A Public meeting of NHS North Tyneside Primary Care Committee is to be held on Wednesday 5 September 2018, 2.30pm-4.00pm, in Priory Room, Hedley Court

Agenda

<table>
<thead>
<tr>
<th>Item No</th>
<th>Item</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Welcome and Apologies for Absence</td>
<td>Chair</td>
</tr>
<tr>
<td>02</td>
<td>Confirmation of Quoracy</td>
<td>Chair</td>
</tr>
<tr>
<td>03</td>
<td>Declarations of Interest</td>
<td>Chair</td>
</tr>
<tr>
<td>04</td>
<td>Minutes of meeting held on 6 June 2018</td>
<td>Chair</td>
</tr>
<tr>
<td>05</td>
<td>Action Log</td>
<td>Chair</td>
</tr>
<tr>
<td>06</td>
<td>Ratification of Virtual Decision: Park Road Boundary Change</td>
<td>LYM</td>
</tr>
<tr>
<td>07</td>
<td>Ratification of Virtual Decision: North East International GP Recruitment Programme</td>
<td>JM</td>
</tr>
<tr>
<td>08</td>
<td>Primary Care Budget 2018/19</td>
<td>JC</td>
</tr>
<tr>
<td>09</td>
<td>Strategy Update – 10 High Impact Actions</td>
<td>LYM/JM</td>
</tr>
<tr>
<td>10</td>
<td>Wellspring Medical Practice application to increase rent reimbursement</td>
<td>LYM/JM</td>
</tr>
<tr>
<td>11</td>
<td>Any Other Business</td>
<td>All</td>
</tr>
<tr>
<td>12</td>
<td>Date of Next Meeting:</td>
<td></td>
</tr>
</tbody>
</table>

Wednesday 3 October 2018, 2.00pm-4.00pm in Longsands North, Hedley Court
<p>| Surname | Forename | Position(s) held in CCG i.e. Governing Body member; Committee member; Council of Practitioners member (Member practice); CCG employee; other | GP Practice (if applicable) | Declared Interest (name of organisation and nature of business) | Type of Interest | Non Financial Professional Interests | Non Financial Personal Interests | Is the interest direct or indirect? | Nature of Interest | From | To | Action taken to mitigate risk | Declaration made |
|---------|----------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------|----------------|-----------------------------------|---------------------------------|----------------------------------|----------------|------|-----------------------------|------------------|
| Connolly | Jon      | Governing Body member/ Committee member                                                                                         | JM Connolly Limited         | Direct (Company inactive)                                        | Direct          | Director (Company inactive)        | Sep-14                          | No conflict as company inactive | 09/04/2018      |
| Coyle    | Mary     | Governing Body member/ Committee member                                                                                         | Newcastle University, Trustee Member of Pension Trustees Limited | Indirect                                                      | Indirect       | There may be a connection between the University and the CCG | 2011 Ongoing                | Not required                           | 18/04/2018      |
| Coyle    | Mary     | Governing Body member/ Committee member                                                                                         | Forum Member, Northumbrian Water Forum                             | Indirect                                                      | Indirect       | Northumbrian Water and CCG may have some connection | 2011 Ongoing                | Not necessary                           | 18/04/2018      |
| Coyle    | Mary     | Governing Body member/ Committee member                                                                                         | Non-Executive Director, Gentoo Group                               | Indirect                                                      | Indirect       | There may be connection between Gentoo and CCG | 2013 Ongoing                | Not required                           | 18/04/2018      |
| Coyle    | Mary     | Governing Body member/ Committee member                                                                                         | Board Chair, Shared Interest Society and Shared Interest Foundation | Indirect                                                      | Indirect       | There may be connection between Shared Interest and CCG | 2015 Ongoing                | Not required                           | 18/04/2018      |
| Hayward  | Eleanor  | Governing Body member/ Committee member                                                                                         | Suzanne Duncan - Daughter, HR Manager North Tyneside Council       | Indirect                                                      | Indirect       | Susan Duncan - Daughter, Acting Head of HR North Tyneside Council | 4 Years Ongoing            | Compliance with Business Standards Policy | 07/12/2017      |
| Horsfield | Philip   | Committee member                                                                                                                  | The Village Green Surgery, NHS England CNTW                       | Indirect                                                      | Indirect       | Daughter is Commissioning Manager for NHS England Health &amp; Social Justice | 2017 ongoing                | I will comply with the Standards of Business Conduct and Declarations of Interest Policy | 16/03/2018      |
| Horsfield | Philip   | Committee member                                                                                                                  | The Village Green Surgery                                           | Direct                                                        | Direct         | Partner                           | 2018 ongoing                | I will comply with the Standards of Business Conduct and Declarations of Interest Policy | 16/03/2018      |
| Horsfield | Philip   | Committee member                                                                                                                  | Tynehealth GP Federation                                            | Direct                                                        | Direct         | Practice is shareholder in Tynehealth | 2014 ongoing                | I will comply with the Standards of Business Conduct and Declarations of Interest Policy | 16/03/2018      |</p>
<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename</th>
<th>Position(s) held in CCG i.e. Governing Body member, Committee member; Council of Practice member (Member practice), CCG employee, other</th>
<th>GP Practice (if applicable)</th>
<th>Declared Interest (name of organisation and nature of business)</th>
<th>Financial</th>
<th>Non Financial Professional Interests</th>
<th>Non Financial Personal Interests</th>
<th>Is the interest direct or indirect?</th>
<th>Nature of interest</th>
<th>From</th>
<th>To</th>
<th>Action taken to mitigate risk</th>
<th>Date Declaration made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin</td>
<td>James</td>
<td>Committee member/ CCG employee</td>
<td>Northumberland Tyne and Wear NHS Foundation Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Indirect</td>
<td>Wife is a Clinical Psychologist working for NTW Mental Health Trust</td>
<td>01/02/2014</td>
<td>Ongoing</td>
<td>Whilst NTW is a provider of services, the wife's role (Clinical Psychologist) is highly unlikely to lead to any conflict of interest. Notwithstanding this the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed</td>
<td>09/04/2018</td>
</tr>
<tr>
<td>Walker</td>
<td>Irene</td>
<td>Committee member</td>
<td>East Bedlington Community Centre Trust. Charity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Direct</td>
<td>East Bedlington Community Centre Trust. This is a charity responsible for developing and managing a local community centre in the Bedlington area.</td>
<td>01/01/2014</td>
<td>Ongoing</td>
<td>This is unlikely to present any conflict of interest. In any event the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed</td>
<td>09/04/2018</td>
</tr>
<tr>
<td>Young-Murphy</td>
<td>Lesley</td>
<td>Governing Body member, committee member Primary Care, CE, commissioning, NA</td>
<td>Fellow at Northumbria University</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Direct</td>
<td>Professional reputation/ research/development role</td>
<td>01/04/2013</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.</td>
<td>19/03/2018</td>
</tr>
<tr>
<td>Young-Murphy</td>
<td>Lesley</td>
<td>Governing Body member, committee member Primary Care, CE, commissioning, NA</td>
<td>HEE/CRN Lead for NMAHP Research and Chair of HEE/CRN NMAHP Strategy Implementation Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Direct</td>
<td>Professional reputation/ research/development role</td>
<td>05-Feb-18</td>
<td>Present</td>
<td>I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.</td>
<td>19/03/2018</td>
</tr>
</tbody>
</table>
Primary Care Committee
(Public)

Minutes of the Primary Care Committee Meeting held on Wednesday 6 June 2018, 1.00pm-2.50pm at NTCCG, Hedley Court

Present:
Mary Coyle Chair, NTCCG, (MC)
Jon Connolly Chief Finance Officer, NTCCG (JC)

In Attendance:
Dr Ruth Evans Medical Director, NTCCG (RE)
James Martin Commissioning & Performance Manager, NTCCG (JM)
Irene Walker Head of Governance, NTCCG
Phillip Horsfield Practice Manager (PH)
Keith Davison Finance Manager, NHS England (KD): Arrived 1.55pm
Dianne Effard PA, NTCCG

Apologies:
Lesley Young-Murphy Executive Director of Nursing and Chief Operating Officer, NTCCG (LYM)
Wendy Stephens Primary Care Contracts Manager, NHS England (WS)
Cllr Margaret Hall Chair, Health & Wellbeing Board

Agenda item, Discussion & Agreed Actions

Action

NTPCC/18/018 Welcome & Apologies for Absence: Agenda Item 01

Mary Coyle (MC) welcomed all to the meeting and apologies were noted from Lesley Young-Murphy, Wendy Stephens and Cllr Margaret Hall.

NTPCC/18/019 Confirmation of Quoracy: Agenda Item 02

The meeting was confirmed as being quorate.

NTPCC/18/020 Declarations of Interest: Agenda Item 03

The declarations of interest are published on the CCG website and included with the agenda for today’s meeting.

Philip Horsfield (PH) advised that he and Dr Ruth Evans (RE) were conflicted in respect of agenda item 9, Digitisation of GP Records, as their practice will receive the service being discussed. There was no financial gain, but a facilities gain. MC advised that as the report was for information only, they should remain for the discussion.
Minutes of the Previous Meeting: Agenda Item 04

The minutes of the meeting held on 15 March 2018 were agreed to be an accurate record.

Actions from the Previous meeting: Agenda Item 05

NTPCC/18/005: Action 1:
Actions from the Previous meeting:
MC & James Martin (JM) to meet with Irene Walker (IW), Head of Governance to confirm Terms of Reference and Membership.

Update:
The membership of the committee and frequency of meetings has been reviewed. Meetings have been changed from every three months, to every two months, in public. Alternative months will be meetings in private.

Complete

NTPCC/18/016: Action 2
Any Other Business:
Discussions with GP practices in Longbenton and Shiremoor were being held to agree a reasonable way to allocate those patients.
WS to confirm this is acceptable to NHSE.

Update:
Dispersal of Earsdon Park Practice patients has now been completed.

Complete

Operational Update: Agenda Item 06

James Martin (JM) gave an overview of decisions made in the Primary Care Committee private meeting, for transparency.

Bridge Medical Practice Extension of List Closure:
The list was originally closed for six months while the practice tried to recruit to vacancies. The closure has been extended for a further six months with conditions put in place, and a monthly meeting to monitor progress. An action plan has been received. The first meeting is Friday 8 June 2018.

Prescribing Engagement Scheme:
The scheme aimed to encourage practices to focus on certain areas of prescribing:
- Inhaled therapy;
- Pain management;
- Antimicrobial stewardship;
- Continued cost effective prescribing.

PMS Funding:
Funding has been released as a result of a number of practices moving from a PMS to GMS contracts over a seven year period with the funding released from year three onwards, increasing
each year. The four localities have been asked to propose projects to use the funding, £91k available in 2018/19 and £121k in 2019/2020, to deliver the primary care strategy.

Irene Walker (IW) queried who will agree the proposals, and what the value limit is. JM advised Lesley Young-Murphy (LYM) is lead director would sign smaller projects off with larger projects being brought to the Primary Care Committee for sign off, but an agreed limit has not been set. Projects so far has been small, with the exception of the one on today’s agenda, the North West Locality Care Homes Project.

**Action 1:** Jon Connolly (JC) to consider what level of funding could be signed off outside of the Primary Care Committee to ensure due process is being followed, and report back to the next meeting.

**NTPCC/18/024 North West Locality Care Homes Project Business Case:**

Agenda Item 07

JM presented the business case for a project focusing on relationships with care homes in the North West locality and aligning practices to care homes to improve the care that patients receive. A team of frailty nurses will be employed to work with all the care homes in that locality and link back to practices. AS well as improving links between general practice and the care homes in the locality the additional resource will free up GP clinical time to manage other patients within the practices.

Once approval is received a detailed service specification will be developed. There will then be a process to consider how to procure the service as a pilot.

IW asked JM for the background to this business case, and he explained that localities had been provided funding freed up following the PMS review to invest in locality level projects to support delivery of the local Primary Care Strategy.

