

Northumberland Primary Care Commissioning Committee

This meeting will be held at 14.30 on Wednesday 20 December 2017
Committee Room 2, County Hall, Morpeth

AGENDA

Item	Time	Topic	Enc.	Presenter
1	1430	Welcome and questions on agenda items from the public		J Guy
2		Apologies for absence		J Guy
3		3.1 Declarations of conflicts of interest (agenda items) 3.2 Quoracy*		J Guy
4	1435	4.1 Minutes from the previous meeting and Matters Arising 4.2 Action Log	✓ ✓	J Guy J Guy
5	1445	Operational 5.1 Finance Update 5.2 White Medical Group - Stamfordham Branch Closure 5.3 Northumberland Contract Baseline Report	✓ ✓ ✓	I Cameron J Long J Long
6	1515	Any other business		J Guy
7	1520	Date and time of next meeting: 12.30 on Wednesday 21 February 2018 Morpeth Town Hall		

* 3 members, including at least the Lay Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.



Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee
22 November 2017, Warkworth Meeting Room, County Hall

Members Present:

Janet Guy	Lay Chair, Northumberland CCG
Siobhan Brown	Chief Operating Officer, Northumberland CCG
Ian Cameron	Chief Finance Officer, Northumberland CCG
Stephen Blackman	Executive Officer, Local Medical Committee

In attendance:

Fleur Carney	NHS England
Scott Dickinson	Northumberland County Council
Pamela Leveny	Head of Commissioning, Northumberland CCG
David Thompson	Chair, Healthwatch Northumberland
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Melody Price	Business Support Team, Northumberland CCG (Minutes)
Sarah Anderson	Senior Manager, PricewaterhouseCoopers LLP
Sam Rinaldi	Associate, PricewaterhouseCoopers LLP

NPCCC/17/63 Agenda item 1 - Welcome and questions on agenda items from the public

Janet Guy welcomed all members to the meeting. No members of the public were present.

NPCCC/17/64 Agenda item 2 – Apologies for absence

Apologies were received for Karen Bower and Jane Lothian.

NPCCC/17/65 Agenda item 3.1 – Declarations of conflicts of interest

Scott Dickinson stated that Appendix 1 of agenda item 5 was a letter that he had signed as Business Chair, Northumberland County Council giving his outline support for the Rothbury practice move. Janet said that the issue would be noted but that it was not a direct conflict of interest (COI) as it provided information only and he was a non-voting member of the committee. The NHS Northumberland Primary Care Commissioning Committee (PCCC) agreed that Scott would remain in the meeting.

Janet Guy declared that her husband worked for Northumbria Healthcare NHS Foundation Trust (NHCFT) as an Associate Medical Director, Primary Care. In May 2015, he became the chair of the Rothbury Project Group which was established to facilitate the process of the Rothbury Practice moving into Rothbury Community Hospital. She explained that it was not a decision making body and the group was stood down in September 2016. The PCCC agreed that there was no a conflict of interest and that Janet would remain in the meeting.



Stephen Young said that Janet had provided full details of the potential COI and that this would be retained on file for future reference if required.

NPCCC/17/66 Agenda item 3.2 – Quoracy

The meeting was quorate.

NPCCC/17/67 Agenda item 4.1 – Minutes of the previous meeting and matters arising

The minutes were accepted as a true and accurate record. There were no matters arising.

NPCCC/17/68 Agenda item 4.2 Action Log

Action NPCCC/17/46/01: Ian Cameron to report Northumberland PCCC’s concerns about the impact of rent and service charge changes to regional NHSE. Ian Cameron explained that the issue of rent and service charge changes was ongoing and that the action would remain on the action log until resolved.

Action NPCCC/17/59/01: Ian Cameron to add GP Forward View into primary care services financial position once budget formally approved by JLEB. Ian Cameron stated that the paper had been presented at NHS Northumberland Clinical Commissioning Group’s (CCG) Joint Locality Executive Board (JLEB) earlier today. JLEB had not formally approved the budget and had requested further information regarding the application of a single tender action.

Action NPCCC/17/59/02: Ian Cameron to add an explanation for each element of the primary care services budget in future finance reports. Ian Cameron stated that this would be actioned for the December 2017 meeting.

Action NPCCC/17/60/02: Pamela Leveny to review all primary care commissioning functions with a view to including in the PCCC ToR. Pamela Leveny stated that the issue had been raised at the Primary Care Commissioning Operational Group (PCCOG) on 20 November 2017. Action complete and to be removed from action log.

Action NPCCC/17/60/03: Pamela Leveny to review primary care models and developments within the wider primary care strategy. Pamela Leveny stated that the issue had been raised at PCCOG on 20 November 2017. Action complete and to be removed from action log.

NPCCC/17/69 Agenda item 5 Rothbury Practice Relocation

Siobhan Brown outlined Rothbury Practice’s application to relocate to Rothbury Community Hospital. She stated that the practice currently operated from two co-joined buildings and the application was for a move to purposely renovated facilities on the ground floor of Rothbury Community Hospital. Siobhan explained that the current lease on 2 Market Place, Rothbury was due to expire on 25 December 2017, and should the application be approved, the practice planned to complete the move before this date.

Stephen Young stated that practice engagement had started in December 2015. He explained that it had been discussed during the CCG’s public consultation on the future of the inpatient ward at Rothbury Community Hospital and augmented by the recent



announcement of the proposal that had given patients the final opportunity to comment. Stephen stated that the Rothbury Practice's relocation was totally separate to the CCG's decision to close the inpatient ward at Rothbury Community Hospital. He explained that the potential move had been discussed with the Primary Care Applications Working Group (a sub-group of Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee) on 15 November 2017. Stephen stated that the group had fully recognised the potential benefits to local people and supported the application. He explained that the meeting had been attended by the Local Councillor for Rothbury who also supported the move but had raised potential access issues including street lighting and the slippery footbridge.

Siobhan Brown stated a presentation regarding the proposed Rothbury Practice relocation would be given by Julie Danskin, Managing Director, Northumbria Primary Care Ltd (NPC), Ray Pate, Head of Support Services, NHCFT and Georgina Morgan, Executive GP, NPC later in the meeting. She explained that the PCCC had the following options to consider:

- Option 1 – Approve the relocation to Rothbury Community Hospital
- Option 2 – Reject the relocation to Rothbury Community Hospital

The PCCC discussed the proposal and agreed the following issues would be discussed during the meeting:

- The relocation must be cost neutral, having no revenue impact to the CCG
- Clarification about whether the historic rental charges for Rothbury Community Hospital (£28,330) was an established value charge or a duplication of costs
- Confirmation that the £55k reimbursable rent valuation had been fully abated in recognition of the Estates, Transformation and Technology Fund (ETTF) capital investment, and was not £82k
- Confirmation that NHCFT understood that it was proceeding at its own risk regarding the current reconfiguration work being undertaken and accepted that there is no certainty of retrospective approval of the ETTF bid by NHS England (NHSE)
- Confirmation that Rothbury Practice was committed to paying in full any future additional service charges incurred at Rothbury Community Hospital
- GP Practice space requirement at Rothbury Community Hospital and car parking
- Access to the premises
- Housing developments
- Communications and engagement activity

Janet Guy welcomed Julie Danskin, Ray Pate and Georgina Morgan to the meeting. A presentation was given on the proposed Rothbury GP Practice relocation outlining the rationale for the relocation, the benefits of the move and the engagement activity.

Ian Cameron asked if the practice would still be operating on three sites: Rothbury, Longframlington and Harbottle. Georgina Morgan confirmed that the practice would continue to operate on these sites.

Ian Cameron asked for confirmation that the £55k reimbursable rent valuation assessed by the District Valuer (DV) had been fully abated in recognition of the Estates, Transformation and Technology Fund (ETTF) capital investment, and was not £82k as listed in section 3.3



Financial Impact (Appendix 1). Ray Pate stated that NHCFT's DV assessment had assessed the reimbursable rent valuation as £70k. Ian stated that clarification was needed. Ray agreed to forward a copy of NHCFT DV assessment to Ian Cameron. Janet Guy stated that the relocation must be cost neutral for the CCG.

Action NPCCC/17/69/01: Ray Pate to forward a copy of NHCFT's DV assessment to Ian Cameron.

Ian Cameron asked if the Rothbury Practice understood what the non-reimbursable service charges were for the facilities in Rothbury Community Hospital. Ray Pate explained that the non-reimbursable service charges needed to be updated for this year. Julie Danskin confirmed that the practice would pay any future additional non-reimbursable service charges incurred at Rothbury Community Hospital.

Ian Cameron asked if NHCFT understood that it was proceeding at its own risk regarding the current reconfiguration work being undertaken and accepted that there is no certainty of retrospective approval of the ETTF bid by NHSE. Julie Danskin stated that NHCFT was aware of the risk and understood the need to continue with the ETTF bid. Ray Pate explained that the lease expires on 25 December 2017. He stated that the current premises were not suitable as they were undersized, with not enough treatment rooms and an inability to expand. Ray explained that the current layout was unsuitable for patients with mobility issues as the majority of treatment rooms are on higher floors with no lift, which meant patients having to wait to access the ground floor treatment room. He stated that the move had been approved at NHCFT's financial improvement performance committee. Georgina Morgan stated that there was operational risk if the move did not proceed and highlighted the potential impact on the practice's CQC rating.

Scott Dickinson explained that the DV assessment stated that 17 car parking spaces had been allocated for use by the practice with an assessed rental value of £3200. Scott asked if these spaces were in addition to the current 9 free car parking spaces the practice already had at the hospital. Ray Pate stated that there were no designated spaces between primary care and the hospital. Ian Cameron suggested that the 17 car spaces were an assumption made for the DV assessment.

