

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 25 January 2018 at 3.30 – 4.30 pm in the Boardroom, Hilder House 49-51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	3:30pm
2.	Quoracy	Note	Chris Millington	
3.	Declarations of Interest relevant to the agenda	Note	PCCC/18/01/03 Chris Millington	3:35pm
4.	Questions from the public relevant to the agenda		Chris Millington	3:40pm 5 mins
5.	Minutes of the meeting held on 21 December 2017	Approve	PCCC/18/01/05 Chris Millington	3:45pm 5 mins
6.	Matters Arising Report	Note	PCCC/18/01/06 Chris Millington	3:50pm 5 mins
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7.	No items			
Quality and Finance				
8.	No items			
Contract Management				
9.	Contractual Issues – premises relocation (branch closure) request – Cope Street Surgery	Approve Assurance & Information	PCCC/18/01/09 Catherine Wormstone	3:55pm 10 mins
10.	Procurement Update	Assurance & Information	PCCC/18/01/10 Catherine Wormstone/	4:05pm 5 mins
Governance, Risk and Assurance				
11.	Risk and Governance Report	Assurance	PCCC/18/01/11 Richard Walker	4:10pm 5 mins
Reflection on conduct of the meeting				
12.	<ul style="list-style-type: none"> Conduct of meetings Any areas for additional assurance Any training needs identified 	note	Verbal Chris Millington	4:15pm
Other				
13.	Any other business	note	Verbal All	4:15pm 5 mins

Item	Session	Committee Requested to	Enclosure Lead	Time
14.	Items for escalating to the Governing Body Assurance Report		Verbal Richard Walker	4:20pm 5 mins
15.	Date and time of the next scheduled meeting: Thursday 29 March 2018 2017 at 2:30 – 3:30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.		Verbal Chris Millington	4:30pm Close

Exclusion of the Public:

The CCG Primary Care Commissioning Committee should consider the following resolution:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”

Section 1 (2) Public Bodies (Admission to meetings) Act 1960

PRIMARY CARE COMMISSIONING COMMITTEE

25 January 2018

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR													
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input checked="" type="checkbox"/>	<i>Information</i> <input type="checkbox"/>										
2.	REPORT OF													
		<i>Name</i>	<i>Designation</i>											
	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance											
	<i>Author</i>	Alison Edwards	Governance, Risk & Assurance Facilitator											
3.	EXECUTIVE SUMMARY													
<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;</td> </tr> <tr> <td>Indirect interests</td> <td>Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.</td> </tr> </tbody> </table>					Type	Description	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
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	<p>Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report

Agenda time allocation for report:	<i>5 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

NHS Barnsley Clinical Commissioning Group Register of Interests

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Group's Constitution the Clinical Commissioning Group's Accountable Officer will be informed of any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated as a minimum on an annual basis.

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Nigel Bell	Lay Member for Governance	<ul style="list-style-type: none"> • Lay Advisor at Greater Huddersfield CCG • Ad hoc provision of Business Advice through Gordons LLP

Name	Current position (s) held in the CCG	Declared Interest
Mehrban Ghani	Medical Director	<ul style="list-style-type: none"> • GP Partner at The Rose Tree Practice trading as the White Rose Medical Practice, Cudworth, Barnsley • GP Appraiser for NHS England • Directorship at SAAG Ltd, 15 Newham Road, Rotherham • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Madhavi Guntamukkala	GP Governing Body Member	<ul style="list-style-type: none"> • GP partner at The Grove Medical Practice • Husband is a partner at The Grove Medical Practice and Lakeside Surgery • Member Royal College General Practitioners • Member of the British Medical Association • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Chris Millington	Lay Member	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> • No interests to declare
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> • Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS. • Board Member (Trustee), St Anne's Community Services, Leeds

Name	Current position (s) held in the CCG	Declared Interest
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> • Volunteer Governor / Board Member, Northern College • Volunteer Trustee / Board Member for Steps (community care provider for early years / nursery) • Interim contract supporting NHS England in patient choice work (ceased July 2017) • Interim Health Improvement Specialist for Wakefield Council

Name	Current position (s) held in the CCG	Declared Interest
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	<ul style="list-style-type: none"> • Husband is a Senior Lecturer at Huddersfield University; undertakes Medical and Nursing research, teaches non - medical prescribing and is a Diabetes Specialist Nurse.
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> • NIL
Jamie Wike	Head of Planning, Delivery and Performance	<ul style="list-style-type: none"> • NIL
Catherine Wormstone	Primary Care Senior Commissioning and Contracting Manager	<ul style="list-style-type: none"> • NIL

Minutes of the meeting of the Barnsley Clinical Commissioning Group Primary Care Commissioning Committee held on Thursday 21 December 2017 at 2.30pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY

MEMBERS PRESENT:

Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician
Lesley Smith	Chief Officer
Sarah Tyler (<i>Chair</i>)	Lay Member for Accountable Care
Richard Walker	Head of Governance and Assurance

CLINICAL ADVISER'S PRESENT:

Dr Mehrban Ghani	Medical Director
Dr Madhavi Guntamukkala	Governing Body Member

IN ATTENDANCE:

Rachel Barraclough	Primary Care Contracts Support Officer
Julia Burrows	Director of Public Health, BMBC
Garry Charlesworth	NHS England Senior Primary Care Manager
Jackie Holdich	Head of Delivery
Ruth Simms	Assistant Finance Manager
Catherine Wormstone	Senior Primary Care Commissioning Manager

APOLOGIES:

Dr Nick Balac	CCG Chairman
Victoria Lindon	NHS England Area Team Manager
Chris Millington	Lay Member for Patient & Public Engagement and Primary Care Commissioning

MEMBERS OF THE PUBLIC:

None present

Agenda Item	Note	Action	Deadline
PCCC 17/12/01	APOLOGIES		
	Apologies were noted as above.		
PCCC 17/12/02	QUORACY		
	It was advised that the Committee was quorate.		
PCCC 17/12/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	The Committee noted the Declarations of Interest Report. In addition Dr Guntamukkala declared an interest in Item 7 since her Practice occupies Brampton Health Centre, one of the sites under		

Agenda Item	Note	Action	Deadline
	consideration for ETTF funding. Since this item was for information only it was decided that Dr. Guntamukkala would remain present for the discussion.		
PCCC 17/12/04	QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA		
	There were no members of the public present.		
PCCC 17/12/05	MINUTES OF THE MEETING HELD ON 28 September 2017		
	The minutes were approved as an accurate record of the meeting.		
PCCC 17/12/06	MATTERS ARISING REPORT		
	The Committee noted the Matters Arising Report and agreed to remove the items marked as complete.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 17/12/07	ESTATES TECHNOLOGY TRANSFORMATION FUND (ETTF) UPDATE		
	<p>The Senior Primary Care Commissioning Manager presented her paper which gave an overview of the current position of the ETTF in Barnsley.</p> <p>Investment from this fund has been slow to reach General Practice. CCG's have been approached to check that the schemes were still required and in what order of priority.</p> <p>Barnsley CCG is working with Community Ventures (procured by Community Health Partnerships (CHP) to complete 'Strategy light' documents in order to sense check proposals submitted. Further investment to work up Project Initiation Documents (PIDs) may be required. It was recommended that PID's, ideally with additional financial support be worked up for practices that have completed bids for extensions or work.</p> <p>A task and Finish Group had reviewed the 'live bids' in October 2017. The recommendation from the meeting was to continue to support bids for:</p> <ul style="list-style-type: none"> • iHeart Barnsley Third Hub (Dearne area) • Extension to premises at Brampton Health Centre 		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> Mobile Working (Technology) <p>The following new build feasibility schemes would be considered lower priority or paused until further work was completed on Primary Care Estates Strategy</p> <ul style="list-style-type: none"> Monk Bretton Brierley <p>A draft PID has been produced for Mobile Working In conjunction with EMBED and NHS England, however this required further work and costings reviewed prior to submission.</p> <p>Given the pace of the national scheme overall it appeared likely that the deadline would be extended for a further year with final date for completion being March 2020.</p> <p>It was noted that NHS England Senior Primary Care Manager had received confirmation of feasibility in relation to the live bids and these would be processed within the next few weeks.</p>		
	<p>The Committee:</p> <ul style="list-style-type: none"> Noted the contents of the ETTF update Noted the recommended approach to the remaining 'live' schemes for NHS Barnsley CCG 		
QUALITY AND FINANCE			
PCCC 17/12/08	WINTER PLANNING ARRANGEMENTS – PRIMARY CARE		
	<p>The Senior Primary Care Commissioning Manager presented her paper which gave an update of the plans for primary care over the winter period 2017-18.</p> <p>Barnsley CCG in partnership with Barnsley Healthcare Federation had submitted a proposal to NHS England which had attracted extra funding to provide additional capacity with a third iHeart hub based within BHNFT over the busiest days of the holiday period.</p> <p>The CCG was currently working with the Communications Team to communicate this to patients.</p> <p>Committee members noted that GP access had 100%</p>		

Agenda Item	Note	Action	Deadline
	coverage provided by iHeart and Out of Hours (OOH) services. However an extended hours' survey completed incorrectly by practices had given a result of less than 100% coverage which impacted where Barnsley CCG was positioned in the League Table.		
	The Committee: Noted and approved the Winter Planning Arrangements for Primary Care		
PCCC 17/12/09	FINANCE UPDATE REPORT AND FINANCE MONITORING STATEMENT (Appendix A)		
	<p>The Head of Governance and Assurance presented the above report on behalf of the Acting Chief Finance Officer.</p> <p>The forecast outturn position as at Month 7 was an over spend of £97K. Based on the most recent monitoring information available the overspend position had now reduced to £41K and the CCG is taking appropriate steps to achieve balance by the end of the financial year. Movements from budget were reported in Appendix A.</p> <p>Members noted that National allocations for Online Consultations and £1 per head funding had not yet been released to CCG's and were currently being held at Accountable Care System (ACS) until bids were completed and evaluated.</p> <p>The Chief Officer highlighted that next years' allocation programme funding would not be sufficient to cover Primary Care Funding for GP core contracts.</p> <p>The NHS England Senior Primary Care Manager also pointed out that NHS Property Services were moving to market rent which would in impact on practice's property rentals and increase prices.</p>		
	The Committee noted the report.		
CONTRACT MANAGEMENT			
PCCC 17/12/10	CONTRACTUAL ISSUES REPORT		
	<p>The Senior Primary Care Commissioning Manager presented her paper.</p> <p>The Policy and Guidance Manual (PGM) had been</p>		

Agenda Item	Note	Action	Deadline
	<p>updated and published, this has highlighted the processes to be followed for branch closures and relocations.</p> <p>Extended Access guidance would be published in January 2018. It was highly likely that there will be close scrutiny around access and GP opening times within this years' E-Declaration from practices.</p> <p>Patient and stakeholder engagement was progressing well for the premises relocation request for Cope Street Surgery. This has been well supported with good feedback received so far. The engagement period ends tomorrow, 22 December 2017.</p> <p>November data had not been published to date in respect of the extension of the Flu Programme. Practices were delivering more vaccines, however the population has risen.</p> <p>The Chair highlighted that there had been a lot of scare mongering on social media about Flu Vaccinations. The Medical Director pointed out that in Barnsley, people who wanted a Flu vaccination could get one, midwives were now vaccinating also. It was very difficult to change people's views on this matter. The Director of Public Health pointed out that unfortunately not all school data was returned to GP practices therefore data and communication was a problem. Members noted that youngsters needed to be targeted to have the Flu vaccination in order to cover the population.</p>		
	The Committee noted the contents of the Contractual issues report for December 2017.		
PCCC 17/12/11	PROCUREMENT ISSUES - AQP CONTRACTS UPDATE		
	<p>The Senior Primary Care Commissioning Manager presented her paper.</p> <p>Barnsley CCG commissions two services from primary care providers via Any Qualified Provider (AQP) Contracts, these being:</p> <ul style="list-style-type: none"> • Primary Care Vasectomy Service (non-scalpel) • Carpal Tunnel with Nerve Conduction Studies (NCS) 		

Agenda Item	Note	Action	Deadline
	<p>The original NHS Standard contracts were awarded and commenced on 1 April 2016 for a contract term of 3 years, the expiry date being 31 March 2019.</p> <p>Services delivered under the AQP contracts are paid on actual activity basis. Prices are based on local prices, which are lower than National Tariff prices. In 2016-17 spend on these services was:</p> <ul style="list-style-type: none"> • Vastectomy £67,954 • Carpal Tunnel 120,405 <p>It was a requirement that the AQP contracts are “re-opened” mid-way through the contract term.</p> <p>The Medical Director highlighted that following a discussion at Governing Body in December 2017 the CCG intended to decommission vasectomy services from acute providers.</p>		
	<p>The Committee:</p> <ul style="list-style-type: none"> • Noted the contents of the report and the requirement to re-open the AQP contracts • Noted the timescales required for managing the process 		
PCCC 17/12/11.1	COMMUNITY MSK TRIAGE SERVICE		
	It was noted that the Head of Governance and Assurance informed committee members that the MSK Triage Service contract had been awarded to SWYPFT with an expected date for Service Commencement of 1 April 2018.		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 17/12/12	RISK AND GOVERNANCE REPORT		
	<p>It was noted there were no significant changes to the report. The Head of Governance and Assurance has reviewed all risks with Leads and there were no recommendations to change the scores.</p> <p>The Head of Governance and Assurance informed committee members there had been a further update on the 0-19 Pathway Action Plan. This risk would be reviewed in January 2018 to ensure it continued to be appropriately described and scored on the Risk Register.</p>		

Agenda Item	Note	Action	Deadline
	<p>The Chief Officer raised concerns regarding Risk Reference: CCG 14/10 relating to lack of GP's in Barnsley, which she felt should be amended to reflect the wider Primary Care workforce rather than focusing solely on GP numbers. The Medical Director agreed that the description of the risk needed to be reviewed and reworded to reflect any changes.</p> <p><u>Agreed Action</u> The Head of Governance and Assurance and the Senior Primary Care Commissioning Manager would review the description of this risk and amend accordingly.</p> <p>The Lay Member for Governance queried if there was a model of what the Primary Care workforce should look like. The Chief Officer informed committee members that the CCG had done a piece of work around GP workforce however a strategy for GP workforce and a delivery model was needed. There was currently an Apprenticeship programme in place, spread across practices. A further discussion around GP workforce took place amongst committee members.</p>	RW/CW	25.01.18
	<p>Subject to the action agreed above, the Committee:</p> <ul style="list-style-type: none"> Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible and: <ul style="list-style-type: none"> Agreed the risks identified were appropriately described and scored Identified no other risks which needed to be included on the Risk Register. 		
OTHER			
PCCC 17/12/13	ANY OTHER BUSINESS		
	It was noted that committee members had no further items for discussion.		
PCCC 17/12/14	ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT		
	It was noted that committee members had no items for escalating to Governing Body.		

Agenda Item	Note	Action	Deadline
PCCC 17/12/14.1	REFLECTION OF CONDUCT OF THE MEETING		
	It was noted that committee members agreed the conduct of the meeting had gone well.		
PCCC 17/12/15	DATE AND TIME OF THE NEXT SCHEDULED MEETING		
	POST MEETING NOTE: The Primary Care Commissioning Committee scheduled for Thursday 25 January 2018 would now take place in Public at 3.30 – 4.30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE**25 January 2018****PUBLIC****1. MATTERS ARISING**

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **21 December 2017**.

Minute ref	Issue	Action	Action/Outcome
PCCC 17/12/12	RISK AND GOVERNANCE REPORT: Risk Reference: CCG 14/10 lack of GP's in Barnsley. Description of the risk needed to be reviewed and reworded to reflect any changes to Primary Care workforce.	RW/CW	COMPLETE

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2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

Table 2 provides an update/status indicator on actions arising from earlier Board meetings held in public.

Table 2

Minute ref	Issue	Action	Action/Outcome
PCCC 17/09/11b	A full breakdown of the differences between PMS and GMS contracts to be drafted for Members.	CW	In Progress To cover at a development session in February 2018.

PRIMARY CARE COMMISSIONING COMMITTEE

25 January 2018

Premises Relocation (Branch Closure) Request – Cope Street Surgery (C85017)

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision	<input checked="" type="checkbox"/>	Approval
		<input type="checkbox"/>	Assurance
	Information	<input checked="" type="checkbox"/>	
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
	<i>Author</i>	Catherine Wormstone	Senior Primary Care Commissioning Manager
3.	EXECUTIVE SUMMARY		
	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> a) Update Primary Care Commissioning Committee on the request made by Park Grove Surgery to relocate both sites (Park Grove and Cope Street) into the planned new build at Burleigh Street, Barnsley. b) Request Approval for the relocation of Cope Street Surgery into the planned new build at Burleigh Street, Barnsley. c) Report on the Engagement Activity to support the relocation of Cope Street Surgery d) Request approval for the additional increase in recurrent revenue consequence for premises and IT reimbursement e) Highlight the discharge of CCG duties <p>3.1 Background</p> <p>Park Grove Surgery (C85017) delivers core primary medical services under a General Medical Services (GMS) contract. On 17 February 2017, this practice formally merged with Cope Street Surgery. The practice merger was approved by NHS Barnsley CCG Primary Care Commissioning Committee on 3 November 2016. The practice has a combined list of 11,094 patients (As at 1 October 2017) and currently provides services from three locations; Park Grove, Cope Street and the Roundhouse Medical Centre.</p>		

Prior to the merger, Park Grove Surgery had begun the process of seeking approval to build and relocate to new premises. The practice has gained approval and secured partial funding from the Primary Care Infrastructure Fund (predecessor to Estates and Technology Transformation Fund) and plans are well advanced to commence building on a plot of purchased land located on Burleigh Street in Barnsley with a planned completion date in November 2018. 2017. Planning approval has been granted for this site and a contractor (Tolent) has been appointed through a formal tender process.

The GP partners are self-funding the build at Burleigh Street and expansion space had already been factored into the architect's plans. The District Valuer has assessed the plans and has identified the proposed reimbursable area. The recurrent revenue consequence of the new build (increase in rent, rates, water and clinical waste) will fall to NHS Barnsley CCG. For the purpose of this paper, it is assumed that all engagement activities, equality impact assessment and financial considerations have been completed and fully considered for the Park Grove premises relocation. Approval for the Park Grove new build and relocation was granted by NHS Barnsley CCG Primary Care Commissioning Committee on 27 August 2015.

3.2 Request for premises relocation and branch closure – Cope Street to Burleigh Street (new build)

The Partners at Park Grove Surgery are now seeking permission to close the premises located at Cope Street and move the additional patients into the expansion space identified within the Burleigh Street new build. The Partners have completed an application to close their branch surgery which is included at Appendix 1.

NHS Barnsley CCG and the Park Grove Surgery have followed guidance set out in NHS England's Primary Care Policy Book (January 2016) and subsequently the NHS England Policy and Guidance Manual (2017) in managing this request.

In accordance with NHS England guidance, this this is likely to be a significant change to services for the registered population who use Cope Street and as such the Commissioner and the contractor must engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them. With this duty in mind, a number of meetings have been held with the practice between April 2017 and December 2017. This has formed a constructive and open dialogue.

In this instance, there are a number of existing GP practices (4) providing services in that area and therefore the relocation would not leave a gap in service provision

Park Grove surgery also has a branch at The Roundhouse Medical Centre, Wakefield Road, Barnsley S71 1TH which will continue to operate unchanged at the present time. This site is a shared LIFT building with St. Georges' Medical Centre.

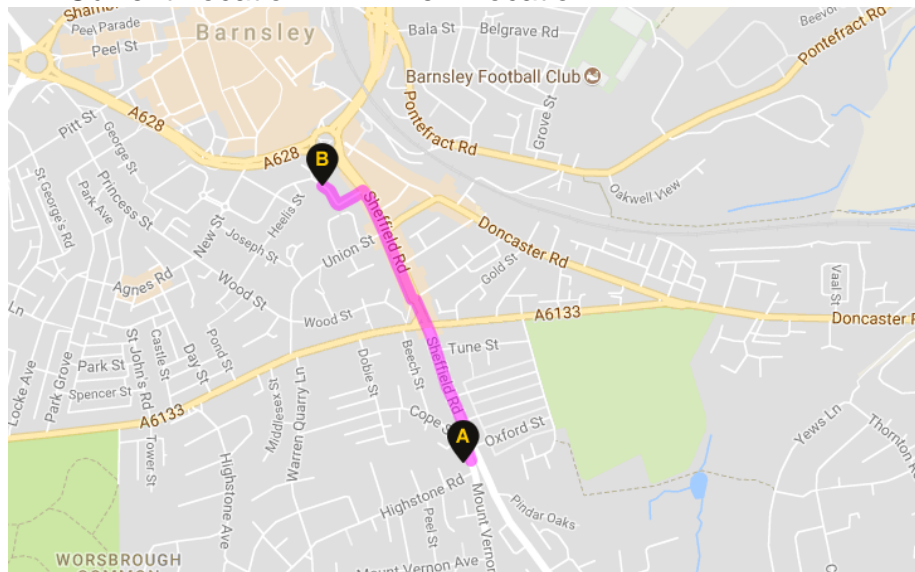
None of the sites hold dispensing status.

Park Grove Surgery premises are leased from Assura Medical. Cope Street Surgery have premises owned by the practice partners. The practice will be responsible managing the exit from the lease (Park Grove) and for the disposal of the Cope Street site. In this case, they will also benefit from any capital gains.

3.2.1 Details of Branch Proposed for Closure

The Cope Street Surgery branch site is located at 2a Cope Street, Barnsley, S70 4HY. The distance between the two sites is approximately 0.5 miles.

A – Current Location B – New Location



3.2.2 Alternative Provision of Primary Medical Services

There are four alternative GP practices within 2 miles of the Cope Street branch surgery and two of these are within 1 mile. All of these practices are within NHS Barnsley CCG boundary. All are registering new patients and have open lists.

Number of Practices within	0.5 miles of Cope Street	1 miles of Cope Street	2 miles of Cope Street
	The Kakoty Practice 170 Sheffield Road Barnsley S70 4NW	The Grove Surgery 124 – 126 Park Grove Barnsley S70 1QE	Dove Valley Practice Worsborough Health Centre Powell Street Worsborough S70 5NZ Ashville Medical Practice Oaks Park Primary Care Centre Thornton Road Kendray, S70 3NE

If a significant number of patients chose to re-register, this may cause capacity issues in neighbouring practices, however, feedback from the patient engagement does not indicate that this would be the case.

