PROBITY COMMITTEE

29 MAY 2018
3:00PM, BOARDROOM, WHITE ROSE HOUSE

AGENDA

No.	Agenda Item	Lead officer
1.	Apologies for Absence	**Richard Hindley**
2.	Declarations of Interest	**Richard Hindley**
3.	i) Minutes of the meeting held on 23 January 2018 ii) Action sheet from the meeting held on 23 January 2018	**Richard Hindley**
4.	Matters Arising	**Richard Hindley**
5.	Probity Committee self-assessment – Work-plan update	**Amrit Reyat**
6.	Probity Committee Annual Report	**Amrit Reyat**
7	Maybush CQC report	**Chris Skelton**
8	General Practice performance and development: draft strategic objectives and project plan to March 2020	**Dr Greg Connor**
9.	Wakefield Practice Premium Contract Update	**Chris Skelton**
10.	Estates and Technology Transformation Fund Update	**Chris Skelton**

11.	Co Commissioning Update (Verbal)	**Chris Skelton**
12.	Urgent Primary Care Re-design (Presentation)	**Jenny Beckett**
13.	Learning Disabilities Health Check Performance	**Chris Skelton**
14.	Matters to be referred to other committees or Governing Body	**Richard Hindley**

15. 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)".

16. Date and Time of Next Meeting
24 July 2018, 3:00pm, The Boardroom, White Rose House

Agenda item: 3i

NHS Wakefield Clinical Commissioning Group

PROBITY COMMITTEE

Minutes of the Meeting held on 27 March 2018

Present:	Melanie Brown	Programme Commissioning Director Integrated Care
	Sandra Cheseldine	Lay Member
	Dr Greg Connor	Executive Clinical Advisor
	Diane Hampshire	Registered Nurse
	Stephen Hardy	Lay Member (Deputy Chair)
	Richard Hindley	Lay Member (Chair)
	Karen Parkin	Acting Chief Financial Officer
In Attendance:	Dr Avijit Biswas	GP Partner, Elizabeth Court (Item 17/150)
	Dr Ann Caroll	Care Home Clinical Lead (Item 17/151 only)
	Lesley Carver	Senior Project Manager (Item 17/151 only)
	James Day	Practice Manager, Outwood Park (Item 17/149 only)
	Laura Elliott	Head of Quality and Engagement
	Nichola Esmond	Healthwatch Representative
	Cllr Pat Garbutt	Wakefield Health and Wellbeing Board representative
	Dr Anwar Kalai	GP Partner, Outwood Park (Item 17/149 only)
	Anna Ladd	NHS England representative
	Amrit Reyat	Governance and Board Secretary
	Dr Shakeel Sawar	GP Partner, Outwood Park (Item 17/149 only)
	Chris Skelton	Head of Primary Care Co-Commissioning
	Pam Vaines	Minute Taker

18/027 Apologies

Apologies were received from Andrew Pepper, Chief Finance Officer; Jo Pollard, Chief of Service Delivery & Quality; Clare Linley, Interim Chief Nurse and Dr Hany Lotfallah, Secondary Care Consultant.

18/028 Declarations of Interest

Sandra Cheseldine, Lay Member, declared an interest in 18/031 as a local resident.

The Chair noted the declaration and determined that Sandra Cheseldine could provide input into the discussions.

18/029 (a) Minutes of the meeting held on 23 January 2018

The minutes from the meeting held on 23 January 2018 were agreed as an accurate record.

Action sheet from the meeting held on 23 January 2018

The action sheet was noted.

18/030 Matters Arising

There were no matters arising.

18/031 This was a meeting held in public and it was noted that there were no members of the public in attendance for this meeting.

Outwood Park – Resubmission of Branch Closure Application

Melanie Brown highlighted to members of the Probity Committee that a further petition from members of the public had been received by Wakefield Clinical Commissioning Group on the 9 March 2018 which included 37 signatures since the original branch closure application was submitted. This was attached at Appendix 1 of the papers being presented to Probity Committee.

Chris Skelton reminded Probity Committee members that a public petition from Andrea Jenkyns MP regarding the proposed branch closure had been presented to the Wakefield CCG Governing Body meeting on 14 November 2017.

Chris Skelton presented to Probity Committee that Outwood Park Medical Centre had requested that the committee consider a re-submission of the branch closure application for Wrenthorpe surgery. From Outwood Park Medical Centre Dr Shakeel Sarwar and Dr Anwar Al-Kali, GP Partners, and James Day, Practice Manager attended the committee meeting to respond to any questions Probity Committee Members may have.

Outwood Park Medical Centre had previously submitted a branch closure application for Wrenthorpe surgery for consideration at the Probity Committee which was held on 28 November 2017. The Probity Committee provided feedback during that meeting and following that in writing to Outwood Park Medical Centre. The request was declined due to limited assurance and mitigations provided by the practice in relation to the physical capacity at Outwood Park, development of services, transport for vulnerable patients and adequate provision of appointment and access for all patients.

It had been noted that the committee agreed with the clinical case for change that the practice had presented and the practice's strategy for the centralisation of services at Outwood Park.

Outwood Park Medical Centre had resubmitted the branch closure application for Wrenthorpe surgery after giving consideration to this feedback. Appendix C of the papers presented to Probity Committee outlines the practices proposed actions to address the four issues on which the committee required further assurance at the November 2017 Probity Committee meeting.

Chris Skelton drew the Committee's attention to the assurance that in the event of

an increase to their registered list, the Practice would be able to increase consultations by between 20 and 40% without being restricted by the physical capacity of the main Outwood site. The Practice had also highlighted the proposed changes to service delivery through the development of a Nurse Triaging service which will improve access to appointments for patients. Additionally the practice has proposed to re-commence their patient transport service, following patient and committee feedback. This will ensure that vulnerable people who have difficulty in accessing GP services will be provided with transport. The practice had also acknowledged that they had performed poorly on the patient MORI survey results; as such they had already taken action to improve by introducing a GP triage service which allows the practice to be more responsive to patient needs.

The practice also states in appendix C that access would be improved through a single site where patients can access all of their care needs. Additionally focusing clinical staff on one site would also provide a more efficient and responsive service and increases the clinical capacity available.

The Chair of Probity Committee then invited the representatives from Outwood Park to make any comments in support of the application; this was declined. However Dr Sarwar confirmed that all of the representatives would be happy to answer any questions from Probity Committee members.

Sandra Cheseldine asked for clarity regarding the methods of communication to patients regarding the transport proposal by the Practice. Dr Sarwar confirmed that this transport scheme had previously been delivered by the practice but was suspended at that time due to a lack of uptake. Sandra Cheseldine asked how patients would be informed of this transport service and how would patients access that service. Dr Sarwar explained that patients previously had been informed via signs in the waiting room, entries on repeat prescriptions and on the Practice Website. The committee requested that the Practice consider reviewing the patient list to identify any patients who may require transport to ensure that vulnerable patients would know about the service and be able to access it. Dr Sarwar explained that the practice would also propose to write to all Wrenthorpe households and will clearly describe this new transport service to them.

Cllr Pat Garbutt asked how long the Practice expected to provide patient transport for. Dr Sarwar responded that transport is expected to be offered for at least six months. Outwood Park Medical Centre previously provided a Patient Transport Service (PTS) to bring mostly frail elderly patients to Outwood surgery. This was in 2016 but due to poor utilisation this stopped in January 2017. This transport service involved using a Local Care Direct (LCD) car with an LCD driver which the practice paid for at a fixed daily rate. Most of these patients were previously seen on home visits only. It was felt that the consultation in the surgery was much more clinically robust as the practice had the MDT there and also access to full medical records. It worked very well but the patient utilisation was low. Outwood Park Medical Centre plan to restart the service if the branch closure application is accepted for Wrenthorpe and try even harder to improve utilisation. The practice will particularly want to focus on any patients who previously attended Wrenthorpe surgery but are now unable to attend Outwood- especially frail elderly patients. However, the transport service will be available to all Outwood/Wrenthorpe patients.

Melanie Brown sought clarity on whether the practice were advising the committee that this service would only be available for six months. Dr Sarwar responded that this was not the case. An evaluation of the transport service would be undertaken after six months and this would inform the practice of the uptake from the local community. Melanie Brown highlighted that whilst previous transport pilot utilisation had been low that given the comments from the community during the engagement exercise that it is anticipated that patients would use this new proposed transport service. Melanie Brown also requested that a report be brought to Probity Committee by Outwood Park Medical Centre to share any evaluation of this transport service and to ensure Probity Committee can consider implications if the Practice decides to withdraw the transport service at a future date.

Following a question from Sandra Cheseldine regarding the utilisation of the receptionist from Wrenthorpe surgery, Dr Sarwar confirmed that an additional receptionist at Outwood Park would be useful but that there were currently no reception staffing shortages at that location. James Day commented that the Outwood Park site currently have three receptionists answering calls at Outwood Park and that the phone was busy from 0800 every day. The practice are appointing an additional receptionist (from 4/4/18) to give the practice 4 staff answering the phones (a 25% increase) plus one manning the front desk to handle patient queries/appointment bookings face to face. This is in addition to the on-line booking facility. James Day commented this would have an effect on patients being able to get through on the phone and staff being able to signpost patients to appropriate services.

Dr Sarwar commented that it would be beneficial to have the clinical staff based at one location.

Dr Sarwar stated that the practice had been surprised by the level of patient concerns raised regarding the proposed branch closure and emphasised that these were the practices patients and that the practice wanted to share with the community their proposals for addressing their concerns. Dr Sarwar felt that the level of concern may suggest that patients were unaware of the difference in the types of services being offered at the two sites. He commented that the Practice is certain that the Wrenthorpe branch closure will enable the practice to provide the best possible clinical service for their patients.

Cllr Pat Garbutt sought clarity as to whether the Outwood Park premises were large enough to accommodate the expected increased demand following the completion of the new housing development in the local area. Dr Anwar Al-Kali explained following comments from the November Probity Committee that Outwood Park Medical Centre undertook a detailed audit of space utilisation at the practice, which considered the number of rooms available, the number of clinical staff providing services and the space that is required. The audit showed that every day the practice has the physical capacity to increase the number of general practice consultations they provide by 20-40%. There are 13,500 patients registered currently with the practice and the practice can provide assurance that there is therefore sufficient capacity to accommodate the registration of new patients from this new housing development with the practice.

Karen Parkin commented on additional service delivery. Karen asked whether the

practice had sufficient capacity to increase other services as well as GP services should the practice increase the number of patients registered. The Practice confirmed that they had only considered an increase in GP services as part of their audit. However, in view of the under-utilisation of space, coupled with the fact that the additional services do not run every day; they did not envisage any difficulty in expanding additional services beyond those traditionally provided by GP Practices. Dr Sarwar explained that the practice has continued to deliver Physio First and have agreed to commence working with Wakefield Clinical Commissioning Group with the Clinical Pharmacists working in General Practice scheme.

Diane Hampshire thanked the Practice for a very helpful update and the response from the practice to previous Probity Committee feedback. Diane commented that she was impressed at the positive response from Outwood Park Medical Centre to the Probity Committee feedback which was raised at the 28 November 2017 meeting.

Melanie Brown also commented in relation to how public concerns about transport to Outwood Park surgery had been considered by the practice and mitigated against. It was helpful for the committee to understand the results of the accommodation audit that had been undertaken re future capacity.

Cllr Pat Garbutt (Committee attendee) stated that although she understands the Practice perspective, she cannot support the branch closure in view of local concerns and opinions. Whilst she acknowledged this, Cllr Garbutt raised that patients are also struggling to access GP services. Dr Sarwar responded by explaining that services were not being cut but re-located to an alternative site, making the care patients receive safer, improving quality and cost effectiveness. Dr Sarwar said that should the branch closure be agreed this will lead to improved quality of care and deliver equity of access to all patients registered with Outwood Park Medical Centre.

Dr Connor reminded the Committee that the proposal is to re-position services, not to reduce them. The Practice response outlined in Appendix C of the Probity Committee papers provides assurance on the four issues which the Committee previously wrote to the Practice seeking further assurance.

A vote was then taken by show of hands. The representatives from the Practice were invited to remain during the vote. All eligible voting members of the Committee voted in favour of the proposed branch closure.

It was noted that Cllr Pat Garbutt remained adverse to the proposal.

Richard Hindley commented that the Probity Committee will need to monitor any adverse impact on patients as a result of this Wrenthorpe Branch Surgery closure and will ask the Primary Care Co-Commissioning team to receive updates from the practice that can be shared at Probity Committee to provide assurance to the committee in that regard.

Melanie Brown requested that given the significant concerns that the community have raised regarding transport, which was shown in the engagement report, the transport service should be in place and operational prior to the branch closure.