Janet Guy asked if the historic rental charges for Rothbury Community Hospital (£28,330) listed in section 3.3 Financial Impact (Appendix 1) were still relevant and valid to the practice relocation. She requested assurance that there would be no duplication of payment via funding flows elsewhere. Georgina Morgan stated that the charge was for the reimbursement of the rooms used at Rothbury Community Hospital but that the payment had ceased. She explained that NHCFT was due payment and the issue was ongoing. Ian Cameron stated that further clarification was needed.

Stephen Blackman stated the Project Initiation Document (PID) (Appendix 3) listed the current NHSE reimbursed costs as £53k but the DV assessment listed the current market rent as £55k. Ray Pate stated that the £55k was the reimbursement cost for 2 and 3 Market Place and the GP use of rooms at the hospital, and did not include Longframlington and Harbottle. Janet Guy stated that further clarification was needed.

David Thompson asked if there were any access issues at the hospital and requested an update regarding discussions with transport providers and volunteers. Julie Danskin stated that the distance from the current practice was 300 metres. She explained that patients



would have access to free car parking spaces and that all the clinical rooms were on the ground floor. Julie stated that some patients may need support with transport and explained that the Getabout service was available, and discussions were ongoing with other transport providers. She explained that home visits would continue be offered to housebound patients. Georgina Morgan stated that the practice was having positive discussions with local volunteers about providing a walking service for patients travelling to the hospital site.

David Thompson asked for assurance regarding the engagement and communication activities undertaken by the practice. Georgina Morgan stated that the practice sought advice and received significant support from NHCFT. She explained that letters were sent to every household in Rothbury during December 2015 regarding the proposed GP practice relocation. Two patient events were held in December 2015 and January 2016, posters were placed in the waiting room area in the practice's current location and the hospital, and information was available in the practice's website. A further letter was sent to all patients in October 2017.

Siobhan Brown stated the housing development had been highlighted in the presentation and asked if the practice would be able to future proof the delivery of services. Georgina Morgan stated that the practice was aware that between 500/1000 new patients were expected in the area and that the new facilities would be able to accommodate the potential additional patients.

Janet Guy stated that NHS Property Services had advised that the practice required 402m² to deliver services across all sites. Janet explained that the practice would only have 344.30m² of space at the hospital location and asked how the practice was going to utilise the space. Georgina Morgan stated that the hospital site would provide three additional rooms, all rooms would be multi space with staff hot desking, and the administrative team would be together in one room. She explained that the move would enable the practice to work closer with the community team who are based on the same site.

Janet Guy thanked Julie Danskin, Ray Pate and Georgina Morgan for their presentation and explained that the PCCC would further discuss the proposal. Julie, Ray and Georgina left the meeting.

Janet Guy stated that her main concern was the financial assumptions regarding the rent arrangements. Ian Cameron explained that the historic rental charges for Rothbury Community Hospital (£28,330) was a risk and clarification was needed. He proposed that conditions for the approval were established.

Scott Dickinson stated that it was clear from the presentation and supporting documents that the relocation of the practice to Rothbury Community Hospital was the right thing to do for patients in Rothbury and that it would enable the practice to integrate with other services.

Fleur Carney highlighted the potential negative impact on the practice's CQC rating if the relocation was not approved.

Stephen Blackman stated that primary care needed to be supported and the practice was investing in the local community. He stated that the LMC supported the proposal for Rothbury Practice to relocate to Rothbury Community Hospital.



The PCCC unanimously agreed to approve the application subject to the following conditions:

- The relocation is at no additional revenue cost to the CCG and any future revenue uplifts must be supported by a District Valuer assessment and be in accordance with the GMS Premises Costs Directions.
- The £28,330 historic rental charges in respect of space in Rothbury Community Hospital are confirmed as being relevant and valid to the practice relocation, and that there will be no duplication of payment via funding flows elsewhere.
- A copy of the District Valuer report is provided that demonstrates that the £55,000 reimbursable rent valuation has been fully abated in recognition of the ETTF capital investment.
- NHCFT confirms in writing that current reconfiguration work is being undertaken wholly at its own risk and accepts there is no certainty of retrospective approval of the ETTF bid by NHS England.
- Rothbury Practice to confirm in writing that the practice accepts and commits to paying all non-reimbursable service charges for the facilities in Rothbury Community Hospital.

Julie Danskin, Ray Pate and Georgina Morgan returned to the meeting. Janet Guy stated that the PCCC had unanimously agreed in principle to approve of the application to relocate the Rothbury Practice to Rothbury Community Hospital subject to conditions. Janet listed the conditions in full (as above) and explained that a letter would be sent confirming the conditions. She stated that no formal announcement of the relocation's approval should be made until the CCG has confirmed that the conditions had been met.

NPCCC/17/70 Agenda Item 6 Any other business

No any other business.

NPCCC/17/71 Agenda item 7 Date and time of next meeting

1500 Wednesday 20 December 2017, Committee Room 2, County Hall.



NHS Northumberland Clinical Commissioning Group

Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: December 2017		Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/17/46/01	06/09/2017	18/10/2017	Ian Cameron to report Northumberland PCCC's concerns about the impact of rent and service charge changes to regional NHSE.	Ian Cameron	Ongoing	Ongoing issue - to remain on the action log until resolved.
NPCCC/17/59/01	18/10/2017	22/11/2017	Ian Cameron to add GP Forward View into primary care services financial position once budget formally approved by JLEB.	Ian Cameron	Complete	Being presented at November JLEB (22/11/2017)
NPCCC/17/59/02	18/10/2017	22/11/2017	Ian Cameron to add an explanation for each element of the primary care services budget in future finance reports.	Ian Cameron	Complete	
NPCCC/17/69/01	22/11/2017	20/12/2017	Ray Pate to forward a copy of NHCFT's DV assessment to Ian Cameron.	Ray Pate	Complete	

Members of the Northumberland Primary Care Commissioning Committee are asked to:

1. Consider the financial summary for the period ended 30 November 2017.

Purpose

This report outlines the CCG's primary care services financial position for the period ending 30 November 2017.

Summary Position

The table below sets out the year to date position and the forecast outturn position as at 30 November 2017.

FMR Heading	Annual Budget 2017-18	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Forecast Movement
General Practice - GMS	6,962,243	4,641,440	4,710,379	68,939	7,310,038	347,795	348,718
General Practice - PMS	22,501,314	15,000,666	14,932,219	-68,447	22,175,639	-325,675	-348,718
QOF	4,983,561	3,322,082	3,313,766	-8,316	4,974,523	-9,038	0
Enhanced Services	1,927,994	1,284,802	1,262,918	-21,884	1,898,727	-29,267	9,712
Premises Cost Reimbursement	4,280,796	2,853,409	2,864,769	11,360	4,258,603	-22,193	-9,224
Dispensing/Prescribing Drs	1,644,678	1,096,235	1,039,064	-57,171	1,586,920	-57,758	0
Other GP Services	879,539	586,165	620,665	34,500	971,328	91,789	22,449
CCG Prescribing	-190,597	-126,999	-123,583	3,416	-187,115	3,482	0
Reserves	778,472	0	0	0	779,337	865	-22,937
Grand Total	43,768,000	28,657,800	28,620,198	-37,602	43,768,000	0	0

Explanation of Variances

- **General Practice GMS / PMS:** There has been a movement in forecast position of £25k due to the impact of Q3 list size changes. The variance between the GMS and PMS lines is due to the Greystoke practice changing contract type in month.
- **Quality and Outcomes Framework (QOF):** The overall QOF forecast outturn is £9k underspent against the original plan due to the 2016-17 slippage. This is in line with the position reported at M7.
- **Enhanced Services:** The opening budgets for Enhanced Services are based on an assumption that all practices will sign up to all services. The forecast slippage has moved by £10k due to increased charges in Q2 for the learning



disabilities DES. This reduces the £39k previously reported to £29k.

- **Premises Cost Reimbursement:** The premises cost reimbursement shows a FOT saving of £22k. This has increased by £9k in month due to savings on rates charges.
- **Dispensing / Prescribing Drs:** The £58k underspend on prescribing is in relation to the release of 2016-17 accrual balances and some release of 2017-18 balances where no claims have been received for the first part of the financial year. This is in line with the position reported at M7.
- **Other GP Services:** The 'Other GP Services' currently shows a forecast pressure of £92k. There has been a £23k movement in month based upon the increased charges from GP Locums and Suspended GPs. The pressure on this area now totals £208k. This is offset by the release of 2016-17 slippage against seniority of £114k.
- **Reserves:**

The revised breakdown is shown below:

1% Contingency	£440k
0.5% Headroom	£181k
Indemnity	£157k
Total	£778k

The forecast variance on reserves offsets the pressures highlighted through the report to deliver an overall breakeven position.

Risks

- **Enhanced Services:** The reported position includes slippage re practices who have declined to provide these services. However, further slippage may be recognised in relation to the Extended Hours DES.
- **Premises Cost Reimbursement:** Changes to the charging policies in respect of NHSPS and CHP represent a significant financial risk to the CCG. Discussions are ongoing at national, regional and CCG level to clarify the extent of the risk involved.
- **Locum Parental Leave / Sickness:** There has been an increase in the number of claims for Locum reimbursement under the SFEs for Parental Leave and Sickness. This coupled with the change in the SFEs

Other CCG Primary Care

Along with the Delegated budgets the CCG has a number of other areas in which it makes payments into primary care.

- **Out of Hours:** The CCG has a contract with Northern Doctors Urgent Care (NDUC) for the provision of GP access out of hours.
- **Local Enhanced Services:** The CCG has a number of Local enhanced service schemes available for GP practices to sign up to, these include;
 - Practice Activity Scheme (PAS)
 - Practice Engagement scheme (PES)
 - Practice Wide Quality Scheme (PWQS)
 - Practice Medicines Management (PMM)
 - Deep Vein Thrombosis treatment and prophylaxis service (DVT)
 - Prostate Specific Antigen blood monitoring service (PSA)
 - Immune Modifying Drugs blood monitoring service (IMD) (formally DMARDs(disease-modifying anti-rheumatic drugs))
- **GPIT:** The North of England Commissioning Support Unit (NECS) manage this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.
- **Extended Access Seed Funding:** Payments made to GP Hubs for the mobilisation of GP extended Access.
- **GP Forward View:** The CCG has received two allocations in year for GP Forward View funding. These are access funding and GP Clerical training.

