NHS
North East London
Clinical Commissioning Group

Primary Care Commissioning Committee meeting

2.00pm-3.15pm Wednesday 12 January 2022, Microsoft Teams meeting

Agenda

No.	Time	Item	Page	Action required	Owner
1.	2.00pm	Welcome, introductions, apologies • Declarations of interest	Verbal 2	Monitor	Chair
2.		Minutes of the last meeting	8	Approve	Chair
3.		Matters arising	12	Approve	Chair
4.	2.10pm	NEL Winter Access Fund submission	13	Note	Jane Lindo/ Ceri Jacob
5.	2.20pm	Contract Merger Proposal - Cumberland Medical Centre and Glen Road Medical (Newham)	28	Approve	Lorna Hutchinson
6.	2.30pm	Proposed merger between Stroudley Walk Practice and Merchant Street Practice (Tower Hamlets)	56	Approve	Angela Ezimora-West
7.	2.40pm	Remedial notices: • The Firs Medical Centre (Newham) • Summit Practice (Newham)	 83 87	 Approve Approve	 Lorna Hutchinson Lorna Hutchinson
8.	2.50pm	Change of Organisational Structure (Omnes Health) - Contract Breach Notice (B&D, Havering & WF)	91	Approve	Alison Goodlad
9.	3.00pm	Extension of Barkentine, St Andrews and St Pauls APMS contracts for an additional month, prior to procurement (Tower Hamlets)	Verbal	Note	Angela Ezimora-West
10.	3.05pm	Questions from the public	Verbal	Discussion	Chair
11.	3.10pm	Any other business	Verbal	Discussion	Chair
12.	3.15pm	Date of next meeting – 9 March 2022	Verbal	Note	

Attached for information only:
BHR – Minutes of the BHR Integrated Care Partnership Primary Care Management Group
C&H – Minutes of the C&H Primary Care Commissioning Advisory Group
TNW – Minutes of the TNW Primary Care Transformation Delivery Group Meeting

North East London Clinical Commissioning Group PCCC Register of Interests – January 2022

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated
				Financial	Non-financial professional	Non-financial personal		
Khalil Ali	Lay Member for PPI	Chase Cross Medical Centre, Havering	Registered patient			✓	2019 to date	11 March 2021
		St Francis Hospice, Havering	Spouse is a regular donor			✓	2017 to date	
		Cancer Research UK	Spouse is a regular donor			✓	2017 to date	
Althea Bart	HealthWatch - Waltham Forest							
Karen Bollan	Healthwatch, Tower Hamlets							
Ian Buckmaster	Executive Director & Company Secretary, HealthWatch - Havering	Havering Healthwatch CIC, provider of the Healthwatch Havering	Director		✓		March 2013 to date	18 August 2021
		St John Ambulance	Member			✓	April 1964 to date	
Richard Bull	Programme Director, C&H ICP	St Mary's Secret Garden (therapeutic gardening charity)	Chair		✓		Sept 2021 to date	11 Nov 2021
Greg Cairns	Londonwide LMCs, Director of Primary Care Strategy	Nil	Nil	Nil	Nil	Nil	-	6 May 2021
Gohar Choudhury	Assistant Head of Primary Care	Nil	Nil	Nil	Nil	Nil	-	4 May 2021
Paul Coles	HealthWatch - City of London							
Steve Collins	Acting Chief Finance Officer	Trisett Limited	Director		✓		2003 to date	22 March 2021
		Sevenoaks Primary School	Chair of Governors		✓		2002 to 2020	
		Hope Church Sevenoaks	Chair of Trustees		✓		2020 to date	

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated
				Financial	Non-financial professional	Non-financial personal		
		Fegans	Wife is Chair of Trustees			✓	2017 to date	
		PwC	Daughter is Senior Associate			✓	2019 to date	
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Nil	Nil	Nil	Nil	Nil	-	11 May 2021
Sue Evans	Lay Member Primary Care	Worshipful Company of Glass Sellers' of London (City Livery Company) Charity Fund	Company Secretary / Clerk to the Trustees'		✓		2014 to date	19 March 2021
		North East London NHS	Self and family users of healthcare services in NEL			✓	2017 to date	
		St Aubyn's School Charitable Trust	Trustee and Director of Company Ltd by Guarantee	✓			2013 to date	
Angela Ezimora-West	Assistant Head of Primary Care, NEL CCG	Nil	Nil	Nil	Nil	Nil	-	18 August 2021
Mike Fitchett	Independent GP		QI coach for NEL, as well as delivering some total triage training sessions	✓			June 2018 to date	3 May 2021
Alison Goodlad	Deputy Director of Primary Care	St Andrews Health Care Northampton (mental healthcare provider)	Sister is Clinical Nurse Leader			✓	2008 to date	20 May 2021
Siobhan Harper	Managing Director, TNW ICP, NEL CCG	Health and Justice at NHSE	Sister is Head of HJ			✓	Current	18 March 2021
Charlotte Harrison	Independent Secondary Care Specialist	South West London and St Georges Mental Health NHS Trust	Deputy Medical Director and Consultant Psychiatrist		✓		April 2021 to date	15 March 2021
		CYP Covid-19 Recovery Steering Group	Co-Chair		✓		2020 to date	
Lorna Hutchinson	Assistant Head of Primary Care	Nil	Nil	Nil	Nil	Nil	-	2 June 2021

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated
				Financial	Non-financial professional	Non-financial personal		
Ceri Jacob	Managing Director BHR ICP	Nil	Nil	Nil	Nil	Nil	-	8 March 2021
Natalie Keefe	Head of Primary Care Transformation, BHR ICP	BHRUT Queens Hospital	Sister works in the PALS department			✓	Current	27 April 2021
Jane Lindo								
Chris Lovitt	Deputy Director of Public Health, City and Hackney	Nil	Nil	Nil	Nil	Nil	-	8 Sept 2021
Jenny Mazarelo								
Anil Mehta	Redbridge Clinical Chair	Fullwell Cross Medical Centre	GP Partner	✓			2013 to date	15 March 2021
		Metropolitan Police	Forensic Medical Examiner	✓			2015 to date	
		The Cleaning Company	Sister-in-law is owner			✓	2013 to date	
		NHSE	GP Appraiser	✓			2015 to date	
		Healthbridge Direct	Shareholder	✓			2014 to date	
		Fouress Enterprise Ltd	Director	✓			2015 to date	
		Prescon	Ad-hoc screening work	✓			2018 to date	
		London Healthwise Ltd (non-trading)	Director		✓		2009 to date	
		GMC	Associate		✓		2019 to date	
		Ilford Lane Surgery (BHR Practice)	Registered patient (family)		✓		2000 to date	

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated
				Financial	Non-financial professional	Non-financial personal		
		Redbridge Health and Wellbeing Board	Vice Chair		✓		2013 to date	
		Anglia Ruskin University Medical School	Lecturer		✓		2019 to date	
		QMUL	GP Tutor		✓		2021 to date	
Manisha Modhvadia								
Muhammad Naqvi	Clinical Chair Newham	Woodgrange Medical practice	GP partner	✓			2015 to date	6 May 2021
		Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee			✓	2012 to date	
		NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	✓			2015 to date	
		Newham Health and Wellbeing Board	Co-Chair		✓		2018 to date	
		Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee		✓		2021 to date	
Azeem Nizamuddin	Independent GP	Nil	Nil	Nil	Nil	Nil	-	11 May 2021
Kash Pandya	Lay Member Governance and Audit Chair	Southend-on-Sea Borough Council	Independent Audit Committee Member	✓			2016 to date	15 March 2021
		Essex Police, Fire and Crime Commissioner's Audit Committee	Independent Audit Committee Member	✓			2021 to date	
		University of Essex	Independent Audit Committee Member		✓		2014 to date	
		Brentwood Citizen's Advice Bureau	General Advisor			✓	2009 to date	
		Metro Bank	Son, Kiren Pandya is Procurement Manager			✓	2019 to date	

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated
				Financial	Non-financial professional	Non-financial personal		
		Accenture	Son, Anand Pandya is Senior Legal Counsel			✓	2017 to date	
Mark Rickets	City and Hackney Clinical Chair	GP Confederation	Nightingale Practice is a Member	✓				8 Nov 2019
		HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	✓				
		Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow		✓			
		Nightingale Practice (CCG Member Practice)	Salaried GP	✓				
Sarah See	Director, Primary Care Transformation, BHR ICP	NELFT; CAMHS Redbridge	Husband is an employee			✓	1998 to date	26 April 2021
		GP - WF	Registered with a GP practice in Waltham Forest; member of the practice team work with the CCG, LW LMC and NHSE/I			✓	2001 to date	
Fiona Smith	Independent Board Registered Nurse	Honesta Partners Ltd (a healthcare management consultancy)	Director and co-owner	✓			15 Jan 2015 to date	19 May 2021
		Honesta Partners Ltd	Spouse is a shareholder		✓		15 Jan 2015 to date	
		First Community Health and Care, Surrey	Non-Executive Director		✓		27 Nov 2019 to date	
Sarita Symon								
Dr Tina Teotia								

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated
				Financial	Non-financial professional	Non-financial personal		
Cathy Turland	HealthWatch - Redbridge							
Jon Williams	Executive Director, Healthwatch Hackney	Healthwatch Hackney	Contracts with NEL CCG: • Engagement and Coproduction Grant (Sept '19 - Sept 2021) • NHS Community Voice contract (April 2020 - Sept 2021) • Neighbourhood Involvement Contract (April 2021 - Mar 2022) • NEL CCG Disabled People's Research (Jan - July 2021)	✓			Sept 2019 to current	
Gladys Xavier	Director of Public Health – London Borough of Redbridge	Faculty of Public Health	Medical appraiser		✓			18 August 2021
		London & KSS Speciality Training Programme for Public Health.	Education Supervisor		✓			

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee meeting

2-4pm Wednesday 10 November 2021, Microsoft Teams

Minutes

Present	
Khalil Ali	Lay Member for Patient and Public Involvement, NEL CCG
Sue Evans (Chair)	Lay Member for Primary Care and Deputy CCG Chair, NEL CCG
Charlotte Harrison	Secondary Care Consultant, NEL CCG
Ceri Jacob	Managing Director, BHR ICP, NEL CCG
Kash Pandya	Lay Member for Governance, NEL CCG
Fiona Smith	Registered Nurse, NEL CCG
In attendance	
Rob Adcock	Deputy CFO, BHR ICP, NEL CCG
Richard Bull	Primary Care Director, City & Hackney ICP, NEL CCG
Gohar Choudhury	Assistant Head of Primary Care, NEL CCG
Peter Cox	Peter Cox, Senior Project Manager – Estates, BHR ICP, NEL CCG
William Cunningham-Davis	Primary Care Director, TNW ICP, NEL CCG
Angela Ezimora-West	Primary Care Team, NEL CCG
Mike Fitchett	Independent GP
Alison Goodlad	Deputy Director Primary Care, NEL CCG
Rachel Halksworth	Senior Consultant, NEL CSU Healthcare Consulting
Lorna Hutchinson	Assistant Head Primary Care, NEL CCG
Ahmet Koray (for Steve Collins)	Director of Finance, BHR
Natalie Keefe	Deputy Director Primary Care, BHR ICP, NEL CCG
Jane Lindo	Director of Primary Care, NEL CCG
Kate McFadden-Lewis (minutes)	Board Secretary, NEL CCG
Anil Mehta	Clinical Chair, Redbridge, NEL CCG
Dean Musk	Head of Estates and Capital Programmes, BHR/TNW ICP, NEL CCG
Muhammad Naqvi	Clinical Chair, Newham, NEL CCG
Rob Neave	Principal Healthcare Consultant, NEL CSU Healthcare Consulting
Azeem Nizamuddin	Independent GP
Sarah See	Primary Care Director, BHR ICP, NEL CCG
Mark Spencer (item 3)	Chair, LIS Equalisation Programme
Tina Teotia	Local Medical Committee (Redbridge)
Cathy Turland	HealthWatch - Redbridge
Gladys Xavier	Director of Public Health, London Borough of Redbridge
Apologies	
Steve Collins	Acting Chief Finance Officer, NEL CCG
Anne-Marie Dean	HealthWatch, Havering
Chris Lovitt	Deputy Director of Public Health, City of London & LB of Hackney
Mark Rickets	Clinical Chair, City and Hackney, NEL CCG

Item	
1	**Welcome, introductions, apologies** Sue Evans welcomed attendees to the meeting and apologies were noted as above. The following members of the public were in attendance: • Susan O'Meara, Waltham Forest Resident. Mike Fitchett declared an interest in relation to item 5 as his role as a PCN project clinical lead.
2	**Minutes of the last meeting and matters arising** The minutes of the last meeting were accepted as an accurate record.
3	**Equalisation of LISs** Mark Spencer updated on the LIS Equalisation programme progress, reporting that a reprioritisation has been undertaken, with a change in the timeline and priority areas. A detailed roadmap including all of the schemes in the programme will be presented at the next meeting. Key discussion points included: i. the important principle of transparency around how the programme is improving services for the local community ii. the commitment across north east London CCG to ensure funding for this programme, and therefore the importance of ensuring that the finance and strategy teams work closely together on the design of this.
4	**LIS/ LES Income Protection** Alison Goodlad presented on the recommendation to extend the LIS/ LES income protection until the end of the financial year following a review of position across London, with three of the four other CCGs in London continuing income protection, as well as the recent publication of the NHS England and Improvement document, 'Our plan for improving access for patients and supporting general practice', which outlines a range of initiatives to ensure greater access to primary care. The Committee approved the recommendation to extend the LIS/ LES income protection until the end of the financial year.
5	**Primary Care Network Development Funding** Alison Goodlad presented on the Primary Care Network (PCN) Development Funding for 2021-22 reporting that all of the PCNs have now submitted their plans for the funding, based on the national priorities, which have been reviewed and agreed by the local primary care groups. Discussion points included: i. that the the outcomes of these initiatives, including progress on PCN maturity, will be reviewed in summer 2022 ii. the importance of ensuring the learning and good practice is shared across London, as well as north east London iii. assurance that any bids that are in excess of the allocation will be funded within the PCN's budget iv. that the funding and payment is direct to PCNs, and with support from GP federations, where appropriate, to help to avoid any duplication v. the need to ensure good communication with PCNs on the initiatives around tackling inequalities and social prescribing vi. that although the funding is not likely to be enough to fully support PCNs to mature, it is important that it is used in the best possible way to benefit the transformation agenda. The Committee approved the recommendation to release PCN Development Funding for 21/22, following the review of PCN Plans.

6	**NEL Primary Care Contractual update** Lorna Hutchinson presented on the decisions that have been made in regards to contract changes through the ICP primary care groups since the last meeting, and updated the Committee on the progress on action plans for those practices issued with remedial breach notices. In discussion the Committee noted the importance of the support package to practices within the first six months of taking on a new contract.
7	**Primary Care in Gants Hill Community Hub - Strategic Outline Case** Peter Cox presented on the plans to develop a Gants Hill Community Hub, as part of the London Borough of Redbridge's community hub development programme. Key discussion points included: i. the community engagement work and consultation that has taken place around these plans, and the importance of continued comprehensive patient and stakeholder engagement co-ordinated across all agencies and patient groups ii. that it is key that health and social care are working closely on this programme, through the Redbridge borough partnership, so that the non-health indicators of health are considered iii. the need for a workforce plan, as well as the importance of ensuring robust financial modelling and running cost implications to be included in the Outline Business Case. The Committee approved the Strategic Outline Case for developing Primary Care Services in the Gants Hill Locality.
8	**Strategic Reviews:** **a. Sandringham APMS contract expiry Sep 2022** **b. Spring Hill APMS contract expiry Sep 2022** Richard Bull reported that the Sandringham Practice and Spring Hill Practice are both approaching the end of their five-year break point in their ten-year contract. The City and Hackney primary care group have reviewed and recommend a continuation into the next five years of the APMS contract, with the aim to negotiate the terms of the contract closer to GMS over the next five years. **c. Southgate Road Medical Centre** Richard Bull then presented on the recommendation, following scrutiny by the City and Hackney primary care group, to disperse the list of the Southgate Road Medical Centre following the partners handing back the contract. The Committee approved the recommendations of these three strategic reviews.
9	**Chair's Actions** The Committee noted the Chair's approval between meetings, due to the urgency, on the appointment of a Caretaker Provider for Forest Surgery and the Aberfeldy Village Health Centre Full Business Case.
10	**Subsystem updates** System leads gave a brief update on their ICP area. It was agreed that for future meetings subsystems will update by exception and the PCCC papers pack will include all minutes from each Primary Care Sub-Group.
11	**Primary Care Budgets update** Ahmet Koray updated the Committee on the primary care budgets across NEL, outlining that H2 planning has recently been completed and is very similar to H1. Key discussion points included: i. the current overspend on the prescribing budget and additional arrangements for managing the Covid-19 pandemic, which will be managed within CCG resources. The overspend on prescribing will likely continue due to continuing medications to treat patients on the waiting list, as well as the increasing cost of drugs ii. the need to recruit to the additional roles as soon as possible to ensure the CCG received the maximum funding available, as well as to support important programmes across north east London, such as social prescribing.

12	**Questions from the public**: None.
13	**AOB** Jane Lindo briefly updated the Committee on the submission to NHS England and Improvement for winter access funding to support increasing same day access to primary care from November 2021 to March 2022. The deadline was 28 October, and there was a very tight turnaround time. Each ICS was asked to focus on unwarranted variation and identify a list of up to 20% of practices that had the lowest level of access, in particular face to face. The plan focussed on supporting programmes of work which are already in place, and the 20% of practices needing the most support were anonymised. From the 20% of practices, a group were identified to become accelerator sites, to receive focussed support and to share any learning from the programme. Other schemes include supporting enhanced capacity and the duty doctor scheme, as well as a robust communications campaign for primary care. All of the proposed schemes are in line with the programme of work already in place to support primary care for winter, and this funding will support accelerating these plans. These plans will be discussed in more detail at the next meeting.

North East London
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Highlighted items represent a recommendation to remove from register

NEL CCG PCCC action log January 2022

Reference	Meeting date	Minute reference	Action	Owner	Target completion date	Comment
PCCC - 5	14/07/2021	12	**Finance update:** include an update on recruitment to the additional primary care roles in a future report to the Committee.	Steve Collins	Mar-22	In progress

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - Part 1
12 January 2022

Title	Winter Access Fund (WAF)	
Item Number	4	
This paper is for:		
Borough/ICP or NEL-wide:	NEL-wide	
Director:	Jane Lindo, Director of Primary Care Transformation	
Author:	Rachel Halksworth, Snr Consultant, NEL Healthcare Consulting	
Presented by:	Jane Lindo	
Recommended Action for the Committee	To note the content of this report.	
Practice Details (where applicable)	Practice name:	n/a
	Contract Type:	n/a
	Site address:	n/a
	List Size:	n/a
	No of partners:	n/a
	Current CQC Rating:	n/a
	PCN Details:	n/a
Summary	• All ICSs in England have been asked to review nationally provided access data, to validate locally and identify practices that require Enhanced Support to improve patient access and the proportion of appointments offered as face to face. • In addition, ICSs are invited to apply for funding for system Level Actions to support patient access and for funding to support practices outside of those identified as requiring Enhanced Support. • NEL CCG submitted an application in line with national requirements and received positive feedback from Regional and National teams. • NEL CCG has met with the regional team at NHSE to provide clarification and further detail on the plans submitted. • NEL CCG PC Transformation Team have begun to develop an implementation plan, with further guidance received from NHSE on how the funding will be claimed by both practices and CCGs.	
Potential conflicts of interests and mitigations:	n/a	
Impacts of this proposal:	Keys risk and mitigations	
	Equalities Impact	

	Financial Impact	Funding is provided centrally to cover rollout of schemes. There may be some recurrent costs for e.g. software licences.
	Impact on Patients/ Service Users	Increase GP practice capacity, availability of appointments and improve access for patients.
	Impact on other practices, including PCNs	n/a
	Estates Impact	
	Workforce Impact	Potential to increase workforce.
	Improve quality/safety	Potential to improve quality and safety through increasing patient access to General Practice.
	Improve integration	System level schemes work across Primary Care and Urgent Care teams to improve access.
	Strategic fit	Primary Care Access and improving patient experience, reducing waiting times and early access to treatment are key strategic aims of the CCG.
Wider Support for this proposal	Patient/Public Engagement	None to date
	Other Committee Discussion/ Borough Engagement	Discussion at Primary Care Steering Group 08/12/21
	Stakeholder Engagement	Discussion with boroughs and multiborough partnerships, finance and clinical colleagues.
List of appendices/ supporting documentation	PCCC WAF Update 201221 (slides) attached	

North East London
Clinical Commissioning Group

NEL Winter Access Fund Process and Next Steps

Meeting: Primary Care Commissioning Committee

Lead: Jane Lindo, Director of Primary Care Transformation

Date: 12.01.2022

Coversheet

North East London Health & Care Partnership

Document	
Author:	Rachel Halksworth, Senior Consultant, NEL Healthcare Consulting
Presenter:	Jane Lindo, Director of Primary Care Transformation
Meeting:	Primary Care Commissioning Committee
Date:	Wednesday 12th January 2022
Purpose:	The purpose of this paper is to: • Update the Primary Care Commissioning Committee on the progress since the NEL CCG submission to the Winter Access Funding in November and proposed next steps.
Background:	• All ICSs in England have been asked to review nationally provided access data, to validate locally and identify practices that require Enhanced Support to improve patient access and the proportion of appointments offered as face to face. • In addition, ICSs are invited to apply for funding for system Level Actions to support patient access and for funding to support practices outside of those identified as requiring Enhanced Support. • NEL CCG submitted an application in line with national requirements and received positive feedback from Regional and National teams. • NEL CCG has met with the regional team a NHSE to provide clarification and further detail on the plans submitted. • NEL CCG PC Transformation Team have begun to develop an implementation plan, with further guidance received from NHSE on how the funding will be claimed by both practices and CCGs.
Recommendations:	• To note actions to date and next steps

Progress to date

Following the original submission of the Winter Access Funding template at the end of October, NEL CCG has had multiple meetings with the Regional Team at NHS England and provided further clarification by email, with a resubmission accompanied by supporting information submitted on 23rd November.

This resubmission revised the accelerator list based on local intelligence, now standing at 45 practices identified. Funding reallocated to the all practice scheme, now at £1.16 per registered patient.

Region have been very supporting of the approach taken by NEL CCG to enrich the national data to enable us to identify accelerator sites, to ensure that all practices will gain from the Winter Access Funding via the approach to provide support for extra capacity over winter to all practices and to invest in medium to long term measures through system wide initiatives.

Region have extended advice that there is scope for flexibility, such that if we can demonstrate a scheme or approach that is working well we can repurpose funding to divert it to these high performing schemes.

Following internal discussion, we have removed the scheme aimed at increasing use of advice and guidance as there are alternative funding streams for this. We have reallocated a proportion of this funding to roll out of the Community Pharmacy Consultation Service (CPCS) LIS and will review spend in other schemes such as purchase of additional software licences to ensure we spend the full allocation.

The team have begun to scope the next actions and set up required Task and Finish Groups to begin implementation of the approved plan.

The team have highlighted some high level risks to implementation and these will be refined as the task and finish groups are established.

Summary of Key points from Region

- **Measurement/KPIs** - We are required to add measurements/ metrics to all plans - where schemes are enablers we should include how they will contribute to overall measurements.
- **Reporting** - We are expected to provide full details of interventions with all practices including those on the accelerator list.
- **Appointments** - Practices are expected to restore appointments to at least pre pandemic appointment levels and review the balance of face to face & remote consultations, we have provided coding and data guidance to support practices with this exercise. If a practice is unable to show this they should be put forward to the accelerator list, with a rationale if they are not.
- **Duplication** - Plans must not overlap or duplicate other funded initiatives – ARRS etc
- **Flexibility** - There is room for flexibility and innovation or pilots
- **Community Pharmacy Consultation Service (CPCS)** – engagement with this through formal sign up is a prerequisite to accessing funding.
- **Covid expansion fund** (not included in WAF funds) –£369k has been released to the CCG and can be added to the current covid expansion fund requirements and criteria.
- **Out of Scope** o Region have provided further detail of schemesdeemed out of scope as detailed below.
- **Summary of actions/next steps** – further detail on the initial plans for implementation are detailed below**.**

Out of Scope

- Funding towards ARRS roles (where existing PCN funding has not been exhausted);
- Duplication of activities that are funded separately (e.g winter resilience funding, PCN /Care Home DES), or that are already provided by national support programmes (GP CPCS, Time for Care);
- Telephony schemes that duplicate the proposed national telephony solution;
- Work associated with the Covid-19 vaccination programme;
- Communication and engagement activities that are not specifically articulated as linked to improving local access. Any proposed communications should align with the national communication strategy, and Systems should consider pausing general communications until the that Strategy is available to avoid potential divergence. WAF funding should not be used for communications pertaining to the zero tolerance of abuse of NHS staff as this will form a central component of the national communications campaign
- Increasing primary care capacity within Emergency Departments – this is not currently considered within the scope of the Fund but following its inclusion in a number of System plans, the national team are considering this and we will inform you if this position changes

Risks and Issues

Risk	Mitigation
Ability to spend money – there is limited time available so any delay to mobilisation of schemes may impact ability to spend by end of financial year.	Contingency approach to review early successes and move money between schemes to ensure full spend
Bureaucracy – Practices may find the claims process onerous and not engage.	Clear comms to practices on how to claim; explore other support such as webinars/training materials.
Engagement – practices may continue to not engage with the WAF programme or may not agree with their placement on the accelerator list.	Continue with comms and briefing activities, gather soft intelligence from practices. Ensure LMCs colleagues and PCNs sighted on NEL plans.
Duplication – there may be crossover with existing schemes or practice plans.	Ensure no duplication through local review of practice plans. NEL wide workstreams to ensure no double funding of schemes as part of assurance.

