FINAL MINUTES OF CALDERDALE
COMMISSIONING PRIMARY MEDICAL SERVICES COMMITTEE
27TH MAY 2021
VIA MS TEAMS

Due to the COVID 19 public health emergency this meeting was not held in public.

PRESENT:

John Mallalieu (JM)	Chair, Lay Member (Finance)
Neil Smurthwaite (NS)	Chief Operating Officer
Lesley Stokey (LS)	Director of Finance
Dr James Gray (JG)	GP Governing Body Member
Dr Steven Cleasby (SC)	GP Governing Body Member, Calderdale CCG Chair
Rob Atkinson (RA)	Governing Body Secondary Care Specialist

IN ATTENDANCE:

Penny Woodhead (PW)	Chief Quality and Nursing Officer
Debbie Robinson (DR)	Head of Primary Care, Quality and Improvement
Emma Bownas (EB)	Senior Primary Care Quality and Improvement Manager
Neil Coulter (NC)	Senior Primary Care Manager - NHS England /Improvement
Karen Huntley (KH)	Healthwatch Representative
Cllr Tim Swift (TS)	Representative of Calderdale Health & Wellbeing Board
Suzanne Howarth (SH)	Contracts Officer (Item 7)
Rob Gibson (RG)	Corporate Systems Manager (Item 8&9)
Zoe Akesson (ZA)	Governance Support Officer (minute taker)

Members of the public were not in attendance

CONTENTS

30/21 APOLOGIES FOR ABSENCE

Alison Macdonald

31/21 DECLARATIONS OF INTEREST

SC and JG declared a **direct financial and professional interest** in item 5, Head of Primary Care (HOPC) report. The Chair proposed, as no decisions were to be made, the GPs were involved in the whole item but for the conversation to remain generic at a commissioner level rather than from an individual provider perspective.

SC and JG declared an **indirect financial and professional interest** in item 6, Quality Assurance and Monitoring Process for General Practice. It was agreed the GPs input into the first part of the paper around formalising the process would be helpful and the Chair welcomed them to take part in the discussion. The second part involved a decision on creating a work group to monitor the process in the practices. The Chair welcomed the GPs to be involved in the discussion but would not be asked for an opinion and would be asked to leave before the decision.

SC and JG declared a **direct financial interest** in item 11, the Finance report. It was proposed the GPs would not partake in this item and would be asked to leave, as it involved the approval of a plan from which their practices are being paid.

SC and JG declared a **direct professional interest** in the private item 15, Potential Surgery Branch Closure. Cllr Swift also declared a **professional interest** in this item, as the practice sits within Cllr Swift's ward. The conflicted members did not receive the paper nor attend the private meeting.

The Committee members agreed to the conflicts being managed in this way.

32/21 QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

33/21 MINUTES OF THE LAST MEETING

The Committee received the minutes of the last meeting on 4th March 2021, which had been agreed by the Committee between meetings and submitted to the

Governing Body for its assurance. A small amendment was made to item 22/21 (page 4), the sentence should read '*taking a broader view around health **and** care services.*

34/21 MATTERS ARISING

The action log was reviewed. The 2 outstanding actions were covered in this month's HOPC report. All actions were recorded as complete.

35/21 HEAD OF PRIMARY CARE REPORT

In presenting the report, DR highlighted the following key pieces of work:

The Standard Operating Procedure (SOP) to support the restoration of General Practice was updated by NHS England on the 17th May 2021 and shared with all practices. The CCG would work with the Clinical Lead for Primary Care and the Local Medical Committee to agree a reasonable process for gaining assurance from all providers of primary medical services in Calderdale that they are meeting the requirements of the SOP. It was highlighted that although Primary Care is extremely busy and all areas of urgent care is under extreme pressure, the level of people receiving access is higher than before. The Committee recognised the vital role of communication in explaining the current demands on the system whilst developing a service that best meets the needs of patient safety.

The report provided an update on the **learning disability health checks** and information about the organisations intentions for matching its outcome from last year of 81% of people with a learning disability having had a health check and completed their health action plan. The Committee was reminded that last year when achievement was high, they challenged the Primary Care team with addressing the quality of health checks. This year patient determined outcome is a key priority and the team is looking at people with lived experience who can tell their story of the impact of their health plans.

The Committee was asked to note the **Digitisation of Lloyd George Records programme**, which is currently paused nationally. There is a key piece of data

mapping work underway to understand the picture of Calderdale's general practice appointments compared to the national picture.