Outwood Park Medical Centre needed to work closely with Wakefield Clinical Commissioning Group to agree an appropriate closure date. The Practice was asked to remain in contact with the Primary Care Co-Commissioning team regarding the communication and engagement with patients regarding the branch closure, and to bring a request to Probity Committee if any evaluation that the practice undertook about the transport service indicated that the practice was considering a withdrawal of patient transport.
It was **RESOLVED** that:

- The Probity Committee noted the further public petition received on 9 March 2018 in relation to the proposed Wrenthorpe Branch Surgery closure.
- The Probity Committee received the assurances and mitigations submitted by the Practice on the 1March 2018
- The Probity Committee agreed the application to the closure of Wrenthorpe Branch Surgery

18/032 Contract Merger Request – Ferrybridge & Elizabeth Court

Chris Skelton presented the paper, supported by Dr Biswas, GP Partner.

The proposed merger of Ferrybridge and Elizabeth Court practices will cover six sites. There is no intention to close any branches. The proposal will terminate the Elizabeth Court contract and will require a variation to the Ferrybridge contract. The practices already have a merged partnership known as Healthcare First.

The proposed merger will result in the improved coordination of delivery of services, a consistent approach to care across the patch and enhancing roles for staff, improving their skills and knowledge.

Significant patient engagement has taken place which raised five points of concern for patients, all of which have been dealt with in the paper.

Only one financial implication attached to the merger, which is the merging of one clinical system which will cost approximately £3,000.

Dr Biswas commented that the main driver for the merger is to improve resilience by achieving some efficiencies to improve stability for future. A contractual merger will allow improvements to be made to the IT systems.

A number of opportunities to share learning and practices have already come from the merged partnership.

Anna Ladd commented that the patient engagement was carried out in 2016 and asked whether any new issues have been raised. Dr Biswas confirmed that the Practice hold regular Practice Patient Group (PPG) meetings which view the proposed merger in a positive light.

Anna Ladd asked for clarity regarding extended hours as one partner provides this whilst the other does not currently do so. Dr Biswas explained that there is no intention for the current provision to be withdrawn. Once the CCG decision is

known, the Practice will consider whether the extended hours provision will be extended.

Chris Skelton confirmed that the Queen Street practice would remain as a PMS contract. There are four practices and will be three contracts. Queen Street and Park View are co-located. Discussions are still taking place regarding the exact changes to the contract. It was indicated that the merger would be done in stages to reduce the risks of merging six sites at once in view of the substantial number of patients involved.

Chris Skelton advised the Committee that, subject to approval, a date for the formal merger would need to be agreed with NHS England and Primary Support England. The next stage will be for the partners at Elizabeth Court to formally give notice on the PMS contract.

Probity Committee will continue to monitor the progress of the merger.

It was **RESOLVED** that:

- The Probity Committee noted the request for a practice and contract merger between Ferrybridge Medical Centre (B87030) and Elizabeth Court Surgeries (B87023) in Wakefield
- The Probity Committee noted the issues for consideration in a practice and contract merger
- The Probity Committee approved the formal practice merger between Ferrybridge Medical Centre and Elizabeth Court Surgeries
- The Probity Committee noted that due process has been followed in managing the request for a practice merger
- The Probity Committee requested the partners at Elizabeth Court to give notice on its PMS contract
- The Probity Committee agreed to monitor the progress of implementation plans particularly the communication of changes to patients

18/033 Proposal to revise the Care Homes Vanguard enhanced service for primary care in care homes

Lesley Carver and Dr Ann Caroll presented the paper.

Lesley Carver explained that in December 2005, as part of the Care Home Vanguard, 26 GP practices were linked to 15 Care Homes to provide enhanced services via a Local Enhanced Service (LES) agreement. This has now increased to 27 homes.

The contacts with practices are now up for renewal.

The team have looked at similar schemes outside area and found that most are using enhances services. A verification process with practices has taken place which established that the KPIs were met. Focus groups with care home managers found that 80% thought it that the scheme was an improvement on the previous

system.

Lesley Carver recommended that funding is secured from the CCG £3 per head General Practice Forward View funding with a flat rate for all practices of £175 per annum per patient per bed. This will allow continuity and ease the funding calculation for practices. It is proposed that the KPIs will be reviewed to be service specific. This payment scheme is expected to provide additional benefits at limited cost to Wakefield CCG.

Lesley Carver confirmed that alternative delivery options had been considered, including the Nottingham City model of commissioning a multi-disciplinary team in the form of an integrated care home service, and the Airedale telehealth model.

The Committee was informed that Red bags ready for roll out April and that the Bed Stay Tool is now being used in all homes so successfully that the Local Authority will stop the current paper scheme.

Lesley Carver indicated that whilst outcomes for individual patients were not yet available, work has been undertaken by Healthwatch and the results are expected in June 2018. This will include feedback from family members who have already indicated that they like that the homes are part of the vanguard programme.

Sandra Cheseldine noted that one of the key aims of the scheme was to have one GP practice aligned to a care home, however this has not been achieved. Dr Caroll explained that this is still the aim and progress is being made although some issues remain. It was explained that not all practices were in a position to commit to providing the service. It was noted that Wakefield has a higher than national average number of patients in care homes, which would result in some practices being faced with a higher workload. It was acknowledged that the quality of care and GP capacity would be improved if the one GP/one home model could be achieved. Work is continuing towards this aim.

Dr Caroll explained that KPIs are being reviewed for 2018/19 to improve advance care plans and end of life care, linked to frailty. It is acknowledged that this is a significant work load for practices. The LES contract only recognises part of this and it is therefore essential for primary care to support the work.

Dr Caroll indicated that consideration will be given to linking at federation level to care homes, rather than individual practices, as this may be a more practical solution.

Sandra Cheseldine sought clarification that the £175 per bed payment would only be made when the bed was occupied. Lesley Carver confirmed this and explained that bed occupancy would be tracked by both the Vanguard and Finance teams.

Mel Brown commented that in view of the CCG's financial circumstances, it would be beneficial to have a flat rate payment which would be less expensive to fund

than the current payment method.

Richard Hindley asked whether there were any issues regarding sustainability if the system were to be funded at a reduced cost to the CCG. Dr Connor provided assurance that this will not be the case and that as funding is recurrent, and that practices are assured of income.

Lesley Carver commented that the 'per bed' payment would allow the scheme to be offered to all practices.

Karen Parkin sought clarification regarding the reference to Dovecote Lodge in the report. Dovecote Lodge provides respite beds and is not a traditional care home. They have a frequent turn-over of patients in view of their role. Lesley Carver explained that there is an ongoing discussion whether Dovecote Lodge should be included in the scheme as they have 50 beds which is out of scope for the Bed Stay Tool and current Vanguard scheme, which require over 65 beds. Some practices are keen to include Dovecote Lodge in the scheme as they have patients at that location. Following discussion it was agreed that Dovecote Lodge does not meet the criteria of the scheme and will be excluded.

Karen Parkin asked how the cost effectiveness of the scheme was measured and monitored. Lesley Carver explained that monthly figures are submitted. A number of factors such as A&E attendance and ambulance call out are monitored. The number of falls and end of life plans in place are reviewed. Assurances were given that both soft and hard intelligence are taken into account.

Mel Brown confirmed that an external report on the Vanguard is to be prepared and will be shared at a future meeting.

It was **RESOLVED** that:

i. The Probity Committee approved the revised specification and cost for the local enhances service for primary care in care homes

18/034 Committee Effectiveness Survey

Amrit Reyat reminded the Committee that an annual self-assessment takes place each year for all subcommittees of the Governing Body.

Nine of the 15 eligible members responded to the survey, the majority either agreed or strongly agreed that the committee was affective.

Several comments were made which would be valuable in improving effectiveness further and an action plan has been developed.

Diane Hampshire asked that the completed action plan be brought to a future meeting.

It was **RESOLVED** that:

(i) The Probity Committee noted the findings of the Probity Committee Effectiveness Survey
(ii) The Probity Committee approved the action plan

18/035 Probity Committee Work Plan 2018/19

Amrit Reyat presented the 2018/19 work plan for the Probity Committee.

It was **RESOLVED** that:

(i) The Probity Committee approved the work-plan for 2018/19.

18/036 50p Scheme

Dr Connor presented the paper.

Dr Connor confirmed that the 50p scheme was funded by the now terminated £3 per head additional payment scheme to GP practices. The 50p scheme was designed to assist the CCG in addressing quality of care for patients who had been referred to MYHT but had not yet been allocated to a clinic, meaning that the medical notes could not be seen by a consultant and therefore could not be appropriately prioritised.

The scheme had three main elements:

- Prescribing
- Appointment slot issue work – would prioritise urgent appointments
- Pathology requests from GP for regular tests.

Dr Connor confirmed that the majority of practices had co-operated with the scheme and a schedule of payments was included in the paper. It was confirmed that funding would be withheld, on a sliding scale, from practices which did not complete any aspect of the required audit.

It was **RESOLVED** that:

(i) The Probity Committee noted the performance of each practice relating to the 50p scheme and approved payments to twenty eight practices, part payment for nine practices and no payment to Eastmoor Health Centre as set out in Appendix 2.

18/037 Additional Patient Access Contract (APAC) – January 2018 final report

Dr Connor presented the paper which explained that the APAC scheme is coming to an end. Practices were given three months' notice to terminate the APAC contract as at 31 January 2018. The amount available to practices equates to 25p per patient.

The report set out how practices had achieved additional contacts.

The Committee were asked to note that Eastmoor Health Centre was previously removed from the scheme by the Probity Committee and was therefore not eligible for payment.

It was **RESOLVED** that:

i. The Probity Committee noted the final update on the APAC for January 2018 and approved the proposals for payments to 36 practices, with the exception of Eastmoor Health Centre.

18/038 Learning Disabilities Health Check Performance

Chris Skelton reminded the Committee that the Special Educational Needs and Disability (SEND) report was received in September 2017 and provided an update on the delivery of the Learning Disabilities health checks up to Quarter 3 2017/18.

The performance data showed a significant improvement. Quarter 3 2017/18 shows 31% completion compared to 21% for the whole of 2016/17.

Mel Brown commented on the progress that had been made and that it was important to maintain the momentum. The improvement had been supported by Target Events and practice visits.

Dr Connor highlighted the variation between practices and the scope for improvement. The Wakefield Practice Premium Contract (WPPC) has a requirement that each practice must improve by 50%

Stephen Hardy acknowledged the good progress that had been made but questioned why some of the sizable practices haven't shown much improvement. Mel Brown asked that Dr Connor include this in the agenda for the next Conexus confederation meeting.

Dr Connor explained that the health checks can be difficult to arrange as they require a doctor and nurse/HCA with specific training. Dr Connor informed the Committee there was some apprehension from some practices in view of the large variety of LD patients. Peer support is being offered to practices through the federations.

Sandra Cheseldine voiced her disappointed with the report, stating that this has been as issue for ten years. She was disappointed by the outcome and also level of ambition. Whilst she understands the difficulties with this cohort of patients, she is concerned that the big practices do not seem to have moved forward sufficiently.

Mel Brown accepted that the SEND report was quite challenging. While there was some improvement the CCG accepted that the improvement is not sufficient

Diane Hampshire asked whether this topic should be shared with the Governing Body. Laura Elliott confirmed that this already occurred as the performance indicators are reported via the Integrated Governance Committee to the Governing Body.

Laura Elliott advised that the Learning Disabilities team at Mid Yorkshire Hospitals NHS Trust will be working with practices to improve the number and quality of SEND reports. A number of practices have already engaged with this process.

Richard Hindley asked whether there was scope to provide further support to the practices which are furthest behind.

Dr Connor commented that all practices have to achieve 50% compliancy by the end of the year. Support such as tools and training are already offered and the CCG is working with practices to priorities this task.

Mel Brown suggested that the situation be discussed at Conexus Federation and then she and Richard Hindley could write to the under-achieving practices.

Cllr Pat Garbutt stated that there was a possibility of a full inspection of children's services in the near future. This is to be discussed at a Council meeting on 28 March 2018.

It was **RESOLVED** that:

i. The Probity Committee received assurance that the number of Learning Disabilities Health Checks are increasing, subject to the observation relating to the speed of the progress.
ii. The Probity Committee agreed to continue to receive quarterly updates in relation to the progress of this action plan

18/039 General Practice 2020 Plan Update

Dr Connor presented the paper which demonstrates the implementation of the GP Forward View in Wakefield, particularly in relation to changes to funding routes and achieving the best outcome for expenditure.

Good progress was reported against the plan. However there remains a need to strengthen GP resilience within the system, both at practice and sector and system levels.

Dr Connor explained that progress against the nine transformation projects was detailed in the report although other projects were underway. Dr Connor asked whether the Committee would like clarification of further detail regarding any of the projects.

Dr Connor commented that the scaling back of discretionary spending under the Wakefield Practice Premium Contract was a concern for practices.

Dr Connor informed the Committee that the Wakefield Academy virtual practice was being cited by NHS England as an exemplar. He also confirmed that the Virtual Practice scheme will become part of Academy and will be funded by part of £3 per head funding.