Summary of Actions

Below is a summary of the 11 System level schemes and the 2 practice based workstreams (Accelerator sites and all practices). Each will require rapid development of an implementation plan, to include the development of appropriate metrics and reporting and clear guidance on how funding can be claimed by both the CCG and practices.

#	Description	£	Owner	Next Steps
1.	NEL wide flexible working pool/bank digital platform - Using MLM (my locum Dr) – already procured at NEL level Currently funding enables 110 practices to join We would like to increase that capacity to include all NEL practices and Federations	300k	Zehra Safdar/ Workforce/ training Hub	1. Expand licencing agreement with provider 2. Promote to practices to ensure take up
2.	Supporting change management through QI. NEL CCG is committed to embedding QI to support practices to provide for patients now and better understand need. Change projects include data and analysis, stakeholder engagement, decision- making support and coaching. Projects to include coding support, practice systems rollout of Apex tool via Edenbridge to help with management of appointment systems.	500k	Tom Margham/ EQUIP/ DPCs	1. Develop prioritisation of practices refining existing data. 2. Develop implementation plan across all NEL practices with priority focus on accelerator sties 3. Mobilise QI facilitators to meet plan

Summary cont.

#	Description	£	Owner	Next Steps
3.	Rapid Response Scheme - following on from the success of a scheme running across an area in NEL, there are plans to rollout a Rapid Response in General Practice Scheme across NEL. There are 2 main elements to the scheme, the first puts a timeframe of 2 hours in which the practice GP will return a patient call. This is facilitated by a requirement to have additional GP time available throughout core hours to ensure that the timeframe can be met. The second element is for additional GP capacity to be made available during core hours to ensure that all calls from healthcare professionals outside of the practice are responded to within 30 minutes and any actions arising are completed such as community nursing teams, hospital admissions/discharge teams. There are 2 proposals currently being considered, dependent on the level of funding available the first is to fully fund this service across all of NEL CCG, the second is to fund the second element of the service, health professional contacts only, across all of NEL CCG.	1.5m	DPCs	1. Develop NEL wide spec and take through local/NEL governance 2. KPIs agreed as part of spec 3. reporting on activity in boroughs
4.	Propose to undertake rapid review of best performing practices across NEL and develop a resource pack of case studies, best practice and practical tips to enable practices to learn from each other and implement real world solutions to improve access and patient experience including case studies from practices currently using CPCS. Promote roll out of the Patient Access Connect button from within EMIS Web, or by using PharmRefer in a web browser for non EMIS Web users (licensing costs)	50k	Tom Margham /DPCs/Comms	1. Identify best performing practices 2. Develop case studies 3. Develop resource pack/mutual aid/training 4. Promote through existing for a e.g. newsletter, clinical meetings, intranet
5.	Non Clinical Workforce Training and sustainability - Focus on Care navigation, social prescribing. Signposting / Dealing with challenging patients. We currently don't have any funding to support admin clerical training Linking with capacity = high turnover of non clinical staff through the last 18 months. Ensure patients are directed right place for care Increase clinical capacity if non clinical staff are able to manage patients. Extra support to practices to employ clinical administrators to support pressures on practices to support secondary care e.g. taking bloods, actioning letters	200k	Zehra Safdar/Workforce /Training Hub	1. Identify training providers 2. Procure services 3. Promote through existing for a e.g. newsletter, clinical meetings, intranet

Summary cont.

#	Description	£	Owner	Next Steps
6.	Personalised Care workforce Help PCNs increase their personalised care workforce – so patients are dealt with appropriately – again releasing clinical capacity PCN DES required PCI Training which puts PCNs off from recruiting them Funding to support the PCI accredited training pathways Overall help with better management of non medical issues = creating clinical capacity	100k	Zehra Safdar/ Workforce / Training Hub	1. Identify training providers 2. Procure services 3. Promote through existing for a e.g. newsletter, clinical meetings, intranet
7.	Developing patient facing materials focussing on managing expectations and new ways of working in Primary Care.	80k	Dominic Stanley Communications / PC Contracting team	1. Develop engagement materials 2. Design marketing strategy 3. Promote via existing patient links and practices
8.	Enhancing digital functions across the NEL system to improve patient access and care such as Edenbridge Apex	200k	Martin Wallace/ Osman Bhatti/ Tom Margham/ Digital workstream	1. Fully cost licences 2. Engage provider 3. Develop rollout plan to ensure accelerator sites prioritised 4. Formalise process for sign up and promote to all practices
9.	Increase the Primary Care SPA capacity, the appointment slots will be available for 111 to book into and UTC's to redirect into.	911k	Sue Graham/ Sarah Bryan	Once funding agreed, authorise increase with provider
10.	Day Time hub for 111 referrals in hours - GP hub to offer appointment slots for 111 to book into. Upgrade IT systems, OOH to enable access to Care Connect.	441k	Sue Graham/ Sarah Bryan	Once funding agreed, authorise increase with provider
11.	CPCS – LIS Rollout/Further funding for licencing costs etc (Previously Advice & Guidance)	600k	Jane Lindo/ Moira Caughlan / DPCs	1. Establish Working group 2. Develop implementation plan 3. Cost LIS/Design sign up process 4. Agree monitoring and payment process 5. Work with practices to ensure sign up and usage

Practice based interventions

#	Description	£	Owner	Next Steps
12.	All practice support - Funding additional sessions from existing staff, Locum banks / digital booking platforms, Expanding extended hours capacity, Employing other physicians in surgeries. Funding will also support early rollout of CPCS LIS and adoption of Edenbridge Apex tool or equivalent.	2.55m (£1.16 prp)	Alison Goodlad/NEL CCG PC Contracting Team/DPCs	1. Develop comms to all practices to outline - Requirements of scheme, - supporting evidence required - claim process (see Appendix A)
13.	Accelerator Sites (Enhanced Support) All Practices identified to be prioritised for interventions with a minimum expectation that there is early engagement with the Edenbridge Apex tool, data analysis and diagnostic phase to determine the baseline and begin to understand root cause. Develop a bespoke action plan to include as appropriate – engagement with the national AIP programme or local EQUIP programme. Packages of support through external providers may be funded and where necessary backfill paid (on receipt of supporting evidence).	1.8m	Tom Margham/EQUIP & Digital teams/DPCs	1. To establish working group which will: 2. oversee prioritisation, 3. ensure priority rollout of Edenbridge tool 4. and schedule EQUIP team intervention to accelerator sites. 5. Work with Region to understand funding/claim process for this workstream

Appendix A

Winter Access fund claims process and financial reporting

18th November 2021

NHS England and NHS Improvement

WAF Practice claims process and approvals

- Practices will need to complete the online claim form via the Primary Care workforce portal (the same portal used form ARRS and N2PP schemes)
- The portal is for GP practices and unfortunately is not available for pharmacy claims.
- The portal will be available by the end of November.
- Practices will be able to upload evidence of the claim via the portal.
- The portal is available at www.primarycareworkforce.nhs.uk.
- CCGs will approve claims via the portal in the same way as ARRS and N2PP.
- CCGs currently have access to the portal, if you require additional access then please go to www.primarycareworkforce.nhs.uk
- Paycodes are currently being set up along with the relevant subjective codes to allow the claim to be paid via PCSE and for reporting purposes.
- Detail of claims sent by practice are available to download from the portal onto excel for review and reporting. This includes the practice, claim and paycode in the data.

WAF Financial reporting

- Costs paid via PCSE will be captured on the relevant subjective codes (currently being set up)
- For all other costs not via PCSE, there are 4 A1 codes that have been set up for each CCG, these are
  - WAF Patient access exp'ce
  - WAF primary care hubs
  - WAF resilience urgent care
  - WAF resilience urgent care

- Non ISFE collection with take place at month 8. This will collect the costs from the subjective codes and the A1 codes. CCGs will be asked to verify costs on these codes and a realistic forecast on 2021/22 spend.
- Transactions on these codes should be actual costs and any accruals need to be on committed spend or approved claims not yet paid.

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - Part 1
12 January 2022

Title	Contract Merger Proposal - Cumberland Medical Centre and Glen Road Medical		
Item Number	5		
This paper is for: Decision			
Borough/ICP or NEL-wide:	Newham		
Director:	William Cunningham-Davis, Director Of Primary Care Transformation		
Author:	Abdul Rawkib, Senior Primary Care Commissioning Manager, NEL CCG		
Presented by:	Lorna Hutchinson, Assistant Head of Primary Care, NEL CCG		
Recommended Action for the Committee	Members of the Committee are asked to approve the merger of Cumberland Medical Centre and Glen Road Medical Centre contracts effective from 1 April 2022.		
Practice Details (where applicable)	Practice name:	Cumberland Medical Centre	Glen Road Medical Centre
	Contract Type:	PMS	PMS
	Site address:	179 Cumberland Road, London E13 8LS	1-9 Glen Road, London E13 8RU
	List Size:	4,803 (raw list size as of 01-10-21)	8,506 (raw list size as of 01-10-21)
	No of partners:	5 (2 clinical and 3 non-clinical)	2 (both clinical)
	Current CQC Rating:	Good	Good
	PCN Details:	South One PCN	South One PCN
Summary	Cumberland Medical Centre (CMC) and Glen Road Medical Centre (GRMC) are PMS practices in the borough of Newham. CMC is run by five partners (3 non-clinical) who manage a list of circa 4,800 patients and GRMC is run by two GPs in partnership managing a list of circa 8,500 patients. The partners of both practices have provided a business case for a contract merger effective 1 April 2022. The merger will support succession planning for Dr Madipalli on the retirement of Dr Rao in March 2022. Under the merger, a combined patient list of circa 13,300 will be managed by six GPs in partnership. It is envisaged that CMC will remain as the surviving contract. Both practices are currently located in separate premises. The landlord for CMC has given notice that he will require the premises to be handed back in 2025. CMC plans to relocate to the new development at Custom House, however in the event that this is delayed, the		

<table>
<tr><td></td><td colspan="2">contingency plan would entail CMC consolidating onto one site at Glen Road in the future.

There are not considered to be any adverse impacts to patient services as a result of the proposed merger. Potential benefits include patients having access to both surgery sites and economies of scale through combining resources.

Both practices are currently part of the same PCN and operate using the same clinical system provider (EMIS). Therefore from an operational perspective this should make the merger process easier, although typically it can take up to six months for EMIS to merge clinical systems and will be subject to confirmation from EMIS.

The merger will be contractually achieved through undertaking the following key steps:

• PMS Agreement for GRMC will terminate on the 31 March 2022

• Dr Madipalli will be added to the PMS Agreement for CMC effective 1 April 2022

• The existing PMS Agreements will be varied to reflect the consolidation of the existing two practice boundaries

The new contract name will be Cumberland Medical Centre and the names of the sites will remain the same. An immediate change to the name of the practice is not envisaged, however will be considered at a future stage depending on the relocation. Patients will be consulted as part of the process.</td></tr>
<tr><td>Potential conflicts of interests and mitigations:</td><td colspan="2">None</td></tr>
<tr><td>Impacts of this proposal:</td><td>Keys risk and mitigations</td><td><table>
<tr><th>Risk</th><th>Mitigation</th></tr>
<tr><td>Technical delays to clinical system merger</td><td>Representatives from GP IT will be involved in the Task & Finish Group involved in the merger mobilisation process and will lead on this aspect to ensure a seamless transition</td></tr>
<tr><td>Miscommunication to patients and stakeholders</td><td>The CCG Communications Team will oversee all communications to patients and stakeholders to eliminate any miscommunication</td></tr>
<tr><td>Lack of staff engagement</td><td>Early consultation with staff has already commenced. Further staff meetings to be held and also 1:1 discussions. No staff redundancies are planned.</td></tr>
</table></td></tr>
<tr><td></td><td>Equalities Impact</td><td>None – the merger will not cause any material changes to service delivery.</td></tr>
</table>

	Financial Impact	Based on previous mergers the following costs are envisaged: • Merger of clinical systems - £2,150 + VAT • Patient communications - £7,000 (approx)
	Impact on Patients/ Service Users	None – service delivery will not change as a result of the merger. Patients will have the choice of being seen at the exiting two sites.
	Impact on other practices, including PCNs	Engagement with PCN practices has already taken place and there are no objections to the merger.
	Estates Impact	None – both practices will continue operating from existing sites
	Workforce Impact	A combined workforce will provide a better skills mix and sharing of expertise. No redundancies are planned.
	Improve quality/safety	CMC are part of the First 4 Health Group, which has a wide range of clinical and digital expertise. The merger would allow GRMC to have access to additional resources, which should improve patient services. Overall, the merger would allow the sharing of resources and good practice.
	Improve integration	N/A
	Strategic fit	- To work in partnership to deliver high quality health services that are accessible, provide the appropriate treatment in the right place, and achieve good patient outcomes for people of all ages living in the borough. - To ensure that the TNW ICP delivers person-centred, integrated health and care services that are sustainable and that equally meet the mental and physical needs of our residents. - To contribute towards a financially sustainable and responsive health and care economy, and more specifically primary care which delivers value for money and innovation and supports the appropriate use of services.
Wider Support for this proposal	Patient/Public Engagement	Full engagement to be undertaken following approval of merger.
	Other Committee Discussion/ Borough Engagement	Proposal presented at the Newham Primary Care Transformation Group on 1 December 2021. No objections to the proposal.
	Stakeholder Engagement	PCN practices have only been engaged to date. If the proposal to merge is approved, additional stakeholders such as local Councillors, MPs and Healthwatch will be informed.

List of appendices/ supporting documentation	Appendix 1 – Cumberland and Glen Road Merger Business Case

NHS
North East London
Clinical Commissioning Group

Business Case

Proposal for Merger of Glen Road Medical Centre & Cumberland Medical Centre

Contracting parties considering a merger should complete this business case proposal jointly and submit the signed document to the central NEL CCG Primary Care Team: nelondon.nel-primarycare@nhs.net for review. Further discussions with the contracting parties may take place prior to a final proposal being submitted for approval to the Primary Care Commissioning Committee.

	Practice 1	Practice 2
Names of practices proposing the merger	**Glen Road Medical Centre**	**Cumberland Medical Centre**
Names of contract holder(s)	**Dr Madipalli V Rao** **Dr Sudha Madipalli**	**Dr Bhupinder Kohli** **Ms Susan Paul** **Dr Kavita Dhillon Gaur** **Ms Balbinder Raju** **Mrs Kuljeet Sunder**
Practice code	F84092	F84657
List Size (raw and weighted)	1.10.2021- Raw list = 8506 Weighted list=8041	@ 1.10.2021 Raw List = 4803 Weighted List = 5,230
Borough	Newham	Newham
PCN Membership	South One PCN	South One PCN
Lead Contact Name	Dr Sudha Madipalli	Dr Bhupinder Kohli

Lead Contact Person Email / Tel Practice Manager	s.madipalli1@nhs.net 07956295074	bhupinder.kohi@nhs.net 07747608532 Ms Kuljeet Sunder - Partner @ F4HG kuljeet.sunder@nhs.net
Date of Submission	14 December 2021	
Proposed date of change	1.4.2022	

1. Explanation of the practice merger

Describe the rationale for the proposed merger and provide an overview of how the practices are proposing to merge. **Note:** Section 7.11 of the Policy and Guidance Manual (PGM): NHS England » Primary Medical Care Policy and Guidance Manual (PGM) provides common models of practice mergers and may be helpful here. Practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.
• Planned date of merger is 1/4/2022 • This merger will enable appropriate succession planning for Dr Rao and Dr Madipalli who are the current partners at Glen Road Medical Centre. Dr Rao wants to retire on 31 March 22. This would leave Dr S Madipalli as a single handed GP. As a PMS practice, it will need at least 2 GP partners on the contract to enable Dr Rao to retire. • Dr Madipalli is also keen to reduce her sessions by April 2023. Over time, as she moves towards retirement, she plans to continue to reduce her sessions. • Organisational change can unsettle staff as everyone gets used to working in new ways. This can be de-stabalising and so it is envisaged that this transition period will allow for the stable merger and support of staff at both practices. • Cumberland Medical Centre (CMC) currently resides in accommodation which is rented from a retired GP - Dr Gonsai. F4HG currently do not have a lease of this premises. Dr Gonsai has made it clear in correspondence that he wants CMC to vacate the premises by early 2025. • Cumberland Medical Centre currently has a Raw List size of 4803 and a Weighted List of 5,230 and is growing steadily. The site has an excellent and stable team and an enthusiastic and committed GP, who has worked with the First 4 Health

Group as its Local Medical Director. This practice needs to secure adequate premises to ensure the long term stability of the practice and retention of its workforce.

- A merger between these practices, which are situated very close to each other, would support the needs of both sites by creating a larger and more secure partnership with 3 GPs and 3 managers providing a range of complementary skills which are required, not just to survive, but to thrive in modern day General Practice.
- Ideally, the current plan is for Cumberland Medical Centre to be relocated to the new Health Centre premises being built at Custom House.
- However, when Cumberland Medical Centre has to vacate its premises in early 2025, if no alternative premises have been secured by this time, then the patient list and staff can be relocated to the Glen Road site, which can be expanded if necessary.
- The merger will create a single practice of 13,300 patients being served across 2 sites that will be able to share, support, train and develop the current staff teams using the variety of systems that currently operate within the First 4 Health Group. This in turn will improve the services available to patients across both practices.
- The merged practice will also have the benefit of all the systems that have been developed as part of First 4 Health Group (F4HG) which currently serves over 37,000 patients across 4 sites in Newham.
- The merger between Glen Road Medical Centre and Cumberland Medical Centre, will mean that the First 4 Health Group will be responsible for serving approximately 45,500 patients in Newham.
- The First 4 Health Group currently employs over 110 staff and has been shortlisted for several general practice awards over the last few years.
- The First 4 Health Group has a strong digital team and over the last year has partnered with a health focused IT company, Healthtech1 to create a General Practice Innovation Hub. The work that Healthtech1 (https://www.healthtech1.uk) has done, in partnership with First 4 Health Group over the last year, was nominated for the Health Service Journal 2021 Primary Care Networks, GP or Community Provider of the Year award in November 2021.
- Glen Road Medical Centre has very strong clinical leadership and for many years has maintained an excellent record of providing high quality general practice. They wish to see the legacy they have created continue to deliver excellent care to their patients.
- Cumberland Medical Centre has a newly appointed Local Medical Director who has worked with the First 4 Health Group for 6 years. Dr Kulendran is keen to join the new partnership as a Partner within the next 18 months.
- There is no plan to change any of the services currently being offered by other service providers, such as Newham Health Collaborative from the Glen Road site. So the merger will have zero impact on any existing service providers.

- The GP premises at Glen Road Medical Centre are owned by Dr Rao and Dr Madipalli. The newly merged practice partnership intends to sign a lease with them for a minimum of 10 years, subject to the approval of NHSE.
- The last few years in particular have taken a toll on NHS staff, who are essentially tired. Some smaller practices, whilst providing excellent care for their patients, do so, at the expense of the health and wellbeing of the partners who have to shoulder the stress and worries that go with running a practice without a lot of external support. Whilst PCN's do provide a degree of support, it is not the same as having the structured and committed support of other partners, who share the risk and responsibility of delivering patient services.
- The 5 Year forward view strongly encourages practices to come together to explore new, innovative ways of delivering Primary Care at scale. This merger will provide both practices with an opportunity to share resources and good practice, whilst continuing to deliver high quality general practice, and thrive in challenging times.

2. Practices' details

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice **(include main and branch sites if applicable)**	Glen Road Medical Centre 1-9 GLen Road London E13 8RU https://www.glenroadmedicalcentre.nhs.uk	First 4 Health Group - Cumberland Medical Centre 179 Cumberland Road London, E13 8LS https://www.first4healthgroup.co.uk/gp-surgery/cumberland-medical-centre	No immediate name changes are planned as both sites will remain operational. The name would potentially only need to change, when the EMIS lists have been merged or if we are unable to relocate Cumberland Medical Centre to another site. Any name change would be done in consultation with patients and the CCG/ICS/NHSE as appropriate.

			Accordingly, at this time the practices will be called First 4 Health Group - Glen Road Medical Centre, 1-9 GLen Road , London E13 8RU First 4 Health Group - Cumberland Medical Centre, 179 Cumberland Road, London, E13 8LS
Contract type (GMS, PMS, APMS)	PMS	PMS	The Contract would be changed to a GMS contract in the name of a Limited Liability Partnership (LLP) in the name of the 6 partners listed below.
Name of contractor(s)	Dr MV Rao and Dr S Madipalli	Dr Bhupinder Kohli Ms Susan Paul Dr Kavita Dhillon Gaur Ms Balbinder Raju Mrs Kuljeet Sunder	Dr Bhupinder Kohli Dr S Madipalli Ms Susan Paul Dr Kavita Dhillon Gaur Ms Balbinder Raju Mrs Kuljeet Sunder
Clinical system	EMIS web	EMIS web	EMIS web
Training practice (yes/no)	No	No	Not at the moment. 2 out of 4 of the current F4HG practices are training practices. The 3rd practice E7 Health will become a training practice by the end of 2022. Our intention would be to ensure that the new merged practice would become a Training Practice

			within 2 years of the merger - by April 2024.
Location **(provide addresses of all premises from which practice services are provided)**	Glen Road Medical Centre 1-9 GLen Road London E13 8RU	First 4 Health Group - Cumberland Medical Centre 179 Cumberland Road London, E13 8LS	Will continue to operate from both sites
Practice area (Embed/attach map of catchment area)	See **Appendix A** below	See **Appendix A** below	We have agreed to adopt the current practice boundary for Glen Road Medical Centre for the merged practice. Merged Practice Boundary - See **Appendix A** below.
Workforce			
Number of GPs and clinical sessions **(provide breakdown and the number of wte GPs)**	7 GPs 2 Partners: 8 Clinical Sessions (and 8 Management Sessions) 1 salaried GP - 8 sessions 1 long term GP locum - 5 session 1 GP locum - 4 session 1 GP locum - 4 sessions 1 GP locum - 2 sessions	4 GPs 2 Partners - 2 sessions 1 salaried GP Medical Director - 6 sessions 1 Salaried GP - 3 sessions 1 GP locum - 2 sessions 1 GP locum - 2 sessions 1 GP locum - 3 sessions	The Medical Workforce will be combined and will expand in line with the list size. Medical staff will be recruited to replace any sessions dropped by Dr Rao and Dr Sudha Madipalli during the 1 year transition period. Whilst Dr Rao will retire from 31 March 2022, Dr Madipalli will have the flexibility to work as many sessions as she wants to work over the next few years whilst she transitions into retirement.
Nursing, HCA, and other	1 part time Practice nurses - 8 hours	1 part time Practice nurse -10 hours	The current medical workforce will be combined and will expand in line with

Allied Health Professionals **(provide breakdown and number of WTE PN/NP/PA)**	1 part time Practice nurse - 8 hours 1 part time HCA - 15 hours 1 ANP-part time - 12 hours	1 part time HCA - 15 hours 1 ANP - part time - 9 hours 1 Paramedic - 9 hours	the list size
Admin Staff **(provide breakdown)**	Practice manager - WTE 1 senior administrator - WTE 3 part time administrators 1 part time - medical summariser 5 part time - receptionists	Practice Manager 2 senior administrators 3 part time administrators	The current admin workforce will be combined and will expand in line with the list size
Governance			
Provide organisational chart showing clinical governance and management responsibilities **(Embed/attach org chart)**	Merged Practice - Organisational Structure Chart See **Appendix B** below	Merged Practice - Organisational Structure Chart See **Appendix B** below	Merged Practice - Organisational Structure Chart See **Appendix B** below
Service provision			
PCN services delivered	Health and wellbeing coach, Social prescriber , Pharmacist , Physiotherapist Extended hour services	Health and wellbeing coach, Social prescriber , Pharmacist , Physiotherapist Extended hour services	Health and wellbeing coach, Social prescriber , Pharmacist , Physiotherapist Extended hour services
Commissioned services provided **(list all enhanced services**	Minor surgery Sexual health - IUD insertion , nexplanon insertion and removal,	Chlamydia , NHS Health Checks SNS services	Sexual health - IUD insertion , nexplanon insertion and removal, Chlamydia , NHS Health Checks

delivered commissioned by CCG, LA etc)	Chlamydia , NHS Health Checks Diabetes- including insulin start All SNS services		Diabetes- including insulin start All SNS services
Premises			
Indicate whether premises are owned or leased, lease expiry date, name of landlord or premises owner	Owned by current partners	No Lease	A new Lease will be signed between owners of Glen Road Medical Centre and the newly created partnership from 1 April 2022.
For leased premises please confirm length of lease remaining including break clauses.	Owned by current partners	No Lease - Landlord (Dr Gonsia) has informed us that we have to vacate the premises by early 2025 when the current abatement ends. He plans to redevelop the site.	A new Lease will be signed with the existing partners / owners of the Glen Road site and the new partnership. The Cumberland Medical Centre site will be vacated in 2025, by which time it is hoped that new premises will be available at Custom House. If this does not prove to be possible, then the Glen Road site will be remodelled / current working practices will be revised to accommodate both staff and patients from both sites.
Has the practice received premises improvement grant funding? (Include any details regarding abatements)	Glen Road Medical Practice received an improvement grant in 2011. The abatement period ended in June 2020	Dr Gonsia, who owns the Cumberland Medical Centre premises, received a grant to build the premises. The abatement ends in 2025	N/A

3. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
• Please also refer to the above sections for further detail • Long term sustainability of the practice with strong clinical leadership • Effective succession planning for retiring GP's • Opportunities for other GP's who are committed to working in a larger collaborative organisational group to receive mentoring and support whilst taking on an initial medical director and in due course a partnership role • Merger of 2 practices into one larger practice • Resolution of current premises uncertainty for Cumberland Medical Centre staff and patients • Local Medical Director from Cumberland Medical Centre to support existing clinical leadership at Glen Road Medical Centre • Allows wider integration of services for patients • Sharing staff and premises will improve resilience of practice services • Use resources more effectively by reducing duplication and creating greater access over more days • Access to advanced digital tools built by F4HG with Healthtech1 to improve access for patients • Patients will be able to attend either site for clinical services eg increased access to nursing services • Access to Paramedic at both sites • Access to Coil and implanon clinics for Cumberland Medical Centre • Access to the pool of clinical Pharmacists employed by F4GH - 4 pharmacists. • We also have access to the ARRS Clinical Pharmacists • Glen Road Medical Centre will benefit from ongoing stable leadership and management support from F4HG Management Team

4. Contractual / regulatory compliance

Please comment on the following matters if they are relevant to the proposed practice merger.	
Recent or ongoing breaches of contract	**none**
Recent or pending CQC matters	CQC ratings are currently Good for both practices and the standards of service will continue to be maintained pre and post merger.

