service will remain with work underway to ensure that the strengths of both practices will continue.

A training needs analysis has been undertaken and a salaried GP has been appointed to begin work in October 2020 with ACPs joining shortly after. Dr Damji assured Committee Members that the practices are working with the Primary Care Network to provide the right care at the right time and expanding the workforce further through the Additional Roles Reimbursement Scheme.

Diane Hampshire was assured that the practices were aware that there would be some challenges to a merged practice of 21k patients and that work was underway to develop processes and to ensure continuity of care. Dr Damji stressed the advantages of improved care provision for all patients by providing access to GPs and other staff with specialist skills and knowledge. (e.g. contraception).

Mel Brown confirmed that copies of the practices mobilisation and communication and engagement plans will be required to be presented to the Primary Care Commissioning Committee in June 2020.

Mel Brown informed the Committee that the Overview and Scrutiny Committee would be notified of the proposed merger and members from both practices were informed that they may be required to attend a future OSC Committee to discuss the merger. The practices agreed to support this.

Mel Brown reassured Members that the proposed merger would not affect the boundaries of the joint practices.

Mel Brown sought assurance that the Committee supported in principle the merger application proposed by practices and the committee asked to have access to communications and mobilisation plans at their next committee meeting.

A letter would be shared from NHS Wakefield CCG following the committee meeting which would ask the practices to undertake the following to share at the next committee meeting:

- A detailed mobilisation plan including timelines which shows the required actions to ensure a safe and effective mobilisation along with assurances that the necessary steps can be completed prior to the 12 October 2020 proposed contractual merger date.
- A detailed communications plan, which will ensure that following

feedback from patient engagement, ensures that all patients are aware of the changes that will be made and when.

- NHS Wakefield CCG will also seek assurances that patients have been involved in these decisions and planned communication approaches.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee reviewed and noted the contents of the report
- ii. The Primary Care Commissioning Committee considered the proposal with regards to the proposed merger between Prospect Surgery and Church Street Surgery
- iii. The Primary Care Commissioning Committee supported in principle the merger application proposed by practices and the committee asked to have access to communications and engagement plan and the practice merger mobilisation plans at their next committee meeting.

20/17 Contract and Performance Decisions made during COVID 19

Hilary Craig explained that following national guidance, a number of contracted duties and responsibilities had been suspended.

The changes allowed GPs to focus on Covid issues.

Mel Brown indicated that following the issue of the papers for the Primary Care Commissioning Committee, further guidance was issued on 29 April 2020 regarding Phase Two of the NHS response to Covid 19. As a result, GPs are now expected to undertake some specified tasks from this guidance such as support for shielded patients. The Primary Care team will monitor this work.

Jonathan Webb was assured that the work undertaken over the last six weeks during emergency measures would be evaluated.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee considered the guidance issued to GPs and Commissioners on the 19 March which described the service delivery consequences for General Practices of responding to COVID 19.
- ii. The Primary Care Commissioning Committee approved the decision to allow practices to suspend activities listed in table 2 where this is necessary to free up capacity to support the COVID-19 response.
- iii. The Primary Care Commissioning Committee approved the decision to suspend locally commissioned services and schemes unless they directly support the response to the COVID -19
- iv. The Primary Care Commissioning Committee noted the

additional expectations for GP practices included in NHS England's letter dated 29 April 2020 regarding the Second Phase of NHS Response to Covid 19.

20/18 Internal Audit Report – Primary Care Co-Commissioning

Chris Skelton explained that NHS England required Co-Commissioning CCGs to undertake an audit to ensure that the CCG had discharged its duties correctly. Accordingly, an Internal Audit review was requested and the report was shared with the Committee.

The report concluded a high level of assurance in NHS Wakefield CCG carrying out its delegated functions.

Stephen Hardy thanked members of the team for their hard work and noted their success.

Dr Connor commented that the team benefits from the in-house expertise of Leanne Gill in the Finance Team and specifically thanked her for her contribution. Jonathan Webb agreed to share the comment with her.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the contents and outcome of the Internal Audit Report

20/19 Probity Committee Effectiveness Survey

Amrit Reyat presented the Probity Committee Effectiveness Survey and apologised for the reference to Finance rather than Probity Committee within the body of the report.

The Committee Effectiveness Survey was a two tier survey: part one related to a checklist regarding committee processes which was completed by the Committee Chair and the Governance and Board Secretary. The second part was survey which was completed by 44% of members.

The responses suggested that the Committee had fulfilled the majority of its functions. A few areas were highlighted for improvement, such as managing conflicts of interest. Richard Sloan sought assurance that NHS Wakefield CCG maintained a register of interests, from practices which Amrit Reyat was able to confirm that these were also collected annually. This register however was not required to be published.

The Probity Committee ceased to exist on 31 March 2020 and it is expected that the areas for improvement highlighted in the survey, such as the frequency of the meeting and the focus of agenda items, will be resolved by the amendment to the Terms of Reference for this successor committee.

Richard Hindley noted that concerns had been raised that outcomes were not clearly discussed at the end of the meeting and members did not always feel that they had sufficient time to reflect. The Chair and Governance and Board Secretary will consider how to improve these areas. He asked that members consider the outcome of the survey and requested that the topic be fully discussed at the next meeting.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the findings of the Probity Committee Effectiveness Survey
- ii. The Primary Care Commissioning Committee agreed to follow up actions

20/20 Primary Care Commissioning Committee Terms of Reference

Amrit Reyat informed the Committee that NHS England's Model Constitution guidance recommended that the Terms of Reference of the Primary Care Commissioning Committee be appended to the Constitution and therefore forms part of the Constitution.

NHS Wakefield CCG's Constitution was approved by NHS England following approval by the membership, by way of written resolution and enacted with effect from 1 April 2020.

Amrit Reyat advised the committee that as the Terms of Reference of the Primary Care Commissioning Committee have been approved in line with the Standing Orders they were therefore presented to the committee for information.

It was **RESOLVED** that:

- i. The Primary Care Commissioning Committee noted the amendments to the Probity Committee to become the Primary Care Commissioning Committee;
- ii. The Primary Care Commissioning Committee noted the Primary Care Commissioning Committee Terms of Reference
- iii. The Primary Care Commissioning Committee noted the approval of the terms of reference by the CCG, Membership and NHS England.

20/21 Probity Committee Annual Report 2019/20

Amrit Reyat presented the 2019/20 Committee Annual Report which forms part of the Annual Governance Statement. The report provides the Governing Body with assurance that the Committee fulfilled its duties and responsibilities and recommends to the Governing Body to reappoint members for a further 12 month period.

It was **RESOLVED** that:

The Primary Care Commissioning Committee members were invited to comment on the annual report and recommend the annual report to the Governing Body

20/22 For information – Emergency Powers and urgent decisions

Amrit Reyat presented the Governing Body paper detailing the emergency powers and urgent decisions for information.

Members were asked to note the temporary closure of several GP Branch sites during the Covid 19 pandemic.

Stephen Hardy asked how patients had been consulted and informed of the closures. Amrit Reyat explained that a governance process was in place which included communication with patients and elected members. Closures were approved by the Chief Officer. Following the site closure approval process approved by the Governing Body.

Mel Brown confirmed that the closures were regularly discussed with the Practice involved and that NHS Wakefield CCG is clear with practices that the closures are temporary to respond to Covid 19..

20/23 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.

20/24 Any Other Business

No other business was discussed.

20/25 Date and Time of Next Meeting

Tuesday, 30 June 2020, 2pm, The Seminar Room, White Rose House

NHS Wakefield Clinical Commissioning Group

**ACTION POINTS FROM PRIMARY CARE COMMISSIONING COMMITTEE
HELD ON 30 APRIL 2020**

Minute No	Topic	Action required	Who	Date for completion	Progress
20/16	Prospect Surgery and Church Street Surgery Practice Merger Application	Provide outcome of mobilisation and communication plans and confirmation that post graduate department is aware of merger	Hilary Craig	30 June 2020	Agenda Item
20/19	Probity Committee Effectiveness Survey	Consider options to improve outcomes	Amrit Reyat	September 2020	



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	5i								
Date of Meeting:	30 June 2020	Public/Private Section:									
		Public	✓								
Paper Title:	Commissioning Intentions 2020/21	Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information	
	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 Lead										
Responsible Governing Board Executive Lead:	Mel Brown, Director for Integrated Care										
Recommendation (s):											
<p>It is recommended that Primary Care Commissioning Committee;</p> <ul style="list-style-type: none"> Approve the commissioning intentions for 2020/21 as set out in the presentation provided to the committee. 											
Executive Summary:											
<p>The purpose of this presentation is to set out the commissioning intentions for 2020/21 for approval. The presentation takes into account the national changes to the GP Contract, local commissioning arrangements as well as adaptations necessary as a result of the Covid-19 outbreak. The presentation also sets out the additional funding arrangements required to support the Stabilisation and Reset of elective care and the impact upon general practice to support this.</p>											
Link to overarching principles from the strategic plan:	Reduction in hospital admissions where appropriate leading to reinvesting in prevention		X								
	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		X								
	Expanded Health and Wellbeing board membership to represent wider determinants										
	A strong ambitious co-owned strategy for ensuring safe and healthy futures for children		X								
	A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health		X								
	Transforming to become a sustainable financial economy										

	Organising ourselves to deliver for our patients	X
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:	CCG Finance Team Local Medical Committee CCG SLT	
Previously presented at committee / governing body:	Not applicable.	
Reference document(s) / enclosures:	Presentation	
Risk Assessment:	Not applicable.	
Finance/ resource implications:	<p>Total local commissioning costs are £3,762,390.25. Broken down as follows;</p> <ul style="list-style-type: none"> • Wakefield Practice Premium Contract - £2,811,335.48 (£6.73 weighted patient 01/01/2020) • Elective Care Transformation - £626,604.77 (£1.50 weighted patient 01/01/2020) • Supplementary Network Contract – £324,450 	