3.3 Reasons for the Practice seeking branch closure

The Partners at Park Grove Surgery have taken a decision to relocate both sites into the planned new build being motivated by the benefits to patients and staff. The Cope Street building is a former house and has a significant amount of maintenance issues associated with it. The move to a new building will allow for provision of a single reception function as well as a vastly improved environment for all who use the practice. Further details on the issues with premises and benefits of the move have been set out in the Practices' Business Case at Appendix 2.

3.4 Strategic Plans for the Area

NHS Barnsley CCG is committed to commissioning high quality primary medical care services for the residents of Barnsley and a move to new purpose built premises would facilitate this for the patients of Cope Street. Many of the key strategic documents for Primary Care (Five Year Forward View, GP Forward View and Next Steps for Five Year Forward View) promote the delivery of primary care at scale and the benefits of streamlining existing provision. New and accessible premises would allow the practice to be in a better position to provide locality based services and which would meet all regulatory premises requirements. These would be subject to commissioning intentions and procurement processes where relevant.

Park Grove Surgery is part of the Central Locality and as such will be working with other practices in the geographical area to ensure patient services are delivered with patient need in mind.

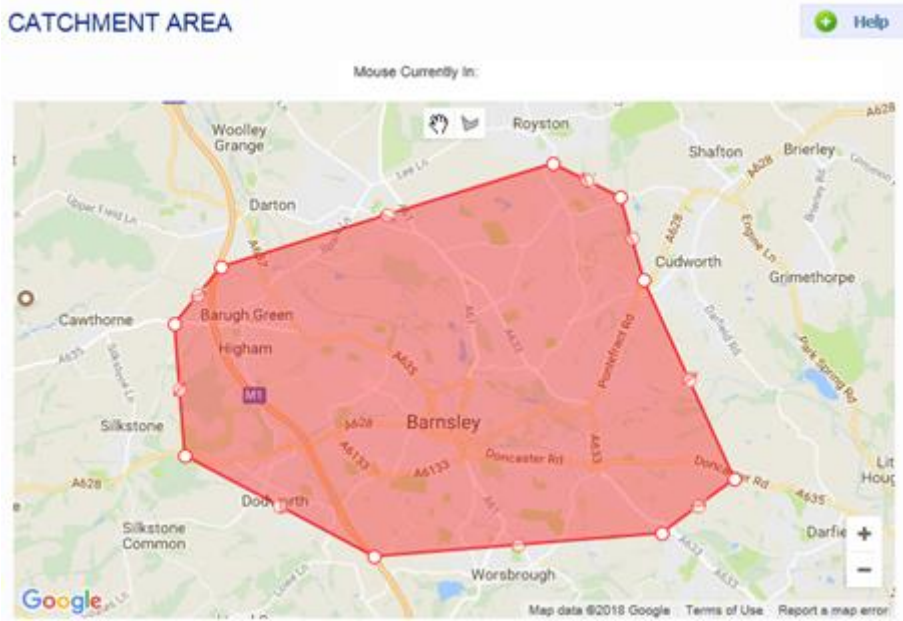
The new build would still retain an element of expansion space so there would be further potential for co-location of services.

3.5 Practice Business Case

A request for a premises relocation including a branch closure requires the practice to make a case for change which sets out the rationale, plans and aspirations for delivering services in a different location. A detailed document has been collated by Park Grove Surgery and can be found at Appendix 2.

3.6 Practice Statistics and Metrics

3.6.1 Park Grove Surgery registers patients within the boundary set out below.



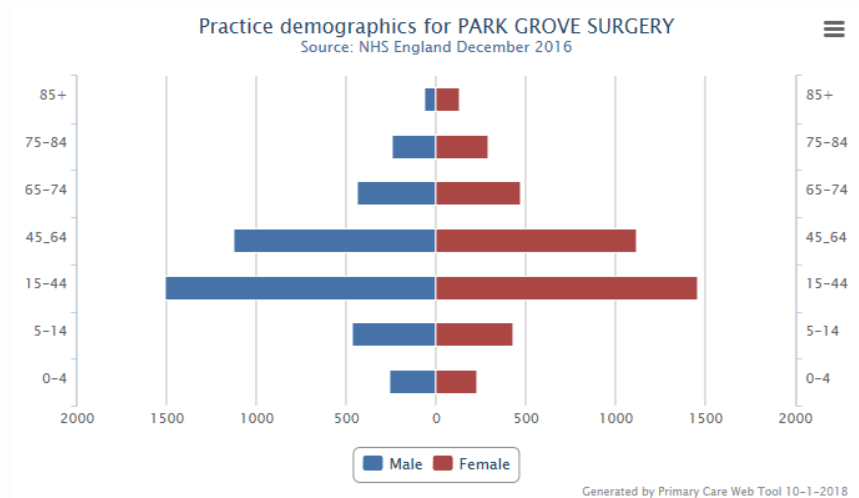
The practice has confirmed that there will be no change to the existing boundary on the relocation and the list will remain open. The practice will be able to register new patients. The list size of Cope Street pre- and post-merger is below.

3.6.2 List Size and Demographics

Cope Street/ Park Grove List Sizes							
Apr-16	Jul-16	Oct-16	Jan-17	Merger	Apr-17	Jul-17	Oct-17
3011	3006	2940	2900	Feb-17	11132	11078	11094

INDIVIDUAL PRACTICE DEMOGRAPHICS - C85017

Total practice list size for PARK GROVE SURGERY is 8238, of which 4097 are Male and 4141 are female.
This practice has 28 (0.003%) of it's patients in a Nursing Home
The Person Based Resource Allowance (list size weighted for population need) is 0



It is worth noting that this is a December 2016 demographic profile which indicates that at that point, 28 patients were registered in nursing homes.

The practice is a member of Barnsley Healthcare Federation.

3.6.3 CQC Registration

The practice was rated **Good across all domains** following an inspection on 09 May 2016. This branch at Cope Street was previously inadequate under the previous provider in 2015.

3.6.4 2017 GP Patient Survey

82% of patients rated their overall experience of the Park Grove Surgery as "good. This was only marginally below the CCG average at 83%.

90% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care

92% of respondents say the last GP they saw or spoke to was good at treating them with care and concern

92% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments

64% of respondents are satisfied with the surgery's opening hours

51% of respondents find it easy to get through to this surgery by phone

71% of respondents were able to get an appointment to see or speak to someone the last time they tried

The 2017 GP Patient Survey is publically available.

3.6.5 Primary Care Webtool Indicators

The most recent data from the Primary Care Webtool shows that the practice has a number of triggers which relate to long term conditions and access. This would categorise the practice as 'approaching review'

	PARK GROVE SURGERY
GPOS General Practice Outcome Standard User (Quality Improvement Model)	7 Level 1 triggers: Approaching Review (Smoking, Emergency LTC Admissions, Satisfaction (overall), patient experience, satisfaction (access), SMI Physical Health (BP & d1 + d2)
GPHLI General Practice Higher Level Indicators (Assurance Model)	The practice has 5 of the higher level indicators: 3 of these are in Long Term Conditions, 1 is in premature mortality and 1 in recover from illness/injury.

3.6.6 Practice Opening Times

	Cope Street	Park Grove	Roundhouse
Monday	8:30 – 17:00	8:30 – 18:00	8:30-12:15 13:45-17:00
Tuesday	8:30 – 17:00	8:30 – 18:00	8:30-12:15 13:45-17:00
Wednesday	8:30 – 17:00	8:30 – 18:00	8:30-12:15 13:45-17:00

Thursday	8:30 – 17:00	8:30 – 18:00	8:30-12:15 13:45-17:00
Friday	8:30 – 12:15	8:30 – 18:00	8:30-12:15
Saturday	Closed	Closed	Closed
Sunday	Closed	Closed	Closed

Late evening appointments are offered at Park Grove and Roundhouse sites.

3.4 Patient and Stakeholder Engagement

A premises relocation request triggers the Commissioner's duties to involve patients in decision-making. Primary Care Commissioning Committee approved an eight week period of patient and stakeholder engagement at the meeting on 28 September 2017.

This is primarily the Practice's engagement process, however extensive support has been offered by the CCGs Engagement Manager in the form of providing advice, templates and tools to assist the practice. The full engagement report and a summary of findings can be found in Appendix 2 – Practice Business Case (Annexures B & C). In short, the majority of patients who responded during the engagement period were in support of the change. Only a few comments were received regarding the worry about losing the "homely and friendly feel" of the Cope Street surgery which was noted in response to some of the questions. The practice plans to continue to engage with patients throughout the new build process to ensure as much of this is retained as is possible.

Many other stakeholders were included in the engagement process and it should be noted that no formal objections to the closure and relocation have been received during the engagement period.

The practice would also be expected to engage with any staff affected; however this is entirely a practice responsibility as their employer.

3.5 Financial Impact of the Closure

In the event of closure there would be limited potential savings and likely increase in costs:

3.5.1 Potential Savings

- a) The practice would save on heating, lighting and other utility bills from the old building.
- b) The practice would no longer receive notional rent, rates or reimbursement for clinical waste which are funded via the CCG through the GMS contract for the premises at Park Grove and Cope Street (Statement of Financial Entitlements)
- c) There would be no financial impact on staffing (not reimbursable by CCG)
- d) The practice would retain the asset of the Cope Street building (GP partnership owned)

As a CCG which is fully delegated for the commissioning of primary medical services, NHS Barnsley CCG reimburses the practice for rent, rates, water and clinical waste. There is also a requirement for the provision of IT equipment and support.

In relocating two sites to one new build, there will be potential savings of all these elements from the redundant sites at Park Grove and Cope Street. However, it is likely that a bigger site may result in an overall net increase in costs.

Park Grove	
Rent	£17,500.00
Non Domestic Rates	£6,524.00
Water Rates	£501.55
Total	£24,024.00

Cope Street	
Rent	£18,875.00
Non Domestic Rates	£5,572.41
Water Rates	£242.50
Total	£24,447.41

3.5.2 Reimbursable Area Estimates & Forecast Increase.

In liaison with the District Valuer and based on initial plans submitted by the practice in 2016, the GMS reimbursable area has already been agreed as part of the Park Grove Surgery relocation. This is a gross internal area (GIA) of 681m². With a net internal area (NIA) of 608m². A letter from the CCG to Dr Chikthimmah dated 22 December 2016 confirms a headline rental valuation of £129,000.

It is important to note that abatement applies to this scheme for a period of 15 years due to an NHS capital contribution towards the scheme. This will result in the rent being determined at 87.9% of market value (c£113,500). This includes the presence of 49 parking spaces. This is an overall increase to CCG recurrent revenue costs of approximately £96,000 including parking.

In consideration of this move, the CCG applied the Principles of best practice for the design of primary medical care facilities. This can be found in *Health Building Note 11-01: Facilities for primary and community care services and associated documents*.

This guidance provides principles of best practice when assessing size requirements to accommodate overall facility space common to all primary medical care premises. These principles of best practice have been previously adopted by Barnsley CCG and Primary Care Commissioning Committee.

Expansion space has already been identified within the new build so with some adjustments to the internal layout, there is adequate space to accommodate the Cope Street patients.

The practice has put forward proposals which would see an additional increase in reimbursable space of an additional 200 m². The plans for the building, incorporating the Cope Street branch, are included in Annexure F of the practice business case.

An estimated calculation has been carried out using an increase of £200m² an indicative baseline price which would see a further increase in recurrent revenue costs of approximately £60,000 for the Cope Street relocation. This would take the overall recurrent increase to an estimated £160,000. More detailed work together with the District Valuer would be required to provide more accurate figures following the outcome of the Committee's decision.

3.5.3 Other financial considerations

It is likely that some of the other reimbursable items (water, rates and clinical waste) may also increase due to the proposed relocation; however estimated figures are not yet available.

In addition, it is likely that there will be considerations for GP IT. Existing IT infrastructure will be relocated where possible but there may still be costs incurred around the cabinetry, server and printers. A meeting will be arranged with EMBED and the practice once a decision has been reached to more accurately identify requirements and costs.

4 Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA)

NHS Barnsley CCG has assessed what the impact would be on quality of service provision (Quality Impact Assessment) and an Equality Impact Assessment (EIA) has been completed as part of the engagement work and in liaison with the Park Grove Surgery.

Neither the QIA nor the EIA identified any negative impact or risks that require mitigation.

As part of the ongoing project management for relocation to the new building, patient engagement will remain a priority and, as stated above, the new build will be subject to all relevant regulatory, CQC, DDA and Health & Safety requirements.

The Equality Impact Assessment can be found at Appendix 3
The Quality Impact Assessment can be found at Appendix 4.

Following a decision by the Committee, a Privacy Impact Assessment will be completed and brought back to the next committee meeting

5. Conclusion

NHS Barnsley CCG has followed the national process for dealing with requests for branch closures as directed in NHS England's Primary Care Policy Book (Jan 2016) and Primary Care Policy and Guidance Manual (Nov 17)

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

The GP Forward View, published in April 2016, acknowledges that General

	<p>Practice is under unprecedented pressure and needs to transform to ensure that services are fit for the future.</p> <p>“Almost every practice is struggling to balance rising workload within tighter financial constraints. Add to this the strain of recruitment issues and it becomes easy to see why morale is so challenged. Clinicians increasingly feel unable to provide the care they want to give, and understandable resentment of working under this pressure is growing.”</p> <p>Enabling the Cope Street branch site to relocate to the planned new build at Burleigh Street will alleviate some of the pressures experienced by running two sites and will potentially allow further co-location of services. Being mindful of recurrent revenue consequences which fall to the CCG, the move would provide an exciting opportunity to greatly improve patient care, satisfaction and the working lives of the staff at the practice.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> a) Note the update on the request made by Park Grove Surgery to relocate both sites (Park Grove and Cope Street) into the planned new build at Burleigh Street, Barnsley. b) Made a decision on the relocation of Cope Street Surgery into the planned new build at Burleigh Street, Barnsley in autumn 2018. c) Note the 8 weeks Engagement Activity to support the relocation of Cope Street Surgery d) Request approval for the additional increase in recurrent revenue consequence for premises and IT reimbursement

Agenda time allocation for report:	<i>30 mins</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y

	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	YES
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	YES
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	YES
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

Annex 14A

Template Application Notice to Close Branch Premises

17.1.2018

Dear

Application to Close Branch Premises

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

Affix practice stamp:

Details of branch surgery address proposed for closure:	2A Cope St, Barnsley S70 4HY
---	------------------------------

1. Do you have premises approval to dispense from the branch surgery? If yes, how many patients do you currently dispense to?	NO
--	----

2. Do you have premises approval to dispense from any other premises? If no, do you intend to give three months' notice of ceasing to dispense as required by Paragraph 10 of Schedule 6 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended?	NO
--	----

3. How have you involved patients regarding this proposal?	Patient consultation exercise (8 weeks)
--	--

4. How will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should the Commissioner approve this application?

The patients have been aware of the intention of the practice to close the branch site and to relocate to the new building since the merger of Park Grove and Cope Street surgery.

The practice will continue to engage with registered patients regarding the move

The comprehensive patient consultation document was also circulated to all relevant stakeholders including the wider public. Our Patients' opinions and suggestions have been taken into full consideration, with no resulting significant mitigation actions needed at the end of the exercise. The outcome of the consultation exercise has already been shared with our patient reference group.

The outcome of the meeting and any decision-making by Barnsley Primary Care Commissioning Committee due to be held on 25 January 2018 will be communicated to patients and carers as soon as possible via the patient reference group, practice website, B side of prescriptions, Home visits, posters in reception, local pharmacies etc.

-
4. How will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should the Commissioner approve this application?

Patient consultation exercise

Please see previous Page

-
5. Please provide a summary of the patient involvement feedback and confirm that you will supply evidence of this consultation should it be requested:

Patient Consultation report available

-
6. Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including:

Kindly refer to attached business case

- access to the main surgery site i.e. public transport, ease of access;
- capacity at main surgery site;
- booking appointments;
- additional and enhanced services;
- opening hours;
- extended hours; and
- dispensing services (if applicable)

-
7. From which date do you wish the branch closure to take effect?

November 2018

Signed by :

Dr.C.A.Bridger



Dr.S.Chikthimmah



Dr.R.Hariharan



Date

17.1.18

Relocation of Cope Street Branch Surgery into new build Main site



January 2018

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APPENDIX

ANNEXURE A SIX-FACET SURVEY RESULTS
ANNEXURE B PATIENT ENGAGEMENT PLAN
ANNEXURE C PATIENT CONSULTATION REPORT
ANNEXURE D PUBLIC TRANSPORT NETWORK
ANNEXURE E PRACTICE BOUNDARY
ANNEXURE F ARCHITECT DRAWING SHOWING GIA
ANNEXURE G PROJECT CONSTRUCTION PROGRAMME

PROJECT TITLE AND PROPOSED INVESTMENT

The title of the project is: “Relocation of Cope Street Surgery into new build Main site”

This Business Case summarises the planned relocation of Primary Care Services, Cope Street Surgery, Barnsley which is only a few hundred yards from the current new build site.

The existing Health Centre is outdated and is in poor physical condition. **A 6-facet survey commissioned by Barnsley CCG identified 61 risks to the current building with 18 of these risks being significant or high risk.**

It currently fails to meet modern healthcare standards, in terms of functional requirements, special needs, and compliance with current guidance. The accommodation is cramped characterised by limited staff accommodation and overcrowded and noisy waiting areas.

Furthermore, there is a significant backlog in maintenance. The plant and equipment are well beyond their design life, and hence are inefficient in terms of energy use and carbon footprint. The existing premises, is currently non-CQC compliant and non-Disability Discrimination Access (DDA) compliant. The existing facilities fail to meet the current demand, are in poor condition, do not provide the required decontamination facilities and have poor access.

The proposed development will not only address the current deficiencies in facilities at the existing Cope Street Health Centre but also consider, in the longer term, rationalisation and coordination of services across the central Barnsley Locality.

Relocation to the new GP surgery building would represent an exciting opportunity to realise the objectives and benefits set out in this business case for patients in Barnsley. The proposed new development supports the Barnsley Joint Strategic Needs Assessment, in improving access to health and social care services across all age and community groups.

This will enable better access to general practice and its associated community services, improving services for the frail and elderly and hence reducing unnecessary demands on urgent care services, as well as building the foundations for more integrated care to be delivered in community settings and will enable us to offer new clinical services in line with ambition set out in the Five Year Forward View.

The New build

- Meets statutory / regulatory requirements (DDA, CQC, H&S)
- Complies with DH guidance (HBN & HTM)
- Delivers value for money and is affordable
- Is consistent with the strategic aims of BJSNA
- Has wide stakeholder support
- Will deliver a reduction in overall carbon emissions.

INTRODUCTION

This business case proposes the relocation of Cope street surgery into a new build primary healthcare resource centre (Park Grove Surgery) in Barnsley, which is located only a few hundred yards from the current site and has the necessary footprint to accommodate Cope street surgery patients. The Centre aims to co-locate and integrate the town's primary and community healthcare services, and provide a single staff base for community staff in the area providing clinical, administrative and support accommodation in an Integrated Health and Social Care Centre.

The Business case seeks approval of associated annual revenue cost increases to the NHSE/CCG (**notional rent reimbursement**) and it is proposed that the scheme will be financed under NHS/GMS rent and rates reimbursement with the developer meeting the capital cost of the development works in return for a rent at the level set by the district Valuer.

The proposal to develop the primary healthcare resource centre (Park Grove Surgery) to replace and integrate existing services and accommodation was developed in partnership over an extended period of time, and through a process of sustained stakeholder engagement. PCT/ NHS Barnsley was initially consulted in 2012 and a strategic outline business case was agreed and supported in principle by PCT/NHS Barnsley in May 2012 and has since received support from CCG and NHSE resulting in full approval.

The site for the development is a council Greenland, which is only a few hundred yards from the current Cope Street branch site and was made available by Barnsley Council to Park Grove Surgery following a meeting with the council leader and the local authority.

The stakeholders to the proposed development (Park Grove) include the local GP practices, the local authority, Councillors, Voluntary Sector, Community Health Council, Public Health, and Health Board clinical and corporate services and a range of Health Board services.

Emphasis of the new development is on:

- *Health wellbeing and prevention*
- *Integration and seamless provision of services*
- *Co-location of services*
- *Single point of access to services*
- *Flexible accommodation use*
- *Modern and well-designed facilities*
- *Training and education facilities*
- *Welcoming environment*
- *Potential for future development*

Existing situation

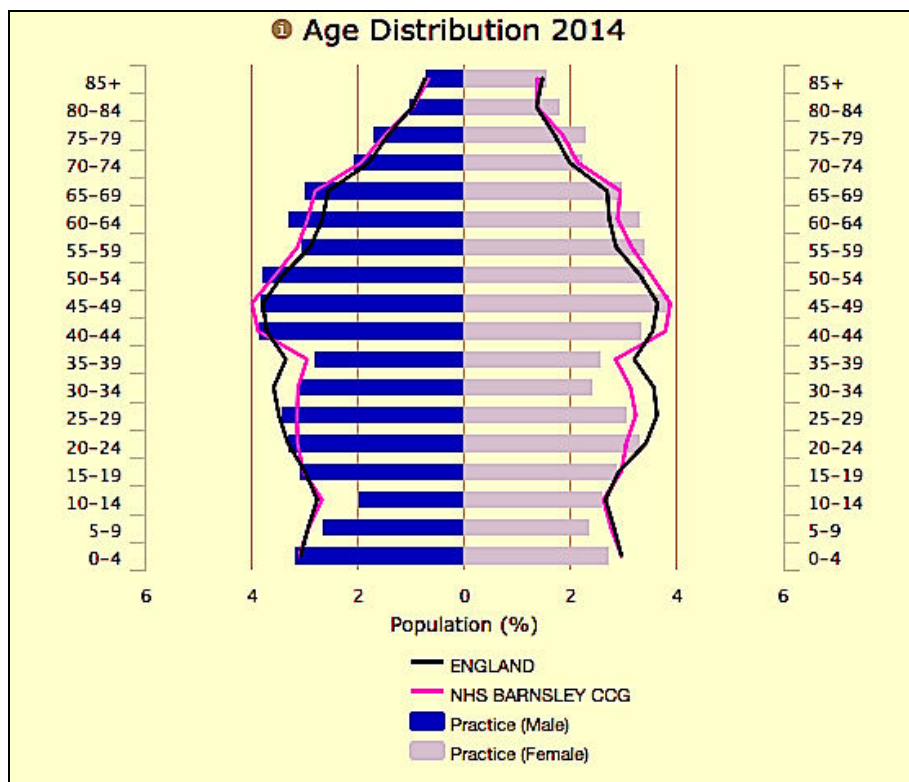
The current premises at Cope Street is a converted house originally constructed in 1900 and extended in 1960s and a further smaller extension in 2013 and was originally designed to provide health services for a smaller number of patients than it does now. There are now significantly more patients registered with the practice. Over that time the types of services GP provide have also changed considerably. A 6- facet survey commissioned by Barnsley CCG identified 61 risks to the current building with 18 of these risks being significant or high risk.