5. Service delivery / Quality Improvement (QI)

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	Both practices have good QOF achievements and we anticipate being able to continue with the high level of achievement reached in the past.
Access	Improved Access for patients who will be able to attend either site. Patients will also obtain improved access to nursing, paramedic and HCA appointments. In times of staff sickness each site can lean on the other site to deal with emergencies.
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	Both practices have good performance and good CQC ratings, which will continue to be maintained post merger.
Will there be any cessation of services post-merger?	Minor surgery will initially not be available as Dr Rao provides this service, however it will resume when a new doctor is found to do this work, ideally at the PCN level so that all of the practices within South One PCN can benefit.
Primary Care Networks (PCN) –	The ARRS staff that are currently shared between the two practices can now be allocated to one merged practice and will be able to serve patients at both sites.

What are the implications of the proposed merger for the PCN?	In the long term it will be easier to monitor performance once the EMIS list has been merged. The proposed merger was discussed at the South One PCN meeting on 15/12/2001 and no objections or further queries were raised.

6. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises Costs *(i.e. potential increase in rent reimbursement if additional space is required)*	No changes are expected as we plan to use the existing 2 sites for now. The merged list size will struggle to operate out of only Glen Road as it does not have enough clinical rooms to accommodate the staff needed to provide services to the new list size. We hope that Cumberland Medical Centre will be able to relocate to the new premises being built at Custom House which has been approved by the primary care committee. This building is expected to be built by 2025 which will be about the same time as the landlord at Cumberland Medical Centre wants the building to be vacated.
IT *(i.e. costs associated with IT infrastructure)*	We would like to have one merged EMIS list. We do not feel that the merger of the practices should be dependent on the ability of EMIS to quickly merge the lists. Emis have indicated that it can take up to 6 months to merge emis lists Accordingly, we are happy to run 2 separate emis lists until emis are able to merge the lists. We are used to doing this, as our current 4 sites all operate separate EMIS lists. We would like to start the new contract on 1/4/2021. Merged list software costs to be paid for by the CCG. No additional hardware will be needed.
TUPE & Redundancy	We are in the process of completing the due diligence process around the transfer of staff to the new partnership. TUPE will apply to all employees who transfer to the new partnership.

	No redundancies are expected as we plan to maintain current staffing numbers and increase them where appropriate. Additional clinical staff will be recruited to replace the sessions currently being provided by Dr Rao from 1 April 2022 and for Dr Madipalli in the future.

Professional Service Fees *(i.e. HR, legal and accountancy)*	The First 4 Health Group has access to HR/Legal support from its CEO Susan Paul, who is also a specialist Employment Lawyer. Independent legal advice is always sought where required / appropriate. Any HR and legal and Accountancy costs incurred and will be picked up by the new partnership, but mostly paid for by the existing F4HG organisation. Any independent professional advice will be paid for by the respective practice seeking the advice.
Patient Communications *(i.e. patient letters, SMS)*	We will communicate and consult with the patients of both practices via our respective practice websites, and a variety of online surveys and in person communication strategies, subject to any COVID-19 modifications that may be required. We would welcome the support of NHSE around the effective communication with our patients via both letter, text messaging and patient engagement meetings.
Practice Liabilities *(i.e. rates rebate, NHSPS/ CHP service charges or any other outstanding debt)*	A full assessment of liabilities and debts will be undertaken in line with standard due diligence practices. To our knowledge there are no extraordinary outstanding debts or liabilities.

7. Patient and stakeholder engagement

Set out how you will engage with patients / stakeholders pre and post-merger. (Embed/attach stakeholder engagement plan)

Patient Engagement

We will engage with patients and inform them of the merger between the two practices in a variety of ways as determined by CCG/NHSE. No objections were raised to the merger at the Primary Care Transformation group meeting on 1/12/2021. No objections were raised to the merger at the South One PCN Meeting on 15/12/21. We plan to complete patient and staff engagement exercises by 31/01/2022 in consultation with CCG/NHSE, taking into consideration any recommendations from the Primary Care Committee. We will meet with the appropriate CCG/NHSE teams, and follow the Merger Checklist provided to us by the CCG/ NHSE.

This consultation will be conducted using a variety of consultation methods set out below, including direct face to face meetings with Patient's (COVID-19 considerations permitting). Patients will be given an opportunity to express any concerns that they may have. We will be able to inform them about the benefits of the merger as well as reassure them that the quality of care will not be compromised by the merger of the 2 practices.

We will ask the CCG to write to the patients to inform them of the merger and will also advertise this on our practice websites.

In addition to this we will also ensure we consult and provide information as follows:

- Website information
- Online and paper patient surveys
- SMS messages with link to websites and FAQ's
- PPG event for patients with any questions or concerns.

We will engage with our patients on a minimum of 2 occasions and will ensure that patient comments are taken into consideration with the aim of future proofing the sustainability of the new merged practice and the care provided to patients.

Staff Engagement

We have already held meetings with our individual staff teams. No concerns were raised by Cumberland Medical Centre staff. They have worked with the First 4 Health Group for 3 years and so are familiar with the way that we work. They were relieved to know that we have been working on the long term sustainability of the practice and that their jobs will be further safeguarded by the merger with Glen Road Medical Centre. We have offered them the opportunity to have further 1:1 meetings.

Dr Madipalli and Dr Rao have also informed their staff team of the proposed merger. We will schedule a whole practice meeting with Susan Paul, in order to discuss any concerns that they may have. In the meantime, all staff from both practices will be offered 1:1 meetings with Susan Paul / F4HG HR team to address any concerns that they may have around the merger.

We will listen to any concerns they may have and reassure them that there will be no redundancies as a result of the merger. All staff contracts and rights will be maintained at existing levels in accordance with current TUPE legislation.

Clinical staff will be offered more sessions / hours where required. Where we feel there is a short fall of staff, we will recruit for the necessary posts to ensure that we have sufficient staffing numbers to serve our patient's needs.

Stakeholders

We would request that Newham CCG send out appropriate communication to all relevant stakeholders, including local services and councillors in accordance with the Merger Checklist.

We have met with and informed our South One PCN practices and informed them of the merger and addressed any questions that they may have.

8. Contractual implications

Please comment on the following areas:

- **Surviving contract** - Dr S Madipalli will join the partnership at Cumberland Medical Centre. We would like to retain the Cumberland Medical Centre F Code as this has 5 of the 6 partners proposed in this practice merger. Applications to the various bodies will be completed to ensure that all necessary changes are approved.
- **Practice boundary** - the practice boundary will be amended to match the boundary of the merged practices so that there is no impact to existing patients.
- **Practice name change** - The new partnership will be formed of 6 partners. In the short term the practice premises will have no name change and will continue as Glen Road Medical Centre and Cumberland Medical Centre. The practice name may change - after consultation with patients - once the EMIS lists have been merged / if the CMC premises have to close and no alternative premises are available. If this is required, then we will conduct a patient consultation exercise in accordance with CCG/NHSE guidance to ensure that they are consulted before any decisions are made.
- **Practice Lease -** The new practice partnership will be signing a 10 yr lease with the owners of Glen Road Medical Centre (Dr Rao and Dr Madipalli) with the approval of NHSE.

9. Merger mobilisation

Please provide a high level plan of how the merger process would be managed if the proposal were to be approved:

The CCG / NHSE Teams have provided us with a Merger Checklist. We will be meeting with them in the new year, provided this proposal is approved, to complete the mobilisation plan, and finalise the timescales and actions required in order to complete the practice merger. The current checklist includes information about which will be addressed in the follow on meetings with CCG/NHSE:

1. Decision Making and Preparation
2. Practice Staff Engagement
3. Full Engagement
4. Patient Communication
5. Vulnerable Patients
6. Stakeholder Communications
7. Informing NHS Teams and Other Agencies
8. IT

9. Records, Data and Forms 10. Other Operational Issues 11. Post-Merger Issues

10. Additional information

Please provide any additional information that will support the proposed practice merger.

11. Signatures of contractors proposing to merge

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Practice 1 - Glen Road Medical Centre	**Practice 2 - Cumberland Medical Center**

Dr Madipalli V Rao	MV RAO (Dec 15, 2021 15:35 GMT)	**Dr Bhupinder Kohli**	Bhupinder Kohli (Dec 15, 2021 17:59 GMT)
Dr Sudha Madipalli	S MADIPALLI (Dec 15, 2021 15:20 GMT)	**Ms Susan Paul**	
		Dr Kavita Dhillon Gaur	Kavita Gaur (Dec 15, 2021 16:06 GMT)
		Ms Balbinder Raju	
		Mrs Kuljeet Sunder	Kuljeet Sunder (Dec 15, 2021 18:19 GMT)

New Practice Contract Proposed - Cumberland Medical Center F code - operating at 2 sites Glen Road Medical Centre and Cumberland Medical Centre.	
Dr Sudha Madipalli	S MADIPALLI (Dec 15, 2021 15:20 GMT)
Dr Bhupinder Kohli	Bhupinder Kohli (Dec 15, 2021 17:59 GMT)
Ms Susan Paul	

Dr Kavita Dhillon Gaur	Kavita Gaur (Dec 15, 2021 16:06 GMT)
Ms Balbinder Raju	
Mrs Kuljeet Sunder	Kuljeet Sunder

Appendix A

Boundary Maps - Provided by NEL - Patient Residence Analysis for GP Practices

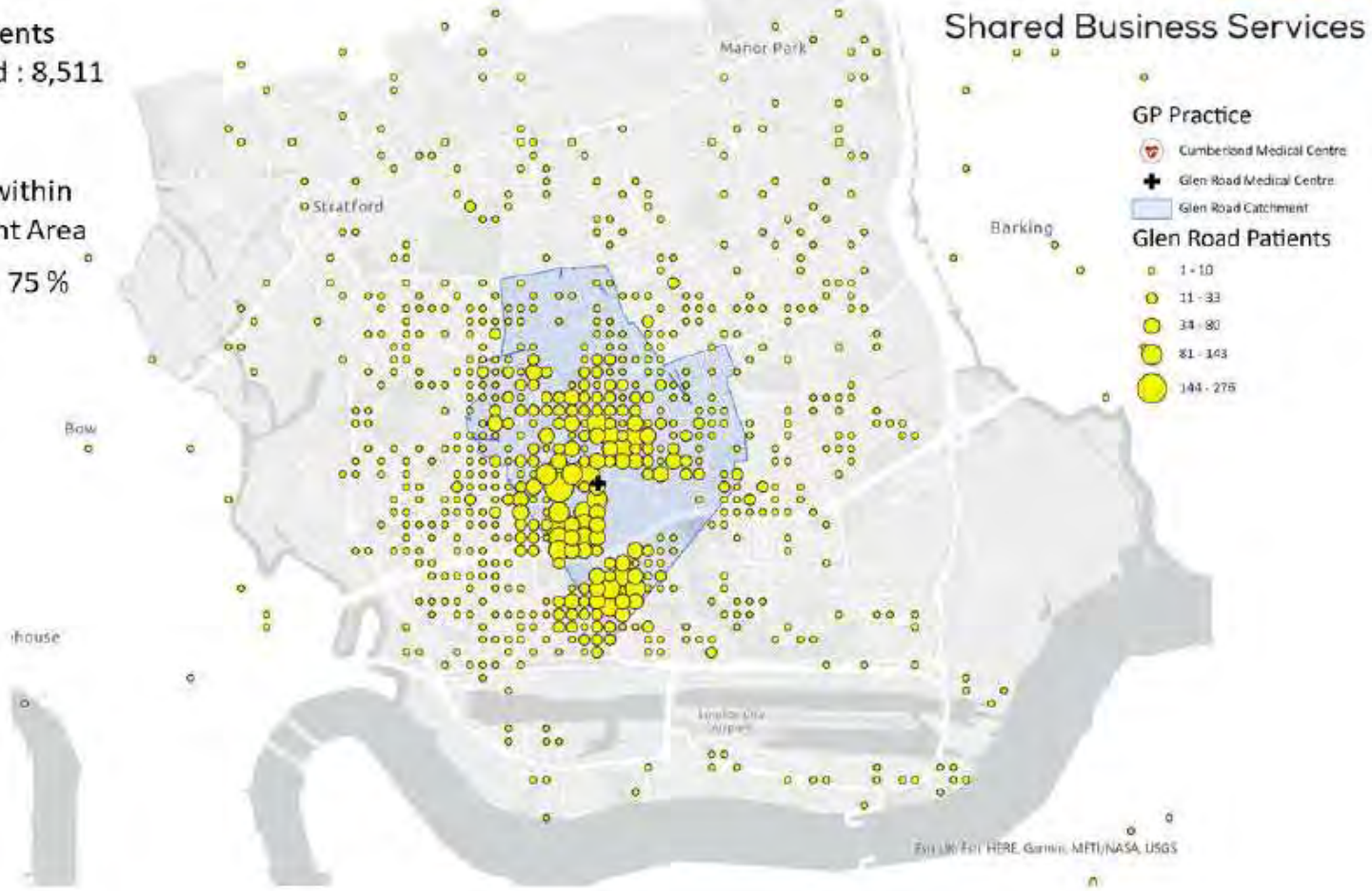
Glen Road Medical Centre - F84092

NHS
Shared Business Services

Total patients registered : 8,511

Patients within Catchment Area

6,415 | 75 %



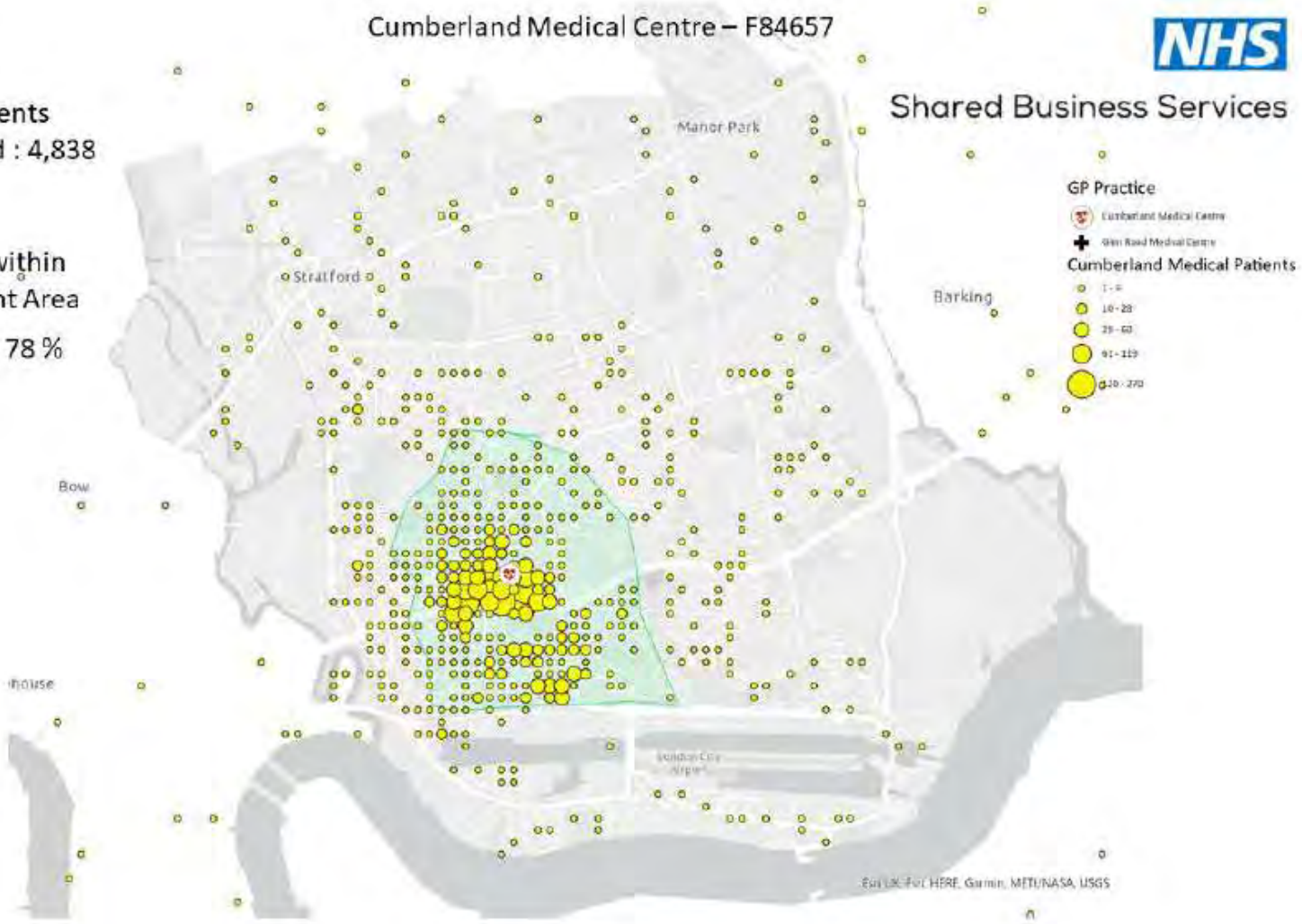
Cumberland Medical Centre – F84657

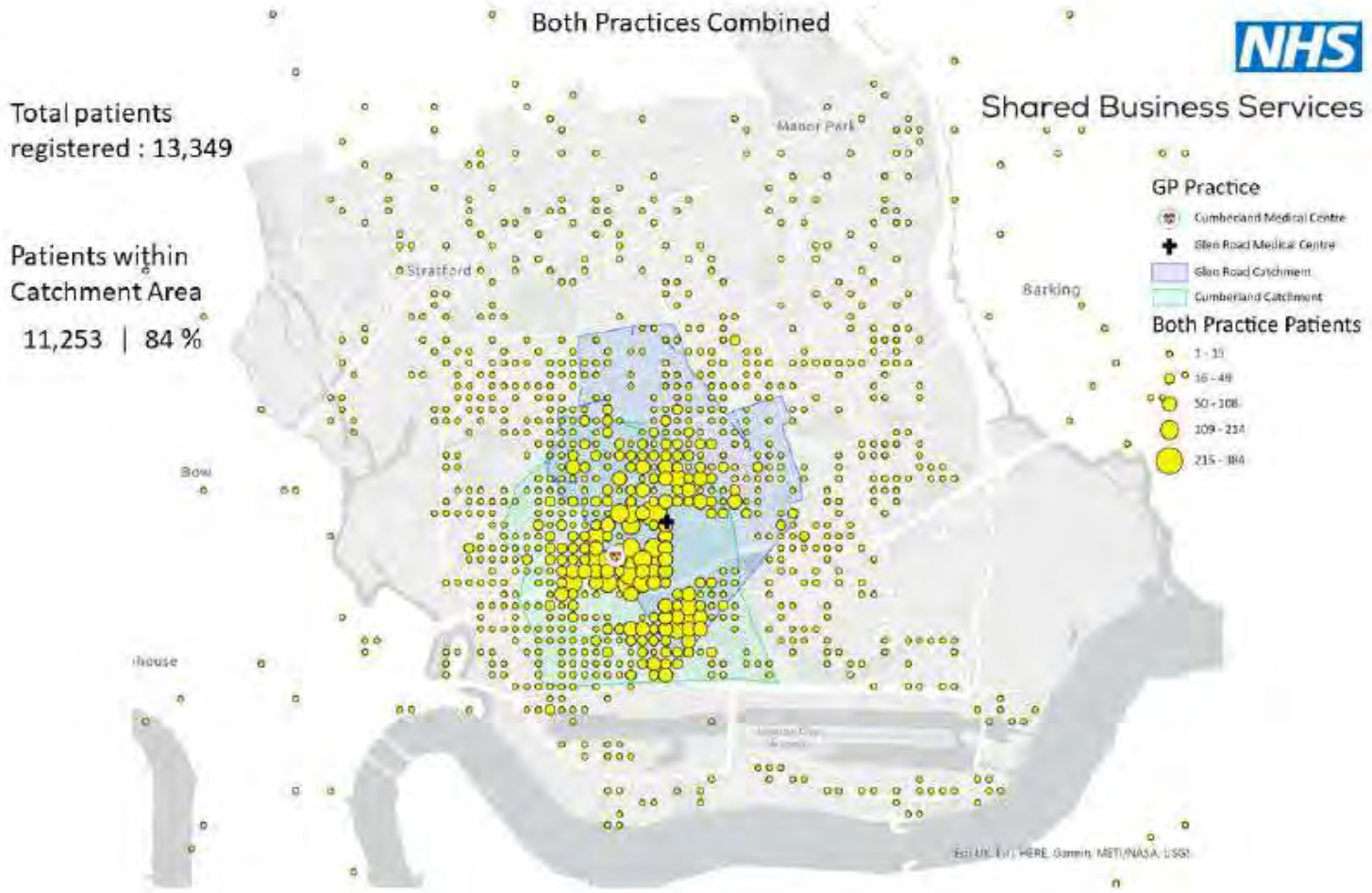
NHS
Shared Business Services

Total patients registered : 4,838

Patients within Catchment Area

3,792 | 78 %

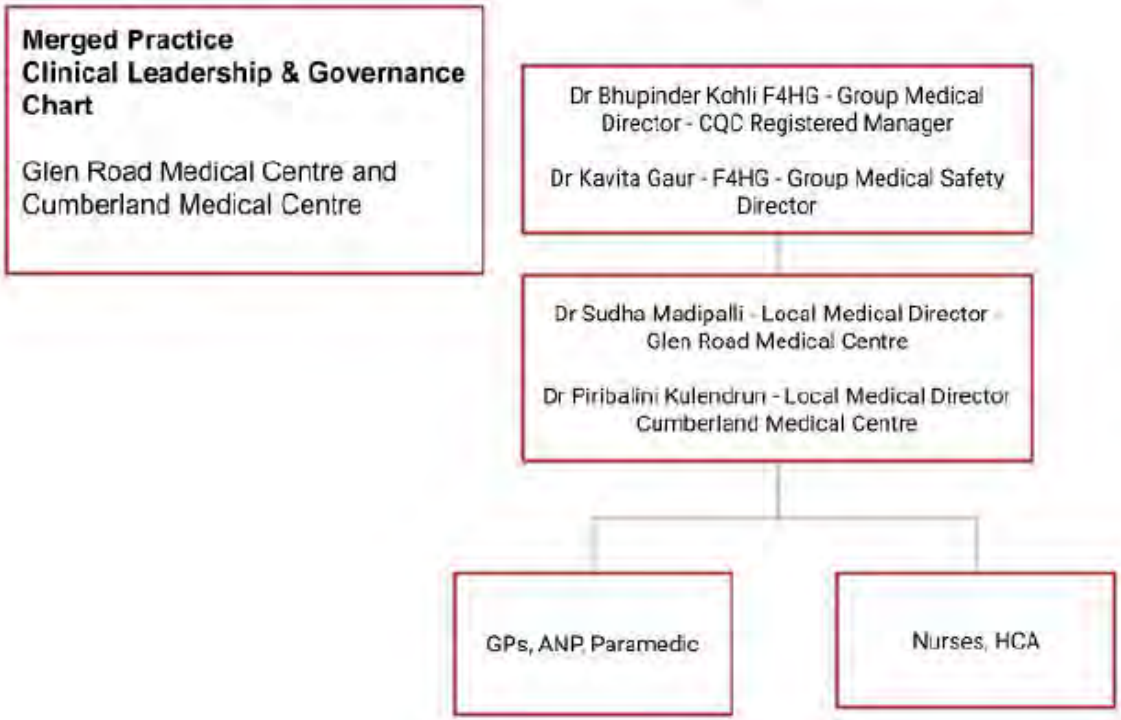




The current practice boundaries of both practices will become the new merged practice boundary for Glen Road Medical Centre and Cumberland Medical Centre

