

**PROBITY COMMITTEE**  
**28 JANUARY 2020**  
**10:00 AM, BOARDROOM, WHITE ROSE HOUSE**

**AGENDA**

<b>No.</b>	<b>Agenda Item</b>	<b>Lead officer</b>
1.	Apologies for Absence – Anna Hartley	<b>Richard Hindley</b>
2.	Declarations of Interest	<b>Richard Hindley</b>
3.	i) Minutes of the meeting held on 26 November 2019 ii) Action sheet from the meeting held on 26 November 2019	<b>Richard Hindley</b>
4.	Matters arising	<b>Richard Handley</b>
<b>5.</b>	<b>Primary Care Strategy</b>	
5i.	Commissioning Intentions 2020/21 - Presentation	<b>Chris Skelton</b>
5ii.	GP Care Wakefield Contract Extension	<b>Chris Skelton</b>
<b>6.</b>	<b>Co Commissioning Operational Issues</b>	
6i.	Contract Performance - Verbal Update	<b>Chris Skelton</b>
6ii.	Prospect Surgery and Church Street Surgery Proposed Merger	<b>Hilary Craig</b>
7.	Matters to be referred to other committees or Governing Body	<b>Richard Hindley</b>
8.	Any Other Business The Committee is recommended to make the following resolution: <i>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)</i> ”.	
9.	Date and Time of Next Meeting 24 March 2020, 10:00am, The Boardroom, White Rose House	

**NHS Wakefield Clinical Commissioning Group**

**PROBITY COMMITTEE**

**Minutes of the Meeting held on 26 November 2019**

<b>Present:</b>	Mel Brown	Director of Commissioning Integrated Health and Care
	Suzannah Cookson	Chief Nurse
	Diane Hampshire	Registered Nurse
	Stephen Hardy	Lay Member (Deputy Chair)
	Mr Hany Lotfallah	Secondary Care Specialist
	Richard Watkinson	Lay Member (Audit)
	Jonathan Webb	Chief Finance Officer/Deputy Chief Officer
<b>In Attendance:</b>	Dominic Blaydon	Associate Director for Commissioning and Integrated Primary Care
	Chris Skelton	Head of Primary Care Co-Commissioning
	Hilary Craig	Practice Manager Consultant
	Cllr Faith Heptinstall	Wakefield Health and Wellbeing Board representative
	Natalie Knowles	Primary Care Support Manager (item 78 only)
	Amrit Reyat	Governance and Board Secretary
	Pam Vaines	Minute Taker

**19/073 Apologies**

Apologies were received from Dr Connor, Anna Hartley, Richard Hindley, Anna Ladd, Richard Sloan and Ruth Unwin

**19/074 Declarations of Interest**

There were no declarations of interest made.

**19/075 (a) Minutes of the meeting held on 24 September 2019**

The minutes from the meeting held on 24 September 2019 were agreed as an accurate record.

**(b) Action sheet from the meeting held on 24 September 2019**

The action sheet was noted.

## **19/076 Matters Arising**

There were no matters arising discussed.

## **19/077 Contract Variation**

Chris Skelton explained that NHS England had responsibility for approving GP Contracts and Contract Variations. Following the alignment between NHS England and NHS Improvement, this function has passed to CCGs.

Mel Brown has responsibility for this function and has authority to sign contracts and variations on behalf of NHS Wakefield CCG.

It was **RESOLVED** that:

- i. The Probity Committee noted the contents of the report.

## **19/078 WPPC mid-year Performance Report**

Natalie Knowles presented the Quarter 2 Wakefield Practice Premium Contract update, highlighting several domains for comment.

### **Access Domain**

All practices have confirmed that they are able to provide patients with a same day appointment although several continue to work towards a same day clinical triage within 4 hours. Responses have been considered together with patient survey results and support is being offered to practices whose results are below the CCG average.

### **Learning Disability Domain**

47% of practices are on target to complete 75% of LD checks by the year end with 11 practices already achieving target. The practices that are struggling with this domain are being supported by facilitators and have provided assurances that they will meet the target by year end.

### **SMI Mental Health Checks.**

At Q2, 30% of eligible patients have had some of the checks completed with 42% of these patients having been reviewed against all six elements.

Suzannah Cookson sought confirmation that work was progressing with Learning Disability partners. Natalie Knowles confirmed that commissioners were investigating whether coding or training issues were responsible for low returns.

Mel Brown reminded members that a locally commissioned WPPC target had been implemented following a poor Special Educational Needs (SEND) report last year.