Health care team

- 5 Doctors, (Drs. Bridger, Chikthimmah, Hariharan, Han, Palmer), 5 FTE
- 4 Advanced Nurse Practitioners, 4 FTE
- 4 Practice Nurses, 3.5 FTE
- 2 Health Care Assistants, 2 FTE and
- 15 administrative staff
- Actively looking for another PN and HCA to complement the above team.

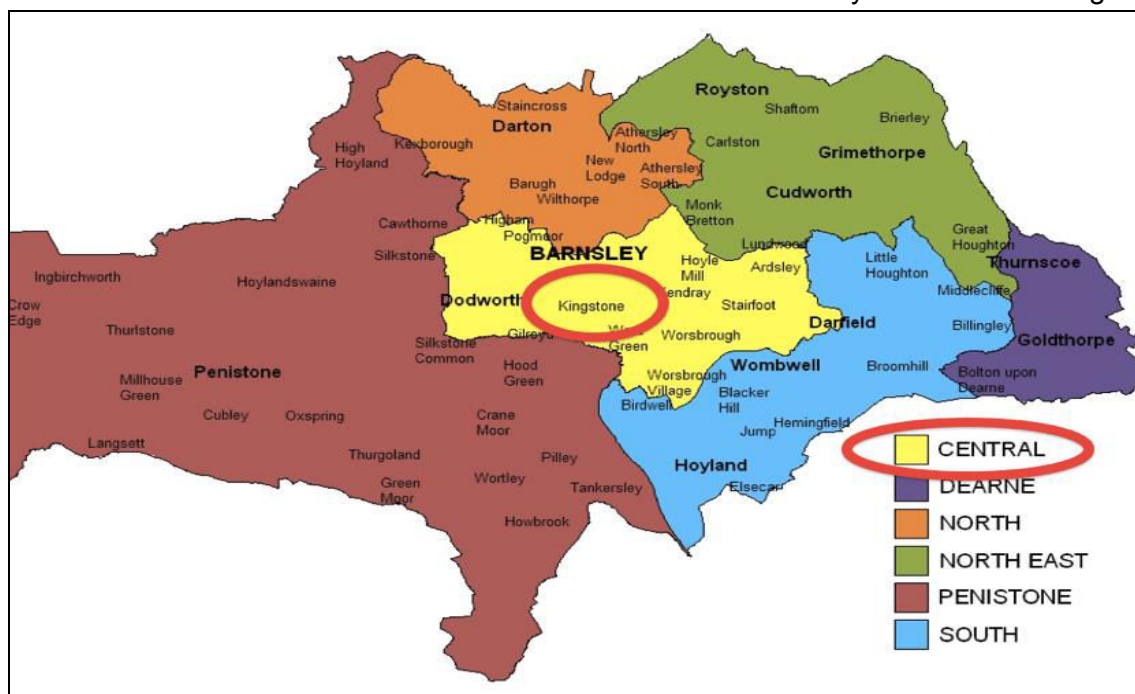
Demography

PG is one of the few city Centre practices and caters for a **population of circa 11,000 patients.**



Morbidity/ Prevalence

There is a high level of deprivation and high morbidity rate and prevalence of chronic diseases that goes hand in hand with deprivation. The area suffers from poor health when compared to local and national statistics and in almost all areas are above Barnsley & National average.



Deprivation score and life expectancy tables



Existing Arrangements – Facilities

A 6- facet survey commissioned by Barnsley CCG identified 61 risks to the current building with 18 of these risks being significant or high risk.

It is outdated & substandard in quality with limited Functional capability and hence there is a need for change.

Whilst the primary driver for change is service modernisation and redesign, these changes simply cannot take place without investment in the accommodation that will enable and facilitate the required changes in service delivery. The table that follows provides information on the current condition and performance of the properties within the scope of the project.

Current condition & performance of the Estate based on National Standards

physical condition	• Unable to bring back to satisfactory condition
statutory standards	• Non-compliant
Space utilisation	• very overcrowded
Functional suitability	• poor- not fit for purpose

The table shows that the main problems with the existing property are due largely to the lack of space and poor functional suitability. Since the existing health center was originally built the list sizes, workload and general level of service activity have significantly increased as a result of increased catchment populations and the expanded primary and community care services needed to support the community. Hence, the services have now simply outgrown the buildings and reached a state where they present a serious constraint on both the continuation and further development of services. There is very little potential for developing either existing or new services within the existing facilities due to the physical limitations of extending buildings on their existing sites and previous works. Furthermore, the current design and functional suitability seriously compromise the provision of modern health and care services from these buildings.

Constraints

The Health Centre fails to meet healthcare standards in terms of functional requirements, special needs, and compliance with current clinical guidance, fire regulations and infection control measures. Furthermore there is a significant backlog in maintenance, and with plant and equipment at an age which is well beyond their design life, and hence inefficient in terms of its energy use and carbon footprint.

Due to the significant changes that have taken place over the decades in the NHS, including expansion of Primary Health Care Services, the accommodation is cramped throughout and is characterized by inadequate GP consulting rooms, limited community staff accommodation and overcrowded and noisy waiting areas. Hence, the experience for patients who are receiving care in these conditions is not pleasurable. Similarly, staff working in the building is constantly frustrated by a lack of space and the poor functional suitability of the buildings and inevitably this impact upon their ability to deliver effective and efficient services.

The current service provided in Health Centre is unable to support the required focus on reducing inequalities in health set out in “Better Health, Better Care”. In recent years the expansion of primary care has resulted in new services being developed which the building has been unable to accommodate. There are also a number of services which practice would wish to develop, in accordance with the proposed model of care in the future e.g. enhanced services under the GMS contract. These would be impossible to provide in the existing facilities. Lack of appropriate accommodation for locally based clinical services and community teams has restricted their development and not enabled these benefits to be delivered to date. The recruitment of general practitioners, nurses, ANPs, social workers, and support staff with the ability to provide the wide range of services needed in the proposed model of service provision is becoming increasingly more difficult as the facilities become increasingly inadequate.

In summary the existing service provision in the Health Centre **FAILS** to provide:

- A platform for sustaining and expanding clinical services, in line with the current model of primary care.
- Facilities which allow a fully patient centred service and “one stop shop” for all primary care services.
- Modern facilities and design that meet the required health standards.
- Reducing inequalities in health.
- A platform for meeting satisfactory levels for attracting and retaining suitable staff
- Facilities which have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies
- Facilities which meet the required quality standards
- Facilities which are flexible and adaptable
- Facilities that enable effective and efficient use of the resources.

Operational & Clinical difficulties

- No lift access as seen above and the first floor consulting rooms (half of total consulting rooms) are reached through a narrow corridors & steep flight of stairs.
- Waiting area - is small and crowded
- Treatment room- No treatment room for carrying out dressings and procedures
- No sluice for segregation and safe disposal of waste
- Administrative office is cramped and non-compliant with NHS standards.
- Consulting rooms do not comply with NHS standards and hence we cannot undertake certain procedures like steroid injections, IUD insertion and minor procedures.
- Allied health professionals -As there are no adequate rooms, it is difficult for allied health professionals to undertake sessions in the surgery.
- Multi-functional Room- not available and the only meeting room available for clinical and practice meetings is a third floor converted attic which in turn leads to difficulties for some staff due to disabilities and also acts as limiting factor in encouraging and holding activities for patient groups.
- Confidentiality issues - as there is no space in reception. Private details are often relayed in front of an audience. For example, specimens including stool samples, urine samples etc. are handed over to staff in front of an audience
- Security - is an issue as most consulting rooms are hidden away from staff view
- Patient choice -impeded as secretary is based on the second floor and hence patients often choose to be sent the first available appointment through the post instead of going upstairs to see the secretary to book an appointment using the Choose & Book system.
- Inadequate space -Inadequate rooms for simultaneous surgeries for existing staff leading to patient and staff dissatisfaction on waiting long periods for access to a room
- Acoustic insulation- the consulting rooms lack acoustic insulation leading to confidentiality issues as the consultation can be overheard clearly in the corridors.

Statutory legislation - Potential Breaches

DDA compliance

Cramped Waiting areas and narrow corridors/ doors make Wheelchair access difficult. There are number of other significant issues such as ground levels, door width etc.

Health and Safety

There is no space from prams or buggies, which in turn acts as trip and fire hazards
Staff- Practice manager is based in the 3rd floor and admin staff are based on the 1st floor and hence a person with impaired mobility could not be appointed to these posts.

Insulation is a major problem in the current premises and as a result poses a major health and safety issue as staff and patients in the first and second floor rooms find it extremely difficult during summer and winter months.

Building design & layout related issues

No room for expansion: Although an expanding practice in an area of deprivation, there is no room for expansion due to age, location and previous works.

Public Transport: A significant number of our patients including our elderly depend on public transport to attend the surgery. Unfortunately there are no bus stops nearby the practice. This leads to significant access problems and hence results in more visits being requested and also inappropriate use of emergency services due to transport reasons, thus leading to additional strain on the workload of our GPs and NHS.

Risks of Doing Nothing

Without relocation to modern facilities which facilitate integrated and new working practices, the essential changes required in service models to meet the challenges associated with delivering national and local policy simply will not happen. Furthermore, the retention and recruitment of general practitioners, primary and community care professionals, appropriately skilled nursing, allied health professionals, social workers and support staff is becoming increasingly more difficult as the facilities become progressively more inadequate. The existing facilities can, at times, compromise clinical standards and effectiveness and have been identified as risk management issues in areas such as cross-infection and health and safety.

The existing accommodation also compromises the achievement at times of basic quality standards in terms of patient's privacy and dignity.

If we do nothing, then local healthcare provision faces the following risks and issues:

- *Fast approaching Non-compliant premises*
- *An inability to develop service integration between primary and community services due to the limitations of the current facilities*
- *A continuation of the current fragmentation of patient pathways in the locality necessitating multiple patient visits to different sites, lengthening treatment times.*
- *The need to remain in cramped and unsuitable premises in poor condition, with no opportunity for future expansion.*
- *The loss of an opportunity to relocate to a suitable town-centre site as part of the wider regeneration of Barnsley.*
- *Continued deterioration of current premises.*
- *Increasing recruitment and staffing problems potentially leading to workforce crisis.*
- *Continued accessibility issues constrained by parking and physical access.*
- *Unfairness in local access to services.*
- *Failure to meet performance targets.*
- *Lack of space: overcrowding & service restrictions.*
- *Fragmentation of services and patient pathways.*
- *Poor fabric of premises.*
- *Patient confidentiality, dignity and privacy issues.*
- *Poor layout, accessibility and suitability of accommodation.*
- *Lack of adequate parking at premises.*
- *Recruitment, retention and training issues.*
- *Staff and patient wellbeing affected.*
- *Healthcare services that are not in keeping with local and national strategic policy.*
- *The best outcomes for patients will not be achieved resulting in the wellbeing of staff and patients being affected.*
- *Loss of public confidence in local services.*

STRATEGIC CASE

Case for change

The proposed development of a primary care resource Centre for central Barnsley forms a key element of the changes in the locality. The case for change, service model and proposed development are fundamentally similar to other cases developed in other localities including the LIFT co Schemes. The case for change is robust. In summary, the current health Centre facilities are inadequate and improvements are required to provide the following:

- Platform for sustaining and expanding services in line with the primary care model
- Facilities which allow a patient centered service and “one stop shop” for all services
- Modern facilities and design that meet the required standard for health related infection
- Focus on reducing inequalities in health.
- Platform for meeting satisfactory levels for attracting and retaining suitable staff
- A satisfactory carbon footprint
- Facilities which meet the required quality standards
- Facilities which are flexible and adaptable
- Facilities that enable effective and efficient use of the resources

Strategic Context and Strategic need

In determining the strategic drivers for the development of the Integrated Health and Social Centre in Barnsley the case is in line with a range of organisational and national strategies, which impact upon the delivery of current and future models of care.

Both national and organizational strategic policy remain consistent in their emphasis of the benefits to the public of integrated, seamless service provision across the primary and community health, social care and voluntary sector and of the need to provide safe care as locally as possible.

The proposed relocation promotes the integration and co-location of health / public services within the community and is in line with the following local and national strategies:

- The General Practice Forward View (GP Forward View), April 2016
- *NHS Barnsley CCG Strategic Commissioning Plan 2014 – 2019*
- *NHS Barnsley Clinical Commissioning Group Prospectus 2013*
- *Barnsley's Health and Wellbeing Strategy 2014 – 19*
- *Better Care Fund Part 2 – Final*
- *Health & Social Care Bill (2010-11)*
- *A Call to Action (August 2013)*

- *NHS England review of current and future NHS challenges and demands.*
- *NHS Operating Framework (2011-12)*
- *NHS England Planning Framework in 2014*
- *Everyone Counts: Planning for Patients 2014/15 - 2018/19*
- *Commissioning for Quality and Innovation (CQUIN)*
- *The NHS Five Year Forward View, October 2014*

Strategic Need

The case for change is robust. The premises at Cope Street, Barnsley are Victorian residential premises and are no longer fit for purpose and, in particular:

- *Are cramped and over-crowded (for staff and patients)*
- *Subject to access problems (i.e. there is no lift access, a steep staircase, no wheelchair access and difficult access for emergency services)*
- *Have no room for expansion of the patient list or of services*
- *Do not provide a comfortable patient environment*
- *Not statutorily compliant in a number of respects*
- *Have not been designed for the provision of primary care, in accordance with current best practice (e.g. have small consulting rooms)*
- *Are subject to environmental issues, such as lack of sluice facilities*
- *Do not benefit from acoustic insulation (which gives rise to confidentiality issues)*

Objectives

The overarching objective is to implement a model of care which enables the provision of a wider range of primary care, prevention and self-care, community based services, including enhanced care and voluntary sector services, than was previously available, within a fit for purpose Integrated Health and Social Care Centre. This model will deliver assessment, treatment and daycare services locally and in people's homes. Based on the information detailed in the Case for Change and set out further in this business case, the key objectives of the new development are as follows:

- I. **Provide a safe and fit for purpose environment in a fit for purpose accommodation, which meets current guidance, building, infection control and health and safety standards.**
 - To meet statutory / regulatory requirements
 - Care Quality Compliance
 - Health and Safety act

- Disability Discrimination Act
 - Reduce running costs and backlog maintenance
 - Flexibly use accommodation to maximise efficiency
- II. **Improve patient satisfaction by delivering improved integration of services through the co-location of primary care, community care, social services, and the voluntary sector enabling the following:**
 - Improved patient care planning, better communication and strengthened working
 - Reduced duplication between services
 - Co-location of multi-disciplinary teams promoting comprehensive, prompt and joined up community based, social care and wellbeing services
 - Reduced fragmentation between services
- III. **Provide a range of appropriate community based services, which reflect the clinical needs of patients supporting the following:**
 - Targeted prevention
 - Encouraging patient empowerment and self- management of care
 - Enhanced care at home Shifting services to community settings
 - Utilizing appropriate technology to support new models of care
- IV. **Increase the capacity and range of services offered locally**
 - Increase in clinical services available within the community e.g. Dementia Day Care,
 - Consultant Led Palliative Care Services, Substance Misuse Services, Intravenous Day Therapies, Consultant Respiratory Outpatient Clinic etc.
 - Facilitate the transfer of services into the locality.
 - Encourage the development of GP and other clinical training locally
 - To increase the capacity and range of services offered locally.
- V. **Improve accessibility of services on a single dedicated site**
 - Everyone should have easier access to a wide range of safe, effective and well-run integrated services, sustainable over the longer term.
 - Highest standards of care are available locally and promptly where needed.
 - More services provided in or close to people's homes therefore reducing journey times and stress for vulnerable patients.
 - Increasing staff availability for patients by reducing travelling times back to bases
 - Providing a single point of access for services.

Critical success factors

The following limited list of Critical Success Factors is deemed essential to the relocation being considered successful.

<i>CRITICAL SUCCESS FACTOR</i>	
<i>Strategic Fit</i>	<i>Takes forward the national policy and local strategy priorities, particularly in relation to integration of health and social care</i>
<i>Value for money</i>	<i>Achieve a good balance of cost, benefit</i>
<i>Achievability</i>	<i>Achieved within the overall planning timescale for the project of 2018.</i>
<i>Acceptability</i>	<i>Acceptable to all stakeholders and the community</i>
<i>Affordable</i>	<i>Achievement of the project within the available affordability envelope for NHSE (revenue funding)</i>
<i>Flexibility</i>	<i>Deliver facilities that enable the existing and currently planned enhancement to clinical services</i>
<i>Quality</i>	<i>Delivery of key stakeholders expectations is critical to the success of the project.</i>
<i>Human Resources</i>	<i>Increase staff morale and assist recruitment and training of talented staff.</i>
<i>Health Guidance</i>	<i>Compliance with all relevant Health Guidance including guidance to ensure facilities are commensurate with current policy and reduce the risk of health related infection spread</i>
<i>Service continuity</i>	<i>Avoid any significant disruption to existing clinical services in the locality</i>

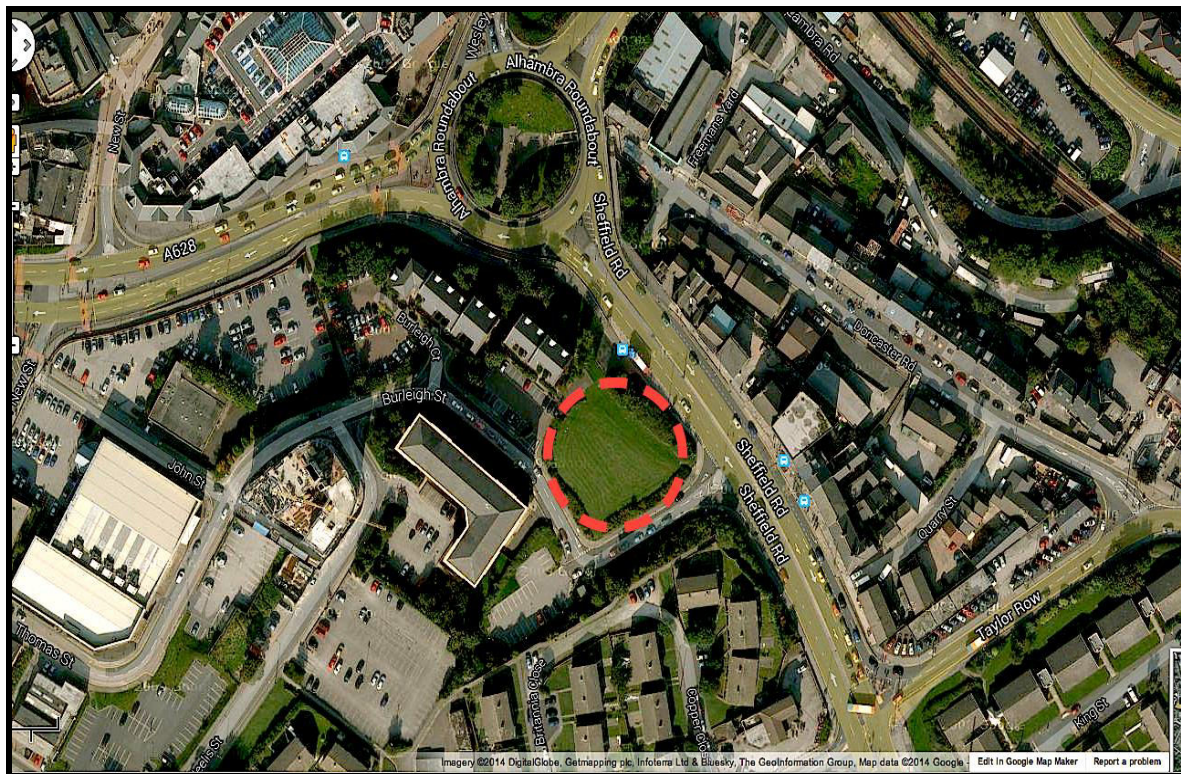
Option Appraisal

- Do minimum/ existing model
- Relocation to new build

The Preferred Option

The preferred option to emerge from the option appraisal exercise was relocating to the **New Build** solution. This option seeks to further integrate services and has the potential to significantly improve patient care. It would lead to the co-location of multi-disciplinary health care teams. This model is further complemented by the inclusion of Community Care staff and the potential inclusion of social work into the Health Centre.

This option would maximize the non-financial benefits from the project and is comparatively low in terms of risks. It also demonstrated that the option is most likely to meet the increasing health care needs of people living in Central Barnsley.



Proposed Burleigh street site for relocation

The location of the proposed site reflects an extensive site option appraisal process. There are bus stops (inbound and outbound) adjacent to the site. The adjacent council car park has also been awarded to the health centre as a freehold car park. The proposed development site is the most suitable site for construction of a GP surgery in or around the Centre of Barnsley and sits within the heart of the surgery's catchment area, which is defined by four major roads.

Benefits Realization

In summary, it is anticipated that the following benefits will be realized as a result of the proposed Investment.