Appendix B

Merged Practice - Clinical & Management Leadership Governance Charts



Merged Practice
Management Structure Chart

Glen Road Medical Centre and
Cumberland Medical Centre

Please return this form to: nelondon.nel-primarycare@nhs.net

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - Part 1
12 January 2022

Title	Proposal for Merchant Street Practice and Stroudley Walk Practice to Merge	
Item Number	6	
This paper is for:		
Borough/ICP or NEL-wide:	Tower Hamlets	
Director:	William Cunningham-Davis, Director of Primary Care, TNW	
Author:	Angela Ezimora-West, Assistant Head of Primary Care, NEL	
Presented by:	Angela Ezimora-West	
Recommended Action for the Committee	Approve – The proposal for Merchant Street Practice and Stroudley Walk Practice to merge was discussed at Tower Hamlets Transformation Group on 21/12/2021 and has the support of local commissioners.	
Practice Details (where applicable)	Practice name:	Merchant Street Practice (MSP) and Stroudley Walk Practice (SWP)
	Contract Type:	GMS
	Site address:	Wellington Way Health Centre E3 4NE
	List Size:	Circa 9,850 (combined)
	No of partners:	3 (MSP = 2 and SWP = 1)
	Current CQC Rating:	Good
	PCN Details:	Mile End East and Bromley by Bow (Network 6)
Summary	Merchant Street Practice and Stroudley Walk Practice are currently two separate GMS GP practices operating from the same premises in the borough of Tower Hamlets. Merchant Street Practice is run by two partners and has a registered list of circa 5,750 patients and Stroudley Walk Practice is a practice of circa 4,100 patients run by a single-handed partner. The registered lists of both practices is significantly lower than the CCG average which is circa 11,790 patients. It is proposed that there is a formal merger of the two contracts to establish a single registered list of circa 9,850 patients, managed by a single partnership comprising all the current partners of both practices via a single GMS contract. The principal aim of this merger is to maintain the long-term financial viability of both practices, improving and maintaining the quality of access to clinical services and enabling the practice to cope with any future unforeseen events, such as the current pandemic. Combining	

	resources into a single unified practice should improve the overall efficiency of the running and management of services. The proposed arrangements will also avoid any issues associated with Stroudley Walk operating as a single-handed practice e.g. succession, financial viability and sustainability, clinical isolation, and business continuity. The merged practice is already operating from the same premises with the same practice manager and works very much in partnership apart from the list, medical system and finances. It was always the intention of Tower Hamlets commissioners that Merchant Street Practice and Stroudley Walk practice merged following their relocation to the Wellington Way Health Centre The planned merger will take place in quarter 4 of 2021/22. The exact date is dependent on confirmation of when EMIS can merge both practice clinical systems It is proposed that the merger will be contractually achieved through: - • The existing GMS contract being varied to reflect the consolidation of the existing two practice boundaries. • Dr Amuludun joining the Merchant Street Practice and his signature added to the Merchant Street Practice GMS Contract. • The Merchant Street Practice contract being amended to reflect the new practice name of Wellington Way Health Centre. • The Stroudley Walk Practice GMS contract will terminate. The practice is in discussions with commissioners about proposed changes to their existing boundary to ensure that it fully covers the natural catchment area for the Wellington Way Health Centre. A proposed new boundary will be consulted on with local stakeholders prior to submitting an application to the CCG by 31 March 2022 and will require the support of local commissioners before any changes implemented. The practices have confirmed that in the event that any section of their boundary is reduced, existing patients will not be removed.	
Potential conflicts of interests and mitigations:	None	
Impacts of this proposal:	Keys risk and mitigations	No significant risks identified. Both practices are already co-located. The partners are undertaking due diligence and are liaising with the LMC. An HR organisation has been engaged to support with moving staff to one employing organisation. Both practices are already working closely together. There is one practice manager that works across both sites. Back office functions are and associated costs are already shared.

	Equalities Impact	None – the merger will not cause any material changes to service delivery.
	Financial Impact	The estimated cost of the EMIS merger is £2,150 + VAT
	Impact on Patients/ Service Users	None
	Impact on other practices, including PCNs	Practices within the Network 6 have been engaged with and support the merger. If the merger is approved the members of PCN will sign the variation form to officially recognise and agree to the change in its membership.
	Estates Impact	None. Both practices are located in the same building
	Workforce Impact	The merger will allow a number of ARRS roles to be based at the practice: • Physicians Associate • Care Co-Ordinator The increased list size means that they also intend to recruit an additional GP and HCAs
	Improve quality/safety	The merger will bring together a single handed practice and a 2 GP partner practice which will improve the level of clinical support and oversite. One of the aims of the merged practice is to share systems and areas of good practice performance in areas such as QOF and the GP Patient Survey can be improved.
	Improve integration	N/A
	Strategic fit	- To work in partnership to deliver high quality health services that are accessible, provide the appropriate treatment in the right place, and achieve good patient outcomes for people of all ages living in the borough. - To ensure that the TNW ICP delivers person-centred, integrated health and care services that are sustainable and that equally meet the mental and physical needs of our residents.

		- To contribute towards a financially sustainable and responsive health and care economy, and more specifically primary care which delivers value for money and innovation and supports the appropriate use of services.
Wider Support for this proposal	Patient/Public Engagement	3 PPG meetings have been held. Patients in attendance supported the proposal.
	Other Committee Discussion/ Borough Engagement	Tower Hamlets Primary Care Transformation Group (Part 2) on 21/12/21
	Stakeholder Engagement	The practices with network 6 have been engaged. The LMC have also been engaged. If the proposal to merge is approved, additional stakeholders such as local councillors, MP and the LPC will be informed.
List of appendices/ supporting documentation	Merchant Street and Stroudley Walk business case	

BUSINESS CASE
FOR PRACTICE MERGER

Merchant Street Practice (AK Rana) &
Stroudley Walk Practice

Both Practices above residing at
Wellington Way Health Centre
1A Wellington Way, Bow London E3 4NE

Merchant Street Practice (AK Rana)

Dr Sangeeta Rana-Masson – Lead GP Partner

Dr Ruzi Syed – GP Partner

Stroudley Walk Practice

Dr Oladimeji Amuludun – Single-Handed Partner

Practice Manager

Debbie Russell – both Practices

For information summary

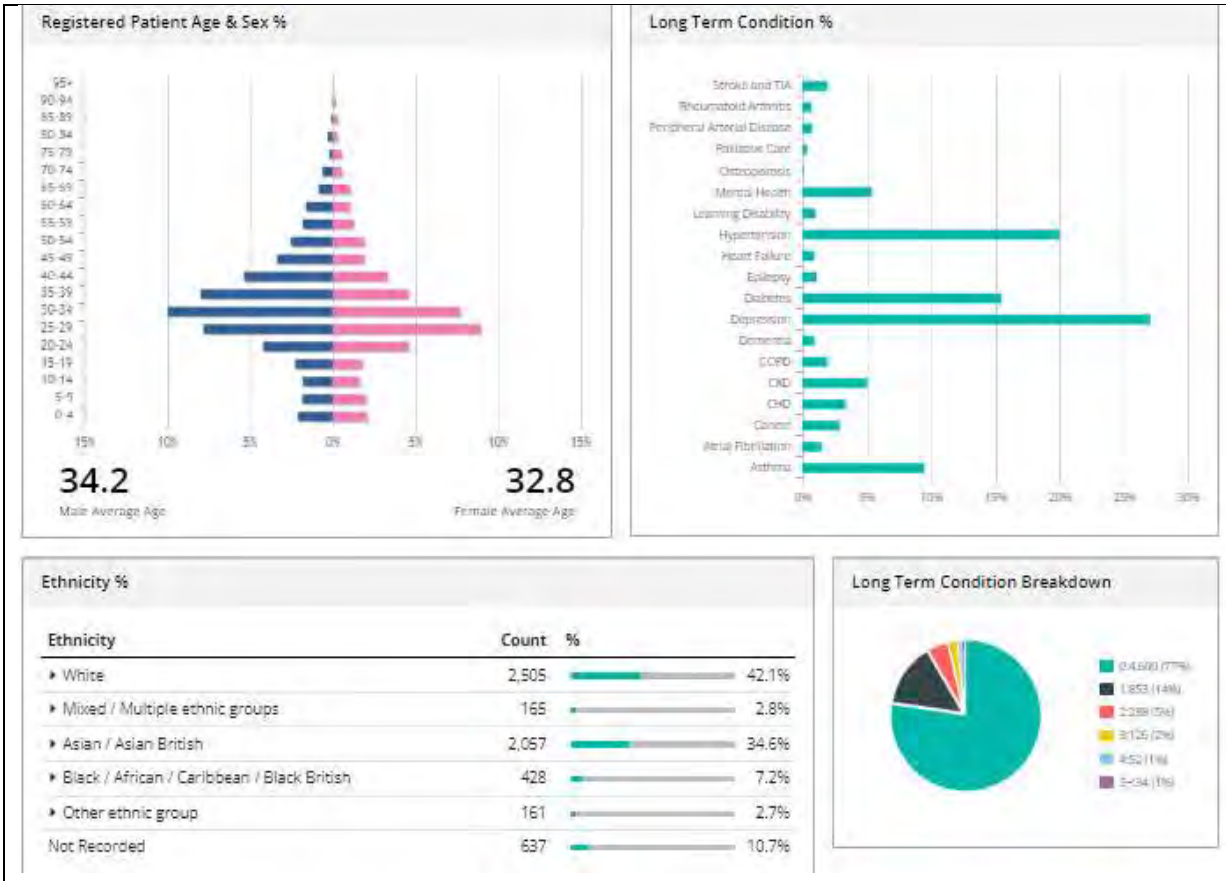
The merger of the two practices to become one practice

- **Merger -** The merger of the two practices to form one practice. We are currently both residing in one practice after moving into Wellington Way Health Centre on 20th January 2020. We have one practice manager who has been managing the site since moving in and was previously managing both practices at the different sites. The merger date will be early 2022.

Full details are set out below.

1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.
Background Merchant Street Practice and Stroudley Walk Practice are currently two separate GMS GP practices in the borough of Tower Hamlets. The ICP Area is TNW (Tower Hamlets, Newham & Waltham Forest) in NEL CCG. The two practices have broadly comparable demographic profiles (see below). **A. Merchant Street Practice** Merchant Street Practice (MS) is a practice of circa 5,750 patients, which is significantly lower than the CCG average of circa 11,790 patients. The practice is run by two partners (since the retirement of Dr Rana at the end of March 2021) - Dr Rana-Masson and Dr Syed at Wellington Way Health Centre, on the edge of Bow Road, London E3 in the London Borough of Tower Hamlets. • The patient population registered with Merchant Street Practice are 3rd most deprived decile on the national general practice profiles and has a deprivation score of 19.3 which is slightly lower than the Tower Hamlets CCG averages. • Approximately 57.5% of the practice's patients are from mixed or ethnic minority groups. • The practice has a higher proportion of male patients aged 20-49 than the national average. • The practice has a higher proportion of male patients aged 25-39 than the Tower Hamlets CCG average. • The practice has a higher proportion of female patients aged 20-39 than the national average.

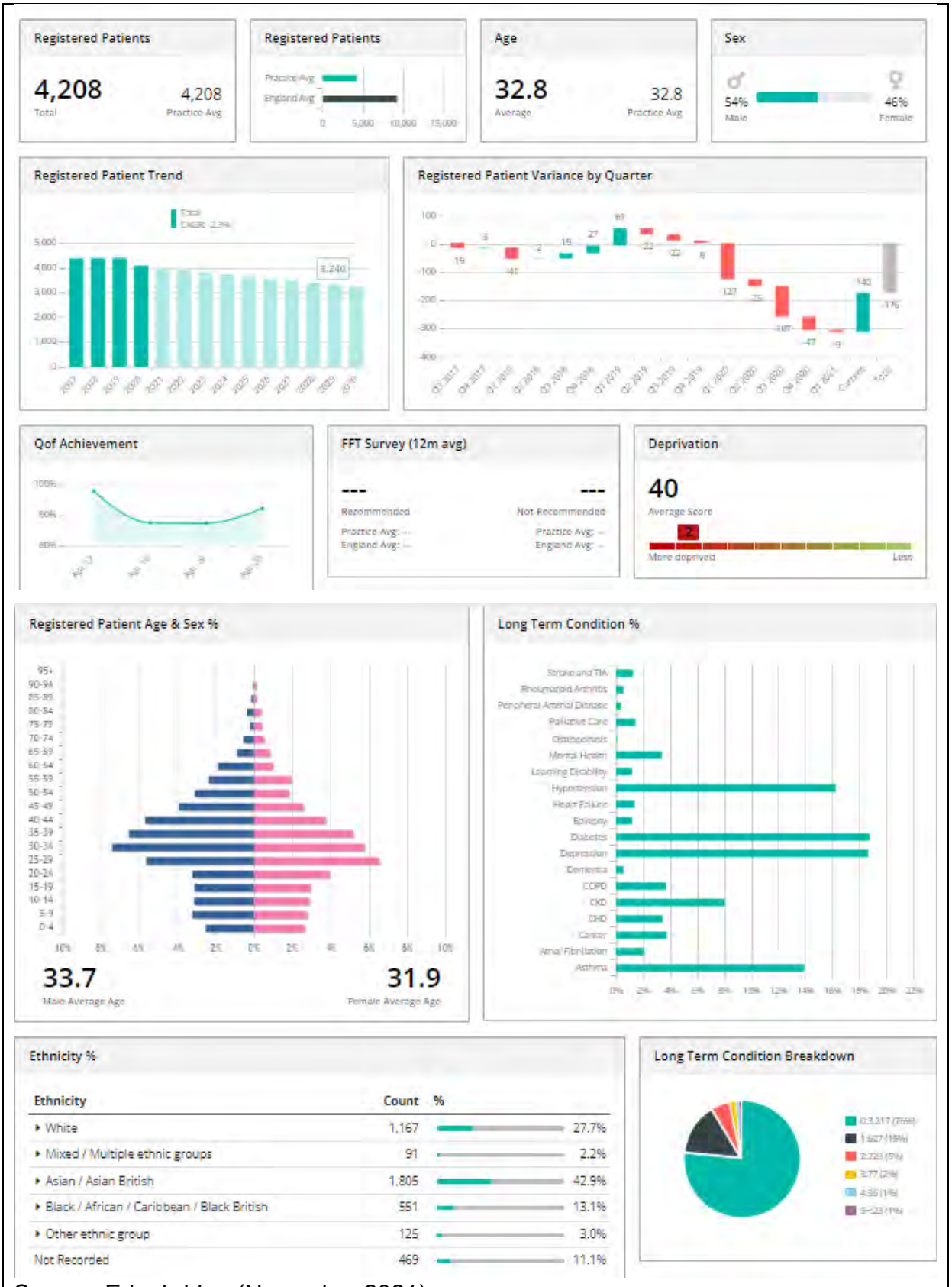


Source: Edenbridge (November 2021)

B. Stroudley Walk Practice

Stroudley Walk Practice (SW) is a practice of circa 4,100 patients run by a single-handed partner, Dr Amuludun (since the retirement Dr Emohare at the end of March 2021) at
Wellington Way Health Centre, on the edge of Bow Road, London E3 in the London Borough of Tower Hamlets.

- The patient population registered with Stroudley Walk Practice are 3rd most deprived decile on the national general practice profiles and has a deprivation score of 19.3 which is slightly lower than the Tower Hamlets CCG averages.
- Approximately 61.6% of the patients are from mixed or ethnic minority groups.
- The practice has a lower proportion than the CCG average but more than the national average of both male and female patients aged between 30 and 39.
- The proportion of both male and female patients above the age of 45 is higher than the national average.



Source: Edenbridge (November 2021)

Merged Practice

Merger

It is proposed that there is a formal merger of the two contracts to establish a single registered list of c9,850 patients, managed by a single partnership comprising all the current partners of both practices via a single GMS contract. The merger will take place in in quarter 4 of 2021/22. The exact date is dependent on confirmation of when EMIS can merge both practice clinical systems.

The merged practice is already operating from the same premises with the same practice manager and works very much in partnership apart from the list, medical system and finances.

The merged practice boundary will be the consolidation of the two existing practice boundaries previous to their move to Wellington Way Health Centre as this was not changed due to Covid-19 and also knowing that the practice were intending to merge. This boundary is currently being reviewed to ensure that it provides adequate covers for the local population.

It is proposed that the merger will be contractually achieved through: -

- Dr Amuludun joining the Merchant Street Practice and his signature added to the Merchant Street Practice GMS Contract.
- The Merchant Street Practice contract being amended to reflect the new practice name of Wellington Way Health Centre.
- The Stroudley Walk Practice GMS contract will terminate.

The above actions are proposed to happen in early 2022**.**

Both practices are rated as Good by the Care Quality Commission (CQC). – we have both just had our yearly review with CQC in August 2021 and both practices have been advised that CQC consider that no further regulatory activity is indicated at this time.

Neither practice has had recent issues with recruiting or retaining staff. Merchant Street Practice is currently in the process of recruiting another Salaried GP, she will be joining the practice in December 2021.

It is the intention of the merged practice to increase the number of HCA's, as we have one retiring at the end of this year, we have already recruited one of our receptionist to train as an HCA, she will be starting her Level 3 HCA Clinical Skills at City College (run by CEPN) in October 2021. We are currently helping her with her Care Certificate programme. We also have another Senior HCA who in March 2022 will be joining some of our other colleagues in the Network to start her Trainee Nurse Associate training at City University.

Both practices are currently part of the Mile End East & Bromley By Bow Network (MEEBBB) PCN Network 6 and the merged practice will remain so.

The principal aim of this merger is to maintain the long-term financial viability of both practices, Improving and maintaining the quality of access to clinical services and to enable the practice to cope with any future unforeseen events, such as the current

pandemic. Combining resources into a single unified practice should improve the overall efficiency of the running and management of services. The proposed arrangements will avoid any issues associated with Stroudley Walk operating as a single-handed practice e.g. succession, financial viability and sustainability, clinical isolation, and business continuity.

2. Practices' characteristics and intentions for the merged practice

	Current Provision – Merchant Street Practice	**Current Provision – Stroudley Walk Practice**	**Merged Practice Wellington Way Health Centre**
Name and address of practice	**Merchant Street Practice** Wellington Way Health Centre 1A Wellington Way Bow London E3 4NE	**Stroudley Walk Practice** Wellington Way Health Centre 1A Wellington Way Bow London E3 4NE	Merged practice name to be discussed June 2021 **No changes to the premises**
Contract type	GMS	GMS	GMS
Name of contractor(s)	Dr Sangeeta RANA-MASSON Dr Ruzi SYED	Dr Oladimeji AMULUDUN	Dr Sangeeta RANA-MASSON Dr Oladimeji AMULUDUN Dr Ruzi SYED
Location	**Merchant Street Practice** Wellington Way Health Centre 1A Wellington Way Bow London E3 4NE	**Stroudley Walk Practice** Wellington Way Health Centre 1A Wellington Way Bow London E3 4NE	Merged practice name to be discussed June 2021 **No changes to the premises**
Practice area (provide map of area)	Merchant Street Practice Boundary.p	Stroudley Walk Practice Boundary.p	
List size (provide figure)	At September 2021:	At September 2021:	At September 2021:

	Current Provision – Merchant Street Practice	**Current Provision – Stroudley Walk Practice**	**Merged Practice Wellington Way Health Centre**
	Raw 5639 Weighted 5483	Raw 4138 Weighted 4047	Raw circa 9777 Weighted circa 9530
Number of GPs/ GP Equivalent clinical sessions	40 GP Sessions per week (3.00 WTE GPs) delivered by: 2 GP Partners 1 Salaried GP 1 long-term locum 2 part-time Registrars 1 FY2 4 Clinical Pharmacist Sessions per week (0.5 WTE)	22 GP Sessions per week (2.25 WTE GPs) delivered by: 1 GP Partner 2 Salaried GP 1 ANP (nurse practitioner) 4 Clinical Pharmacist Sessions per week (0.5 WTE)	62 GP Sessions per week (5.25 WTE GPs) delivered by: 3 GP Partners 4 Salaried GP's 1 ANP 2 part-time Registrars 1 FY2 8 Clinical Pharmacist Sessions per week (1.0 WTE)
Number of other practice staff	**Reception Staff** Headcount 5 Equivalent to 3 WTE **Admin Staff** Headcount 3 Equivalent to 1.2 WTE **HCA** Headcount 2 Equivalent to 0.75 WTE **Managers** Headcount 1 Equivalent to 0.5 WTE **Social Prescribing Linkworker** Headcount 1 Equivalent 0.25 WTE	**Reception Staff** Headcount 4 Equivalent to 2.5 WTE **Admin Staff** Headcount 3 Equivalent to 2 WTE **HCA** Headcount 3 Equivalent to 1.2 WTE **Managers** Headcount 1 Equivalent to 0.5 WTE **Social Prescribing Linkworker** Headcount 1 Equivalent 0.25 WTE	**Reception Staff** Headcount 9 Equivalent to 6 WTE **Admin Staff** Headcount 6 Equivalent to 4.2WTE **HCA** Headcount 4 Equivalent to 2 WTE **Manager** Practice Manager Headcount 1 Equivalent to 1 WTE **Social Prescribing Linkworker** Headcount 1 Equivalent 0.5 WTE **Total**

	Current Provision – Merchant Street Practice	**Current Provision – Stroudley Walk Practice**	**Merged Practice Wellington Way Health Centre**
	Total Headcount 12 Equivalent to 5.7 WTE	**Total** Headcount 11 Equivalent to 6.45 WTE	Headcount 11 Equivalent to 11.5 WTE **See Annex A or Organisational Chart**
Number of hours of nursing time	12 PN Sessions per week 67.5 hours p/w Mon 09.30 – 19.00 Tues 09.30 – 18.30 Wed 09.30 – 18.30 Thurs 09.30 – 15.30 Friday 09.30 – 18.30 (currently provided by 1 employed practice nurse and 1 trainee practice nurse (Open Doors)	6 PN Sessions per week 28 hours p/w Tues 09.30 – 17.30 Wed 09.30 – 17.30 Friday 09.00 – 18.30 (currently provided by locum as practice nurse is on maternity leave)	18 PN Sessions per week 95 hours p/w Mon 09.00 – 19.00 Tues 09.00 – 19.00 Wed 09.00 – 18.30 Thurs 09.00 – 18.30 Friday 09.00 – 18.30 Nurse will be back from maternity leave from Stroudley Walk and we plan to cover the whole week.
CCG area(s)	NEL CCG, TNW ICP	NEL CCG, TNW ICP	NEL CCG, TNW ICP
Which computer system/s	EMIS WEB	EMIS WEB	EMIS WEB
Clinical governance/ complaints lead and systems	**Clinical Governance Lead:** Dr Sangeeta Rana-Masson **Complaints Lead** Debbie Russell	**Clinical Governance Lead:** Dr Oladimeji Amuludun **Complaints Lead** Debbie Russell	**Clinical Governance Lead:** Not yet decided **Complaints Lead** Not yet decided
Training practice	Yes	Yes	Yes
Opening hours	Mon: 08.00 – 19.00 Tues: 08.00 – 19.00 Wed: 08.00 – 18.30	Mon: 08.00 – 19.00 Tues: 08.00 – 19.00 Wed: 08.00 – 18.30	Mon: 08.00 - 19.00 Tues: 08.00 - 19.00 Wed: 08.00 -18.30

	Current Provision – Merchant Street Practice	**Current Provision – Stroudley Walk Practice**	**Merged Practice Wellington Way Health Centre**
	Thur: 08.00 – 18.30 Fri: 08.00 – 18.30 Sat: Closed Sun: Closed	Thur: 08.00 – 18.30 Fri: 08.00 – 18.30 Sat: Closed Sun: Closed	Thur: 08.00 - 18.30 Fri: 08.00 - 18.30 Sat: Closed Sun: Closed
Extended hours	Extended hours are provided on a Monday and Tuesday evening from 18.30-19.00pm	Extended hours are provided on a Monday and Tuesday evening from 18.30-19.00pm	Extended hours are provided on a Monday and Tuesday evening from 18.30-19.00pm
Local Enhanced Services (LES)	NHS Health Checks LARC Minor Surgery	NHS Health Checks Minor Surgery	NHS Health Checks Minor Surgery LARC P-reset (drug & Alcohol services)
Local Enhanced Services (NIS)	Long Term Conditions Diabetes Learning Disabilities	Long Term Conditions Diabetes Learning Disabilities	Long Term Conditions Diabetes Learning Disabilities
Other Services	Advice on Preventing Illness Antenatal care BP checks Cervical screening Child Health Childhood immunisations Contraceptive services Ear syringing Health screening Men's health Palliative care Travel Vaccinations	Advice on Preventing Illness Antenatal care BP checks Cervical screening Child Health Childhood immunisations Contraceptive services Health screening Men's health Palliative care Travel Vaccinations Yellow Fever	Advice on Preventing Illness Antenatal care BP checks Cervical screening Child Health Childhood immunisations Contraceptive services Ear syringing Health screening Men's health Palliative care Travel Vaccinations

	Current Provision – Merchant Street Practice	**Current Provision – Stroudley Walk Practice**	**Merged Practice Wellington Way Health Centre**
	Women's health	Women's health	Yellow Fever Women's health
Premises	**Merchant Street Practice** Wellington Way Health Centre 1A Wellington Way Bow London E3 4NE Separate Lease NHS PS	**Stroudley Walk Practice** Wellington Way Health Centre 1A Wellington Way Bow London E3 4NE Separate Lease NHS PS	**Wellington Way Health Centre** 1A Wellington Way Bow London E3 4NE Both Practices will need to enter into one Lease from NHS PS
Please indicate if the merged practice intends to sign up to the Network Contract DES	YES	YES	YES

3. Patient benefits

- Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

Both practices have patient list sizes that are significantly below that of the Tower Hamlets average (Merchant Street by c4.050 and Stroudley Walk by c5,700 patients). Stroudley Walk is now also a single Partner practice since March April 2021. The main aim of the proposed merger is to provide long-term financial viability and stability, building on the collaboration that already exists between the two practices. Our practice manager joined the Stroudley Walk Practice in April 2002 where she helped to start the 'new GMS contract'. In September 2018 the practice manager also began working at Merchant Street Practice. Both practices began working very closely together when they moved to Wellington Way from premises which were not fit for purpose. The merger will ensure that there is resilience in the primary care provision in the local area will benefit for the patients currently registered with the two practices, as well as the local population.