Natalie Knowles explained that practices tend to achieve targets in Q3 and Q4 and accordingly it is not unusual to experience low results at this point in the year. Health facilitators are supporting struggling practices.

Diane Hampshire expressed her approval that the domains reflect quality of care as well as monitoring statistical compliance. Natalie Knowles confirmed that quality

of care is discussed with practices.

Mel Brown informed members that service users have shared their experiences and the outcomes are available on the website for patients and public to review.

Steven Hardy raised concerns that 19 practices had achieved less than 30% of the required SMI Mental Health Check and sought confirmation that they were expected to achieve by the year end. He also asked whether there was sufficient evidence that they were seeking to contact hard to reach groups. He emphasised that practices should be aware that the focus of this work is on the benefit to patients, not simply achieving targets.

Jonathan Webb acknowledged that the WPPC targets change every year and reflect outcomes and learning from the first six months of the previous year. He sought assurance that the current targets were appropriate. Chris Skelton responded that this would be considered at the end of Q3 when the outcomes were clearer and commented that there were no current concerns.

Steven Hardy asked whether the target for newly diagnosed hyposensitive should be raised to 100% to reflect increased use of statins. Chris Skelton explained that this would not be the case as some patients will have contraindications to statins and therefore a target of 100% would not be achievable. He did confirm that the position reflected the Healthy Hearts programme.

Mel Brown shared that Dr Jayakumar had raised concerns with Dr Connor as to how further targets could be achieved without further funding being available from the CCG. A detailed discussion will take place at Clinical Cabinet.

It was **RESOLVED** that:

- i. The Probity Committee noted the progress in regards to performance against the Wakefield Practice Premium Contract up to Quarter 2 2019/20 .

## **19/079 Terms of Reference**

Amrit Reyat explained that NHS Wakefield CCG's Constitution is currently being updated. The model constitution guidance states that the Terms of Reference for statutory committees should be reviewed and approved by membership.

The revised Constitution replaces the Probity Committee with the Primary Care Commissioning Committee and the draft Terms of Reference for that committee were presented for comment.

The Constitution has been shared with GP members and is subject to a vote. The approved version will be presented to the Governing Body in January 2020.

Suzannah Cookson questioned whether the suggested membership includes a duplication of role with both herself as Chief Nurse and Diane Hampshire as Registered Nurse. Suzannah Cookson acknowledged her role as an Executive Member of the Committee.

Mel Brown commented that the terms of reference highlight that the Director of Public Health is required to be In Attendance and asked whether a deputy would

be able to provide cover as Public Health has a non-voting role at the Committee.

Amrit Reyat agreed to give further consideration to membership of the Committee.

It was **RESOLVED** that:

- i. The Probity Committee noted the proposed change of name and terms of reference.

**19/080 Matters to be referred to other committees or Governing Body**

The following papers are to be referred to other Committees:

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

**19/081 Any Other Business**

No items were raised.

**19/082 Date and Time of Next Meeting**

Tuesday 28 January 2019, 10am, Board Room, White Rose House

NHS Wakefield Clinical Commissioning Group

**ACTION POINTS FROM PROBITY COMMITTEE  
HELD ON 26 NOVEMBER 2019**

<b>Minute No</b>	<b>Topic</b>	<b>Action required</b>	<b>Who</b>	<b>Date for completion</b>	<b>Progress</b>
	None identified				