Appendix 1: Northumberland CCG Month 8 – Primary Care Overview

Northumberland CCG Month 8 - Primary Care Overview

FMR Heading	Detail	Annual Budget 2017-18	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance
General Practice - GMS	Correction Factor	90,936	60,603	60,624	21	90,936	0
	Global Sum	6,841,412	4,560,912	4,629,825	68,913	7,189,208	347,796
	Transition Fund	29,895	19,925	19,930	5	29,895	0
	Total	6,962,243	4,641,440	4,710,379	68,939	7,310,038	347,795
General Practice - PMS	PMS Contract	22,434,666	14,956,312	14,887,787	-68,525	22,108,991	-325,675
	Transition Fund	66,648	44,354	44,432	78	66,648	0
	Total	22,501,314	15,000,666	14,932,219	-68,447	22,175,639	-325,675
QOF	QOF - Achievement	1,363,756	909,055	895,546	-13,509	1,347,193	-16,563
	QOF - Aspiration	3,619,805	2,413,027	2,418,220	5,193	3,627,329	7,524
	Total	4,983,561	3,322,082	3,313,766	-8,316	4,974,522	-9,038
Enhanced Services	DES - Extended Hours	582,116	387,916	389,536	1,620	582,115	-1
	DES - Learning Disabilities	125,020	83,265	109,937	26,672	151,309	26,289
	DES - Minor Surgery	598,806	399,060	345,334	-53,726	543,251	-55,555
	Northumberland Premium	622,052	414,561	418,111	3,550	622,052	0
	Total	1,927,994	1,284,802	1,262,918	-21,884	1,898,727	-29,267
Premises Cost Reimbursement	Rates	343,962	229,197	236,497	7,300	331,447	-12,515
	Rent	3,869,596	2,579,538	2,587,567	8,029	3,862,679	-6,917
	Water Rates	67,238	44,675	40,705	-3,970	64,477	-2,761
	Total	4,280,796	2,853,410	2,864,769	11,359	4,258,603	-22,193
Dispensing/Prescribing Drs	Dispensing	1,333,194	888,730	849,227	-39,503	1,293,625	-39,569
	LES - Dispensing Quality Sch	88,668	59,049	63,679	4,630	93,363	4,695
	Prescribing	222,816	148,456	126,158	-22,298	199,932	-22,884
	Total	1,644,678	1,096,235	1,039,064	-57,171	1,586,920	-57,758
Other GP Services	CQC Fees	199,414	132,884	132,943	59	199,414	0
	GP Retainer	14,546	9,696	7,820	-1,876	12,669	-1,877
	Locum Maternity	71,614	47,737	224,249	176,512	317,807	246,193
	Seniority	506,600	337,608	222,742	-114,866	391,609	-114,991
	Suspended GP	87,365	58,240	32,912	-25,328	49,829	-37,536
	Total	879,539	586,165	620,665	34,500	971,328	91,789
	CCG Prescribing	Prescribing	-190,597	-126,999	-123,583	3,416	-187,115
Total	-190,597	-126,999	-123,583	3,416	-187,115	3,482	
Reserves	Reserves - 1% Headroom	440,000	0	0	0	440,000	0
	Reserves - 0.5% Contingency	181,325	0	0	0	181,325	0
	Reserves - Indemnity Fees	157,147	0	0	0	158,012	865
	Total	778,472	0	0	0	779,337	865
Primary Care Co Commissioning Total		43,768,000	28,657,801	28,620,198	-37,603	43,768,000	0

Description of budget area
Payment to practices, both GMS and PMS, for core essential services based upon weighted practice list size. This weighting takes account of local population needs.
Quality and Outcomes Framework (QOF) is an annual reward and incentive scheme for practices based upon achievement against set indicators.
Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
Reimbursements made to practices in respect of their premises costs.
Costs of GP prescribing reimbursed on a cost per script basis.
Reimbursement to practices for their Care Quality Commission annual charges. Support scheme for GPs and practices who may be considering leaving the profession. Reimbursement to practices for the costs of locum cover for both maternity and sickness. This is in line with national guidance. The seniority payment that is awarded to an individual GP is dependent on their years of reckonable service in the NHS. Cumbria and the North East wide risk share agreement to contribute to the costs of suspended GPs.
Patient charges recovered against prescribing costs.
Reserves set as part of the national planning guidance Reserves set as part of the national planning guidance Reserve set to cover potential costs for GP indemnity costs

Other CCG funded services							
Out of Hours		2,800,868	1,867,245	1,850,966	-16,280	2,776,449	-24,419
Enhanced Services		2,440,553	1,627,035	1,496,936	-130,099	2,245,404	-195,149
GPIT		408,259	272,168	550,667	278,499	826,000	417,741
Extended Access Seed Funding		484,000	322,667	322,039	-628	483,058	-942
GP Forward View Allocations							
GP Access funding (REC)		1,925,000	1,283,333	1,283,333	0	1,925,000	0
GP Clerical training (NR)		55,000	36,667	36,667	0	55,000	0
Total CCG Primary care		51,881,680	34,066,916	34,160,805	93,889	52,078,911	197,231

Main out of hours contract with Northern Doctors.
Local Enhanced services, including; Practice Activity Scheme (PAS), Practice Engagement Scheme (PES), Practice Wide Quality Scheme (PWQS), Practice medicines Management (PMM). Smaller schemes through Claim IT; DVT, Prostrate and IMD. Also includes Pharmacy first and shape end payments and optical contract.
GPIT contract with North of England Commissioning Support Unit.
Mobilisation funding for GP Extended Access.
£6 per head. GP admin and receptionist training delivered through Productive Primary Care.

Members of the Northumberland Primary Care Commissioning Committee are asked to:

- 1. Consider the application by White Medical Group to close the Stamfordham branch surgery.**
- 2. Approve the application.**

Purpose

This report outlines White Medical Group's application to close its branch surgery at Stamfordham.

Background

White Medical Group hold a GMS contract. The practice has a list size of 7,533 patients (7819.80 weighted). The main site is located at Ponteland Primary Care Centre with branch sites at Wylam and Stamfordham. The Stamfordham site currently delivers 27 hours of reception and dispensary services and 10 hours of GP appointments each week.

The practice have applied to close the branch surgery as the majority of patients that used the site are from outside the local area (2016 audit findings), lone working issues have been highlighted by CQC and current access and services are considered inadequate. Full detail is at Appendix 1 Section 2.5.

Summary of Key Points

Appendix 1 details the full considerations. Key issues are highlighted below:

- 1,019 patients attended the branch surgery in 2016 – 32% lived in Stamfordham (43% in Ponteland)
- Branch surgery is 6.2 miles from the main site and 4.8 miles from the Wylam branch site
- GP access will remain but this may not be at the patient's preferred location
- Scots Gap Surgery operate a branch surgery in Stamfordham
- Riversdale Surgery has submitted an outline application to close its main site in Wylam – this is currently initially being considered by NHS England
- Full practice engagement activity undertaken with limited feedback from patients and no formal responses received from stakeholders. Key patient feedback concerned:
 - Transport – Buses run from Stamfordham to Ponteland every 2 hours



- and patient appointment times will be flexible
- Prescribing – Dispensing will continue from Ponteland and Wylam and other community pharmacists may be used – including free delivery services for housebound patients from many
- Annual £11,500 rent reimbursement reduction.

Recommendation

The Primary Care Commissioning Committee is asked to approve the application to close the Stamfordham Branch Surgery operated by White Medical Group.

If approved the practice will be required to submit action and communication plans designed to ensure that current patient concerns are mitigated as far as possible.

Appendix 1: Application for Branch Closure.

NHS NORTHUMBERLAND CCG
APPLICATION FOR BRANCH CLOSURE
WHITE MEDICAL GROUP

1. INTRODUCTION

- 1.1 The purpose of this paper is to provide information to NHS Northumberland Clinical Commissioning Group to consider a request from White Medical Group, to close the practice branch surgery at Stamfordham with effect from 31 March 2018.

2. BACKGROUND

- 2.1 The practice operates under a GMS contract, which is held by three clinical partners with an overall clinical commitment of 4.22 WTE GP. The practice has a current list size of 7,533 patients (7,819.80 weighted) as at 01 October 2017 which equates to 1,785 patients per WTE GP. The practice is also a member of Northumberland Clinical Commissioning Group.
- 2.2 White Medical Group operates from three premises; the main surgery premises are located at Ponteland Primary Care Centre, Meadowfield, Ponteland and the branch surgeries located at 33 – 37 Jackson Road, Wylam (9.2 miles from the main site) and 12 Grange Road, Stamfordham (6.2 miles from the main site).
- 2.3 In June 2017, the practice approached NHS England to apply for the closure of Stamfordham Surgery. Following a period of engagement the final business case was received on 20 November 2107, a copy is attached as **Appendix 1**.
- 2.4 The practice is classed as dispensing and operates a dispensing function from all sites.
- 2.5 The practice has highlighted the following reasons for requesting approval to close the branch site:
- An audit of patient attendances at Stamfordham surgery during 2016 showed that the majority of patients who used the branch surgery were from outside the immediate area;
 - A CQC inspection flagged up lone working at the branch site and the need for the practice to employ 2 members of staff in order to support the checking and dispensing processes which operate at the branch site; the practice currently employs 1 member of staff to work at the branch;

- Whilst the practice list size has grown overall over the last 5 years, none of these new patients have been from the Stamfordham area;
- The requirement for new GP partners to the practice to buy into the ownership of both branch surgery premises means that the partnership is less attractive which is increasing recruitment problems when the practice is advertising for new GPs;
- Centralising services at the main site will improve the clinical effectiveness of the practice and in turn improve patient care;
- Access to the current site for disabled patients is difficult and the site does not have disabled toilet facilities;
- Telephone facilities at the branch site are inadequate with only one telephone line into the building;
- Changes to the running costs of the main surgery site as well as the reduction in funding to the practice (through the erosion of the Minimum Practice Income Guarantee [MPIG]) have resulted in financial pressures on the practice.