The proposal from the North West locality has been discussed at the PCSDG and the business case reviewed, then referred to the Primary Care Committee for approval.

There was concern about conflicts of interest and JM advised that these are recorded in the PCSDG. There is no financial benefit to anyone on the committee.

The terms of reference for PCSDG require conflicts to be declared when making recommendations to the parent committee. It is noted that Tynehealth is more conflicted than most as a potential supplier. The issue of conflicts needs to be clearly managed and recorded for transparency.

Future business cases should contain information specifying who
has approved each section to make the information easier to understand and to strengthen the process, making it easier to consider whether the case is value for money.

Additionally it was felt the report should have been clearer about the funding and where it came from.

Acronyms were clarified:
- ANP: Advanced Nurse Practitioner;
- FN: Frailty Nurse.
These should be spelled out in the first instance in reports and minutes.

The Committee approved the business case.

**NTPCC/18/025 Local Enhanced Service Performance: Agenda Item 08**

JM presented the Local Enhanced Service (LES) performance report, giving an overview of the three LES agreed with the GP practices:
- Care Planning in Nursing Homes;
- Diabetes Care Planning;
- Near Patient Testing for the monitoring of Immune Modifying Drugs (IMDs) in Stable Adult Patients (excluding post transplantation).

It is noted that in paragraph 3, in relation to the Diabetes Care Planning LES, the figure in brackets should have been -9%. Also, some practices are late in supplying information which may affect the uptake and activity figures.

It is recognised that the Care Homes LES has not been working effectively. There is variation in delivery by practices, the level of consistent alignment with care homes and the support the care homes are receiving. The targets are more stringent making the LES harder to deliver.

**Action 2:** The specification is being reviewed with practices and will come back to the Primary Care Committee.

The Committee noted the contents of the report.

**NTPCC/18/026 Digitisation of GP Records: Agenda Item 09**

JM presented the report for information on Digitisation of GP Records, which was referred to during a review of this committee’s work plan at the last meeting, and more information had been requested.

A funding application had been made in June 2016 to the Estates and Technology Transformation Fund for the project for digitisation of GP records. The huge amount of paper records
which practices hold take up a lot of space. A company can scan all patient records and then securely destroy the paper records, at a cost of approx £1m. Existing practice space would then be freed up for clinical use. NHS England has an improvement fund, which allows practices to bid for funding to support improvements to their buildings. A pilot is being started with some practices before being rolled out to all practices, to be completed by 2020.

IW raised concerns from a quality point of view about documents leaving the site to be scanned and not everything being scanned. PH advised that he sits on the committee which is overseeing the project, and advised that the scanning company would return a percentage of the paper records, possibly 10%, together with the digital record, for checking. Turnaround time is expected to be a matter of days. His practice, Village Green Surgery, is one of the pilot sites and they hope to bring in additional staff on a Saturday to box up all the paper records. A sheet would be completed detailing which records are in which box, and the boxes would be uplifted that weekend by the scanning company. PH advised that the company who will carry out the work had done this in Scotland for a number of years.

IW suggested a Fair Process notice may be needed to advise the public that someone else will be handling their personal data on a temporary basis.

**Action 3:** JM to discuss a Fair Process notice with Wally Charlton.

The Committee received the report for information.

**NTPCC/18/027 Finance Update:** Agenda Item 10

Keith Davison (KD) joined the meeting at 1.55pm and presented the proposed budget for primary care for 2018/19, which includes a growth of 2.02%, increasing for the following two years. He highlighted the main issues.

The budget for Earsdon Park is still included, as it was not known where the patients will go.

The budget for indemnity fees includes an inflationary increase. Subsequently, NHS England has advised that going forward that budget won’t be needed but the money for GP Forward View will be reduced. £224k will move from the allocated budget to the CCG budget.

It is noted the primary care budget shows a shortfall of £135k, which doesn’t leave any room for changes in-year without investment from the wider CCG budget.

KD advised that with regard to the 3.4% contract uplift noted in the report, further information is awaited.
PH noted that the indemnity figure is a risk factor as it is a small element given to practices to cope with inflation. If the Department of Health decides that the full cost of indemnity has to be paid by the CCG then the actual cost would be significantly more.

The Committee noted the planning assumptions which underlie the financial plan for 2018/19, and the risks and mitigations outlined in the report. The Committee also approved the proposed budget breakdown for Primary Care Co-Commissioning in 2018/19.

**NTPCC/18/028 Strategy Update: Agenda Item 11**

JM presented the Strategy Update relating to a number of projects undertaken in relation to primary care strategy, and highlighted key areas.

**Extended GP Access:**

Data shows relatively good utilisation of appointments and good patient experience. The service is not running at 100% with the main issues being availability of buildings and space for the service and ensuring workforce is available. There are ongoing discussions with the Federation and the model is being reviewed.

IW queried whether appointments will be with a GP or nurse practitioner. JM advised guidance states there needs to be a GP presence, but it is not necessary for all appointments to be with a GP. When the model was developed one of the expected challenges was being able to find GPs to staff the service, but more GPs have come forward than expected.

**Care Navigators:**

Care Navigators have been in place for over a year. There is variation in practices, but so far it was going well. One issue is that in some instances, Care Navigators are struggling to get time away from their other role. PH advised that despite that, Care Navigators feel this enhances their existing role and they are finding it interesting and enjoyable.

**Clerical Coding:**

Clerical coding started last year for clerical staff to deal with clinical correspondence in practices to reduce the amount of correspondence going to GPs. Further training of staff is ongoing.

**Online GP Consultations**

Funding for this project was delayed and only received in March.
A procurement exercise has been undertaken to identify the preferred solution to implement. It is likely to take 2-3 months to implement, and practices will need to think about workflow. There are ten practices involved at this stage.

Clinical Pharmacists:

NHS England has provided financial support for salary costs over a three year programme for Clinical Pharmacists. The programme is aimed to increase the skill mix within general practice. New pharmacists will be employed by Tynehealth who will supervise them. There will be a focus on patient facing work.

Locality Projects:

PMS Funding has been provided to each of the four localities. North West and Whitley Bay are focusing on the care home team, Wallsend are focusing on a number of smaller projects including a locality spirometry clinic, and North Shields have a big project on a First Physio service.

RE referred to the four pillars of the strategy as identified in the report. There seems to be more in one and very little in others. Specialist support is not covered in the report, and not much has been done on it.

**Action 4:** JM to provide more information on specialist support.  

The Committee noted the progress made as detailed in the report.

**NTPCC/18/029  Contract Baseline: Agenda Item 12**

JM presented the contract baseline report to give an update on information about funding from NHS England. The table in the report shows the 28 practices and gives an overview of size and which enhanced service they are signed up to. There are two list closures in place, and two boundary changes to increase boundaries. There are no practices under investigation at present. There has been one CQC visit to Nelson Medical Group, and they are rated as good.

MC noted that the document is very useful and factual.

The committee received the report for information.

**NTPCC/18/030  Minutes from Other Committees: Agenda Item 13**

The Committee received the following Minutes:

IM&T Strategy Group: 05.02.18
Primary Care Strategy & Delivery Group: 25.01.18; 22.02.18; 22.03.18
RE queried minutes of the Medicines Optimisation Committee, which should come to the Primary Care Committee.

**Action 5:** IW to check whether Medicines Optimisation Committee minutes should come to the Primary Care Committee.

**Any Other Business:** Agenda Item 14

**NTPCC/18/031 Contract Variation: Bridge/Monkseaton Medical Centres**

JM advised that a year ago the committee approved a time limited contract variation for the contacts of Bridge Medical and Monkseaton Medical Centres. There are two separate contracts being run by the same partnership and the contract variation was to allow patients of Monkseaton to go to Bridge, and vice versa. The contract variation was time limited for one year, and has expired. The original plan was for the two organisations to merge, but that hasn’t yet happened. The Committee is asked to approve an extension to the variation for a further twelve months. There is a benefit to patients who can be seen at multiple sites, and there are no negatives.

MC queried whether this arrangement could be made permanent.

**Action 6:** JM discussion with the practices whether the arrangement could be made permanent.

The Committee approved the contract variation.

**NTPCC/18/032 Next meeting:** Agenda Item 15

Monday 6 August 2018, 1.30pm-3.30pm
Longsands North, Hedley Court

**NTPCC/18/033 Closure of Meeting:** Agenda Item 16

The meeting closed at 2.50pm.
<table>
<thead>
<tr>
<th>Minute No./ Action No.</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTPCC/18/023 Action 1</td>
<td>Operational Update: Jon Connolly (JC) to consider what level of funding could be signed off outside of the Primary Care Committee to ensure due process is being followed, and report back to the next meeting.</td>
<td>JC</td>
<td>05.09.18</td>
<td>On agenda</td>
</tr>
<tr>
<td>NTPCC/18/025 Action 2</td>
<td>Local Enhanced Service Performance: The specification is being reviewed with practices and will come back to the Primary Care Committee.</td>
<td>JM</td>
<td>Sept 2018</td>
<td>Ongoing</td>
</tr>
<tr>
<td>NTPCC/18/026 Action 3</td>
<td>Digitisation of GP Records: JM to discuss a Fair Process notice with Wally Charlton.</td>
<td>JM</td>
<td>June 2018</td>
<td>Completed</td>
</tr>
<tr>
<td>NTPCC/18/028 Action 4</td>
<td>Strategy Update: JM to provide more information on specialist support.</td>
<td>JM</td>
<td>June 2018</td>
<td>On-going</td>
</tr>
<tr>
<td>NTPCC/18/030 Action 5</td>
<td>Minutes from Other Committees: IW to check whether Medicines Optimisation Committee minutes should come to the Primary Care Committee.</td>
<td>IW</td>
<td>June 2018</td>
<td>Completed</td>
</tr>
<tr>
<td>NTPCC/18/031 Action 6</td>
<td>Contract Variation: Bridge/Monkseaton Medical Centres: JM discussion with the practices whether the arrangement could be made permanent.</td>
<td>JM</td>
<td>June 2018</td>
<td>Completed</td>
</tr>
</tbody>
</table>
Report to: North Tyneside Primary Care Commissioning Committee

Date: 05 September 2018
Agenda item: 06a

Title of report: Park Road Boundary Change

Sponsor: Lesley Young-Murphy, Executive Director of Nursing: Chief Operating Officer

Author: Gill Alcock, Primary Care Business Manager, NHS England, Cumbria and North East.

Purpose of the report and action required: Ratification of Decision

Executive summary:

The Primary Care Committee meetings in July and August were stood down. During this period a decision was requested of the committee in relation to a boundary change for Park Road GP practice.

The attached report was sent to voting members to review and confirm their support or otherwise to the recommendations.

Key Points

The practice is keen to increase the existing boundary to include the new residential developments at East Benton Rise.

The practice has been successful in the procurement of the Battle Hill Medical Centre which will operate as a branch site with effect from 1st October 2018.

The majority of nearby practices are below 1800 patients per WTE GP, with the exception of two practices – one within North Tyneside and the other within NHS Newcastle Gateshead CCG area.

The practice has delivered a comprehensive engagement plan which included communication with patients via newsletter, prescriptions, email, text message, social media, and notices on practice website and in waiting areas.

Support has been received from the LMC, PPG, Village Green and Garden Park surgeries and North Tyneside Council Health and Wellbeing Sub Committee.

The Primary Care Commissioning Committee were asked to:
- review the information in the report and make a decision to approve or reject the application

Responses received from members are as follows:
Lesley Young-Murphy: Having reviewed this I am happy to support this

Jon Connolly: Yes – happy to support this

Mary Coyle: I am happy to approve this change of practice boundary.

Primary Care Committee are asked to ratify the decision by members (taken virtually) to support the proposals in the Park Road Boundary Change paper

Governance and Compliance

1. Links to corporate objectives

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
<th>Item links to objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
<td>✓</td>
</tr>
<tr>
<td>2. Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
<td></td>
</tr>
<tr>
<td>3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
<td>✓</td>
</tr>
<tr>
<td>4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
<td>✓</td>
</tr>
</tbody>
</table>

2. Consultation and engagement

The practice have engaged with patients and stakeholders

3. Resource implications

There are no resource implications.