- Ensure the Practices are based in premises, which will maintain CQC registration.
- Compliance with the latest NHS guidance and DDA requirements.
- Provide accommodation with sufficient capacity to accommodate current and future projected demand and minimise patient waiting times whilst increasing patient choice.
- Provide premises suitable to incorporate future changes in working practices and which offer maximum flexibility.
- Provide premises with optimum scope for increasing operational efficiencies
- Enhanced and high quality environment to ensure high levels of patient experience.
- Ensure the Practice is located close to the local patient population
- Deliver on NHS England's strategic intent to develop world class primary care,
- Promote the shift toward delivery of services in patients' homes and in modern fit for purpose primary care.
- Efficiency by providing strong value for money approach to the estate
- Significantly improved accessibility for all patients as the new building will exceed all statutory obligations and deliver services closer to patients' homes.
- Improved reception and waiting areas to provide more appropriate space.
- Additional consulting and treatment rooms to provide high quality space to meet the needs of existing and the expanding patient lists
- Space for training medical students, GP registrars and nurse practitioners
- Safer environment for patients, staff and clinicians
- Far greater opportunities for the delivery of more integrated services with social services
- Achieve the principles of self-care and self-directed support & promote care navigation
- Relocate a substantial practice from unfit, unsustainable and non-compliant premises
- Environment that promotes and facilitates patient and community engagement
- Offer additional services, including minor surgery, a needle exchange, CBT, CCBT, outreach clinic and kiosks
- Provide functional space with the potential for future service expansion including mergers with nearby single-handed GP practices.
- The GMS Contractors have aspirations of becoming an Advanced Teaching Practice
- To support the use of telemedicine /telehealth
- Provide primary care in a setting that is convenient, accessible and delivers patient comfort and Promote the integration of health and adult social care
- Contribute to the regeneration of the local area
- Longer opening hours including potential 7 day opening for certain services.
- Proposal facilitates Social inclusion through improved access and Choice at a time when NHS Plan aims to make health service more customer/community focused with emphasis on convenience, accessibility and patient comfort

Current Models of Care

Currently, traditional models of care are in place, with primary care services being delivered via GMS contracts, supplemented with a number of Locally Enhanced Service contracts (the extent of which are inhibited due to the restrictive nature of the premises).

The following services are currently delivered by the Practices:-

- Minor Surgery (joint injection)
- Spirometry Lung Tests
- Cervical Cytology
- Ante Natal/Post Natal
- Midwifery
- Family Planning
- Phlebotomy/Venepuncture
- Counselling Services
- Smoking Cessation
- Health trainers
- Health visitors
- Specialist Nursing
- Acupuncture
- Extended Hours Access
- Patient Participation Direct Enhanced Services (DES)
- Learning Disabilities DES, Alcohol DES, Child Immunisation DES
- Management of Prostate Cancer (various injections)
- Monitoring of Oral Disease Modifying Ant rheumatic Drugs

Future Models of Care as a result of relocation to suitable premises

The Practices are fully committed to the NHS drive towards ambition set out in the Five Year Forward View. The Practices have aspirations to increase the range of services offered to their patients, and the new facilities will provide the ideal opportunity for this. Initially the Practice is proposing to deliver the following additional services

- Minor Surgery (excisions, incisions and aspirations)
- ECG
- Cryotherapy
- Anticoagulation monitoring (Levels 4 & 5)
- Secondary care clinics in primary care
- Telehealth/Telemedicine
- CCBT and Psychological Therapy

- Extended Core Services
- Group Counselling/Educational Sessions
- Dieticians
- Health Visitors
- Retinal Screening/ AAA Screening
- Citizens Advice/Social services Clinics
- District/Community Nursing
- Physiotherapy
- Podiatry
- Family Planning and sexual health
- Speech and Language Therapy etc.

The GP's and other clinicians within the Practice already have relevant training, skills and experience in delivery of some of the above services. The Practices hold regular educational events for the benefit of the local healthcare community, including GP's, Practice Nurses, District Nurses, etc. The Practices would like to extend these events to be more patient specific (offering potential intervention benefits), and the proposed new building would provide the ideal opportunity to support this approach.

The Practices have aspirations to achieve training status within the next few years.

The proposed increase in services will improve the accessibility of primary care services & increase the proportion of patients who are able to return to their homes from acute care and ensure capacity for future growth. The additional services will improve patient choice within the wider district.

Art in Health Buildings; Works of art and craft can contribute greatly to health and well- being. Ideally a local artist will be involved from the beginning in integrating meaningful art works into the design.

External views and landscaping; the connection of waiting areas and staff work areas and restrooms to the natural landscape is known to contribute to wellbeing and to relaxation. Consideration will be given to designing these areas to have an outlook to a planted area or to views of nature.

Key Additional services resulting from relocation

Relocation would improve both our current services and future service provision and would help deliver benefits to the patients, practice and the CCG through added functional content of the building. Given the high level of deprivation amongst the population that we serve, drug misuse and depression area highly prevalent and we would like to offer tailored services like:

Needle exchange programme

Owing to deprivation, there is a high number of patients in the Barnsley city Centre population that misuse drugs and hence would benefit with the above programme as it aims to increase patient safety.

Computerized Cognitive-Behavior Therapy (CCBT Kiosks)

CBT-Cognitive Behaviour technique is the first-line treatment for all forms of depression and other mental health issues and a large number of patients do not have timely access to it. CCBT (computerised) is recommended by NHS Barnsley and also by the Royal College of Psychiatrists. It reduces the need for medications and referrals. We shall be providing Computerized Cognitive-Behaviour Therapy (CCBT Kiosks) for all our patients and we shall be the first in Barnsley and Yorkshire as far as we are aware. It is a way of using Technology to promote Mental Health and Well Being.

Outreach clinics

Facilitates a primary care model with a shift of secondary to primary care.

With growing advances in medicine and IT means it is possible to have 'real time' links through Telemedicine/ Telehealth.

We are one of the few pilot practices in the project dealing with dermatology telehealth initiative.

Future proofing

Through provision of fit for purpose and a functional building with the flexibility and a capacity to provide world class services that would be reflective of local needs.

Minor surgery procedures

Our new partner has been performing many tier 1 surgical procedures and is planning to engage in procedures that can be performed in level 2 treatment rooms.

Capacity Planning and Activity

Details of the current timetabling of clinical rooms verify that clinical rooms are presently 100% occupied. Currently the delivery of health services is timetabled around room availability and not patient needs (e.g. baby clinics held at mid-day when babies should ideally be feeding and/or sleeping). This also leads to inefficiencies in service delivery and use of clinician's time.

The overall increase in clinical space arising from the new build works will:

- Ensure that space provision satisfies the minimum requirements for CQC registration, incorporating clean / dirty utilities, etc.
- Allow the Practice to expand their currently restricted treatment room / minor procedures services.
- Create opportunities to appoint additional staff as the need arises to support increasing patient lists and deliver additional / enhanced services.
- Provide an increase in expansion space for longer term operational and service delivery improvements.
- Allow the Practice to offer Specialist Nurse Clinics to enhance care given to patients.
- Future proofing through provision of fit for purpose and a functional building with the flexibility and a capacity to provide services that would be reflective of local needs.

The patient list size for the proposed new Health Centre is anticipated to expand in future years due to:

- Continued growth arising from continually improving quality of service.
- Positive on going patient feedback via local patient surveys.
- Increase in range of services provided by the GPs.
- Ideal site location in terms of public / patient access.

Practice boundary:

There will be no change in the current practice boundary for cope street and hence there will be no implications for the patients on relocation. Patients outside the practice boundary and even outside Barnsley have been registered with the surgery over the years and we have taken the opportunity to advice them opportunistically to consider registering locally for their own convenience.

Business Scope

The project scope is essentially the design and development of facilities that meet the project Objectives. However, in order to establish project boundaries, key stakeholders undertook a review, and the following items were established in relation to the limitation of what the project is to deliver.

- New facilities will be commensurate with modern healthcare standards and meet all relevant health guidance documentation.
- Within the affordability criteria, to achieve value for money in terms of the nature and configuration of the build on the selected site given the site topography and adjacencies.
- The provision of clinical services associated with the development but limited to that defined.
- Comply with the new Building Standards.
- Establishment of a redeveloped Health Centre. The extent of the redevelopment will be limited to that required to deliver the services previously noted.
- Develop facilities, which take full cognizance of the local environment in terms of the choice of external materials and finishes.
- The design will not be designed in isolation, but should also consider the potential for adjacent developments. This may include potential economies of scale and sharing of some external facilities e.g. road access, pathways, landscaping, car parking and services with neighbouring occupiers.
- Maximise the sustainability of the development, within the resources, and adopting principles of BREEAM.
- The development of a design that gives high priority to minimising life cycle costs.
- Adopting principles of “Secure by Design” status.
- Comply with all relevant Health literature and guidance including Health Briefing Notes.
- Achieve good quality in design using robust materials that meets with the general expectations of the various stakeholders. This will be measured by use of the NHS “AEDET” system.
- Within the relevant guidance, maximise use of natural light and ventilation
- In conjunction with the Infection Control Team, develop a design that minimises the risk of infection.

SUSTAINABILITY

Overview

We are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution.

The Building Research Establishment's Environmental Assessment Method for Healthcare (BREEAM) sets the standard for best practice in sustainable building design, construction and operation and has become one of the most comprehensive and widely recognized measures of a building's environmental performance.

The selection of the preferred option is designed to promote NHSE commitment to meeting the needs of the present without compromising the ability of future generations to meet their needs in all of its activities, and to this end the relocation of Cope Street Health Centre project is seeking to obtain a high standard. Specific requirements to achieve formal sustainability targets are not attached to the Planning Permission. However, BREEAM principles for sustainable development will be adopted. The Commissioners have specified a minimum BREEAM rating of 'BREEAM very good'.

The Cost of Sustainable Development

Whilst that it is a common misconception that sustainable development is always more expensive or too expensive, the Project Team are working within the constraints of a budget. A whole life cost approach has been taken to this project and sustainable development has been viewed in the longer term or holistic sense, however, this has to be balanced with the affordability of the project and the competing priorities of the benefits criteria.

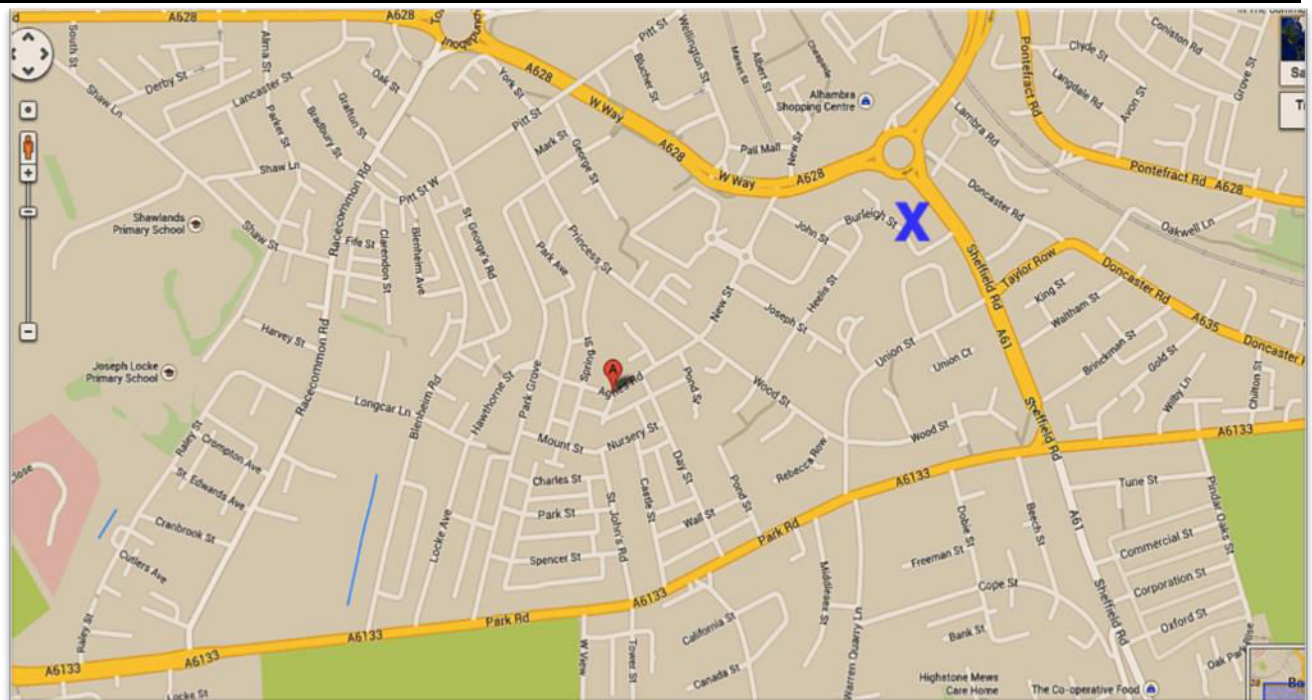
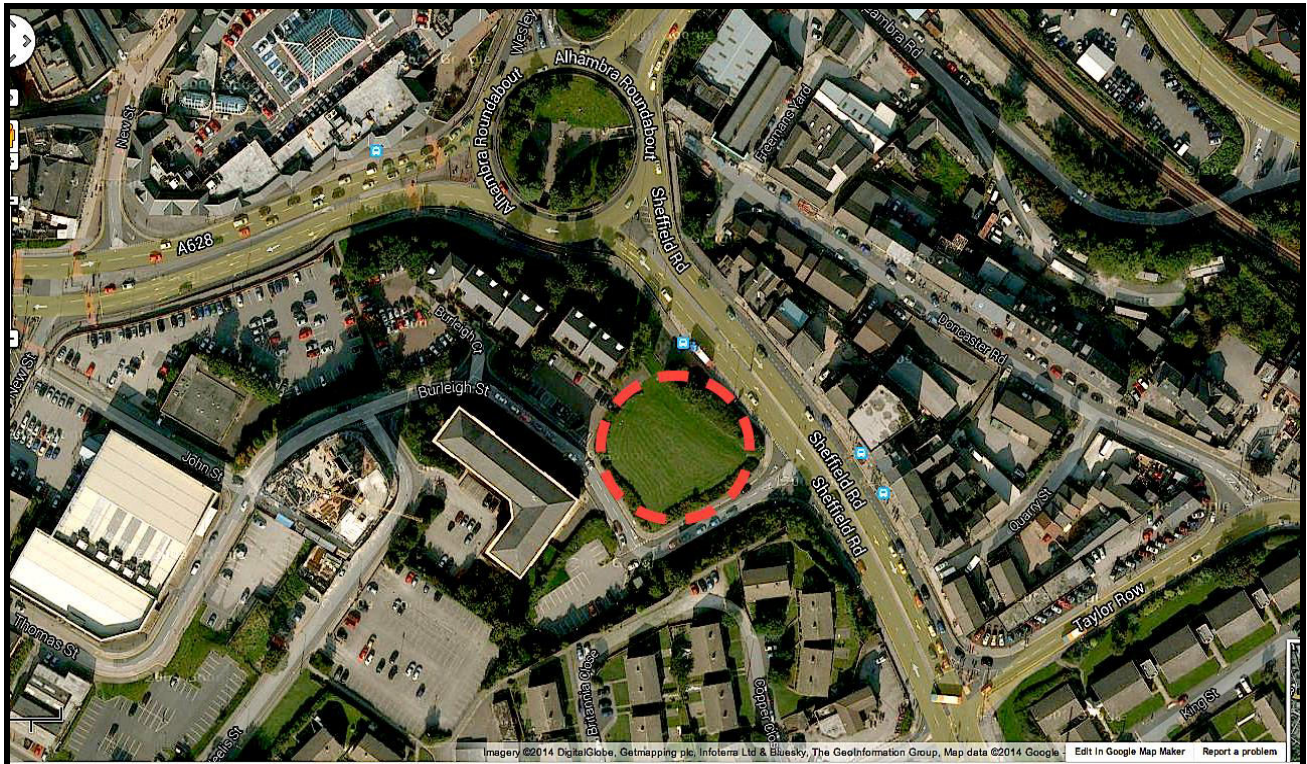
Summary

The project team has given careful consideration to the ongoing sustainability of the Park Grove Health Centre post completion. After providing a building that is designed and constructed with sustainability as one of the priorities it is then essential that the ongoing management of the facility continue these principals. Operational policies should be developed to ensure resources are utilized to their maximum and waste is minimized. Installing an Environmental Management System in the building will help staff control light, ventilation, and temperature and monitor energy usage and allow targets to be set regarding reducing consumption. By providing this facility, the provision of the services within the new Health Centre will be sustainable for the foreseeable future.

COMMERCIAL CASE

Site location

The New development site is shown shaded red on map 1 and blue cross on map 2



Principle Reasons for Selection

The proposed development site (blue X) is the most suitable site for construction of a GP surgery in or around the Centre of Barnsley and sits within the heart of the surgery's catchment area, which is defined by four major roads. The site is only a few hundred yards from the current Surgery at Cope Street, Barnsley and was of a sufficient size to meet our development requirements

This option is one that enables and facilitates a process of change towards a new model of integrated service delivery, that maximises the effectiveness of services and of resources. This option would build on the current arrangements at the existing Health Centre, and would achieve the development of a new integrated primary care nucleus.

The option appraisal exercise demonstrated that this option was most likely to maximise the non- financial benefits from the project, is relatively low in terms of risks and also ranks first. It also demonstrates that the option is most likely to have the greatest impact on the increasing health and social care needs of people living in central barnsley and also provides the best opportunity for improving the sustainability envelope.

There are bus stops (inbound and outbound) adjacent to the site and connects with all the wards in Barnsley. The adjacent council car park has also been awarded to the health centre as a freehold car park.

The location of the proposed site reflects an extensive site option appraisal process.

A schedule of accommodation has been arrived at following a number of meetings with the users and project team.

The Scheme

As part of the new build development, a proportion of the building (circa 120m²) will be made available as a shell unit, to lease out to a Pharmacy provider, offering an improved range of services to patients. There are several pharmacy providers with whom we have engaged in the last few years within the locality of which one will undertake a minor relocation following a competitive procurement process.

The proposed new building will comprise a total GMS floor area **m² 1127 GIA**. (including Pharmacy and shells).

The anticipated construction period for the works is 44 weeks.

A project construction programme is included within Appendix.

Site Investigations / Surveys

Phase 1 and 2 study, service plans, topographical, buried services survey investigation information and planning related surveys has been prepared to date, in relation to the proposed work.

Transport and Access

Most of out patients wholly rely on the availability of existing off street car parking.

The proposed location, on Sheffield road benefits from excellent pedestrian and adjacent public transport (both inbound and outbound bus stops) links and includes 49 on site parking spaces. Provision has been made for cars/ motorcycles and cyclists.

- *Car Parking Provision*

Following staff / patient surveys, it is estimated that approximately 60% of staff / patients visiting the surgeries arrive by car and they will be comfortably accommodated as ample Staff and patient parking is provided on the site.

- *Highway Considerations*

The following key points are noted, in relation to Highways considerations. The site is ideally positioned to generate trips by sustainable transport modes (public transport, pedestrian, cyclists). There are bus stops directly in the locality.

The proposed development is not expected to adversely affect the local road safety record.

The proposed development would not adversely affect the operation of the surrounding highway network.

Stakeholder Involvement

The following key stakeholders have been engaged as part of the development process:-

- *NHS England*
- *Local Authority*
- *Clinical Commissioning Group*
- *Local Medical Committee*
- *Healthwatch*
- *Planners*
- *Patients & Patient Reference Group)*
- *Staff Members*
- *Neighbouring GP practice*

All stakeholders have offered their support for the proposals.

Our patient reference group are fully supportive of the relocation and have written to the council, supporting the relocation.

CCG has been consulted in relation to the above proposals and is supportive of the scheme, and the associated future provision of services within the locality.

The GMS Contractors have met with the head of the council Sir Stephen Houghton, Cllr. Tom Sheard, who represents the Kingstone ward and Mr. Jeremy Sykes, head of estates and Acquisitions, Barnsley council. The council has pledged full support for the relocation and for this development.

The Health & Wellbeing Board of Barnsley have shown their support by writing to the council regarding the urgent need for quality premises for primary care provision for people of central Barnsley.

The Local Authority committed its full support in providing a site for development and also in engaging with the planners to help progress the application.

The Local Medical Committee and all the neighbourhood practices are fully aware of the relocation and have offered their support.

NHS Property Services Limited are also aware of the relocation project.

Health Associated Infections

HAI assessment of the preferred option site did not reveal any specific problems or concerns.

Clinical and Design Brief

A copy of the document is attached in Appendix.

Service Continuity

National and local eHealth systems are continually being procured, developed and enhanced and appropriate systems will be utilised within the new facility. The design and nature of the facility will allow integrated working between members of the primary care team. It is intended that eHealth solutions will be used to the full in supporting this and maximising benefit to service users. All internal networking within the building will be provided by the contractor. This system will provide a modern, flexible and versatile cabling system capable of supporting voice, video and data systems. Connections to the outside world will be provided and maintained by NHSE.

IT equipment including hubs, routers, servers, PCs etc will be provided and maintained by NHSE. The new site will be connected to the national secure net which will allow high-speed data communications with healthcare sites and staff both nationally.

The network will allow staff within the facility to communicate securely with colleagues across the NHS. The connection from the network to the internet will also be available to staff within the facility.

The network will facilitate and enable high definition video conferencing.

A wireless network will be provided to improve flexibility and operability of mobile devices, whilst maintaining the highest security.

Secure communication will be enabled between the NHS employed staff and their GP colleagues within the building. Staff and service users will benefit through the use of enhanced and secure communication.

These initiatives will contribute significantly to supporting a seamless care regime for the service users. Network enabled application availability is increasing and it is intended that clinical staff within the facility will have access to laboratory results, electronic referral letters and other relevant clinical applications.

In addition immediate and final discharge letters will be available to be sent electronically to General Practices and Community Staff.

The procurement of related equipment will remain a function of NHSE

Workforce Strategy / Human Resources

- Tackling health inequalities
- Shifting the balance of care
- Ensuring a quality workforce
- Delivering best value across the workforce
- Moving towards an integrated workforce
- All staff will be ambassadors for health improvement, safety and quality.
- will develop and implement multi-disciplinary and multi-agency models of care to meet the needs of local communities and ensure efficient utilisation of skills and resources
- will be an "employer of choice" which acquires the best talent, motivates employees to improve their performance, keeps them satisfied and loyal, and provides opportunities for them to develop and contribute more.
- will work together to promote the benefits of preventative action and measures of self care for patients and the public.
- We will work together with further education to encourage and maximise flexible access to education and training, for people already working and those with aspirations to join.

Partnership Working

Partnership is invaluable in shaping and supporting service redesign, developing roles and ways of working and increasing skills, across all our activities. It ensures that our values of co-operation and collaboration are realised in both our strategic direction and in the practical issues that affect people's working lives.

Enabling Recruitment - Now and in the Future

As the population and the workforce ages and the demands for health and healthcare services change, particularly in a remote and rural environment, effective workforce and recruitment plans will need to reach sections of the population that may not have traditionally worked in the NHS.

A significant element of this is to ensure recruitment into from a wider pool of people who would not normally access NHS employment.

Whilst there have been difficulties recruiting to some posts in the past, for example, some GP, ANP posts, the new Health Centre will provide a facility that will be attractive to a range of staff in terms of being in a pleasant working environment and being co-located with other colleagues and services that are essential for cohesive team working in the delivery of the patient journey and the patient experience.