PRIMARY CARE COMMISSIONING COMMITTEE

Paper 5i – Commissioning Intentions 2020-21

Presentation



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	6i														
Date of Meeting:	30 June 2020	Public/Private Section:															
Paper Title:	PROSPECT SURGERY (B87040) AND CHURCH STREET SURGERY (B87031) IMPLEMENTATION PLAN	Public	✓														
		Private															
		N/A															
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion	✓	Assurance	✓	Information							
Decision	✓	Discussion	✓	Assurance	✓	Information											
Report Author and Job Title:	Hilary Craig, Practice Manager Consultant																
Responsible Clinical Lead:	Dr Greg Connor, Executive Clinical Lead																
Responsible Governing Board Executive Lead:	Mel Brown, Director for Integrated Care																
Recommendation (s):																	
<p>It is recommended that Primary Care Commissioning Committee;</p> <ul style="list-style-type: none"> Review and note the contents of this report Consider the proposal with regards to the proposed merger date of 1 October 2020. 																	
Executive Summary:																	
<p>This report is to update the Primary Care Commissioning Committee on the progress the practices have made in implementing the Merger and Implementation Plan following the approval to merge the practices on 30 April 2020. The report includes a detailed Mobilisation and Communications Plan is included as an Appendix. The purpose of the report is to provide assurance to the Committee that the Practices are on target to merge on the 1 October 2020.</p>																	
Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate 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</td> <td></td> </tr> </table>			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	
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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:	Detailed within report.				
Management of Conflicts of Interest:	Not applicable.				
Assurance departments/ organisations who will be affected have been consulted:	Engagement.				
Previously presented at committee / governing body:	Primary Care Commissioning Committee April 2020.				
Reference document(s) / enclosures:	Mobilisation Plan Communications Plan				
Risk Assessment:	Not applicable.				
Finance/ resource implications:	Not applicable.				

NHS WAKEFIELD CCG

PRIMARY CARE COMMISSIONING COMMITTEE 30 JUNE 2020

PROSPECT SURGERY (B87040) AND CHURCH STREET SURGERY (B87031) IMPLEMENTATION PLAN

Purpose

The purpose of this Paper is to

- Update the Primary Care Commissioning Committee on the progress the practices have made in implementing the merger Mobilisation and Communications Plan following the approval of the application to merge the practices on 30 April 2020.
- Share the Mobilisation and Communications Plans which have been developed jointly by the practices.
- Provide assurance to the Primary Care Commissioning Committee that the practices are on target to complete the merger on the 1 October 2020.

Background & Context

A decision to approve the merger application between Prospect Surgery and Church Street Surgery was agreed at the Primary Care Commissioning Committee on the 30 April 2020. The proposed date for the merger was the 1 October 2020. In approving the merger application the Committee required further assurance that the planned date was achievable, partly because of the impact of Covid 19 on demand, capacity and changes required in practices to adapt to new ways of working. The challenges of engaging with patients and other stakeholders during Covid 19 was also considered.

Progress since 30 April

Following the approval of the merger application the Practices continued to work together to align services and develop joint working arrangements. The practices have developed a detailed Mobilisation Plan and a Communication Plan which are attached as Appendix i and ii. The proposed name for the new Practice has been changed from Ossett Health Village to Ossett Surgery as it was considered that the original proposed name could cause confusion with other services provided in the same building.

Operational Plans

Partners from both practices meet on a weekly basis to discuss merger progress and review the mobilisation plan. The Practices appointments systems have been reviewed and aligned to support a smooth transition following the merger. A new Summarising process has been developed with staff from both practices. Practice processes, protocols and policies are being reviewed, standardised and aligned.

This joint working enables the practices to support each other during COVID to provide additional resilience.

The Practices are planning joint Flu clinics ahead of the proposed October merger date and will work with their PCN depending upon the final delivery model. The nursing workforce have reviewed their rotas and appointment naming conventions/ appointment lengths to ensure consistency. Nurses have been allocated time for administration and other responsibilities. No changes are planned to roles; the Lead Nurse at Church Street surgery will lead both teams post-merger. A joint nursing team meeting is planned for 23 June.

Patient engagement

The practices provided information and sort feedback from patients using **various** avenues including website, dedicated email address, Facebook, patient open evening. SMS messages and prescription pad message and forms at reception. The feedback has been collated and key themes were developed via 'You Said/We Did' document.

The PPG had been involved via face to face meetings before the pandemic, both as separate Practice members and a full merged group. They attended and supported our Patient Open Evening and were involved in preparing the information for the event and circulated advertising for it. Due to Covid19 we were unable to hold meetings following the Primary Care Commissioning meeting on the 30 April; the PPG were contacted by email and offered arrange a virtual meeting and provide technical and IT support. The PPG declined this offer and requested updates either by email or letter. The following documents have been shared with them for comment and feedback; the 'You Said/We did' document, draft announcements and draft patient leaflet. Using their feedback the practices will make amendments as required before circulating this to the wider population along with the appointment survey data.

Staffing and Human Resources

The Staff pay and conditions have been reviewed at both Practices to provide a fair and equitable pay structure. Pay bands have been reviewed and will be shared with staff in July with increases and back pay for the majority of employees. Staff contracts and job descriptions will be reviewed to ensure all staff members have access to the same benefits. Any changes will be made in compliance with TUPE requirements. Church Street employ a HR manager who is leading on this work. Staff have been consulted on proposed changes to the premises and this evolved into a wider conversation about teams and work spaces. Plans on where departments will be located have been shared and discussed with staff. Staff have had 1-1 conversations about their role and how these roles may develop in a merged team. Feedback has been encouraged and has resulted in plans to developing a new team which will be unique to the area and help support the practice with achievements such as QOF, immunisations and screening.

Meetings for all teams are shared, including three Covid update briefings a week. Clinical staff all attend a joint clinical meeting every Monday.

Planned social events for staff have been cancelled and will be replaced by virtual events including a virtual Quiz night for staff at the end of the month.

Professional Support and Legal Advice

Professional Legal advice has been procured to prepare and draft a new partnership and business transfer agreement. General advice and support about any other matters including the TUPE requirements and staff engagement has also been secured.

Wakefield CCG Support

The CCG has been providing support and advice to both Practices during the merger discussions; this has included support from the wider Primary Care Team and from the Communications and Engagements Team.

Premises

Meetings have been held with the landlord and an architect about proposed changes to the building. Staff feedback has been used to develop plans for how the administration spaces might work. Plans to discuss this with our PPG face to face have not been possible.

The site was surveyed at the weekend to consider how the two sites can work as one space. An extension into the atrium area of the health centre will allow for a single reception area for the new practice. All administration areas, excluding the reception area will be moved upstairs to maximise clinical space downstairs. The Prospect Surgery board room now hosts the clinical and partner meetings for Church Street. The large meeting room in Church Street is used for larger team meetings to support social distancing requirements.

A dedicated area will be made available for PPG members and other volunteer groups to use for meetings and fundraising events. Some of the existing waiting area space will be used as a children's waiting area, and a separate area as a patient education area with iPads and health support available. These plans will need to be revisited to ensure compliance with social distancing requirements but the additional space will improve patient safety.

IT and Telephony

Both practice telephone numbers will be retained until 31 December 2020. The lines will be answered by one call handling team. Discussions have been held with TPP

to support the transition into one merged clinical system; a planned 'soft launch' will take place a month prior to the merger to ensure the clinical teams are prepared for go live. Prospect will mirror the Church Street appointment model based on patient feedback and this should prepare staff and patients for the change.

Proposed Merger Date

The practice have continued with their preparations following the approval to merge given on 30 April 2020. Progress is detailed above and in the Mobilisation and Communications Plan. Currently, the merger is proposed to take place on the 1 October 2020. The Practices have stated that they are in a position to proceed on that date.

Recommendations

It is recommended that Primary Care Commissioning Committee;

- Review and note the contents of this report
- Approve the merger date on the 1 October 2020

Hilary Craig
GP Practice Manager Consultant
NHS Wakefield CCG

Appendix i – Mobilisation Plan
Appendix ii –Engagement Plan

Included as a separate document

Mobilisation Plan

Church Street Surgery & Prospect Surgery Merger 2020

[Due Diligence](#)

[Building](#)

[Finance](#)

[Operational & Processes](#)

[Contracts](#)

[General](#)

2. Finance	Action Required	Comments/Issues	Who	Due Date	Status
Finance	Accountants Recruited	Last 3 financial years shared	Both Practices	31/01/2020	Complete
Finance	Arrange joint meeting with accountant	Did not take place due to snowfall in UK meaning travel was restricted.	PMs	10/02/2020	Complete
Finance	Accountants Review	Forecasted review with input from Nick following failed attempt in February due to weather	Both Practices	31/03/2020	Complete
Finance	Agree Practice Financial year end	- Same Year ends?	Partners	16/05/2020	Complete
Finance	Capitation list size 31st March	PS - 7679 CSS - 13418	PMs	16/05/2020	Complete
Finance	Review of contracts/pay scales	Banding created to align practice staff	Partners/PMs	16/05/2020	in progress
Finance	Discuss current job roles	Management structure including titles and responsibilities.	Partners/PMs	16/05/2020	in progress
Finance	Agree new staffing model/rota	Plan to align back office teams with a view of upskilling staff where needed.	Partners/PMs	16/05/2020	Complete
Finance	Arrange meeting with Keith	Open a new bank account, leave both previous bank accounts open for historical payments	TW	05/06/2020	Needs attention
Finance	PCSE (Capita) – Registration	Agree date to stop registering patients to allow PCSE (Capita) to change over (registrations need to be put on hold until they are put onto system.)	Practices	31/08/2020	
Finance	Practice Accounts	Previous Liabilities	Partners	31/05/2020	
Finance	Need to prepare contract schedule to reflect contract termination / merger contract value	Finance to prepare and agree sign off with practice	Partners	31/05/2020	
Finance	Review / Draft potential staffing model	Consideration of potential redundancy and/or TUPE	Partners/PMs	01/06/2020	Complete
Finance	Plan TUPE/121s	Await feedback from CCG Committee	PMs	01/07/2020	
Finance	1.Payments	pcse.gp-payments@nhs.net	Practices	31/08/2020	
Finance	2.Screening	pcse.screening-leeds@nhs.net	Practices	31/08/2020	
Finance	3.Performers	pcse.performerlists@nhs.net	Practices	31/08/2020	
Finance	4.Pensions Contracts	pcse.gp-pensions@nhs.net	Practices	31/08/2020	
Finance	Payments and recoveries	If new bank account confirm term for old account staying open for payments and recoveries. Meeting with Keith?	Partners	31/08/2020	
Finance	Completion of the NPL 3 forms and practice merger forms		PMs/Partners	31/08/2020	
Finance	Administer closure of contract on Exeter system/CQRS (following receipt of above paperwork)		Partners/PMs	31/08/2020	
Finance	Contract Variation to add all Partners to contract	- GMS -> PMS	Both Practices	31/08/2020	
Finance	Contract Variations	- Additional contracts, funding agreements	Partners	31/08/2020	
Finance	Confirm signatories	- Bank Accounts	Partners	31/08/2020	
Finance	QOF/CQRS	Practice to make internal adjustments		01/09/2020	
Finance	QOF/CQRS	Practice to take Screen Shots	PMs	31/09/2020	
Finance	QOF/CQRS	Practice Register Screen Shots	PMs	31/09/2020	