4. Risks

None identified

5. Equality assessment

None

6. Environment and sustainability assessment
Report to: North Tyneside Clinical Commissioning Group Primary Care Commissioning Committee

Date: 5 September 2019  
Agenda item: 06b

Title of report: Park Road Boundary Change

Sponsor: Lesley Young-Murphy, Executive Director of Nursing: Chief Operating Officer

Author: Gill Alcock, Primary Care Business Manager, NHS England, Cumbria and North East.

Purpose of the report and action required: This report is for decision

Full report: Application for Boundary Change, Park Road Medical Practice

1. Background / introduction / context

Park Road Medical Practice is a GMS practice with a patient population of 5008 patients located in Wallsend town centre. They have applied to increase their existing boundary to include the new residential developments at East Benton Rise and believe this will bring them in line with other local practices and offer patients an increased choice of GP practice.

2. Work undertaken to date

The practice has delivered a comprehensive engagement plan which included communication with patients via newsletter, prescriptions, email, text message, social media, and notices on practice website and in waiting areas.

In addition, the Overview and Scrutiny Group, health and wellbeing board, local councillors, pharmacists and Community Health Care Forum have also been communicated to regarding the proposed boundary change.

3. Key points

The practice is keen to increase the existing boundary to include the new residential developments at East Benton Rise.

The practice has been successful in the procurement of the Battle Hill Medical Centre which will operate as a branch site with effect from 1st October 2018.

The majority of nearby practices are below 1800 patients per WTE GP, with the exception of two practices – one within North Tyneside and the other within NHS Newcastle Gateshead CCG area.
4. Options to consider

The report presents the following options for consideration:
- Option 1 – Reject the application
- Option 2 – Agree to the increased practice boundary

5. Implementation plan/next steps

If approval is granted, the following is recommended:
- Signed contract variation from the practice;
- Confirmation that the practice has included the amended boundary within the patient information leaflet, on the practice website and advertises the change via posters in the waiting area;
- Confirmation that the practice has amended the boundary within the Primary Care Web Tool.

6. Recommendations

Review the report and make a decision based on the options provided.

Appendices and further information

7. Appendices

Appendix 1 – Practice application
Appendix 2 – Boundary map

8. Further information relevant to the report

Part 13 of the GMS contract provides guidance around the patient registration area of a practice.

Report author: Gill Alcock, Primary Care Business Manager
Report date: 26 June 2018
1. INTRODUCTION

1.1 The purpose of this report is to provide an assessment of the application received from Park Road Medical Practice, Wallsend to increase their current practice boundary.

2. BACKGROUND

2.1 Park Road Medical Practice is a GMS practice with a patient population of 5008 patients (5,354.07 weighted) as at 1 April 2018. There is 3.67 WTE GPs at the practice and a clinician to patient ratio of 1,365. The practice is located in Wallsend town centre and is a member of NHS North Tyneside Clinical Commissioning Group.

2.2 The practice submitted an application on 21 June 2018 to increase the existing boundary to include the new residential development at East Benton Rise. A copy of the application can be seen in Appendix 1 and the current and proposed boundary maps can be seen in Appendix 2.

2.3 The Practice has been successful in the procurement of the Battle Hill Medical Centre which will operate as a branch site with effect from 1st October 2018 (5 year contract). Whilst Park Road already accept patients from the whole of Wallsend and some neighbouring areas, the practice is keen to support the residential development within this area which will bring the practice in line with other local practices and offer patients an increased choice of GP practice.

3. ASSESSMENT OF APPLICATION

3.1 Engagement
The advice provided by NHS England Communications Team in support of boundary change applications was to inform the following stakeholders:
- Local MP
- Patient Participation Group (PPG)
- Healthwatch
The practice has delivered a comprehensive engagement plan which included communication with patients via newsletter, prescriptions, email, text message, social media, and notices on practice website and in waiting areas.

In addition, the Overview and Scrutiny Group, Health and Wellbeing Board, local councillors, pharmacists and Community Health Care Forum have also been communicated with regarding the proposed boundary change.

The outcome of the Practice engagement is as follows:

Support has been received from the LMC, PPG, Village Green and Garden Park surgeries and North Tyneside Council Health and Wellbeing Sub Committee.

The Community Health Care Forum had concerns regarding the availability of sufficient GP appointments and hence the potential of longer waiting times for GP appointments should the catchment area increase.

In response the Practice has stated that should the application be approved, this will allow them the flexibility to expand their clinical team and to enhance patient access. The Community Health Care Forum welcomed this potential patient benefit. However they did not specifically state their support for or opposition to the proposed boundary change.

The Practice provided evidence that North Tyneside Council Overview and Scrutiny Committee, Mary Glindon MP, Linda Bell Councillor and Healthwatch had been contacted; however no comments or responses have been received.

No response or comments have been received from local Pharmacists.

3.2 Local Medical Committee (LMC)

NHS England contacted North Tyneside LMC to ask for their comments, however no response was received. The practice also approached the LMC as part of their engagement and their application states that the LMC are supportive of their application.

3.3 Local Practice Capacity

Information in respect of neighbouring practices is detailed in the table below.

<table>
<thead>
<tr>
<th>Practice</th>
<th>List Size (Apr 18)</th>
<th>No of WTE GP*</th>
<th>Patients Per WTE GP</th>
<th>No of WTE NP*</th>
<th>Patients Per WTE GP* and NP*</th>
<th>Open/ Closed</th>
<th>Distance from Park Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village Green Surgery</td>
<td>10385</td>
<td>9.78</td>
<td>1062</td>
<td>0</td>
<td>1062</td>
<td>Open</td>
<td>0.3</td>
</tr>
<tr>
<td>Portugal Place Health Centre</td>
<td>11059</td>
<td>6.57</td>
<td>1683</td>
<td>1.44</td>
<td>1488</td>
<td>Open</td>
<td>0.4</td>
</tr>
<tr>
<td>Battle Hill Health Centre</td>
<td>4025</td>
<td>2.32</td>
<td>1735</td>
<td>0</td>
<td>1735</td>
<td>Open</td>
<td>1.1</td>
</tr>
</tbody>
</table>
### Wallsend is close to the boundary with Newcastle therefore some of the neighbouring practices fall within NHS Newcastle Gateshead CCG area. The majority of nearby practices are below 1800 patients per WTE GP, with the exception of Hadrian Park which is a branch surgery of Priory Medical Group in North Tyneside; and Biddlestone Health Centre in NHS Newcastle Gateshead CCG area.

NHS England contacted local practices for comment regarding the proposal with one practice responding to say that they were fully supportive of the application and another practice said they had no issues with the application.

### 3.4 Finance

The neighbouring practices all receive the global sum rate of £87.92 per patient; after Out of Hours opt out is deducted this reduces to £83.64. All new patients attract an additional weighting of 0.46 in the first year, increasing the global sum rate to £122.11.

Finance have checked the information and confirmed they are happy to sign off the finance contents of the report.

### 4. REGULATIONS AND POLICY

#### 4.1 Contractual Issues

The patient registration area is included in Schedule 8 of the GMS Contract 2015-16 (point 2.1 above). The practice boundary map as per the contract can be seen at Appendix 2 along with the proposed new areas covered.

The GMS Contract states that practices are only required to register patients from within their practice boundary.
13.2. **Patient registration area**

13.2.1 *The area in respect of which persons resident in it will, subject to any other terms of the Contract relating to patient registration, be entitled to register with the Contractor, or seek acceptance by the Contractor as a temporary resident.*

The GMS Contract states that practices must include in a patient leaflet the information specified in Schedule 3 of the contract, including the practice boundary area. The practice must also provide information of the boundary area on the practice website. Therefore if approved, the practice must confirm they have amended the practice leaflet and updated the practice website.

4.2 **NHS England Policy**

In November 2017, NHS England released an updated Policy Book for Primary Medical Services which includes a standard operating procedure when a practice requests to change their boundary area. The procedure has been applied to this application.

5. **OPTIONS**

5.1 The options available are:

**Option 1 – Reject the application**

Advantages:
- None identified

Disadvantages:
- Potential pressure on surrounding practices as a result of new residential developments within the area.
- Less choice of practices for patients to choose from.

**Option 2 – Agree to the increased practice boundary**

Advantages:
- Increased choice of practice for patients;
- Potential to reduce pressure on other local practices arising from increasing patient numbers to the area.

Disadvantages:
- None identified

6. **NEXT STEPS**
6.1 NHS North Tyneside CCG Primary Care Commissioning Committee is asked to consider the information presented within this report and determine which option should be approved.

6.2 If Option 2 is approved, it is recommended that this is subject to the following conditions:
- Signed contract variation from the practice;
- Confirmation that the practice has included the amended boundary within the patient information leaflet, on the practice website and advertised the boundary change via posters in the waiting area;
- Confirmation that the practice has amended the boundary within the Primary Care Web Tool.
Appendix 1 – Application to reduce the practice boundary

APPLICATION FOR VARIATION TO GMS/PMS CONTRACT
PRACTICE BOUNDARY
Schedule 16 GMS / Schedule 19 PCTMS; PMS & APMS

SECTION ONE: PRACTICE DETAILS

<table>
<thead>
<tr>
<th>Contract in the Name of</th>
<th>Park Road Medical Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Code</td>
<td>A87209</td>
</tr>
<tr>
<td>Address of Practice</td>
<td>93 Park Road</td>
</tr>
<tr>
<td></td>
<td>Wallsend</td>
</tr>
<tr>
<td></td>
<td>Tyne &amp; Wear</td>
</tr>
<tr>
<td></td>
<td>NE28 7LP</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>0191 2625680</td>
</tr>
<tr>
<td>Name of Practice Contact</td>
<td>Sandra Dowling</td>
</tr>
<tr>
<td>Telephone No. of Practice contact</td>
<td>0191 2625680</td>
</tr>
</tbody>
</table>
SECTION TWO: PATIENT ACCESS

1. Practice Population as at 5/4/2018 5006

2. **If allocation is to reduce boundary:**
   How many patients of the total practice population would be outside of the proposed boundary change.

   If the application is approved those patients who would be outside of the new boundary should remain on the practice list until their circumstances change in line with the contract. This will be monitored by NHS England.

3. If the application is approved what procedures will the practice put in place to inform those patients who would be residing outside of the new boundary e.g. The practice may consider sending a letter to all the patients (only writing to heads of families) affected by the new boundary change explaining that if they move and remain outside the new boundary they could requested to find another GP practice nearer to their new address.

**NB:** NHS England will require a copy of the current and proposed practice boundary maps.

<box>
**Please provide details**

Not applicable – application is to increase our practice boundary
</box>
SECTION THREE  PRACTICE SPECIFIC ISSUES

4. Please provide a statement giving the reasons for the application:

The practice is proposing to extend the practice boundary to include East Benton Rise which is a large residential development.

The reason for this is as follows:-

1. Park Road Medical Practice accepts patients from the whole of Wallsend and some neighbouring areas.
2. The town is now growing with new developments including East Benton Rise.
3. Our proposed new boundary would include all of the new houses within the area of NE28 9HG.
4. From 1st October 2018 the practice will also be running a branch surgery from Battle Hill.
5. This would bring our practice area more in line with other local practices offering patients an increased choice of GP practice.
5. Premises capacity – please provide the number of consulting rooms currently in the practice:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
<td>5</td>
</tr>
<tr>
<td>Practice Nurse/Nurse Practitioner</td>
<td>2</td>
</tr>
<tr>
<td>Additional consulting rooms for Community/district staff</td>
<td>1</td>
</tr>
<tr>
<td>Treatment rooms</td>
<td>as above</td>
</tr>
</tbody>
</table>

6. Has the practice attempted alternative methods to manage the practice list e.g. filling vacant posts:  

[ ] Yes  [ ] No

If the answer to Question 6 is "Yes" please provide details:

N/A
7. Please provide details of the future planning intentions of services and/or premises (Should be an extract from the current Practice Development Plan).