From an educational point of view, a good lever for attracting staff is the provision for them to support lower grades and contribute to learning and development aspects of team and individual development.

There is also added value for team learning in the form of Protected Learning Time, which will be more accessible (space) and more enjoyable (surroundings) in a new health centre setting.

Opportunities for Improving Retention, Efficiency and Productivity

will need to ensure that it retains as many staff as possible as the potential future workforce declines and demands for healthcare increase. A key outcome of successful recruitment and retention is through the more effective matching of people to posts, and the management of expectations of those joining the organisation.

Managing Individual and Organisational Workforce Performance

In the context of a challenging financial environment, We must also support staff to work efficiently and ensure that productivity is improved. Supporting and managing individual performance takes place through the Personal Development Planning and Review Process, as part of the Knowledge and Skills Framework. Staff will have an explicit system to support performance, which will set clear objectives and provide support for development. Feedback on performance will facilitate development and motivate staff to perform, to their full potential.

Learning and Development, for Individuals, Teams, Services and the Organisation

We are committed to becoming a learning organisation, recognising that staff require access to opportunities to learn, maintain and develop skills and knowledge. Staff need to be able to apply these within their work situation and have opportunities to regularly review their development. This will ensure that staff are competent and confident to deliver safe clinical and support services.

Health and Safety

The potential improvements in healthcare and achievement of H&S targets under the proposed provision have been summarised below.

1. External Areas – Achievement of on site parking, with separation of pedestrians from road traffic. Adequate disabled parking with drop kerb as near to entrance as possible. Disability Discrimination Act complied with. Welcoming ambience of site.
2. Internal Areas – Staff facilities comply with Workplace Health and Safety Welfare Regulations. Flexible use of large rooms to provide vital group work for patients. The rooms are also purpose built. All clinical, storage, etc. areas are encapsulated within footprint. Modern healthcare facilities which incorporates multiple purpose care within one building, which includes different services under the one roof.
3. Compliance with NHS strategic aims, development programmes and plans.
 - a) Shifting the Balance of Care - Strategic Aim is to improve health by shifting to preventative and continuous care delivered locally. Staff will work in a safe environment which minimises threats to their health and wellbeing.
 - b) Anticipatory Care – The development of care planning will be enabled in the proposed development. The proposed development will increase primary care services in the one locus.
4. Governance Principles (Safe, Quality, Patient-centred Clinical Care. Staff Welfare and Safety) Safety – Patients will be cared for in an environment that minimises risk.- The proposed environment will minimise risks to patients.
5. Reducing Inequalities –will work to ensure equity of access and reduce inequalities in healthcare. Equality of access will be enabled.

Programme

Please refer to attached annexure for the detailed programme.

The Scheme is commercially viable. The Construction of the new site has started and the GMS contractors will fund the build via commercial lending. The GMS contractors have appointed the building contractor and professional team,

The project would be

- *Compliant with DH guidance (HBN & HTM)*
- *Compliant with eliminating mixed sex accommodation*
- *Compliant with an approved infection control strategy*
- *In alignment with an approved estate strategy*
- *BREEAM principles for sustainable development will be adopted*

Procurement Strategy

The GMS contractors have employed Building Contractor for the construction works, under the direction of a professional design and project management team. The GMS contractors and other stakeholders have worked to identify Consultants with the required technical ability and experience.

The Cost Plan for the works were updated as the details and design development progresses to reflect accurate out-turn costs at all times. At an appropriate point within the detailed design stage, the construction works were competitively tendered, under a “Design & Build” procurement approach wherein design risk is transferred to the Contractor.

At this point, the Architect, directly appointed by the GMS contractors, has been novated to the Contractor and will complete the remaining design development and post-contract Architectural duties as part of the Contractor’s team.

Suitably qualified Architects/Engineers, who will have relevant experience of NHS and primary care projects, undertook all design work. Tender documents were similarly prepared by a suitably qualified and experienced professional consultant.

4 Contractors were included on the tender panel to ensure best value and in compliance with NHS Standing Financial Instructions. Tenders were evaluated on a quality and price basis. All tenders were subject to independent final checking and validation prior to appointing any Contractor.

Contract arrangements

We have entered into a JCT (current edition) standard building contract. This will ensure that the scope and price of works is recorded and fixed contractually and alleviate any “post-contract” construction risks as far as possible.

The selection of a pharmacy provider will be managed via a competitive process with the process commencing during the construction period, to enable evaluation and selection of a preferred provider prior to completion of the construction works. Due to the proximity and number of local pharmacy providers, the preferred provider will undertake a minor relocation into the new premises.

Key risks factors

Site related risks were mitigated by undertaking further site investigations and transferring the risks to the design and build contractor.

The appointed design/project management team will manage contractor procurement and cost/programme risk.

Potential for Risk Transfer

Risks associated with the design and construction of the preferred option will be identified at an early stage. This will ensure that developers along with NHSE can assess ownership of the risks. There has been a transfer of some ownership of the risk to the appointed Principal Contractor

Design Approvals / Statutory Consents

Planning approval has been obtained.

The design and specification of the proposed new building is based on fully compliant and modern facilities, which will meet or exceed all current NHS and other relevant guidelines / standards for primary care facilities. The design is supported with high quality construction materials and workmanship by experienced Contractor under a formal procurement route.

The Architects employed by the GP Practice have extensive experience in the design of primary healthcare premises, working direct for GP's, third party developers and also wider NHS clients such as NHS Property Services and Acute Trusts.

Legal Aspects

GP Specialist solicitors were appointed to act on their behalf and provide assistance in the following areas:-

- Due diligence in relation to land acquisition, including searches and reporting on restrictive covenants, rights of way / access issues, environmental / historical records of use, etc.
- Building contract amendments and warranties, including performance bonds and parent company guarantees if required.
- Consultant appointments and warranties (project managers, cost consultants, architects etc.)
- Advice in respect of Section 106 contributions and applications.
- Advice with regard to any potential Highways / Sewers interfaces or adoptions (e.g. Section 278 Agreement).
- Legal documents to support funding arrangements/Banks security arrangements.
- Agreement for lease and lease terms for the proposed tenants.

FINANCIAL CASE

Overview

The preferred option to emerge from the Option Appraisal exercise was the relocation into the New Build solution based on a “Central nucleus” Model of service provision. This option is based on a model of service provision that is similar to that currently employed, but seeks to further integrate services such as dental and other community health services and has the potential to significantly improve patient care.

It would make the Health Centre the central focal point for primary care services and would lead to the co-location of multi- disciplinary health care teams and dental practitioner services etc. This model is further complemented by the inclusion of Community Care staff and the potential inclusion of social work into the Health Centre.

Capital Cost and source

When compared with regional and national benchmark information for new build construction in a Primary care setting (including Building Cost Information Service, NHS Departmental Cost Allowances), the construction costs can be validated as providing value for money.

The overall capital cost budget for the proposed new build development work is approximately £3.6 m (including land and VAT) and this cost will be funded by the practice.

A detailed cost plan for the proposed new building is available, and is based on the design information prepared by the Architect.

The capital costs are based on the Architect’s design drawings and cost plans prepared by independent Quantity surveyors. A provisional allowance had been included for potential professional fees, which were incurred in relation to the construction works (e.g. Project Manager, Architect, Structural / Services Engineer, Quantity Surveyor etc). A provisional allowance had also been included for the cost of statutory fees (e.g. Planning, Building Control and Highways) and surveys required to support the development work.

The GP Practice will provide capital funding for the proposed development, obtained from private financial institutions.

Revenue Affordability:

Value for money for CCG/NHSE will be optimised and the long- term benefits to be achieved would definitely lead to future costs savings for the NHS as a result of improved health outcomes. The resultant health and service benefits would lead to better value for money over the longer term.

Recurrent Revenue Impact:

	Existing Costs p.a. Approx.	Proposed Costs p.a. Approx.	Variance Approx.
Reimbursed Notional Rent	£19K	£35K	£16K
Reimbursed Waste & Rates	£5K	TBC	TBC

The proposed reimbursed notional rent is based on the surgery area of 200m2 @ £175/m2, However, the above are estimates only and will be subject to value for money report by the District Valuer, on receiving instructions from the commissioner for a VFM report on behalf of NHS and the tax-payer.

Land:

The Local Authority has sold the freehold of the site including an adjacent car park at current market price.

Equipment:

An additional allowance shall need to be borne by the practice for the provision of new equipment. The Practices will transfer some existing equipment and procure new equipment for any additional clinical space directly from their own sources / suppliers.

Non-Recurring Costs:

The Practice shall apply to NSHE prior to occupation, for a one-off cost reimbursement towards stamp duty fees incurred by the practice in registering the lease.

PATIENT CONSULTATION

Between 23rd October and 22nd December 2017 (8 weeks) we have been seeking views and feedback on the proposal of the relocation from the branch surgery based at Cope Street into the new health centre.

Engagement methods

We set out with the aim to carry out engagement activity that would:

- Provide the registered patient population of Park Grove Surgery and other interested stakeholders with the opportunity to influence and help to shape the decision making process regarding the proposal to relocate from Cope Street Branch Surgery to a new purpose built healthcare centre.
- Gain additional feedback regarding what is important to patients in relation to their choice of GP practice
- Meet the statutory duty to engage in accordance with the Health and Social Care Act 2012 which introduced amendments to the NHS Act 2006 highlighting two specific legal duties which require CCGs and commissioners to enable:
 - 1) Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission and
 - 2) The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

A supporting communications and engagement plan was developed. This incorporated a range of methods to both highlight and promote the consultation and drop in sessions with patients, both within the local media and with local stakeholder organisations.

A discussion document was developed in partnership with the CCG and shaped by feedback from our GP Patient Group in order to gain feedback from our registered patients, carers and members of the public. The document outlined the proposal to relocate from both the current premises of Park Grove Surgery and Cope Street Surgery to a brand new, purpose-built, modern Primary Care Centre based in between the two current sites in central Barnsley and was accompanied by a feedback survey to enable patients, carers and members of the public to share their views and comments with us.

Patients, carers and members of the public were invited to have their say as part of the engagement process in any of the following ways;

- Access the discussion document and fill in the survey online via the practice website.
- Pick up a paper copy of the discussion document from the surgery (Cope Street, Park Grove and Roundhouse), complete the feedback survey and put it into the secure collection box provided in the reception area;
- Visit one of three drop-in sessions held and ask a member of the practice team to complete it with them; or
- Call the practice and fill in the survey with a member of staff over the phone.

Three drop-in sessions were held and promoted to enable patients and carers to look at the plans, which have been drawn up for the new Primary Care Centre and also be able to speak to members of the Practice and the Development team with any questions that they may have.

Posters were displayed in Park Grove, Cope Street and Roundhouse surgeries and other community and public places including the local post office and church in the central Barnsley area to promote the opportunity for people to find out more and have their say.

The drop in sessions were all arranged to take place at Cope Street Surgery and took place on the following dates and at different times of the day so that as many people as possible would hopefully be able to attend and have their questions answered.

See annexure for full summary report, engagement plan and engagement documents used.

IMPACT ASSESSMENT

Neither the Quality Impact Assessment nor Equality Impact Assessment have identified any negative impact or risks that would require mitigation.

The new building will be subject to all relevant legislation and regulation, including CQC, DDA and Health and Safety.

The practice will continue to engage with registered patients regarding the move. We will be discussing all of the feedback received with NHS England and NHS Barnsley CCG before deciding how best to take primary care services forward in central Barnsley.

A copy of this report alongside all other relevant documentation will be submitted to the Barnsley Primary Care Commissioning Committee for discussion and decision making in relation to the proposed relocation at their meeting held in public on the 25 January 2018.

The outcome of the meeting and any decision-making by the above committee will be communicated to patients and carers as soon as possible via the practice and a section will be added to this report, which will then be available to share with all of those people who provided us with their direct contact details. A copy of this report will also be uploaded to both the practice and CCG websites and the link shared for information.

CONCLUSION

Cope Street surgery and its stakeholders have carried out a complete review and analysis of the existing and future health requirements of the current users of the Cope Street Surgery, community services and potentially Social Work accommodation. The Business Case represents the collective input of the Cope Street surgery staff, their Advisors and a wide variety of consultees and stakeholders.

The existing Health Centre is outdated and is in poor physical condition. It currently fails to meet modern healthcare standards, in terms of functional requirements, special needs, and compliance with current clinical guidance, fire regulations and infection control measures. The accommodation is cramped throughout and is characterized by inadequate GP consulting rooms, limited community staff accommodation and overcrowded and noisy waiting areas. Furthermore, there is a significant backlog in maintenance. The plant and equipment are well beyond their design life, and hence are inefficient in terms of energy use and carbon footprint. The existing premises, is currently non-CQC compliant & non-Disability Discrimination Access (DDA) compliant. The existing facilities fail to meet the current demand, are in poor condition, do not provide the required decontamination facilities and have poor access.

The proposed relocation will not only address the current deficiencies in clinical services and facilities at the existing Cope Street Health Centre and achieve the intended objectives and deliver those and associated benefits but also consider, in the longer term, rationalization and coordination of services across the central Barnsley Locality.

The development supports the Barnsley Joint Strategic Needs Assessment, in improving access to health and social care services across all age and community groups. This will enable better access to general practice and its associated community services, improving services for the frail and elderly and hence reducing unnecessary demands on urgent care services, as well as building the foundations for more integrated care to be delivered in community settings and will enable us to offer new clinical services in line with ambition set out in the Five Year Forward View.

The project

- *Meets statutory / regulatory requirements (DDA, CQC, H&S)*
- *Complies with DH guidance (HBN & HTM)*
- *Delivers value for money and is affordable*
- *Is consistent with the strategic aims of BJSNA*
- *Has been designed to comply with the Project Brief*
- *Has wide stakeholder support*
- *Will deliver a reduction in overall carbon emissions.*

ANNEXURE A

SIX FACET SURVEY RESULTS

Cope Street Surgery Six Facet Survey Results

	Type	Area sq.m (GIA)	Date of Build	Physical Condition	Functional Suitability	Space Utilisation	Statutory Compliance	Environmental Management	Quality
	GP Owned	200	1700	D (Runs a serious risk of imminent breakdown)	C (Not satisfactory, major change needed)	U (Under-used)	D – Building areas which are dangerously below B standard (for example that have been subject to adverse external inspections)	C – Poor efficiency and major repair or replacement will be needed soon, that is, within three years for building elements and one year for engineering elements	D – A very poor facility requiring significant capital investment or replacement

	Total	Low	Moderate	Significant	High
Total number of Risks identified from Six Facet Survey (2015)	61	22	21	16	2

ANNEXURE B

PATIENT ENGAGEMENT DOCUMENTS AND PLAN

Draft Communications and Engagement Plan for the proposed relocation of Park Grove Surgery, Barnsley

BACKGROUND

Park Grove and Cope Street Surgeries formally merged at the end of 2016. The combined patient list size is just over 11,000 patients and the premises based at Park Grove are considered as the main surgery whereas Cope Street operates as a branch surgery.

As part of the application process for the merger, it was indicated that it was the intention for Park Grove Surgery to relocate to a modern purpose built surgery in the near future which is less than half a mile from the branch surgery based at Cope Street.

The new surgery is yet to be constructed but planning consent has been obtained by the practice and they have received the support of NHS England and the CCG. The new site is based at Burleigh Court.

Proposal

Park Grove Surgery will be relocating to a modern purpose built health centre in late 2018/ early 2019 which is located in-between the two current sites at Park Grove and Cope Street near the Alhambra Roundabout with excellent access to pedestrians, good public transport links and with 46 on site car parking spaces.

The aim of the practice relocation is to ensure the provision of long-term sustainable healthcare to the practice population by helping to deliver and maintain core services and provide the opportunity to increase the range of locally commissioned and nationally enhanced services. This will provide significant benefits for registered patients in having greater flexibility to access a wider range of services locally.

The relocation from the main surgery at Park Grove has been approved and the practice and CCG are now seeking views on the relocation from the branch surgery based at Cope Street into the new health centre.

Seeking the views of registered patients and other key stakeholders

Obligations under section 242 of the 2006 NHS Act amended in the Health and Social Care Act 2012

The obligation to promote public involvement and consultation states:

(1B) Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- The planning of the provision of those services,
- The development and consideration of proposals for changes in the way those services are provided, and
- Decisions to be made by that body affecting the operation of those services.

We will undertake a robust **information and engagement process** to make patients and stakeholders aware of the proposed change and ensure their views are taken into consideration wherever possible as part of this process.

It is important under our statutory duty to ensure patients and carers are informed and asked their opinions of the proposed change to ensure we achieve a smooth transition of services. The process will be supported by engagement with clinicians and staff to make sure that we have a full picture prior to embarking on engagement with patients and the public and carried out in line with the 'Gunning Principles' and the statutory guidance published by NHS England in April 2017 relating to patient and public participation in commissioning health and care.

Our plans will be drawn up in line with the four 'Gunning Principles' which are used mainly in terms of formal consultation but can be applied in terms of good practice across all levels of engagement. These are as follows; Engagement should be timely - when the proposal is still at a formative stage (Gunning 1), and sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response (Gunning 2) with enough time given for responses (Gunning 3) and finally feedback needs to be conscientiously taken into account as part of the overall decision making process (Gunning 4)

Feeding back on the results of participation is a critical step in the process. It helps people to feel valued and encourage them to be involved and should show how views have been considered and how they have impacted (or not) on commissioning decisions.

If patient/ public participation has indicated support for a proposal which is not taken, the reasons should be explained. It is recognised that commissioning decisions are highly complex, and the views of patients and the public are one of a number of factors to take into consideration.

Seeking the views of registered patients and other key stakeholders

The public conversation will broadly involve questions relating to the following areas;

- What do you think regarding the relocation of the practice to a new purpose built health centre?
- What impact do you feel that this might have on you as a registered patient of the practice?
- What do you think of the physical plans for the proposed relocation?
- From a patient perspective, what do we need to consider prior to finalising the plans for the new purpose built health centre?

Objectives of the communications and engagement plan

Through an engagement and information process we will be seeking the views of people who use Park Grove and Cope Street Surgeries and other key stakeholders to make sure that patients currently registered are engaged within the discussions to help shape plans, their views are taken into account before these are finalised and that they are kept informed regarding the proposed relocation of the practice to a nearby modern purpose built health centre at all stages of the process – prior to, during and afterwards.

Our key objectives are to ensure the following;

- To effectively communicate with and listen to the views and feedback of patients and carers who are currently registered with the practice in relation to the proposed relocation
- To ensure key stakeholders are aware of our engagement with our practice population and encouraged to share their views in relation to the proposed relocation
- To effectively engage with the practice population to understand the potential impact on them as a result of the proposed relocation
- To support patients and people living in the local area, to better understand the wide range of local services available to them.

Key messages

The key messages are to be agreed between the practice and CCG communications leads but are to focus on the following key areas;

- Improved accessibility for patients
- Improved facilities for patients and staff
- Extended range of services for patients

Target audiences

- People who are currently registered patients at Park Grove and Cope Street and their carers (including Patient Group)
- Staff working at both sites
- Other GP practices in the surrounding area
- Other local stakeholders: patients, the public, community and voluntary sector, MPs, local councillors, LMC, Pharmacy Committee, Health and Wellbeing Board, Healthwatch Barnsley, Overview and Scrutiny Committee

Budget

The engagement and communications will be delivered within existing resources by existing staff. This will be carried out and led primarily by the Practice with support from the CCG.

Method of engagement/communication

Various to be tailored to the specific audiences and to include the following;

- Letters to patients
- Information on Practice Website
- Link to CCG Website
- Practice Pre-Engagement Meetings
- Emails / Text
- Individual meetings/ briefings
- Notice boards in practice
- Practice Information Days/ Drop in Events
- Newspaper articles / Media releases

Timescales

We have agreed an 8 week timescale for the communications and engagement activity to take place between Monday 30th October and Friday 22nd December.

Evaluation


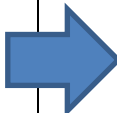



Evaluation of the whole process of patient and public involvement is necessary in order to learn the lessons for the future and continuously improve performance. Evaluation should cover every aspect, from planning to delivery and feedback.

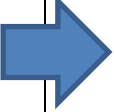

Risks and mitigating actions

Risk	Mitigating action
<p>If the CCG fails effectively to communicate and engage with patients and the public in the commissioning or co-commissioning of services there is a risk that:</p> <p>(a) Services may not meet the needs and wishes of the people of Barnsley, and</p> <p>(b) the CCG does not achieve its statutory duty to involve and consult with patients and the public.</p>	<p>CCG to support the practice to communicate and engage regarding the proposed relocation over an agreed eight week timeframe to ensure that that views and concerns of patients and the public are taken into consideration as part of the overall decision making process.</p>

Partnership working

This work will be carried out primarily by the Practice with support where appropriate from Barnsley CCG and NHS England colleagues.

Activity	Detail/ Commentary	Lead(s)	Deadline	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finalise communications and engagement planner with agreed timescales	Agreed	EB/ CW								
Develop supporting communications and engagement resources	Currently in progress – to be finalised		Approval needed by Friday 27 th October							
Undertake agreed communications and engagement activity	Engagement to be led by the practice with the offer of support from the CCG Primary Care and Engagement Teams	Practice Team with offer of support from CCG Team	22 nd December 2017							
Analysis of comments and feedback		Practice Team with offer of support from CCG Team	5 th January 2018							
Produce engagement report for discussion and feedback at Primary Care Commissioning Committee		Practice Team with offer of support	First draft by 12 th January 2018 – submission							

		from CCG Team	for committee papers by 18 th January – PCCC Meeting on 25 th January							
Provide feedback to respondents and partners		Practice Team with offer of support from CCG Team	Post committee meeting and prior to end of Feb 2018							
Evaluate process for lessons learnt		Practice Team with offer of support from CCG Team	March 2018.							