Sandra Cheseldine questioned the funding arrangements and requested that full

details of the funding streams and costings are included in a future reports. Sandra Cheseldine also requested details of the expected delivery and outcome from the scheme. It was acknowledged that the GP Forward View requires funding to be delivered to GP services but the paper under consideration does not fully support the decision to allocate monies in this way. Karen Parkin supported Sandra Cheseldine's concerns regarding the funding arrangement.

Dr Connor agreed that although the matter had previously been considered at Probity Committee, no final decision had been reached. Dr Connor clarified that the Probity Committee had approved The Virtual Practice 'in principle' only.

Mel Brown confirmed that The New Models of Care Board has considered training academy future funding. The New Models of Care Board supported responsibility for the Academy resting with the CCG for the next couple of years. Sandra Cheseldine confirmed that she had taken some assurance from that comment. Mel Brown confirmed that a further paper would be brought to the 29 May 2018 Probity Committee to clarify the position and again highlighted that NHS England were keen to roll out the scheme in other areas.

Mel Brown explained further assurance can be obtained from the fact that the clinical pharmacy and general practice schemes have been discussed at the Finance Committee on several occasions. The identified Quality, Innovation, Productivity and Prevention (QIPP) saving has been reviewed through a resilient governance programme.

Mel Brown stressed that the Care Home LES and the Pharmacy contract schemes are large projects and specifically highlighted care navigation which was discussed at the New Models of Care meeting.

Conexus have taken responsibility for some work which Wakefield CCG had contracted with South West Yorkshire Partnership Foundation Trust to carry out. Conexus is now funded from self-generated profits and the training package they are delivering to GPs across area has no cost to Wakefield CCG or Wakefield Council. It was acknowledged that this demonstrates the progress that has been made in partnership working.

Sandra Chesledine stated that a tender waiver for Conexus had been to the Audit Committee but their sponsorship policy and conflicts of interest policy are to be reviewed before the tender waiver can be approved and funds released.

Mel Brown thanked colleagues who had worked on the transformation projects and noted that several positive comments have been received from external sources.

Anna Ladd left the meeting.
It was **RESOLVED** that:

(i) The Probity Committee noted progress on the implementation of the GP Forward View in Wakefield and approves the proposals for further development in 2018/19.
(ii) The Probity Committee requested additional financial information regarding

the Virtual Practice Scheme

18/040 Co-Commissioning Update (Verbal)

Chris Skelton provided a verbal update on the co-commissioning of GP services.

Chris Skelton informed the Committee that Primary Care team are working with the small number of practices which are struggling to achieve the target for care plans.

Chris Skelton reminded members that the Probity Committee had approved a List Closure at Crofton and Sharlston Medical Practice due to staffing shortages. The problems have now been resolved and the Committee was pleased to hear that the GP returned on 3 April 2018 and the List will re-open.

The GP contract changes for 2018/19 have been published. They show a 3.4% funding increase but this is not directly attributable to current schemes and is under review.

It was **RESOLVED** that:

i. The Probity Committee noted the verbal update on co-commissioning

18/041 Eastmoor Performance Report

Chris Skelton confirmed that Eastmoor Health Centre practice had been re-inspected by the Care Quality Commission (CQC) in January 2018. The inspection went well with an improved result of 'Requires Improvement'. An improvement was made in every domain with a finding of 'Good' was achieved for the care and responsive element of the inspection.

Mel Brown commented on the excellent work undertaken by the Practice and the Primary Care Team and that the progress was a very positive step forward.

It was **RESOLVED** that:

(i) The Probity Committee noted the progress in relation to the performance improvements at Eastmoor Health Centre
(ii) The Probity Committee received assurance that the quality of care provided at Eastmoor Health Centre has improved since the inspection in April 2017.

18/042 Matters to be referred to other committees or Governing Body

It was agreed that Chris Skelton would share the Eastmoor Health Centre report with elective members.

18/043 Any Other Business

No items were identified for discussion.

18/044 Date and Time of Next Meeting

Tuesday 29 May 2018, 3pm, The Board Room, White Rose House

Agenda item: 3ii

NHS Wakefield Clinical Commissioning Group

ACTION POINTS FROM PROBITY COMMITTEE
HELD ON 27 MARCH 2018

Minute No	Topic	Action required	Who	Date for completion	Progress
17/034	Late Visiting Specification	Provide pilot evaluation to Probity Committee once completed and incorporate all costs at evaluation stage	Katie Roebuck	29 May 2018	
17/035	Outwood Park Branch Closure Consultation	To bring back proposed closure to Probity once Patient Engagement Complete	Chris Skelton	27 March 2018	Completed
17/054	Understanding schemes and organisations which CCG is involved with.	Training regarding the names and relationships of the developing organisations and schemes at a Board Development Session	Ruth Unwin	24 July 2018	Work underway with Communication Team
	Minutes of January Probity Committee	Approved January minutes amended to show 2018 item number	Pam Vaines	10 April 2018	Completed
18/008	WPPC contract	Review of 2 practices with low levels of care plans for patients with heart failure	Chris Skelton	29 May 2018	
18/031	Outwood Park Branch Closure	Request to discontinue the provision of patient transport from Wrenthorpe to Outwood Park	Chris Skelton	When appropriate	
18/032	Merger of Ferrybridge and Elizabeth Court	Update required	Chris Skelton	29 May 2018	
18/033	Care Home Vanguard	External report	Lesley Carver	24 July 2018	
18/034	Committee Effectiveness	Update of the committee effectiveness action plan	Amrit Reyat	24 July 2018	
18/038	Joint local area Special Education Needs and Disabilities (SEND) action plan	Quarterly updates to Probity Committee on the progress of this work and feedback will be reported to the Committee (transferred from Private section of the meeting)	Melanie Brown	29 May 2018	

18/038	Joint local area Special Education Needs and Disabilities (SEND)	Formal letter from CCG under-achieving practices	Melanie Brown and Dr Greg Connor	29 May 2018	
18/039	GP Forward View	Approval of the funding route for Wakefield Academy is to be sought	Dr Greg Connor	29 May 2018	

NHS Wakefield Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Title of meeting:	**Probity Committee**	**Agenda Item:**	**5**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
Paper Title:	**Committee Effectiveness Survey**	Private	
		N/A	

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

Report Author and Job Title:	**Pam Vaines, Governance Officer**
Responsible Clinical Lead:	**N/A**
Responsible Governing Board Executive Lead:	**Ruth Unwin, Associate Director of Corporate Affairs** **Richard Hindley, Chair – Probity Committee**

Recommendations:

Members of the Probity Committee are invited to:

a) Note the progress of the action plan
b) Note the feedback responses.

Executive Summary:

This report presents the completed feedback responses and the present position of the action plan from the annual Probity Committee Effectiveness Survey which was presented at the Probity Committee on 27 March 2018.

Link to overarching principles from the strategic plan:

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

Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	None identified.
Assurance departments/ organisations who will be affected have been consulted:	Probity Committee
Previously presented at committee / governing body:	The findings of the Effectiveness Survey were presented at Probity Committee on 27 March 2018.
Reference document(s) / enclosures:	None.
Risk Assessment:	None identified.
Finance/ resource implications:	None identified.

NHS Wakefield Clinical Commissioning Group

ACTION POINTS FROM PROBITY COMMITTEE EFFECTIVENESS SURVEY

No	Survey Question	Topic	Action required	Who	Date for completion	Progress
4	Q15	Members are uncertain whether a timely, clear, well written summary report of meetings is provided to Governing Body	Approved minutes are sent to the following Governing Body. This will be specified in the new Agenda Standing Item for all committees	Richard Hindley	29/5/18	
7	Q15	Minutes could be given greater prominence if issues were highlighted	Additional time to be given to reviewing minutes of previous meetings	Richard Hindley	29/5/18	
8	Q23	Minutes could contain assurance/controls for clarity	Minutes to contain reference to assurances/controls	Richard Hindley/Pam Vaines	29/5/18	

NHS Wakefield Clinical Commissioning Group

'DON'T KNOW' OR DISAGREE REFLECTIONS AND FEEDBACK POINTS FROM PROBITY COMMITTEE EFFECTIVENESS SURVEY

No	Survey Question	Topic	Action already in place/undertaken	Who	Date for completion	Progress
1	Q12	Members do not receive papers in time to fully prepare for the meeting	Papers sent out one week prior to the committee date	Richard Hindley/Pam Vaines	27/3/18	Completed where possible
2	Q19	Members do not fully understand what is expected of their role in the Committee	Terms of Reference	Richard Hindley	29/5/18	Completed 24 October 2017. Members are able to discuss their role with Chair
3	Q6	Members seek assurance that actions are implemented	Action Points from previous committee meeting are included with the minutes for approval	Richard Hindley/Pam Vaines	27/3/18	Completed where possible
5	Q17	Members are not clear about the complementary relationship with other committees	Detailed in Terms of Reference and will be specified in the new Agenda Standing Item for all committees	Richard Hindley	27/3/18	Completed where possible
6	Q5	Members feel that a wider view from primary care may be helpful when discussing specific topics	Report Authors to consider inviting colleagues to support the delivery of agenda items where appropriate	Richard Hindley/Report Authors	29/5/18	Completed. GPs and others attend meetings to support papers. Eg 27 March 2018

NHS Wakefield Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Title of meeting:	**Probity Committee**	**Agenda Item:**	**6**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Probity Committee Annual Report 2017/18**	N/A	

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

Report Author and Job Title:	**Pam Vaines, Governance Officer**
Responsible Clinical Lead:	**N/A**
Responsible Governing Board Executive Lead:	**Ruth Unwin, Associate Director of Corporate Affairs** **Richard Hindley, Chair – Probity Committee**

Recommendations:

Members of the Probity Committee are invited to:

a) Note the committee annual reports
b) Note the reappoint the members of Probity Committee for a further twelve month term of office.

Executive Summary:

This report presents a summary of the activities of the Probity Committee throughout the financial year 2017/18.

The annual reports confirm that the committee has complied with the terms of reference and fulfilled their duties.

The report was presented at the Governing Body on 8 May 2018 Probity Committee members were reappoint the members for a further twelve month period of office.

Link to overarching principles from the strategic plan:

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

	<table><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	None identified.
Assurance departments/ organisations who will be affected have been consulted:	Probity Committee
Previously presented at committee / governing body:	This report is presented on an annual basis; most recently the 2016/17 report was presented at Probity Committee on 25 April 2017. The 2017/18 report was approved at Governing Body on 8 May 2018.
Reference document(s) / enclosures:	None.
Risk Assessment:	None identified.
Finance/ resource implications:	None identified.

Agenda item: 6

Probity Committee – Annual Report 2017/18

1. Purpose

This report presents an annual summary of the activities of the Probity Committee for the period 1 April 2017 to 31 March 2018. It is intended to provide assurance about the effectiveness of the Committee.

2. Overview of Committee

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

2.1. Duties within the Terms of Reference

- Make decisions on behalf of the Governing Body about items which present conflicts of interest for all or the majority of GP members of the Governing Body.
- Seek to increase quality, efficiency, productivity and value for money and to remove administrative barriers in primary medical services in Wakefield district.
- Make decisions on the review, planning and procurement of primary medical services in Wakefield district, under delegated authority from NHS England.
- Direct the management of the budget for commissioning of primary medical services in Wakefield district.
- Make decisions in relation to commissioning urgent care (including home visits as required) for out of area registered patients;

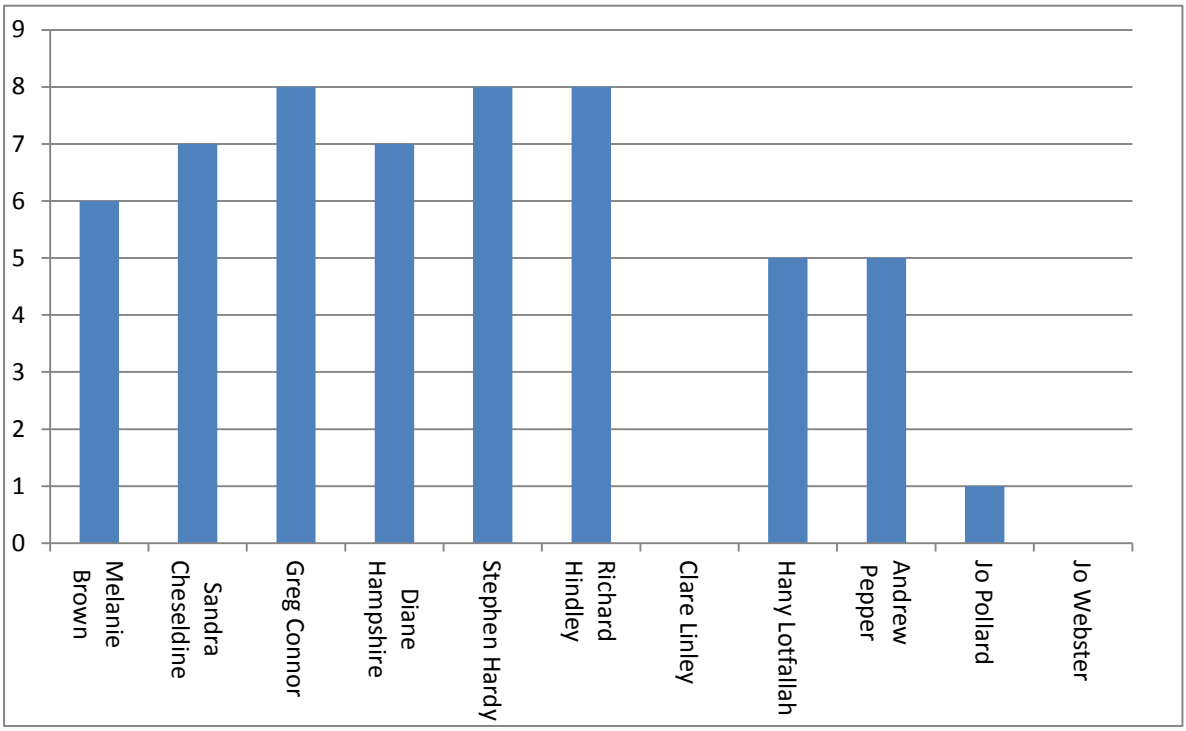
2.2. Membership and meetings

The Committee have held eight meetings during the period 1 April 2017 to 31 March 2018.