The merger will also provide a range of more tangible immediate benefits for patients which are described below.

NB. The two practices currently already collaborate to deliver Extended Hours through the PCN, and LARCs to patients of both practices. It has been the plan since moving into the new building that we will start working with P-reset (drug & Alcohol services). Once we have merged this will be easier to run this service as smaller practices is more difficult to cover annual leave etc.

The practice share the same transport links so this will not be of any issue.

The merged practice has already appointed a new salaried GP who will start at the beginning of December with 4 sessions but may gradually increase as needed, the nursing team will deliver sessions across the whole of the week and we will increase the number of HCAs from one whole time equivalent to two whole time equivalents. We will continue to train our staff and consider training another HCA when the merger is complete and the first HCA training is complete.

The merged practice will benefit from a single office administration function, patient call handling and senior management structure, leading to more efficient and effective working practices and reduced costs. Improvements to patient call handling call and recall services and administrative services will be of significant benefit to patients and should result in increased patient satisfaction.

The two practices will already have a joint phone system whereby the calls come into both practices via one system, we will retain the existing individual telephone numbers but since moving into the practice, we are already using a single number as well. The phone system will be changing probably before the merger happens and we will make sure, that the Merchant Street and Stroudley Walk numbers can be retained for a period of six months from the date of the merger. We will then move to the Wellington Way number and we will start to use this as soon as the new phone system has been put in so that patients start to see the new number appearing when patients are called back from the surgery.

The new staffing and management structure should improve job satisfaction and morale, leading to improved staff retention and easier staff recruitment. This should lead to improved continuity of care for patients, providing opportunity for patients to form lasting relationships with clinicians.

The merged practice will ensure ongoing customer care training for all reception staff to ensure that patients have a positive experience when interacting with frontline staff.

We expect both sets of patients will benefit from the merger, as there will be improved access to services. We currently have a First Contact Physiotherapist, a Clinical Pharmacist who split their times between the practices. We have appointed a Physicians Associate who started in December 2021, we have also recruited a Care-Co-Ordinator who will start in January 2022 that will work at Wellington Way across both practices until the merger. The difficulty in having two practice systems at the moment is that when there are DNA’s that could be used to cover each practice it is more difficult to jump in and out of different clinical systems for each of the practices. The merged practice will be better able to meet patient demands through better management of clinical capacity

Patients of the merged practice will also benefit from the sharing of staff linguistic skills. Staff across the merged practice will be able to converse with patients in Bengali and Hindi as well as English.

Both practices use telephone triage to assess patient need and allocate appointments as appropriate. The merged practice will use the same approach.

In addition to the above the merged practice will undertake the following activities that will help improve and support patient satisfaction:

- Create a new practice website, giving details of the services that will be delivered to patients
- All frontline staff to receive customer care training
- The introduction of name badges and dress code for reception and admin staff
- Patients will be allocated a named GP, but will still have the freedom to see any of the GPs within the practice
- Both practice will offer the same clinical services

NB. A single patient participation group (PPG) will be established, merged from the existing two.

The two existing practices do not have any major issues as we have been working together for the past 20 months and have been running the premises jointly since the move date of 20th January 2020. In merging the practices, we will be able to give better customer service to our patients, as we will all be able to use one clinical system that is the only thing that separates our staff and patients now.

Merchant Street and Stroudley Walk Practices do not believe the proposed merger presents any negative consequences for the patients (or staff) of either practice.

4. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	Wellington Way Health Centre 1A Wellington Way, Bow, London E3 4NE Currently both Merchant Street and Stroudley Walk practices have 2 separate leases.

	From the date of the merger we will need to change to one lease for all partners, currently Dr Syed is not on the lease. **The costs of rent and rates are known by the CCG and it is anticipated that these will be fully reimbursed.**
IT	Both Merchant Street and Stroudley Walk Practices use EMIS Web. A mobilisation plan has been developed to ensure that the two databases are successfully merged at the appropriate time. There will be costs to the CCG associated with the IT merger of the two clinical databases. It is anticipated that the IT merger will cost in the region of £2150 (excluding VAT). The merger plan below is a work in progress and will be further developed over the coming weeks, to ensure the smooth and orderly merger of the two practices and their clinical databases. A task and finish group will be meeting on a fortnightly basis during the mobilisation period to ensure actions are completed in due time and risks managed appropriately. MS and SW Merger Workplan v1.xlsx
TUPE	All Stroudley Walk Practice staff eligible under TUPE will transfer across to Merchant Street Practice. The Practice has accounted for the full employment costs associated with the TUPE transfer of staff from Stroudley Walk Practice. Both Merchant Street and Stroudley Walk Practices use a specialist HR firm (Peninsula) to provide HR support. Peninsula will provide HR support to both practices during the merger, as well as ongoing support to the merged practice.
Redundancy	There are no redundancy costs associated with this merger.
QOF	Over the last 3-4 years the QoF performance has fluctuated this is mainly because we have been part of the local QoF in Tower Hamlets and have been using NIS (network Improved Services instead. This year we will be concentrating more on the QoF Elements of the GP Contract, which has aligned better.

<table>
<tr><td></td><td>
<table>
<tr><td></td><td>Merchant Street Practice</td><td>Stroudley Walk Practice</td></tr>
<tr><td>2020/21</td><td>77.87</td><td>90.25</td></tr>
<tr><td>2019/20</td><td>77.79%</td><td>91.76%</td></tr>
<tr><td>2018/19</td><td>74.6%</td><td>87.1%</td></tr>
<tr><td>2017/18</td><td>86.2%</td><td>82.2%</td></tr>
</table>
It is expected that Wellington Way QoF Points will increase in line with Stroudley Walk Practice current achievement which may result in a cost to the CCG as a result of the merger.
</td></tr>
<tr><td>Pension/seniority</td><td>Under their existing GMS contracts, the partners are entitled to seniority payments, but this ends on 31st March 2021 and therefore is not applicable to this merger.
In the short to medium term, pension arrangements for staff and partners will remain the same, following the merger.</td></tr>
<tr><td>MPIG/PMS Premium</td><td>MPIG ended on 31st March 2020 and therefore is not applicable to this merger.
Both existing practices are Tower Hamlets GMS practices and therefore do not provide PMS Premium Services, nor will the merged practice.</td></tr>
<tr><td>Dispensing</td><td>Neither practice is a dispensing practice. The merged practice will not be a dispensing practice.</td></tr>
<tr><td>Networks</td><td>Currently both practices are part of the MEEBBB Health CIC (Network 6). We have discussed the merger with the Network and are currently looking at the Articles of Association as part of our board meetings.</td></tr>
<tr><td>NISs</td><td>It is not anticipated that there will be any increase in the cost of funding the NIS scheme to the CCG as a result of the merger.</td></tr>
<tr><td>Contract Payments Received after the merger.</td><td>Some of the practice contract payments e.g. immunisations, PPA, are paid in arrears and will be received by the practices after the merger. The partners have a suitable agreement in place to appropriately distribute any such residual payments (if applicable).</td></tr>
</table>

5. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	There is a variation in performance of approximately 13%. We will be working on bringing up the performance of Merchant Street Practice so that it is more in line with Stroudley Walk Practice.
Access	Patients and staff of Merchant Street and Stroudley Walk will benefit from being part of a larger practice that is able to share clinical and non-clinical staff to meet demand across the merged practice. Patients will also benefit when they call or come into the surgery to be answered by anyone in the reception area, currently running as two practices causes issues as patients are not able to distinguish that we are two separate surgeries and sometimes they feel they are being ignored. The merger will most definitely improve our care as patients fist come into the practice. Since moving into the new premises both Merchant Street and Stroudley Walk have changed to the same working hours for the surgery premises so as not to confuse our patients. We both currently both do our extended hours on a Monday evening from 18.30-19.00, Tuesday 07.30-08.00am with GP's, Nurses and HCA appointments. In terms of access to services, our patients should benefit from the increased stability and viability of the merged practice. We will be in a stronger position to offer good continuity of services to patients, services provided from a wider range of clinicians of different skill-mix, and to offer new services in the future developed by the PCN or commissioned by the CCG. Patients will continue to benefit from the ability to book consultations, request prescriptions, fit notes, and patient registration online. Patient access should also be improved by greater efficiency resulting from re-organisation of the back-office, call handling and reception functions. Following the merger the patients will see a difference in how quickly they can be helped at reception as they are the first contact when they come into the surgery.
Primary Care Web Tool	No longer applicable

<table>
<tr><td>Recent of ongoing breaches of contract</td><td>There are no recent or ongoing breaches of contract for either practice.</td></tr>
<tr><td>Recent or pending CQC matters</td><td>There are no recent or pending CQC matters for either practice.</td></tr>
<tr><td>If one practice's service delivery is of a lower standard, is there a proposal to improve performance</td><td>
Friends and Family Test
It is recognised that the Friends and Family test is a good barometer of how practices are performing. The latest data available for any practice is February 2020. So is significantly out of date and due to the pandemic we have not had the footfall of patient entering the surgery to complete.
GP Patient Survey
The result of the latest published information on NHS GP Patient Survey for a selection of questions asked by the survey are shown in the table below.
<table>
<tr><td colspan="4">% of patients who find it easy to get through to this GP practice by phone</td></tr>
<tr><td>Merchant Street Practice</td><td>Stroudley Walk Practice</td><td>Tower Hamlets average</td><td>National average</td></tr>
<tr><td>67%</td><td>79%</td><td>64%</td><td>68%</td></tr>
<tr><td colspan="4">% of patients who find the receptionists at this GP practice helpful</td></tr>
<tr><td>82%</td><td>88%</td><td>84%</td><td>89%</td></tr>
<tr><td colspan="4">% of patients who are satisfied with the general practice appointment times available</td></tr>
<tr><td>70%</td><td>81%</td><td>64%</td><td>67%</td></tr>
<tr><td colspan="4">% of patients who describe their experience of making an appointment as good</td></tr>
<tr><td>71%</td><td>67%</td><td>66%</td><td>71%</td></tr>
<tr><td colspan="4">% of patients who describe their overall experience of this GP practice as good</td></tr>
<tr><td>70%</td><td>80%</td><td>77%</td><td>83%</td></tr>
</table>
In all the above questions Stroudley Walk Practice performs better than Merchant Street Practice but with both practice
</td></tr>
</table>

	working more jointly we hope to improve and be better than both the Tower Hamlets CCG and national averages. Both practices acknowledge that levels of patient satisfaction with the merged practice must be improved. We are currently in the process of changing our phone system to Babble voice. The new system will give greater flexibility across the practice and will give us lots of data so that we can work on issues such as the phone not being answered in a timely manner. We will set up a QI project on patient satisfaction and invite one or two members of the PPG to come long to our meetings to ensure that we improve. Under the direction of our Reception Manager Ashraf Ali the reception team will undertake regular reviews of the satisfaction levels of patients with the merged practice This information will be shared with the QI team working on this project and the PPG. The merged practice will be making a number of changes that will help to address this situation for the patients of Merchant Street Practice, whilst at the same time seeking to ensure that the high levels of satisfaction held by Stroudley Walk Practice remain the case after the merger. These changes include:- • QI project will have a lead GP responsible for ensuring that patient satisfaction is improved. • The admin and reception teams merging to form one team and using a single telephone number. • This larger admin/reception team will be better able to meet patient needs. • The practice will be employing a Care Co-Ordinator and with the help of the Social Prescribing Link-worker will work closely with the patients making sure that they are getting the right care. • The Practice Manager of the merged practice will undertake regular reviews of days and times when patients are trying to contact the practice and allocate resources appropriately. • The Practice Manager will undertake a regular review of patient demand to ensure that the capacity of the merged clinical team is closely aligned to the demands of patients. • Additional Nursing and HCA capacity across the merged practice. Both practices believe that the measures outlined above will improve patient satisfaction across the merged practice and maintain a high level of satisfaction.

Will there be any cessation of services post-merger?	No services will cease because of this merger.
Will there be a reduction of hours for which services are provided post-merger?	No. There will be no reduction in the hours at which services are provided post-merger.
Will there be a change in the hours at which services are provided?	No change of hours as we have already addressed this since moving into the premises in January 2020.
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	There will be no changes to the location of premises
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	The proposed combined practice will be just slightly under 10,000 patient list size but we are growing and we have already taken a new salaried GP from December 2021. We will have three GP partners, 4 Salaried GP's, one if which has been around for some years and is interested in becoming a partner. A Practice Manager and two very senior administrators who will be part of Senior Management Team. They will be collectively responsible under the leadership of the three partners Dr Rana-Masson, Dr Amuludun and Dr Syed for ensuring good levels of patient satisfaction and that the practice continues to deliver high quality services. The Senior Management Team will meet on a weekly basis to discuss important issues, and there will be a clear escalation process between meetings so that urgent issues can be escalated to either of the three partners partner's Dr Rana-Masson, Dr Amuludun and Dr Syed whoever is on duty on that day until we have agreed clinical and business responsibilities. The merged practice will monitor how it is performing against the performance indicators that are being monitored by the CCG. This team will also review and monitor other operational performance matters, for example consultation DNA rates, staffing issues and patient complaints.

	The merged practice will have a wider range of clinical skill-mix, enabling the provision of additional clinical services. This will help improve patient experience by ensuring that they receive the appropriate clinical care in the most timely manner.
Primary Care Networks (PCN) – what are the benefits of the proposed merger for the PCN?	Merchant Street and Stroudley Walk Practices are members of Mile End East & Bromley by Bow (MEEBBB0 Network 6 PCN. We have a strong viable Network who will support us in the merger.

6. Patient and stakeholder engagement

Please provide comments on the following matters.	
Have the practices engaged with patients and/or stakeholders on the practice merger?	**Patient engagement** We started our engagement with a Patient Participation Group (PPG) for both practices on Wednesday 29th September 2021. At this meeting we discussed with the patients the forth-coming merger, it definitely seemed to go well and the patients gave some encouragement and wanted to be involved with any changes that might take place. After this meeting the walking group started again as many patients had been asking about it. It was decided that we would hold monthly PPG meetings on the last Wednesday of the month and try to encourage different populations such as the elderly and mothers & babies. On 27th October we held a PPG for our over 65's and we held this in the morning so that the elderly patients did not have to come out in the dark. We have been approached by NHS PS the landlord of the property who wanted us to be involved in a new project involving the gardens. We brought this to our November PPG, patients were very excited and very pleased to be involved in the project. When the project starts in the early part of the year 2022 we hope to get a team of keen gardeners involved along with the local school. We are seeing more patients wanting to get involved. **Stakeholder engagement** The practices have appropriately engaged with the Londonwide LMCs. We are have just had a few emails back and forth but will the practice manager will be meeting with the manager of the GP Support Services during the coming weeks.

	In the September Board Meeting for MEEBBB Health CIC we discussed the proposed merger, it was very positive and all practice offered help if needed. We will start to look at the articles of association and may need the help of the LMC at this time.
Do the practices intend to engage with patients/stakeholders?	Yes. The engagement plan setting out how the two practices propose to engage with patients and stakeholders will be actioned, following approval to merge and subject to outcomes of the patient engagement phase.
When did/will you engage with patients/stakeholders?	We are currently engaging with our patients on a monthly meeting on the last Wednesday of each month. We have already met on 29/09/2021, 27/10/2021 and 24/11/2021, we are not planning to meet in December 2021 because of the holiday's but will meet at the end of January 2022.
In what form did/will you engage with patients/stakeholders?	It is proposed to engage with patients using a full range of methods, including letter(s) to registered patients, collecting patient feedback from attendance at the various PPG meetings and letters to other relevant stakeholders and stakeholder groups. High level patient engagement activities will have been discussed and agreed with the CCG (including CCG Patient Engagement Lead) and will include (subject to COVID-19 where applicable): • Produce letter on intention to merge • Send letters of intention to merge to PPG members (or former members of the PPG if practices kept records) • Present project to merge to CCG Patient Participation Panel and Healthwatch • Produce FAQs on intention to merge • Send text to all patients on intention to merge including link to a more detailed letter and FAQs, including ways patients can raise concerns (by email, letter and virtual drop-in), and by which date. Letter to be sent when no phone number available. • Inform local practices in the surrounding area • Undergoing consultations with PCN 5 & 6 • Inform local resident associations of intention to merge • Update both GP practice websites and social media on intention to merge, provide posters at both practices inviting patients to virtual drop-in sessions (two sessions: one scheduled at lunchtime and one in the evening)

	• Run virtual drop-in sessions to allow patients to feed back any concerns and questions they have in relation to the merger • Collect, collate and analyse feedback. Practices and CCG to produce a patient engagement report to present back to PPG and PPPC for consideration • If approved, send letter to patients to inform them of the merger. Debbie Russell – Practice manager for both practices will have overall responsibility for producing and implementing the patient engagement plan and for alerting all the practice partners to any issues that are identified by patients and how they will be addressed.
With whom did/will you engage?	The practices will engage with all registered patients over the age of 16 of both practices, the PPGs of both practices, TNW Primary care Team at the CCG, Bow and Mile End East PCN, Ward Councillors and local MPs that cover Tower Hamlets. The practices will also appropriately engage with relevant local providers and partners, including Healthwatch, secondary care providers, Tower Hamlets GP Care Group, local ideas stores, PCSE, District nurses/health visitors/palliative care teams, mental health nurses and school nurses.
If you have already carried out engagements, what was the outcome?	Although formal engagement has not yet commenced, the two practices currently cooperate in a number of areas, which has been well received by patients and staff and therefore it is not anticipated that this merger will raise any significant concerns with patients of either practice.

7. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.
It is proposed that the merger will be contractually achieved through the following actions: - • The existing Merchant Street Practice GMS contract being varied to reflect the consolidated merged practice boundary. • Dr Oladimeji Amuludun joining the Merchant Street Practice Partnership and his signature added to the GMS Contract. • The Merchant Street Practice contract being amended to reflect the new practice name Wellington Way Health Centre when the practices merge in early 2022.

- The Stroudley Walk Practice contract being terminated.

The above actions to happen concurrently on the date of the merger (a separate application will be submitted for this).

- The merged contract will also need to be amended, through variation to reflect any change to the consolidated merged practice boundary (a separate application will be submitted for this).

8. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise because of the proposed contract merger.
There are no competition or procurement matters arising from this merger.

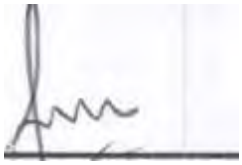
9. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B.
A detailed mobilisation plan is to be agreed between North East London CCG and the two practices prior to the merger. The plan will list key actions and who is responsible for their successful delivery. A weekly RAG summary identifying progress against the plan will be submitted to the CCG, along with any actions that are being undertaken to prevent amber flags becoming red flags. Dr Rana-Masson is leading on the merger mobilisation, supported by the other partners and staff of both practices. The Lead for this project will be Debbie Russell – Practice Manager for both practices. A task and finish group will be meeting on a fortnightly basis during the mobilisation period to ensure completion in due time and management of any risks associated with the merger. Please see the draft merger plan in Section 3 Financial Consideration IT above.

10. Additional information

Please provide any additional information that will support the proposed practice merger.
The two practices currently cooperate in several areas. This demonstrates a commitment of the two practices and the GP collaborates to work together to improve services to their patients. The combined list size of the merged practice (c10,200) will ensure that the merged practice remains financially viable for the future and is consistent with both national and local policy to encourage the development of large stable, high quality GP practices. We will be better placed in future to offer new services as they are commissioned by the CCG and developed by the PCN, and manage unexpected events such as the current pandemic. The merger will help with recruitment and retention and provide more certainty to both clinical and non-clinical staff for their long-term prospects. It also resolves a potential future succession issue for the CCG associated with a single partner practice.

11. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr Sangeeta RANA-MASSON	
Dr Ruzi SYED	
Dr Oladimeji AMULUDUN	

Annex A

Merged Practice Organisation Chart

Organizational Structure Stroudley

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - Part 1
12 January 2022

Title	Remedial Breach Notice – The Firs Medical Centre (F86001)	
Item Number	7.1	
This paper is for: Decision		
Borough/System:	Waltham Forest	
Director:	William Cunningham-Davis, Director of Primary Care (TNW)	
Author:	Abdul Rawkib, Senior Primary Care Commissioning Manager (NEL CCG)	
Presented by:	Lorna Hutchinson, Assistant Head Primary Care (NEL CCG)	
Recommended Action for the Committee	The Committee is asked to approve the decision to issue The Firs Medical Centre with a Remedial Breach Notice (RBN) following the Inadequate rating by the Care Quality Commission (CQC).	
Practice Details (where applicable)	Practice name:	The Firs Medical Centre
	Contract Type:	GMS
	Site address:	26 Stephenson Road Walthamstow London E17 7JT
	List Size:	7739 (raw list size as of 1 October 2021)
	No of partners:	2 Partners - Dr T John and Dr F Akingbala
	Current CQC Rating:	Inadequate
	PCN Details:	Walthamstow Central PCN
Summary	The Firs Medical Centre was rated overall Inadequate and remained in in Special Measures following the CQC inspection which took place on 27 October 2021. The subsequent report was published on 8 December 2021. The October inspection was an announced comprehensive inspection, following the last focussed inspection undertaken in May 2021, whereby the practice had originally been placed in Special Measures. Commissioners met with the practice on 16 November 2021 to discuss the recent concerns raised by the CQC, the fact that the practice remained in Special Measures and their obligations to implement the required improvements as specified by the CQC. The practice is receiving support from the London-wide LMC GP Support team and has also obtained external support from the Royal College of General Practitioners (RCGP) in progressing with their action plan, which will be reviewed and monitored by the CQC and Commissioners.	

	The CQC report states that the practice has failed to comply with the Health and Social Care Act 2014, Regulations 12 (Safe Care and Treatment) and 17 (Good Governance) which constitutes a failure to comply with Clause 23.1 of their GMS Contract - 'Compliance with Legislation and Guidance'. In accordance with the NHS England Primary Medical Guidance and Policy Manual, if the failings are capable of being remedied a Remedial Breach Notice is appropriate to be issued at this stage. The practice will be re-inspected by the CQC within six months and if sufficient improvements are not made, the Regulator will take action in line with enforcement procedures to begin the process of preventing the provider from operating.	
Potential conflicts of interests and mitigations:	None	
Impacts of this proposal:	Equalities legislation Impact	N/A
	Financial Impact	N/A
	Impact on Patients/ Service Users	Failure to address the issues raised by the CQC and remedy the actions from the RBN could pose a risk to patient safety.
	Impact on other practices, including PCNs	N/A
	Estates Impact	N/A
	Workforce Impact	N/A
	Improve quality/safety	The purpose of issuing the RBN to the practice is to ensure compliance with the areas highlighted by the CQC, which pertain to patient safety.
	Improve integration	N/A
	Strategic fit	Ensuring all GP practices across NEL are compliant with CQC regulations.
Wider Support for this proposal	Patient Engagement	N/A
	Other Committee Discussion/ Borough Engagement	N/A
	Public Engagement	N/A
List of appendices/ supporting documentation	1. Link to the Firs CQC Report https://www.cqc.org.uk/location/1-557829747 2. The NHS England Primary Medical Care Policy and Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/	

1.0 Introduction and Background

1.1 The Firs Medical Centre holds a General Medical Services (GMS) contract under a partnership arrangement. The contract holders are: Dr Terry John and Dr Festus Akingbala.

1.2 The practice has a patient list size of 7739 (raw list size as of 1 October 2021). The practice is a member of the Walthamstow Central Primary Care Network (PCN).

