



Primary Care Commissioning Committee									
Date of Meeting	10/03/2020			Paper Number	Item 7				
Title	New Practice Partner Due Diligence Checklist								
Sponsoring Director (name and job title)	Alex Tilley, Associate Director for Primary Care								
Sponsoring Clinical / Lay Lead (name and job title)	PCOG – PC Clinical Commissioning leads ratified at Feb 2020 meeting								
Author(s)	Gbola Lamuye, Project Manager for Primary Care Ricky Chana, Senior Commissioning Manager for Primary Care								
Purpose	Provide PCCC members with the outcome of a lesson learnt from the previous Crowthorne practice case study – due diligence for changes in providers within GMS/PMS/APMS contracts								
The Committee is required to (please tick)									
Decision	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	<input type="checkbox"/>	Recommend	<input type="checkbox"/>
Risk and Assurance (outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)	<p>There is a risk that if the CCG does not have a robust due diligence process in place, this may lead to inappropriate persons being responsible for the delivery of general practice healthcare services, leading to risks to provision of those services.</p> <p>Following the recommendation outlined in this paper would provide mitigation against this risk.</p>								
Legal implications/regulatory requirements	This paper relates to eligibility to enter into a General Medical Services (GMS) contract, Personal Medical Services (PMS) agreement or Alternative Provider Medical Service agreement (APMS).								
Equality, Diversity and Inclusion (identify any best practice or areas of concern in regards to the Public Sector Equality Duty and the Equality Act 2010)	QEIA completed template included in Appendix A.								
Links to the NHS Constitution (relevant patient/staff rights)	The NHS provides a comprehensive service available to all.								



	<p>Access to NHS Services is based on clinical need, not an individual's ability to pay.</p> <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 taxpayer's money and the most effective, fair and sustainable use of finite resources.</p> <p>The NHS is accountable to the public, communities and patients that it serves.</p>
<p>Strategic Fit</p>	<p>Person: working alongside individuals to empower them to take control of their own health and wellbeing</p> <p>Place: working in local communities, local authority areas or across a bigger geography to respond to the needs of our population</p> <p>Engage: engaging with staff, member practices, local people and other stakeholders so that services are informed by their needs, views and behaviours</p> <p>Integrate: breaking down the barriers of traditional organisational boundaries to deliver effective and responsive services</p>
<p>Commercial and Financial Implications <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>Greater confidence in the providers due to robust due diligence reducing the risk for future practice resilience and associated costs to the scenario of a failing practice provider.</p> <p>Date Deputy CFO sign off</p>



<p>Quality Focus <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>Quality representation at PCOG where due diligence process was supported. Not specific feedback noted.</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>PCOG – PC Clinical Commissioning leads ratified at Feb 2020 meeting. Non-clinical policy in proposal.</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>QEIA completed. No specific requirement for engagement through the establishment of more robust governance arrangements.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: 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>
<p><u>Background</u></p> <p>When a new partner intends to join a primary medical services contract, the current process is for the practice to notify PCSE and the CCG of the intended addition to their contract and then following this, the CCG will issue a contract variation to add the new partner onto the contract.</p> <p>Prior to finalising the contract variation, the CCG is required to ensure that the intended additional partner is eligible to enter into a GP contract. In the vast majority of cases, the proposed partner is a GP, so this initial stage is straightforward.</p> <p>However there are further criteria that need to be satisfied, for example, the proposed contractor cannot be subject to a national disqualification or a bankruptcy restrictions order, cannot have been dismissed from a Health Service Body within the previous 5 years and cannot have been convicted of murder or an offence relating to the Children and Young Persons Act 1933.</p>	



As the CCG is not involved in the appointment of GPs, we would not ordinarily carry out our own background checks or DBS checks on new appointments. Therefore we require assurance from the employing organisation (the practice) that these checks have been carried out.

The idea of the CCG carrying out some regulatory checks like DBS and the bankruptcy and insolvency register was discarded, as we will need a legal basis to undertake such activities. This is classified as “Special Category” data under GDPR Legislation and as we have no active role apart from issuing the contract variation, there is no legal basis to carry out this type of activity. Where these types of checks are concerned we will need the consent of individuals, but even with consent the CCG will be working outside of their powers. There is no role for the CCG in this process under the GMS/PMS contracts.

Based on the above reasons, we have developed a checklist designed for the CCG to ask the appointing practice if they have carried out some checks in a non-intrusive way. This is in the form of a simple checklist with a yes/no answer format and the practice manager signing to give assurance.