3. ASSESSMENT OF APPLICATION

3.1 Opening Hours

White Medical Group's main site is located in Ponteland Primary Care Centre; the practice has two branch sites, one at Stamfordham and one in Wylam. A breakdown of the opening hours is shown in **Table 1** below:

Table 1 – Opening Hours

	Ponteland Surgery Reception & Dispensary	Ponteland Surgery GP Appoint's	Stamford'm Reception & Dispensary	Stamford'm GP Appoint's	Wylam Reception & Dispensary	Wylam GP Appoint's
Monday	08:30 – 13:30 14:00 – 18:00	08:45 - 11:15 15:00 - 17:30	09:00 – 12:50 02:30 – 18:00	Closed	08:45 – 12:50	08:45 – 11:15
Tuesday	08:30 – 13:30 14:00 – 18:00	08:45 - 11:15 15:00 - 17:30	08:45 – 12:50	08:45 – 11:15	08:45 – 12:50	08:45– 11:15
Wednesday	08:30 – 13:30 14:00 – 06:00	08:45 – 11:15 15:00 – 17:30	08:45 – 12:50	08:45 – 11:15	08:45 – 12:50	08:45 – 11:15
Thursday	08:30 – 13:30 02:00 – 06:00	08:45 – 11:15 15:00 – 17:30	08:45 – 12:50	08:45 – 11:15	08:45 – 12:50	08:45 – 11:15
Friday	08:30 – 13:30 14:00 – 18:00	08:45 – 11:15 15:00 – 17:30	08:45 – 12:50 14:30 – 18:00	03:00 – 05:30	08:45 – 12:50	08:45 – 11:15
Total	45:00	25:00	27:10	10:00	20:25	12:30

The table shows that the branch site at Stamfordham is not open the full core hours, Monday to Friday, with some days there are no access to GP appointments and on 3 days the site is only open on a morning. When the practice is closed the patients access services at either the main site or the second branch site at Wylam.

3.2 Practice Area

A copy of the practice boundary is attached as **Appendix 2**. The practice boundary covers a wide area and is not looking to change the boundary as part of the application.

3.3 CQC Report

The practice underwent a CQC review on 11 April 2016; they were given an overall rating of 'Good' however there was a breach of a legal requirement. It was found that the provider had not made appropriate arrangements to ensure medicines were managed safely and appropriately. The provider had also not made sure a rigorous system was in place for recording actions taken in response to medicine safety alerts, or for ensuring the secure storage of all medicines requiring cool storage.

The practice received a further CQC review on 23 August 2016 and the CQC confirmed that the practice had met all of its responsibilities regarding medicines management and confirmed the rating of 'Good'.

3.4 Impact on Patients

As part of the business case, the practice has advised that 1,019 patients attended the Stamfordham surgery in 2016; patients regularly using this site are also able to access services at the main site at Ponteland and second branch site at Wylam. A breakdown of where the patients live is shown below:

Number of attendances	Area of residence	Percentage (of patients attending Stamfordham)
327	Stamfordham	32.0%
437	Ponteland	43.0%
147	Wylam	14.4%
108	Other areas	10.6%

Of the 1,019 attendances at the Stamfordham branch surgery, 447 (43.8%) of these patients attended Ponteland Road at least once in addition to attending Stamfordham and 83 (8%) attended Wylam at least once.

If the branch surgery closed, the impact on patients is a reduction in the number of sites that can be accessed; patients will still have access to GPs during core hours (08:00 – 18:30) but this may not be at their preferred location. Patients would have to travel to either Ponteland Primary Care Centre or the branch surgery at Wylam in order to collect prescriptions / medication or to make an appointment face-to-face. The distance from the Stamfordham branch site to the main site is 6.2 miles and it is 4.8 miles from Stamfordham branch site to Wylam branch site.

White Medical Group has stated in the business case that from the 327 patients from Stamfordham who attended the branch surgery the breakdown in age groups is as follows:

Age Range	Number of Patients	Percentage (of patients from Stamfordham)
18 or under	52	16%
19 – 65	173	53%
65 – 75	52	16%
75 and over	50	15%

This shows that the majority of patients are aged between 19 and 65 years of age.

3.5 Engagement

3.5.1 The practice has undertaken engagement with patients and local stakeholders; a summary of the outcome of the engagement is attached at **Appendix 3**.

3.5.2 The patient consultation was undertaken by the practice and included letters with a brief questionnaire sent to patients' home addresses; a total of 902 patients from within 374 households received the questionnaire and the practice received 19 responses.

3.5.3 Two of the patients who responded did not object to the closure, although these patients did not attend the branch surgery. Of the remaining 17 patients who responded opposing the proposed closure, the main issues raised related to: transport issues; surgery times; qualification for home visits; car parking; prescribing; surgery location and the possibility of a weekly surgery within the village hall of Stamfordham. The feedback can be broken down as follows:

- Transport Questions – 10 patients, 5 about buses and 5 on general transport
- Surgery Times – 2 patients questioned surgery times particularly in relation to bus times
- Prescribing – 3 patients questioned prescribing, specifically delivery of medication
- Parking – 2 patients questioned parking difficulties at Ponteland
- Home Visits – 2 patients asked who would qualify for home visits

The practice answered each of the issues raised and published a list of answers, on an on-going basis, on both the practice's website as well as displaying these within the surgeries. A copy of the answers provided is included in the practice's business case.

3.5.4 The practice has also engaged with the following stakeholders:

- Practice
- All GP practices within 6.6 miles of Stamfordham Surgery
- The local pharmacy
- MPs within Northumberland
- Health Watch
- Practice Patient Participation Group
- Local Councillors
- Northumberland LMC
- Local Community/Voluntary Groups
- NHS England

The practice did not receive any formal responses from any of the groups / organisations listed above. However, the CCG will meet with the Overview and Scrutiny as part of the process and will update on any feedback at the committee.

NHS England contacted Northumberland LMC; to date no comments have been received.

3.5.5 Assessment of possible impact of change on neighbouring practices

Information in respect of practices within a 13.2 mile radius of the White Medical Group, Stamfordham Branch Surgery is detailed in the **Table 2** below; this shows that the number of patients per WTE at White Medical Group is currently 1,962 which are higher than the average for the practices reviewed. However, if the practice were to lose 327 patients (the number currently attending the branch site that live in Stamfordham) this

would reduce to 7,206 which would give a revised average of 1,876 patients per WTE GP.

Table 2 – Impact on Neighbouring Practices

Practice Code	Practice	Distance in miles from Stamford Surgery	GPs WTE	Nurse Practitioner (equating to WTE GP posts)	Registered List (at 01/10/17)	Patients per GP WTE & Nurse Practitioner	Open or closed list
A84011	White Medical Group		3.84	0	7,533	1,962	Open
	Ponteland Primary Care Centre (main)	6.2					
	Stamfordham Branch	N/A					
	Wylam Branch	6.8					
A84042	Scots Gap Surgery	0.0	1.45	0	2,065	1,424	Open
	Scots Gap Surgery (main)	13.2					
	Stamfordham Branch	0.0					
A84007	Ponteland Medical Group	6.6	7.03	1.20	10,155	1,234	Open
A84035	Riversdale Surgery		3.23	0	6,022	1,864	Open
	Wylam (main)	6.6					
	Oaklands (Branch)	9.3					
Average		6.09	3.88	0.3	6,444	1,621	Open

NB (i) Number of GP WTEs extracted from published workforce data for September 2017

(ii) Full-time Nurse Practitioners equate to 0.6 WTE GP for the purposes of this report (Ponteland Medical Group has 2 full-time NPs)

If the branch surgery at Stamfordham was to close, it is possible that patients who live in the Stamfordham area but are registered with White Medical Group may choose to register elsewhere. If this group of patients chose to register with Scots Gap Surgery as it too has a branch site at Stamfordham, the list size could increase by 327 patients meaning that the list would increase to approximately 2,392 with a ratio of 1,650 patients per WTE GP, which is in line with the average for the area and less than the national benchmark of 1,800 patients for WTE GP.

NHS England is aware that Riversdale Surgery has also submitted an application to close its main site at Wylam and relocate all services to its branch site in Prudhoe. If this was to proceed, it is likely that patients currently attending this practice at the Wylam may seek registration with White Medical Group, which could be upwards of 50% of the current practice population of Riversdale Surgery. The application is currently under assessment, whilst further information has been requested by the provider.

NHS England gave neighbouring practices the opportunity to comment on the proposed branch closure; to date no comments have been received.

3.6 Premises Issues

The practice has advised that the branch site has limited car parking and doesn't have a disabled toilet or baby changing facilities in place. In addition there is only one phone line and poor mobile phone signal, therefore if in use patients cannot access the surgery or the GP cannot make urgent calls.

White Medical Group owns the branch surgery and therefore the practice has advised that they have struggled with recruitment of new GPs due to the fact that any new GP Partner would be expected to buy into ownership of the branch surgery making a partnership less attractive. The practice has also advised that one of the Partners is due to retire within the next 2 years and if the practice is unable to recruit this would result in further difficulties in staffing the branch site.