1.3 Over the last two years the practice has been inspected by the CQC on four separate occasions and a summary of inspection ratings has been provided below:

Date Report Published	***Overall CQC Rating***
28 November 2019	Requires Improvement
31 May 2021	Inadequate
4 August 2021	Focused inspection – ratings from previous inspection remained unchanged
8 December 2021	Inadequate

1.4 As a result of the adverse CQC ratings highlighted above, the practice has been issued with four Remedial Breach Notices (RBNs):

- 24 January 2020 – RBN not satisfied
- 28 September 2020 – RBN satisfied
- 19 July 2021 – RBN not satisfied
- 25 October 2021 – Pending

1.5 The practice responded to the latest RBN in November 2021, which was reviewed by the relevant subject matter experts at NEL CCCG. Following the review it has been determined that the practice will need to submit additional information in order to provide assurance to commissioners that the breaches identified has been remedied. The practice is due to respond in January 2022.

2.0 Key Issues

2.1 At the most recent CQC inspection which took place in October 2021, the CQC identified areas of recurring failings that constituted failure to comply with the Health and Social Care Act 2014, Regulations 12 (Safe Care and Treatment) and 17 (Good Governance). As a result the practice has been rated overall Inadequate and remains in Special Measures.

Link to CQC report: https://www.cqc.org.uk/location/1-557829747

Domain	**Published Report 8 December 2021**
Safe	Inadequate
Effective	Inadequate
Caring	Good
Responsive	Requires Improvement
Well-led	Inadequate
Overall	**Inadequate**

2.2 A summary of the main areas of concern have been highlighted below:

- Inconsistent follow-up from safeguarding meetings.
- Poor diagnosis and management of some patients.

- Failure to recall patients for long-term conditions reviews, medication reviews, immunisations and cervical screening.
- Delays in actioning test results and tasks.
- DNACPR decisions not coded or reviewed.
- Clinicians did not have appropriate skills and training to carry out long-term condition reviews and checks.
- Lack of clinical oversight of patients with long-term conditions.
- No systems in place to ensure effective patient recall.
- Lack of clinical oversight of the test results and workflow systems.
- No system to ensure DNACPRs were appropriately coded, monitored and reviewed.

2.3 Following the concerns raised by the CQC at the October 2021 inspection, Commissioners met with the practice on 11 November 2021 with representation from the LMC GP Support Team. At this meeting the practice provided an update on the actions it was taking to address the issues which had been raised by the CQC, which involved obtaining external support from the RCGP in order to make sustainable improvements.

3.0 Contractual Considerations

3.1 As a result of being found non-compliant with CQC regulations, the practice has breached the terms of their GMS contract under Clause 23.1, 'Compliance with Legislation and Guidance'.

3.2 The contractual failure is capable of remedy therefore, in accordance with the NHS England Primary Medical Care Policy and Guidance Manual, where a contractor has breached the contract and the breach is determined to be capable of remedy, the Commissioner may issue a Remedial Notice to the contractor setting out the actions that must be taken to remedy the breach.

4.0 Recommendation

4.1 In line with NHSE policy guidance, the Primary Care Commissioning Committee (PCCC) is requested to approve the issuing of a Remedial Breach Notice to the Firs Medical Centre for failure to comply with Clause 23.1 of their GMS Contract - 'Compliance with Legislation and Guidance'.

4.2 In the event the practice fails to satisfy the RBN, escalated contractual action may be considered, in line with advanced enforcement action undertaken by the CQC.

5.0 Next Steps

5.1 Commissioners to issue the practice with a RBN with the requirement that a time-framed action plan is submitted to address the identified failings (January 2022).

5.2 Commissioners will review and monitor the action plan to determine if satisfactory progress has/is being made or whether further contractual action is required.

North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - Part 1
12 January 2022

Title	Remedial Breach Notice – Summit Practice (F84742)	
Item Number	7.2	
This paper is for: Decision		
Borough/System:	Newham	
Director:	William Cunningham-Davis, Director of Primary Care (TNW)	
Author:	Abdul Rawkib, Senior Primary Care Commissioning Manager (NEL CCG)	
Presented by:	Lorna Hutchinson, Assistant Head Primary Care (NEL)	
Recommended Action for the Committee	The Committee is asked to approve the decision to issue Summit Practice with a Remedial Breach Notice (RBN) following the Requires Improvement rating by the Care Quality Commission (CQC).	
Practice Details (where applicable)	Practice name:	Summit Practice
	Contract Type:	GMS
	Site address:	East Ham Memorial Hospital Shrewsbury Road London E7 8QR
	List Size:	2593 (raw list size as of 1 October 2021)
	No of partners:	2 Partners - Dr A Yesufu and Dr C Amayo
	Current CQC Rating:	Requires Improvement
	PCN Details:	North East 2 PCN
Summary	The Summit Practice was rated overall Requires Improvement following the CQC inspection which took place on 1 October 2021 and the subsequent report published on 2 December 2021. The inspection which took place was an announced comprehensive inspection, following the last comprehensive inspection which took place in February 2021, whereby the practice had originally been rated as Requires Improvement. Commissioners met with the practice on 2 December 2021 to discuss the recent concerns raised by the CQC, the fact that the practice rating had not improved and their obligations to implement the required improvements as specified by the CQC. At the meeting the practice updated Commissioners on how the areas of concern are being addressed, which is mainly through increased clinical oversight from the lead GPs.	

	The CQC report states that the practice has failed to comply with the Health and Social Care Act 2014, Regulations 12 (Safe Care and Treatment) and 18 (Staffing) which constitutes a failure to comply with Clause 23.1 of their GMS Contract - 'Compliance with Legislation and Guidance'. In accordance with the NHS England Primary Medical Guidance and Policy Manual, if the failings are capable of being remedied a Remedial Beach Notice is appropriate to be issued at this stage. Under the normal CQC inspection regime, the practice will be re-inspected by the CQC within 12 months and if sufficient improvements are not made, the Regulator will consider undertaking advanced enforcement action. Commissioners will also oversee progress through monitoring the practice improvement plan.	
Potential conflicts of interests and mitigations:	None	
Impacts of this proposal:	Equalities legislation Impact	N/A
	Financial Impact	N/A
	Impact on Patients/ Service Users	Failure to address the issues raised by the CQC and remedy the actions from the RBN could pose a risk to patient safety.
	Impact on other practices, including PCNs	N/A
	Estates Impact	N/A
	Workforce Impact	N/A
	Improve quality/safety	The purpose of issuing the RBN to the practice is to ensure compliance with the areas highlighted by the CQC, which pertain to patient safety.
	Improve integration	N/A
	Strategic fit	Ensuring all GP practices across NEL are compliant with CQC regulations.
Wider Support for this proposal	Patient Engagement	N/A
	Other Committee Discussion/ Borough Engagement	N/A
	Public Engagement	N/A
List of appendices/ supporting documentation	1. Link to the Summit CQC Report https://www.cqc.org.uk/location/1-540709301 2. The NHS England Primary Medical Care Policy and Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/	

1.0 Introduction and Background

1.1 The Summit Practice holds a General Medical Services (GMS) contract under a partnership arrangement. The contract holders are: Dr A Yesufu and Dr C Amayo.

1.2 The practice has a patient list size of 2593 (raw list size as of 1 October 2021). The practice is a member of the North East 2 Primary Care Network (PCN).

1.3 Over the last three years the practice has been inspected by the CQC on six separate occasions and a summary of inspection ratings has been provided below:

Date Report Published	***Overall CQC Rating***
10 January 2018	Requires Improvement
25 February 2019	Inadequate
14 June 2019	Focused inspection – ratings from previous inspection remained unchanged
8 October 2019	Requires Improvement
31 March 2020	Requires Improvement
2 December 2021	Requires Improvement

1.4 As a result of the adverse CQC ratings, the practice has been issued with three RBNs:

- 22 March 2019 – RBN satisfied
- 3 July 2019 – RBN satisfied
- 11 September 2020 – RBN satisfied

1.5 All of the RBNs listed above were satisfied subject to validation from the CQC.

2.0 Key Issues

2.1 At the most recent CQC inspection which took place in October 2021, the CQC identified areas of recurring failings that constituted failure to comply with the Health and Social Care Act 2014, Regulations 12 (Safe Care and Treatment) and 18 (Staffing). As a result the practice has been rated overall Requires Improvement and the previous overall rating remains unchanged.

Link to CQC report: https://www.cqc.org.uk/location/1-540709301/reports

Domain	**Published Report 2 December 2021**
Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Requires Improvement
Overall	Requires Improvement

2.2 A summary of the main areas of concern have been highlighted below:

- The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.
- Leaders had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing.

- The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

2.3 Following the concerns raised by the CQC at the October 2021 inspection, Commissioners met with the practice on 2 December 2021. At this meeting the practice provided an update on the actions it was taking to address the issues which had been raised by the CQC, which mainly involved the GP Partners taking more oversight over clinical governance. Previously tasks had been delegated to other clinicians working at the practice, however due to staff turnover it was proving difficult to embed sustainable changes. The lead GPs are now reviewing systems and processes to ensure they are more robust.

3.0 Contractual Considerations

3.1 As a result of being found non-compliant with CQC regulations, the practice has breached the terms of their GMS contract under Clause 23.1, 'Compliance with Legislation and Guidance'.

3.2 The contractual failure is capable of remedy, therefore in accordance with the NHS England Primary Medical Care Policy and Guidance Manual, where a contractor has breached the contract and the breach is determined to be capable of remedy, the Commissioner may issue a Remedial Notice to the contractor setting out the actions that must be taken to remedy the breach.

4.0 Recommendation

4.1 In line with NHSE policy guidance, the Primary Care Commissioning Committee (PCCC) is requested to approve the issuing of a Remedial Breach Notice to the Summit Practice for failure to comply with Clause 23.1 of their GMS Contract - 'Compliance with Legislation and Guidance'.

4.2 In the event the practice fails to satisfy the RBN, escalated contractual action may be considered, in line with advanced enforcement action undertaken by the CQC.

5.0 Next Steps

5.1 Commissioners to issue the practice with a RBN with the requirement that a time-framed action plan is submitted to address the identified failings (January 2022).

5.2 Commissioners will review and monitor the action plan to determine if satisfactory progress has/is being made or whether further contractual action is required.

NHS
North East London
Clinical Commissioning Group

Primary Care Commissioning Committee - Part 1
12 January 2022

Title	Omnes Health Ltd - Contract Breach Notice Y02575 Porters Avenue, F82627 Rainham Health Centre, F86026 Forest Surgery	
Item Number	8	
This paper is for:		
Borough/ICP or NEL-wide:	BHR (B&D + Havering) TNW (Waltham Forest)	
Director:	Sarah See – Director of Primary Care Transformation (BHR) William Cunningham-Davis – Director of Primary Care (TNW)	
Author:	Tony Curtis - Senior Primary Care Commissioning Manager	
Presented by:	Alison Goodlad - Deputy Director Primary Care (NEL)	
Recommended Action for the Committee	That the Committee approve the issuing of a breach notice to Omnes Healthcare Ltd (OHL) against the Porters Avenue contract and Rainham Health Centre and Forest Surgery short-term caretaking contracts in accordance with APMS Directions	
Practice Details (where applicable)	Practice names:	a. Porters Avenue (Y02575) b. Rainham HC (F82627) c. Forest Surgery (F86026)
	Contract Type:	APMS
	Site address:	a. 234 Porters Avenue Becontree RM8 2EQ b. Upminster Road South Rainham RM13 9AB c. The Forest Surgery 2 Macdonald Road Walthamstow E17 4BA
	List Size:	a. 21,844 b. 5,404 c. 7,253
	No of partners:	N/A
	Current CQC Rating:	Good
	PCN Details:	a. (B&D) East PCN b. (Hav) South PCN c. (WF) Forest 8 PCN

Summary	Omnes Healthcare Ltd (OHL) is the current contract holder of the Porters Avenue APMS contract in Barking & Dagenham and also holds the caretaker APMS contract for Rainham Health Centre in Havering and The Forest Surgery in Waltham Forest. The organisation also holds contracts in South East London CCG (SEL) area. As there was mutual interest, both NEL and SEL have worked in cooperation on this issue, including joint legal representation and advice. In October 2021 OHL notified the CCG of an impending change in parent company, but with no change in OHL. Meetings were conducted to ascertain if this constituted an 'internal restructure' or a 'change of control'. Clause 54.3 of the APMS contract requires that : "*Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose"* OHL was informed of this and that legal advice was being sought. The OHL CEO sent a revised notification to the CCG on 27 October 2021, which indicated detail of the change continuing and was warned on 28 October 2021 that progressing unilateral change without the consent of the CCG would be 'at risk' and would breach the contract and possibly have wider significant ramifications. Legal advice confirmed that the proposed change did constitute a change in control of OHL, but, also advised that the existing legal entity (OHL) which held the contracts would not change and no new contract would be granted so there would be no requirement for a novation. On 17 November 2021 OHL submitted a 'change of control' notification form informing the CCG that the change of control had taken place with effect from the previous day (16 November 2021). A response was sent the same day informing OHL that their actions appeared to constitute a breach of clause 54.3 of the APMS contract and that further advice was being sought. Legal advice has determined that a breach of the contract has taken place. Permission is sought to serve a breach notice on OHL in accordance with the APMS Contract and APMS Directions. A process of due diligence will now be carried out retrospectively on all companies with any interest in OHL to determine whether any further action by the CCG is required. This is in progress and will be brought back to committee as a separate, but related item when the process is completed.
Potential conflicts of interests and mitigations:	None

Impacts of this proposal:	Keys risk and mitigations	There is a risk that the due diligence process could uncover issues of concern. The breach notice states that Commissioner reserves the right to any take any further action, including contract termination, deemed necessary as a result of the due diligence process.
	Equalities Impact	N/A
	Financial Impact	N/A
	Impact on Patients/ Service Users	N/A
	Impact on other practices, including PCNs	N/A
	Estates Impact	N/A
	Workforce Impact	N/A
	Improve quality/safety	N/A
	Improve integration	N/A
	Strategic fit	N/A
Wider Support for this proposal	Patient/Public Engagement	N/A at this stage
	Other Committee Discussion/ Borough Engagement	Not at this stage
	Stakeholder Engagement	Engagement/notification of Healthwatch and Local Authority is appropriate regarding due diligence requirements
List of appendices/ supporting documentation	Annex A – OHL Notification Letter Annex B – Advice Emails not to Proceed Annex C – Change of Control Notification Annex D – Response to Notification Annex E – Contract Advisory Letter to OHL Annex F – OHL Response Annex G – Breach Notice and Covering Letter	

Omnes Health Ltd –Breach of APMS Contracts

1.0 Purpose of the Report

1.1 To seek approval to issue a breach notice to Omnes Healthcare Ltd for breaching their APMS contract requirements in regards to clause 54.3 of the Porters Avenue contract and the caretaker APMS contracts for Rainham Health Centre and The Forest Surgery, in accordance with APMS Directions.

2. Introduction

2.1 Omnes Healthcare Ltd is the current contract holder of the Porters Avenue APMS contract in Barking and Dagenham. They provide services to a list of 21,844 patients over two sites. They also hold two short-term caretaking contracts for Rainham Health Centre (Havering) and Forest Surgery (Waltham Forest). In addition, the organisation holds contracts in South East London CCG (SEL) area. As there was mutual interest, both NEL and SEL have worked in cooperation on this issue, including joint legal representation and advice.

2.2 In October 2021 OHL notified the CCG of an impending change in parent company, but with no change in OHL. A meeting was conducted on 6 October 2021 to ascertain if this constituted an 'internal restructure' or a 'change of control'. OHL was informed of this and that legal advice and further information was being sought before Commissioner approval could be given.

2.3 The proposed new parent company was identified as Evergreen Healthcare Solutions Ltd. Following the meeting, OHL CEO wrote a notice to the CCG on 21 October 2021 (**Annex A**), which indicated detail of the change continuing and was warned on both 22 October and 28 October 2021 (**Annex B)** not to progress changes at this stage as progressing unilateral change without agreement would be 'at risk' and would breach the contract and possibly have wider significant ramifications. The breach notice and covering letter are at **Annex G** of this paper for review and approval

2.4 Legal advice confirmed that the proposed change would be interpreted as a ‘Change of Control’ , but in concert with advice provided by CSU Procurement experts, also advised that the status of the contracts were not affected and would not require novation.

2.5 On 17 November 2021 OHL submitted a ‘change of control’ notification form (**Annex C**) informing the CCG that the change of control had taken place with effect from the previous day (16 November 2021). The form submitted by OHL was relevant to the NHS Standard contract and not an APMS contract, which requires consent for change of control. In that notice, it was apparent that both OHL and its subsidiary, Healthcare Topco Ltd and been subject to acquisition by Evergreen Healthcare Solutions.

2.6 A response was sent the same day (**Annex D**) informing OHL that their actions constituted a breach of clause 54.3 of the APMS contract and that further advice was being sought.

2.7 Legal advice has determined that the breach has taken place and that due diligence is required to be carried out on all companies with any interest in OHL. As the breach has taken place, permission is sought to serve a breach notice on OHL in accordance with the APMS Contract and APMS Directions.

2.8 A Contract Advisory Letter was sent to OHL CEO on 2 December 2021 (**Annex E**) informing OHL of our determination that a breach of contract had occurred, but contractual action could be avoided if the change of control was reversed. OHL replied by the deadline (**Annex F**), the contents of which determined that reversal would not, or could not, be undertaken. In that response, OHL acknowledges the breach and their failure to engage with commissioners at an early stage.

2.9 As a consequence of failing to reverse the unilateral change, it is determined that OHL has breached clause 54.3 of the APMS contracts and a breach notice is appropriate and proportionate. Clause 54.3 states that;

54.3 Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose

3. Performance

3.1 As a contractor, OHL is considered to be a good provider and has excellent relationships within the PCNs that they are members of. They are pro-active and supportive within the networks.

3.2 The Porters Avenue practice was last inspected by the CQC in August 2018 and was rated **GOOD** overall with requires improvement for 'Caring' services. This related to the low numbers of identified carers on the practice register and the results of the national patient survey. They have addressed the carers register issue and are pro-active in improving national patient survey results. However, it should be noted that surveys carried out by the practice demonstrated a higher performance than that indicated by the national survey.

3.3 Prior to this incident, the Primary Care Team had always considered OHL to be a good provider that aimed for high levels of service delivery and performance and were always quick to react to anything that needed remediating.

4. Due Diligence

4.1 The legal advice provided states due diligence should be carried out. This would normally be carried out in advance of granting consent to change of control, but would need to be carried out retrospectively. At the time of writing, the due diligence process is underway and the findings will be brought to the Committee once complete. However, as part of that legal advice, it is recommended that a level of stakeholder engagement takes place with the relevant Healthwatch and the Local Authority on this situation and that findings will be shared.

4.2 It is not deemed necessary to undertake patient engagement at a personal level with patients of the relevant practices at this stage, until the findings and determinations of the due diligence process are available.

Toby Hurd
Joint Managing Director
Omnes Healthcare
Tessa Jowell Health Centre,
East Dulwich Grove, East Dulwich,
London SE22 8EY
t [redacted]

Private and confidential
Anthony Curtis
Senior Primary Care Commissioning Manager
North East London Primary Care Team

By email

27 October 2021

Dear Anthony

Omnes Healthcare – Evergreen Health Solutions – a new partnership

Further to our recent meetings and my letter of 11 October, I am writing again with further background information. As outlined in my previous letter, Omnes Healthcare will soon come together with our strategic partners at Evergreen Health Solutions Limited.

Evergreen is a UK-based leading provider of digital health services, providing support to c1m patients across the NHS. The Evergreen Life platform enables patients to access their Personal Health Record (PHR), provides lifestyle and wellness support, and can facilitate contact with the patient's GP. Evergreen's mission is to put people in control of their Health and wellbeing. The aim is also to link up NHS care provision, so the patient's needs are better catered for whichever provider is caring for the patient at that point in theirjourney.

Evergreen is run by Stephen Critchlow, whose personal ambition is to transform healthcare for better, personalised patient care. Stephen is an industry leader in transforming care, and a philanthropist focussed on the use of science and technology to overcome challenges to care provision. Evergreen is a certified B Corporation – having signed up to "the highest standards of verified social and environmental performance, public transparency and legal accountability to balance profit and purpose".

The Omnes and Evergreen teams have been working closely for some months to deliver innovative, accessible models of care – both organisations have concluded the time is right to come together with a mutual commitment to deliver excellent patient care in the NHS.

Evergreen will take over the Omnes Healthcare parent company (Omnes Group); Omnes management will continue to be responsible for the delivery of care to patients, and management of our contracts with NHS commissioners. This said, Evergreen will help us to deliver more accessible care to our patients via their digital solutions that are already well used by NHS patients.

We believe that by joining forces we can make our care more responsive and convenient for our patients, offering greater choice including digital means of access to care, and putting the

patient at the centre of everything we do. In this way we aim to empower our patients, and to work towards a more integrated health service. We are keen to share our learnings and developments with other NHS providers as they evolve, where other providers may also benefit from the models of care developed.

In summary, our restructure proposal involves:

- The introduction of a new parent company to Omnes Group in Evergreen Healthcare Solutions Limited
- No changes to the Omnes Healthcare senior management team
- Omnes Healthcare will remain the company you are contracted with, and will remain responsible for delivering your services ongoing
- Service delivery will continue undisrupted
- In time, we intend to bring innovations to the care we deliver for the benefit of our patients as a result this reorganisation

For ease of reference, the proposed changes in our corporate structure are detailed in annex 1 below.

I will write again in the coming weeks to confirm the coming together of the parties. In the meantime, if you have any queries or comments at all, please do contact me at your convenience at [redacted]

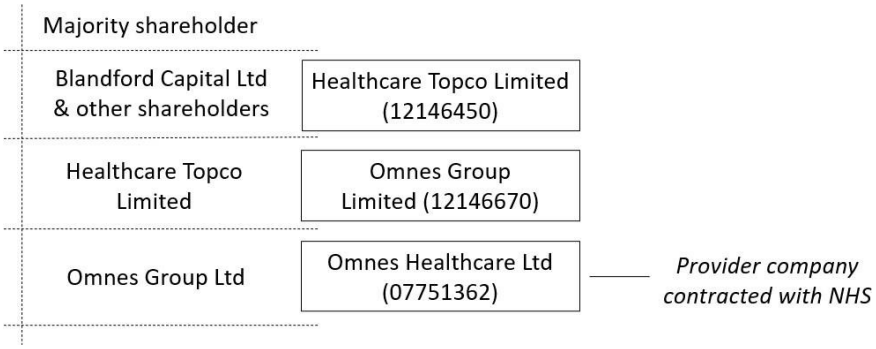
I look forward to continuing to support the NHS in the years ahead.

Best wishes

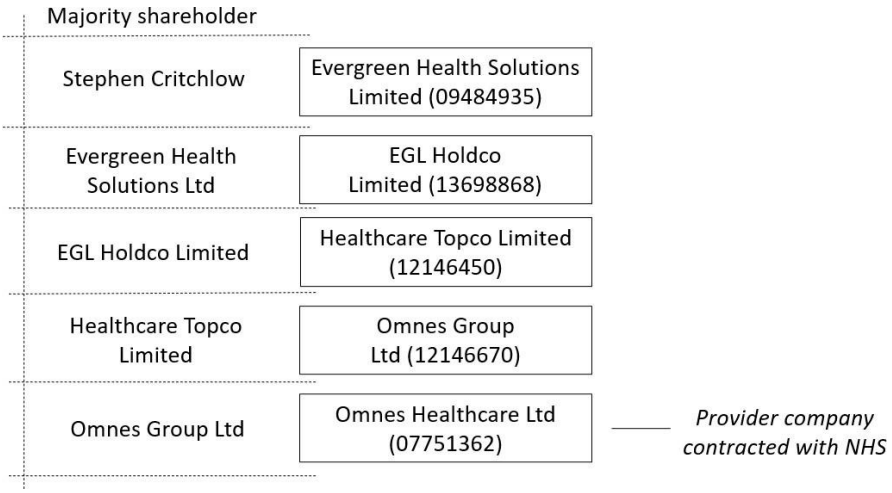
Toby Hurd
Joint Managing Director
Omnes Healthcare

Annex 1: Proposed changes to corporate structure

a1.1. Current structure



a1.2. Proposed structure



Annex B

CURTIS, Anthony (NHS NORTH EAST LONDON CCG) Toby Hurd; CHOUDHURY, Gohar (NHS NORTH EAST LONDON CCG) 22/10/2021

RE: Notice re change of CEO

Hi Toby,

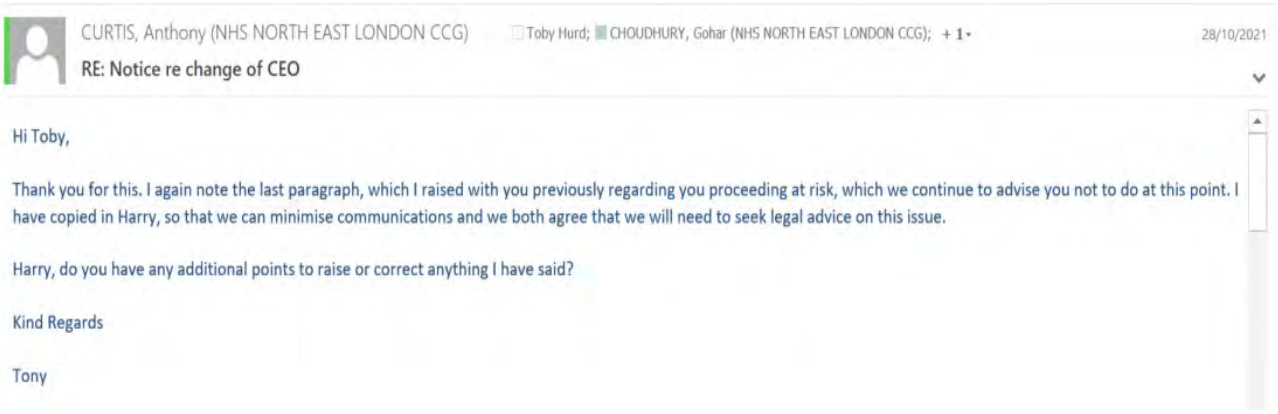
I do not appear to have any missed calls registered on my phone? However, the letter informing us seems fine in itself. I am presuming that this is a letter and not the formal proposal, as we will need a similar document to take forward? Have you put a proposal into South East Team yet, if so then an edited version for us should be ok?