Finance	QOF/CQRS	CCG to inform Public Health (Imms & Screening)	CCG	01/09/2020	
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3. Contractual	Action Required	Comments/Issues	Who	Due Date	Status
Contracts	Partnership	Arrange meeting with BMA to discuss doc / partnership agreement and next steps. Also need to liaise with Nick (accountant) for his input	Partners/PMs	11/05/2020	Complete
Contracts	Partnership	Any partners retiring and dates - need to inform official of SD plans from 30th July	Partners/PMs	04/05/2020	Complete
Contracts	Business Transfer agreement	Telephone / consultation planned with BMA for legal advice and to obtain legal background information.	Partners/PMs	11/05/2020	Complete
Contracts	Partnership	Workloads/sessions. Ash 6, Mary 5, CSS to stay same currently F4	Partners/PMs	16/05/2020	Complete
Contracts	Partnership	Annual leave	Partners/PMs	16/05/2020	In progress
Contracts	Partnership	Shares/Drawings % - further finance meeting TBA	Partners/PMs	16/05/2020	In progress
Contracts	Partnership	Contract Terms - review all differences within contracts. Annual leave & addition length of service.	Partners/PMs	16/05/2020	In progress
Contracts	Partnership agreement	Following up meeting to discuss Bev's feedback. Information provided awaiting her feedback.	Partners/PMs	20/06/2020	In progress
Contracts	Partnership	Senior partner - Dr Langton	Partners/PMs	16/05/2020	Complete
Contracts	Confirmation of provider name	Need to indentify as something other than Ossett Health Village.	Partners/PMs	16/05/2020	Ossett Surgery
Contracts	Letter to Practice to confirm approval for merger	Chris dealing with	CCG	25.05.2020	Complete
Contracts	Business Transfer agreement	Feedback to Bev with plans for BTA and awaiting further legal advice once document has been drafted.	Partners/PMs	01/06/2020	In progress
Contracts	Partnership agreement	Draft new partnership agreement following advice from BMA. Once done to forward this to BMA to sign off on.	BMA	01/06/2020	In progress
Contracts	Partnership agreement	Provide letter to Peninsula to review current contract in place with PS following advice from BMA	CK	01/06/2020	In progress
Contracts	Partnership	Practice Agreement in progress with BMA	Partners/PMs	15/06/2020	In progress
Contracts	TUPE	Need to engage with all staff now ? Do we have to wait for the merger approval. Engage 1-2-1 CK getting info.	LS / CK	01/07/2020	
Contracts	Termination of PS ODS - GMS contact		CCG		
Contracts	PCSE to add end date to the Exeter contract and transfer patients	- PCSE to update contract details and transfer patients	PCSE	01/09/2020	

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General Merger	Action Required	Comments/Issues	Who	Due Date	Status
General Merger	Meeting with CCG to discuss plans going forward	Arrange meeting with CCG & LMC to discuss plans of a potential merger going forward	PMs / CCG	02/12/2019	Completed
General Merger	Partners meeting	Review next steps following meeting with CCG. Need to source HR advice and also understand provision from NHSE and CCG for resilience funding	PMs	31/12/2020	Completed
General Merger	Futher MS Teams call with CCG to discuss plans going forward		PMs / CCG	30/03/2020	Completed
General Merger	MS Teams meeting with CCG / Probity	feedback from the call that was that the merger was approved in principal. The following 3 areas we need to work on are 1)A detailed mobilisation plan including timelines which shows the required actions to ensure a safe and effective mobilisation along with assurances that the necessary steps can be completed prior to the 1st October 2020 proposed contractual merger date. 2)A detailed communications plan, which will ensure that following feedback from your patient engagement, ensures that all patients are aware of the changes that will be made and when. 3)We will also seek assurances that your patients have been involved in these decisions and planned communication approaches.	PMs / CCG	27/04/2020	Completed
General Merger	Telephony	Arrange virtual PPG. Need to discuss the telephone options / timescales with an agreement to go back to the telephone company with.	LS	23/05/2020	In progress
General Merger	Telephony	New message to be created and recorded	PMs	16/06/2020	
General Merger	Telephony	New number with a divert in place for both old telephony systems	PMs	16/06/2020	
General Merger	Telephony	Review of both Systems & feedback from PPG to arrange a meeting with Tracy Jackson to review options going forward	PMs	16/06/2020	
General Merger	Bulk transfer of patients	Agree dates for transfer, need to be by 01.07.2020 for system one / tpp support	Partners/PMs	30/06/2020	
General Merger	IT systems	System One (needs adequate notification of intended merger to schedule the transfer of data or upgrade of equipment as necessary)	Support to be provided by CCG	30/06/2020	Booked 30/09/2020
General Merger	IT systems	Clinical system supplier needs sign off from CCG – Practice needs to notify CCG at same time as clinical system supplier to ensure no hold up in authorisation	Support to be provided by CCG	31/07/2020	

General Merger	IT systems	THIS network	Support to be provided by CCG	31/07/2020	
General Merger	Telephony	Contracts (expense of termination)	PMs	01/08/2020	
General Merger					
General Merger	Telephony	Notice to terminate	PMs	01/09/2020	
General Merger	Clinical Systems	ICE	PMs	21/09/2020	
General Merger	Clinical Systems	Referrals	PMs	21/09/2020	
General Merger	Clinical Systems	Ambulance Bookings	PMs	21/09/2020	
General Merger	Clinical Systems	NHS Digital	PMs	21/09/2020	
General Merger	CQRS/	E Mail - Medical Performance Framework (WEB TOOL)- Practice Codes/ Names and Post Codes (both old and new)	PMs	21/09/2020	
General Merger	Bulk transfer of patients	Practice need to confirm pooled list or GP List	Partners/PMs	31/09/2020	
General Merger	Bulk transfer of patients	Update practice information via merger form to be sent to PCSE	PMs	31/09/2020	
General Merger	Primary Care Web Tool	Primary Care Web Tool enquiries@nhsdigital.nhs.uk (This has now been replaced)	PMs	By next submission	
General Merger	<i>Arrange for PCSE to run a joint Global Sum calculation ensuring the OOH deduction is made</i>	0800 440 2777 cqrsservicedesk@gdit.com and support@cqrs.co.uk. enquiries@nhsdigital.nhs.uk	PMs	01/09/2020	
General Merger	Medical records – arrange for bulk transfer	Support to be provided by CCG IT Team and PCSE for bulk transfer.	Practice	28/09/2020	
General Merger	Update Patient Communication	MJOG	PMs/Merger Champions	Ongoing pending changes	
General Merger	Update Patient Communication	FFT	PMs/Merger Champions	01/09/2020	
General Merger	Update Patient Communication	Patient Survey	PMs/Merger Champions	01/09/2020	
General Merger	Update Patient Communication	NHS Choices	PMs/Merger Champions	28/09/2020	

5. Premises	Action Required	Comments/Issues	Who	Due Date	Status
Premises	Review/Amalgamation of Lease	- Discuss with Landlord	Partners/PMs	17/01/2020	Completed
Premises	Premises new Layout	- Engage with staff/PPG on suggested plans	PMs	20/04/2020	Completed
Premises	Premises new Layout	- Discuss extent of changes permitted with landlord	Partners/PMs	09/03/2020	Completed
Premises	Premises new Layout	Discuss plans for building, need a plan for following layout and back office systems: - - Appointment room location - Reception area / downstairs plans (desk location, logistics of entrance and clinical rooms. Have addition room for Health Champions to free up CSS audiology). - Back office reception area / Supervisor area - Recalls / QOF Team - Secretary team - Manager Rooms - Staff Room (TV – use spare in store room) - Meeting Room (additional projector from CSS) - Audiology Room – extra space how can we utilise - Clinical rooms – Nurses / GP's, who goes where.	Partners/PMs	10/03/2020	Completed
Premises	Premises new Layout	Arrange MS Teams meeting with the Ian Woodisse to feedback re building plans	Partners/PMs	20/05/2020	Completed
Premises	Building Plans	Provide building energy feedback to make more green	LS	03/06/2020	Completed
Premises	Building Plans	Review feedback from architect once plans have been redrawn.	Partners/PMs	14/06/2020	
Premises	Building	Door signs within the building i.e. office signs	PMs	01/07/2020	
Premises	Building	Internal advertisement signs - new ossett surgery sign	Landlord	01/07/2020	
Premises	Building	Advertising signs either car park	PMs	01/07/2020	
Premises	Opening Hours	Extended Hours. What will we offer, should be 10.5 hrs given the current guidance. Need to comit to when when and where	PMs	16/05/2020	on agenda
Premises	Financial Meeting agenda - decision to be made on 16/05 when this meeting will be held	Cleaners	PMs	01/07/2020	
Premises	Financial Meeting agenda - decision to be made on 16/05 when this meeting will be held	Security	PMs	01/07/2020	
Premises	Financial Meeting agenda - decision to be made on 16/05 when this meeting will be held	Inspections/Maintenance	PMs	01/07/2020	