Extract from Practice Business Plan

**Premises**

The practice underwent substantial improvements in 1995 under the cost rent scheme. Further improvements were undertaken in 1999 and as a result of this the practice premises doubled in size. However, as time went by it was identified that the practice had reached capacity and alternative premises are being sought.

In June 2016 the practice along with Northumbria Trust and a neighbouring practice submitted a bid for funding under the Transformation fund to relocate to central Wallsend.

A copy of the project initiation document can be viewed in a previous business plan.

This application was approved by North Tyneside CCG and submitted to NHS England. However due to changes within Northumbria Healthcare they no longer required the space within the project allocated to them and plans changed. We are now working closely with a neighbouring practice with regards to plans of merging with them and are in discussions with New River regarding premises. See options documentation.

In addition to the above practices were invited to submit an application to take over the GP Surgery of Battle Hill Health Centre. We were successful in our bid and it is envisaged that Battle Hill will become a branch surgery of Park Road Medical Practice as of 1st October 2018.

**Practice Boundary**

The practice boundary will be reviewed in line with local developments in the surrounding area. An application to the local authority to extend our practice boundary is to take place March 2018 to incorporate a new housing estate allowing our services to be accessed by local residents.
8. Distance from the furthest patient address currently registered with the practice (in miles/kilometres). 9.8 miles

9. Distance from the closest patient address currently registered with the practice (in miles/kilometres). 0 miles

Yes No

10. Will the proposed boundary change impact on the current services provided by your CCG or other CCG areas i.e. 'Cross boundary' working for Community nursing/midwives x

If the answer to 10 is 'Yes' please provide details:
SECTION FOUR: PATIENT ISSUES

11. Has any consultation taken place with the patient that could be affected by the proposed boundary change: X

If the answer to question 11 is 'Yes' please provide details of what consultation has taken place:

The list of stakeholders that we have engaged with is as follows:-

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>• Email</td>
</tr>
<tr>
<td></td>
<td>• Text messages</td>
</tr>
<tr>
<td></td>
<td>• Practice website</td>
</tr>
<tr>
<td></td>
<td>• Posters</td>
</tr>
<tr>
<td></td>
<td>• Practice waiting room presentation screen</td>
</tr>
<tr>
<td></td>
<td>• Newsletters</td>
</tr>
<tr>
<td></td>
<td>• Message on right hand side of patient's prescriptions</td>
</tr>
<tr>
<td></td>
<td>• Practice Facebook page</td>
</tr>
<tr>
<td>Patient Reference Group</td>
<td>Email</td>
</tr>
<tr>
<td>Overview and Scrutiny Committee</td>
<td>Letter</td>
</tr>
<tr>
<td>Local MP</td>
<td>Email</td>
</tr>
<tr>
<td>Healthwatch</td>
<td>Email</td>
</tr>
<tr>
<td>Local Medical Committee</td>
<td>Email</td>
</tr>
<tr>
<td>Local GP Practices</td>
<td>Email</td>
</tr>
<tr>
<td>Health and Wellbeing Board</td>
<td>Letter</td>
</tr>
<tr>
<td>North Tyneside CCG</td>
<td>Email</td>
</tr>
<tr>
<td>NHS England</td>
<td>Email</td>
</tr>
<tr>
<td>Local councillors</td>
<td>Email</td>
</tr>
<tr>
<td>Local Pharmacists</td>
<td>Letter</td>
</tr>
<tr>
<td>Community Health Care Forum</td>
<td>Email</td>
</tr>
</tbody>
</table>
12. Please provide any additional information to support the application.

Please find attached a copy of our engagement plan.

As a result of our engagement we have received support from the following with respect to extending our practice catchment area:

- Village Green Surgery
- LMC
- Patient Reference Group Members

Signed on behalf of the Lead GP: ...........................................

Print Name: Dr J D Matthews     Date: 21st June 2018

Practice Stamp:  
Park Road Medical Practice  
93 Park Road  
Wallsend  
Tyne & Wear  
NE28 7LP
Appendix 2 – Practice Boundaries

Current boundary:
Proposed boundary:
Report to: North Tyneside Primary Care Commissioning Committee

Date: 05 September 2018  Agenda item: 07a

Title of report: North East International GP Recruitment Programme

Sponsor: James Martin, Commissioning & Performance Manager
Denise Jones, Head of Primary Care NHS England (Cumbria and North East)

Author: Helen Reynard, Transformation Manager, NHS England (Cumbria and North East)

Purpose of the report and action required: Ratification of Decision

Executive summary:

The Primary Care Committee meetings in July and August were stood down. During this period a decision was requested of the committee in relation to the North East International GP Recruitment Programme.

The attached report was sent to voting members to review and confirm their support or otherwise to the recommendations.

The report provided information and a progress update on the North East International GP Recruitment programme and sought CCG endorsement of the governance arrangements developed to support advancement of the North East model, including Terms of Reference documents that have been developed for the North East International Recruitment Programme Board and Project Group. In addition, CCG’s were asked to note that national guidelines for the programme are being adhered to in the North East in order to deliver this project.

The Primary Care Commissioning Committee were asked to:
- Endorse the Terms of Reference and decision making powers of the North East Programme Board;
- Endorse the Terms of Reference for the Project Group and note how the two groups work together in order to deliver this programme of work;
- Note the national guidelines for the programme, which are being adhered to in the North East in order to deliver this project;
- Note that work continues in order to develop the North East model and secure international GP recruits for the North East.

The bullet points below provide a summary of the attached paper in relation to the North East International GP Recruitment Programme
- The North East have been approved to recruit around 100 International GPs using the national guidelines for International GP Recruitment;
- Funding to support the recruitment of an administrative project team has been awarded and recruitment will commence shortly;
• The recruitment company appointed to support the North East IGPR programme from the national framework are ID Medical Group Limited;
• ID Medical are working across the North in order to refer suitably eligible international GPs for first and second interview;
• 1st Interviews have been arranged for candidates meeting the min requirement entry level IELTs 7.0 and these will be performed via Skype. First interviews are scheduled on a fortnightly basis in the North East. No first interviews have taken place as yet;
• Candidates successful after first interview will be invited to a second interview weekend. The model for the second interview weekend will mirror national guidelines but is still under final development for the North East. The first second interview weekend is scheduled for 20 September 2018;
• A Programme Board has been developed comprising all North East key stakeholders in order to support the delivery of the project in the North East;
• A Project Group consisting all CCGs has been developed to operationally support the delivery of the project in the North East;
• Work continues in order to refine the project in the North East and support the successful recruitment of International GPs in the North East.

Responses received from members are as follows:

Lesley Young-Murphy: I am happy with this

Jon Connolly: Happy to support this

Mary Coyle: Happy to agree the recommendations

Primary Care Committee are asked to ratify the decision by members (taken virtually) to support the proposals in the North East International GP Recruitment Programme paper

Governance and Compliance

1. Links to corporate objectives

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
<th>Item links to objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
<td>✓</td>
</tr>
<tr>
<td>2. Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
<td>🗿</td>
</tr>
<tr>
<td>3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
<td>✓</td>
</tr>
<tr>
<td>4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
<td>🗿</td>
</tr>
</tbody>
</table>
2. **Consultation and engagement**  
Engagement to date has been with CCGs and Practices via their CCG representative on either the Programme Board or Project Board. Please see details contained within the paper.

3. **Resource implications**  
Resources and Finances are covered by the project budget. For NHSE project team staff structure please see details contained within the paper.

4. **Risks**  
Risks outlined in the Risk, Action and Escalation log in appendices

5. **Equality assessment**  
None

6. **Environment and sustainability assessment**
North East International GP Recruitment Programme

Lead Author:
- Helen Reynard, Transformation Manager

Date of report: 5 July 2018
Nominated lead: Denise Jones

1 Purpose of the report

1.1 The purpose of this paper is to provide a progress update on the North East International GP Recruitment programme. This paper also seeks CCG endorsement of the governance arrangements developed to support advancement of the North East model, including Terms of Reference documents that have been developed for the North East International Recruitment Programme Board and Project Group. In addition, the CCG are asked to note that national guidelines for the programme are being adhered to in the North East in order to deliver this programme.

2 Introduction and background

2.1 In August 2017, NHS England announced the expansion of the International GP Recruitment (IGPR) Programme. The expanded programme will now aim to recruit at least 2,000 GPs from overseas by 2020. Since the announcement, NHS England has been working with partners and stakeholders to develop a new delivery model to support the newly expanded programme.

2.2 The North East, comprising 10 of our 11 CCGs has been awarded funding to deliver the International recruitment programme in the North East. A paper detailing this North East wide model was presented at Committee in 2017 (Appendix 1). Since award, the objective for the North East is to recruit around 100 International GPs through this programme. This is as a result of challenges in securing international recruits who meet the level required for consideration for this programme in the early days of the project.

2.3 NHS England has worked with Health Education England in order to develop national guidelines to support those awarded funding (Appendix 2). The North East Model is adhering to the guidelines developed by national colleagues and has the support of NHS England and Health Education England locally.

2.4 At present, recruits are being sought solely from Europe. It should be noted that work is taking place nationally to consider if other locations can be utilised in the future.

2.5 In order to meet national requirements, any prospective international recruits will only be considered for the programme if they meet a number of essential eligibility criteria (full details included on page 10 of Appendix 2) including:

- Being medically qualified;
- Having completed formal training as a general practitioner with either:
  - Approved EU qualification; or
  - Certificate of eligibility for GP registration (CEGPR)
• Eligibility to be on, or are on, the GMC GP Register
• Legal eligibility to work in the UK
• Eligibility for the UK Medical Performers’ Lists
• Having a minimum overall International English Language Testing System (IELTs) standard of 7.0 with no less than 6.5 in any 1 of the 4 domains.

3 North East Programme Board and North East Project Group

3.1 In order to facilitate delivery of the International GP recruitment in the North East, two groups have been developed: The North East Programme Board and the North East Project Group.

3.2 The Programme Board consists of strategic stakeholders including CCG representatives with linkages to the STP, NHS England, the NHS England Cumbria and the North East (CNE) Responsible Officer, LMCs and NECs. The remit of the Programme Board is to provide leadership, direction and oversight throughout the recruitment process, acting on behalf of NHS England and the 10 CCGs involved in this programme. The Programme Board will operate as a collaborative to lead and co-ordinate the delivery and mitigation of risk of agreed objectives within the agreed timescales.

3.3 The Project Group consists of representatives from all CCGs involved in the model in order to drive delivery of the programme in the North East. The remit of the Project Group is to provide local intelligence and to support planning for introduction of IGPRs into practices within their CCG areas.

3.4 A Terms of Reference has been developed for both the Programme Board and for the Project Group (Appendix 3). These documents address the role and responsibilities of the Programme Board and Project Group, detailing how the Board and Group support the project, as well as detailing the way in which decisions are taken and communicated to all key stakeholders in order to facilitate the success of the project in the North East.

3.5 The Programme Board and Project Group meet on a monthly basis in order to facilitate the progression of the project.

4 The North East Model: Key Stakeholders

4.1 NECS
4.1.1 NECS are one of the two CSU’s who have been appointed nationally to support the International GP Recruitment Programme. Responsible for the North of the country, NECS have a remit to work with local and central teams in order to support International GP Recruitment.