I do not the final paragraph stating that you will "write again in the coming weeks to confirm the coming together of the parties". I must flag that we have advised on risks given the current environment surrounding "parent companies", which you are aware of. To update, that case has now gone to a Judicial Review. We would again advise you not to formally progress things until we get the advice we need. If you intend to progress regardless, then you do this "at risk".

I hope this helps? As mentioned in our meeting, we will be contacting the SE Team so that we have a consistent approach, which is in the interest of all parties.

Kind Regards

Tony



CURTIS, Anthony (NHS NORTH EAST LONDON CCG) Toby Hurd; CHOUDHURY, Gohar (NHS NORTH EAST LONDON CCG); + 1 28/10/2021

RE: Notice re change of CEO

Hi Toby,

Thank you for this. I again note the last paragraph, which I raised with you previously regarding you proceeding at risk, which we continue to advise you not to do at this point. I have copied in Harry, so that we can minimise communications and we both agree that we will need to seek legal advice on this issue.

Harry, do you have any additional points to raise or correct anything I have said?

Kind Regards

Tony

Annex C

Change in Control Notification

(To be served by the Provider on the Co-ordinating Commissioner in accordance with General Condition 36)

CONTRACT REFERENCE	Porters Avenue Health Centre- Practice Code Y02575 Rainham Health Centre -Practice code F82627 Forest Surgery - Practice code F86026
PROVIDER	Omnes Healthcare Limited
CO-ORDINATING COMMISSIONER	NHS North East London CCG
Date of Change in Control	16 November 2021
Date of Change in Control Notification	Initial communication, 5 October 2021, follow up correspondence on 11 October and 27 October 2021. Change in control notice issued 17 November 2021
Name of entity to which Change in Control relates	Omnes Group Limited and Healthcare Topco Limited
Role of affected entity	Provider's Holding Company
Details of Change in Control and transaction effecting Change in Control	The acquisition of Omnes Group Limited and Healthcare Topco Limited by Evergreen Health Solutions Limited
Regulatory approvals required and confirmation of receipt	Not applicable
List all regulators whose consent is required by Law (*delete/complete as appropriate*)	Not applicable
Confirm that, from each relevant regulator whose consent is required by Law that consent has been obtained	Not applicable

Details of approval *(give further details as required)*	Not applicable
Consequential Changes to Provider's operations	The Provider has no intention or proposal to make a consequential change to its operations.
Disposal of Provider's Premises	The Provider has no intention or proposal to sell or otherwise dispose of any legal or beneficial interest in the Provider's Premises as a result of or in connection with the Change in Control
Variations required as a result of Change in Control	Not applicable

SIGNED BY

Toby Hurd
for and on behalf of the Provider

Annex D

CURTIS, Anthony (NHS NORTH EAST LONDON CCG) Toby Hunt; CHOUDHURY, Gohar (NHS NORTH EAST LONDON CCG); Jane Bacon; + 3 17/11/2021

RE: Omnes change in control notice

Follow up. Start by 15 December 2021. Due by 15 December 2021.
You forwarded this message on 22/11/2021 09:29.
This message was sent with High importance.

Dear Toby,

Harry has beaten me to a response, which I reiterate. In that the document you sent relates to the Standard NHS Contract and not APMS. You were previously advised that in accordance with APMS Directions you must seek Commissioner agreement in circumstances of change of control.

You were advised on the 3rd November that clause 54.3 of your contract states;

54.3 Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose.

You were also advised that any unilateral progression of this prior to commissioner agreement would constitute a breach of contract.

It does now appear that you have progressed a change of control with effect 16 November 2021 without meeting the requirements of clause 54.3 and therefore you have apparently breached your contract.

We will now be seeking advice on this matter and the options open to us regarding the APMS contracts that you hold with NEL CCG.

Yours sincerely

Tony

Tony Curtis
Senior Primary Care Commissioning Manager
NHS North East London Clinical Commissioning Group
North East London Primary Care Team

Tel: 020 3816 3840
For general enquiries – nelondon.nel-primarycare@nhs.net
For submission of claims – nelondon.primarycareclaims@nhs.net
Rent Reviews – nelondon.gprr@nhs.net
GP Reimbursements (rent, rates, water & clinical waste) – nelondongpreimbursements@nhs.net

PLEASE NOTE: the NEL COVID-19 INCIDENT ROOM EMAIL: thccg.nelcoronavirus@nhs.net

North East London
Clinical Commissioning Group

4th Floor – Unex Tower
5 Station Street
London E15 1DA

Nelondon.nel-primarycare@nhs.net

02 December 2021

Toby Hurd
CEO
Omnes Healthcare Ltd
Unit 132-136, Metal Box Factory
Great Guilford Street
Bankside
London, SE1 0HS

Dear Toby,

Change of Control - Breach of APMS Contract

On the 17 November 2021 you submitted to the CCG a Change in Control Notification concerning a change in control of Omnes Healthcare Ltd involving the acquisition of Omnes Group Limited and Healthcare Topco Limited by Evergreen Health Solutions Limited. The Change in Control Notification stated that the date of the Change in Control was 16 November 2021. I wrote to you on the same day informing you that we had previously advised you that you are required by the terms of your APMS contract to seek commissioner agreement before enacting a change of control.

I am writing to you to confirm that any unilateral action taken by Omnes Healthcare Ltd to give effect to a change in control without the CCG's prior consent would constitute a breach of the APMS contract contrary to clause 54.3 of the contract.

This letter does not constitute a formal breach notice. However, progression of contractual actions can be avoided by your immediate confirmation that no such action has been taken or if such action has already been taken by reversal of such actions taken by Omnes Healthcare Ltd. You should confirm to us by no later than **12.00 Friday 10 December 2021**, if you intend to take this action or not.

Failure to respond by the required deadline will be considered as an intention **not** to reverse the breach and we will proceed with consideration of options.

For the avoidance of doubt the CCG is not hereby waiving any such breach of contract on your part.

Yours sincerely,

Tony Curtis
Senior Primary Care Commissioning Manager

cc:
Alison Goodlad – Deputy Director of Primary Care

Toby Hurd
Joint Managing Director
Omnes Healthcare
Tessa Jowell Health Centre,
East Dulwich Grove, East Dulwich,
London SE22 8EY
t [redacted]

Private and confidential
Anthony Curtis
Senior Primary Care Commissioning Manager
North East London Primary Care Team

By email

9 December 2021

Response to your letter 'Change in control – Breach of APMS contract'

Dear Anthony

Thank you for your recent letter referenced above.

As your letter makes clear, Omnes has potentially failed to meet clause 54.3 of its contract with you regarding the recent change in control of the parent company of Omnes Healthcare (Omnes Group). This said, as stated previously, this change affects the parent company only, there is no change at all to the provider (Omnes Healthcare) delivering services for you; there is no change in legal entity of the provider, no change in executive or management leadership, and no disruption to services. To the contrary, we believe this change will facilitate beneficial innovations to patient care delivered by Omnes in North East London.

I accept that a longer engagement process with you regarding this change would have been preferrable; we in no way intended to put the commissioners in a difficult position. The change was implemented in order to progress with benefits to patient care that we believe arise from the change.

In summary, our majority owner has moved from an economic relationship with a Private Equity fund (Blandford Capital) to synergistic relationship with a healthcare digital and technology specialist (Evergreen Health Solutions, a certified B Corporation committed to balancing purpose and profit) who work with us to make our care more accessible, responsive and personalised for our patients. We strongly believe this is a positive change in our corporate structure making us better able to support NHS care in North East London.

Initial outcomes arising from this approach include over 80% of our patients accessing care digitally at the Tessa Jowell Health Centre, Southwark (our first site to move to this model); we can share some insightful feedback from our patients:

'It is really appreciated to have the direct contact via phone or email with a GP. The new system is a lot more functional and useful'.

'100% better service, thank God someone put some thought into moving to this system, better and easier and problem dealt within a day with just a few emails needed! THANK YOU!!!'

'I received a phone-call within one hour of my sending a message. The GP was understanding, warm, informative and very helpful. Even though I am very concerned about my issue, the fact of having been listened to with empathy has really helped feel better about what I need to do next. So a big thank you to him, and to the system so far.'

'It's my first week with the surgery having come from a failing one, and I am overwhelmed by your speedy efficient and super nice help. Thank you. It's really re-assuring!'

I note your reference to your consideration of contractual options regards this matter; I propose a meeting to discuss this further. Our Chair, Stephen Dorrell, and the Chair of Evergreen, Stephen Critchlow, stand by to join this meeting and to discuss the benefits we believe this coming together will deliver to our patients.

In the meantime, I remain available to discuss this matter at any time on 07951 588197.

Very best wises

Toby Hurd
Joint Managing Director
Omnes Healthcare

North East London
Clinical Commissioning Group

4th Floor – Unex Tower
5 Station Street
London E15 1DA

nelondon.nel-primarycare@nhs.net

XX January 2022

Toby Hurd
CEO
Omnes Healthcare Ltd
By Email

Dear Mr Hurd,

Change of Control - Breach Notice

I am writing to you as a consequence of Omnes Healthcare Ltd undergoing a change of control without seeking commissioner approval, which is a breach of clause 53.4 of the contracts that you hold with us, as listed;

a. Porters Avenue Medical Centre APMS Contract (Barking & Dagenham)
b. Rainham Health Centre Caretaker APMS Contract (Havering)
c. Forest Surgery Caretaker APMS Contract (Waltham Forest)

Following your notification to the Commissioner on 21 October 2021 that a change in control of Omnes Healthcare Ltd was proposed, you were advised on more than one occasion and specifically on 22 October 2021 and 28 October 2021not to proceed without the consent of the Commissioner required under Clause 54.3 of your APMS contracts which states that;

54.3 Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose.

You informed us retrospectively on 17 November 2021 that the change of control was completed with effect 16 November 2021. The Commissioner had not consented to this change.

You were advised on 2 December 2021 that you were now in breach of the contract, but that contractual actions could be avoided if you agreed immediately to reverse the change in control. You were invited to confirm by 10 December 2021 that you intended to reverse the change. Your response on 9 December 2021 did not provide such confirmation.

As a consequence of failing to reverse the unilateral change, it is determined that OHL has breached clause 54.3 of the APMS contracts and a breach notice is appropriate and proportionate.

The formal breach notice is enclosed with this letter and is issued in compliance with clause 63.5 of the relevant contracts and APMS Directions.

Effects of the Breach Notice

Clause 63.5 and 63.6 provides;

63.5 Where a contractor has breached the contract other than as specified in clauses 60 to 62.2 and the breach is not capable of remedy, the Commissioner may serve notice on the Contractor requiring it not to repeat the breach ('breach notice').

63.6 If, following a breach notice or remedial notice, the Contractor:

63.6.1 repeats the breach that was the subject of the breach notice or the remedial notice; or

63.6.2 otherwise breaches the contract resulting in either a remedial notice or further breach notice,

The Commissioner may serve notice on the Contractor terminating the Contract with effect from such date as may be specified in that notice

Due Diligence

As a consequence of your organisation's actions the Commissioner is compelled retrospectively to carry out appropriate due diligence to assure itself that consent to the change in control, with or without conditions, would have been given. We will be in touch further with you to that end in due course. We reserve the right to any take any further action, including contract termination, deemed necessary as a result of the due diligence process

Next Steps

You should carefully consider the contents of these breach notices. If you do not agree with our decision to issue these breach notices, you should contact us within 28 days of this notice. If, after making every reasonable effort, we are unable to resolve the dispute, you may wish to refer the matter to the NHS dispute resolution procedure by sending a written request to:

NHS Litigation Authority
FHS Appeal Unit
1 Trevelyan Square
Leeds
LS1 6AE

You do, of course, retain the right to seek support from your representative or defence body or Local Medical Committee.

Yours sincerely,

Alison Goodlad
Deputy Director of Primary Care

cc: BDH LMC, Londonwide LMC

Encl. Breach Notice

Alternative Provider Medical Services Contracts – Breach Notices

1. Introduction

This breach notice is served on Omnes Healthcare Ltd against the APMS Contracts it holds that are detailed as follows;

a. Y02575 Porters Avenue – (Barking & Dagenham)
b. F82627 Rainham Health Centre (caretaker contract) – (Havering)
c. F86026 Forest Surgery (caretaker contract) – (Waltham Forest)

It has been determined that Omnes Healthcare Ltd failed to seek authorisation for a Change of Control as required by clause 54.3 of the relevant contracts and as such has breached their contractual obligations. Therefore, the CCG has decided to issue you with a formal Breach Notice against the aforementioned contracts pursuant to clause 63.5 of those contracts.

A Breach Notice must specify:-

- Details of the breach
- The steps the contractor must take
- The period by which time the steps must be taken

2. Details of the Breach

Omnes Healthcare Ltd failed to obtain Commissioner approval before undertaking a Change of Control process that put Evergreen Healthcare Ltd as the parent company of Omnes Healthcare and its subsidiary Omnes Topco Ltd.

This was unilaterally initiated, contrary to Commissioner advice not to proceed until the required approval was given. These actions breached clause 54.3 of the relevant APMS contracts, which requires;

54.3 Save in respect of a public limited company listed on an internationally recognised exchange the Contractor shall not undergo a Change of Control without the prior authorisation of the Commissioner and subject to such conditions as the Commissioner may impose.

3. Steps the Contractor must take

a. The Organisation must not repeat the breach or act in any way that would result in the issuing of a further breach or remedial notice in accordance with the APMS Contract and APMS Directions.

b. As a result of the actions of Omnes Healthcare Ltd the CCG is compelled to carry out retrospective due diligence on all companies within the organisational structure. Omnes Healthcare Ltd should ensure cooperation with this process.

c. Note that the findings of the due diligence process may lead to further contractual actions, up to and including termination of the contract.

Compliance with this breach notice is with immediate effect.

Alison Goodlad
Deputy Director of Primary Care

BHR Integrated Care Partnership Primary Care Management Group

Wednesday 20 October 2021 – 1.00 – 3.00pm

Via Microsoft Teams

Minutes

Voting members:

Jayam Dalal (JD)	Associate Lay Member, BHR ICP (Chair)
Mark Gilbey-Cross (MGC)	Deputy Nurse Director, BHR ICP (Vice-chair)
Ahmet Koray (AK)	Director of Finance, BHR ICP
Sarah See (SS)	Director of Primary Care Transformation, BHR ICP
Mark Ansell (MA)	Acting Director of Public Health, LBH
Yaccub Enum (YE)	Attending on behalf of Matthew Cole, (Director of Public Health, LBBD)
Ian Diley (ID)	Attending on behalf of Gladys Xavier (Director of Public Health, LBR)

Non-voting members:

Natalie Keefe (NK)	Head of Primary Care Transformation, BHR ICP
Dr Anil Mehta (AM)	Redbridge Clinical Chair, BHR ICP
Dr Kanika Rai (KR)	Barking & Dagenham Clinical Lead, BHR ICP
Rob Dickenson (RD)	Senior Finance Manager, BHR ICP
Alison Goodlad (AG)	Head of Primary Care, NEL CCG
Dr Tina Teotia (TT)	BDH LMC
Manisha Modvahdia (MM)	Healthwatch Officer, Healthwatch Barking & Dagenham
Cathy Turland (CT)	Chief Executive, Healthwatch Redbridge
Anne-Marie Dean (AMD)	Chair, Healthwatch Havering
Dr Shabnam Ali (SA)	Redbridge PCNs representative
Dr Narendra Teotia (NT)	Barking & Dagenham PCNs representative

In attendance:

Brooke Spence (BS)	Business Manager, BHR ICP
Katie McDonald (KMc)	Corporate and Governance Administrator, BHR ICP
Sue Evans (SE)	Chair, NEL Primary Care Commissioning Committee
Julia Cory (JC)	Deputy Director for Primary Care Transformation, BHR ICP
Peter Cox (PC)	Estates Senior Project Manager, BHR ICP

Apologies:

Gladys Xavier (GX)	Director of Public Health, LBR
Matthew Cole (MC)	Director of Public Health, LBBD
Dr Ann Baldwin (AB)	Havering Clinical Lead, BHR ICP
Gohar Choudhury (GC)	Assistant Head of Primary Care, NEL CCG
Ceri Jacob (CJ)	Managing Director, BHR ICP

	Welcome, introductions and apologies	
	The Chair welcomed everyone to the meeting and apologies were noted. Sue Evans was welcomed to the meeting. Members noted that this meeting was being recorded for the purposes of the minute taker and that the recording would be shared with those invited, but unable to attend.	
1.1	**Declarations of conflicts of interest**	
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict. No conflicts of interest were declared. The Primary Care Management group (PCMG) acknowledged the minutes of last meeting, which were circulated prior to the meeting and agreed that outside of the meeting all voting members are asked to respond, acknowledging that they have been approved subject to any suggested amendments.	
2.0	**Action log**	
	SS presented the action log noting ACT1/3/5/7 & 8 are now complete and closed, whilst ACT2 and ACT6 are due back at the February 2022 meeting. AG provided a verbal update on ACT4 confirming GC has taken forward the engagement around Victoria Medical Centre, engaging with key parties to arrange an initial meeting. AG confirmed a more comprehensive update will be given at the next meeting.	
3.0	**Risk Register**	
	SS presented the risk register, and invited SE to discuss the OD session that was held at the NEL PCCC. SS informed the PCMG of an action she took from the OD session around working with peers across TNW and C&H alongside AG, to review which risks should be held at a NEL level or local level. SE suggested it is important that we manage our own risks within each local area, as this is where they will be best understood. AG supported this piece of work and ensured this will be completed to identify at a larger scale level. The Chair asked for confirmation on what level an amber and red risk sits. SS confirmed a review needs to be completed to clarify how we rate our risks, and this will be fed back to the local systems and NEL PCCC. The Chair requested for RSK1 around the suspension of LIS Payments, and RSK8 around rising levels of abuse in general practise are flagged and reviewed. AM supported the Chair's request, and expressed his thoughts that multiple risks need to be escalated from amber to red. AM then asked for confirmation on whether the LIS Suspension will continue beyond the end of September. SS confirmed that a decision is to be made by the NEL PCCC at its November.	AG SS

4.0	**Budget Report**	
	RD presented the report, noting this is the Month-5 reported position which is the latest position at the time of producing the paper. The up to date position was outlined with a £1.6m overspend, with a forecast of £2m overspend. RD indicated the main drivers of this overspend being an increased prescribing run rate compared to the plan, which is at almost £1m of the £1.6m projected overspend, and £0.7m cost pressure relating to Covid-19. RD advised that of the projected overspend some of the Covid costs can be reclaimed. The remaining pressure is assumed at this point are between being Covid contingency funds and non-recurrent reserves. RD explained the position assumes that the Primary Care Transformation Funds will all be spent, and he is continuing to review this with colleagues across NEL against the various funds the CCG receives and will provide a further update at next meeting. RD noted one of the key issues is estimating the projected spend for the additional roles reimbursement scheme (ARRs), as recruitment has been difficult or delayed during Covid. Early indications would suggest that the level of recruitment is lower than the funding available and to date there hasn't been any confirmation by NHS England in regard to recovery of any underspend. RD presented the budget setting update, confirming H2 has now been confirmed, explaining delegated budgets remains the same as the first half of the year, however non-delegated allocations across all functions have had some efficiencies imposed from NHS England, therefore a further update will be provided at the next meeting in terms of how this effects H2 budgets. The Chair questioned how we can plan for the next 6 months and manage efficiently in terms of the overspend. RD confirmed plans are currently being worked on and will be submitted in November, therefore a further update can be provided at the next meeting. AK advised that the CCG is managing the overspend non-recurrently, however the main focus will be understanding how plans look for the next financial year and preparing for this.	
5.0	**LIS Scheme for asylum seekers accommodation**	
	NK presented the report, outlining that within Redbridge a number of hotels have been opened by the home office to accommodate asylum seekers that are newcomers into the country. It is raised that as a CCG we are asked that Primary Care is able to provide support for those coming into these hotels, noting PELC will support with any urgent, immediate enquiries. NK stated the LIS is proposed to support local practises with the recognition of extra workload, and is based on the service specification being commissioned in North West London. This is a request for funding totalling £16,840 (i.e. £50-£60 per patient). It was added that the finance team are currently looking into the opportunity of potentially reclaiming these costs from the Home Office.	

	NK informed the PCMG that since circulating this report, comments have been received from the respective BHR LMCs, and asked if we could take the opportunity to review the LMC feedback outside of the meeting, and seek Chair's action in advance of the December meeting so as not to delay commissioning of the scheme. JD questioned whether training will be available for frontline staff and how this will be managed. NK confirmed this will be considered and picked up, and advised that all staff will have access to Interpreting Services to support them whilst working with this group of patients. AM queried whether this is an opt-in service for practices, and will they have the choice to opt-in or not. NK confirmed this is an opt-in service but noted that the practices near to the hotels have already started to register these vulnerable people. CT questioned whether there is any additional financial support available to the community voluntary sector, specifically around domestic violence services and refugee advise services. SS agreed to find out from the local authority colleagues and share back to the PCMG. NK confirmed the hotels that have been commissioned are currently closed to the general public and not operating as hotels. The Home Office decides where they are going to commission accommodation from, and the hotels do have to be signed off as fit for purpose and suitable for temporary housing asylum seekers.	**NK** **NK**
6.0	**CEG Fellows**	
	JC presented the report, informing the group that CEG Fellows are part of the BHR quality improvement approach and these roles have been supported by the CCG for a number of years. The benefits of using the fellows has been important to delivery of DES and LIS and commissioning focus. JC asked the PCMG for support in investment and to approve these two costs to reflect backfill for the CEG clinical leads and GP Fellows for the three BHR boroughs. AM gave his supports of the scheme overall, however highlighted that the group should be mindful that three GPs will be removed and taken out of practice to participate in this scheme. SS explained that many GPs are interested in developing portfolio roles rather than doing nine sessions a week in general practice, and opportunities such as these are important as part of a recruitment and retention framework for general practice. AMD expressed her thoughts regarding the importance of investing in GPs, and would like to see the scheme widen in the future along with other options. JD agreed that this scheme will be good for GPs to have variety from their usual line of work, and in developing and nurturing their potential skill sets. PCMG approved the CEG Fellows paper.	
7.0	**PCN Development Plans 2020/21**	
	NK presented the paper outlining this is the third year of PCN Development Fund. All PCNs were asked to submit their plans based around the five	

	national objectives, and two local objectives. So far, 15 plans from 16 BHR PCNs have been received. NK explained the next steps, informing that the contracts team will be reviewing the submissions across NEL alongside what is contracted in core contracts, to ensure there are no duplication within the plans. MA queried whether we can incorporate the priorities of the respective Borough Partnerships into the development of proposals, ensuring the collective view is built in. SS agreed in future years this would be helpful, and advised that she is currently interviewing all PCN CDs to highlight further needs and asks of the BHR system in the context of the ongoing PCN development programme. AM expressed his appreciation of the PCN development plans and highlighted that he was struck by the ambition of them, suggesting that the Group needs to progress with these plans. JD agreed and offered her praise to the PCNs for the plans submitted. AMD supported previous comments made. The PCMG noted the report and endorsed the recommendations for NEL PCCC approval.	
8.0	**Improving access for patients and supporting general practice**	
	SS provided a verbal brief on the guidance released regarding improving patient access within general practice, noting that plans need to be submitted to NHS England by 28 October 2021. CCGs have been asked to use the data provided NHS England to identify 20% of our outlier practices in terms of access, and work with them to improve performance over the winter period. These practices will have access to a share of £250m being made available nationally (the actual funding pot for NEL is £9 million). All other practices will have access to a share of the same funding pot, and borough - and system-wide solutions are also to be considered. Subject to actions taken as a result of discussions taking place with the GPC and NHS England regarding the publication of the guidance, the CCG will start to meet with practices and PCN CDs during the next week to develop draft plans. AM highlighted the quality of appointments needs to be strengthened as at present we are driven by the funding from NHS England, but as a system we should be mindful of the quality of access provided to ensure the patient receives high quality, effective appointments to meet patient needs and prevent duplication.	
9.0	**Covid 19 and flu programme update**	
	JC asked the PCMG to note the progress made on both Covid and flu vaccination programmes since the update given at the meeting in August 2021.	