Cope Street Surgery is Relocating

**Have your say on the proposed relocation
of Cope Street Branch Surgery to a new
purpose built primary healthcare centre in
central Barnsley**

**Ask at reception at Cope Street, Park Grove
or Roundhouse Surgeries for a hard copy
of the discussion document and feedback
survey**

**Visit our website at
www.parkgrovesurgery.nhs.uk
to access the discussion document and online survey**

**Find out more by attending one of the three drop in
information sessions to be held at Cope Street Surgery on::**

**Tuesday 7th November 11am – 1pm,
Wednesday 8th November 5pm – 7pm
Thursday 9th November 1pm – 3pm**

Closing date for feedback - Friday 22nd December 2017

Park Grove Surgery

Dr C A Bridger, Dr S Chikthimmah, Dr R Hariharan, Dr W Han, Dr. N Palmer
94 Park Grove, Barnsley, South Yorkshire S70 1QE
Tel 01226 704343 Fax 01226 785228

HAVE YOUR SAY ON THE PROPOSED RELOCATION OF COPE STREET BRANCH SURGERY TO A NEW PURPOSE BUILT PRIMARY HEALTHCARE CENTRE IN CENTRAL BARNLSLEY



Discussion Document

**Closing date for feedback -
Friday 22nd December 2017**

1) Introduction

Here at Park Grove Surgery we are continually reviewing the way that we provide services to our patients, to ensure that we continue to offer the highest quality and safest services that we can, within the resources that we have available.

As you will be aware Park Grove and Cope Street Surgeries formally merged at the end of 2016. It is the intention for Park Grove Surgery to relocate to a modern purpose built surgery in the near future which is less than half a mile from the branch surgery based at Cope Street. A large number of our Cope Street patients already utilise both Cope Street and Park Grove sites for their appointments and we therefore propose to also relocate the Cope Street branch to the new purpose built surgery.

The construction of the new surgery is due to commence in a few weeks and we have received the support of NHS England and from NHS Barnsley Clinical Commissioning Group (CCG) which is the organisation that has the responsibility locally of planning and buying local healthcare services for the people of Barnsley.

The relocation from the main surgery at Park Grove has been approved and we are now seeking views on the relocation from the branch surgery based at Cope Street into the new health centre.

This discussion document is part of that on-going process. It outlines the proposal to relocate from both the current premises of Park Grove Surgery and Cope Street Surgery to a brand new, purpose-built, modern Primary Care Centre based in between the two current sites in central Barnsley.

It is planned to transfer GP services to the new primary Care Centre and also provide some new services, which will improve the level of patient care offered in the area. We want your views and are therefore asking for views from patients and the public regarding these proposals for an eight week period running up to the closing date of Friday 22nd December 2017.

We will be discussing these plans, and your views on them, with NHS England and NHS Barnsley CCG before deciding how best to take primary care services forward in central Barnsley.

2) Why do we need a new building?

Cope Street Surgery is a converted house originally constructed in 1900 and extended during the 1960s with a further smaller extension built in 2013.

This was originally designed to provide health services for a smaller number of patients than it does now. There are now significantly more patients registered with the practice. Over that time the types of services GP provide have also changed considerably.

The building is now too small, not designed for modern healthcare needs, and is not able to cater for the extra demand.

The building cannot be adequately modernised or expanded to develop healthcare services which meet the standards and accessibility we expect; and that patients are entitled to receive.

We want to provide new, modern, fit for purpose premises which can provide a wider range of high quality services for our patients.

3) What does this mean for patients?

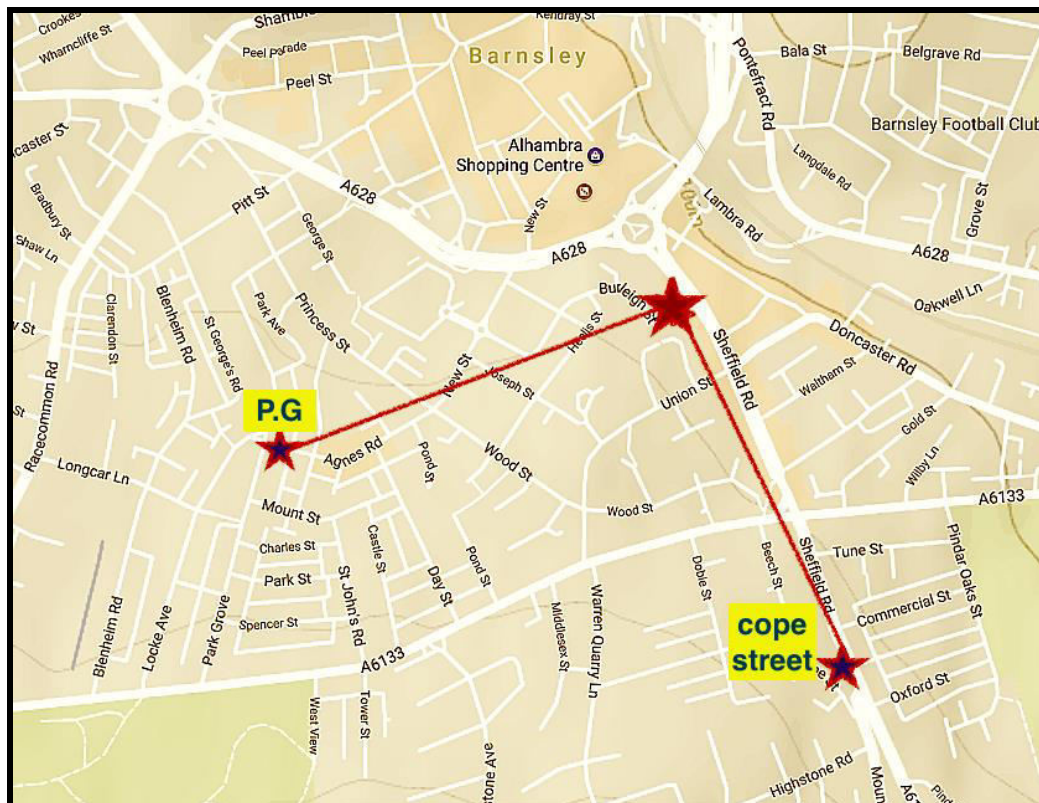
Discussions about how the best quality primary care (GP) services for patients now and in the future should be provided have been ongoing for a number of years. We believe that the best solution is for a sustainable and modern service for our patients to be provided in high quality facilities.

The new purpose built health centre will take into account the following:

- The healthcare needs of all patients in the area
- The importance of delivering the highest standard of care in a comfortable, modern and safe environment; which is fit for purpose
- The access requirements of all patients, particularly the elderly, disabled and those with young children
- The number of patients accessing the practices both now and in the future
- The dignity, privacy and confidentiality of all patients when talking to doctors, nurses and other healthcare staff
- Additional Parking and drop-off facilities needed by patients
- More accessible public transport links
- The effective and efficient use of resources including space, equipment and staff
- Single point of access to services

4) Where will the new surgery be built?

The new modern purpose built health centre is to be located in-between the two current sites at Park Grove and Cope Street near the Alhambra Roundabout off Burleigh Street which has excellent access for pedestrians, good public transport links and the site will allow for on- site car parking.



**Current view and future view
from Sheffield Road**



**Current view and future view
from Alhambra Roundabout**



5) Why is it being built on this site?

The location of the site has been decided upon following an extensive process where we looked at a number of sites and judged their overall potential against each other. We then agreed that the proposed development site off Burleigh Street, which sits within the heart of the surgery's catchment area, is the most suitable site for construction of a GP surgery in or around the Centre of Barnsley.

There are bus stops (inbound and outbound) next to the site. The former council car park next to the site has also been awarded to the health centre as a freehold car park.

6) What about parking and transport?

There will be a designated 46 space car park & 3 motorcycle spaces in addition to cycle parking for patients visiting the Primary Care Centre which will also include 3 accessible/disabled parking spaces, and drop off facilities.

The site is well connected to Barnsley town centre and is served well by local public transport with a good selection of bus services serving a wide range of locations within the catchment area of the new health centre and connects well to all other wards in Barnsley. The site is within walking distance of Barnsley Interchange which provides access to additional bus services and rail services.



7) What will happen to the current premises at Cope Street and Park Grove?

Both the premises at Cope Street and Park Grove will no longer be used following the relocation. Patients who access services at either Cope Street or Park Grove will access these at the new site off Burleigh Street.

Please note that services at Roundhouse Medical Centre will not be affected by the proposed relocation of Cope Street and Park Grove.

8) Are there plans I can see of the proposed Centre?

Yes. We are planning to hold several drop-in sessions where you will be able to look at the plans which have been drawn up for the new Primary Care Centre.

You will also be able to speak to members of the Practice and the Development team with any questions that you may have.

The drop in sessions have been arranged to take place at Cope Street Surgery so that as many people as possible are able to attend and have their questions answered on the following dates and times;

- Tuesday 7th November between 11am – 1pm
- Wednesday 8th November between 5pm – 7pm
- Thursday 9th November between 1pm – 3pm

Posters will be displayed in Park Grove, Cope Street and Roundhouse surgeries and other community and public places in the central Barnsley area closer to the date as a reminder.

Please let us know your views by the closing date of Friday 22nd December 2017

You can let us know what you think in relation to the above by:

- Attending one of the drop in sessions highlighted above
- Completing the following patient survey and post this in one of the collection boxes at reception at Park Grove, Cope Street and Roundhouse Surgeries, posting this back to us at Park Grove Surgery, 94 Park Grove, Barnsley, South Yorkshire S70 1QE or completing this online via the link available via our practice website at www.parkgrovesurgery.nhs.uk
- Emailing us via barnccg.comms@nhs.net with the title 'Cope Street Surgery Relocation'

On behalf of the practice, thank you for sharing your views with us.

We will ensure all the comments made are taken into account in considering how best to take forward the practice relocation.

A copy of the report detailing the feedback, outcome and next steps from this engagement will be made available and publicised early in 2018.

If you have any comments or queries relating to any of this information please contact our Practice Team at Park Grove Surgery, 94 Park Grove, Barnsley, South Yorkshire S70 1QE, Tel :01226 704343

Patient Survey Questions

- 1) Please can you tell us who you are responding on behalf of (please select just one option)

I am responding for myself as a registered patient of the practice	<input type="checkbox"/>
I am a carer responding on behalf of a registered patient	<input type="checkbox"/>
I am responding as a member of public who is not registered with the practice	<input type="checkbox"/>
I am a member of staff responding on behalf of a patient	<input type="checkbox"/>
I am a member of the Patient Reference Group responding on behalf of a patient	<input type="checkbox"/>
I am responding on behalf of a local organisation or group (please state which here)	<input type="checkbox"/>
Other e.g. patient representative (Please state here)	<input type="checkbox"/>

- 2) Having read the information provided, have any concerns regarding the relocation of the practice to a new purpose built health centre? (please select just one option)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please tell us the reason for your answer below

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- 3) Having read the information provided, do you have any concerns that would result in you considering registering with another GP Practice? (please select just one option)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- 4) Having read the information provided, what impact do you feel that the practice relocation might have on you as a registered patient of the practice? (please select just one option)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>
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Please tell us the reason for your answer below

--

5) From a patient perspective, what do you think we need to consider prior to finalising the plans for the new purpose built health centre?

6) How did you find out about this survey?

I attended one of the drop in sessions	
Via direct email from GP Practice	
Via Patient Reference Group (PRG)	
Via GP reception	
Via local partner organisation	
Via my place of work	
Other (Please state here)	

Equality Monitoring Form (Optional)
Strictly Confidential

So that we can try to ensure that our survey is representative of our patients, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. You do not have to answer all of these questions, but we would be very grateful if you would as the information that you provide here will really help us to ensure that the health services we provide on your behalf are the right ones for our practice population.

Data Protection Statement

All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

What is your age?									
Under 18		18 - 24		25 - 34		35 - 44		45 - 54	
55 - 64		65 - 74		Over 75 +					
Prefer not to say									

Please tell us the first part of your postcode in the box provided below (e.g. S75)		
	Prefer not to say	

What is your gender?				
Female		Male		Prefer not to say

Do you live and work permanently in a gender other than the one you were born into?				
No		Yes		Prefer not to say

How would you describe your ethnicity?						
White – UK		Arab		Other Mixed/ Multiple Ethnic Background		Indian
White – Irish		White and Black African		Black Caribbean		Pakistani
White – Gypsy or Traveller		White and Black Caribbean		Black African		Bangladeshi
Other White Background		White and Asian		Other Black Background		Other Asian Background
Chinese		Prefer not to say		Other Ethnic Group (Please state here)		

How would you describe your sexual orientation?							
Bisexual		Lesbian		Gay		Heterosexual	
Prefer not to say							

How would you describe your religion?							
No religion		Buddhist		Hindu		Sikh	
Christian		Jewish		Muslim		Agnostic	
Prefer not to say				Other (Please state)			

Do you have any of the following disabilities? (Please tick all that apply)							
I do not have a disability		Mental Health Condition		Physical Impairment			
Cognitive Impairment		Long Standing Illness		Speech Impairment			
Sensory Impairment		Learning Disability		Learning Difficulty			
Prefer not to say		Other (Please state)					

Do you carry out unpaid care for someone?					
Yes		No		Prefer not to say	

Please post this in one of the collection boxes at reception at Park Grove, Cope Street and Roundhouse Surgeries, or post this back to us at Park Grove Surgery, 94 Park Grove, Barnsley, South Yorkshire S70 1QE or you can also complete this online via the link available via our practice website at www.parkgrovesurgery.nhs.uk

Please note the closing date for all your feedback is Friday 22nd December 2017.

**Thank you for taking the time to complete this survey and for your input.
Your views will shape the future delivery of services for our patients.**

Park Grove Surgery

Dr C A Bridger, Dr S Chikthimmah, Dr R Hariharan, Dr W Han, Dr. N Palmer
94 Park Grove, Barnsley, South Yorkshire S70 1QE
Tel 01226 704343 Fax 01226 785228

COPE STREET BRANCH SURGERY RELOCATION

Frequently Asked Questions (FAQs)

Does this mean that Cope Street Surgery is definitely moving?

Yes - An ever increasing patient list size has resulted in our current site at Cope Street reaching its full capacity for both patients and staff, thus, resulting in fewer services being delivered to our patient population.

The aim of the practice relocation is to ensure the provision of long-term sustainable healthcare to the practice population by helping to deliver and maintain core services and provide the opportunity to increase the range of locally commissioned and nationally commissioned enhanced services. This will provide significant benefits for registered patients in having greater flexibility to access a wider range of services locally.

The new surgery is yet to be constructed but planning consent has been obtained by the practice and we have received the support of NHS England and NHS Barnsley Clinical Commissioning Group (CCG) as the organisation that plans and buys healthcare services on behalf of the people of Barnsley.

What does this mean for the other sites at Park Grove and Roundhouse Medical Centre?

Park Grove and Cope Street Surgeries formally merged at the end of 2016. The combined patient list size is just over 11,000 patients and the premises based at Park Grove are considered as the main surgery whereas Cope Street operates as one of two branch surgeries along with one based at Roundhouse Medical Centre.

The relocation from the main surgery at Park Grove has been approved and the practice is now seeking your views on the relocation from the branch surgery based at Cope Street into the new health centre.

Services at Roundhouse Medical Centre will not be affected by the proposed relocation of Cope Street and Park Grove.

How have patients' views been taken into account so far?

Patients are and will always be the foundation of the NHS and as a practice we have been pro-actively engaging with our Patient Participation Group (PPG) as part of this overall process. We have also gained initial feedback in relation to the relocation of Park Grove Surgery as part of the conversation that was carried out with patients earlier in 2017 in relation to the merger of Park Grove and Cope Street Surgeries.

We have also worked in partnership with the primary care and communications and engagement teams from NHS Barnsley CCG to help plan our next phase of wider involvement to ensure that we have processes in place to enable members of our practice population and the wider public to voice their opinions on the relocation and have an input into the overall decision making process.

We have also invited local community and partner organisations along with neighbouring services and GP practices to voice their opinions and views as part of the involvement process.

Will there be a charge for parking?

No, car parking on the new site will be free of charge for all patients.

Will there be a Pharmacy located within the new build?

We have included within our current plans to allow for a pharmacy in the new premises; however the practice will need to explore the relevant steps in allowing a new pharmacy to be granted.

ANNEXURE C

PATIENT CONSULTATION SUMMARY

Engagement regarding the proposed relocation of Cope Street Branch Surgery to a new purpose built primary healthcare centre in Central Barnsley

Summary Feedback Report

Background information

At Park Grove Surgery we are continually reviewing the way that we provide services to our patients, to ensure that we continue to offer the highest quality and safest services that we can, within the resources that we have available.

Park Grove and Cope Street Surgeries formally merged at the end of 2016 and it is the intention for Park Grove Surgery to relocate to a modern purpose built surgery in the near future which is less than half a mile from the branch surgery based at Cope Street.

We have received the support of NHS England and from NHS Barnsley Clinical Commissioning Group (CCG) which is the organisation that has the responsibility locally of planning and buying local healthcare services for the people of Barnsley and the construction of the new surgery commences on 22 January 2018.

It is planned to transfer GP services to the new primary Care Centre and also provide some new services, which will improve the level of patient care offered in the area.

A large number of our Cope Street patients already utilise both Cope Street and Park Grove sites for their appointments and we therefore also propose to relocate the Cope Street branch to the new purpose built surgery. Services at Roundhouse Medical Centre will not be affected by the proposed relocation of Cope Street and Park Grove.

The building of new premises and relocation from the main surgery at Park Grove was approved by NHS Barnsley CCG on 27 August 2015. Between 23rd October and 22nd December 2017 (8 weeks) we have been seeking views and feedback on the proposal of the relocation from the branch surgery based at Cope Street into the new health centre.

We would like to take this opportunity to express our gratitude and to sincerely thank our patient participation group, all of the patients, carers and members of public who have taken the time to speak to us and provide their views and feedback as part of the engagement process.

This report provides a summary overview of the engagement process that we undertook and the feedback that we received prior to the closing date of 22nd December 2017.

Engagement methods

We set out with the aim to carry out engagement activity that would:

- Provide the registered patient population of Park Grove Surgery and other interested stakeholders with the opportunity to influence and help to shape the decision making process regarding the proposal to relocate from Cope Street Branch Surgery to a new purpose built healthcare centre.
- Gain additional feedback regarding what is important to patients in relation to their choice of GP practice
- Meet the statutory duty to engage in accordance with the Health and Social Care Act 2012 which introduced amendments to the NHS Act 2006 highlighting two specific legal duties which require CCGs and commissioners to enable:
 - 1) Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission and
 - 2) The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

A supporting communications and engagement plan was developed. This incorporated a range of methods to both highlight and promote the consultation and drop in sessions with patients, both within the local media and with local stakeholder organisations.

A discussion document was developed in partnership with the CCG and shaped by feedback from our GP Patient Group in order to gain feedback from our registered patients, carers and members of the public. The document outlined the proposal to relocate from both the current premises of Park Grove Surgery and Cope Street Surgery to a brand new, purpose-built, modern Primary Care Centre based in between the two current sites in central Barnsley and was accompanied by a feedback survey to enable patients, carers and members of the public to share their views and comments with us.

Patients, carers and members of the public were invited to have their say as part of the engagement process in any of the following ways;

- Access the discussion document and fill in the survey online via the practice website.
- Pick up a paper copy of the discussion document from the surgery (Cope Street, Park Grove and Roundhouse), complete the feedback survey and put it into the secure collection box provided in the reception area;
- Visit one of three drop-in sessions held and ask a member of the practice team to complete it with them; or
- Call the practice and fill in the survey with a member of staff over the phone.

Three drop-in sessions were held and promoted to enable patients and carers to look at the plans which have been drawn up for the new Primary Care Centre and also be able to speak to members of the Practice and the Development team with any questions that they may have.

Posters were displayed in Park Grove, Cope Street and Roundhouse surgeries and other community and public places including the local post office and church in the central Barnsley area to promote the opportunity for people to find out more and have their say.

The drop in sessions were all arranged to take place at Cope Street Surgery and took place on the following dates and at different times of the day so that as many people as possible would hopefully be able to attend and have their questions answered.



Drop-in session 1

Date: Tuesday 7th November
Attendees: (17)

Time: 11am to 1pm

Drop-in session 2

Date: Wednesday 8th November
Attendees: (8)

Time: 5pm to 7pm

Drop-in session 3

Date: Thursday 9th November
Attendees: (12)

Time: 1pm to 3pm

Notification of the above drop in sessions and the other ways in which people could find out more and have their say and feedback was published in the Barnsley Chronicle on Friday 3rd November 2017.



The discussion document with accompanying feedback survey has also been promoted within the practice, via the practice website, via notes on patient prescriptions, CCG social media, and via the CCG website. Reminders of the closing date of consultation exercise were also included in the prescriptions to enable more patients to express their views.

Direct emails were also circulated at the beginning of the engagement period to local partners and stakeholders to invite their feedback and ask for their assistance in sharing this information with their wider networks. These included Healthwatch Barnsley, Barnsley Metropolitan Borough Council, Barnsley Patient Council, Barnsley CCG Public Engagement Network (OPEN), Dan Jarvis – MP (Barnsley Central), Stephanie Peacock – MP (Barnsley East), Barnsley Tenants and Residents Association, DIAL Barnsley and Voluntary Action Barnsley. Adults Health Overview and Scrutiny Committee.

The practice staffs have been proactive in encouraging patients to have a look at the new site plans and discussion documents when they visited the practice. The GPs have also passed information to the nearby care homes and also involved patients regularly during home visits.

Summary overview of feedback received

Our patient participation group gave their full support for this relocation proposal at the start of the patient consultation exercise and gave their approval to the draft engagement document prior to the formal engagement process.

Excluding the patient group and staff, we received a total of 60 responses to the feedback survey by the closing date of 5pm on Friday 22nd December 2017.

A summary of the feedback to each of the questions posed as part of the survey is detailed below.

Due to the number of comments received, the general themes of the comments repeated most often have been highlighted rather than including every single comment received.

Also included at the end of this section is a summary of the equality monitoring data collected from respondents.