4.2 ID Medical Group Ltd
4.2.1 NHS England has completed a procurement exercise which has resulted in a national framework of recruitment companies that can be accessed to support delivery of the IGPR Programme.
4.2.3 Nine companies have been successfully appointed to the national framework. These companies are able to provide both recruitment and relocation services. The nine companies appointed to the national framework are:

- Paragona Polska Sp. zo.o.s.k.
- ID Medical Group Limited
- DRC Locums Limited
- Accident and Emergency Agency Limited
- Verumed
- VPL Healthcare
- Medacs Healthcare Plc
- Head Resourcing Ltd
- Your World Recruitment Limited

4.2.4 ID Medical Group Ltd is the recruitment company that has been appointed to support the North.

4.2.5 ID Medical is responsible for sourcing prospective international GPs from Europe in the first instance. The recruitment company will be responsible for:

- Sourcing prospective recruits in order to ensure that specific numbers of international GPs are assigned to given locations on a cohort basis.
- Establishing the preliminary suitability and eligibility of prospective international recruits. This includes ensuring that prospective recruits have a minimum overall IELTs standard of 7.0 with no less than 6.5 in any 1 of the 4 domains.
- Facilitating initial interviews including ensuring the recruits are available for their first Skype interview at the designated time suitable for both parties, and providing them with their first prospectus which provides information on the programme they are applying for.
- Arranging the travel required to get the recruit to and from their 2nd interview assessment weekend to be held in the UK at a local venue within the North East.

4.3 Health Education England (HEE)

4.3.1 HEENE are responsible for overseeing the registration of candidates and ensuring the candidates are booked onto the relevant assessments in order for the candidates to progress through the process. Appendix 2 details the role of Health Education England and Appendix 4 provides detail on the Induction and Refresher scheme, which all International GPs will take part in.

4.3.2 HEE are liaising nationally with NHS England in order to support delivery of the International GP Recruitment programme.

4.3.3 HEE locally are an integral member of the Programme Board and support the delivery of the project in the North East.

4.4 North East Practices

4.4.1 North East practices are essential to the successful delivery of the programme in the North East and work is underway with practices in order to ensure they are suitably prepared to take on an international GP.

4.4.2 Practices will be the employer of international recruits and as detailed in the national
guidance pack (Appendix 2) will be required, alongside Supervisors, to sign a three way learning agreement between NHS England, Health Education England and the International GP.

4.4.3 As a result of this, work is underway to ensure that practices are suitably prepared for recruits in line with a Practice Readiness requirement and to also ensure that practices are willing to accept entering into a contract of employment and three way learning agreement with international recruits.

4.4.4 Due to low numbers of international recruits currently being referred by ID Medical, the programme team for this project is working within each CCG in order to identify practices most suitable to take on recruits. Further work will take place in order to support other practices to become ready to accept recruits.

4.4.5 The aim is that practices most suitable and able will be the early adopters within this programme whilst longer term work takes place to make other interested practices ready to employ and support international GPs.

4.5 North East Programme Management Team
4.5.1 In order to support the delivery of this programme, funding is being provided to the North East in order to recruit an administrative project team.

4.5.2 After consideration of the work required to support delivery of the project, the following staffing model has been agreed:

- One x 0.4 WTE Band 9 Clinical Lead
- One x 1WTE 8a Development Manager
- One x1WTE or t2 x 0.5WTE 8a Delivery Manager(s)
- One x 1WTE Band 6 Project Support Officer

4.5.3 NHS England will fund and employ the International Recruitment team. A process is underway in order to recruit the team, after receiving internal authorisation from Directors and the Establishment Control team.

4.5.4 Due to the level of preparatory work required to make this programme a success, interim support has been secured from DDES CCG and Newcastle Gateshead CCG, with members of staff loaned to the project on an temporary basis.

4.5.5 Interim Clinical Advice has also been sought and as a result, Dr Jamie Harrison is providing interim clinical advice to enable the success of the project in the North East.

4.5.6 In addition, the NHS England GPFV Transformation team is supporting delivery of the project until the wider team is in place.

4.5.7 It should be noted that due to the slow progression of this project currently, any staff recruited for this project will also offer support with GPFV initiatives where necessary, particularly those linked to primary care workforce.

5 North East International GP Recruitment: State of Readiness

5.1 In order to ensure that the North East is suitably prepared for International GP recruits, a national state of readiness document has been developed by NHS England. The
document for the North East can be found at Appendix 5.

5.2 This provides a review of all key tasks linked to the project in order for local work to be completed to support project mobilisation. Whilst some areas are still under development, such as completing the final plans for Interview weekend, this document also indicates the progress that has been made to date within this project.

5.3 The State of Readiness is reviewed on a monthly basis at Programme Board in order to support the successful delivery of the project.

6 North East International Recruitment of GPs: Interviews

6.1 As detailed in Appendix 2, there is a national model which the North East are following linked to recruitment of international GPs. This involves suitable candidates being referred from the recruitment agent, ID Medical, to the North East project team for consideration.

6.2 Upon submission, candidates are invited for a first interview which takes place using Skype. First interviews have been scheduled in on a fortnightly basis in order to ensure that the North East can accommodate any interested candidates at the earliest opportunity. The interview panel for North East first interviews will always consist of a clinical lead (from NHS England or Health Education England) and Programme Board representative. In addition, quality assurance of first interviews will be achieved by having all first skype interviews overseen by a member of the project team.

6.3 Interview questions have been selected from the Guidelines document (Appendix 2) provided for this programme.

6.4 Should candidates pass the first skype interview, they will be invited to attend a second interview weekend. The first second interview weekend for the North East is scheduled for 20 September 2018. Using the national guidelines (Appendix 2) the North East model for the interview weekend is currently being finalised.

6.5 To date, low numbers of candidates are coming through the system. As a result of this, and in order to make best use of resources, a partnership approach to interviews is being considered across the North. Work continues in order to progress this approach and any partnership model will be subject to Responsible Officer sign off.

7 North East International GP Recruitment: Risk Register

7.1 A draft Risk Register has been developed as at Appendix 6. This has been developed following operational discussions with CCGs and NECS and whilst there are a number of risks associated with the project, the key risks to the delivery of the North East model at present is the lack of project staff in place to deliver the programme in addition to the low numbers of prospective International GPs coming through the system from ID Medical.

7.2 The risk register is being reviewed on a weekly basis and mitigation of risks is taking place in order to reduce any potential impact for the North East project. The Risk Register is also reviewed at every monthly Programme Board meeting.
8 Summary

- The North East have been approved to recruit around 100 International GPs using the national guidelines for International GP Recruitment;
- Funding to support the recruitment of an administrative project team has been awarded and recruitment will commence shortly;
- The recruitment company appointed to support the North East IGPR programme from the national framework are ID Medical Group Limited;
- ID Medical are working across the North in order to refer suitably eligible international GPs for first and second interview;
- 1st Interviews have been arranged for candidates meeting the min requirement entry level IELTs 7.0 and these will be performed via Skype. First interviews are scheduled on a fortnightly basis in the North East. No first interviews have taken place as yet;
- Candidates successful after first interview will be invited to a second interview weekend. The model for the second interview weekend will mirror national guidelines but is still under final development for the North East. The first second interview weekend is scheduled for 20 September 2018;
- A Programme Board has been developed comprising all North East key stakeholders in order to support the delivery of the project in the North East;
- A Project Group consisting all CCGs has been developed to operationally support the delivery of the project in the North East;
- Work continues in order to refine the project in the North East and support the successful recruitment of International GPs in the North East.

9 Recommendation

Committee are asked to:

- Endorse the Terms of Reference and decision making powers of the North East Programme Board;
- Endorse the Terms of Reference for the Project Group and note how the two groups work together in order to deliver this programme of work;
- Note the national guidelines for the programme, which are being adhered to in the North East in order to deliver this project;
- Note that work continues in order to develop the North East model and secure international GP recruits for the North East.

It is proposed that further progress updates are provided at future Committee meetings.
APPENDICES

Appendix 1: Previous Committee Paper

Appendix 2: National Guidelines

Appendix 3: TOR for Programme Board and Project Group

Appendix 4: Induction & Refresher Scheme

Appendix 5: State of Readiness

Appendix 6: Risk Register
Report to: Primary Care Committee

Date: 5 September 2018

Agenda item: 08

Title of report: Finance update

Sponsor: Jon Connolly, Chief Finance Officer,
Author: Keith Davison, Locality Finance Manager, NHS England

Purpose of the report and action required: This report is to update members of the current and forecast financial position with regard to Primary Care budgets.

The Primary Care Committee is asked to review and note:-

- Current reported financial position and current forecast outturn position
- Variances reported to date
- Financial risks to this reported position.

Governance and Compliance

1. Links to corporate objectives

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
</tr>
<tr>
<td>2. Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
</tr>
<tr>
<td>3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
</tr>
<tr>
<td>4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
</tr>
</tbody>
</table>

2. Consultation and engagement

N/A.

3. Resource implications

N/A

4. Risks

Potential risk to CCG financial position

5. Equality assessment

Applicable to all equally
6. Environment and sustainability assessment
N/A
GP BUDGETS - Financial Summary period ended 31 July 2018

1.0 Summary Position –

Appendix 1 sets out the current year to date position and also the forecast outturn position as at 31 July 2018.

The Forecast Outturn position is reported at this stage of the financial year as break even but this is result of a number of compensating variances.

2.0 Variances to date

- **GMS / APMS**
  The budget for APMS contracts includes a reserve for those patients displaced following the closure of the Earsdon Park practice. As and when these patients register with other practices, budgets will be moved from the APMS line on to the budget for the appropriate GMS practice. As such there is currently an overspend on GMS and a corresponding underspend on APMS.

  The GMS budget also includes a reserve for demographic growth in the CCG area. Based on last years population growth this reserve was set on an estimate of a 0.5% increase in overall practice list size. As list size growth in year is just over 0.1% there is currently an overall underspend reported.

- **QOF**
  An underspend has been reported on the QOF budget line in respect of 17/18 achievement. An accrual was made at the end of last financial year in respect of QOF achievement for that year as the calculation of QOF achievement and payment does not take place until June of the following year. The underspend is due to the actual achievement being less than the accrual made i.e. practice achievement was lower than anticipated.

- **Premises**
  The overspend on the premises line is based on current rent reimbursements made in NHS Property Services Premises and reflects a significant increase in respect of one building. As the 18/19 invoices raised to practices are based on NHS Property Services estimates it is not clear if this is a permanent variance or just an estimation error. The invoices may be revised once the 17/18 ‘True-Up’ calculations have been done by NHS Property Services and released to the CCG.

- **Other GP Services - CQC Fee Reimbursements**
  CQC have amended their fee structure from April 2018. It is anticipated that this will result in a financial pressure in 18/19 of around £7k.

- **Dispensing / Prescribing Doctors**
Due to the 3 month time lag in processing of prescriptions by NHS BSA the CCG has to put an accrual into the accounts at the end of the year. The underspend on this budget line represents the recognition of an over accrual i.e. when the real expenditure figures have been made available for the period January to March 2018 they have proved to be less than the figure accrued into 17/18 accounts.

3.0 Financial Risks

Financial Risks to this reported forecast position include:-

- **General Practice Pay Awards**
  Subsequent to the CCG finalising the financial position at Month 4 NHS England announced an additional GP pay uplift. They announced that following the recommendations of the Doctors & Dentists Review Body (DDRB) they had decided to award GPs a 2% pay uplift in 2018/19, backdated to April 2018. Given that a 1% pay uplift had already been implemented (and reflected in the position stated below in Appendix-1) this means that a further 1% uplift needs to be implemented and backdated to April to deliver the total of 2%. It is estimated that this will cost the CCG an additional £ 223k not currently reflected in the position below.

- **APMS**

  Negotiations are ongoing with the APMS providers with regard to the Earsdon Park contract.

- **Premises Reimbursements**

  Changes to the charging policies in respect of NHSPS and also CHP represent a significant financial risk to the CCG and its member practices. Discussions are ongoing at national, regional and CCG level to clarify the extent of the risk involved.