3.7 Finance

3.7.1 Premises

The current rent for the branch site is £11,600, as the premises are owned by the practice; the CCG would not need to consider the issue of void space in relation to the Stamfordham branch site and therefore this would result in a saving.

3.7.2 Cost per Patient

GMS and PMS practices all receive the same payment of £81.15 (including out of hours deduction), however all new patients attract an additional weighting of 0.46 in the first year, increasing the global sum to £118.48. Therefore should the 327 patients wish to register with another practice closer to home, there will be a financial impact of £12,206 in the first year. The impact for White Medical Group, should all patients choose to register elsewhere, would be a loss of income of £26,536.

4. REGULATIONS & POLICY

4.1 GMS Regulations

The GMS Contract requires that all practice premises to be named within the contract. If approval was given to close the branch site a contract variation would be required to remove the premises from the contract.

4.2 NHS England Policy

In April 2016 NHS England released an updated 'Branch closure for primary medical services' which are the standard operating policies and procedures for primary care and describe the process required to undertake a branch closure and the associated contract variation. This policy has been applied to the application.

4.3 NHS (Pharmaceutical Services) Regulations (in relation to dispensing services)

The practice has said that all of the patients living in the area of Stamfordham and using the branch do have dispensing status and that if the branch closes, the patients status would not change. The practice has also said in the business case that patients will have the option of collecting dispensed medication from one of the other two sites or alternatively making arrangements through a local community pharmacy, many of which offer a delivery service.

The Regulations allow for patients, living in a rural area and more than 1.6 km from the nearest pharmacy to apply to have their medications dispensed by their GP. Therefore, it is the patient's home address in relation to community pharmacies that determines the eligibility for dispensing services; consequently the closure of the branch site should not affect this. The issue would be that patients would not be able to collect prescriptions from Stamfordham and would have to travel to either Ponteland or Wylam to collect these.

In line with NHS (Pharmaceutical Services) Regulations, in order for a practice to provide dispensing services, it must have approval to do so. Dependent on when a practice applied for dispensing status, this can either be through 'outline consent' or 'historic rights'. In either case however, a practice also requires premises approval for the sites to be used by the practice.

In order for the dispensing service to continue, White Medical Group must have either outline consent or historic rights as well as have premises approval for either, or both, the Wylam branch site or the Ponteland Primary Care Centre site.

It is understood that the practice currently dispenses from both Ponteland Primary Care Centre and Wylam and that this will continue. Therefore, there is no need to amend the list of dispensing practices as White Medical Group (the provider) will continue to providing dispensing services.

5. OPTIONS

Options and appraisal of options

There are 2 options to consider; these are:

5.1 Option 1 – Decline the proposed closure of the Branch Surgery

Benefits:

- There will be minimal impact on patients who use the Stamfordham branch regularly in so far as this group of patients will not have to travel further to access services;
- Patients will still be able to access the dispensing service based at Stamfordham.

Risks:

- The practice has stated that the premises do not have a disabled toilet with limited telephone access and other facilities such as baby changing facilities;
- The practice has stated that it has difficulties in recruiting staff meaning that it is increasingly difficult to provide services across three sites;
- The practice has few staff working at the branch site which has previously been highlighted as a risk to the practice.

If the application is rejected the practice will need to continue to address the issues listed above, which to date has proved difficult and will incur a financial burden on the practice.

5.2 Option 2 – Approve the closure of the Branch Surgery

Benefits:

- A reduction in travelling time for clinical staff which could result in additional appointments being provided by the practice at the main site;
- The practice would not have lone members of staff working at the branch site;
- Financial saving of £11,600 per annum for the CCG in terms of rent paid to the practice.

Risks:

- Patients living in Stamfordham would no longer have access to local services including dispensing services and whilst local pharmacies may provide a delivery service, this could potentially disadvantage patients who use the Stamfordham branch regularly;
- Patients living in Stamfordham may choose to register with Scots Gap practice which may have a detrimental effect on that practice, however Scots Gap practice currently have a low patient to GP WTE, therefore indicating they have capacity to provide services for the additional patients;
- Should the patients decide to register with another practice closer to home, there will be a potential financial impact of approximately £12,206 in the first year to account for the new patient registration weighting;
- Patients will have to travel further to access GP appointments.

6. NEXT STEPS

6.1 NHS Northumberland CCG Primary Care Commissioning Committee is asked to consider the request by White Medical Practice to close the branch surgery at Stamfordham. If approval is given to close the branch surgery, White Medical Group will need to:

- Provide a plan setting out the steps to be taken by the practice in respect of the closure of the site;
- Provide a copy of the communication plan, which must include patients and stakeholders, confirming the closure;

On receipt of the above action plans, a contract variation will be issued to the practice to remove the Stamfordham branch site from the contract.

WHITE MEDICAL GROUP

Application to close Branch Surgery Premises in Stamfordham

NOVEMBER 2017

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1. APPLICANT – WHITE MEDICAL GROUP

This application is being made by Drs Gillian Noble, Jo Hunter, Richard Holdsworth and Jonathan Perry, partners of White Medical Group delivering primary care services through a General Medical services (GMS) contract.

The reasoning behind this application is twofold:-

- Safety & Quality – as a consequence of recruitment difficulties following the recent departure of Dr John McHugh.
- Financial – as a consequence of increased operational costs and contractual funding reductions.

White Medical Group operates in a largely affluent area North West of Newcastle upon Tyne, within the borders of Northumberland, centred around Ponteland. The practice has a list size of 7,533 patients, with a weighted list size of 7,782.

The practice operates from a main site in Ponteland Primary Care Centre, Meadowfield, Ponteland, Newcastle upon Tyne, NE20 9SD and has two branch surgeries :-

- i) 33-37 Jackson Road, Wylam, Northumberland, NE41 8EL (9.2 miles from the main site)
- ii) 12 Grange Road, Stamfordham, Newcastle upon Tyne, NE18 0PF (6.2 miles from the main site)

The practice has a Practice Manager (James Young) who is responsible for the overall running of all surgeries, and is supported by a team of administration, reception and dispensing staff.

A CQC inspection took place in April 2016 which resulted in an overall rating of 'Good' being awarded. However the initial CQC report identified a number of areas that 'Required Improvement'. These mainly related to the branch sites, and dispensing arrangements which required some remedial measures to be put in place.

Due to a combination of factors, this application proposes the consolidation of service delivery from three sites down to two.

2. BRANCH SURGERY SITE

White Medical Group has operated from Stamfordham for approximately 35 years following a split between the original partners which led to the creation of White Medical Group and Scots Gap Surgery. It is believed that the current building was first occupied in around 1982.

At the time of the opening of Stamfordham Surgery, there was an acute shortage of space within the main site, Ponteland Health Centre. This meant that the majority of administration staff, including the Practice Manager, were based at Stamfordham. It also meant that, due to a shortage of consulting rooms in Ponteland, a disproportionate number of clinical sessions took place at Stamfordham relative to the number of patients who lived locally.

In 2006 White Medical Group moved into new premises within Ponteland Primary Care Centre, which also allowed all administrative staff and the Practice Manager to relocate from Stamfordham to Ponteland. This left a skeleton staff at Stamfordham to cover the surgeries and the dispensing needs of patients.

3. DISPENSING ARRANGEMENTS

All patients who live in the vicinity of Stamfordham are classed as dispensing patients and are eligible to get their medication directly from the practice rather than having to go to a nearby chemist. Patients are not under any obligation to use this service for their medication and are free to use a chemist of their choosing if they so wish.

4. BUSINESS JUSTIFICATION FOR PROPOSED CLOSURE

4.1 Service Access & Usage

There are currently 650 patients registered with an NE18 postcode of which 306 actually live within the village of Stamfordham. However some patients within this postcode are actually closer to Ponteland although conversely some NE20 postcodes are closer to Stamfordham. In addition patients who work outside the local area, particularly in Newcastle upon Tyne, may find Ponteland a more convenient surgery to access on a regular basis.

An audit of patient attendances at Stamfordham surgery during 2016 showed that 1,019 patients were seen there at least once. Of these :-

- 327 lived near to Stamfordham
- 437 lived near to Ponteland
- 147 lived near to Wylam
- 108 lived in other areas

The majority of patients who used Stamfordham surgery during 2016 were actually from outside the immediate area.

The audit also showed that as well as the 327 patient from Stamfordham who attended Stamfordham surgery, there were also :-

- 447 Stamfordham patients who attended Ponteland surgery at least once
- 83 Stamfordham patients who attended Wylam surgery at least once

Some patients will attend multiple sites but the number of patients who exclusively attended Stamfordham surgery during 2016 was 74.

Of the 327 patients from Stamfordham who attended Stamfordham surgery :-

- 52 were aged 18 or under
- 173 were aged 19-65
- 52 were aged 65-75
- 50 were aged over 75

4.2 Dispensing Issues

One of the original attractions of operating a branch surgery was to attract the fees associated with dispensing medication. However, since 2006 the net income from dispensing has reduced by approximately 50% due to changes made to the fees paid at a national level. Traditionally it was these dispensing fees that made the existence of many branch surgeries viable financially.

One of the issues flagged up by the 2016 CQC inspection was that all dispensed medication should ideally be checked by 2 members of staff. This is difficult to do when there is only one member of staff in the building, and the cost of employing a second person to help out would be prohibitive. To get around this it is necessary to ensure that a different member of staff checks the dispensed medication the following day. This works but means the length of time taken to prepare a prescription is longer than would be ideal. For acute prescriptions the checking role is performed by a GP which means that their surgery can be interrupted creating unnecessary risk.

In the past GPs would sign prescriptions whenever they were at a branch site but as the regulations have been tightened there is now a need for prescriptions to be signed on a daily basis. There isn't always a surgery at Stamfordham each day particularly during holiday periods which means that a GP has to spend time travelling to Stamfordham just to sign prescriptions within an already busy workload that they face. (Note : EPS isn't available for dispensed prescriptions so they still have to be printed on prescription paper and signed by a GP).