Premises	Financial Meeting agenda - decision to be made on 16/05 when this meeting will be held	Clinical Waste	PMs	01/07/2020	
Premises	Landlord to paint / fix cracks / ? Door handles	Need to chase and update on this.	Landlord	Ong	

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Operational / Processes	Action Required	Comments/Issues	Who	Due Date	Status
Operational / Processes	Booking Appointments	 Adopt book on the day - see attached appt pathway. PS agreed to approach their patients with this process to obtain feedback.	Partners/PMs	16/05/2020	Completed
Operational / Processes	Booking Appointments	- Proportion of Appointments	Partners/PMs	16/05/2020	Completed
Operational / Processes	Booking Appointments	- Future Planning	Full Teams	16/05/2020	Completed
Operational / Processes	Nurse Appointments	- Who does what	Lead Nurse	16/05/2020	Completed
Operational / Processes	Nurse Appointments	- Appointment Length	Lead Nurse	16/05/2020	Completed
Operational / Processes	Nurse Appointments	- Responsibilities	Lead Nurse	16/05/2020	Completed
Operational / Processes	Nurse Appointments	- Leads	Lead Nurse	16/05/2020	Completed
Operational / Processes	Main site and Opening Hours	Extended Hours to agree on	Partners/PMs	16/05/2020	in progress
Operational / Processes		- Telephone Hours	Partners/PMs	16/05/2020	Completed
Operational / Processes		- Advertising	Partners/PMs	16/05/2020	Completed
Operational / Processes		- Staffing	Partners/PMs	16/05/2020	Completed
Operational / Processes	Policies	To work through CQC checklist CK has provided. Align policies and procedures to ensure new ones are in place for the merger.	PMs	01/06/2020	in progress
Operational / Processes	Policies	Annual Leave to review and align	PMs	01/07/2020	
Operational / Processes	Policies	Sickness policy to review and align	PMs	01/07/2020	
Operational / Processes	Policies	Recruitment - need to inform NHS jobs	PMs	01/07/2020	
Operational / Processes	Opening Hours	What are we agreeing	Partners	01/08/2020	
Operational / Processes	Amun August contract	Needs contract for Aug - TW to use temp locum fix term. Will need to work Tuesday PM Duty and also need official job offer.	TW	15/05/2020	
Operational / Processes	Actions SD Leaving  Partner leaving - to do list.docx	see attached leaving checklist that needs to be actioned ready for SD departure	LS / TW	30/07/2020	
Operational / Processes	Telephone line	Arrange meeting with Tracy Jackson from ETS. Need new line putting in / allocating then diverts from two old lines. Need to organise DD lines also.			
Operational / Processes	Shared IT functions	Need to organise the above first then start to look at merging IT processes and functions to work collectively			
Operational / Processes					
Operational / Processes					
Operational / Processes					
Operational / Processes					

7. Due Diligence	Action Required	Comments/Issues	Who	Due Date	Status
7. Due Diligence	Employee Information	Staff contracts	PMs	01/09/2020	
7. Due Diligence	IG	Updated policies and procedure to be displayed on our website.	PMs		
7. Due Diligence	Infection control audit	Stacey to carry out a plan or a review on the merged practice. Policies and procedures need to be in place for fridge management. Fridges on both sites or just one?	SMB	01/09/2020	
7. Due Diligence	Complaints	Plan for who will deal with, copy CSS current plan going forward	PMs	01/09/2020	
7. Due Diligence	CQC/Compliance	Carry out a dummy audit on the new practice to ensure CQC requirements are met for should things as signage - hand cleaning and sharps.	PMs	01/09/2020	
7. Due Diligence	Fire Plan	Need new fire plan with updated policies and procedures on each door.	PMs	01/09/2020	
7. Due Diligence	H&S Compliance	Review policies and procedure for the new site. We will need new SOP's	PMs	01/09/2020	

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KEY -Status



Complete
Not Due
In progress / ongoing

1. Communication & Engagement	Action Required	Detail	Who	Due Date	Status	Evidence
Staff Engagement	PS Staff Announcement	Adrian's Departure/Room space	Ciara/Partners	18/12/2019	Complete	
	CSS Staff Announcement	Positive Impacts/Sustainability/5YFV	Luke/Partners	18/12/2019	Complete	
	Staff Engagement Event	Team Building	Managers/Partners	15/01/2020	Complete	
	Continuing Staff Engagement	Discussing Processes and Roles in teams	Staff	Ongoing	In progress / ongoing	
	Reviewing Process	Seeing how each site works and who does what	Staff	Ongoing	In progress / ongoing	
	Structuring Nurses	Reviewing each clinics and appointment lengths	PMs/Nurses	12/05/2020	Complete	
	Requesting Staff Feedback	Email for Building Feedback	PMs/All Staff	05/04/2020	Complete	
	Requesting Staff Feedback	Survey Monkey for Reception Plans	PMs/Admin	18/05/2020	Complete	
	Staff Recruitment	Ongoing Staff recruitment. Continue to update teams on plans. Info on new GP Partner at Prospect shared on Website and Social Media. Plans to recruit	PMs	01/10/2020	Complete	
	Staff Communication	Hold 1-2-1's with staff to discuss the realignment of the practice and how they fit into this role	PMs	30/07/2020	Not Due	
	Staff Update	Staff Newsletter post Probity Decision 30/06 with update on Building progress	PMs	10/07/2020	Not Due	
	Staff Engagement	Joint quiz night once Covid-19 settles / escape room	PMs	? Monthly	Not Due	
	Nurse meeting	Hold nurses meeting to discuss plan, appointments and any concerns prior to the merger - management & partner	CSS Lead Nurse	23/06/2020	Complete	
	Manager / Partner meeting	Joint Merger meeting to discuss processes such as appointments, team structure, payroll, building plans.	Partners/Managers	Weekly	Complete	
		Contact PPG about the proposal	Telephone each member to share update, briefly discuss first concerns. Plan PPG meeting to discuss in detail.	PMs	14/01/2020	Complete
Meet with both PPGs to discuss		Meet with PPG members. Discuss 1. The rationale for merger 2. Alternatives to a merger; 3. What this would mean for patients and staff; 4. Proposed plan/timelines	PMs/Partners	30/01/2020	Complete	
Arrange with PPGs to hold joint PPG meeting		Discuss individual thoughts on hosting a merged meeting for both PPGs to get thoughts from both perspectives	PMs	30/01/2020	Complete	

PPG Engagement	Merged PPG meeting Held	Use meeting to discuss concerns and get feedback from them as patients on work works well at each practice and any concerns on a merger	PMs/Partner from each	11/02/2020		
	Discuss new name for the practice	Discussed with the group during the engagement process. The group will also continue to be involved in planning signage and other patient facing aspects of the new practice if approved.	PMs	11/02/2020		
	Continue as One PPG	Continued our contact with the PPGs as a one single group, following their agreement in February to come together and work as one	PPG/PMs	11/02/2020		
	Plan patient Open Evening	PMs suggest a Patient Opening Evening for all patients to attend to voice concerns, make suggestions or ask questions. Discuss with PPG their thoughts on how this might work, how to encourage attendance	PMs	11/02/2020		
	PPG to attend Open Evening	PPG members to support with refreshments and their prospective on the merger.	PPG	25/02/2020		
	Update PPG on Probity	Make PPG aware of Probity's decision	PMs	06/05/2020		
	Discuss Virtual PPG Meeting	Contact PPG to suggest Virtual PPG in absence of meetings during pandemic.	PMs	22/05/2020		
	Discuss Virtual PPG Meeting	Shared training opportunities with the group on accessing MS Teams. This was training specifically organised for patients by the CCG	PMs	23/05/2020		
	Share updated Comms with PPG to approve	Due to the current situation, several have opted not to join via virtual means and we have adapted the way we share information with them, e.g. post and email to get their input onto this plan.	PMs	02/06/2020		
	Collate PPG feedback and discuss amendments	Share the communications and engagement plan with them, seeking their views. Collate Feedback to discuss at Partner meeting/CCG	PMs	30/06/2020		
	Shared You Said/We Did with PPG, prepared for wider distribution	Collate PPG views on this and supporting information going out to the registered population sharing the outcomes of engagement	PMS	02/06/2020		 C:\Users\Ciara.Kelly\Desktop\Merger
	Update PPG on Probity	Make PPG aware of Probity's decision and what the next steps are.	PMs	03/07/2020		
	Discuss with PPG new appointment Model	Discuss necessary changes to streamline appointment system ahead of merger based on patient feedback	PMs	31/07/2020		
	PIL for new registrations patients	Request feedback from PPG on proposed new PIL	PMs	31/07/2020		
	Review building plans	Share building plans/ need to have input from PPG with regards to these changes.	PMS	31/07/2020		
	Discuss with PPG new Telephone Systems	Telephone system will need to be unified, discuss telephone options and message with PPG. Member to record message	PMS	31/07/2020		
	CCG PPG Network Support	CCG have supported with PPG engagement via the Network	CCG	Ongoing		
	Announcement of proposal to merger to be put on website	Dedicated section of the website for merger news.	PMs	27/01/2020		 C:\Users\Ciara.Kelly\