- **Enhanced Services**

  Budget were set for 17/18 on the basis of all practices signing up to deliver all Enhanced Services. Currently 6 practices have declined to deliver the DES-Extended Hours and 1 has declined to deliver DES-Learning Disabilities.
## North Tyneside CCG

### Primary Care Financial Report for 4 months to 31 July 18

<table>
<thead>
<tr>
<th>Detail</th>
<th>Annual Budget (£)</th>
<th>YTD Budget (£)</th>
<th>YTD Actual (£)</th>
<th>YTD Variance (£)</th>
<th>EOY Forecast Outturn (£)</th>
<th>EOY Variance (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice - GMS</td>
<td>19,374,771</td>
<td>6,458,195</td>
<td>6,596,615</td>
<td>138,420</td>
<td>19,487,789</td>
<td>113,018</td>
</tr>
<tr>
<td>General Practice - PMS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Practice - APMS</td>
<td>838,265</td>
<td>279,418</td>
<td>227,183</td>
<td>-52,235</td>
<td>681,561</td>
<td>-156,704</td>
</tr>
<tr>
<td>QOF</td>
<td>3,301,544</td>
<td>1,100,432</td>
<td>993,230</td>
<td>-107,202</td>
<td>3,194,342</td>
<td>-107,202</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td>741,004</td>
<td>246,883</td>
<td>246,882</td>
<td>-1</td>
<td>741,004</td>
<td>0</td>
</tr>
<tr>
<td>Premises Cost</td>
<td>2,425,658</td>
<td>808,447</td>
<td>822,192</td>
<td>13,745</td>
<td>2,474,053</td>
<td>48,395</td>
</tr>
<tr>
<td>Dispensing/Prescribing Drs</td>
<td>203,317</td>
<td>67,740</td>
<td>27,839</td>
<td>-39,901</td>
<td>163,416</td>
<td>-39,901</td>
</tr>
<tr>
<td>Other GP Services</td>
<td>795,485</td>
<td>265,095</td>
<td>267,256</td>
<td>2,161</td>
<td>802,835</td>
<td>7,350</td>
</tr>
<tr>
<td>Reserves</td>
<td>-135,044</td>
<td>-45,013</td>
<td>0</td>
<td>45,013</td>
<td>0</td>
<td>135,044</td>
</tr>
<tr>
<td>Reserves - 1% Headroom</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,545,000</td>
<td>9,181,197</td>
<td>9,181,197</td>
<td>0</td>
<td>27,545,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Report to: Primary Care Committee

Date: 5 September 2018  |  Agenda item: 09a

Title of report: Strategy Update – 10 High Impact Actions

Sponsor: Lesley Young-Murphy, Executive Director of Nursing: Chief Operating Officer
Author: Holly De Luca, Service Improvement & Development Officer and James Martin, Commissioning and Performance Manager

Purpose of the report and action required:
The committee are requested to note the progress being made in implementing the Tripartite Primary Care Strategy

Strategy update

In 2015, the ‘Making Time’ study was commissioned to identify the chief areas where reducing bureaucracy and reshaping demand could help GP practices in England. The ‘Making Time’ study also points to the fact that there is much GP practices can do themselves to help address their workload pressures, and although a growing number are already making use of these it is clear that many are not.

Building on evidence gathered through the Making Time report and the Prime Minister's GP Access Fund, ten areas have been identified where action can be taken to release capacity in GP practices. These 10 High Impact Actions to release time for care form part of the GP Forward View.

<table>
<thead>
<tr>
<th>1 Active signposting</th>
<th>2 New consultation types</th>
<th>3 Reduce DNAAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online portal</td>
<td>Phone consultations</td>
<td>Easy cancellation</td>
</tr>
<tr>
<td>Reception navigation</td>
<td>Text message</td>
<td>Reminders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Develop the team</th>
<th>5 Productive work flows</th>
<th>6 Personal productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor illness nurses, Pharmacists, Therapists</td>
<td>Match capacity &amp; demand, Efficient processes</td>
<td>Personal resilience, Computer confidence</td>
</tr>
<tr>
<td>Physician associates, Medical assistants, Paramedics</td>
<td>Productive environment</td>
<td>Speed reading, Touch typing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 Partnership working</th>
<th>8 Social prescribing</th>
<th>9 Support self care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productive Federation, Specialists</td>
<td>Practice based navigators</td>
<td>Prevention, Acute episodes, Long-term conditions</td>
</tr>
<tr>
<td>Community pharmacy, Community services</td>
<td>External service</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 Develop QI expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change leadership, Process improvement, Rapid cycle change, Measurement</td>
</tr>
</tbody>
</table>
In each area, there are several specific changes which could be implemented to make a difference. These are all ways of working that have been found to simultaneously release clinician time and improve care for patients. No single action is a silver bullet. Each has been found by practices to be beneficial, but it’s suggested that CCGs and GP practices consider multiple solutions in order to achieve the greatest benefit for themselves and their patients.

Within North Tyneside resource has been provided to support the implementation of the 10 High Impact Actions within practices and localities through the employment of four Locality Support Officers (LSOs). It is worth noting that a number of the projects identified within the 10 High Impact Actions have already been identified and implemented by either local practices or the CCG Transformation Team prior to the release of the national document. There is however local variation between practices and localities in the uptake and delivery of these projects.

The LSOs have worked with localities to undertake a Gap analysis to identify at a practice and locality level which of the actions have been implemented, where the gaps are, and where actions can be taken to have the biggest impact.

The attached report provides a summary of the Gap analysis and the identified actions to deliver the 10 High impact actions.

The committee are asked to note the contents of this report.

---

**Governance and Compliance**

1. **Links to corporate objectives**

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
<th>Item links to objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
<td>✓</td>
</tr>
<tr>
<td>Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
<td></td>
</tr>
<tr>
<td>Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
<td>✓</td>
</tr>
<tr>
<td>Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
<td>✓</td>
</tr>
</tbody>
</table>
2. **Consultation and engagement**
   Primary Care Committee appraised of latest position through this paper.

3. **Resource implications**
   No additional resource implications

4. **Risks**
   N/A

5. **Equality assessment**
   N/A

6. **Environment and sustainability assessment**
   N/A
<table>
<thead>
<tr>
<th>10 High Impact Ideas</th>
<th>Actions</th>
<th>By Whom</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Signposting</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Receptionists’ job is to connect the patient with the most appropriate service (not just book everyone with a GP).</td>
<td>• Care Navigators in practice</td>
<td>• Tynehealth</td>
<td>• Yes</td>
</tr>
<tr>
<td>• Train receptionists to ascertain the patient’s need. Include red flags for medical emergencies.</td>
<td>• Care Navigators in practice</td>
<td>• Tynehealth</td>
<td>• Yes</td>
</tr>
<tr>
<td>• Develop a directory of services, inc services outside the practice, for patients to be directed to.</td>
<td>• Sign Network</td>
<td>• CCG/LA</td>
<td>• Yes</td>
</tr>
<tr>
<td>• Patients are encouraged to make the practice website or a mobile phone app their first point of contact.</td>
<td>• Mobile apps slowly rolling out to practices. Websites need to be refreshed not compatible with mobile devices, information outdated and not relevant need to source funding</td>
<td>• CCG</td>
<td>• Ongoing</td>
</tr>
<tr>
<td>• This provides access to symptom checkers, links to local sources of advice and support in the community, details of community pharmacies and self help advice for minor ailments. This may sit alongside e-consultation functions and transactional services for repeat prescriptions and appointment booking.</td>
<td>• Funding secured need to roll out across North Tyneside</td>
<td>• Tynehealth</td>
<td>• Ongoing</td>
</tr>
<tr>
<td><strong>New consultation types</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The phone is used to consult (not just triage).</td>
<td>• Already in place in most practices.</td>
<td>• GP Practices</td>
<td>• Yes</td>
</tr>
<tr>
<td>• Patients can be offered an appointment with their usual GP or with any available GP.</td>
<td>• Already in place in most practices.</td>
<td>• GP Practices</td>
<td>• Yes</td>
</tr>
<tr>
<td>• Many follow-ups can be done on the phone as well as new</td>
<td>• Already in place in most practices.</td>
<td>• GP Practices</td>
<td>• Yes</td>
</tr>
</tbody>
</table>
- Patients make practice website their first point of contact
  - Options
    - Find out more about symptoms, a particular condition or treatment
    - Request a call back from 111 nurse
    - Send details of problem/query to GP
  - GP surgery includes “slots” for online consultations

- Websites not fit for purpose need refresh before this can be actioned
  - Tynehealth funded to procure this
  - Tynehealth funded to procure this
  - Not ready to roll out yet

<table>
<thead>
<tr>
<th>Reduce DNAs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make it easy for patients to cancel.</td>
<td>• Already in place in most practices.</td>
<td>• CCG</td>
</tr>
<tr>
<td>• Send appointment reminders (text/email) □10% reduction.</td>
<td>• Already in place in most practices.</td>
<td>• GP Practices</td>
</tr>
<tr>
<td>• Patients write their own booking □18% reduction.</td>
<td>• Some practices have begun to implement this</td>
<td>• GP Practices</td>
</tr>
<tr>
<td>• Patients read-back appointment details □4% reduction.</td>
<td>• Some practices have begun to implement this</td>
<td>• GP Practices</td>
</tr>
<tr>
<td>• Report how many appointments were kept last month rather than DNAs □14% reduction.</td>
<td>• North Shields testing</td>
<td>• GP Practices</td>
</tr>
<tr>
<td>• Reduce ‘just in case’ booking by improving same day access □up to 70% reduction.</td>
<td>• Increased through Extended hours no additional capacity to improve further</td>
<td>• GP Practices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop the Team</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A pharmacist (usually with community experience) works as a full member of the practice clinical team.</td>
<td>• Additional resource required to further enhance this, Tynehealth funded to deliver</td>
<td>• Tyne health</td>
</tr>
<tr>
<td>• They undertake consultations</td>
<td></td>
<td>• Awaiting evaluation</td>
</tr>
</tbody>
</table>

- Yes
- Yes
- Ongoing
- Ongoing
- Ongoing
- Ongoing

- No

- Yes
- Yes
- Ongoing
- Ongoing
- Ongoing
- Ongoing

- Ongoing

- Ongoing

- Ongoing

- Ongoing

- Awaiting evaluation
for new and ongoing issues as well as taking a lead on administration of repeat prescribing and improvement in quality and safety of prescribing.

- Pharmacists are highly trained clinicians, able to provide a wide range of care. Evidence suggests they manage repeat prescribing more safely than GPs.

- Approx 20% of GP appointments are for musculoskeletal complaints

- Patients presenting with a new musculoskeletal problem from a predetermined list are offered an appointment with the physio rather than a GP.

- Physio has 15 minute appointments with patients. Full access to GP record.

- Assessment of the problem and advice on exercises and self management. If required, onward referral for longer therapy / prescription request / refer to GP

---

<table>
<thead>
<tr>
<th>Productive Workflows</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify common tasks / processes and measure them to find priorities for improvement.</td>
</tr>
<tr>
<td>- Use tools and techniques from Improvement science to design and implement improvements</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Trial Physio clinics in North Shields</td>
</tr>
<tr>
<td>- CCG/GP Practices</td>
</tr>
<tr>
<td>- Awaiting evaluation</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Locality meetings</td>
</tr>
<tr>
<td>- CCG/GP Practices</td>
</tr>
<tr>
<td>- Ongoing</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- LSOs/Transformation/Time to care</td>
</tr>
<tr>
<td>- CCG/GP Practices</td>
</tr>
<tr>
<td>- Ongoing</td>
</tr>
</tbody>
</table>
- Redesign the appointment system to be more flexible in meeting patient demand as it presents.

For most practices, this includes:
- varying the supply of appointments to meet varying demand during the day, the week and the year
- more flexibility in the type of appointments available (e.g., more access to nurse appointment and a variety of GP appointment lengths)
- having first contact for patients with a GP on the phone, allowing about 70% of issues to be resolved in a shorter appointment on the same day the patient contacts the practice
- Clerical staff code incoming clinical correspondence. Following training, they refer to agreed protocols to decide what action to take with each letter. Duplicates and letters with incomplete information are handled by the clerical staff without going to the GP.
- The majority of data entry and coding about the letter will be undertaken by the clerical staff. Some letters will be forwarded to another member of the team for action.
- A minority of letters is sent to the GP.