## **PROBITY COMMITTEE**

**Paper 5i – Commissioning Intentions 2020/21**

**Presentation**



<b>Title of meeting:</b>	<b>Probity Committee</b>	<b>Agenda Item:</b>	<b>5ii</b>										
<b>Date of Meeting:</b>	<b>28 January 2020</b>	<b>Public/Private Section:</b>											
		Public	✓										
<b>Paper Title:</b>	<b>GP Care Wakefield – Contract Extension</b>	Private											
		N/A											
<b>Purpose (this paper is for):</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table>			Decision	✓	Discussion		Assurance	✓	Information	✓		
	Decision	✓	Discussion		Assurance	✓	Information	✓					
<b>Report Author and Job Title:</b>	<b>Chris Skelton, Head of Primary Care Co-Commissioning</b>												
<b>Responsible Clinical Lead:</b>	<b>Dr Greg Connor, Executive Clinical Lead</b>												
<b>Responsible Governing Board Executive Lead:</b>	<b>Mel Brown, Director for Integrated Care</b>												
<b>Recommendation (s):</b>													
<p>It is recommended that Probity Committee</p> <ul style="list-style-type: none"> <li>Approve the contract extension for GP Care Wakefield for a further year for the reasons outlined in this paper.</li> </ul>													
<b>Executive Summary:</b>													
<p>As part of the General Practice GP contract five-year framework published in January 2019, a national commitment was made in regards to the transfer of the extended access service being commissioned directly by CCGs to be incorporated into the Network Contract DES by April 2020.</p> <p>As such the CCG will need to work in collaboration with the Primary Care Networks and Conexus Healthcare to over the next twelve months as the delivery of extended access services transitions to Primary Care networks. To maintain stability and support this transition, following guidance from NHS England, the existing arrangements are proposed to continue for a further year from April 2020.</p>													
<b>Link to overarching principles from the strategic plan:</b>	<table border="1"> <tr> <td>Reduction in hospital admissions where appropriate leading to reinvesting in prevention</td> <td></td> </tr> <tr> <td>New Accountable Care Systems to deliver new models of care</td> <td></td> </tr> <tr> <td>Collective prevention resource across the health and social care sector and wider social determinant partners</td> <td></td> </tr> <tr> <td>Expanded Health and Wellbeing board membership to represent wider determinants</td> <td></td> </tr> <tr> <td>A strong ambitious co-owned strategy for ensuring safe and healthy futures for children</td> <td></td> </tr> </table>			Reduction in hospital admissions where appropriate leading to reinvesting in prevention		New Accountable Care Systems to deliver new models of care		Collective prevention resource across the health and social care sector and wider social determinant partners		Expanded Health and Wellbeing board membership to represent wider determinants		A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
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Organising ourselves to deliver for our patients	✓						
<b>Outcome of Integrated Impact Assessment completed (IIA)</b>	Not applicable.						
<b>Outline public engagement – clinical, stakeholder and public/patient:</b>	Not applicable.						
<b>Management of Conflicts of Interest:</b>	Not applicable.						
<b>Assurance departments/ organisations who will be affected have been consulted:</b>	Urgent Care Primary Care Team						
<b>Previously presented at committee / governing body:</b>	Previously presented a Probity Committee.						
<b>Reference document(s) / enclosures:</b>	Not applicable.						
<b>Risk Assessment:</b>	Not applicable.						
<b>Finance/ resource implications:</b>	Contract value for 2020/21 of £1,437,495						