Within the report, there was an ask to **delegate the approval of the detail of the PCN development plan and its associated investment to the CCG's Senior Management Team (SMT).** The Committee was reminded that it had previously approved investment for PCN development support and a discussion had taken place on the type of activities within the plan. The Committee felt that it would only delay the process if it insisted on convening to approve when senior managers could do this within their delegated authority.

DECISION: The Committee **AGREED** to delegate the approval of the PCN development plan to the CCGs Senior Management Team within the agreed financial mandate.

Penny Woodhead arrived

The report focused on some key pieces of work relating to the development of Primary Care estates. The Committee was asked to consider receiving the **draft Estates Strategy document**, as part of a committee development session. The Committee agreed with this approach.

ACTION: DR to share the draft Estates Strategy document at the next CPMSC development session

The Committee was also reminded that shelters and outside space is a key matter for all practices and services going forwards and that it needs to be brought into consideration as soon as possible for patients waiting outside for their appointments.

The Committee **AGREED** with the approach of receiving the Draft Estates Strategy at a future Committee development session.

The final section of the report focussed on the need to procure some **interim phlebotomy capacity.** The Committee was asked to note that any decision to award a contract would be presented to the Committee for approval but due to the timing of the meetings it may be necessary to ask the Chair to convene an additional

meeting. The Committee agreed with the arrangement, the Chair also reminded the Committee of the rapid decision-making process in place.

The Committee **NOTED** the contents of the report.

36/21 QUALITY ASSURANCE AND MONITORING PROCESS FOR GENERAL PRACTICE

A report proposing a quality assurance process for General Practice in Calderdale was presented to the Committee for approval. It described the delegated duties of commissioners, a formal process for discharging these along with the request to develop a local dashboard.

The Chair reminded the Committee that the GP participation in the discussion would be helpful, but they would not be required to vote.

Comments and questions were invited, and the following points were noted:

- The Committee was assured this was a supportive approach, reinforced by the support of the Local Medical Committee (LMC).
- Practice engagement and communications were key factors and would happen through the LMC and Calderdale Practice Managers Group.
- Practices to consider additional PCN support around parts of the process.
- DR clarified this approach was in line with other CCGs across West Yorkshire and had been used for other formal decisions that have been made in this committee in relation to practices. There will be an effective national dashboard at some point, but clinical involvement will be required for designing the key clinical indicators.

  ACTION: DR to present a first draft of the local dashboard at the next Committee.

The Committee **NOTED** the content of the paper.

DECISIONS: The Committee **APPROVED** the quality assurance and monitoring process. The Committee **WELCOMED** and **AGREED** to the development of a local dashboard which will be presented to the August meeting of the Committee for approval.

37/21 CONTRACTING UPDATE

Attention was drawn to the following key points of the report:

- an option is now available for PCNs to follow an incorporation process, there is a toolkit available to guide CCGs and PCNs through the required process.
- the CCG has made a direct award contract to Engage Consult, who provide the GP online consultation software for 9 months, reflecting those practices that are now using this solution.
- national contract variations have been issued to practices.
- the CCG has made direct awards for the continuation of GP community services contracts, which have been distributed to practices for signature.
- A further direct award for the Pennine GP Alliance extended access contract to take it to March 2022, final stages of contract.
- Station Road Rd and Caritas practices have asked for an application for PCN incorporation. The contracting team is currently working through the applications, which will be brought to committee for decision.

A question was raised around the purpose of PCN incorporation and accountability. NS explained that no organisation has overall accountability. The incorporation is an opportunity for practices to partner up, encouraging more joined up working to deliver the enhanced services, which then enables them to hold NHS contracts and become more accountable.

The Committee **NOTED** and was **ASSURED** with the contents of the report

38/21 RISK REGISTER POSITION STATEMENT RISK CYCLE 1 2021-22 (15 FEBRUARY - 3 MARCH 2021)

RG presented the risk register position statement summary for cycle 1 2021-22 of which there were 6 risks for consideration. RG highlighted R1628 around losing the funding for the additional role reimbursement scheme score had increased from 8 to 12. A new risk R1734 had been added to the register, which was scored at 16 around the risk of harm to patients relating to the backlog of work post Covid. There was a challenge from the Committee around the score of R1734 and the consistency of risk reporting in relation to the different care pathway pressures.

ACTION: EB to redefine R1734 and to re-look at the score. EB to complete critical risk template and re-share definition and score with committee before next meeting in August.

Going forwards, RG agreed to inform the Committee in between meetings of any new risks that score 15+.

The Committee was **ASSURED** with the Risk Register and the management of Commissioning of Primary Medical Services risks.

DECISION: The Committee **APPROVED** the CCG Risk Register for commissioning of primary medical services risks reporting to Governing Body for risk cycle 2, subject to the revision of R1734.