Members of the Probity Committee:

Melanie Brown	Sandra Cheseldine
Dr Greg Connor	Stephen Hardy
Richard Hindley (Chair)	Hany Lotfallah
Andrew Pepper	Jo Pollard
Jo Webster (until November 2017)	Clare Linley (from March 2018)

Probity Committee Attendance 2017/18



Jo Pollard was absent from NHS Wakefield CCG from June 2017 and was represented at the November 2017 meeting by Julie Bolus, Strategic Nurse Advisor. Clare Linley replaced Jo Pollard on the Committee in March 2018.

2.3. Communication from the Committee

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

3. Principal activities

3.1. Delivery of the Work Programme

The Probity Committee work-plan for 2017/18 was approved by the Committee in April 2017. A copy of the work-plan confirming progress was presented to the Audit Committee in September 2017. No areas of concern were identified.

4. Review of Effectiveness

A summary of the Committee Self-Assessment was presented at the March 2018 meeting. An action plan was developed and progress against the plan will be discussed at the May 2018 meeting.

5. Forward view

5.1 A work programme for 2018/19 was approved by the Committee in March 2018.

5.2 The terms of reference will be considered in autumn 2018 and presented to the Governing Body for consideration in November 2018.

5.3 The Governing Body reappointed all members for a further twelve month term of office on the Committee at the May 2018 meeting.

6. Conclusion

This report provides assurance that the Committee has complied with its terms of reference and fulfilled its duties (detailed in section 2.1 above) during the period 1 April 2017 to 31 March 2018.

Title of meeting:	**Probity Committee**	**Agenda Item:**	**7**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Maybush Medical Centre – CQC Report**	N/A	

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

Report Author and Job Title:	**Sharon Daniel, Primary Care Quality Manager** **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):

It is recommended that Probity Committee

- Receive the information in relation to Maybush Medical Centre CQC report.
- Receive assurances about how ongoing performance improvement will be achieved.

Executive Summary:

An announced CQC inspection of Maybush Medical Centre was undertaken on 14 February 2018, and published on 23 March 2018. The inspection was a routine inspection but in part, following GP contractor changes and registration changes in November 2017.

This report discusses the main findings of the report and the actions taken by the CCG to support the practice to address them.

Link to overarching principles from the strategic plan:

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

	economy | Organising ourselves to deliver for our patients | ✓
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Not applicable.
Reference document(s) / enclosures:	Appendix A – CQC Report
Risk Assessment:	Not applicable.
Finance/ resource implications:	Not applicable.

NHS WAKEFIELD CCG

PROBITY COMMITTEE

MAYBUSH MEDICAL CENTRE

CQC INSPECTION REPORT

Background & Context

The Care Quality Commission (CQC) use previous rating to determine when to inspect GP Services. Most CQC inspections are announced to avoid disruption to clinical services. Every year CQC we will inspect a proportion of providers that are rated as good or outstanding. This is to make sure that they are all inspected at least once every five years. Inspections can take place at any time, irrespective of rating when our monitoring information indicates a potential significant improvement or deterioration in the quality of care.

An announced CQC inspection was undertaken on 14 February 2018, and published on 23 March 2018. (Appendix A). The inspection was a routine inspection but in part, following GP contractor changes and registration changes in November 2017.

Report Findings

The practice received an overall good rating, though requires improvement was given for the safe domain.

The report includes a requirement notice, for which the practice must send CQC a report stating what actions are going to be taken to meet the requirements: Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment was not met by the practice because the issues highlighted as needing improvement or action during an infection prevention and control audit carried out in September 2017 had not been fully complied with within timescales.

The CCG arranged for the Infection, Prevention and Control (IPC) team to visit the practice. This took place on the 5 April 2018 and the CCG feel that the majority of these issues have now been addressed, with a plan in place for completion of the remaining outstanding actions. Additionally, a number of key policies and procedures linked to the safe care and treatment of patients were out of date and had not been reviewed including health and safety risk assessments had not been fully embedded in the practice.

The 2017 National GP Patient Survey showed some areas of low patient satisfaction. The 2018 survey has been undertaken with results due out in July 2018. This information will be reviewed by the CCG and discussed with the practice at their annual assurance visit, if available at that time.

Positively following advice from the CCG the practice held an engagement event that was opened by the local MP on the 8th December 2017. There was an open invitation to both the Patient Participation Group (PPG) and the wider public. The purpose of the event was to provide information regarding the recent staff changes. The event was also attended by the GPs and practice staff and the CCG Engagement Manager, and was well attended. This also gave patients an opportunity to feedback to the practice on how improvements could be made and implemented.

Actions taken

The CCG has been working with Maybush Medical Centre for some time particularly in relation to the contractor changes in November 2017. It has been recognised that there has been a significant transition to be made and the practice has already made positive improvements which are reflected in the report.

Additionally, some of the infection control concerns related to the physical aspects of the building. The contract holder is working positively with the landlord supported by the CCG to ensure improvements to the premises are made.

Going forward support from the Primary Care team will continue to ensure that improvements are made and specific actions are addressed including the IPC team are planning to return to the practice in September 2018 to undertaken a full IPC audit and ensuring actions are implemented.

CCG annual assurance visit to be undertaken in line with all other GP providers.

Recommendations

It is recommended that Probity Committee

- Receive the information in relation to Maybush Medical Centre CQC report.
- Receive assurances about how ongoing performance improvement will be achieved.

S Daniel/C Skelton

9 May 2018

Dr A Hayat & Partners

Quality Report

Maybush Medical Centre
Belle Isle Health Park
Portobello Road
Wakefield
West Yorkshire
WF1 5PN
Tel: 01924 334451
Website: www.maybushmedicalcentre.co.uk

Date of inspection visit: 14 February 2018
Date of publication: 23/03/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The practice was previously inspected in September 2015 when it was rated Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr A Hayat & Partners on 14 February 2018 as part of our inspection programme and also because the practice had recently experienced organisational change and new GP partners had taken over the running of the practice.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However it was noted that some policies and procedures were out of date and needed review; that some health and safety risk assessments had yet to be fully embedded in the practice and that actions in relation to a recent infection prevention and control audit had not been fully complied with within required timescales.
- The practice routinely reviewed the effectiveness, quality and appropriateness of the care it provided. For example, we saw that the practice had carried out a number of clinical audits over the last six months.
- We were informed by patients that staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- The practice worked with secondary care providers to deliver a quarterly diabetes clinic for patients with more complex needs.
- The practice had introduced a patient liaison service which sought to deal with patient concerns and complaints quickly and effectively and to prevent further escalation.
- Clinical waste was not correctly labelled so as to identify the practice as the originator.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Review the areas of low patient satisfaction contained in the National GP Patient Survey linked to timely access to the service and take steps to improve patient satisfaction in these areas.
- Review and complete the current work developing capacity to enable support and mentoring processes to be in place for all clinical areas.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Dr A Hayat & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Dr A Hayat & Partners

The practice surgery is located at Maybush Health Centre, Belle Isle Health Park, Portobello Road, Wakefield, West Yorkshire WF1 5PN. The practice serves a patient population of around 9,100 people and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises and is readily accessible for those with a disability, for example the entrance door is wide enough to allow wheelchair access. There is parking available on site for patients and an independent pharmacy is located close to the practice.

The practice age profile shows that 23% of its patients are aged under 18 years (compared to the CCG average of 20% and the England average of 21%), whilst it is below both the CCG and England averages for those over 65 years old (15% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 77 years for males and 81 years for females (CCG average is 78 years and 82 years and the England average is 79 years and 83 years respectively). Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population is primarily composed of White patients, although there are significant numbers (15%) of patients from other ethnic backgrounds.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Minor surgery
- Learning disability support

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including diabetes and coronary heart disease.

Attached to the practice or with the ability to work closely with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

Over the six months prior to the inspection the practice has undergone extensive staffing changes, although during this time the patient group accessing the service remained the same. Previously established GP partners have left the practice over the past 18 months to be replaced by two new GP partners supported by a revised operating and staff structure. This comprises of the two new GP partners (one male and one female), and a wider clinical team of three salaried GPs (one male, one female and at the time of inspection one vacant), an advanced nurse practitioner (male), a nurse prescriber (female), two practice nurses

Detailed findings

(female), a healthcare assistant (female) and a phlebotomist (female). Clinical staff are supported by a practice manager, a reception manager and an extensive administration and reception team. The practice also uses the services of a practice pharmacist (male) who works at practices across the network and a community pharmacist (male) who the practice is supporting through their prescribing course.

The practice appointments include:

- Pre-bookable appointments which can be made from two to three weeks in advance
- Same day access
- 48 hour access
- Urgent appointments which are assessed on a triage basis
- Home visits
- Telephone consultations where patients could speak to a GP or advanced nurse practitioner.

Appointments can be made in person, via telephone or online.

The practice is open between 8am and 6.30pm Monday to Friday with appointments available between 8am to 11am and 3.30pm to 6pm.

The practice also participates in a local telephone triage service, Trinity Care, which operates across the local network. Once capacity is full at the practice, patients who request to be seen on the same day will be put onto a triage list. This service operates during normal operating hours. Calls are triaged and an appointment made with a doctor should this be necessary. Patients also have the ability to ring direct to the service and bypass the practice.

Extended hours care is provided by GP Care Wakefield and the practice telephone system automatically diverts to this service between 6.30pm to 10pm Monday to Friday, and 9 to 3pm Saturdays, Sundays and bank holidays, for same day GP appointments. Patients can also book a routine nurse appointment at GP Care Wakefield between 6.30pm to 8pm Monday to Friday, and 9 to 1pm Saturdays, Sundays and Bank Holidays. Outside of the above times, patients are presented with a recorded message on the telephone asking them to redial to 111.

The practice has recently been approved as a teaching practice and is to support Year 1 to 3 medical students from September 2018.

The latest rating is clearly displayed in the practice waiting room and on the practice website.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Health and safety risk assessments had not been fully embedded within the practice.
- A number of key policies and procedural documents such as safeguarding, chaperoning and infection prevention and control were out of date and in need of review.
- Issues in relation to an infection prevention and control audit carried out in September 2017 had not been fully complied with within timescales.
- Clinical waste was not correctly labelled so as to identify the practice as the originator.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse.

- The practice, via a consultancy company, had adopted a suite of health and safety risk assessments. At the time of inspection these assessments had only been partly embedded within the practice and the management team was working to achieve full implementation of these and put in place necessary control measures by the end of March 2018. We saw that staff received health and safety information for the practice as part of their induction and refresher training and that a health and safety poster was prominently displayed in the corridor outside the main office. The practice had developed and adopted a Control of Substances Hazardous to Health (COSHH) assessment and this was fully in place.
- The practice had some systems in place to safeguard children and vulnerable adults from abuse. The safeguarding policy though was out of date and was awaiting review along with a number of other key policies such as chaperoning and Infection Prevention and Control. The practice was working to review and update polices, although this did not appear to be on a service critical or prioritised basis. Safeguarding information was available in consulting rooms. The practice had appointed the senior partner as the safeguarding lead; although at the time of inspection there was some confusion amongst staff as to which partner was the safeguarding lead. Since the inspection we have been informed by the practice that all practice staff have been updated as to who the safeguarding lead is.
- The practice met and worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, which included checks on professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were due to be undertaken every three years (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during a medical examination or procedure). The use of a chaperone was noted in the patient record, and chaperone posters were clearly displayed in the practice. The chaperone policy was out of date and in need of review.
- There were some systems in place to manage infection prevention and control (IPC). An IPC audit had been carried out in September 2017 and the practice had achieved an overall compliance score of 85%. However at the time of inspection it was noted that a number of issues identified were still outstanding. These included some structural repairs, IPC not being incorporated into induction and job descriptions, and a lack of a written infection control programme. In addition, the IPC policy for the practice was outside of its review date. Curtains in consultation rooms whilst clean were due to be

changed on an annual basis; this was outside the current best practice guidance which advises replacing such curtains on a six monthly basis. Since the inspection we were informed by the practice that IPC has been incorporated into induction and job descriptions and that the curtains have been replaced and put on a rolling programme of six monthly replacement.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste, although clinical waste bags had not been labelled or tagged to identify the practice as being the originator of the waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and non-clinical staff knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process. Physical security measures in relation to prescriptions were satisfactory.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had comparable prescribing rates to other practices for antibiotics and worked closely with the CCG to support good antimicrobial management.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had some measures in place to ensure safety.