## NHS WAKEFIELD CCG

PROBITY COMMITTEE – 28 JANUARY 2020

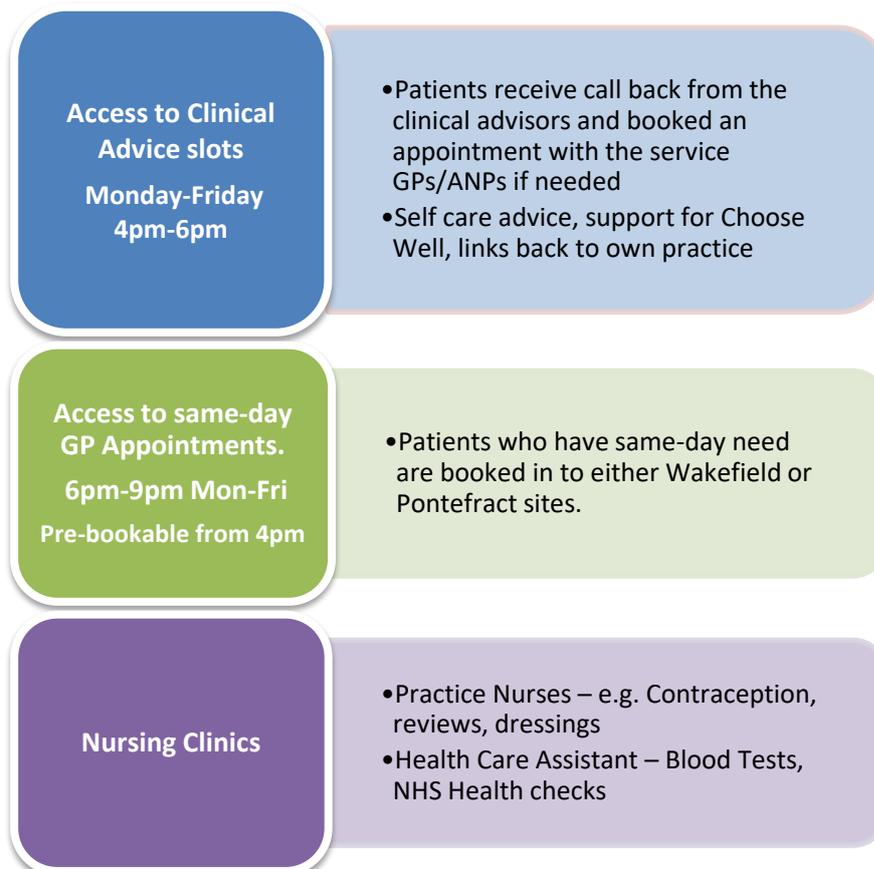
### GP CARE WAKEFIELD – CONTRACT EXTENSION

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#### Introduction

The 2017-19 National Planning Guidance set out the requirement for CCGs to commission extended GP access for all patients that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services. The guidance stipulated that an additional 30 minutes per 1000 population was to be commissioned per week to provide increased access to GP services beyond the traditional 'core hours' of general practice. As a result, the CCG commissioned the GP Care Wakefield service which commenced in September 2017.

The service comprises of:



Clinical triage is provided by Trinity Medical Centre and face to face appointments at Pontefract are provided by Local Care Direct. Both providers are managed by Conexus Healthcare Ltd via subcontracting arrangements.

The current contractual arrangements end at the 31 March 2020.

## **The Future**

As part of the General Practice GP contract five-year framework published in January 2019, a national commitment was made in regards to the transfer of the service being commissioned directly by CCGs to be incorporated into the Network Contract DES making the following commitments;

- By April 2021 we intend that the funding for the existing Extended Hours Access DES and for the wider CCG commissioned extended access service will fund a single, combined access offer as an integral part of the Network Contract DES, delivered to 100% of patients including through digital services like the NHS App.
- NHS England will work with stakeholders including GPC England to evolve and implement a single coherent access offer that PCNs will make, for both physical and digital services. This will deliver convenient appointments 'in hours', reduced duplication and better integration between settings such as 111, urgent treatment centres and general practice.
- Undertake a review of Access in 2019, which will inform the implementation by 2021/22.

As such the CCG will need to work in collaboration with the Primary Care Networks and Conexus Healthcare to over the next twelve months as the delivery of extended access services transitions to Primary Care networks. To maintain stability and support this transition, NHS England have advised that existing extended access arrangements should continue for a further year until they become part of the Network DES from April 2021.

## **Proposal**

In line with this guidance, the CCG proposed the following;

- Extend the current contract for GP Care Wakefield based on the same delivery requirements and financial costs as previously.
- Work in collaboration with the urgent care system, primary care networks and Conexus Healthcare to ensure a smooth transition into the delivery changes for 2021/22.

## **Recommendations**

It is recommended that the Probity Committee;

- Approve the contract extension for GP Care Wakefield for a further year for the reasons outlined in this paper.

**Chris Skelton**

**Head of Primary Care Co-Commissioning**  
**10 January 2020**



## **PROBITY COMMITTEE**

### **Paper 6i – Contract Performance**

#### **Verbal Update**



<b>Title of meeting:</b>	<b>Probity Committee</b>	<b>Agenda Item:</b>	<b>6ii</b>														
<b>Date of Meeting:</b>	<b>28 January 2020</b>	<b>Public/Private Section:</b>															
<b>Paper Title:</b>	<b>Prospect Surgery and Church Street Surgery Proposed Merger</b>	Public	✓														
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<b>Recommendation (s):</b>																	
<p>It is recommended that Probity Committee</p> <ul style="list-style-type: none"> <li>• Discuss the proposal with regards to the proposed merger between the practices</li> <li>• Support the practices to commence engagement with patients and the local community</li> </ul>																	
<b>Executive Summary:</b>																	
<p>Prospect Surgery and Church Street Surgery have expressed a joint desire to merge and this will require a formal process culminating in a decision by Probity Committee.</p> <p>Part of the process which Probity Committee will consider is patient engagement and this paper describes the proposed approach to this.</p>																	
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	Organising ourselves to deliver for our patients	✓
<b>Outcome of Integrated Impact Assessment completed (IIA)</b>	Not applicable.	
<b>Outline public engagement – clinical, stakeholder and public/patient:</b>	Not applicable.	
<b>Management of Conflicts of Interest:</b>	Not applicable.	
<b>Assurance departments/ organisations who will be affected have been consulted:</b>	Not applicable.	
<b>Previously presented at committee / governing body:</b>	Not applicable.	
<b>Reference document(s) / enclosures:</b>	Not applicable.	
<b>Risk Assessment:</b>	There are financial risks and potential risks to service provision to the registered population of Prospect Surgery should the merger not proceed.	
<b>Finance/ resource implications:</b>	A merger may have financial implications which will be determined as part of the formal submission to the Probity Committee.	