The closure of Stamfordham surgery would not change the dispensing status of patients but would mean that patients would need to collect their prescriptions from one of the other surgeries. However, the turnaround of the prescriptions would be quicker, more efficient, and safer with checking staff and GPs all based together in Ponteland. Alternatively, patients could use a local chemist – many of whom now offer a delivery service to patients who are unable to collect medication themselves.

4.3 Contractual

When the current GMS contract was introduced in 2004, GP practices were given some financial protection to ensure they didn't lose out as a result of the changes. This was known as the Minimum Income Protection Guarantee (MPIG) and was mainly given to practices with largely rural populations or small branch surgeries to recognise the inherent diseconomies of scale that exist with such geographically diverse populations. However in 2012 the NHS decided to phase out this support over a 7 year period which will mean that White Medical Group will lose over £100k a year from its annual budget.

4.4 List Size Growth

Over the past 5 years the list size at the practice has increased from 6,800 to 7,500. However this increase has been entirely within the Ponteland area due to problems with a neighbouring GP practice. The populations at both branch surgeries have not seen any significant changes over the same period.

4.5 Medical Staffing – Recruitment and Retention of GPs

Medical staffing, particularly for GPs, has become ever more difficult over the years with fewer candidates applying for each job. In 2008 White Medical Group advertised a GP vacancy and had over 30 applicants. The same exercise in 2016 produced 5 applicants.

A complicating factor for White Medical Group is that any new GP who joins the practice as a partner would be expected to buy into the ownership of the branch surgeries. This makes a partnership with the practice less attractive, particularly given the drop in GMS and dispensing income as outlined earlier.

It is likely that one of the remaining GP partners will retire in the next 2 years which could compound this problem further. If the practice fails to recruit at this time then there is a real possibility that it could either fold entirely, or more likely, join with a neighbouring practice.

4.6 Lone Working

This issue was highlighted during the 2016 CQC inspection. This wasn't an issue prior to the opening of the current Ponteland building as there were administration staff based at Stamfordham.

An incident occurred in 2012 at Stamfordham when a patient became violent with just a receptionist present. Fortunately, the patient took out her anger on the fixtures and fittings rather than the member of staff.

4.7 Clinical Effectiveness

Rationalising more services to the main site will be more clinically effective leading to improved patient care, and also more cost effective, securing the long-term viability of the practice. Currently there are some services that can only be provided at our main surgery e.g. minor surgery and ECGs.

In addition many community services provided by third party organisations are only available at our Ponteland surgery e.g. Physiotherapy, Podiatry, Dietetics, Anti-coagulation Clinics etc.

Having branch surgeries also means the practice has to often keep duplicate sets of equipment which has cost implications.

Although White Medical Group employs 6 GPs, 2 Practice Nurses and 3 Health Care Assistants, currently only 2 GPs, 1 Practice Nurse and 1 Health Care Assistant go to Stamfordham on a regular basis. Patients at Ponteland can access a wider range of clinical staff, services and appointment times.

4.8 Premises Issues

With the majority of patients who use Stamfordham coming from outside the village and only limited public transport available then it is likely that most patients coming to the surgery will come by car. There is only limited car parking available on the surgery premises so most patients will need to park on the road outside.

Stamfordham surgery currently doesn't have an accessible toilet and access into the building for disabled patients is difficult. There are also no baby changing or breast-feeding facilities available. Disabled access is much better at Ponteland with automatic

opening main doors and a lift available. There is also a baby changing and breast-feeding facility

The current phone system dates from when the surgery first opened so is in need of upgrading. Currently there is only one line into the building which means that if a clinician is making an outgoing call, patients are unable to ring into the surgery. In addition there is usually no mobile phone signal available which makes it hard for the GP in the surgery to receive / make urgent calls and this is especially important when they are on call for the whole practice.

4.9 Other Financial Pressures

During 2015/16 we saw our annual service charges on our Ponteland premises almost triple from £22k per year to £64k per year. This coupled with the loss of MPIG and the drop in dispensing income means that our total net income reduction in recent years is approximately £200k annually (on an overall turnover of £1.5m).

5. SUMMARY OF PATIENT INVOLVEMENT

An engagement process has been running between August and November 2017.

The following stakeholders have been notified of this proposed branch closure :-

<u>Stakeholder Group</u>	<u>Date of Engagement</u>
Stamfordham Patients – household letter	11/08/2017 (post)
Practice staff – regular discussions meetings)	On-going (email &
Northumberland CCG	On-going (email)
Neighbouring Practices – Ponteland Medical Group	14/08/2017 (email)
Neighbouring Practices – Riversdale Surgery	14/08/2017 (email)
Neighbouring Practices – Scots Gap Surgery	14/08/2017 (email)
Neighbouring Practices – Corbridge Medical Group	14/08/2017 (email)
Northumbria Healthcare (Community Services)	16/08/2017 (email)
Local Pharmacies – Wylam Pharmacy	14/08/2017 (post)
Local Pharmacies – Boots, Darras Hall	14/08/2017 (post)
Local Pharmacies – Parklands, Ponteland	14/08/2017 (post)
Local Pharmacies – Taylors, Ponteland	14/08/2017 (email)
Healthwatch Northumberland	14/08/2017 (email)
Local Councillors – Richard Dodd (Ponteland North)	14/08/2017 (email)
Local Councillors – Karen Quinn (Bywell)	14/08/2017 (email)
Local Councillors – Veronica Jones (Ponteland West)	14/08/2017 (email)
Local Councillors – Eileen Jones (Ponteland East)	14/08/2017 (email)
Local Councillors – Peter Jackson (Ponteland South)	14/08/2017 (email)
Parish Councils – Ponteland	14/08/2017 (email)
Parish Councils – Wylam	14/08/2017 (email)
Parish Councils – Stamfordham	14/08/2017 (email)
Parish Councils – Belsay	14/08/2017 (email)
Parish Councils – Horsely	14/08/2017 (email)
Parish Councils – Heddon on the Wall	14/08/2017 (email)
Parish Councils – Matfen	14/08/2017 (email)
Parish Councils – Great Whittington	14/08/2017 (email)
Member of Parliament – Guy Opperman	11/08/2017 (email)

In addition posters have been displayed about this proposal in each of our surgeries and on our website.

6. SUMMARY OF PATIENT FEEDBACK

The feedback that has been received from patients and other interested parties have been themed into the categories listed below. A total of 19 responses were received (6 by letter, 11 by email and 3 by letter).

6.1 What bus service currently exists between Stamfordham & Ponteland? What can be done to improve services?

The number 74 bus runs from Stamfordham to Ponteland roughly every 2 hours in a morning and 3 hours in an afternoon. Although we don't have any control over the provision of public transport, we would hope that if the demand for services increases then this would lead to more regular services being run.

6.2 If a patient comes to Ponteland from Stamfordham by bus and the surgery is running late, will the patient be given priority so that they can make the return journey on time?

Any patient who currently informs reception staff that they need to leave by a specific time (whether it be to catch public transport or attend another appointment), has their message passed to the GP / Nurse on our appointment screen. The GP / Nurse will endeavour where possible to accommodate the patient although there is no guarantee that the request will be met. This approach applies to all patients.

6.3 Who qualifies for home visits? Is there an official definition?

There isn't an official NHS definition but generally we use the following criteria :-

"A patient will be deemed to qualify for a home visit if they are housebound i.e. they are unable to leave their home environment through physical and / or psychological illness.

An individual will not be eligible for a home visit if they are able to leave their home environment on their own or with minimal assistance to visit public or social recreational public services (including shopping)."

From experience we have found that most patients with poor mobility will generally use friends, relatives or taxis to help them get the surgery for appointments.

6.4 How will housebound patients be able to collect medication if Stamfordham surgery closes?

Although we have no plans to provide a delivery service ourselves, most local chemists do offer a free medication delivery service.

6.5 There are currently plans for additional house building within Stamfordham. Would these extra patients make it more viable to retain Stamfordham surgery?

We haven't seen any specific numbers but the basic problem we face with Stamfordham surgery is that the number of patients who use it are relatively small. It would seem unlikely that a few extra houses would make much difference to the financial viability of Stamfordham surgery.

6.6 The car park at Ponteland is extremely tight. Do you have any plans to provide extra parking?

The car park at Ponteland can be busy on occasions, particularly during the morning (9am to 11am). Generally this only happens a handful of times each month. Usually the waiting time to get a parking space is relatively short as the turnover of patients going into and out of each clinic is quite quick.

There isn't space to extend the existing car park although spaces are generally available throughout the day in a nearby community car park.

One thing we have done recently is cut down on the number of morning meetings held within the building to ease some of the problems.

6.7 I understand that White Medical Group has been forced to accept large numbers of patients from other local practices in the area. I understand this has caused many pressures on appointment times and services.

This is not entirely true. We have not been 'forced' to accept new patients. We operate an 'open practice list' which means that patients are free to register with us if they choose to do so, as long as they reside inside our practice boundary. However over the past few years we have seen our patient numbers rise from 6,800 to 7,500 which has largely been caused by problems with another local practice. Inevitably this has increased pressure of the services we provide. We would stress that these pressures are entirely separate from the issues we face at Stamfordham surgery.

6.8 Would it be possible to get, on a regular basis, repeat prescriptions for 3 months rather than 1 month thus saving journey times and cost to and from Ponteland?

This would be difficult to implement as local NHS policy is generally for prescriptions to be on a monthly basis, with a few exceptions.

6.9 Will the practice be able to improve significantly the waiting times for appointments? My wife is currently waiting more than 4 weeks to see her 'named' GP.

Although closing Stamfordham will save the practice some money, this is dwarfed by the amount of funding that has been reduced from the practice's budget in recent years.