<table>
<thead>
<tr>
<th>LSOs/Transformation/Time to care</th>
<th>CCG/GP Practices</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Hours</td>
<td>Tynehealth/GP Practices</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Some practices have begun to implement this</td>
<td>GP Practices</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Some practices have begun to implement this</td>
<td>GP Practices</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Some practices have begun to implement this</td>
<td>GP Practices</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Some practices have begun to implement this</td>
<td>GP Practices</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Some practices have begun to implement this</td>
<td>GP Practices</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Some practices have begun to implement this</td>
<td>GP Practices</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### Personal productivity
- The computer is used in 100% of GP consultations, the stethoscope in approx 5-15%.
- ‘Hunt and peck’ typing is slower than touch-typing, with more need to look away from the patient.
- Typical readers read 1/3 as fast as proficient speed readers.

<table>
<thead>
<tr>
<th></th>
<th>Not Implemented</th>
<th></th>
<th>Not Implemented</th>
</tr>
</thead>
</table>

### Partnership working
- Community pharmacies are conveniently located and often open longer than other primary care providers.
- They can provide additional services such as minor ailments, emergency repeat medication supply and medicines management input.
- All of these are enhanced by giving access to the full GP record (with the patient’s consent).

<table>
<thead>
<tr>
<th></th>
<th>Already in place</th>
<th></th>
<th>Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Think Pharmacy First</td>
<td></td>
<td>Pharmacies</td>
</tr>
</tbody>
</table>

### Social Prescribing
- Signpost patients to care and support services which increase wellbeing and independence.
- Examples include leisure and social community activities, befriending, carer respite, dementia support, housing, debt management and benefits advice, one to one specialist

<table>
<thead>
<tr>
<th></th>
<th>Care Navigators</th>
<th></th>
<th>Tynehealth/GP Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care Navigators</td>
<td></td>
<td>Tynehealth/GP Practices</td>
</tr>
</tbody>
</table>
advocacy and support, employment support and sensory impairment services.

- The service may be external to the practice, taking referrals, or there may be closer integration within the practice team, for example through team meetings or locating peer coaches or service navigators within the team.

<table>
<thead>
<tr>
<th>Support Self Care</th>
<th>Care Navigators</th>
<th>Tynehealth/GP Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>The GP contract requires practices to provide access to coded information in records.</td>
<td>Already in place in most practices.</td>
<td>GP Practices</td>
</tr>
<tr>
<td>It is also possible to give full access.</td>
<td>Already in place in most practices.</td>
<td>GP Practices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QI Expertise</th>
<th>LSOs/Transformation/Time to care</th>
<th>CCG/GP Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify common tasks / processes and measure them to find priorities for improvement.</td>
<td>LSOs/Transformation/Time to care</td>
<td>CCG/GP Practices</td>
</tr>
<tr>
<td>Use tools and techniques from Improvement science to design and implement improvements (eg 5S, Lean).</td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Yes | Yes | Ongoing | Ongoing
**Gap Analysis**

**Overview**
Over recent years the volume and complexity of work in general practice has created significant pressures which have been compounded by growing challenges with the supply of doctors and nurses. Helping practices to manage their workload better is therefore a high priority.

North Tyneside CCG (NTCCG) has employed four locality officers who work with practices on a locality footprint to support the implementation of transformational changes around the ten high impact actions. The locality officers were tasked with inviting all practices across North Tyneside to take part in a gap analysis which aimed to identify gaps around the ten high impact actions within each of the practices across North Tyneside. The aim was to identify areas of development for each practice around the ten high impact actions and to share good practice.

**Active Signposting**
All practices across the four localities were actively signposting. This was predominantly achieved via promotion of patient online services, utilising digital signage and promoting care navigation in practices.

All practices had their own website however some practice websites were less functional than others. All practices identified that this was an area that required more support and development. Additionally the use of mobile apps was identified as an area requiring more development. Some practices had actively developed practice apps and applications to support self-care however, they identified there had been issues with publishing the apps and therefore these were not actively being used across the patch.

The releasing time for care paper (2017) identifies that “patients should be encouraged to make the practice websites or mobile phone app their first point of contact”. The gap analysis identified that although practices have websites and are encouraging patient online services, the website functionality still requires further development and support.

NHS England identified that reception care navigation was an area for practices to develop in order to actively signpost patients to the most appropriate services. The gap analysis highlighted that most practices had trained receptionists as care navigators however, how this was being implemented varied across the patch in terms of time allocated to actively care navigate, timeliness of training meaning some care navigators were more established than others, awareness of across boundary services and GP awareness and support of the role to identify patients which may benefit from care navigation. Funding was also highlighted as an issue as it was felt the funding available to practices wasn’t sufficient to allow for reception backfill.
Some practices identified that they were actively using the SIGN North Tyneside directory as a resource to support the care navigation in practices. The SIGN North Tyneside directory is a free resource which brings together information about activities, events and services for residents living within North Tyneside. Although the usage of this resource was variable in practices across North Tyneside, practices which were using the directory reported that it was a useful tool for actively signposting patient’s whose needs could be better met through alternative organisations, freeing up GP time in practice.

Additionally, in 2017 the CCG funded the implementation of digital screens and signage within GP practices in order to support active signposting within practices. The screens have allowed practices to promote services and information relevant for patients across North Tyneside.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website Refresh</td>
<td>Procure web space &amp; Developer</td>
<td>Identify funding stream</td>
</tr>
<tr>
<td>Symptom checker added to website</td>
<td>Funding allocated to Tynehealth</td>
<td>Request update from Tynehealth</td>
</tr>
<tr>
<td>Develop Practice Mobile application for all practices</td>
<td>Currently developer for small number of practices</td>
<td>Identify the possibility for CCG to provide more resource or hire mobile developer</td>
</tr>
</tbody>
</table>

**New Consultation Types**

All practices were actively offering telephone consultations to both consult and triage. Dedicated time for this varied across practices meaning the benefits from this varied. Some practices were piloting the use of video consultations however only three of the 2 practices were using these to offer consultations. A number of practices expressed an interest in using video consultations however.

Group consultations were being offered in two practices for specific conditions. Wellspring offer group consultations for back pain and spring terrace have been offering group diabetic reviews. Feedback from practices involved in group consultations has been positive and these practices are looking to share learning with other practices.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-line consultations</td>
<td>Funding allocated to Tynehealth</td>
<td>Request update from Tynehealth</td>
</tr>
<tr>
<td>Video Consultations</td>
<td>Piloting in West Farm</td>
<td>Await feedback</td>
</tr>
<tr>
<td>Group Consultations</td>
<td>Currently offer by two practices</td>
<td>Look to develop process to rollout</td>
</tr>
</tbody>
</table>
**Reduce DNAs**

The majority of practices were sending text reminders for appointments at the time of booking and on the day of the appointment. Some practices had trialled and continue to use patient partner which is in line with NHS England recommendations to “make it easy for patients to send appointments”. Feedback on the use of this software was that it has made a significant impact on access and on reducing DNAs. Where DNAs were identified as an issue, these practices were actively promoting the DNA rates and financial and access costs of this. Some practices had policies in places around DNAs which meant that failure to attend on a number of occasions would result removal from the practices list unless there was a justifiable reason for none attendance e.g. dementia patients. One practice were targeting patients in the 17-25 year age bracket to audit reasons for DNAs and incorporate this into system apps.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients write their own booking</td>
<td>Ask practices to implement this</td>
<td>Looking to pilot in North Shields</td>
</tr>
<tr>
<td>Telephone booking cancellations</td>
<td>Patient partner piloting in practices</td>
<td>Practices to opt for mass roll out</td>
</tr>
<tr>
<td>Reduce just in case appointments by offering increased same day access</td>
<td>Capacity and demand modelling</td>
<td>Discuss at GP Innovations</td>
</tr>
</tbody>
</table>

**Develop the Team**

NHS England suggests a range of ideas in their releasing time for care paper for how practices can develop their team to make the most of the workforce. The North Shields locality has acted on the suggestion of utilising physiotherapy to help manage the large number of patients with musculoskeletal (MSK) difficulties. They are currently piloting a physio first service which will allow patients to book directly with physiotherapist potentially circumnavigating the need to book an appointment with a GP.

Utilising clinical pharmacists in practice is also suggested as a way practices can develop the workforce. Most practices have invested in some input from clinical pharmacist however; funding was highlighted as an issue to rolling this out in all practices. Some practices are waiting funding from the GP federation in order to benefit from the funding made available from NHS England.

Practice based paramedics are highlighted as an area where practices can develop the workforce. This is an identified gap across North Tyneside with no practices currently utilising a practice based paramedic. Funding and resource would be required to realise this suggestion.

Locality working across North Tyneside has meant that a range of shared services are currently being piloted which would develop the team. This includes but is not exclusive to a locality based spirometry service, shared dressing clinics and community care home service.
Additionally, the CCG are supporting some practices with workforce planning which will enable the sharing of services across multiple practices, identify clinical roles, succession planning, skills gap analysis and talent management.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Pharmacist support</td>
<td>Most practice have access to Pharmacist support</td>
<td>Tynehealth funded to increase support, request feedback</td>
</tr>
<tr>
<td>Paramedic support</td>
<td>Identify funding stream and recruit</td>
<td>GP Innovation</td>
</tr>
<tr>
<td>Physiotherapy in practice</td>
<td>Piloted in North Shields</td>
<td>Await evaluation</td>
</tr>
</tbody>
</table>

**Productive Workflows**

A number of projects are being rolled out across North Tyneside to support productive workflows. Many practices actively utilise different skills mix to meet the demand and needs of patients traditionally seen by the GP e.g. utilising a nurse practitioner to undertake daily triage, health care assistants completing routine bloods. The CCG employ a transformation and change team who carry out daily service improvement projects with practices. Within this, a number of practices have undertaken capacity and demand analysis, workforce, succession planning and training.

NHS England suggest redesigning appointment systems to be more flexible in meeting patient demand as it presents. Implementing increased online appointments and using systems such as patient partner offers flexibility to patients to book and cancel their appointments as required. All practices have a minimum of 20% appointments available online although it was fed back that there is a disparity between numbers of patients registered for online appointments and active use of this service.

The CCG are supporting the practices with e-referrals and e-discharges making practices paper free and more productive. Additionally, CCG are working with practices to digitise patient records and create further clinical space to improve patient access. Further, practices across North Tyneside have been offered training and support around correspondence management (non-clinical coding) which will result in a reduction of letters sent to GPs and the upskilling of administrative staff.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Management</td>
<td>Digitisation of records</td>
<td>Currently being rolled out across North Tyneside</td>
</tr>
<tr>
<td>Document Management</td>
<td>E-referrals</td>
<td>Rolled out across North Tyneside- awaiting evaluation</td>
</tr>
<tr>
<td>Document Management</td>
<td>E-discharges</td>
<td>Rolled out across North Tyneside- awaiting evaluation</td>
</tr>
</tbody>
</table>
**Personal Productivity**

Support is available to practices from the CCG around skills development and personal productivity. All practices identified that this is something which they could improve upon and requested further training around this.

Some practices ensure that they spend regular time undertaking team building activities and shared learning opportunities. Practices identified that time and increasing pressure is making it difficult to make the time for this with some practices working with the transformation team to access resilience, conflict and staff development training.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsoft training</td>
<td>Available to practices through NECs</td>
<td>Remind practices that this training can be accessed via NECs. LSO’s to collate a list of practices interested and liaise with NECs</td>
</tr>
<tr>
<td>Website Training</td>
<td>Available to practices through transformation team.</td>
<td>LSO’s to collate a list of practices interested and liaise with wider transformation team</td>
</tr>
<tr>
<td>Social Media</td>
<td>Available to practices through transformation team.</td>
<td>LSO’s to collate a list of practices interested and liaise with wider transformation team</td>
</tr>
<tr>
<td>Statutory &amp; Mandatory training</td>
<td>Available through Skills for Health</td>
<td>LSO’s to discuss with practices and identify what statutory and mandatory training is required which cannot be accessed via skills for health.</td>
</tr>
<tr>
<td>Team Building</td>
<td>Available to practices through transformation team.</td>
<td>LSO’s to collate a list of practices interested and liaise with wider transformation team</td>
</tr>
<tr>
<td>Patient on-line Training</td>
<td>Available to practices through transformation team.</td>
<td>LSO’s to collate a list of practices interested and liaise with wider transformation team</td>
</tr>
<tr>
<td>Touch Typing Training</td>
<td>Available as a free resource online.</td>
<td>LSO’s to collate a list of practices interested in this training and consider whether this could be done as a group training session.</td>
</tr>
<tr>
<td>Resilience training</td>
<td>Identify training options and cost.</td>
<td>LSO’s to collate a list of practices interested in this training and funding streams to be identified.</td>
</tr>
</tbody>
</table>
Partnership Working

All practices have improved partnership working through the locality groups and sharing of services and learning. Care navigation has been a tool which has been used to facilitate closer working with the third sector and the CCG have supported this through the care navigation roadshows and working with the GP Federation.