## **NHS WAKEFIELD CCG**

### **PROBITY COMMITTEE**

#### **Prospect Surgery (B87040) and Church Street Surgery (B87031) Merger Proposal**

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#### **Introduction and Background**

Prospect Surgery is co-located with Church Street Surgery in Ossett Health Village, Ossett, Wakefield, WF5 8DF.

Prospect Surgery holds a GMS contract, has two partners and a salaried GP. Details of the wider clinical workforce are detailed in the table below. The Practice has a registered list size of 7,786 as at 1/12/2019. The senior partner (Dr North) has resigned from the partnership and will be leaving the Practice on 31/3/2020 leaving Dr Mary Kemshell as the only partner from 1.4.20.

Church Street holds a PMS contract, has five GP Partners, 5 salaried GPs. Details of the wider clinical workforce are detailed in the table below. The Practice has a registered list size of 13,535 as at 1/12/2019. If the merger is approved the combined list size will be 21,321. The practices hope that the proposed merger would take place in October 2020. A merged practice would continue to operate from the same building.

The GP Partners and the Practice Managers met with the CCG and a representative from the Local Medical Committee in December 2019 to discuss a proposed merger. Previous informal discussions had been held but the resignation of Dr North was the catalyst to make a formal approach to the CCG. Probitiy Committee will be required to decide whether to approve a merger and an important factor will be the results of patient engagement. This paper describes the proposed approach to patient engagement for the committee to consider before it goes ahead.

#### **Prospect Surgery resilience issues**

Prospect has previously attempted to recruit GP Partners without success and after the previous Practice Manager left the practice in October 2018 had initial discussions with Church Street about a proposed merger. These discussions have now progressed and both practices are taking legal and financial advice with a view to submitting a formal application to merge.

The Practice has a registered list size of 7,786 as at 1/12/2019. The senior partner Dr North has resigned from the partnership and will be leaving the Practice on 31/3/2020 leaving one partner to hold the contract. The Practice lost two partners in 2017/2018 and they have not been able to recruit replacements. The practice has

been reviewing the provision of core services and has concluded that it does not have the sustainable capacity to make meet the reasonable needs of the registered population with the current clinical, particularly GP capacity. The practice have recently interviewed for an additional GP partner and have had constructive discussions, but the potential partner will only commit to joining contingent upon a future merger with Church Street Surgery. The CCG may need to provide further support and seek assurances around securing additional GP capacity at Prospect Surgery, should they fail to recruit a replacement for Dr North.

### **Wakefield CCG Support**

The CCG has been provided direct managerial support and advice to both Practices during the merger discussions; this has included support from the wider Primary Care Team and from the Communications and Engagements Team. Funding of £5,000 has been secured from NHSE as a contribution towards legal and financial costs. Ongoing support will be offered with regular meetings held with the practice and development of a project timeline identifying the key milestones.

### **Proposed Engagement Plan**

#### Staff

Concurrent meetings were held with staff at both practices on 18th December 2019 to inform staff of the proposed merger and the rationale. Some Frequently Asked Questions were prepared in advance and staff were given an opportunity to discuss the proposal, raise concerns and ask questions. Staff were offered support including one to one meetings, and a survey monkey was developed to obtain feedback. A further joint staff engagement event has been arranged for the 15/1/2020. On-going support will be provided for staff and they will be kept informed of progress.

#### Patient Participation Groups

Both practices have Patient Participation Groups (PPGs). Church Street held a meeting with their PPG on the 14/1/2020. Prospect Surgery does have a PPG group which has been inactive for a considerable time. The Practice Manager has attempted to contact the six previous members. One member has agreed to meet the PM on the 30/1/2020 when she returns from holiday. Church Street members were supportive about the plans and a further meeting has been arranged for the 11/2/2020. It is planned that this will be a combined meeting for both practices and the engagement plan will be discussed at this meeting. Both practices will use the engagement as an opportunity to recruit additional PPG members. The PPG members will be asked to attend the surgery during the engagement period at busier periods to speak to patients in the waiting room to give them information about the proposed merger.