6.10 How will the proposed change improve the practice's ability to recruit GPs?

Currently there is a national shortage of GPs so recruitment will always be difficult. By putting the practice on a better financial footing we will make it easier to recruit although there will never be any guarantee of success.

6.11 Our main concern is collecting prescriptions during the winter and wondered if a delivery service or a nearer collection point could be arranged.

See answer to question 4.

6.12 If Stamfordham surgery does close then would it be possible to have a weekly clinic in the village hall for those who genuinely can't travel to Ponteland?

This is a valid suggestion. There may be issues with IT around whether we could access patient records remotely – particularly given how poor the mobile phone signal is in Stamfordham but this is something that could be explored.

7. OTHER ISSUES FOR CONSIDERATION

7.1 Premises Ownership

Ponteland Primary Care Centre is leased from NHS Property Services on a long-term lease. White Medical Group share a tenancy for the building with Ponteland Medical Group and Northumbria Healthcare (who are responsible for community services such as District Nurses & Health Visitors).

The premises at Stamfordham and Wylam are jointly owned by the partners of White Medical Group.

7.2 Capacity at Ponteland Primary Care Centre

White Medical Group currently has 6 GPs, 2 Practice Nurses and 3 Health Care Assistants - all of whom are part-time. The building has 9 consulting rooms and 2 treatment rooms so there currently isn't a time during the working week when all rooms are occupied. Therefore, there is plenty of spare capacity available to allow additional services to run.

7.3 Availability of Appointments / Improved Access

Historically White Medical Group has been able to offer good access to patients with relatively short waiting times for appointments. In recent years this has become harder to maintain, largely due to a significant amount of sick leave over the past 2 years although the increase in list size has also played a part.

White Medical Group provides a proportion of urgent medical appointments within nearly every individual surgery. The urgent appointments at Ponteland tend to fill up first where demand is highest patients but urgent appointments at the branch sites are not always fully utilised. This can result in up to 4 appointments per surgery not being filled at Stamfordham. If these surgeries were moved to Ponteland the overall waiting time for appointments could be reduced and there would be less pressure on the GP's working at Ponteland. This would make the appointment system more efficient with less time wasted.

There are also a proportion of patients who attend the wrong surgery in error even though they are informed of the correct site when booking the appointment. By rationalising the number of sites this wastage should be reduced.

7.4 Opening Hours

Currently our regular opening hours are from 8am to 6.30pm but since 2008 we have run a number of early morning surgeries from Ponteland. These start at 7am and run on Tuesdays to Fridays most weeks.

There are moves to introduce services from 8am to 8pm across the country. It won't be compulsory initially for each GP practice to participate but it is expected that all patients will be able to access services during these times. This is likely to mean that some service reconfiguration will be required.

7.5 Staffing

There are no staff redundancies planned. There are no TUPE transfer issues to consider. Reception staff who are based at Stamfordham will be incorporated

into the wider team based at Ponteland. This will improve the working conditions for all staff making it easier to cover holidays and sickness. In addition this will result in Ponteland surgery running more smoothly.

7.6 IT Requirements

No discussions or costs have been agreed to decommission or relocate IT. This will be conducted in partnership with NECS pending the outcome of the proposed closure.

7.7 Quality & Outcomes Framework

There are no issues identified relating to QoF performance. If patients choose to leave and register elsewhere the overall prevalence of chronic diseases may reduce. We wouldn't anticipate this would be to an extent that would adversely affect the financial viability of the practice.

7.8 Home Visit Policy

The Practice has a policy for home visiting the housebound or people who are too ill to attend the surgery. This policy will not change. However, patients are encouraged to attend the surgery wherever possible as the GPs have access to a greater range of equipment at the health centre.

7.9 CQC

Closing Stamfordham would address some issues raised by the CQC but in itself wouldn't affect the overall rating received by the practice.

7.10 Primary Care Web Tool

No detrimental issues have been identified.

7.12 Active breaches

There are no active contractual breaches that have been served from NHS England.

8. PROPOSED CLOSURE DATE

It is hoped to close Stamfordham surgery by 31st March 2018.

9. PATIENT REGISTRATION & CHOICE OF PRACTICE

Patients have a choice about the GP practice that they register with. The following local practices operate within the vicinity of Stamfordham :-

Practice	Distance from Stamfordham
Scots Gap Surgery (Branch surgery in Stamfordham)	0.0 miles (0 minutes drive)

Ponteland Medical Group

9.2 miles (15 minutes drive)

10. PRACTICE DECLARATION

White Medical Group – GP Partners

Partner	Signature	Date
Dr Gillian Noble	
Dr Jo Hunter	
Dr Richard Holdsworth	
Dr Jonathan Perry	

Appendix 2 – Boundary Map



Appendix 3 – Engagement

SUMMARY OF PATIENT FEEDBACK

The feedback that has been received from patients and other interested parties have been themed into the categories listed below. A total of 19 responses were received (6 by letter, 11 by email and 3 by letter).

3.6.2 What bus service currently exists between Stamfordham & Ponteland? What can be done to improve services?

The number 74 bus runs from Stamfordham to Ponteland roughly every 2 hours in a morning and 3 hours in an afternoon. Although we don't have any control over the provision of public transport, we would hope that if the demand for services increases then this would lead to more regular services being run.

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See answer to question 4.

3.6.13 If Stamfordham surgery does close then would it be possible to have a weekly clinic in the village hall for those who genuinely can't travel to Ponteland?

This is a valid suggestion. There may be issues with IT around whether we could access patient records remotely – particularly given how poor the mobile phone signal is in Stamfordham but this is something that could be explored.

Members of the Northumberland Primary Care Commissioning Committee are asked to:

- 1. Consider the Contract Baseline Report April to October 2017/18 and provide comment.**

Purpose

This report outlines the current contracting status of primary medical care in Northumberland.

Background

Appendix 1 contains details of contract type and list size for Northumberland practices and information regarding mergers, branches, dispensing. Appendix 2 provides a status update on Directed Enhanced Services (DES).

It is proposed that this report is considered by the Northumberland Primary Care Commissioning Committee (PCCC) on a quarterly basis.

Recommendation

The PCCC is asked to consider the report and provide comment.

Appendix 1 – Contract Baseline Report April to October.
Appendix 2 – DES sign up



NHS Northumberland Clinical Commissioning Group Contract Baseline Report April to October 2017/18

1. Contract number, type and list size

There are currently 42 practices in Northumberland CCG area.

16 are GMS contracts, 26 are PMS agreements and 0 are APMS contracts.

The practices, contract type and corresponding list size as at 01 October 2017 are shown below:

Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84002	Rothbury Surgery	GMS	5737	7497.47	No
A84003	Lintonville Medical Group	PMS	13235	15141.13	No
A84005	Bedlingtonshire Medical Group	PMS	11486	12608.84	No
A84006	Alnwick Medical Group	GMS	8929	9972.08	No
A84007	Ponteland Medical Group	GMS	10155	10151.99	No
A84008	Belford Medical Practice	PMS	4466	5912.32	No
A84009	Railway Medical Group	PMS	23186	25116.46	No
A84011	White Medical Group	GMS	7533	7819.8	No
A84013	The Gables Medical Group	PMS	6059	7110.87	No
A84014	Marine Medical Group	PMS	10888	12038.46	No
A84015	Laburnum Medical Group	PMS	2404	2824.23	No
A84016	Prudhoe Medical Group	PMS	6730	6367.52	No
A84018	Corbridge Medical Group	PMS	6983	8181.43	No
A84020	Guidepost Medical Group	PMS	8231	9748.72	No
A84022	Coquet Medical Group	PMS	11568	13672.53	No

Practice Code	Practice Name	Contract Type	Raw List Size	Weighted List Size	Single-handed Practice?
A84024	Burn Brae Medical Group	GMS	9356	10234.27	No
A84025	Cramlington Medical Group	PMS	5010	5166.93	No
A84026	Well Close Surgery	PMS	9106	9959.11	No
A84027	Bellingham Medical Group	PMS	3375	4417.32	No
A84028	Seaton Park Medical Group	GMS	18350	20594.97	No
A84029	Widdrington	GMS	2692	3090.42	No
A84030	Village Surgery	GMS	9291	9903.55	No
A84031	Greystoke	GMS	9309	10258.3	No
A84032	Burnhouse	PMS	2469	3114.65	No
A84033	Sele Medical	GMS	6167	6752.4	No
A84034	Haltwhistle Medical Group	PMS	5650	6698.16	No
A84035	Riversdale	GMS	6022	6428.66	No
A84036	Wellway Medical Group	PMS	18509	21746.77	No
A84037	Netherfield	PMS	5743	6278.88	No
A84038	Forum Family Practice	PMS	6107	6420.86	No
A84039	Gas House Lane Surgery	PMS	5390	5892.56	No
A84040	Humshaugh Wark	GMS	3576	4094.75	No
A84042	Scots Gap	GMS	2065	2481.95	No
A84043	Brockwell Medical Group	PMS	17226	16658.78	No
A84044	Union Brae	PMS	7064	7789.7	No
A84045	Haydon Bridge Surgery	PMS	5395	6192.93	No
A84047	Branch End Surgery	PMS	5425	5326.46	No
A84604	Glendale	PMS	2114	2616.39	No
A84609	Middle Farm Surgery	GMS	1557	1740.5	Yes
A84614	Adderlane	GMS	1999	2063.4	No
A84619	Elsdon Avenue	GMS	3619	3856.39	Yes
Y00151	Collingwood	PMS	4812	5023.1	No
		Total	314,988	348,966	

Seven former PMS practices have reverted to GMS.

2. Directed Enhanced Services Sign-up

Practices' sign-up to Directed Enhanced Services is shown in **Appendix 2**.

In terms of the Violent Patient Scheme, there are 11 patients currently on the register. Since 01 April 2017, 5 patients have been added to the register and 0 have been removed following annual review of their status on the register.