It is proposed that this checklist is also used in the scenario where a practice proposes changing a partnership from 2 or more individuals to a sole practitioner, based on learning from a previous case.

The purpose of the proposed checklist is to ensure that employing practices are following all required employment procedures and all necessary regulatory checks are carried out and completed.

Subject to PCOG and PCCC approval, all practices will be required to submit this checklist completed to the CCG before any contract variations for additional partners, or nominations for sole practitioners are progressed. On receipt of this the CCG will be considered to have adequately carried out its due diligence in relation to the contract variation.

Recommendation(s)

It is recommended that the Primary Care Commissioning Committee approve the New Practice Partner Due Diligence Checklist.



NEW PARTNER/VARIATION TO SOLE PROVIDER CHECKLIST

New Partner Name:

Start date:

ASPECT	DETAIL	RESULT YES/NO	If No, have you discussed with the CCG?
New Partner	Confirm the proposed new partner is on the Performers List.		
	Have the clinical references for the proposed new partner covering the last 3 years (minimum) been obtained, clarified and checked?		
	Was anything disclosed in the clinical references that would affect the proposed new partner's eligibility to enter into a General Medical Services (GMS) contract, Personal Medical Services (PMS) or Alternative Provider Medical Service Agreement (APMS) agreement as outlined from p70 in the Primary Care Policy Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/		
	Is there a current and valid DBS check in place?		
	Is there a copy of the DBS or the reference number in file?		
	Was anything disclosed on the DBS check that would affect the proposed new partner's eligibility to enter into a General Medical Services (GMS) contract, Personal Medical Services (PMS) or Alternative Provider Medical Service Agreement (APMS) agreement as outlined from p70 in the Primary Care Policy Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/		
	Have details of professional registration (GMC) and a copy of a valid registration certificate and Licence to Practice been obtained?		



	Has the bankruptcy and insolvency check been completed?		
	Was anything disclosed on the bankruptcy and insolvency check that would affect the proposed new partner's eligibility to enter into a General Medical Services (GMS) contract, Personal Medical Services (PMS) or Alternative Provider Medical Service Agreement (APMS) agreement as outlined from p70 in the Primary Care Policy Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/		
	Does the proposed new partner have a valid indemnity certificate?		
CQC	Has the CQC process to add the new partner been concluded? The new partner will need a DBS check countersigned by CQC: http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/criminal-record-checks		
Limited Liability Companies	If the proposal is to add a limited company to contract, has the shareholder who could lawfully enter into a GMS/PMS contract as an individual or as part of a partnership been checked according to the provisions of this checklist?		

Kindly note that no change will be made to the contract without the completion of this checklist.

Signed:

Practice Manager:

Date:



Appendix A: QEIA

Stage 1 of 2 Quality Impact and Equality Analysis Initial Assessment v1.0

Could the proposal impact negatively on any of the following areas ?

SECTION	Area No:	Indicator	Will there be a negative impact? Y/N
Duty of Quality	1	Safety	N
	2	Clincial Effectiveness	N
	3	Experience includes impact on persons pathway/journey	N
	4	NHS Constitution	N
	5	Workforce -staff groups, capacity, training and competency	N
	6	Safeguarding	N
	7	Public Involvement	N
	8	Partnership working	N
	9	Privacy Impact Assessment	N
	10	Use of resources (finance)	N
NHS Outcomes Framework	11	Preventing people from dying prematurely	N
	12	Enhancing quality of life	N
	13	Helping people recover from epsides of illhealth or following injury	N
	14	Ensuring people have a postive experience of care	N
	15	Treating and caring for people in a safe environment and protecting them from avoidable harm	N
Adult Social Care Outcome Framework	16	Enhancing quality of life for people with care and support needs	N
	17	Delaying and reducing the need for care and support	N
	18	Ensuring that people have a positive experience of care and support	N
	19	Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	N
GPFV 5 year plan	20	Alignment with 5 year plan	N
Equity	21	Age	N
	22	Disability	N
	23	Race	N
	24	Religion or Belief	N
	25	Sex	N
	26	Sexual Orientation	N
	27	Gender Reassignment	N
	28	Pregnancy & Maternity	N
	29	Marriage & Civil Partnership	N
	30	Carers	N
	31	Rural and Urban Populations	N
	32	Access to Public Transport	N