Survey Responses

- 1) **Please can you tell us who you are responding on behalf of (please select just one option)**

I am responding for myself as a registered patient of the practice	44 (73%)
I am a carer responding on behalf of a registered patient	5 (8%)
I am responding as a member of public who is not registered with the practice	4 (7%)
I am a member of staff responding on behalf of a patient	2 (3%)
I am a member of the Patient Reference Group responding on behalf of a patient	1 (2%)
I am responding on behalf of a local organisation or group (please state which here) – 3 x Nursing/ Care Homes	3 (5%)
Other e.g. patient representative (Please state here) – 1 x Barnsley Patient Council Member	1 (2%)

- 2) **Having read the information provided, have any concerns regarding the relocation of the practice to a new purpose built health centre? (please select just one option)**

Yes	1 (2%)	No	57 (95%)	No response	2 (3%)
-----	--------	----	----------	-------------	--------

Please tell us the reason for your answer below

26 people provided a response to the above question and themes included the following;

- ✓ Improved access to better facilities in better location
- ✓ Brand new and purpose built healthcare centre
- ✓ Plenty of car parking
- ✓ Improved accessibility via public transport
- ✓ More doctors in one place
- ✗ Losing the feel and sense of accessing a small community based practice

- 3) **Having read the information provided, do you have any concerns that would result in you considering registering with another GP Practice? (please select just one option)**

Yes	1 (2%)	No	55 (92%)	No response	4 (6%)
-----	--------	----	----------	-------------	--------

- 4) Having read the information provided, what impact do you feel that the practice relocation might have on you as a registered patient of the practice? (please select just one option)**

Positive Impact	56 (93%)	Negative Impact	4 (7%)
-----------------	----------	-----------------	--------

Please tell us the reason for your answer below

33 people provided a response to the above question and themes included the following;

- ✓ Improved access to modern facilities in better location
- ✓ Brand new and purpose built healthcare centre
- ✓ Plenty of car parking as parking currently an issue
- ✓ Improved accessibility via public transport – closer to bus stops
- ✓ More doctors in one place rather than two
- ✗ Inconvenience of location and feeling less personal
- ✗ Losing the feel and sense of accessing a small community based practice

- 5) From a patient perspective, what do you think we need to consider prior to finalising the plans for the new purpose built health centre?**

31 people provided a response to the above question and themes included the following;

- Café
- Bus routes
- Extended hours (weekends/ evenings)
- Ensuring the car park is kept for patients/ staff only – patients could register their car registration at reception for a permit/ token and you could stop the abuse of car park by non- patients by having barrier in place x 5
- Try to ensure that the building is not too impersonal/ clinical and doesn't lose the feeling of the old practice

- 15 x nothing that hasn't been considered already
- Disabled access to building and car park spaces.

6) How did you find out about this survey?

I attended one of the drop in sessions	13 (23%)
Via direct email from GP Practice	3 (5%)
Via Patient Reference Group (PRG)	2 (4%)
Via GP reception	19 (33%)
Via local partner organisation	1 (2%)
Via my place of work	2 (4%)
Other (Please state here) Barnsley Chronicle x 9 Via GP Home Visit/ Consultation x 4 Practice/ CCG website x 3 Social Media x 1	17 (30%)

Equality Monitoring Data

Age of respondents
<ul style="list-style-type: none"> • Under 18 = 3 people (5%) • 18 – 24 = 2 people (3%) • 25 – 34 = 5 people (8%) • 35 – 44 = 8 people (13%) • 45 – 54 = 7 people (12%) • 55 – 64 = 10 people (17%) • 65 – 74 = 15 people (25%) • 75 + = 10 people (17%)
Postal code areas indicated
S70, S71, S74, S75
Gender
<ul style="list-style-type: none"> • Male x 23 (38%) • Female x 35 (58%) • Prefer not to say x 2 (4%)
Transgender - Do you live and work permanently in a gender other than the one you were born into?

<ul style="list-style-type: none"> • No x 53 (88%) • Yes x 2 (4%) • Prefer not to say x 5 (8%)
Ethnicity
<ul style="list-style-type: none"> • White (UK) x 55 (90%) • Other White Background (Russian) x 1 (2%) • Indian x 1 (2%) • Other Asian Background x 1 (2%) • Prefer not to say x 2 (4%)
Sexual Orientation
<ul style="list-style-type: none"> • Heterosexual x 55 (90%) • Prefer not to say x 5 (10%)
Religion
<ul style="list-style-type: none"> • No religion x 13 (20%) • Christian x 37 (62%) • Hindu x 1 (2%) • Sikh x 1 (2%) • Muslim x 1 (2%) • Prefer not to say x 6 (10%) • Other x 1 (2%)
Disability
<ul style="list-style-type: none"> • I don't have a disability x 26 (50%) • Mental Health x 8 (15%) • Physical Impairment x 8 (15%) • Long standing illness x 5 (10%) • Learning Difficulty x 2 (4%) • Prefer not to say x 3 (6%)
Carer
<ul style="list-style-type: none"> • Yes x 13 (22%) • No x 36 (60%) • Prefer not to say x 5 (8%) • No response x 6 (10%)

Summary of key findings from feedback received

The key findings taken from this period of consultation are as follows:

- 60 responses had been received with over 70% of the respondents highlighting that they were responding as registered patients of the practice.
- 95% of the respondents stated that they did not have any concerns regarding the proposed relocation of the practice and 93% highlighted that they felt the relocation would be positive for patients.
- Only 4% of respondents highlighted concerns or felt that the relocation would have a negative impact on patients citing inconvenience of location for them and loss of a small community orientated practice by moving to a large clinical impersonal setting.
- Respondents highlighted that they felt that the move would be positive due to the increased accessibility of the practice via public transport, the building itself being modern and purpose built, the increased range of services that could be delivered in a purpose built building, improved parking facilities and potential extended access in terms of opening hours.
- The majority of respondents were aged over 55 or above (59%) and predominantly female (58%) with 20% of total respondents identifying as an unpaid carer.
- 90% of respondents identified their ethnicity as White British and identified their sexuality as heterosexual.
- 44% of respondents identified themselves as living with a type of disability. 30% of those highlighted living with a mental health issue (15%) or physical impairment (15%).
- The statistics highlighted above are reflective of the practice population demographics.
- Staff, patients, pharmacists and the care homes have expressed that the relocation would make it more convenient for patients, their families and carers in picking prescriptions, dropping of samples and reduce the travel between sites as they often present to the wrong site to attend appointments, pick scripts/ completed reports/ letters etc.

Mitigating action

One of the patients had commented that a new GP surgery would be less personal losing the feel and sense of accessing a small community based practice.

- In order to mitigate the above comments, we have taken steps from the very beginning by working with the architects of the project who have designed the building layout based on HBN guideline Health Building Notes give “best practice” guidance on the design and planning of new healthcare buildings with particular emphasis on impact of the functional and aesthetic quality of the build and the patient satisfaction/ outcomes.
- Works of art and craft can contribute greatly to health and well-being. and the design team have integrated meaningful art into the design to give a personalised feel.
- We are confident that the presence of the same staff currently working on both sites, continuing to provide the personal service will make the patients feel at home in the new site.

Next steps

We will be discussing all of the feedback received with NHS England and NHS Barnsley CCG before deciding how best to take primary care services forward in central Barnsley.

A copy of this report alongside all other relevant documentation will be submitted to the Barnsley Primary Care Commissioning Committee for discussion and decision making in relation to the proposed relocation at their meeting held in public on the 25 January 2018.

The outcome of the meeting and any decision-making by the above committee will be communicated to patients and carers as soon as possible via the practice and a section will be added to this report, which will then be shared directly with all of those people who provided us with their direct contact details. A copy of this report will also be uploaded to both the practice and CCG websites and the link shared for information.

ANNEXURE D

ACCESS & PUBLIC TRANSPORT NETWORK

Access by sustainable modes

Walking and cycling

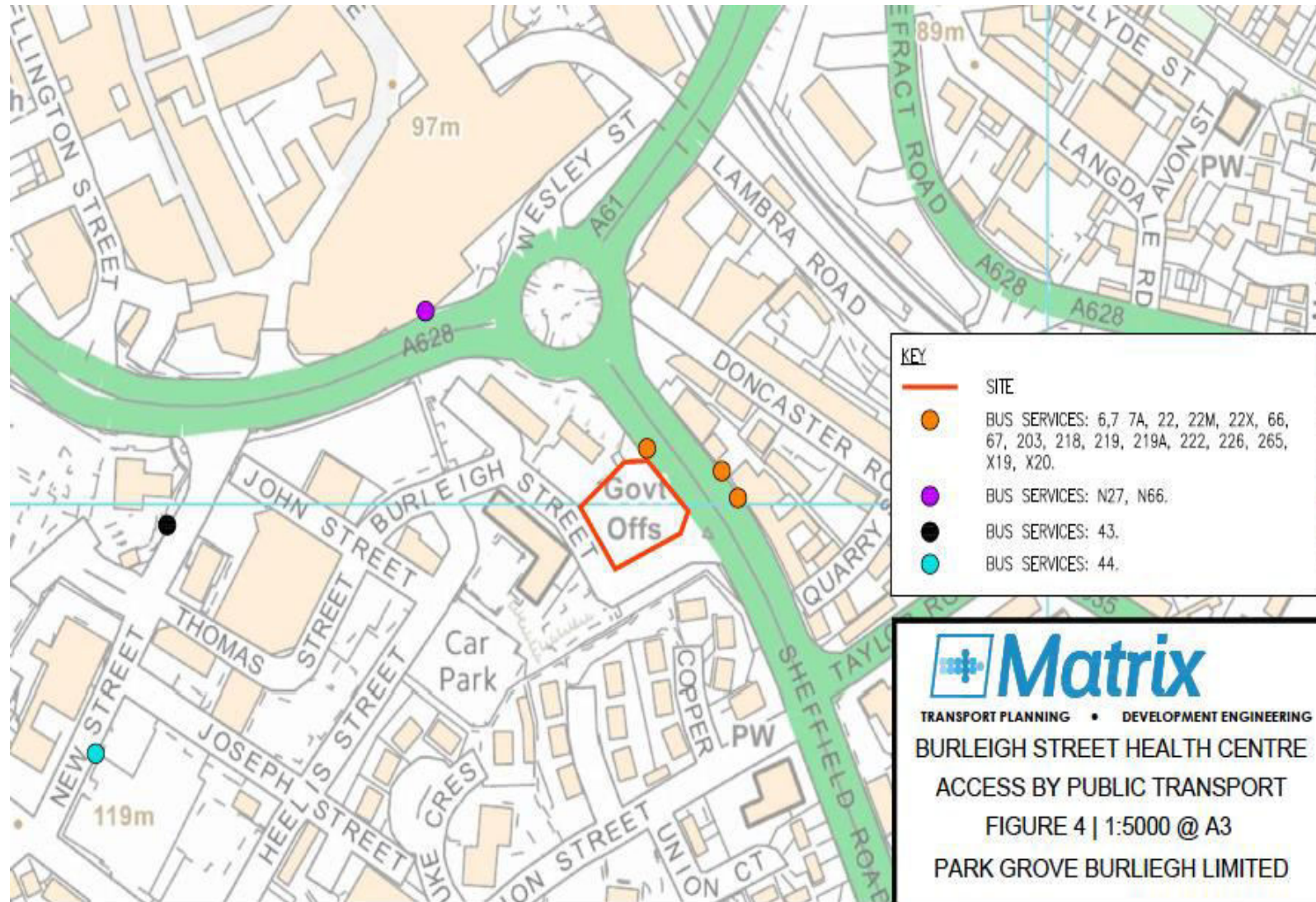
- 1.1 There is a good network of footways within the immediate vicinity of the site, all of which are well-lit with pedestrian crossing points and subways across busier roads as shown in **Photograph 3** below.



Photograph **Pedestrian subway at the Alhambra Roundabout**

- 1.2 There are some designated routes for cycling within the immediate vicinity of the site

Bus Network



The site is well connected to the local bus network with a range of stops located within 20 yards from the site. Details of the services available from the stops closest to the site are provided in summary tables over the page. All of the bus services serving this stop terminate in Barnsley town centre.

Service number	Route	Headway (minutes)		
		Monday – Friday	Saturday	Sunday
6	Barnsle Interchan –Worsborough Dale	10	12	30
7	Barnsley – Birdwell circular	120	120	n/a
7a	Barnsley – Birdwell circular	120	120	n/a
22 /22m	Barnsley - Meadowhall	15 combined	15	60
22x	Barnsley Interchange – Rotherham Int	15	15	60
66	Barnsley Interchange - Elsecar	10	10	30
67	Barnsley Interchange – Wombwell	60	60	60
203	Barnsley Interchange – Doncaster Interchange	60	120	No Service
218	Barnsley Interchange – Rotherham Interchange	30	30	60
219/219a	Barnsley Interchange – Doncaster Frenchgate Interchange	30	30	60
222	Barnsley interchange Mexborough Interchange	30	30	60
226	Barnsley Interchange – Thurnscoe	30	30	60
265	Sheffield Interchange – Barnsley Interchange	30	30	60
X19	Barnsley Interchange – Robin Hood Airport	60	60	60
X20	Barnsley Interchange – Doncaster Frenchgate Interchange	60	60	No service

- 1.3 The services found in **Table 3.1** above can be accessed from bus stops (37050535 and 37050536) located on the southbound carriageway of Sheffield Road which each have a bus shelters and seating. The bus stops are accessible via pedestrian subways at the Alhambra roundabout

- 1.4 There is a bus stop located on the eastbound carriageway of the A628 West Way, details of the services can be found in **Table 3.2** below.

Table 3.2 Bus services on Upper New Street / New Street					
Service number	Route	Headway (minutes)			
		Monday – Friday	Saturday	Sunday	
N27 (Night bus)	Barnsley Interchange – Grimethorpe	No Service	No Service	4 Services	
N66 (Night Bus)	Barnsley Interchange – Elsecar	No Service	No Service	4 Services	

- 1.5 There are an additional two bus stops on Upper New / New Street which provide access to services detailed in **Table 3.3** below.

Table 3.3 Bus services on Upper New Street / New Street					
Service number	Route	Headway (minutes)			
		Monday – Friday	Saturday	Sunday	
43	Barnsley Interchange – Pogmoor Circular	30	30	60	

- 1.6 Details of the services available from New Street can be found in **Table 3.4** below.

Table 3.4 Bus services on New Street					
Service number	Route	Headway (minutes)			
		Monday – Friday	Saturday	Sunday	
44	Barnsley Interchange – Pogmoor Circular	30	30	60	

- 1.7 A large number of additional bus services can be accessed from Barnsley Interchange which is located approximately 650m north of the site.

ANNEXURE E

PRACTICE BOUNDARY



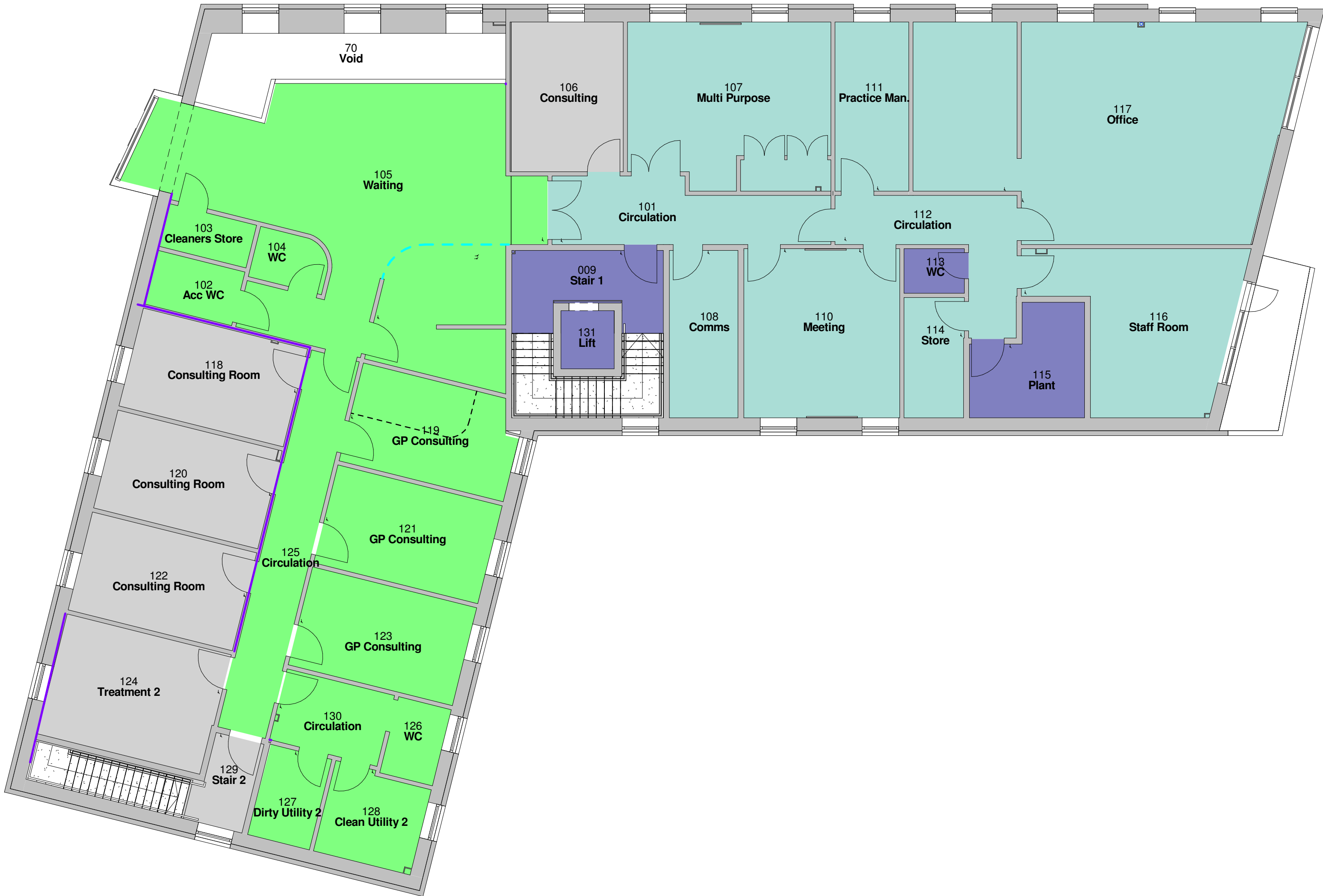
ANNEXURE F

ARCHITECT DRAWING / PLANS

0.0 GF 200sqm
1 : 100



1.0 FF 200msq
1 : 100



GIA

- 200msq Cope Street Allocation
- 3rd Party Consulting
- GMS
- GMS Non Lettable
- Pharmacy

Total GMS GIA = 681m2
NIA = 608.3m2
(Including 2 x non reimbursable rooms)
GMS non lettable = Stairs / Lift / Riser - 57m2
Staff WC - 3.3m2
Plant - 12.35m2
(total 72.7)
Pharmacy = 122.5m2
Cope Street Allocation = 204.2m2
Expansion space / Escape Stair = 114.2m2

Issue Purpose: Information

P+HS Architects		
84 Albion Street Leeds LS1 6AG	The Old Station Station Road Stokesley TS9 7AB	Design Works William Street Gateshead NE10 0JP
0113 245 4332	01642 712684	0191 4692585
www.pandhs.co.uk		

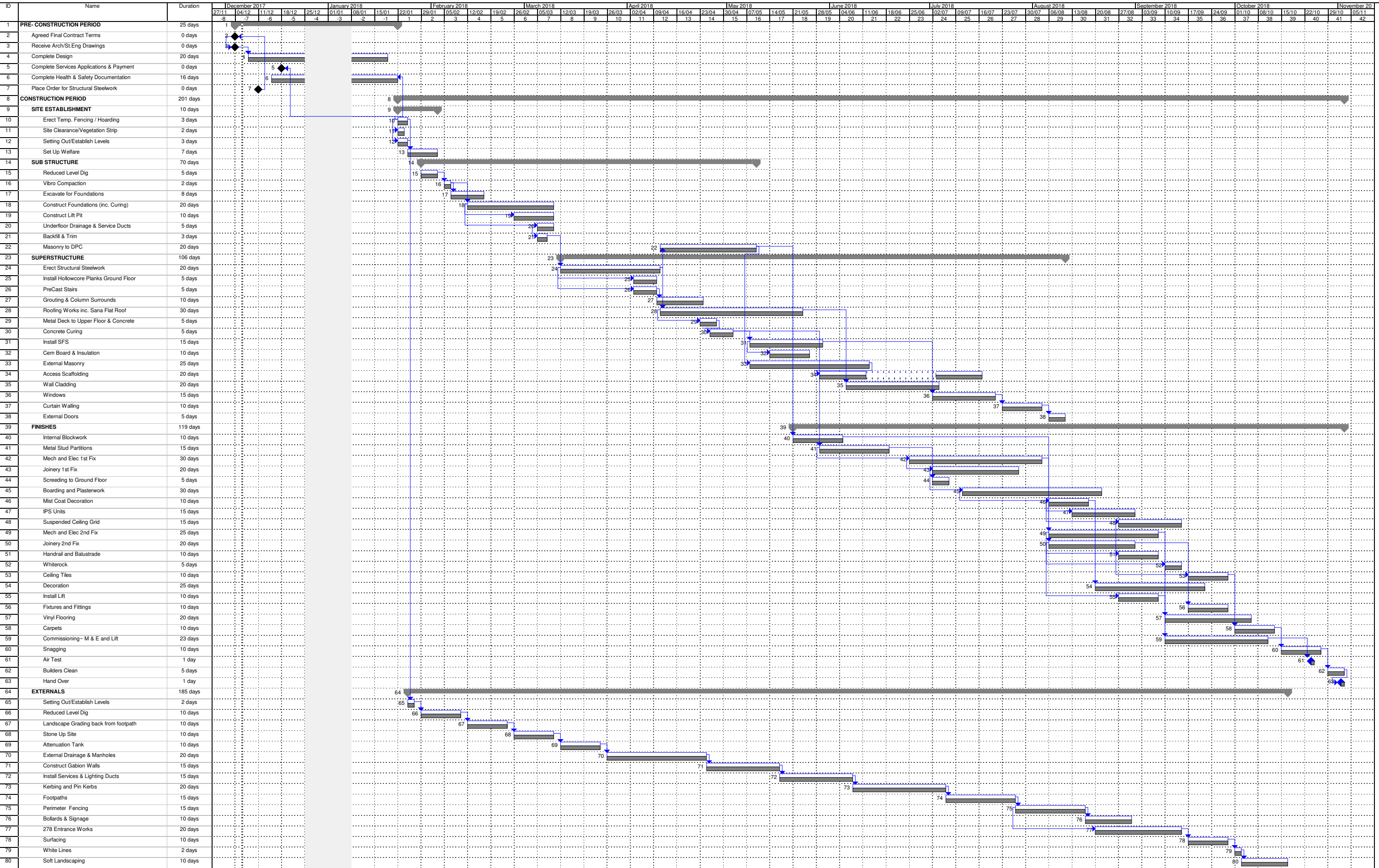
P+HS
architects

Client	Project	Title	Drawing Number	Revision	Issued From	Leeds
Park Grove Surgery	Park Grove Medical Centre	DV Plans Proposed Cope Street Allocation 200msq	2562 - D - 22-201	B	June 2017	1 : 100 @ A1
Drawn: AMG Auth: PB			Do not scale from this drawing. Work to stated dimensions and any discrepancy is to be reported to the Architect. Refer to larger scale drawings where available. © P+HS Architects			
Stage Identification: Design - D Construction - C						

ANNEXURE G

NEW BUILD PROGRAMME

Park Grove Medical Centre



Equality Impact Assessment

Title of policy or service:	Cope Street Branch Surgery Closure and Relocation Proposal	
Name and role of officer/s completing the assessment:	Lynne Richards	
Date of assessment:	18 January 2018	
Type of EIA completed:	Initial EIA 'Screening' X or 'Full' EIA process	(select one option - see page 4 for guidance)

1. Outline

Give a brief summary of your policy or service

- Aims
- Objectives
- Links to other policies, including partners, national or regional

Park Grove Surgery (C85017) formally merged with Cope Street surgery on 17 February 2017, since this date Cope Street has operated as a branch surgery.