- The practice had used a health and safety consultancy company to provide a suite of health and safety risk assessments; however these had not been fully embedded within the practice at the time of inspection. The practice though was working to complete all actions in relation to these by the end of March 2018. We did see that issues with regard to fire safety had been addressed and regular alarm checks were in place, staff had received the necessary training and that staff had been assigned key roles in the event of a fire.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a clear system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The management team within the practice supported them when they did so.

Requires improvement

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, as the result of a prescribing error staff were informed to ensure that due care and attention was paid when issuing prescriptions to check that the correct medication has been requested. We saw that events and incidents were discussed at team meetings and that these meetings were minuted. It was noted that some minutes were limited and lacked detail.
- We saw that there was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates in relation to Hypnotics (a class of psychoactive drugs whose primary function are to induce sleep and can be used in the treatment of insomnia) and antibiotic items were comparable to other practices both locally and nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had appointed, or were in the process of appointing, leads and support for specific disease pathways.

Older people:

- At the time of inspection the practice supported 29 patients in local care homes. They received regular visits from the practice's advanced nurse practitioner, and urgent care support by the practice's GPs.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified were offered or received a clinical review, and care planning which included a review of medication.
- The practice provided a hormonal drug therapy service for six patients with prostate cancer which enabled them to have treatment and monitoring closer to home.
- Patients aged over 75 were invited for a health check and records showed that 221 (of around 540 patients aged over 75) of these patients had received a health check which was documented in their care plan in the last 12 months.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- We saw that in the majority of cases patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example the practice employed a practice nurse with additional training to support patients with diabetes.
- Practice performance under the previous partners for the care of people with long-term conditions was generally comparable to other practices. The latest verified data from 2016/17 linked to the practice's patient population showed:
  - 69% of patients with asthma on the practice register had received an asthma review in the preceding 12 months compared to a CCG average of 81% and a national average of 76%.
  - 70% of patients with Chronic Obstructive Pulmonary Disease (COPD) had received a review in the preceding 12 months compared to a CCG average of 88% and a national average of 90% (COPD is a term used to describe a group of lung conditions that cause breathing difficulties).

We discussed these results with the practice who showed us evidence that recent performance in relation to reviews of patients with long-term conditions had shown some improvement. For example, this unverified data showed up to the end of January 2018 73% of COPD patients had received a review.

Families, children and young people:

Good

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% and ranged between 95% and 97% for the four indicator areas.
- Whooping cough and influenza vaccination was offered to all pregnant women who were 20 weeks pregnant and over.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme and below the CCG figure of 75% and the national figure of 72%. We discussed this performance with the practice and they told us that they had held additional cervical smear clinics and had recently trained an additional staff member to enable them to support the programme. We saw unverified data that indicated that cervical screening performance had improved in 2017/18.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. We were informed uptake of these health checks was low, despite the practice regularly sending out batches of invitations to attend health checks to patients.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and used these to plan and deliver services.

People experiencing poor mental health (including people with dementia):

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG and national averages of 84%.
- Overall exception reporting for the practice in relation to mental health was low at 2% when compared to a CCG average of 11% and a national average of 14%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- 74% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average of 92% and the national average of 90%.

Monitoring care and treatment

The practice had begun to develop a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had carried out a number of clinical audits; some of which were two cycle. For example a recent audit sought to identify patients who were at high risk of breast cancer due to certain medication interactions, and to discuss changes to medication to reduce this risk.

The most recent published Quality and Outcomes Framework (QOF) results showed that in 2016/17 the practice had achieved 95% of the total number of points available which was comparable to the clinical commissioning group (CCG) and national averages of 96%. The overall exception reporting rate was 9% compared with a CCG average of 9% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice). It should be noted that the performance figures quoted relate to a period before the current GP partners were leading the service. However other members of the clinical and non-clinical staff at the practice were in post and delivered services during this time and the patient group had remained relatively unchanged. We were told by the practice that under the new partners they regularly reviewed QOF performance and used this to identify and target patients for support.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

In general staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However it was noted that vaccination and immunisation training for a member of clinical staff had lapsed. The practice took immediate action on this and the staff member was prevented from administering such vaccinations until they had received update training.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with a level of ongoing support. This included an induction process, appraisals, mentoring, clinical supervision and support for revalidation. However not all staff during the inspection said they felt fully supported within their role. The recent departure of previous GP partners had meant that the practice was still developing capacity to deliver support and mentoring processes for staff in all clinical areas. A plan was in place to achieve this and was in the process of being worked through at the time of inspection.
- There was a clear approach for supporting and managing staff when their performance was poor or variable via direct discussions and the appraisal process.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw that the practice held regular monthly multidisciplinary meetings with partners to discuss patients who were vulnerable or had complex and enduring care needs.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice performance with regard to screening for other cancers was generally above CCG and national averages. For example:
  - 58% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to CCG average of 56% and a national average of 55%.
  - 76% of female patients aged 50 to 70 had been screened for breast cancer in the previous 36 months compared to CCG and national averages of 70%.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The reception area had been designed to ensure patient confidentiality with sliding windows and a clear queuing line behind which patients waiting to see the receptionists were asked to stand. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test which had shown a steady improvement over the past six months. For example patients who would be extremely likely or likely to recommend the practice to others had risen from 53% in November and December 2017 to 88% in January and part of February 2018. This view of continued improvement was also supported by patients we spoke to on the day of inspection.
- When booking hospital appointments for patients using the NHS e-Referral Service (previously known as Choose and Book), we were told that the practice was mindful to take into account the needs of patients with regard to time of appointment and transportation considerations.
- Patients who had a visual impairment had an alert put on their record which highlighted the need for them to be escorted to their consultation.

Results from the July 2017 annual national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. A total of 324 surveys were sent out and 132 were returned which was a completion rate of 41%. This represented over 1% of the practice population. It should be noted that the performance figures quoted relate to a period before the current GP partners were leading the service. The practice was generally comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%
- 84% of patients who responded said the GP gave them enough time compared with a CCG average of 85% and a national average of 86%
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared with a CCG average of 95% and a national average of 96%
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with a CCG average of 84% and a national average of 86%
- 87% of patients who responded said the nurse was good at listening to them compared with a CCG average of 92% and a national average of 91%
- 92% of patients who responded said the nurse gave them enough time compared with a CCG average of 93% and a national average of 92%
- 95% of patients who responded said they had confidence and trust in the last nurse they saw compared with CCG and national averages of 97%
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with CCG and national averages of 91%
- 80% of patients who responded said they found the receptionists at the practice helpful compared with a CCG average of 86% and a national average of 87%

The practice was aware of these results and had identified areas where they felt improvement was required. They explained to us that the new practice management team would seek to involve all staff within the practice in driving this area of work forward and would report back to patients on improvements made.

Good

Are services caring?

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Translation and interpretation services were available for patients who did not have English as a first language and a hearing loop had been installed to assist patients who had a hearing impairment. The practice said that it helped patients with literacy problems to complete forms in relation to their health and care needs.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff had the ability to signpost patients and their carers to other support and advocacy services.

The practice proactively identified patients who were carers on registration and opportunistically. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (over 1% of the practice list).Contact details of carers and support workers were put on the patient record, and patients were asked to confirm this at every contact they had with the practice to ensure details were kept up to date and accurate.

Staff told us that if families had experienced bereavement they would offer support such as a consultation to assess health or care needs family members may have. They were also able to signpost families to other bereavement support organisations. In the event of a patient death, all staff were notified of this to ensure they could deal with any close family members with sympathy, care and respect.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally comparable to local and national averages:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Consultation rooms were fitted with curtains around the treatment couch and rooms could be locked during intimate examinations or consultations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example it offered online services and telephone consultations for patients who may not be able to access the practice directly.
- The facilities and premises were appropriate for the services delivered. For example, the practice was accessible to those with a physical disability.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice hosted abdominal aortic aneurysm screening for identified individuals (this screening sought to detect dangerous swellings of the aorta-the main blood vessel that runs from the heart, down through the abdomen to the rest of the body). In 2016/17 47 patients were invited to a screening session, of which 40 attended (85%), of these patients three were identified as having an abdominal aortic aneurysm and were offered support and treatment. The next hosted session was due to be held in March 2018.
- The practice was able to refer patients to physiotherapy, audiology, chiropody and ultrasound clinics which were hosted within the medical centre.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment when appropriate, and consultation times were flexible to meet each patient's specific needs.
- The practice utilised the services of a practice pharmacist and a community pharmacist. These pharmacists delivered services such as medication and asthma reviews on a face to face basis and via telephone consultations.
- The practice held regular meetings with other local health and care professionals to discuss and manage the needs of patients with complex medical issues.
- The practice hosted a quarterly specialist diabetic clinic for patients with more complex diabetic needs. This clinic was delivered by a diabetic nurse specialist and the practice diabetes nurse. Each clinic saw around eight to nine patients per session. In addition the practice used e-consultations to discuss other more complex cases with a specialist diabetes consultant (an e-consultation is a mechanism that enables primary care providers to obtain a specialists' input into a patient's care and treatment using IT based communication methods without requiring the patient to go to a face-to-face visit.)

Families, children and young people:

- Antenatal clinics delivered by midwives were hosted within the practice. In addition the practice offered post-natal and six to eight week baby checks.
- Appointments were flexible and were available to children and their families before and after school times.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered online appointment booking and prescription services.
- Telephone GP and ANP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered in-house phlebotomy, spirometry and ECG (Electrocardiography a process of recording the electrical activity of the heart over a period of time) services.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and the frail elderly with complex needs.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assists vulnerable people to feel safer and more confident when travelling independently away from home and direct support.
  Staff had received dementia training which gave them a greater understanding of patients' needs and how to assist them to meet these needs. The practice had also received accreditation for being dementia friendly.
- Care plans were tailored to the specific needs of patients dependent on their mental health needs and had been allocated to specific GPs.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. For example, children under the age of five years would be prioritised and would be seen within four hours of initial contact.
- The majority of patients reported that the appointment system was easy to use. We saw that the practice had on average 600 appointments available per week and that the next non-urgent appointment was available the next day.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was sometimes significantly below local and national averages. However this was not supported on the day of inspection by observations, completed Care Quality Commission comment cards or via discussions with patients. These sources noted that access and care had improved over recent months. This was supported by recent Friends and Family Test feedback which had shown a steady improvement over the past six months.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 80%.
- 66% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 66% and the national average of 71%
- 63% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 71% and the national average of 76%
- 68% of patients who responded said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%
- 62% of patients who responded described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%
- 49% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%

  We discussed these low satisfaction survey scores with the practice who told us that whilst these survey results came from a period prior to the involvement of the new partners they had noted the areas of below average performance and were developing plans to improve these areas. This would involve all staff members and progress and actions would be communicated to patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

compassionately. The practice had appointed a member of staff to lead on complaints and sought to work with patients to resolve issues as they occurred thus seeking to prevent the escalation of complaints.

- The complaint policy and procedures were in line with recognised guidance. We saw that 18 formal complaints had been received in the last year. We reviewed a number of these complaints and found that they had been satisfactorily handled in a timely way and that patients had been kept informed throughout the process.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends, we saw from minutes that concerns and complaints were discussed at team meetings. We were told that the practice saw these issues as learning opportunities.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

The two GP partners had recently joined the practice. We saw that they were still in the process of implementing their own approach to the development of the practice.

- On the day of inspection we saw that the management team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- We were told that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.
- Partners from the practice were active in the local health and care community.

Vision and strategy

The practice under the new partners had begun to develop a clear vision and credible strategy. They had developed a mission statement which stated their commitment to providing safe, effective, caring responsive and well-led primary health care servies which echoed, where feasible, the latest develpments in primary health care.

- There was a clear vision and set of values. The practice was developing a strategy and supporting business plans to achieve priorities.
- The practice had developed its vision and values had had begun to work with staff to embed these into everyday practice.
- The practice strategic approach was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and had recently reintroduced services such as minor surgery and family planning.

Culture

The practice had a culture of sustainable care.