Patient Engagement	Announcement of proposal to merger to be put on social media pages	Update on Prospect Surgery FB page and shared to local Ossett Groups.	PMs	27/01/2020		 C:\Users\Ciara.Kelly\Desktop\Merger
	New email address created for both patient cohorts to raise concerns or have questions answered	Regular review of feedback and responses.	PMs/Admin	31/01/2020		
	Notices put up in surgeries and local chemists.	Supported by PPG members to distribute	PPG	31/01/2020		
	Text drive with update and requesting patients feedback on proposal	Text message to ensure all patients are aware of proposal, advertising new email address to be used for feedback, questions or concerns.	PMs	31/01/2020		
	FAQ document prepared based on concerns/questions to date	Document to be printed to hand out on reception, shared to website and social media pages. Feedback received from PPG.	PMs	17/02/2020		
	Patient Open Evening to be held accessible to as many populations as possible - working/students/Young adults etc.	Presentation based on FAQ document, partners to attend to answer individual concerns, further feedback collated on the evening. PPG to provide support with refreshments.	Full Teams/PPG	25/02/2020		 C:\Users\Ciara.Kelly\Desktop\Merger  C:\Users\Ciara.Kelly\Documents\Social
	Themes gathered from continual feedback - verbal at the practice, texts, email and open evening	Create further documents based on patient concerns to share	PMs	02/03/2020		
	You Said/We Did Document	Document that includes any suggestions or concerns and how we have (or plan) to address these. Created in response to feedback gained during engagement.	PMs	25/05/2020		
	Prospect Surgery Appointment Feedback	Survey Monkey for Prospect Surgery patients to gain feedback on changing appointment systems to reflect Church Street's based on their positive patient feedback.	CK	24/05/2020		 C:\Users\Ciara.Kelly\Desktop\Merger\PS  Document  C:\Users\Ciara.Kelly\Desktop\Merger
	Share Updates	Share You Said/We Did and Appointment Survey on website and Social Media after PPG approval	PMS	05/06/2020		
	Text Drive for PCCC Outcome	Update Patients on PCCC Outcome and re share links to You Said/We Did document	PMS	01/07/2020		
	Develop Practice Information Leaflet	Draft new PIL to reflect merged practice and share with PPG for comment.	PMS	12/06/2020		
	Share revised Practice Information Leaflet	Recirculate to patients prior to merger	PMS	14/09/2020		
Update PPG on Probity Decision	As Above	PMs	01/07/2020			
Media Statement	Await sign off from CCG Committee	CCG Comms	01/07/2020			
Communication via NHS Choices	Updating information. Also need to inform NHS Choice re new practice and to remove previous two or link previous sites to new site.	PMs	01/09/2020			

Post Approval Engagement

Update Patients on Probity Decision	Update Patients if Merger is approved via multiple means; 1. Press release 2. Website 3. Social Media Pages 4. Text Drive to all with SMS consent 5. Letters to Housebound Patient/Shielding/High Risk of Covid19 6. Patients unable to access on line	PMs	10/07/2020		 
Update Patients on Appointment Model based on Survey Feedback	Using survey feedback, create new appointment model and share the outcome to all patients. Put into place when reasonable (reflecting Covid19 restrictions)	PMs	31/07/2020		
Update patients on Telephone System	Respective telephone numbers to remain in place but menu options and recordings to be updated based on PPG feedback	PMs	31/07/2020		
Soft Launch of merged IT systems	Merger of clinical systems via Shared Admin Function. Little to no impact on patients but develops team sharing systems	All Staff	31/07/2020		
Update patients on Building Plans	Once landlord/architect have agreed on building plans, share these with patients on website and in the practice	PMs	31/08/2020		
Circulate Staff Introductions	Create a new staff introduction document listing all members of staff. Advertise on Website and Social Media and display in Practice to familiarise patients with new members.	PMs	01/09/2020		
Launch New Building Design	Building Development to be project managed for October under review	Landlord/Architect	01/10/2020		
Publicise / launch of the merged practice	Work with PPG to form an approach to the official launch; 1 Website 2 Social Media Messages 3 Texts to all with SMS consent 4 Displays on the premises, eg screens in waiting areas	PMs	01/10/2020		
LMC	Aware of progress. Communicate approval of merger and effective date. 1 Website	PMs	03/07/2020		
CQC	Aware of progress. Communicate approval of merger and effective date.	PMs	03/07/2020		
Landlord	Aware of progress. Communicate approval of merger and effective date.	PMs	03/07/2020		
PPG	Aware of progress. Communicate approval of merger and effective date.	PMs	03/07/2020		
Service Contractors	Communicate final decision and effective date.	PMs	03/07/2020		
Local Pharmacies	Aware of progress. Communicate approval of merger and effective date.	PMs	03/07/2020		

Stakeholder Notification	PCN	Aware of progress. Communicate approval of merger and effective date.	PMs	03/07/2020	
	DNs/Health Visitors/Midwife to liaise with patients on caseload.	Aware of progress, awaiting final decision	PMs	03/07/2020	
	PCSE	Communicate final decision and effective date.	CCG	03/07/2020	
	Palliative care manager to be informed to liaise with nurses.	Communicate final decision and effective date.	PMs	03/07/2020	
	Patients Discharged from Hospital	Notify details of new email address. Arrange automatic forward on for emails from old address and notification fo new address to sender.	PMs	03/07/2020	
	Ambulance Service	Communicate final decision and effective date.	PMs	03/07/2020	
	- Conexus	Communicate final decision and effective date.	PMs	03/07/2020	
	- OOH/111	Communicate final decision and effective date.	PMs	03/07/2020	
	Conexus	Communicate final decision and effective date.	PMs	03/07/2020	
	OOH/111	Communicate final decision and effective date.	PMs	03/07/2020	
	Local Hospitals/Trusts	Communicate final decision and effective date.	PMs	03/07/2020	
	Mental Health Services	Communicate final decision and effective date.	PMs	03/07/2020	
Inform Contact Us at CCG	Communicate final decision and effective date.	PMs	03/07/2020		



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	6ii														
Date of Meeting:	30 June 2020	Public/Private Section:															
Paper Title:	PREMISES REFURBISHMENT – NORTHGATE SURGERY & RIVERSIDE MEDICAL CENTRE	Public	✓														
		Private															
		N/A															
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion		Assurance		Information	✓						
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 Lead																
Responsible Governing Board Executive Lead:	Mel Brown, Director for Integrated Care																
Recommendation (s):																	
<p>It is recommended that Primary Care Commissioning Committee;</p> <ul style="list-style-type: none"> Note the content of the briefing paper regarding Premises Refurbishment 																	
Executive Summary:																	
<p>In May 2018, the Probity Committee agreed to delegate authority to the Chair of Probity, Chief Finance Officer and Officers of the CCG for the final submission of Capital bids. The Chief Finance Officer, Chair of Primary Care Commissioning Committee and the Head of Primary Care Co-Commissioning met on the 28 May 2020 and agreed to grant final approval to the Northgate and Riverside building scheme proposal and the new lease arrangements.</p>																	
Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate 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</td> <td></td> </tr> </table>			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	
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	<table border="1"> <tr> <td>economy</td> <td></td> </tr> <tr> <td>Organising ourselves to deliver for our patients</td> <td>✓</td> </tr> </table>	economy		Organising ourselves to deliver for our patients	✓
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 to briefing note.				
Management of Conflicts of Interest:	Not applicable.				
Assurance departments/ organisations who will be affected have been consulted:	Not applicable to briefing note.				
Previously presented at committee / governing body:	Probity Committee.				
Reference document(s) / enclosures:	Not applicable				
Risk Assessment:	Not applicable.				
Finance/ resource implications:	Not applicable.				

PRIMARY CARE COMMISSIONING COMMITTEE
PREMISES REFURBISHMENT
NORTHGATE SURGERY (B87007) & RIVERSIDE MEDICAL CENTRE (B87005)

30 JUNE 2020

Context

GP practices have been able to apply for grant funding under NHS England's Estates and Technology Transformation Fund (ETTF) towards the cost of improving or extending their existing premises and towards the cost of building new health centres which have a greater range of health services co-located in one place.

NHS Wakefield CCG is obligated to review all such schemes and ETTF applications in order to assess their appropriateness, alignment with GMS Premises Cost Directions and NHS Capital Guidance and also understand their potential impact on CCG revenue as a result of any likely increase in reimbursement payments arising from increases in rent and other associated costs for the new or improved GP premises. Both the CCG and NHS England take advice from the District Valuer in relation to the Current Market Rent (CMR), Lease arrangements and whether the proposal represents value-for-money.

Northgate Surgery

The CCG's Probity Committee first considered an improvement works proposal from Northgate Surgery in 2016 and this was followed by the Probity Committee approving the submission of an application for an ETTF award by Northgate Surgery in 2018.

A PID was duly submitted for £172,427 towards the cost of construction of a mezzanine floor to create a new meeting room and a consulting/multi-purpose room plus conversion of the existing seminar room on the first floor into two new consulting rooms.

NHS England has completed all their due diligence on the ETTF application and have shared draft ETTF funding agreement with Northgate Surgery. NHS England will release funds once they have received final confirmation from NHS Wakefield that the new lease agreement arising from the proposed improvement work is acceptable to the CCG.

Riverside Medical Centre

In November 2019 the Associate Director Primary Care Commissioning advised the CCG Probity Committee that Commissioners were working with Community Ltd to develop an ETTF grant application for a proposed conversion at the Riverside Medical Centre.

Community Ventures had been commissioned to develop a PID which will deliver additional capacity in response to local housing developments and they were carrying out engagement work with stakeholders to ensure that the extension is fit for purpose.

In March 2020, a PID was submitted to NHS England in application for an ETTF award (£655,990) towards 66% of the costs of refurbishing and extending the existing Riverside Medical Centre GP premises building, replacing an existing attached bungalow, in order to create an additional 6 clinical rooms, sub-waiting area and training/meeting facility with an increase to floor area circa 122sq.m.

The scheme would also result in an upgrade of the existing ground floor space currently housing the Nurse rooms, phlebotomy and Treatment room, together with upgrades to compliant finishes to meet infection control standards. In addition, 11 additional car parking spaces will be created (incl. 2 disabled bays).

Decision

In May 2018, the Probity Committee agreed to Delegate authority to the Chair of Probity, Chief Finance Officer and Officers of the CCG for the final submission of Capital bids. The Chief Finance Officer, Chair of Primary Care Commissioning Committee and the Head of Primary Care Co-Commissioning met on the 28 May 2020 and agreed to grant final approval to the Northgate and Riverside building scheme proposal and the new lease arrangements.