3. Business Cases and Performance

a) List Closures

There are 0 practices with closed lists in the CCG area. There are no pending applications from practices to close the patient list.

b) Mergers

There has been 1 practice merger since 01 April 2017 as follows:

A84006 Bondgate and A84021 Infirmary Drive of which A84006 Bondgate contract has terminated.

There are no pending applications to merge.

c) Branch Sites and Closure Applications

There are currently 12 practices with branch sites as follows:

Practice Code	Practice Name	Main Site Address	Branch Site Address
A84002	Rothbury Practice	3 Market Place, Rothbury, NE65 7UW	Longframlington Surgery, Morpeth, NE65 8AD Harbottle Surgery, Harbottle, NE65 7DG
A84006	Alnwick Medical Group	Infirmary Close, Alnwick, NE66 2NL	Embleton Practice, Embleton, Northumberland, NE66 3XZ Longhoughton Practice, Longhoughton, NE66 3JN Seahouses Practice, James Street, Seahouses, NE68 7XZ
A84011	Belford Medical Practice	Croft Field, Belford, NE70 7ER	Seahouses Health Centre, James Street, Seahouses, NE68 7XZ

Practice Code	Practice Name	Main Site Address	Branch Site Address
A84011	White Medical Group	Ponteland Primary Care Centre, Meadowfield, Ponteland, NE20 9SD	Glenbriar 12 Grange Road Stamfordham NE18 0PF The Surgery Jackson Road Wylam NE41 8EL
A84022	Coquet Medical Group	Amble Health Centre Percy Drive, Amble, NE65 0HD	Broomhill Health Centre, Hadston Road, South Broomhill, NE65 9SF
A84026	Well Close Surgery	Well Close Square, Berwick upon Tweed, TD15 1LL	Tweedmouth Clinic, Tweedmouth, Berwick upon Tweed
A84028	Seaton Park Medical Group	Norham Road, Ashington, NE63 0NG	Buteland Terrace, Newbiggin by the Sea, NE64 6NS
A84035	Riversdale	51 Woodcroft Road, Wylam, NE41 8DH	Oaklands Health Centre, Prudhoe, NE42 5DQ
A84040	Humshaugh & Wark Medical Group	Humshaugh Surgery, East Lea, Humshaugh, NE46 4BU	Wark Surgery, Hexham, NE48 3LS
A84042	Scots Gap Surgery	The Surgery, Scots Gap, NE61 4EG	16 Grange Road, Stamfordham, NE18 0PF
A84044	Union Brae	Union Brae Surgery, Tweedmouth, Berwick upon Tweed, TD15 2HB	Pedwell Way Surgery, Norham, Berwick upon Tweed, TD15 2LD
A84045	Haydon Bridge & Allendale Medical Practice	Haydon Bridge Health Centre, North Bank, Haydon Bridge, NE47 6LA	Allendale Health Centre, Shilburn Road, Allendale, Hexham, NE47 9LG

There have been 0 practice branch closures since 01 April 2017; the following practices have applied to close and or move as follows:

A84011 White Medical Group has applied to close the Stamfordham branch surgery

A84035 Riversdale has applied for all services to be delivered from Prudhoe Health Centre and to close their main Wylam site (subject of another report).

d) Boundary Changes

There are currently 0 practices that have changed their practice boundary since 01 April 2017

There are 0 active applications to change the boundary.

e) Dispensing Practices

There are 17 dispensing practices in the CCG area. The following table shows dispensing practices, the number of dispensing patients and if the practice has signed up to deliver the Dispensing Services Quality Scheme in this financial year.

Practice Code	Practice Name	Dispensing Patient List Size	DSQS Sign-up?
A84006	Alnwick Medical Group	2523	No
A84007	Ponteland Medcial Group	2493	No
A84008	Belford Medical Practice	2165	Yes
A84011	White Medical Group	2513	Yes
A84013	Gables Medical Group	510	Yes
A84018	Corbridge Medical Group	3022	Yes
A84029	Widdrington Surgery	2096	Yes
A84032	Cheviot Medical Group	1390	Yes
A84035	Riversdale Surgery	1114	Yes
A84039	Gas House Lane Surgery	1534	Yes
A84040	Humshaugh & Wark Medical Group	3188	Yes
A84042	Scots Gap Surgery	1903	Yes
A84044	Union Brae & Norham Practice	1408	Yes
A84045	Haydon Bridge & Allendale Medical Practice	1462	Yes
A84047	Branch End Surgery	1123	No
A84604	Glendale Surgery	1059	No
A84609	Middle Farm Surgery	1515	Yes

*Dispensing list size is as of January 2016

f) Premises

Three practices have applied for changes to their current premises as follows:

Practice Code	Practice Name	Details of Request	Funding Stream	Current Status
A84002	Rothbury Practice	Move to Rothbury Community Hospital	ETTF	Granted with conditions
A84011	White Medical Group	Close Stamfordham branch	N/A	Report in progress
A84035	Riversdale	Move main site from Wylam to branch location in Prudhoe	NHS Property Services capital scheme	Report in progress

g) Contractual investigation/breaches

There are currently no practices under investigation.

h) CQC visit outcome

Two practices have been visited by the CQC since 01 July 2017. The current CQC overall rating is as follows:

Practice Code	Practice Name	Date of Visit	Practice Rating
A84028	Seaton Park Medical Group	22/08/2017	Good
A84015	Laburnum Surgery	26/09/2017	Good

i) Assurance Status

The assurance framework data is supplied to CCGs on a quarterly basis (please refer to data provided for **further** details). Practices currently identified with four or more outlier points within the framework are as follows:

Practice Code	Practice Name	Number of Outlier Points
A84015	Laburnum Surgery	4
A84043	Brockwell Medical Group	5
A84025	Cramlington Medical Group	4
A84003	Lintonville Medical Group	4
A84026	Well Close Square Surgery	4
A84006	The Alnwick Medical Group	4
A84007	Ponteland Medical Group	4
A84028	Seaton Park Medical Group	4
A84029	Widdrington Surgery	5

Appendix 2 – DES Sign Up

Practice Code	Practice Name	Learning Disabilities	Extended Hours	Minor Surgery	Out of Area Registration	QRISK2
A84002	Rothbury Practice	Yes	Yes	Yes	No	No
A84003	Lintonville Medical Group	Yes	Yes	Yes	Yes	No
A84005	Bedlingtonshire Med.Group	Yes	Yes	Yes	No	Yes
A84006	The Bondgate Surgery	Yes	Yes	Yes	Yes	Yes
A84007	Ponteland Medical Group	Yes	Yes	Yes	Yes	Yes
A84008	Belford Medical Group	Yes	Yes	Yes	No	Yes
A84009	Waterloo Medical Group	Yes	Yes	Yes	No	No
A84011	White Medical Group	Yes	Yes	Yes	No	No
A84013	The Gables Medical Group	Yes	No	Yes	No	Yes
A84014	Marine Medical Group	Yes	Yes	Yes	No	Yes
A84015	Laburnum Medical Group	Yes	Yes	Yes	Yes	No
A84016	Prudhoe Medical Group	Yes	Yes	Yes	Yes	Yes
A84018	Corbridge Medical Group	Yes	Yes	Yes	Yes	No
A84020	Guidepost Medical Group	Yes	Yes	Yes	Yes	Yes
A84021	Infirmery Drive Medical Group	Yes	Yes	Yes	Yes	Yes
A84022	Coquet Medical Group	Yes	Yes	Yes	No	Yes
A84024	Burn Brae Medical Group	Yes	Yes	Yes	Yes	Yes
A84025	Cramlington Medical Group	Yes	Yes	Yes	Yes	Yes
A84026	Well Close Medical Group	Yes	No	Yes	Yes	Yes
A84027	The Bellingham Practice	Yes	Yes	Yes	Yes	Yes
A84028	Seaton Park Medical Group	Yes	Yes	Yes	Yes	No
A84029	Widdrington Surgery	Yes	Yes	Yes	No	No
A84030	Village Surgery	Yes	Yes	Yes	No	No
A84031	Greystoke Surgery	Yes	Yes	Yes	No	Yes
A84032	Cheviot Medical Group	Yes	Yes	Yes	No	Yes
A84033	The Sele Medical Practice	Yes	Yes	Yes	Yes	No
A84034	Haltwhistle Medical Group	Yes	Yes	Yes	Yes	Yes
A84035	Riversdale Surgery	Yes	No	Yes	No	Yes
A84036	Wellway Medical Group	Yes	Yes	Yes	Yes	Yes
A84037	Netherfield House Surgery	Yes	Yes	Yes	Yes	No

Practice Code	Practice Name	Learning Disabilities	Extended Hours	Minor Surgery	Out of Area Registration	QRISK2
A84038	Forum Family Practice	Yes	Yes	Yes	No	No
A84039	Gas House Lane	Yes	Yes	Yes	No	Yes
A84040	Humshaugh & Wark Medical Group	Yes	Yes	Yes	Yes	No
A84042	Scots Gap Medical Group	Yes	Yes	Yes	No	Yes
A84043	Brockwell Medical Group	Yes	Yes	Yes	Yes	Yes
A84044	Union Brae & Norham Practice	Yes	Yes	Yes	Yes	No
A84045	Haydon Bridge & Allendale Medical Practice	Yes	Yes	Yes	Yes	No
A84047	Branch End Surgery	Yes	Yes	Yes	Yes	Yes
A84604	Glendale Surgery	Yes	Yes	Yes	Yes	Yes
A84609	Felton Surgery	Yes	Yes	Yes	No	Yes
A84614	The Adderlane Surgery	Yes	No	Yes	No	No
A84619	The Surgery, Elsdon Avenue	Yes	Yes	No	No	No
Y00151	Collingwood Medical Group	Yes	No	Yes	Yes	No