- The majority of staff stated they felt respected and valued. However not all staff during the inspection said they felt fully supported within their role. The recent departure of previous GP partners had meant that the practice was still developing capacity to deliver support and mentoring processes for staff in all clinical areas. A plan was in place to achieve this and was in the process of being worked through at the time of inspection.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints, and we saw when things went wrong that the practice kept patients informed and up to date with the progress of their complaint. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us the practice had a no-blame culture and had confidence that concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and development conversations. All staff had received regular annual appraisals in the last year.
- All clinical staff, including nurses, and non-clinical staff were considered valued members of the practice team and had an important role to play in the delivery of the ambitions the management team had for the practice.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were generally positive relationships between staff and teams.

Governance arrangements

There were defined responsibilities, roles and systems of accountability devised within the practice to support good governance and management and these were in the process of being embedded.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There was some staff uncertainty as to the identification of which of the partners was the safeguarding lead, however we were informed after the inspection that this had been rectified and all staff were now aware of the lead GP for this role
- Practice leaders had not yet fully established policies, procedures and activities. It was noted that a number of key policies and procedures were out of date and in need of review. At the time of inspection the practice was working to review and update these polices, although this did not appear to be on a service critical or prioritised basis.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance. However some of these had not yet been fully implemented. For example, we saw that there were still areas in relation to the September 2017 infection prevention and control audit that needed action, that health and safety risk assessments had not been fully embedded in the practice and that clinical waste was not properly identified.

- The practice had processes to manage current and future performance. We saw that the practice reviewed performance on a regular basis and that areas of past underperformance such as care planning and reviews had been prioritised. Practice leaders had an oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were some plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, following patient feedback a water cooler was placed in the waiting room.
- There was an active patient participation group and they told us that they felt they had a key role to play in the future development of the practice.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice held regular meetings which included:
  - Brief clinical meetings held on a daily basis to discuss developing issues.
  - Full clinical meetings held on a weekly basis.
  - Bi-monthly practice meetings.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. We saw that learning was shared and used to make improvements.
- The practice had a developing training culture and actively supported staff to gain additional qualifications and develop experience in specialist areas.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because: • Issues highlighted as needing improvement or action during an infection prevention and control audit carried out in September 2017 had not been fully complied with within timescales. • A number of key policies and procedures linked to the safe care and treatment of patients were out of date and had not been reviewed. • Health and safety risk assessments had not been fully embedded in the practice. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

NHS 70 YEARS OF THE NHS 1948 - 2018
Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**8**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**General practice performance and development: draft strategic objectives and project plan to March 2020**	N/A	

Purpose (this paper is for):

Decision		Discussion	✓	Assurance	✓	Information	✓

Report Author and Job Title:	**Dr Greg Connor, Executive Clinical Advisor**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Advisor**
Responsible Governing Board Executive Lead:	**Mel Brown, Programme Commissioning Director for Integrated Care**

Recommendation (s):

Probity Committee is requested to consider the proposed strategic objectives for general practice development and the 2018/19 project plan and receive a further report at its next meeting following wider consultation.

Executive Summary:

This paper provides further information about the projects presented at Probity Committee on 27 March 2018 and how the intended outcomes fit with five proposed strategic objectives for general practice performance and development. The draft strategic objectives will be tested with the Health and Wellbeing Board, patients, practice federations and the Local Medical Committee and a further report brought to the next Probity Committee meeting. From this work a more systematic approach to aligning, assessing, improving and assuring general practice performance and development will be derived.

Link to overarching principles from the strategic plan:

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

	economy | Organising ourselves to deliver for our patients | ✓
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Proposed in the paper.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Finance and Contracting (to verify source and application of funding streams).
Previously presented at committee / governing body:	Not applicable
Reference document(s) / enclosures:	None
Risk Assessment:	None
Finance/ resource implications:	Disbursement of recurrent and non-recurrent funds previously identified.

NHS WAKEFIELD CCG

General practice performance and development: draft strategic objectives and project plan to March 2020

Introduction

Wakefield CCG has made considerable progress in supporting general practice in line with its obligations under the General Practice Forward View published by NHS England in 2016 and has linked this to increasing resilience at practice, sector and system levels and to the development of integrated care through the MCP Vanguard.

This paper provides further information about the projects presented at Probity Committee on 27 March 2018 (Appendix 1) and how the intended outcomes fit with five proposed strategic objectives for general practice performance and development (Appendix 2). The draft strategic objectives will be tested with the Health and Wellbeing Board, patients, practice federations and the Local Medical Committee and a further report brought to the next Probity Committee meeting. From this work a more systematic approach to aligning, assessing, improving and assuring general practice performance and development will be derived.

Why general practice development is important

Nearly everyone is registered with a GP practice, the cradle to grave medical records held by practices allow continuity of care and an overview of the healthcare needs of the population and general practice is the first port of call for most people requiring healthcare. On an average weekday in Wakefield around 8,000 people see their GP or practice nurse – compared with around 400 people who attend for emergency or urgent care at Pinderfields or Pontefract hospitals.

The high utilisation of general practice services, the breadth of services provided, its role in signposting or referring patients to other support or services, its cost effectiveness and the fact that around 90% of contacts are resolved at this level with high patient trust and satisfaction make it a pivotal part of the UK health and care system.

Conversely practice satisfaction with general practice services is falling as access is becoming more difficult because of high demand and workload which in turn are affecting staff morale, recruitment and retention. The price of practice failure is high in care and cost terms.

This makes it important that general practice in Wakefield is supported but also that its development reflects local priorities, Wakefield's Health and Wellbeing Plan and the need to ensure value for public expenditure. It is useful to have some strategic objectives by establish priority areas for general practice development and allow its performance to be assessed.

Five strategic objectives for general practice development

There are many strategic objectives which could be set for general practice but these five are succinct and yet reflect the breadth of current issues and priorities faced locally:

1. Improved population health

2. Higher quality of care

3. Increased responsiveness to patients

4. Increased co-operation with other services

5. Greater sustainability including contributing to system financial recovery

Assessing the current state of general practice in Wakefield District

It is possible to use the five strategic objectives in assessing the current state of general practice.

General practice in Wakefield contributes to population health improvement, with particularly good performance in diabetes care and improvement in respiratory care but could do more including for people with learning disabilities.

Clinical standards are high generally but variation needs further understanding.

Satisfaction with access to services is about the national average but this masks significant variation and should be better overall with extended access and digital access initiatives.

General practice works well with other community and specialist services including through the Connecting Care Hubs and e-consultation, it plays a role in the New Models of Care Board and there are good relationships between GP leaders and commissioners but there is scope for much closer working with adult community nursing and hospital consultants.

The most fragile and struggling practices are being supported to improve and Wakefield has a high number of training practices but recruitment is a challenge, the workforce is aging and is too doctor-centric, practices are facing a real terms reduction in investment and there is significant variation in resource utilisation (prescribing, referrals, urgent care) which could provide savings for reinvestment.

Defining the desired state of general practice in Wakefield District by March 2020

It is also possible to use the five strategic objectives to identify areas for development and set targets for improvement such as the following.

Improved bowel screening uptake, patient activation through care planning, smoking cessation, immunisation rates, slowing growth in diabetes prevalence, long term condition management to prevent morbidity and mortality from respiratory and heart disease and diabetes.

A highly trained and motivated multidisciplinary workforce using evidence-based care pathways, intuitive and timely information systems, clinical audit and patient feedback.

Patients more involved in general practice development, urgent healthcare needs clinically assessed and resolved the same day, maximum continuity for routine care, non-urgent healthcare

needs navigated to the right service in the shortest possible time, above average patient satisfaction with services.

Primary Care Homes act as forum for service integration and problem solving, functional integration between general practice nursing and adult community nursing, district-wide care homes and day time visiting service, Conexus is a strong voice for general practice at the New Models of Care Board.

All practices on track with their two year business plans, Conexus supporting recruitment, retention and workforce development, standardisation of operating procedures, education and training. Increased efficiency in prescribing, investigating and referring patients has reduced costs and improved the CCG's financial position.

Recommendation

Probity Committee is requested to consider the proposed strategic objectives for general practice development and the 2018/19 project plan and receive a further report at its next meeting following wider consultation.

Greg Connor

22 May 2018

NHS WAKEFIELD CCG

General Practice Development: Projects to support the delivery of the five strategic objectives

Appendix 1
Development Projects for 2018/19 and 2019/20

	Intended outcomes	**Plan for 2018/19**	**Funding in 2018/19**	**Development for 2019/20**
Wakefield General Practice Resilience Academy	Workforce and gaps understood, recruitment matches needs, new roles piloted. Virtual practice providing focused support and central services retaining experienced staff. Education and training. Clinical effectiveness including evidence-based guideline implementation, clinical audit and improved clinical commissioning. Support Primary Care Home development.	Academy funded by MCP Vanguard in 2017/18 brought in-house to reduce costs and increase revenues, incorporate a virtual practice, combine with the CCG primary care development team and provide for nurse, AHP and practice manager leadership development.	Financed from the CCG General Practice Forward View (GPFV) Fund £215,000 NHS England Resilience Grant £75,000 NHS England GPFV fund (document management) £63,000	Further development of academy services, support for and collaboration with resilience services across West Yorkshire and Harrogate. Planned migration of general practice support services from the CCG to general practice.
Clinical pharmacy in	Increased medicines safety	Scheme funded by MCP	Financed from the CCG	Reduced CCG financial

general practice	and reduced harms related to medicines. Reduction in unnecessary prescribing expenditure by £1m net (a CCG QIPP scheme) Reduction in GP workload.	Vanguard in 2017/18 expanded across the district with staff employed by practices/federations. (All bar two practices are taking part in the project.) ImPP scheme ended.	GPFV Fund £370,000 Topslice from CCG prescribing budget in lieu of the ImPP scheme £360,000 Secondment of existing Medicines Optimisation Team staff	contribution and increased practice financial contribution in 2019/20.
Care homes enhanced service	Alignment of care homes and practices with increased continuity of care for patients and staff, more proactive care and prevention of some urgent and emergency presentations.	Scheme funded by MCP Vanguard in 2017/18 now extended to all care homes across the district (excluding respite unit) with reduced flat rate payment of £170 per bed per annum.	Financed from the CCG GPFV fund £310,000	To be reviewed in-year with a view to moving into a Primary Care Home approach in 2019/20.
Late home visiting service	Housebound patients requiring home visit triaged and supervised by their practice's duty doctor and visited by a community matron for a comprehensive assessment with excellent feedback from patients and practices and fewer emergency hospital admissions. Duty doctors able to see	Scheme funded by MCP Vanguard in 2017/18 for ten practices extended to all practices by September 2018.	Financed from the CCG GPFV fund. £254,000	Morning visiting service to be piloted to assess the scope for improving responsiveness and reducing ambulance waits and emergency admissions.

	more patients in surgery.			
GP Care Wakefield	Extended general practice access for urgent and routine conditions 6pm to 10pm weekdays and 9am to 3pm on Saturdays, Sundays and bank holidays provided by Conexus. Collaboration by urgent care providers and 111 to simplify the pathway for patients, improve the quality and timeliness of assessment and treatment and reduce pressure on A&E and general practice.	Extension of clinical triage in conjunction with 111, improved utilisation of face to face slots and greater collaboration between urgent care services.	Financed by the GP Access Fund.	Work with Conexus, LCD and MYHT and other providers to maximise the efficiency of existing services while redesigning and re-procuring walk-in, extended GP access and out of hours GP services.
Physio Line	Patients with musculoskeletal problems receive prompt assessment by a physiotherapist instead of waiting for referral by GP. Improved recovery rates leading to reduced first and follow-up community physiotherapy appointments. Care navigation direct to physiotherapy reduces GP workload.	Physio First decommissioned for 2018/19 and practices have been invited to take part in an expansion of the Physio Line project which offers patients a telephone assessment by a physiotherapist within 48 hours of contacting the service	Physio Line is financed from within the existing community physiotherapy budget.	Evaluation of the district-wide roll-out to inform the wider musculoskeletal services review.