Chris Skelton
Head of Primary Care Co-Commissioning

9 June 2020



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	6iii								
Date of Meeting:	30 June 2020	Public/Private Section:									
Paper Title:	Quality and Outcomes Framework (QOF) 2019/20	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information	
Decision	✓	Discussion		Assurance		Information					
Report Author and Job Title:	Hilary Craig, Practice Manager Consultant										
Responsible Clinical Lead:	Dr Greg Connor, Executive Clinical Lead										
Responsible Governing Board Executive Lead:	Mel Brown, Director for Integrated Care										
Recommendation (s):											
<p>It is recommended that Primary Care Commissioning Committee;</p> <ul style="list-style-type: none"> Review and note the contents of this report Approve a method to make an additional payment to the 5 practices that had a significant drop in points achieved when compared with 2018-19. 											
Executive Summary:											
<p>Guidance was provided for Commissioners to review any practices identified whose achievement in 2019-20 was lower than 2018/19. Where the difference in points was minimal, (30 points or less), these Practices received a one-off payment which was calculated at the difference between 2018/19 and 2019/20 achievement. Twelve Wakefield Practices received uplifts to 2018/19 payment levels, resulting in a total payment of £53,709. Commissioners were advised to contact practices with differences of more than 30 points to establish whether there are any mitigating factors that should be taken into account in considering full income protection to 2018/19 levels. It is proposed that an interim payment is made to these practices, without any additional submission, based on the method described in the paper to ensure parity with other practices. It is proposed that any additional payments would be based on a review of supporting evidence to demonstrate that COVID -19 was the reason for the fall in achievement from 2018/19 level.</p>											
Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate 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> </table>			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			
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:	Finance.	
Previously presented at committee / governing body:	Not applicable	
Reference document(s) / enclosures:	Not applicable	
Risk Assessment:	Not applicable.	
Finance/ resource implications:	Initial payment of £32,333 Delegate authority to approve up to a maximum of £20,193 based on evidence submitted by practices.	

NHS WAKEFIELD CCG

PRIMARY CARE COMMISSIONING COMMITTEE

Quality and Outcomes Framework (QOF) 2019/20

Introduction and Background

Payments to GP Practices for the Quality and Outcomes Framework (QOF) are calculated using the Calculating Quality Reporting Service (CQRS). NHS England and Improvement published a letter on the 19 March 2020 which confirmed that payments for QOF 2019/2020 would be made as usual based on the calculations in CQRS. This data which included the number of points achieved and payment calculations were then analysed and compared to the previous year to understand the impact of COVID-19 and identify practices who had earned less in 2019/20 than 2018/2019.

QOF Year End Process

Three changes were made to the CQRS for this year to ensure that GP practices were paid for QOF for the year end 2019/2020, were able to sign up to participate in the 2020/2021 QOF service and receive aspiration payments. These processes were automated to reduce the burden on GP Practices.

During the year end process, NHS England and Improvement with NHS Digital interrogated the calculated data to identify any GP Practice who would be paid less than the previous financial year. Commissioners were notified of any practices who were significant outliers so that data could be checked and amended where necessary. Guidance was provided for Commissioners to review any practices identified whose achievement in 2019-20 was lower than 2018/19. Where the difference in points was minimal, defined as 30 points or less, those Practices received a one-off payment which was calculated at the difference between 2018/19 and 2019/20 achievement. Twelve Wakefield Practices received uplifts to 2018/19 payment levels, resulting in a total payment of £53,709. Five Practices had a significant fall in points (30 points or more), these Practices have been paid the achievement of 2019/20 and have been contacted by the CCG to establish whether there were and mitigating circumstances that the CCG should be made aware of in considering payment protection.

The five practices are B87600 (Dr Dewhirst); B87015 (Dr Perkins & Partners); B87021 (Drs Dutta & Partners); B87006 (Park Green Surgery) and B87041 (Park View Surgery). These practices were paid £52,526 less when compared with the previous year.

All Wakefield Practices have been credited for the 74 Quality Improvement Points and these modules represent 13% of the available points.

Outlier Practices

The five practices who were identified as outliers above (30 points or more difference in achievement compared to 18/19) have not received any additional payments to date.

It is proposed that a payment is made to these practices without any additional submission based on the method described below, to ensure parity with other practices. Any additional payment would be based on submission of supporting evidence from these practices to evidence that COVID -19 was the reason for the fall in achievement.

The payment would be made by calculating the difference in payment between 2018/2019 & 2019/2020 for each practice. A pro rata payment would be calculated based on ratio of points achieved. This would benefit practices by paying a larger proportion to practices with smaller variation in points achievement between the two years. The total payment for the five practices would be £32,333. The total difference in payments between 2018/2019 & 2019/2020 for the five practices was £52,526.

Next Steps

If this proposal is agreed the CCG will contact the practices again to confirm how the calculation has been made and to request evidence for any additional payment which would be capped at the achievement payment for 2018-2019.

Recommendations

It is recommended that Primary Care Commissioning Committee;

- Notes the contents of this report.
- Accept the proposal to make additional payments to the 5 practices based on this methodology.
- Delegate authority to make any additional payments based on evidence provided by the practices and capped at achievement level for 2018-2019.

Hilary Craig
GP Practice Manager Consultant
NHS Wakefield CCG



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	6iv								
Date of Meeting:	30 June 2020	Public/Private Section:									
Paper Title:	Wakefield Practice Premium Contract 2019/20 Performance Report	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table>			Decision	✓	Discussion		Assurance	✓	Information	✓
Decision	✓	Discussion		Assurance	✓	Information	✓				
Report Author and Job Title:	Natalie Knowles Primary Care Development Manager										
Responsible Clinical Lead:	Dr Greg Connor, Executive Clinical Lead										
Responsible Governing Board Executive Lead:	Mel Brown, Director for Integrated Care										
Recommendation (s):											
<p>It is recommended that Probity Committee;</p> <ul style="list-style-type: none"> Receive the final performance report against the Wakefield Practice Premium contract for the final annual overturn. Approve the KPI payments to the practices that have met the reduced target or confirmed that they have by 30 June 2020. 											
Executive Summary:											
<p>The purpose of this report is to follow on from the previous Q3 performance report, and provide a summary of performance for the final annual overturn at Year End. This paper asks the committee to approve the payments in regards to KPI delivery. It also describes the contract monitoring approach taken by the CCG.</p> <p>Due to the COVID-19 Pandemic the 2019/20 WPPC3 contract was suspended on 23 March 2020. Consideration of this has been taken into account with the performance indicators.</p>											
Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate 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> </table>			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	
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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:	Not applicable.								
Previously presented at committee / governing body:	Not applicable.								
Reference document(s) / enclosures:	Not applicable.								
Risk Assessment:	Not applicable.								
Finance/ resource implications:	Under the terms of the contract there are two KPIs which make up 10% of the contract value.								

NHS WAKEFIELD CCG

PROBITY COMMITTEE

WAKEFIELD PRACTICE PREMIUM CONTRACT 2019/20 Q4 PERFORMANCE REPORT

Introduction & Context

In May 2019, the Probity Committee agreed to the terms of the Wakefield Practice Premium Contract for 2019/20 following an extensive review of the previous contract. Given the financial context and feedback from commissioners and providers a new contract was agreed with the aims of;

- focus on improving patient care
- exceed core contract requirements and national achievement levels
- build on what works
- minimise bureaucracy for practices and the CCG
- make workload proportional to available funding

Purpose

The purpose of this report is to follow on from the previous Q3 performance report, and provide a summary of performance for the final annual overturn at Year End. This paper also provides assurance in regards to KPI delivery, contract monitoring and the approach taken by the CCG in contract management. Due to the COVID-19 Pandemic the 2019/20 WPPC3 contract was suspended on 23rd March 2020. Consideration of this has been taken into account with the performance indicators.

Contractual Performance

Access Domain

As previously reported all practices were asked to complete an audit to demonstrate same day clinical triage within 4 hours, all practices submitted audits in Q1 and Q3. There are some practices that do not offer triage, however assurance was gained that if a patient requires an appointment they would be seen on the same day.

Twenty nine practices achieved 30/30 appointments been offered in the same day 4 hour window. Some practices that did not meet the target are the smaller practices within the district, we have discussed the results with the practice and crossed referenced the results of the patient survey, this has assured the CCG patient care has not been affected.

For Access 4 practices were required to provide the following services to its practice population; B12 injections, suture removal, wound care, ear irrigation, phlebotomy, spirometry and ECG. The requirement stated practices should be within 15%

tolerance of the March 2019 baseline, 33 Practices achieved this standard. The remaining three practices were below the 15% tolerance in 4 or more of the clinical areas at year-end. Following discussions with practices and further analysis, the data in this area is relatively sensitive and a target baseline is hard to acquire to give robust results due to historic coding arrangements. There has also been discussion with practices who have referenced the slots have been available but there has not been the demand for patients needing these services. The CCG will be contacting the practices to gain assurance on their processes for providing access to the 7 areas in this requirement where the standard was not met.

Learning Disabilities Domain

In regards to Learning Disabilities the practices approach this in different ways, this year the CCG and Strategic Health Facilitator has worked alongside practices to ensure they have a plan in place to deliver LD Health Checks to their LD population. As a district we have 2121 patients on the LD register and 1707 LD health checks have been completed in total, with an overall percentage of 80% across the district. Due to the COVID-19 response the LD requirement in line with discussions with the LMC has been reduced from 75% to 67% to take into account the suspension of face to face contacts. 31/36 practices achieved the revised target. The remaining 5 practice will be contacted by the CCG and Strategic Health Facilitator to ensure appropriate plans are in place to meet the needs of this requirement going forward. The CCG and Strategic Health Facilitator has also worked with practices to ensure the quality of health checks is of a high standard and access to this service is streamline for the patient group. New guidance has been published within the Network DES to support the delivery and quality of health checks and we will work with the practices in order to implement the new guidance.

SMI Health Checks

The requirement under this domain focuses on ensuring patients on the GP SMI QOF register receive a full and comprehensive health physical health check. The practices are required to ensure in the health check 6 elements set out in the contract (BP, BMI, smoking status, alcohol status, Lipid and glucose levels) are completed. There are 2382 patients across the district on the SMI register; from the checks completed 1221 had received all 6 elements. This is 51% of all checks completed across the district received all 6 elements stated above. Due to the COVID 19 response the SMI requirement in line with discussions with the LMC has been reduced from 60% of all SMI health checks receiving all 6 elements to 52%. 18/36 practices achieved above 52%, the CCG are working with the remaining 18 practices to ensure plans are in place to be able to increase the number of complete 6 element health checks moving forward. We are also discussing with colleagues in Mental Health to ascertain how they can support practices to deliver the required target in this hard to reach population.