	It was highlighted the Covid-19 vaccination programme continues as we move into the winter period, focusing on the 'Evergreen' offer for patients that have not come forward for their first and second dose, and also booster dose. JC assured we are continuing with inequalities work ensuring all patients are aware the Covid vaccination is still available to them. One area of focus is providing the booster dose to the over 70s, patients of care homes and housebound patients. The other main focus is the school's programme for 12-15-year olds, both healthy and clinically extremely vulnerable. This has been carried out by pilot school sites working with Vaccination UK. This element of the programme is currently led by NELFT but LVS are expected to soon be providing an out of schools offer. A further update will be provided at our next meeting. An update was also provided on the influenza season, highlighting flu levels are expected to be higher this year than previous. JC outlined the main focus is to pick up all high-risk patients and ensure we are able to vaccinate them, noting this programme is running until early 2022. AM praised the Primary Care Team for their efforts on delivery of this programme, alongside general practice colleagues and other system partners. JD endorsed all comments. The PCMG noted the report.	
10.0	**Duty Doctor**	
	JC asked the PCMG to note progress has been made on this scheme since the update given at our meeting in August 2021. The group was asked to note a delay in the start of the scheme, which is now due to commence in early November. The group were asked to note the intention to consider this scheme in the light of the recent guidance around patient access, indicating this scheme will be embedded into any offer we are made around access and supporting general practice. JC advised this scheme is currently designed to be a professional to professional conversation with a duty doctor available during core hours, ensuring with the access funding offer we are aligning this scheme to all other winter pressures. The group was informed that borough meetings are taking place this week to enable this scheme to be embed as a pilot. The PCMG supported the recommendation of the paper and noted the progress on the development of the scheme.	
11.0	**Dr Patel – Inclusion of additional partners on PMS contract**	
	JD asks for any conflicts and none were declared. AG confirmed a business case had been submitted for two GPs to join Dr A Patel's practice in Havering as partners, to work with Dr Patel to address issues risen from the CQC inspection, with an aim to develop the practice and improve services to patients. The proposal is permissible under the PMS contract and regulations, and engagement has been undertaken with the CQC, LMC and PPG groups from both practices, who are all supportive of this move.	

	The PCMG approved this paper.	
12.0	**Redbridge Social Prescribing Scheme – extension**	
	JD asked for any conflicts and none were declared. PCMG was asked to note the paper and approve £125k funding to extend the current social prescribing scheme in Redbridge for a further 12 months whilst a review is undertaken to look at future options for the service. NK stated due to the positive outcomes of the original review of the service, and ensure the benefits of the service are not lost for the patients of Redbridge, the group is asked to extend the contract which is due to end in March 2022 until March 2023, to allow a further review of the impact the service has had, and whether there is a continued need for this service, or whether now the PCN link workers are in place this can come to an end. NK agreed to circulate the original evaluation from 2019/20 to the PCMG. CT questioned whether a similar service is offered in B&D and Havering boroughs, to ensure equity of service provision across BHR. NK confirmed it has been recognised that this should be available in our other boroughs, however at present B&D do have their own Social Prescribing board where all link workers come together with the local authority, and understood Havering to be in the process of creating a similar board to ensure they are also linked to the local authority. MA highlighted the variation at borough level being a positive based on the strengths of the borough, but noted the access to resources may be inequitable between boroughs. JD enquired how moving forward we could introduce this service to B&D and Havering. NK advised the Redbridge final evaluation will capture any the benefits, which we can then use to produce a business case for the other two boroughs (if the respective borough partnerships were wanting to similarly invest in this type of scheme). SS agreed with NK, confirming once the final evaluation for Redbridge is complete this can be taken to the borough partnership boards for the respective boroughs to review.	**NK**
13.0	**Gants Hill Community Hub SOC (Redbridge)**	
	PC noted the Strategic Outline Case (SOC) has been produced to develop the new care facility in Gants Hill, this is being developed by Redbridge. PC outlined the need for primary care investment, confirming the development fits within the local and national strategies, and it is an investment within primary care in an area where there is an increase of population, enabling a better environment for the workforce and patients/residents. PC informed there has been an initial design meeting with the local population, advising the exact size of this building is yet to be concluded, but the discussion with NELFT on community services have taken place. It is outlined there will be a size restriction due to housing and other factors, but will ensure it is worked through the needs of the locality to make best use of this opportunity. The lease will be offered to the system or individual practices, with a call on revenue funding estimating £130-380k per year.	

	The recommendation is to progress with a minimum of four practices being relocated, with a timescale scheduled for the site to be operational by 2025. This will be confirmed as we move through the next stages of the business case process. PC confirmed this paper has been taken to the Redbridge Borough Partnership where it was approved, and is being taken to the NEL Finance Committee next week. AM recognised this could be the development of a new PCN. PC agrees that this could be an opportunity to enable this idea, or something similar. PCMG endorsed this paper to be taken to the NEL Finance Committee and NEL PCCC.	
14.0	**Any other business** JD raised that during a recent discussion with Councillor Jason Frost (Havering) he mentioned that many of the local authority buildings are currently unused in the Havering area, and questioned whether we can explore accessing these premises to make use of them. NK responded advising similar conversations have taken place in Redbridge, and have begun contacting PCNs to review opportunities within the borough in line with the space currently available, as they would also like to make use of the local authority space. NK agreed to liaise with Jordanna Hamberger, Primary Care Delivery Manager in Havering, to pick up with local authority leads and enquire how we can use this space in the system going forward. JD outlined her involvement with the patient and public engagement forums within the boroughs. The chair mentioned the work currently taking place on how to strengthen these forums, and how we can overall strengthen engagement in Primary Care with the PCNs and PPGs. JD suggested the idea of recruiting two public members per borough to strengthen the boroughs PPGs, working with all providers, provide overall support, and look at primary care engagement sitting on public engagement forums. It was confirmed payment of these roles would be linked to the reward and recognition scheme that NEL are currently setting up. JD requested feedback from the PCMG, and enquired what forum this can be taken to. CT raised she is not in agreement with the reward and recognition scheme for the amount of work being delegated, and suggested they should be advertised as official roles. AMD suggested liaising with PCNs as they all face different challenges, therefore will require different support indicating it should be them deciding whether they feel these roles will be beneficial. AM supported AMD's comment expressing the variation between PCNs and expressed the need to consider this as a bespoke need rather than one size fits all. JD said that the role was not envisaged to be a full-time role, but one to enable the PPGs to network together, and act as a conduit for the CCG, and PCNs. That is why two public members are being considered, so that the level of work can be distributed between them. Equally how they function will be determined by the requirements of the different PCNs.	**NK**

	It was agreed JD and Healthwatch would attend respective borough PCN meetings to propose this idea and understand an approach which would be supportive to PCNs. SE thanked the PCMG for the invitation to meeting, and expressed the benefits of seeing the work being carried out within the BHR patch, and commended the whole team for their work and efforts.	**JD**
15.0	**Date of next meeting**	
	15 December 2021	
Items for information only		
16.0	**St Clements Improvement Grant**	
	The Group noted the report.	
17.0	**Update to Network Contract changes**	
	The Group noted the report.	

Primary Care Commissioning Advisory Group notes 19th Nov 2021 (draft)

Present:

1. Honor Rhodes (Chair)
2. Sunil Thakker (Executive Director of Finance NEL CCG)
3. Mike Fitchett (Independent GP advisor)

In attendance:

1. Richard Bull
2. Lee Walker
3. Kirsten Brown (until 2pm)
4. Sue Evans (observing)

Apologies:

1. Malcolm Alexander (Hackney Healthwatch) (his comments and questions shared in advance of the meeting)
2. Tracey Fletcher
3. Alex Hedge

Conflicts:

Honor declared a conflict in relation to Barton House; the conflict was mitigated by Sunil chairing the item relating to Barton. No other new conflicts were noted.

Minutes of the last meeting and matters arising:

Minutes approved.

Matters arising:

- In response to a question from Malcom Richard confirmed that additional funding for secondary care costs associated with the Afghan bridging hotels was available
- Noted NEL PCCC approved contract rollovers for Spring Hill and Sandringham
- PPGs – agreed to have a substantive item about support for development at Jan 2022 PCCAG along with five-year plans for practices

Practice specific matters

Beechwood

- Good rating following reinspection on 16/9/21 noted
- Richard to convey the group's thanks to the practice

- Further attention required on improving screening and imms uptake a point echoed by Malcolm

Southgate and Whiston

- NEL PCCC approved case for dispersal
- Comms to pts and stakeholders ready to go out
- Islington Commissioner fully engaged; confirmed that £20 supplement would be made available to eligible Islington practices
- Lawson caretaking contract to be extended to 31/3/22
- Richard has been engaging with Jon Williams from Healthwatch on the plans

Trowbridge reprocurement

- Verbal progress report noted

Quality: C&H discussion paper and NEL report

Following discussion points noted:

- Good data on patient experience is lacking; have lots of data on clinical effectiveness
- Data as a tool for performance management v quality improvement
- Need to see trends over time, partly in order to identify where practices are struggling or improving
- Need to cross tabulate data and share what is good
- Importance of using robust data
- Practical barrier to reporting quality concerns
- New process for E&V reports
- Until NEL dashboard is available workforce, prescribing and consultation rates are good quality markers; Richard to invite NEL to present draft dashboard to this Group
- Importance of ensuring equity of access; equity self-assessment as part of CCE contract to be taken forward

GP at Hand

Report noted. The Group supported the need for comprehensive and segmented local comms campaign highlighting the local C&H access offer. Richard to try and get data at a practice level

Estates

Lea Surgery business case for an additional room

- Approved

Barton House business case for a room swap (item chaired by Sunil; Honor did not participate in the discussion)

- Approved

General estates update

- Update noted
- Ref listed status of John Scott - LBH Heritage Officer has given indicative support for an extension to the rear of the building

Finance report Month 7:

Sunil presented the paper; the Group thanked Sunil on behalf of Alex for the quality of the report. Sunil gave a verbal update on H2 position locally and for the rest of NEL

Other items for information

Together Better Project (GP Volunteering)

- The Group welcomed the report and would like a further update at its next meeting
- Richard to share with Anna Garner
- Potential for further investment of headroom in this project noted (or other ways to fund such as through ARRS)

Any other business

There was no other business.

Date of the next meeting

- **13.00-14.30, 21st Jan 2022**

R Bull 19/11/2021

NHS
North East London
Clinical Commissioning Group

TNW Primary Care Transformation Delivery Group Meeting

Date: Wednesday 24 November 2021
Time: 15:00 – 17:00
Virtual by Microsoft Teams

Minutes

1	**Welcome, introduction, apologies for absence and declarations of interest**	
	1.1	**W / I / A and DOI** The Chair welcomed the members to the meeting, introductions took place and as the meeting was quorate, the meeting was declared open. Declaration of interest will be sent out to the group.
2	**Terms of Reference**	
		This meeting has been organised to share ideas and work that has been completed in each of the boroughs, but also what can be done at a potential TNW level rather than individual boroughs. WCD proposed why we are looking at doing around the challenges, what are the key areas that will need reviewing across TNW. ➢ To focus on being able to support the transformation of General practices and working with the PCNs. ➢ Do we need more clinical support i.e. having more clinicians at the meeting in terms of the primary care network CDs. ➢ How do we do recruitment and retention across TNW, but also NEL working with the training hubs ➢ Work through and understand variation on long term conditions workstream, which into the NES/LES in each of the boroughs. ➢ Roles and responsibilities – an opportunity to do this once across the TNW, this will be beneficial. Being able to have a local flow and focus – around the 80-20 rules rather than it being done away from the borough. ➢ Stakeholder engagement – focus on the membership of the group. ➢ Contractual action - this is enacting NHE policy book. Where do we show support if it was to be picked up as a TNW workstream, and where would it go back to, to the ICB and the provider collaborative, also to the PCCC which is around the contractual. ➢ Areas of accountability and confidentiality, if this is needed there are sub groups which this can be fed into, this will bring some ideas and innovations to have these conversations at this meeting. Primary care workforce group, long terms conditions workstream, shift of care access, SNS, this would the group to have these issues discussed.

		MN asked how can we identify practice workforce? **Action: Training hub should be invited to the next meeting.** JR stated that the training hub will only directly respond to some of the training requirements, but there is something about the workforce planning that needs to be discussed or contribute to in this group. JR also mentioned that the group being clear about whether we have the capacity to deliver on these programmes and change, and escalating where appropriate. SB mentioned that the borough leads are noted listed as members within the ToR. WCD confirmed that the borough leads are very much a part of the group, and may have to make this more substantive with borough directors. The group suggested that there should be representation from each borough at every meeting. WT – as the borough partnership continue to devolve and as the ICS structure evolve the group would want to keep sight of all three layers and ensure that there is no duplication or sending items to multiple meetings.
3	**TNW Equalisation Programme**	
		Direct in fluences: ➢ Covid and Income Protection ➢ QOF indicators ➢ Network DES service requirements ➢ The needs of population ➢ Equality of service provision across the population ➢ NEL equalisation programme The CSU are supporting NEL CCG to equalise enhance services across NEL. The programme is working to develop a framework for LES that are outcome based, commissioned over 3 years and are based on health needs of the local population The aim of the programme is to level up and not level down which PR is doing for TNW. This means that the population receive the same high-quality services. It has been recognised on NEL as in TNW that there are different historical levels of funding available, which have an impact and there is a different variety of service specifications that are being provided. On the NEL a prioritisation method has been agreed. Funding arrangements will remain as local decision taking. Currently there are three services that has task & finish groups in place for NEL, and they are phlebotomy, safeguarding and GP duty doctor. PR has completed a piece of work looking at the specifications across the three boroughs: ➢ Funding available ➢ Monitoring data ➢ QOF and any duplications that may be against the indicators, and the service requirements of the DES. The next is to set up enhanced service task and finish groups as appropriate. Any revisions will then go to the borough transformation group and recommendation to and final approval by the PCCC. Outcomes – any thing that may e decommissioned by a complete service or parts of services within specifications will need to be reinvested. Revised and upstate specifications where possible, that provide equitable services and meet the needs of the local populations. There could be some short contract extensions, exactly as the specification stands at the moment if the discussion still needs to go ahead. When a new contract is entered there may be a

		statement that this is still under review until a given date, within the next year when a new specification should take over. The new contracts for 31st March will be over an extended period of three years. There will be longer contracts to enable a robust service to mature and grow, and give the network and practice-based services, giving the networks flexibility and greater range of provision which best suits the populations that they are trying to serve. The group continued to discuss this topic. JM clarified that the NEL workstream is led by an independent GP and in prioritising the services the GP has, the GP has then looked at every single service that is commissioned across all seven PCNs, the joint strategic needs assessment for all seven/eight areas and they have then been prioritised on the basis of clinical need, size and level of investment in each of those services. It has been identified that there are some services that are more of a priority for TNW, and TNW will work on this basis.
4	**PCN Development & OD**	
		TB will be reviewing all the plans on a one-to-one basis with the PCN leads to get a better understanding and clarify what it is that they are aiming to deliver within the plan. This is year two of the plan, and it is based on an initial matrix when PCNs were first set up. The proceeding years will mean that the PCNs are looking to move up on the matrix (from not very well mature to very mature). This year the PCNs were specific in what areas needs to be covered, which there were 5 areas in total. PCNs were not expected to cover all five of their plans. TB has met with 50% of Tower Hamlets, Waltham Forest and Newham in terms of one-to-one with the CD, to enable her to understand of what the CDs want to deliver. Conversations with the CDs were in terms of what in their plan is actually already been financed or costed elsewhere, so that there is double funding in the areas. TB asked the question what it is that your PCN and PCN membership feel what the CD needs to do, that needs to be funded. To improve where they are as an organisation and as individual practices. Progress to date: ➢ Improving prevention and tackling health inequalities in the delivery of primary care ➢ Supporting better patient outcomes in the community through proactive primary care ➢ Supporting improved patient access to primary care services ➢ Delivering better outcomes for patients on medication ➢ Helping create a more sustainable NHS Conclusion - The expectation is that the borough partnership group will support implementation of PCN plans, where these require integration with health and care partners. And progress against the plans will be shared with the partnership so that areas of best practice can be identified, and potentially be used as shared learning and best practices. TB is also hoping to complete all one-to-ones by the beginning of December. **Action: Once TB has completed meetings with PCN CDs, to provide a summary of discussion, so that the group can discuss further. TB confirmed that a spreadsheet has been developed and this could be shared with the group.**

5	Medicines Optimisation Update	
		AO updated the group on what the team hopes to do in the coming months and to develop this update into something that reflects what the GP needs to know about medicine optimisation. The updated focused on three areas: ➢ Outputs of TNW optimisation board, which was previously known as WELMOB. ➢ Medicine optimisation scheme and how this is working this year ➢ Budget this should be detailed more in future reports The optimisation medicine board, this is still a decision making board, up and until the point of the NEL integrated medicines optimisation committee. This the key decision making board for medicines, review of drugs and guidelines etc for TNW. There has been a range of applications, clinical guidelines, policies that has been agreed. TNW MOB has Barts representatives, ELFT, NELFT, LPC, LMC as well as the three clinical leads from each of the boroughs. There is a standard agenda which is medicine safety and this is a key piece of work for the medicine team this year. It is included in our scheme, they are also thinking about how they can ensure that they actually promote medicine safety and using all the different tools that is available to them. Some of the areas that has been done this year: ➢ Steroid emergency card ➢ Methotrexate safe prescribing ➢ Warfarin – this came from an incident through a GP and was discussed with the cardiologist, there seem to have been some confusion over the guidance that was released about the DOAC switching over, and the team realised that it should not have been used for patients who had mechanical valve replacement. Recognising that practices are still under a lot of pressure in terms of the pandemic. The team has tried to relate it to work that practices would be doing to support them in the management of long-term conditions. They have also standardised the medicine optimisation scheme across TNW. There is one scheme and one level of payment for that scheme in all three boroughs, this is the first year that this has been done. Purchased digital tools, to the team has been ensuring that individuals are able to use, so that they can maximise their input. Work in terms of webinars and med optimise, eclipse live is a system that is already in place in TH and this is now being rolled out across Newham and Waltham Forest. In terms of prescribing data, they are about 6-8 weeks behind. The data presented relates to data from August. The scheme was only launched in July. In terms of budget where it is showing that there has been an increase in the overall prescribing for TNW. Diabetes is the biggest driver in terms of spend, the team wants to link the prescribing data with outcome data for patient. The chair asked where are these conversations happening with the respective boroughs currently. AO confirmed that they had their first meeting with prescribing to focus on the primary care, the clinical leads for prescribing will then be doing a similar update at the GP

		transformation groups, so that they can obtain engagement within these groups. Regular updates with the PCN pharmacists. The group continued to discuss this topic. **Action: A discussion need to take place with AO and Clinical leads on the discussion that AO and KB has had, which should be much easier the impact going forward and useful for patients. AO to bring back to group the outcome of discussions with clinical leads.**
6	**Digital Transformation Update**	
		There are now 3 digital transformation managers. ➢ AB covers WF with Dr Ash Asad-Ashraf and Rameet Uberio ➢ GF covers TH with Dr Isabel Hodkinson ➢ AP covers Newham with Dr Kohliand and Martin Edobor The digitals work to date are: ➢ PC deployment across Newham, TH and WF GP practices. The team undertook a very large PC deployment programme. The aim of this was to ensure that the GPs had fit for purpose infrastructure. This work involved PCs being replaced. ➢ Covid vaccination programme – the supported the initial set up and planning of the sites undertaking initial site visits. Looking at the technical set up. The team also set up and configured local laptops. Supported the set up of the national equipment once they arrived. ➢ Digital infrastructure in relation to the new primary care sites and also the refurbish sites – the team has been supporting the digital infrastructure work that is required in new builds in the new sites that are going live and also sites that has been recently refurbished. ➢ There are 11 Digital first workstreams and projects - providing digital representation for the NEL GP IT clinical procurement. The aim of the procurement is to have one single clinical system across NEL. The team is hoping to have this system set and running by March 2023. ➢ NEL online consultation procurement – currently this underway. First marketing engagement awaiting the next stage. ➢ PCN development plans the team is looking at the digital element and what is feasible in alignment with NEL digital strategy ➢ Remote monitoring care homes – the project is to use digitalised technology to collect medical and other forms of data. The team's role is to support the digital first programme team to implement onboard of patients onto the system. There is a pilot scheme in one of each locality. ➢ Development of the PCN dashboard ➢ Development of digital clinical leads workplan Lloyd George Digitisation of records programme: ➢ Digitalisation of patient's records is a national direction of travel with an aspiration that the digitalisation of all Lloyd George paper records must be completed by 2023 ➢ TNW the team has been working in collaboration with BHR colleagues to take part in Wave 2 pilot programme which is managed by NHE team. This programme was initiated back in January 2020, however was put on hold by the national team in January 2021 due to pandemic and also other technical reasons.

		➢ this programme allows digitalisation of a number of practices across TNW with practices being selected based on a priority criteria that has been agreed with respective primary care commissioning committees and LMC in august 2020 ➢ TNW has been allocated and awarded a budget from the national team ➢ The team would like to update the group on a regular basis in terms of this programme. ➢ In terms of the procurement process of this programme, the team will be supported by national commercial and procurement hub and will be using national DPS framework. ➢ TNW will be launching a procurement process in collaboration with BHR. The chair asked where are duplicate blood results, missing information and blank results that GPs are receiving as an interface issue. Where are all of these being picked up. **Action: AB find out and update the group at the next meeting. WCD also stated that the group needs to do local piece around each of the boroughs interventions.**
7	**Estates Update**	
		The purpose of this update was to brief the group on significant primary care developments involving any capital projects being held by the TNW estates team. Also, on primary care estates approval pending with TNW FPC committee. Temporary dual reimbursement of costs for Globe Town Practice. This practice is relocated out of their practice site, into a nice rebuild (Shannon Court). The building was leased by NHSPS on behalf of the system. The team is using Section 1&6 funds from London Borough of Tower Hamlets. Tower Hamlets ➢ Goodmans Fields has been opened, also Section 1&6 funding, also NHSPS holding the head lease with AT Medics being the primary care provider. ➢ Relocation of Aberfeldy practice working with ELFT and NHSPS. Practice leasing the new premises from Poplar Harker Housing Association. Works will be starting in December, due to complete next year. Newham ➢ Sangam practice have relocated to the Froud Centre. This has allowed them to surrender their previous properties. ➢ Health & Care Space Newham, working closing with HCSN on a number of projects, Customs House, Hartley and Hallsville. Waltham Forest ➢ Relocation of Sinnott Rd to Sutherland Rd practice. Working closely with the borough. The borough is fitting out works with their funds. Aiming to have Sinnott Rd relocated into a modern facility in the Spring of 2022. ➢ Reconfiguration of comely bank which is a listed building. Relocating with the Bailey practice ➢ St James practice relocated to South Grove, the practice will be relocated in 2023 ➢ Coronation Square, this is being driven by the borough in which there is space for primary care. Working on three projects to relocate 3 practices.

8	**Winter Access Fund 2021-22**	
		NHE&I London region wrote to advise of the Winer Access Funding Programme and request a plan from each ICS to meeting the requirements set out by the national team. There was an original ask of 20% of practices that were not doing well. ➢ update from RCGP, the team will start having conversation on this topic with practices and borough CDs. ➢ BHR has already started having the winter conversation. ➢ What will the plans be, looking at data and working with EQUIP team ➢ No practice on the 20%. Conversations with region and national in relation to not showing names. ➢ Discussions on how do we at a NEL level. ➢ Support to general practice and flexible pools, looking at the QI embedded methodologies ➢ Looking at rapid response ➢ Core hours and the call return would be ➢ Support general practices to use CPCS tools ➢ Expansion fund, is this a practice or a PCN conversation. The chair stated that the right individuals need to be involved much earlier in the discussions in a pro-active way. WCD stated that the access conversation is a much wider discussion with the PCN funding getting this directly. It is how do we ensure we have a system conversation. managing the public's expectation of what is access to general practice.
9	**General Practice Resilience 2021-22**	
		General practice resilience programme has been available to practices since 2018. The funding available for TNW is £169k for 21-22, and the process is the same as previous years Practices will be asked to submit an expression of interest and MZ will be reviewing these interests. The only difference is that MZ and team would like to achieve this year is to pool the resources, as they have found in previous years that there is a commonality from the base across TNW and we could achieve a greater economy of scale by supporting practices by purchasing these scales. Timeline – this will need to be revised as the information has not been sent out to practices.
10	**Any Other Business**	
		JM - the groups next meeting is scheduled for the 29 December, which will coincide with annual leave that colleagues may be taking. JM asked the group if this meeting should go ahead or cancel and the group readjourn in January. Items for next meeting: ➢ Quality, data, Interface ➢ Workforce issues ➢ Update on equalisation ➢ SNS ➢ Update on primary care collaborative
11	**Date and Time of Next Meeting**	
		1.00pm – 3.00pm Wednesday 26 January 2022