Primary mental healthcare	Patients with respiratory disease experience less anxiety, greater capacity for self-care and fewer hospital admissions. Patients with medically-unexplained symptoms are supported to manage their conditions and avoid unnecessary medicalisation and medication. Reduction in GP workload.	New primary mental health therapists qualified to support people with long term conditions attached to practices and focused on people with chronic respiratory disease and medically unexplained symptoms.	New cohorts of therapists to be funded as part of the national Mental Health Five Year Forward View.	Evaluation to inform the focus for the next cohort of therapists.
Integrated nursing teams	Practice nurse teams and adult community nursing teams work closely together so that patients are treated by the most appropriate person for their needs. Efficient use of skilled staff, increased patient satisfaction and improved staff morale.	Review of geographical alignment of MYHT community teams and practice federations. Groups of practices and attached community nursing teams jointly identify and overcome barriers to more effective and efficient patient care.	No new funding for this work. (Existing contract with MYHT for community services.)	Functional integration of practice nursing and adult community nursing teams to be a core component of Primary Care Homes.
Working with consultants	Hospital and general practice clinicians learn together and jointly develop evidence-based local pathways of care. Referral support improves the effectiveness and	Clinical Leadership Forum created from clinical leadership review to support CCG planned care in conjunction with hospital clinicians. Peer review of outpatient referrals.	No new funding for this work.	Further development of care pathways which improve care and reduce costs for providers and expenditure for commissioners.

	efficiency of secondary care utilisation.			
Primary Care Home	Provision of care to a defined, registered population of approx 30,000 to 50,000 people with a combined focus on personalisation of care with improvements in population health outcomes and an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care leads to more efficient working, more responsive care for patients and improved staff morale.	Four PCH sites will be established in 2018/19. The scope will initially include adult community nursing then other services caring for the same populations including care homes. Joined up provision of care for people with long term conditions and people with leg ulcers and other conditions requiring vascular assessment and wound dressings will be included. Primary Care Home has been adopted as a priority programme by the New Models of Care Board and is supported by the contract between the CCG and Conexus. .	No new funding or contracts are required for this model of care but support will be provided by the CCG Primary Care Development and Connecting Care teams and the General Practice Resilience Academy.	All patients covered by practices and associated services working together.
Care navigation	Patients are invited to discuss their needs with a care navigator who arranges the most suitable next step to help them.	As part of its contract with the CCG Conexus will provide training in and development of this service from April 2018 to all	Financed by £50,000 provided by Conexus Healthcare Ltd (generated by the sale of care navigation	Further development of the range of services available to care navigation and extension of the training.

	Improvement in access to the right care first time including self-care. More efficient use of clinical time and reduction in GP workload.	practices.	expertise by West Wakefield Health and Wellbeing Ltd to other districts).	
Federation and Confederation development	Improved practice collaboration increasing general practice resilience and supporting the development of Primary Care Homes. General practice at scale able to provide extended services at supra-practice level and integrate with other services at locality level. Increased voice and responsibilities for general practice in the health and care system and the New Models of Care Board.	Supporting groups of practices to form Primary Care Homes. Developing the capacity and capability of Conexus to deliver district wide provision and general practice development.	Financed by recurrent savings from the clinical leadership budget and funded through the contract between the CCG and Conexus. £200,000	Development of Primary Care Home as the organising unit for locality based general practice. Transition of support functions from the CCG to general practice.

Sources of funds

General practice development is financed from several funding streams outside of the CCG's co-commissioning allocation. These have been verified by the CCG finance team and subject to a cost reduction in order to further support the CCG's financial plan. The CCG also contributes

existing staffing resources including the Primary Care Development Team and members of the Medicines Optimisation Team to deliver a number of the projects.

Funding Stream	Source	Value (£000)
GP Forward View Fund (formerly APAC funding)	CCG (recurrent)	£1,149
Recurrent savings from clinical leadership budget	CCG (recurrent)	£ 200
Virtual Practice – NHSE contribution	NHS England (Local Area Team) (non-recurrent)	£ 75
CCG Prescribing budget (formerly ImPP scheme)	CCG (recurrent)	£ 360
GP Access Fund	NHS England (recurrent)	£2,247
GPFV document management funding	NHS England	£ 63
Cost reduction agreed as part of CCG financial plan*		-£ 600
Net funding envelope		£3,494

*In addition to the co-commissioning and clinical pharmacy in general practice QIPP schemes.

Greg Connor

22.5.18

NHS WAKEFIELD CCG

General Practice Development: Projects to support the delivery of the strategic objectives

Appendix 2
Strategic Objectives and Projects for 2018/19 and 2019/20

	Health improvement	Clinical Performance	Responsiveness to patients	System integration	Sustainability and system recovery
Wakefield General Practice Resilience Academy					
Clinical pharmacy in general practice					
Care homes enhanced service					
Late home visiting service					
24/7 generalist healthcare					
Physio First					
Primary mental healthcare					
Integrated nursing teams					
Working with					

consultants					
Primary Care Home					
Care navigation					
Federation and Confederation development					

Greg Connor

22.5.18

NHS 70 YEARS OF THE NHS 1948 - 2018
Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**9**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Wakefield Practice Premium Contract Performance Report 2017/18**	N/A	

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

Report Author and Job Title:	**Chris Skelton, Head of Primary Care Co-Commissioning** **Sarah Shepherd, 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):

It is recommended that Probity Committee;

- Note the update on the WPPC for the final Quarter.
- Agree that 20 Practices which have achieved more than 95% of care plans and provided sufficient assurance that the remaining shortfall will be addressed by June, will not undergo any financial recovery.
- Agree that the 8 remaining practices which have achieved less than 95% of care plans will be assessed after 30 June 2018 and a financial recovery will be made in accordance with their performance at that point. It is suggested that the decision on recovery be delegated to the Chair of Probity advised by the Scrutiny Panel so it does not need to wait for the next committee meeting.

Executive Summary:

The WPPC service specification is divided into four Domains and each practice is required to meet each of these in order to fulfil the contract, over its two year lifespan.

All practices have achieved the requirements of three domains; Quality of Care; Access to Care; and Continuity of care.

The fourth domain, Holistic Care, requires all practices to work towards 100% achievement of offered care plans across End of Life and 5 long-term conditions – Diabetes; Chronic Kidney Disease; Heart Failure; Chronic Obstructive Pulmonary Disease; Asthma, by the end of 2017/18,

At the end of Quarter 4, there have been 59,376 care plans completed in 2017/18.

Nine of the 37 practices have achieved the 100% target; the remaining 28 practices have achieved below 100%.

The purpose of this paper is to:

a) Provide assurance to the Probity Committee in relation to performance against the Wakefield Practice Premium Contract for 2017/18.
b) Agree the recommendations of this report in regards to payments to practices.

Link to overarching principles from the strategic plan:	

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

Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	This item would present a conflict of interest for GPs and is therefore presented to the Probity Committee. No conflicts of interest are identified for members of the Probity Committee.
Assurance departments/ organisations who will be affected have been consulted:	The LMC have been consulted in May 2018 with the proposals contained in this paper.
Previously presented at committee / governing body:	End of year report 2016/17 presented April 2017
Reference document(s) / enclosures:	Not applicable
Risk Assessment:	Not registered on the CCG risk register
Finance/ resource	Disbursement of funding from the CCG's primary care budget

implications:	delegated under co-commissioning.

NHS WAKEFIELD CCG

WAKEFIELD PRACTICE PREMIUM CONTRACT
PERFORMANCE REPORT 2017/18

Purpose

The purpose of this paper is to:

a) Provide assurance to the Probity Committee in relation to performance against the Wakefield Practice Premium Contract for 2017/18.
b) Agree the recommendations of this report in regards to payments to practices.

Wakefield Practice Premium Contract (WPPC)

Background

This service has been commissioned as a direct response to the NHS England mandated exercise for PMS equitable funding review. This sought to redistribute PMS premium funding in a more equitable manner and being linked to local strategic plans. The services and outcomes from this contract must go beyond what is expected of core general practice, help to reduce health inequalities and give equality of opportunity to all GP practices.

The WPPC service specification is divided into four component parts. These components are divided into Domains and each practice is required to meet each of these in order to fulfil the contract.

a) Quality Domain

CQC

The CQC have inspected four practices and two reports have been published. The practice in special measures has been re-inspected and has been taken out of special measures. The practice achieved an overall 'Requires Improvement' rating with two domains rated 'Good'. Another practice has been rated 'Good' overall with one domain rated 'Requires Improvement' with a Requirement Notice for Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. Another two practices have had a full comprehensive inspection and the CQC has not yet published the inspection reports.

Variance Reports

Practices are now submitting quarterly Variance Reports for review of their performance against the Primary Care Dashboard. Practices are asked to provide information on actions implemented for improvement as required for Quality Indicator 2. Actions have been identified by practices which have allowed them to improve achievement scores.

Actions include:
For Cancer Care Reviews within 6 months of diagnosis- A practice holds quarterly Cancer Care meetings, involving all clinicians. The practice has a cancer lead, and when someone is newly diagnosed all clinicians are notified.

For Cervical Screening - A practice has continuous recall system in place to remind patients monthly via SMS message.
For Dementia Diagnosis Rates– A practice employs a Community Matron who screens housebound and nursing/care home patients regularly. Regular audits are completed to identify patients at risk. The practice continues to maintain the dementia register.

Incident Reporting

100% of practices have submitted significant event audits (Quality Indicators 3 & 4) and interface incidents (Quality Indicator 5) since April 2017 as outlined in the table below. There is a continued increase in reporting by practices submitting significant event audits (Quality Indicators 3 & 4) and interface incidents (Quality Indicator 5). This indicates a continued improvement in reporting, enabling themes and trends to be identified. Trends and themes from incidents are disseminated to practices and those relating to other services are shared with relevant Service Development and Transformation Managers and CCG groups for action. Actions resulting from discussions within the CCG are reported to Integrated Governance Committee within the Integrated Quality and Performance Report so that quality improvements are identified.

Incident Reporting 2017 -2018				
Type of Incident	Q1 – No. Submitted	Q2 – No. Submitted	Q3 – No. Submitted	Q4 – No. Submitted
Cancer significant event audit	32	46	46	94
Other significant event audit	83	73	64	95
Interface incidents	61	75	94	82

b) Access

Over the course of the WPPC contract, Post-verification Visits have been undertaken in practices across the District, focusing on elements of the Access Domain of the WPPC. Areas that practices were asked to provide evidence of compliance against were:

- Public available Practice Access Policy, containing details on how the practice provides its patients with the Access standards as set out in the WPPC, which is consistent with the CCG's 24/7 generalist healthcare strategy
- Practice provides a daily clinical triage consultation within 4 hours to all patients presenting with a problem that he/she deems to need a same day clinical response, if the practice is unable to offer a same day appointment
- The practice provides a clinical consultation within two working days of the patient's request, unless the 4 hour clinical triage determines otherwise
- Accessible main surgery premises with reception staffing during core hours (8.00 am until 6.30 pm)
- Practice provides a first and last pre-bookable appointment with a GP at 8.30 am and 5.45 pm, or 9.00 am and 6.15 pm
- Practice generates and signs all repeat prescriptions within 24 hours

- Young Person Friendly accreditation

All practices have met the requirements of the Access domain.

c) Continuity of Care Domain

Phlebotomy activity has decreased by 2.29% on the previous year's figures with a total of 591,281 tests taking place in 2017/18, compared to 605,155 tests in 2016/17. Under the WPPC, phlebotomy is included in the overall payment of 8.15 per weighted patient. This is likely to be as a result of some practices reviewing the number of blood tests required. It is likely that this will have resulted in cost savings on pathology. Furthermore, we have asked practices as part of the 50p scheme to review the number of tests they are undertaking.

The number of spirometry tests undertaken has increased by 6.95% in 2017/18 comparison to the same period the previous year. Practices are completing an audit of 20 patients who have received a diagnostic spirometry since April 2017. This is a rolling programme supported by the public health team. Year-end review has shown excellent performance across all practices, two have been identified as requiring further support which will be delivered in the coming weeks.

All practices continue to provide Ear Irrigation which has increased by 14.14% from the same comparator period and ECGs has remained consistent with that of the previous year increasing by 1.52%.

d) Holistic Care Domain

Care Planning

By the end of 2017/18, all practices were working towards 100% achievement of offered care plans across End of Life and 5 long-term conditions – Diabetes; Chronic Kidney Disease; Heart Failure; Chronic Obstructive Pulmonary Disease; Asthma.

At the end of Quarter 4, there have been 59,376 care plans completed in 2017/18.

Nine of the 37 practices have achieved the 100% target;
Orchard Croft Medical Centre; College Lane Surgery; White Rose Surgery; Trinity Medical Centre; Dr Bance & Partners; New Southgate Surgery; Park View Surgery; Station Lane Medical Centre; Alverthorpe Surgery.

The remaining 28 practices have achieved below 100%.

Assurance process

In response to this, practices have been asked to provide further information in regards to possible reasons which have prohibited the practice from completing care plans for all LTC patients; the practice's remedial plan for addressing this

shortfall; and assurance that those patients which have been missed will be offered a care plan by 30 June 2018.

Those practices with a minimal number of care plans outstanding (less than 5%) have provided sufficient assurance that the 100% target will be achieved by June if not before.

The recommendation is that these practices retain 100% of their performance payment.