Cancer Domain

All practices are contacting patients who have failed to respond to invitations from the national screening programme. 30/36 practices have achieved above 95% of patients invited who have failed to respond to the national screening programme. Of those 30 practices – 6 practices achieved 100%. The cohort of patients will be a rolling programme based on responses received by the practice from the screening programme. Due to COVID -19 practices suspended routine work which will have affected the data for this requirement.

Diabetes Domain

The requirements in the diabetes domain focus on prevention. A part of the contract practices are required to refer their patients with Non Diabetic Hyperglycaemia to the NHSE National Diabetes Prevention Programme. 56% of practices are referring more than 90% of patients within this cohort to the National Diabetes Prevention Programme. Also within the diabetes domain practices are required to provide the 8 care processes to patients on their diabetic register. The practices are required to improve on their 2018/19 baseline, for the top 10% of practices they had to maintain their 2018/19 baseline. 6 practices made an improvement on their baseline. Again due to the suspension of face to face contact elements of this requirement would not have been able to be met by year-end, this requirement needs all elements to be completed in order for the practice to achieve their targets. Within this requirement practices also address the three care processes, 31/36 practices achieved 90% or more within this target.

Heart Domain

The heart domain 1 aims to increase the number of males with a CHA2DS2-VASc score of 1 or more who are treated with anticoagulation. 24/36 practices are treating 90% or more of their male patients who are at increased risk of a stroke with anticoagulant therapies, with the aim of reducing the risk. Evidence shows patient that are on the appropriate treatment have a lower risk of stroke. It is important to note that female patients are already treated through the quality and outcomes framework hence why they have not been included within this contract.

Heart domain 2 focusses on patients newly diagnosed with hypertension who have had a Q-Risk recorded and are treated with statins. 17/36 practices have recorded Q-risk scores in more than 90% of their patients within this cohort. In patients with a Q-risk score of >10% 15/36 practices have treated 90% or more of their patients with a statin, furthermore another 12/36 practices have treated 75% of their patients with a statin. We will continue to work with practices across the district to ensure Q-risks are completed and patients who require statins are offered the appropriate treatment.

Respiratory Domain

The CCG is working closely with Public Health Colleagues in regards to consistency of Spirometry diagnosis.

Practices are required to ensure that patients on the COPD registers have a spirometry recording consistent with diagnosis. There are a few exceptions to this but should be documented with an appropriate rationale. Twenty two of the thirty six practices now have 10% or below of their COPD register inconsistent with COPD. The main reason more practices aren't below 10% is due to Primary Care Clinicians not feeling comfortable with removing a diagnosis made by Secondary Care. There are ongoing discussion to support the diagnosis coding between Primary and Secondary Care and how this can be streamlined.

In the at-risk asthma requirement, 30/36 practices invited more than 90% of their at risk asthma patients for a review, of which 11 practices invited 100% of patients from this cohort. The second aspect of the asthma requirement was for the practices to complete 75% of asthma reviews for patients at risk. 29/36 practices completed over 75% of their asthma reviews.

KPI Management

Under the terms of the contract there are two KPIs which make up 10% of the contract value. These are;

KPI	Requirement	Value	Submission
KPI001 - LD1	The practice provides a learning disabilities health check to 75% of patients on the learning disabilities register.	5%	April 2020
KPI002 - SMI	The practice ensure that those patients on their GP SMI QOF (MH002) register receive a full and comprehensive physical health check including the following 6 elements and any appropriate consequential action <ul style="list-style-type: none">• a blood pressure and pulse check (diastolic and systolic blood pressure recording + pulse rate and rhythm)• a blood lipid test• a blood glucose test (blood glucose or HbA1c measurement)• an assessment of alcohol consumption• an assessment of smoking status• measurement of BMI	5%	April 2020

For payment for the delivery of KPIs, practices will be required to demonstrate that each KPI has been achieved by the submission dates listed above. Each KPI has a weighted value which will correspond to the payment received where practices successfully achieve the KPIs as shown above.

KPI001 – The number of Learning Disabilities health checks completed by Q4 is included as appendix A. Due to the COVID 19 response the CCG in conjunction with the LMC has agreed the KPI's will be reduced by 8% to take in consideration the suspension of face to face contacts and routine care. The KPI requirement has decreased from 75% to 67% of Learning Disability Health Checks completed. The CCG has worked closely with practices to ensure they were on track to meet the target by year end. The CCG is in the process of contacting practices who have failed to achieve this KPI to discuss what processes they have in place to complete LD health checks. The 31 practices meeting that KPI will receive payment in line with the contractual requirements.

KPI002 – The number of SMI health checks with all 6 elements is included in Appendix 2. As discussed above due to the COVID-19 response the SMI KPI requirement has been reduced from 60% to 52%. The CCG has worked with practices to support them to deliver the year-end target. The 18 Practices meeting the KPI will receive payment in line with the contractual requirements.

Contract and Performance Management

In addition to the reporting and KPIs the standards under the Wakefield Practice Premium Contract are discussed during our Practice/Network Assurance visits. This includes those areas of the contract where practices are performing well and areas for further development. Where necessary, the primary care team will agree with practices/Networks an action plan to ensure improved performance.

Year End Review

To ensure robust year-end performance reporting practices data was reviewed and analyse as a collective achievement. Whilst we have reported a number of practices were not compliant with some standards this performance was spread across different standards for difference practices. Those practices with greater than 4 outliers were identified for review as described in this report for further assurance in regards to compliance with contractual standards.

Recommendations

It is recommended that Probity Committee;

- Receive the final performance report against the Wakefield Practice Premium contract for the final annual overturn.
- Approve the KPI payments to the practices that have met the reduced target or confirmed that they have by 30 June 2020.

Natalie Knowles
Primary Care Development Manager
10/06/2020

Appendix A – KPI002 Learning Disabilities Health Check Performance

B Code	Practice	% Year-End
B87001	Middlestown Medical Centre	100%
B87002	Orchard Croft Medical Practice	91.30%
B87003	College Lane	90.91%
B87004	Warrengate	71.70%
B87005	Riverside	64.29%
B87006	Park Green Surgery	92%
B87007	Northgate	85.71%
B87008	Lupset Health Centre	82.02%
B87009	St Thomas Road	80.28%
B87011	Friarwood Surgery	75.68%
B87012	Maybush Medical Centre	85.71%
B87013	Outwood Park Medical Centre	81.82%
B87015	Stuart Road	67.07%
B87016	White Rose Surgery	87.83%
B87017	Trinity Medical Centre	76.27%
B87018	Henry Moore	69.49%
B87019	Stanley	95.24%
B87020	Chapelthorpe	91.18%
B87021	Ash Grove Surgery	87.32%
B87022	Homestead	70.75%
B87025	Castleford Medical Practice	67.31%
B87026	The Grange	73.85%
B87027	New Southgate Surgery	66.07%
B87028	Crofton and Charlston	71.43%
B87030	Health Care First	73.24%
B87031	Church Street	90.14%
B87032	Station Lane Medical Centre	76.92%
B87033	Newland Surgery	78.95%
B87036	Dr Diggle and Philips	60%
B87039	Kings Medical Practice	70%
B87040	Prospect	57.14%
B87042	Tieve Tara	88.37%
B87044	Alverthorpe	100%
B87600	Queen Street Surgery	33.33%
B87602	Patience Lane	71.43%
B87604	Eastmoor Health Centre	88.24%
	District	79%

This table shows the overall % of LD health checks delivered by each practice, due to some reporting difficulties the data has been extracted from CQRS or the clinical system in the absence of CQRS data. The practices in green have met their revised target and the practices in red did not.

Appendix 2 – SMI Health Checks

Practice	Register	All Six elements	% of population received all 6 element
Alverthorpe Surgery	19	15	79%
Ash Grove Surgery	51	9	18%
Castleford Medical Practice	37	27	73%
Chapelthorpe Medical Centre	84	45	54%
Church Street Health Centre	96	57	59%
College Lane Surgery	41	30	73%
Crofton Health Centre	38	36	95%
Dr Singh And Partners	67	29	43%
Drs Diggle And Phillips	23	15	65%
Friarwood Surgery	64	33	52%
Healthcare First Partnership	137	45	33%
Henry Moore Medical Centre	44	11	25%
Homestead Medical Centre	45	19	42%
Kings Medical Practice	74	31	42%
Lupset Health Centre	137	110	80%
Maybush Medical Centre	59	47	80%
Middlestown Medical Centre	37	16	43%
New Southgate Surgery	89	42	47%
Newland Lane Medical Centre	35	20	57%
Northgate Surgery	78	54	69%
Orchard Croft Medical Centre	72	64	89%
Outwood Park Medical Centre	82	68	83%
Patience Lane Surgery	9	8	89%
Prospect Surgery	44	5	11%
Queen Street Surgery	9	4	44%
Riverside Medical Centre	91	18	20%
St. Thomas Road Surgery	54	27	50%
Stanley Health Centre	49	14	29%
Station Lane Medical Centre	52	36	69%
Stuart Road Surgery	55	13	24%
The Grange Medical Centre	76	12	16%
Tieve Tara Medical Centre	36	28	78%
Trinity Health Centre	211	120	57%
Warrengate Medical Centre	76	27	36%
White Rose Surgery	183	59	32%
Eastmoor Health Centre	28	27	96%
	2382	1221	51%

The above table shows the number of practices that have achieved the revised KPI.



