

<b>Title of meeting:</b>		<b>Primary Care Commissioning Committee</b>					
<b>Date of Meeting</b>	22/11/2017	<b>Paper Number</b>					
<b>Title</b>		Heath Hill Surgery Partnership Changing to Individual Medical Practitioner Contract					
<b>Sponsoring Director</b> (name and job title)		Alex Tilley, Associate Director of Primary Care					
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)		Clive Bowman, Primary Care Lay Representative, Slough CCG					
<b>Author(s)</b>		Ricky Chana, Commissioning Manager, Primary Care					
<b>Purpose</b>		The purpose of this paper is to: Summarise the Partnership changes at Heath Hill Surgery in Bracknell & Ascot CCG and seek approval to change from a partnership with three partners to one individual medical practitioner.					
<b>The Primary Care Commissioning Committee is required to (please tick)</b>							
<b>Approve</b>	<input checked="" type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>		<p><b>Service Provision/Resilience Risk:</b> There is a potential risk to service provision as Heath Hill has been highlighted as a practice with some resilience issues over the past 12 months. However the CCG has been working closely with the practice to ensure that they are working to an action plan to resolve these issues.</p> <p>The practice now has 6 GPs on the roster serving a population of 6,797 as of June 2017. They have also improved their management with a new practice manager who started in May 2017 and 2 deputy practice managers working with her. They also have 2 practice nurses carrying out triage.</p> <p>The CCG primary care team, working with the CCG quality team are continuing to work with the practice to ensure that they continue on an upwards trajectory to recover from their previous resilience issues.</p>					
<b>Legal implications/regulatory requirements</b>		A General Medical Services contract variation is required to reflect the change in provider status.					
<b>Public Sector Equality Duty</b>		EIA to be completed.					
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>		The NHS provides a comprehensive service available to all; Access to NHS services is based on clinical need;					

	<p>The NHS aspires to the highest standards of excellence and professionalism;</p> <p>The NHS aspires to put patients at the heart of everything it does;</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population;</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</p> <p>The NHS is accountable to the public, communities and patients it serves.</p>
<p><b>Strategic Fit</b> <i>Primary Care strategy? and Other relevant strategies</i></p>	
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p><b>Financial Risk:</b> There is no financial risk identified as a result of this change in contract status, the global sum applicable to the practice still applies.</p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>See Risk and Assurance section.</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>This has been presented at the Primary Care Operations group meeting on 26<sup>th</sup> October 2017 which includes Health Watch representation.</p> <p>The practice's patients have also been informed of the exiting partners' retirements through communications on the practice's website.</p>

<p><b>NHS Outcomes</b></p> <p><i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
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**Co-Commissioning governance**

<p>Which CCG does this Paper relate to or potentially effect?</p>	<p>NHS Bracknell &amp; Ascot CCG</p>
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**Executive Summary**

Heath Hill Surgery are a practice in the Bracknell & Ascot CCG area serving a population of 6,797 as of June 2017. The partnership consisted of 3 GPs, Dr Pamela Ross, Dr Gordon MacKay and Dr Sangita Judge. Dr Ross retired from the practice on 31/3/2017 and Dr MacKay retired effective on 12/10/2017. Dr Judge will continue as a sole provider.

In accordance with the process outlined in the NHS Policy Book for Primary Medical Services 2016, a contract variation is required to reflect this change. The practice provides services under a General Medical Services (GMS) contract.

The Policy Book provides:

5.22 Where a partnership is dissolved or terminated and the contractor consists of two or more individuals practising in partnership, the contract may continue with one of the former partners if the following conditions apply:

5.22.1 the former partner must be nominated by the contractor; and

5.22.2 the former partner must be a medical practitioner that meets the condition in regulation 4(2)(a) of the GMS Regulations.

Dr Judge has been nominated by Dr MacKay to continue the practice and has confirmed that she satisfies the conditions outlined in s. 5.22.2.

The Policy Book also states that;

5.27 The Commissioner should be satisfied that the arrangements in place for continuity of service provision to the contracts registered patients are robust.

Dr Judge has assured the commissioner that the practice will continue to provide the full range of services currently provided. Dr Judge will be working 8 clinical sessions per week, she will be assisted by 3 salaried GPs and 2 long term locum GPs proving a combined total number of sessions per week of 29. In addition there is a nurse manager, a nurse prescriber, 2 practice nurses and two HCAs. The administrative team has expanded with the addition of 1 reception/admin member and two practice administrators as well as a newly appointed Practice Manager. As a result of this they have reintroduced extended hours and minor surgery sessions.

The commissioner is therefore satisfied that the arrangements in place are sufficiently robust for service provision at the practice to continue.

**Recommendation(s)**

It is recommended that the Committee:

1. Approves the contract status change from three partners to single individual medical practitioner in line with the Policy Book for Primary Medical Services contracts.

**Chairs Use Only**

Any known conflicted committee members from Declarations of Interest register?

None