This relates to 20 practices;

Church Street Surgery; Crofton Health Centre; Dr Singh And Partners; Drs Diggle & Phillips; Ferrybridge Medical Centre; Friarwood Surgery; Henry Moore Clinic; Kings Medical Practice; Middlestown Medical Centre; Newland Lane Surgery; Northgate Surgery; Outwood Park Medical Centre; Patience Lane Surgery; Prospect Surgery; Queen Street Surgery; St. Thomas Road; Warrengate Medical Centre; Homestead Clinic; Stanley Health Centre; Tieve Tara Medical Centre

Further action is required for the remaining 8 practices with higher than 5% of care plans outstanding;

	% Care Plans Complete	No of care plans outstanding (as of 1 April)	100% Payment received upfront	Potential Clawback
Castleford	94.6%	60	£ 18,483.40	£ 2,772.51
Riverside	94.5%	106	£ 34,223.12	£ 5,133.47
The Grange	94.1%	158	£ 53,765.74	£ 8,064.86
Chapelthorpe	90.9%	183	£ 35,173.85	£ 5,276.08
Stuart Road	90.7%	126	£ 26,840.04	£ 4,026.01
Maybush	89.5%	137	£ 27,005.63	£ 8,101.69
Ash Grove	86.1%	316	£ 44,041.54	£ 13,212.46
Lupset	85.7%	363	£ 41,175.10	£ 12,352.53

*Eastmoor Health Centre was excluded from the contract, as agreed by the Probity Committee.

The potential clawback is calculated using the performance framework included in the contract previously agreed at Probity Committee.

The CCG are in dialogue with the eight practices, and they have all confirmed they are working towards completing all outstanding care plans by 30 June 2018. The primary care team will continue to support practices in maximising their performance for patients.

Prevalence

Some practices have proposed that high Prevalence for one or more Long Term Conditions has meant their practice has significantly more care plans to complete than other practices in more affluent areas. It should be noted that the WPPC care planning targets were not adjusted for prevalence factors and this is recognised as a weakness of the contract. However, on analysis of the latest prevalence data for Wakefield practices, there is little correlation between percentage care plans complete and high prevalence, with some practices in this cohort scoring 100% completed care plans.

Payments to Practices

The Wakefield Practice Premium Contract was funded via a monthly payment to practices. Unlike the Quality and Outcomes Framework, or WPPC for 2018/19 there was no payment withheld for year-end review. As such any payments that the committee determine should not be paid will need to be recovered from the Practices.

Probity Committee should note that the practices with the largest possible recovery monies fall within Wakefield's most vulnerable practices.

Recommendations and next steps

It is recommended that Probity Committee

- Note the update on the WPPC for the final Quarter.
- Agree that 20 Practices which have achieved more than 95% of care plans and provided sufficient assurance that the remaining shortfall will be addressed by June, will not undergo any financial recovery.
- Agree that the eight remaining practices which have achieved less than 95% of care plans will be assessed after 30 June 2018 and a financial recovery will be made in accordance with their performance at that point. It is suggested that the decision on recovery be delegated to the Chair of Probity advised by the Scrutiny Panel so it does not need to wait for the next committee meeting.

Sarah Shepherd/Chris Skelton
16 May 2018

NHS 70 YEARS OF THE NHS 1948 - 2018
Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**10**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Estates, Technology & Transformation Fund Update**	N/A	

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

Report Author and Job Title:	**Chris Skelton, Head of Primary Care Co-Commissioning** **Esther Ashman, Head of Strategy**
Responsible Clinical Lead:	**Dr Greg Connor, Executive Clinical Lead**
Responsible Governing Board Executive Lead:	**Karen Parkin, Acting Chief Finance Officer**

Recommendation (s):

Is it recommended that Probity Committee;

- Note the progress made in regards to Estates, Technology and Transformation Fund.
- Delegate authority to the Chair of Probity, Chief Finance Officer and Officers of the CCG
- Receive a report back at the next Probity Committee in regards to decisions made.

Executive Summary:

The latest round of Estates Transformation and Technology Funding was released in the summer of 2016, with GP's submitting proposals to the CCG in the first instance. This paper provides an update on our schemes and the context going forward following guidance from NHS England.

Link to overarching principles from the strategic plan:

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

	<table><tr><td>determinants of ill health</td><td></td></tr><tr><td>Transforming to become a sustainable financial economy</td><td></td></tr><tr><td>Organising ourselves to deliver for our patients</td><td>✓</td></tr></table>
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:	Probity Committee
Reference document(s) / enclosures:	Not applicable
Risk Assessment:	Not applicable
Finance/ resource implications:	Additional revenue consequences to CCG where scheme increase physical space in GP Practices

NHS WAKEFIELD CCG

PROBITY COMMITTEE

ESTATES, TECHNOLOGY AND TRANSFORMATION FUND

Context and Background

The latest round of Estates Transformation and Technology Funding was released in the summer of 2016, with GP's submitting proposals to the CCG in the first instance. As part of the process members of the Committee will recall that the CCG undertook a prioritisation process which culminated in a set of proposals to NHSE which had been ratified by Probity Committee.

Schemes in Pipeline

There were 7 schemes submitted for ETTF capital funding which are listed below;

Northgate Surgery	Premises improvements	£130k
College Lane Surgery	Premises improvements	£45k
Trinity Health Centre	Premises Improvements	£1.46m
Network 3 – Nurse Triage	IT Scheme	£194k
Waterton Hub	MCP Project	£3.5m
Castleford Medical Practice	New build GP Premises	£9.5m
Henry Moore Clinic	Premises Improvements	Not progressed as included within the Castleford Medical Practice bid.

Commitment to schemes

NHS England has issued further guidance to CCGs in regards to the next steps for ETTF. The guidance advises that the number of schemes submitted and their value is greater than the funding that is available. As such CCGs are asked to clarify schemes; ensure they are affordable and consider all available options. Schemes which do not meet the criteria should be removed from the pipeline and CCG's should provide an accurate timeline for delivery against their remaining schemes.

Next Steps

The CCG is working with relevant stakeholders to understand the current positions of each bid and to review that they are still relevant to be pursued and ensure affordability where a scheme is progressed.

Recommendations

Is it recommended that Probity Committee;

- Note the progress made in regards to Estates, Technology and Transformation Fund.
- Delegate authority to the Chair of Probity, Chief Finance Officer and Officers of the CCG
- Receive a report back at the next Probity Committee in regards to decisions made.

Chris Skelton
18 May 2018

NHS Wakefield Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

PROBITY COMMITTEE

AGENDA ITEM 12 – URGENT PRIMARY CARE RE-DESIGN - PRESENTATION

NHS 70 YEARS OF THE NHS 1948 - 2018
Wakefield Clinical Commissioning Group

Title of meeting:	**Probity Committee**	**Agenda Item:**	**13**
Date of Meeting:	**29 May 2018**	**Public/Private Section:**	
		Public	✓
		Private	
Paper Title:	**Learning Disabilities Health Check Performance**	N/A	

Purpose (this paper is for):

Decision		Discussion		Assurance	✓	Information	

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

Recommendation (s):

It is recommended that probity committee;

- Note the Learning Disabilities Health Check performance for 2017/18
- Continues to receive quarterly updates in relation to the progress of this action plan

Executive Summary:

In September 2017, a paper was presented to Probity Committee in relation to a SEND inspection and subsequent recommendations in relation to GP Learning Disabilities Health Checks.

This report provides the committee with assurance and information in relation to the delivery of Learning Disabilities health checks for 2017/18.

Link to overarching principles from the strategic plan:

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

	Organising ourselves to deliver for our patients ✓
Outcome of Integrated Impact Assessment completed (IIA)	Not applicable.
Outline public engagement – clinical, stakeholder and public/patient:	Not applicable.
Management of Conflicts of Interest:	Not applicable.
Assurance departments/ organisations who will be affected have been consulted:	Not applicable.
Previously presented at committee / governing body:	Probity Committee
Reference document(s) / enclosures:	Appendix A – Performance Report
Risk Assessment:	Not applicable.
Finance/ resource implications:	Cost of Learning Disabilities under the Enhanced Service at £140.00 per check completed.

NHS WAKEFIELD CCG

LEARNING DISABILITIES HEALTH CHECK SCHEME

2017/18 YEAR-END PERFORMANCE

Context and Background

In September 2017, a paper was presented to Probity Committee in relation to a SEND inspection and subsequent recommendations in relation to GP Learning Disabilities Health Checks.

Since this time, the Primary Care Team have raised awareness with practices through correspondence and practice visits in relation to increasing the number of patients with learning disabilities who have received a health check.

Performance in 2017/18

Attached as appendix A is the performance of Health Checks completed for 2017/18. At year-end practices achieved an overall coverage of 47%. In context, the year-end performance for 2016/17 for the CCG was 21%. Therefore this shows an increase of 26%.

In total 2177 health checks were delivered during the financial year with an additional 566 taking place in comparison to last year. Given that the Learning Disabilities scheme is not currently mandatory this shows the commitment of our GP Practices to improve performance.

There remains four practices who have not reported any performance data with regards to Learning Disabilities Health Checks, therefore the Primary Care Team will contact these practices to understand if services have been delivered or not and ensure that performance in 2018/19 improves.

National and Regional Comparators

The final performance data nationally is not yet published, however in comparison to 2016/17,the national uptake was 49.7% and 44.8% across Yorkshire and the Humber.

It is important to note that not all learning disabilities patients qualify for a learning disabilities health check. There is an expectation that those with moderate, severe and very severe disabilities receive a check but those with mild learning disabilities should be offered a health check where clinically appropriate. As such it is not envisaged that any practice would achieve 100%. As part of the Wakefield Practice Premium Contract we will have access to more accurate data about which cohorts of patients are receiving health checks.

Ensuring Continued Performance

Learning Disabilities health check performance is also part of the Assurance Framework for CCGs for 2018/19 with a requirement to increase the number of health checks provided. In this context, the CCG has introduced performance requirements in the Wakefield Practice Premium Contract to ensure that practices continue to improve on the number of checks provided.

Recommendations

It is recommended that probity committee;

- Note the Learning Disabilities Health Check performance for 2017/18
- Continues to receive quarterly updates in relation to the progress of this action plan

Appendix A – Performance Table

Service Provider ID	Practice Name	CRP	Register at 31/03/2018	Prevelance	Health Checks Completed 2017/18	% Health Checks Completed
B87001	MIDDLESTOWN	8,165	17	0.21%	10	59%
B87002	ORCHARD CROFT	11,577	31	0.27%		0%
B87003	COLLEGE LANE	9,513	51	0.54%	21	41%
B87004	WARRENGATE MEDICAL CENTRE	9,697	41	0.42%	22	54%
B87005	RIVERSIDE MEDICAL CENTRE	11,119	88	0.79%	66	75%
B87006	DR SP SINGH AND PARTNERS	9,964	65	0.65%	28	43%
B87007	NORTHGATE	12,080	66	0.55%	38	58%
B87008	LUPSET HEALTH CENTRE	14,034	99	0.71%	29	29%
B87009	DRS ROBERTS AND WAKEFIELD	6,270	74	1.18%	24	32%
B87011	FRIARWOOD SURGERY	13,129	41	0.31%	8	20%
B87012	MAYBUSH MEDICAL CENTRE	9,077	56	0.62%	11	20%
B87013	OUTWOOD PARK MEDICAL CENTRE	13,280	46	0.35%	34	74%
B87015	STUART ROAD	8,803	53	0.60%	41	77%
B87016	WHITE ROSE SURGERY	22,301	250	1.12%	181	72%
B87017	TRINITY MEDICAL CENTRE	23,262	106	0.46%	16	15%
B87018	HENRY MOORE CLINIC	10,479	62	0.59%	39	63%
B87019	STANLEY	7,523	62	0.82%	54	87%
B87020	CHAPELTHORPE	12,805	77	0.60%	55	71%
B87021	ASH GROVE	12,699	73	0.57%	46	63%
B87022	HOMESTEAD	7,324	103	1.41%	93	90%
B87023	ELIZABETH COURT SURGERY	15,214	64	0.42%	1	2%
B87025	CASTLEFORD MEDICAL PRACTICE	5,851	55	0.94%	40	73%
B87026	THE GRANGE	14,939	82	0.55%	41	50%
B87027	NEW SOUTHGATE	12,623	59	0.47%		0%
B87028	CROFTON AND SHARLSTON MED PRAC	10,468	51	0.49%	20	39%
B87030	FERRYBRIDGE MEDICAL CENTRE	10,973	41	0.37%	13	32%
B87031	CHURCH STREET SURGERY	12,629	61	0.48%	15	25%
B87032	STATION LANE	7,158	69	0.96%	47	68%
B87033	NEWLAND SURGERY	3,816	17	0.45%	12	71%
B87036	DR DP DIGGLE & DR RE PHILLIPS	4,137	30	0.73%	17	57%
B87039	KING'S MEDICAL PRACTICE	14,496	56	0.39%	39	70%
B87040	PROSPECT SURGERY	8,067	48	0.60%	27	56%
B87041	PARK VIEW SURGERY	2,784	11	0.40%		0%
B87042	TIEVE TARA	5,158	30	0.58%	26	87%
B87044	ALVERTHORPE	2,761	12	0.43%	12	100%
B87600	QUEEN STREET SURGERY	2,325	3	0.13%	0	0%
B87602	PATIENCE LANE	2,371	8	0.34%	0	0%
B87604	EASTMOOR HEALTH CENTRE	2,665	19	0.71%		0%
Report Total			**2177**	**0.22%**	**1126**	**47%**