Additionally, the CCG work closely with the patient participation group who engage frequently with practices providing feedback and offering support around the work up of projects and ideas.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Care Programme</td>
<td>Projects to be identified through primary care working group.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Primary Care Home</td>
<td>Projects to be identified through primary care working group.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Social Prescribing

Social prescribing is being supported in all practices via care navigation. Collaborative working between practices and the third sector has resulted in some third sector organisations basing themselves in practices on a monthly basis to pro-actively target patients who would benefit from social prescribing.

Some practices identified that having GP “buy-in” around social prescribing and care navigation is key to its success. The transformation team are currently collaborating with Age UK to develop a “social prescription” which could be used by GPs to refer patients directly into social prescribing services or to the care navigator for a more in depth discussion around how social prescribing may benefit patients with social needs.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social prescribing in practices</td>
<td>Funded through Local Authority to Age UK</td>
<td>Care Navigators to become further embedded into practice and social prescribing.</td>
</tr>
</tbody>
</table>

Support Self Care

All practices have access to a self-care mobile app however; feedback from practices was that they were either not aware of the app or did not feel it had up to date information within it. Consequently, this has not been proactively promoted to patients therefore practice confidence in the apps usage was low. This was identified as an area where practices would like further input and support with the suggestion that self-care information and support could be built into practice website refreshers.
Practices within the Wallsend locality are working with the CCG to develop a self-care video identifying themes for patient self-care education. Additionally, a number of GPs are working together to develop an educational programme to target self-care education at secondary school children promoting “self-care” from a young age.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care video</td>
<td>Pilot in Wallsend Locality</td>
<td>Await evaluation and consider all practice roll out if deemed successful.</td>
</tr>
<tr>
<td>School education video</td>
<td>Pilot in Wallsend Locality</td>
<td>Await evaluation and consider all practice roll out if deemed successful.</td>
</tr>
<tr>
<td>Add self-care information to websites.</td>
<td>To be included with website refresh.</td>
<td>Ensure this aspect is considered when re-designing websites,</td>
</tr>
</tbody>
</table>

**Develop QI Expertise**

Quality Improvement expertise has been developed in practices through leadership training provided to practice managers by NELA. Further, the CCG is offering a second cohort to access CQI leadership training. The CCG transformation and change team also work closely with both individual practices and localities around developing QI expertise.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to care training offer</td>
<td>Tynehealth holding training session with practices</td>
<td>Await feedback</td>
</tr>
</tbody>
</table>
Report to: Primary Care Committee (Public)

Date: 05 September 18

Agenda item: 10a

Title of report: Wellspring Medical Practice application to increase rent reimbursement

Sponsor: Lesley Young-Murphy, Executive Director of Nursing and Chief Operating Officer

Author: James Martin, Commissioning and Performance Manager

Purpose of the report and action required: This report is for decision. The committee are asked to discuss the information within this report and decide on the

Executive Summary

The purpose of this paper is to make a decision on an application received from Wellspring Medical Practice for increased rent reimbursement for proposed additional space in Killingworth Health Centre.

The additional space is currently used as a health education room and represents a net internal area (NIA) of 29m². The space is part of a head lease held by NHS Property Services and currently used by Northumbria Healthcare Foundation Trust community services alongside a small number of consulting rooms. The Trust have indicated that they no longer use the “health education room” and wish to declare this space as void.

In their application (appendix 2) the practice envisage the room would be used for

1) Clinical team meetings
2) Locality monthly meetings
3) Locality education events
4) Practice patient group meetings (PPG)
5) Group patient sessions/consultations – back pain workshops, prevention of diabetes events, research groups (eg opioid medication reduction groups)
6) Carers groups

Some of these events would be practice based but the room could certainly be bookable by the wider community for HUB / locality/ primary care home events or services.

Although not identified on the application there are a number of housing developments in the Killingworth area and this additional space has the potential to be converted into additional consulting space should the practice list size see a significant increase as a result.

The proposed cost in terms of additional rent reimbursement to the practice would be £5,785 per annum. Under the terms of the transfer of leases from Primary Care
Trusts to NHS Property Services the relevant commissioning organisation are liable to cover any void costs that are generated as a result of a commissioned service vacating space. The CCG would therefore be required to cover the £5,785 cost of the void space for this room to NHS Property services if the decision is not to include the area within the demise of the GP practice. There is not a clear alternative use for the space.

A reduction in costs for the provider of community services should mean a reduction in the cost charged to the CCG to provide services and therefore if the application is accepted this change would see a reduction in community services cost and an equal increase in primary care cost. Due to the small value involved then in practice it is unlikely that this switch of costs will be realised and therefore this will be an additional pressure to the primary care budget.

The application has been reviewed by the NHS England Premises group (appendix 3). The feedback from this group is that based on the recommended maximum guidance it would appear the practice have sufficient space, based on their current list size, to provide GMS services. It is therefore recommended that the Premises Group inform the CCG this application should not be supported unless they consider there is a strategic requirement for this additional space to provide additional services.

Based on there being a void costs to the CCG from the vacation of the space by Northumbria Healthcare and there not being a practical alternative use for this space then the recommendation to the committee is to approve the application.

### Governance and Compliance

1. **Links to corporate objectives**

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
<th>Item links to objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
<td>✓</td>
</tr>
<tr>
<td>2. Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
<td>✓</td>
</tr>
<tr>
<td>3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
<td>✓</td>
</tr>
<tr>
<td>4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
<td>✓</td>
</tr>
</tbody>
</table>

2. **Consultation and engagement**

N/A

3. **Resource implications**
There is a potential additional cost to the CCG of £5,785 as a result of the proposed change.

4. Risks

N/A

5. Equality assessment

N/A

6. Environment and sustainability assessment

N/A
Appendix 4 – Rental Changes Form

GP Premises – Application Form for Premises Reimbursement Changes

<table>
<thead>
<tr>
<th>Practice Code</th>
<th>A87612</th>
<th>CCG Area</th>
<th>North Tyneside</th>
</tr>
</thead>
</table>

Practice Name and Address

Wellspring Medical Practice, Killingworth Health Centre, Citadel East, Newcastle upon Tyne NE12 6HS

Practice Current Rent Arrangements

<table>
<thead>
<tr>
<th>Does the Practice Receive Notional Rent or Actual Rent?</th>
<th>Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Rent Reimbursement Figure Per Annum?</td>
<td>£81,600 (2009 last rent review)</td>
</tr>
<tr>
<td>What is the current Net Internal Area of the practice (in Sqm)</td>
<td>We don’t have this documented</td>
</tr>
</tbody>
</table>

What is the practice applying for?

The practice is applying to take over a space equalling 434 sq ft. It is currently marked on the plans as “health education room” and is in a section of the building formerly leased from the same landlord by North Tyneside PCT and then Northumbria Healthcare Trust, who no longer have a use for it and wish it to be declared void.

The passing rent equates to £13.33 per sq ft. So the pro-rata rent applicable to the room would be rented at £5,785 per annum

What is the justification for making this application?

The practice are keen to take on the large health education room when the lease is up for renewal in December 2018. The Trust is equally keen to see it go.

We envisage the room would be used for
1) Clinical team meetings
2) Locality monthly meetings
3) Locality education events
4) Practice patient group meetings (PPG)
5) Patient group meetings – back pain workshops, prevention of diabetes events, research groups (eg opioid medication reduction groups)
6) Carers groups

Some of these events would be practice – based but the room could certainly be bookable by the wider community for HUB / locality/ primary care home events.

The practice currently has one multi-purpose common room used for staff breaks, practice meetings, mentoring, education events, locality meetings etc. It is too small for several of these events and there are often diary clashes.

<table>
<thead>
<tr>
<th>What is your current list size?</th>
<th>5601</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many Whole Time Equivalent GPs do you have?</td>
<td>2.8 (based on 9 sessions)</td>
</tr>
<tr>
<td>How many Whole Time Equivalent Nurses do you have? (inc ANP, Practice Nurses, HCAs)</td>
<td>2.62</td>
</tr>
<tr>
<td>What other health care professionals are housed within the practice?</td>
<td>Practice Pharmacist; GP Registrar</td>
</tr>
<tr>
<td>How many clinical rooms do you have?</td>
<td>8</td>
</tr>
<tr>
<td>How many administration rooms do you have?</td>
<td>One large central admin office; a sub office (converted cupboard) and PM room</td>
</tr>
</tbody>
</table>

What are the costs associated with your application and what are the costs for?

The additional rental outlined on p1 (£5785 p.a)
Financial support for furnishing the room would be welcome but unlikely!

Additional comments

The move to work collaboratively at scale in a primary care home is driving the need for appropriately sized rooms in practices. Wellspring is centrally situated in the North West locality (between Wideopen and Benton) and is blessed with abundant free parking courtesy of Morrisons, and adjacent to Killingworth bus station - making it an ideal central venue for meetings, education events and patient activities such as pre-diabetes education and back pain workshops.
Provision of a further, larger meeting room would also enable the practice common room to continue to be used for staff welfare, and smaller in-house meetings and teaching.

For office use only

<table>
<thead>
<tr>
<th>Date of receipt from practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Premises Specialist overseeing the application</td>
</tr>
<tr>
<td>Name of personnel application has been sent to</td>
</tr>
<tr>
<td>Response requested from reviewer by</td>
</tr>
<tr>
<td>Premises Pipeline Group meeting that application will be considered</td>
</tr>
</tbody>
</table>
Wellspring medical Practice, Killingworth Health Centre, Citadel East, Newcastle Upon Tyne - Application for reimbursement of reimbursement of additional rent

Author: Carole Turnbull
Date of report: August 2018
Nominated lead

1. Introduction

1.1 The purpose of this paper is to provide information to the Premises Group with regards to an application received from Wellspring Medical Group requesting reimbursement of rent for proposed additional space in Killingworth Health Centre.

1.2 The practice has a GMS contract and an overall practice list of 5,589 patients as at 1st July 2018. According to the last DV report the practice currently occupy a net internal area (NIA) of 450.2m² in the Health Centre.

2. Background

2.1 According to the rental changes application form the practice is applying to take over a space equalling 40m²(GIA), approximately 29m²(NIA) as from December 2018, when the current lease is due for renewal. The space was previously used as a health education room and is in a section of the building formerly leased from the same landlord by Northumbria Health Trust, who no longer have use for it. The practice want to use the room for clinical team meetings, locality monthly meetings and locality education events. Provision of a further larger meeting room would also enable the practice common room to continue to be used for staff welfare, and smaller in house meetings/teaching.

2.2 Based on the current list size, the maximum guidance for this practice would suggest 463m² (GIA) and 380m² (NIA) for this practice. The total NIA of the existing premises plus the proposed additional space would be 479m². According to the practice the proposed additional cost would be £5,785 per annum, but if approved this would need to be assessed by the District Valuer.

3. Recommendation

3.1 Based on the recommended maximum guidance it would appear the practice have sufficient space, based on their current list size, to provide GMS services. It is therefore recommended that the Premises Group inform the CCG this application should not be supported unless they consider there is a strategic requirement for this additional space to provide additional services.