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	7i								
Date of Meeting:	30 June 2020	Public/Private Section:									
Paper Title:	Primary Care Commissioning Committee Annual Work Plan 2020/21	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information	
Decision	✓	Discussion		Assurance		Information					
Report Author and Job Title:	Amrit Reyat, Governance and Board Secretary										
Responsible Clinical Lead:	Not Applicable										
Responsible Governing Board Executive Lead:	Ruth Unwin, Director of Corporate Affairs Richard Hindley, Chair – Probity Committee										
Recommendation (s):											
<p>It is recommended that the Primary Care Commissioning Committee</p> <p>i) Approve the work-plan for 2020/21</p>											
Executive Summary:											
<p>The Primary Care Commissioning Committee advises and supports the Governing Body in facilitating decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body. In particular functions relating to the commissioning of primary medical services.</p> <p>The work-plan supports agenda planning for the committee and helps to ensure that all responsibilities delegated by the Governing Body are covered by the committee.</p> <p>The work-plan was deferred from the meeting held on 30 April 2020 due to a reduced agenda in view of changes to home-working as a result of Covid-19. It was agreed that any Items deferred from that agenda would be carried over to subsequent meetings.</p> <p>The work-plan for 2020/21 is presented to Primary Care Commissioning Committee for approval.</p>											
Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate 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</td> <td></td> </tr> </table>			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	
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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:	The Probity Committee advises and supports the Governing Body in facilitating decision making about items which present conflicts of interest for all or the majority of GP members of the Governing Body.										
Assurance departments/ organisations who will be affected have been consulted:	Circulated for comment to lead managers (with items listed on the work-plan).										
Previously presented at committee / governing body:	No										
Reference document(s) / enclosures:	Appendix One: Work-plan 2020/21										
Risk Assessment:	None identified										
Finance/ resource implications:	None identified										

DRAFT PRIMARY CARE COMMISSIONING COMMITTEE WORKPLAN 2020/21					
	2020			2021	
TOPIC	30-Apr	30-Jun	29-Sep	19-Jan	
Committee work-plan and reporting					
Approval of Probity Committee Workplan 2020/21 (to be reviewed prior to drafting agenda)	✓	✓	✓	✓	
Monitoring implementation of work programmes/action plans (AS REQUIRED)					
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	✓	✓	✓	✓	
General Practice Strategy					
Progress on General Practice Strategy	✓				
GP Care Wakefield		✓			
Co-Commissioning Operational					
Ongoing management and performance of GMS, PMS and APMS contracts	✓	✓	✓	✓	
Commissioning of primary medical services (AS REQUIRED)					
Approve GMS, PMS and APMS contract breach/remedial notices and removing a contract (AS REQUIRED)					
Approve newly designed enhanced services and review performance (AS REQUIRED)					
Consideration of request for a branch closure (AS REQUIRED)					
Consideration of request for a practice merger (AS REQUIRED)	✓				
Practice List Closure (AS REQUIRED)					
Consideration of contract end dates (APMS) (AS REQUIRED)					

Discretionary' payments (AS REQUIRED)					
Performance review of locally commissioned Primary Care Services (AS REQUIRED)		✓		✓	
Practice Resilience - Strategic Update	✓				
Other items which present a conflict of interest					
Premises Update (AS REQUIRED)	✓	✓			
Approval of revised Interim Provider Policy					
Approve the development and implementation of schemes which support the development and resilliance of General Practice (AS REQUIRED)	✓				



Title of meeting:	Primary Care Commissioning Committee	Agenda Item:	8i								
Date of Meeting:	30 June 2020	Public/Private Section:									
Paper Title:	Record of urgent decisions – For Information	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion		Assurance		Information	✓
Decision		Discussion		Assurance		Information	✓				
Report Author and Job Title:	Amrit Reyat, Governance and Board Secretary										
Responsible Clinical Lead:	Dr Adam Sheppard, Chair and Clinical Leader										
Responsible Governing Board Executive Lead:	Ruth Unwin, Director of Corporate Affairs										
Recommendation:											
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Note the update on Urgent decisions taken by the Chief Officer in relation to Site Closures and noted by the Governing Body on 9 June 2020 											
Executive Summary:											
<p>The attached log provides an update on the urgent decisions approved by the Chief Officer. These decisions relate to the temporary closure of GP practice sites in line with the site closure approval process.</p> <p>In line with the Standing Orders exercise of such powers were reported to the Governing Body on 9 June 2020 for noting.</p> <p>As at the 28 May 2020 the following updates have been provided:</p> <p>Out of the six practices which requested closure</p> <ul style="list-style-type: none"> Three have reopened. Two remain closed and will review this decision on an ongoing basis and; One site requested reduced opening hours. <p>Of the sites which remain closed patients have clear advice on how and where to access appointments.</p> <p>All practices have informed patients and have confirmed that they have not received any negative feedback from patients.</p>											

Link to overarching principles from the strategic plan:	<table border="1"> <tr> <td data-bbox="635 230 1302 293">Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td> <td data-bbox="1302 230 1378 293">✓</td> </tr> <tr> <td data-bbox="635 293 1302 356">New Accountable Care Systems to deliver new models of care</td> <td data-bbox="1302 293 1378 356"></td> </tr> <tr> <td data-bbox="635 356 1302 445">Collective prevention resource across the health and social care sector and wider social determinant partners</td> <td data-bbox="1302 356 1378 445"></td> </tr> <tr> <td data-bbox="635 445 1302 508">Expanded Health and Wellbeing board membership to represent wider determinants</td> <td data-bbox="1302 445 1378 508"></td> </tr> <tr> <td data-bbox="635 508 1302 571">A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td> <td data-bbox="1302 508 1378 571"></td> </tr> <tr> <td data-bbox="635 571 1302 660">A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health</td> <td data-bbox="1302 571 1378 660"></td> </tr> <tr> <td data-bbox="635 660 1302 723">Transforming to become a sustainable financial economy</td> <td data-bbox="1302 660 1378 723"></td> </tr> <tr> <td data-bbox="635 723 1302 763">Organising ourselves to deliver for our patients</td> <td data-bbox="1302 723 1378 763"></td> </tr> </table>	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	
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Outcome of Integrated Impact Assessment completed (IIA)	Not applicable																
Not applicable	Not applicable																
Management of Conflicts of Interest:	The approval of decisions is based on the daily Situation Report received from practices in line with Opel escalation levels																
Assurance departments/ organisations who will be affected have been consulted:	Senior Leadership Team Chief Finance Officer/Deputy Chief Officer Director of Corporate Affairs Director of Integrated health and Care Head of Primary Care																
Previously presented at committee / governing body:	NHS Wakefield CCG Board Paper 9 April 2020 and 9 June 2020																
Reference document(s) / enclosures:	Table of urgent decisions – approval of temporary site closures																
Risk Assessment:	Not applicable																
Finance/ resource implications:	None																

Issue	Site	New arrangements	Contact with practice	Decision by Chief Officer	Date	Update
Staff issues request to close branch to decrease transmission	Southmoor and Church View	Staff moved to South Kirby (Park Green)	Amrit spoke to PM and confirmed CO approval	Arrangement approved	25/03/2020	15/04/20 Park Green/Southmoor The staff have been split into two teams and alternate one week working in the practice and one week working from home. The practice manager thinks this is working really well to maintain capacity and resilience through the avoidance of cross site working. 13/05/20 Still closed. Considering options to re-open, no specific date agreed. Will want to re-open as a 'super green' site. 28/05/20 Still closed. Planning to re-open as a 'green' site on 15 June 2020 but the car-park is closed due to construction of new housing development. Will review safety prior to re-opening, may need input from CCG.
Staff issues request to close branch	South Hindley	Staff moved to Rycroft	Amrit spoke to PM and confirmed CO approval	Arrangement approved	25/03/2020	15/04/20 A number of staff remain off from South Hindley including the practice manager. Agreed to review again next week. 12/05/20 Not seeing patients there but staff still working to dispense etc. No complaints from patients. Main site is approx. 2 miles away. They have prepared site to keep social distancing if they re-open. Are awaiting advice. No current plans to allow patient access. 28/05/20 Not seeing patients there but staff still working to dispense etc. No complaints from patients. Main site is approx. 2 miles away. They have prepared site to keep social distancing if they re-open. Are awaiting advice. Have requested input from CCG (Chris Skelton is aware)
Received a request from Charlston branch part of Crofton surgery to close during the pandemic. □	Charlston	All services provided at the branch are also provided at Crofton main site. Branch surgery is 2 miles away from Crofton. Branch closed its doors to patients on Monday and are seeing walk-ins at main site. Communications updated on website and social media.	Amrit discussed with Practice Manager and established they are requesting closure so they can manage staffing capacity at Crofton Surgery, part of the Trinity Assessment Hub.	Arrangement approved	02/04/2020	15/04/20 The branch closure is maintaining resilience. There is a member of staff on reception at Charlston each day and patients can be seen there if necessary on a case by case basis. Phones have gone to the main site for years. They have created a facebook page for patients and have received nothing but praise for the way they are managing the practice including from Charlston patients. They are intending to re-open when usual work practice resumes so we agreed to review in three weeks time. 12/05/20 Plans to re-open as a 'green' site from 18 May 2020. 21/05/20 Patients who need to see a nurse can go to Charlston but patients wanting to see a doctor will need to go to Crofton 28/05/20 Reopened as a 'green' site on 18 May 2020.
Closure of practice Good Friday and Bank Holiday Monday	Castleford Health Centre	Resources to be diverted to their other sites including: Pinfold Surgery, Ferrybridge, Elizabeth Court Surgery	Amrit emails with Sarah Ramsden and CO to seek approval	Approved	07/04/2020	13/05/20 Only closed one day – Bank Holiday 8 May. Now re-opened. No negative comments received from patients. If practice is open on next Bank Holiday, the practice would again wish to close branch. 28/05/20 Castleford Health Centre is open to see patients.
Closure of Branch Surgery at Sandal Castel Medical Centre on 8 May.	Sandal Castle Branch Surgery	Patients will be made aware that should they need to be seen for urgent care they may have to attend Trinity Medical Centre on 8 May 2020 Bank Holiday Friday (one day only)	Chris Skelton, Head of Primary Care Co-Commissioning	Approved	30/04/2020	13/05/20 Only closed one day – Bank Holiday 8 May. Now re-opened. No negative comments received from patients. If practice is open on next Bank Holiday, the practice would again wish to close branch. 28/05/20 Closed Bank Holiday, 8 May. Now re-opened. No negative comments received from patients.
Consider the proposal from WHA PCN to reduce opening hours at both Elizabeth Court and Queen Street surgeries - both sites with rota support from all practices are splitting the morning and afternoon	Queen Street and Elizabeth Court	Queen Street will be available every morning and Elizabeth Court will be open every afternoon	Mel Brown received email request from Christine Sanderson and emailed the request to Jo Webster	Approved	06/05/2020	