It is proposed that a joint open evening will be held on the 11/2/2020. This will allow patients to ask the GPs and practice staff from both practices any questions about

the proposals. PPG members will be invited along with local community and support groups to attend and promote their services and engage with the patients.

### Posters/Leaflets/Publications

These will be developed with support from Wakefield CCG Communications and Engagement Team. These will be distributed in various ways including being made available in both practices, included in other communications to patients and available on line. Posters and resources will be displayed prominently in reception areas of both practices to draw attention to the publications available about the merger.

A banner will be installed on the outside of the surgery building to advertise the open evening.

### Website & Email Address

A dedicated area will be set up on both practices websites with information about the proposed merger, providing details of the open evening and a dedicated email address for patients to contact the practices with any queries. Each Practice will nominate a 'Merger Champion' to manage resources and review any questions / queries sent to the dedicated email address.

### Social Media

The open evening will be advertised through the Surgery Facebook page and a public invitation generated through Facebook.

### Local Media

The CCG is preparing a press release for circulation to the local press.

### Text Messages

Both practices will send mjog messages to all the patients who had consented to receive these from the surgeries. This message will be to inform patients about the planned open evening.

### Final Report

After the 8 week patient engagement period, the feedback will be collated and the Engagement Report will be prepared and submitted to the Probity Committee in March 2020.

### **Benefits for patients identified by the two practices**

The practices have identified three key benefits to patients of the proposed merger.

## 1 Improved Access & Choice

Through greater capacity both clinically and administratively the new merged practice will have the ability to offer a wider selection of named GPs and more options for patients wishing to access a male or female GP. The wider skill mix will increase capacity to offer Minor Surgery, contraceptive implants and joint injections. Following the departure of Dr North, Prospect Surgery patients would no longer be able to access joint injections to registered patients. A merger would allow all patients to access this service. Both practices are keen to develop a robust digital first access model and the wider workforce will give more scope to offer online consultations with a multi- disciplinary team, including GPs, Nursing workforce, pharmacists, care navigators and social prescribers. Both practices have separate pharmacists employed by the West Wakefield PCN working 2-3 days at each site. With the new merged clinical model pharmacy support will be available to patients Monday – Friday and will increase the support to GPs both clinically within surgery but also via the online consultations.

## 2 Workforce improvements

A merged clinical team will benefit from increased shared learning and a multi-disciplinary approach to managing same day demand for primary care. With a range of experience and clinical skill mix it will create a workforce model that will include pharmacists, physiotherapists, community support workers, ANPs, ACPs & GP registrars – that will increase teaching opportunities, reduce reliance on temporary agency staff and there will be a wider scope for clinical development.

## 3 Administrative improvements

The practices plan to accelerate joint working with community, mental health and social care sector within the PCN network as the increased capacity of a larger organisation will help develop this much sooner than anticipated.

A shared back office will reduce overheads and allow processes such as statutory returns, CCG returns, payments claims, financial accounting to be streamlined. This may also give opportunities for specialisation and future workforce / succession planning. It is proposed that a merger of the administrative team will free up space to increase the availability of clinical rooms and allow more space for looking after patients. With an increased administration team there will be capacity to increase phone lines dependant to improve patient satisfaction and ensure those with an urgent need are able to reach the practice efficiently.

The practices believe that patients and their workforce will benefit from the shared resources and existing infrastructure costs of a shared building with the efficiencies of a larger organisation, while at the same time being able to thrive in the new and changing healthcare system.

## **Practice Details**

<b>Practice Details</b>	<b>Prospect Surgery</b>	<b>Church Street</b>
ODS Code	B87040	B87031
Contract Type	GMS	PMS
List Size	7,786 (1/12/2019)	13,535 (1/12/2019)
Number of GPs / ANPs/ECPs	2 partners (until 31/3/2020), 1 salaried GP, 2 ANPs	5 partners, 5 salaried GP, 1 ANP, 3 ACP (in training), 4 GP Registrars
Nursing Workforce	4 Practice Nurses 1 HCA 1 Phlebotomist	4 Practice Nurses 2 HCAs 1 Phlebotomist
Computer System	System One	System One
CQC Rating	Good	Good
Training Practice	No – host 1 <sup>st</sup> & 2 <sup>nd</sup> year students	Yes

## **Recommendations**

It is recommended that Probity Committee;

- Discuss the proposal with regards to the proposed merger between the practices
- Support the practices to commence engagement with patients and the local community.

**Hilary Craig**  
**GP Practice Manager Consultant**  
**Date 16.1.20**