Prior to this merger Park Grove Surgery gained approval to move into a new purpose built health Centre in Barnsley Town Centre. The practice is now proposing to relocate the current Cope Street surgery into the new purpose built surgery, which is only few hundred yards from the current location. This would take place in the Autumn of 2018.

The practice has undertaken a full patient engagement exercise to ensure that patients are supportive of the proposal and the decision on whether to grant approval will be given at the Primary Care Commissioning Committee meeting on 25 January 2018.

The purpose of this assessment is to ensure that the proposed re-location will have a neutral or positive impact for patients.

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	x	<input type="checkbox"/>	<p>The relocation of the branch survey would have a positive impact or neutral impact on the registered patients of Park Grove surgery, no negative impacts have been identified.</p> <p>As well as having improved facilities the new site offers improved access such as being closer to major bus routes and the town centre, offering better disabled access such as lifts and on site car parking which is not available currently which will have a positive impact on certain cohorts of patients.</p> <p>The six facet survey identified 61 risks to the current building with 18 of these risks being significant or high risk.</p>	<p>The purpose built building will have a direct positive impact for patients with a disability, the elderly or maternity patients as the new site will offer improved access.</p>
Age	x	<input type="checkbox"/>	<input type="checkbox"/>		
Carers	x	<input type="checkbox"/>	<input type="checkbox"/>		
Disability	x	<input type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	x	<input type="checkbox"/>		
Race	<input type="checkbox"/>	x	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	x	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	x	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	x	<input type="checkbox"/>		
Pregnancy and maternity	x	<input type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	x	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	x	<input type="checkbox"/>		


IMPORTANT NOTE: If any of the above results in '**negative**' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No actions required				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Dr Chikthimmah	Date of next Review:	TBC after approval

Once completed, this form **must** be emailed to barnsleyccg.equality@nhs.net for sign off by Brigid Reid, Chief Nurse:

Brigid Reid's signature	
Date of Sign Off: 19/01/2018	

Scheme Number: Quality Impact Assessment (QIA)			
Scheme Name	Cope Street Branch Surgery Re-location.		
Scheme Overview	<p>Park Grove Surgery (C85017) formally merged with Cope Street surgery on 17 February 2017, since this date Cope Street has operated as a branch surgery. Park Grove Surgery will be relocating to a modern purpose built health centre in late 2018, which is located in-between the two current sites at Park Grove and the branch site Cope Street, near the Alhambra Roundabout with excellent access to pedestrians, good public transport links and with 46 on site car parking spaces.</p> <p>Barnsley CCG has already approved the new build surgery and for the main practice, Park Grove to move into the new build.</p> <p>The practice is now proposing to relocate the current Cope Street branch surgery into the new purpose built surgery, which is only few hundred yards from the current location. The practice has undertake a full patient engagement exercise to ensure that patients are supportive of the proposal and a decision on whether to grant approval will be given at the Primary Care Commissioning Committee meeting on 25 January 2018.</p>		
Project Lead	Lynne Richards	Person Completing QIA	Lynne Richards Primary Care Commissioning and Quality Development Manager
	Overall Score before mitigation	Overall Score after mitigation	
	1	1	

Risk Matrix:

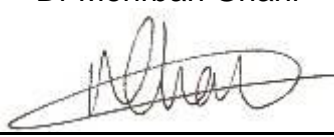


		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

Patient Safety	Impact	Likelihood	Score
	1	1	1
For example could the proposal/action impact positively or negatively on any of the following: safety, systems in place to safeguard patients to prevent harm, including infections, delivery of safe clinical standard of care?	The Park Grove Surgery is currently rated Good in all domains by the CQC. The previous GP Provider, providing services from Cope Street was rated Inadequate. The 6 Facet Building survey undertaken in 2015 identified 61 risks associated with the Cope Street premises, 18 of these risks were significant or high. Moving to a purpose built building will improve health and safety and patient safety.		
Clinical Effectiveness	Impact	Likelihood	Score
	1	1	1
For example could the proposal/action impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards or any other areas?	Quality standards will be raised by moving to a purpose built health centre and clinical leadership will be improved by the co-location of staff and the full practice team. The practice intends to co-locate with other providers within the new premises which will also have a positive impact on clinical effectiveness.		

Patient Experience	Impact	Likelihood	Score
	1	1	1
For example could the proposal/action impact positively or negatively on any of the following: positive survey results from patients, patient choice, personalised and compassionate care?	<p>The practice has undertaken a full patient engagement exercise to support the application to move the branch surgery. Only 1 negative comment has been received which related to losing the feel that smaller practice has when moving to large purpose built health centre. Other comments relate to how the current location doesn't support disabled access or mobility issues and therefore the relocation will improve patient experience.</p> <p>The proposed site for relocation is only a few hundred yards from the current site.</p> <p>Patients will have the choice to move to another GP practice if they do not wish to move to the purpose built health centre as the Kakoty Practice is 0.2 miles away and there are 3 further practices within a 2-mile radius.</p>		

Mitigation	None Required	
	Overall Risk Score	1
Signed Clinical Lead for Project	Dr Mehrban Ghani 	Date 19/01/2018
Signed Medical Director	Dr Mehrban Ghani 	Date 19/01/2018
Signed Chief Nurse	Brigid Reid 	Date 19/01/2018
Comments Medical Director Chief Nurse		

NB This form has been revised post input from Chief Nurse. The original was version kindly supplied by Sheffield CCG PMO.

PRIMARY CARE COMMISSIONING COMMITTEE

25 January 2018

PROCUREMENT UPDATE – DIABETES, MSK AND AQP CONTRACTS

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR														
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>						
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>								
2.	REPORT OF														
	<table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Jackie Holdich</td> <td>Head of Delivery (Integrated Primary and Out of Hospital Care)</td> </tr> <tr> <td><i>Author</i></td> <td>Catherine Wormstone</td> <td>Senior Primary Care Commissioning Manager</td> </tr> <tr> <td></td> <td>Lynsey Bowker</td> <td>Lead Commissioning and Transformation Manager</td> </tr> </table>				<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	<i>Author</i>	Catherine Wormstone	Senior Primary Care Commissioning Manager		Lynsey Bowker	Lead Commissioning and Transformation Manager
	<i>Name</i>	<i>Designation</i>													
<i>Executive Lead</i>	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)													
<i>Author</i>	Catherine Wormstone	Senior Primary Care Commissioning Manager													
	Lynsey Bowker	Lead Commissioning and Transformation Manager													
3.	EXECUTIVE SUMMARY														
	<p>The purpose of this report is to provide members with an overview of the current procurement issues for Barnsley GP Practices and primary medical care services.</p> <p>3.1 Background</p> <p>There are a number of services commissioned by NHS Barnsley CCG where there is a need to consider the requirements to plan and undertake procurement activity. This paper provides an update on three recent procurement processes.</p> <p>3.2 Community Musculoskeletal (MSK) Service</p> <p>Following an open procurement exercise, a contract for the delivery of a Community MSK Service has been awarded to South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) at a value of £4.5M over a three-year period. The new service will launch 1st April 2018.</p> <p>The new service will improve waiting times for an initial clinical assessment, as GPs will now refer people directly to the assessment team, who will contact them within two days. An initial assessment within two days of a referral is in line with</p>														

	<p>the latest guidance for MSK conditions published this year by NHS England.</p> <p>3.3 DIABETES</p> <p>The procurement for adult diabetes services in Barnsley has been successfully concluded. Barnsley Hospital in partnership with Barnsley Healthcare Federation will deliver Diabetes Services – Community Specialist Nurses and Out-patient activity. The mobilisation of this new contract is underway with a service launch date of 1st April 2018. The contract value is £3.075m over a three-year period. This will be a new model of working for Barnsley, aligned to the CCG ambition of right care, right time, right place and locality working.</p> <p>3.4 RE-OPENING OF AQP CONTRACTS</p> <p>NHS Barnsley CCG commissions two services from primary care providers via Any Qualified Provider (AQP) Contracts.</p> <p>These are</p> <ul style="list-style-type: none"> a) Primary Care Vasectomy Service (non scalpel) b) Carpal Tunnel with Nerve Conduction Studies (NCS) <p>The original NHS Standard Contracts were awarded to commence 1 April 2016 and have a contract term of 3 years. The contracts expire on 31 March 2019.</p> <p>Vasectomy B87026 - Grange Medical Practice (out of area provider) C85619 - St George's Medical Practice C85028 - Lundwood Medical Centre</p> <p>Carpal Tunnel C85028 - Lundwood Medical Centre</p> <p>The two AQP Contracts were re-opened mid-way through the contract term in line with procurement requirements and Monitor Guidance. The contracts were re-opened on 4 December 2017 and closed at 12 noon on 8 January 2018.</p> <p>No applications were received by the deadline and therefore these services/contracts continue unchanged for the remainder of the contract and there is no requirement for evaluation or a panel.</p>
4.	<p>THE COMMITTEE IS ASKED TO:</p> <p>Note the conclusion of three procurement processes and</p> <ul style="list-style-type: none"> a) Note the award of the Community MSK Service to South West Yorkshire Partnership Foundation Trust (SWYPFT) b) Note the award of the adult diabetes service to Barnsley Hospitals NHS Foundation Trust working in partnership with Barnsley Healthcare Federation c) Note re-opening of the AQP contracts for Vasectomies (non scalpel) and carpal tunnel and that no additional applications were received. Existing provider contracts continue unchanged.

5.	APPENDICES
	None

Agenda time allocation for report:	<i>5 mins</i>
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PRIVATE - PRIMARY CARE COMMISSIONING COMMITTEE

25 January 2018

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR			
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>
			<i>Assurance</i>	<input checked="" type="checkbox"/>
			<i>Information</i>	<input type="checkbox"/>
2.	REPORT OF			
		<i>Name</i>	<i>Designation</i>	
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance	
	<i>Author</i>	Alison Edwards	Governance, Risk and Assurance Facilitator	
3.	EXECUTIVE SUMMARY			
	<p>Introduction In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.</p> <p>Assurance Framework The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. The GBAF is refreshed at the start of each financial year then reported to every meeting of the Governing Body as part of the Risk & Governance Exception Report.</p> <p>Appendix 1 of this report provides the Committee with an extract from the GBAF of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.</p> <ul style="list-style-type: none"> • Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: <ul style="list-style-type: none"> ○ Engagement with primary care workforce ○ Workforce and capacity shortage, recruitment and retention ○ Under development of opportunities of primary care at scale, including new models of care ○ Not having quality monitoring arrangements embedded in practice ○ Inadequate investment in primary care ○ Independent contractor status of General Practice. 			

	<p>Risk Register</p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.</p> <p>The full risk register is submitted to the Committee on a six monthly basis and the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 2 of this report which provides the Committee with an extract of the red and amber rated risks associated with the Primary Care Commissioning Committee.</p> <p>There are currently seven risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the seven risks, there are two red (extreme) rated risks, one amber risk (high), three yellow risks (moderate) and one green (low) risk.</p> <p>Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.</p> <p><i>Proposed amendments to Risk 14/10</i></p> <p>At the last meeting of the Committee concerns were raised regarding Risk Reference: CCG 14/10 relating to lack of GP's in Barnsley. The Committee felt this risk should be amended to reflect the wider Primary Care workforce rather than focusing solely on GP numbers. The Head of Governance and Assurance and the Senior Primary Care Commissioning Manager have reviewed the description of this risk and suggested amendments can be seen at Appendix 3 for the Committee's approval.</p> <p><i>Additions / Removals</i></p> <p>There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible Review the Risk Register attached and: <ul style="list-style-type: none"> Consider whether all risks identified are appropriately described and scored Consider whether there are other risks which need to be included on the Risk Register. Consider and approve the proposed wording changes to Risk 14/10
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix 1 – GBAF Extract risk 2.1 Appendix 2 – Risk Register (red and amber risks) Appendix 3 – Proposed amendments to Risk 14/10

Agenda time allocation for report:	10 mins
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PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

RISK REGISTER – January 2018

Domains

1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	18	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

			Initial Risk Score						Residual Risk Score					
15/14(b)	4	In relation to the 0-19 pathway repurchase by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	16	<p>As for risk 15/14(a)</p> <p>Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.</p> <p>A Governing Body Development Session on 27 April 2017 with service leads agreed to establish a co-production Group with CCG involvement to work on service model</p> <p>The Practice Managers Group are being regularly updated with the 0-19 pathway</p>	MG (Primary Care Commissioning Committee)	Governing Body	4	4	16	12/17	<p>January 2018 Position remains unchanged since the last update.</p> <p>December 2017 Meeting held recently with Public Health and progress is being made. The risk to be discussed at Primary Care Committee meeting.</p> <p>November 2017 A meeting has been held with CCG representatives and representatives from Public Health which identified actions to initiate future cohesive working</p>	01/18

			Initial Risk Score						Residual Risk Score					
													between the 0-19 Service and primary care. An Action Plan from BMBC was received on 25 October 2017 detailing the progress. BMBC have been asked to firm up next two meeting dates. The Action Plan will now be shared with the Primary Care Workstream (PCWS) for them to consider whether the actions mitigate the risks recorded in the CCG's Risk Register .	
CCG 14/10	2, 5, 6	If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other	3	3	9	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest	MG (Primary Care Commissioning Committee)	Governing Body	4	4	16	12/17	January 2018 Re-wording for PCCC approval – See Appendix 3 December 2017 Consideration to be given to a rewording of this risk as discussed at PCC. To rescore once Quality dashboard available	01/18

			Initial Risk Score						Residual Risk Score					
		<p>initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>				<p>in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The innovation Fund saw £0.25m invested in developing new, more efficient and flexible ways of working. The successful PMCF has enabled additional capacity to be made available outside normal hours via the I heart Barnsley Hubs. The CCG is also creating 4 GP fellowships in partnership with SWYPFT.</p> <p>The Workforce Summit Plan.</p> <p>GP Forward View</p>							<p>November 2017 Position remains the same</p> <p>October 2017 Position remains the same</p> <p>September 2017 Position remains the same</p>	
CCG 15/03		<p>If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.</p>	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication</p>	JH (Primary Care Commissioning Committee)	Risk Assessment	2	4	8	09/17	<p>January 2018 The CCG is effectively managing its delegated responsibility . This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE.</p> <p>September 2017 The CCG is currently managing its delegated responsibility for contract</p>	03/18

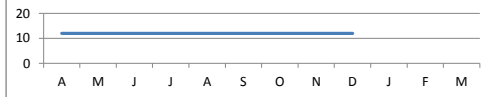
			Initial Risk Score						Residual Risk Score					
						with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).							performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team May 2017 The CCG is currently managing its delegated responsibility for contract performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team.	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	3	5	15	CCG considered its strategic capacity & capability as part of the successful application process. The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.	JH (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	06/17	January 2018 Primary Care team in place and working effectively June 2017 The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with	06/18

			Initial Risk Score						Residual Risk Score					
						The CCG is undertaking a review of management capacity including delegated responsibilities.							the responsibility for Primary Care Contracting and Quality. May 2017 The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in June 2016 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	Standards of Business Conduct Policy and procurement Policy updated. Registers of Interests extended to incorporate relevant GP practice staff . Declarations of interest tabled at start of every meeting to enable updating. Minutes clearly record how any declared conflicts have been managed. PCCC has Lay Chair and Lay & Exec majority, and GP members are non voting. Register of Procurement	RW (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	12/17	January 2018 Unchanged since the last update December 2017 CCG continues to comply. So FBC Policy has been updated again to reflect minor changes to the statutory guidance. Arrangements for managing conflicts in procurement clarified and strengthened through GB agreeing a	06/18

			Initial Risk Score					Residual Risk Score						
						decisions established to record how any conflicts have been managed. Guidance provided to minute takers on recording decisions re managing conflicts of interest.						'decision tree' in November 2017. PCCC ToR now specify that the Committee will be the decision making body where GB cannot take decisions due to conflicts. June 2017 Third lay member now in post and attending meetings of PCCC. March 2017 Third Lay now recruited and will commence on 1.4.17. Internal Audit has found CCG fully or partially compliant across all areas.		
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.	2	4	8	Impact could be mitigated by local provision e.g. BHF APMS Contracts allow increased diversity of provision.	JH (Primary Care Commissioning Committee)		1	4	4	05/17	January 2018 The risk remains in place. CCG would follow NHSE Policy and Guidance Manual to secure emergency provision May 2017	06/18

			Initial Risk Score						Residual Risk Score					
													Individual contracts are monitored through the Primary Care Commissioning Committee's Contractual Issues Report	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.	2	3	6	<p>The CCG has a well-established and effective PPE function, as well as robust governance supporting the function.</p> <p>The existing primary care commissioning resource and expertise within the Area Team can be accessed by the CCG.</p> <p>The CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.</p>	(KW) JR (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	10/16	<p>October 2016 – general update to mitigation and treatment</p> <p>August 2016 The CCG continues to hold practice engagement events with practices the last one being at the end of June</p> <p>June 2016 Estates issues resolved, the CCG held a practice Engagement event scheduled for 30th June 2016</p>	10/17

19/01/2018 **NHS Barnsley CCG Governing Body Assurance Framework 2017-18**

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: a) deliver investment into Primary Care b) improve Infrastructure c) ensure recruitment/retention/development of workforce d) Address workload issues using 10 high impact actions e) Improve access particularly during the working week, more bookable appointments at evening and weekends.				Highest quality governance		There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice • Inadequate investment in primary care • Independent contractor status of General Practice.			
				High quality health care	✓				
				Care closer to home	✓				
				Safe & sustainable local services	✓				
				Strong partnerships, effective use of £	✓				
Links to SYB STP MOU									
8.3. General Practice and primary care									
Committee Providing Assurance		PCCC	Executive Lead		JH	Clinical Lead		NB	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Jan-18
Initial	3	4	12					Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.	
Current	3	4	12						
Appetite	3	4	12						
Approach	TOLERATE								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
1. Incentivise practices to complete HEE Workforce Analysis tool				31/33 practices submitted baseline information for 30 June 2017 with the same number completing again in September 17. The workforce data has been presented to September BEST meeting supported by Mark Purvis from HEE. Awaiting figures from second workforce return 30/9/17. All practices have submitted their workforce data via the HEE Tool. This continues to be incentivised through the PDA.				Ongoing	
2. Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices				Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC)				Ongoing	
3. Optimum use of BEST sessions				BEST programme and Programme co-ordination				Ongoing	
4. Development of locality working				GP Clinical Leads and PMs allocated to each locality. First meeting 16 August 2017 and bi-monthly meetings have taken place thereafter eg integrated extended hours and out of hours services.				Ongoing	
5. BHF - Existence of strong federation supports Primary Care at Scale				BHF contract monitoring, oversight by PCCC				Ongoing	
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)				Monitored through PDA Contract monitoring of the My Best Life Service				Ongoing	
7. Programme Management Approach of GPFV & Forward View Next steps				Report to GB in November 2017 and further update planned in February 2018. Making progress with care navigation. Plans in place for GP WIFI and medical correspondence management. Releasing Time for Care Event planned June 18				Ongoing	
8. Care Navigation roll out - First Port of Call Plus				BHF contract monitoring, oversight by PCCC. Numbers are increasing and improving.				Ongoing	
9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc)				NHS England 360 Stakeholder Survey results reported to Governing Body. 16/17 results reported to Membership Council Spring 2017.				Ongoing	
Gaps in assurance				Positive assurances received					
None identified									
Gaps in control				Actions being taken to address gaps in control / assurance					
RR 15/14(b): In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity				November 2017 - A meeting held with CCG representatives and representatives from Public Health actions to initiate future cohesive working between the 0-19 Service and primary care. An Action Plan from BMBC received on 25 October 2017 details the progress. The Action Plan will be shared with the Primary Care Workstream (PCWS) for them to consider whether the actions mitigate the risks recorded in the CCG's Risk Register .					
RR 14/10: If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.				Aug 17 BCCG now has a baseline of the Primary Care workforce following the 30 June 2017 submission for baseline data via the HEE Tool. The next step is for the CCG to present the data at a BEST event supported by Mark Purvis from HEE to interpret what the data means. The CCG will then work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Practices encourage to look at skill mix with innovative recruitment.					
Primary and Community Workforce Shortages to deliver out of hospital strategy				SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.					

RISK REGISTER – December 2017

Domains

1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	19	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	7	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient primary care clinical workforce continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent	3	3	9	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream, <u>and a primary care workforce strategy is in development.</u> Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The innovation Fund saw £0.25m invested in	MG (Primary Care Commissioning Committee)	Governing Body	4	4	16	14 12/17	<u>December 2017</u> The risk has been amended slightly to recognise the importance of considering primary care capacity in its broadest sense. The Primary Care Quality Improvement Tool will facilitate a robust baseline assessment and the risk score will be revisited in the light of this before the end of 2017/18.	01/18 12/17

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>				<p>developing new, more efficient and flexible ways of working. The successful PMCF <u>(now known as GP Access Fund)</u> has enabled additional capacity to be made available outside normal hours via the <u>† hiHeart Barnsley Hubs. BHF is also actively developing physicians associates roles.</u></p> <p>The CCG is also creating 4 GP fellowships in partnership with SWYPFT.</p> <p><u>The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley.</u></p> <p><u>The CCG has also funded 14 Apprentices to provide additional capacity in primary care.</u></p> <p><u>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</u></p>							<p>November 2017 Position remains the same</p> <p>October 2017 Position remains the same</p> <p>September 2017 Position remains the same</p>	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
						The Workforce Summit Plan. GP Forward View <u>includes a section on workforce , with additional funding being made available to support primary care sustainability.</u>								