39/21 RISK REGISTER SUMMARY ANNUAL REPORT 2020-21

The report was received by the Committee, who felt it reflected the risk activity for the last year. There were no further comments.

The Committee was **ASSURED** that the Risk Register represented a fair reflection of the risk activity relating to the commissioning of primary medical services being experienced by the CCG during 2020-21.

40/21 REVIEW OF WORK PLAN

The Committee members received the workplan and were satisfied with the content.

JG and SC left the meeting

41/21 FINANCE REPORT

In presenting the report, LS drew the Committee's attention to the following:

- In 2020-21 the delegated CPSMC budget delivered a balanced plan.
- The accounts were currently being audited for final submission on 15/06/21.
- This year's additional roles allocation is £2.8m, which is a significant increase on last year's budget. Due to not spending all last year's allocation it will leave £1.6m more to spend this year. Taking this into consideration, finance and

primary care teams are working with PCNs, providing them with better forecasting and planning to gain a better position on spend on additional roles and trying to maximise this budget. A short discussion followed on the difficulty finding workforce to fill the additional roles, working in partnership, value for money and the risk around maximising the funding. The Chair asked that a brief overview is provided at the next committee on utilisation and role occupancy which would help the Committee understand the time it took to previously fill the roles and the challenges going forwards with the enhanced scale of the funding year on year.

ACTION: LS and DR to provide a brief overview of previous year's utilisation and role occupancy at the next meeting.

The CCG draft financial plan for the period **April to September 2021** in line with NHS England guidance was presented to the Committee for approval. The allocation given was a half-year budget of £16.8m, which excludes the additional roles budget that can be claimed back. LS advised this was the allocation expected. The financial plan was signed off by Governing Body on 29 April 2021. The challenge this year will be around reserves, which has reduced significantly in comparison to previous years due to the changes to the national contract. LS reassured the Committee that we have created the 0.5% contingency asked for by NHSE and have reserves around £700k for which plans will be developed to commit to this in year.

The Committee **NOTED** the 2020/21 financial position on Primary Medical Services delegated budgets.

DECISION: The Committee **APPROVED** the draft financial plan for April - September 2021.

42/21 DATE AND TIME OF NEXT MEETING IN PUBLIC:

Thursday 26th August 2021, 3.00 – 5.00pm, via MS Teams

Calderdale Commissioning Primary Medical Services Committee Meeting 27th May 2021 Action Sheet

Agenda item	Minute No.	Action Required	Lead	Current Status	Comments/ Completion Date
HOPC Report	21/21	To discuss LD health checks being business as usual with primary care colleagues and re-establish the target for completion for 2021-22.	DR	Closed	See report 27/05/21
HOPC Report	21/21	To send a reminder to primary care colleagues about Patient Reference Groups restarting from July 2020.	MP	Closed	Actioned
HOPC Report	21/21	To provide assurance around extra activity for people with learning disabilities at next Committee.	DR	Closed	See report 27/05/21
HOPC Report	21/21	To share the Insight report on people accessing vaccines.	PW	Closed	Emailed 17/03/21
Internal Audit Report	22/21	To reword the finding around the procurement policy. To update the annual report and submit to Audit Committee.	DH/MP DH	Closed Closed	Reworded 16/04/21 Submitted 13/05/21
CPMSC Annual Report	27/21	To update and submit to Audit Committee.	ZA	Closed	Submitted 13/05/21
HOPC Report	35/21	To share the draft Estates Strategy document at the next CPMSC development session	DR	Open	
Quality Assurance and Monitoring Process for General Practice	36/21	To present a first draft of the local dashboard at the next Committee.	DR/EB	Open	
Risk Register Position Statement Cycle 1	38/21	To redefine R1734 around the risk of harm to patients relating to the backlog of work post Covid and to re-look at the score. To complete critical risk template and re-share definition and score with committee before next meeting in August.	EB	Open	

Finance Report	41/21	To provide a brief overview of previous year's utilisation and role occupancy at the next meeting.	LS/DR	Open	

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	28 August 2021
Title of Report	**Director's Report**	**Agenda Item No.**	5
Report Author	Debbie Robinson Director of Improvement - Community and Primary Care Emma Bownas - Senior Primary Care Quality and Improvement Manager	**Public / Private Item**	Public
Clinical Lead	Dr Majid Azeb, Clinical Lead for Primary Care	**Responsible Officer**	Debbie Robinson Director of Improvement - Community and Primary Care

Executive Summary
This report provides an update to the Committee on the: 1. Additional Roles Reimbursement Scheme 2. General Practice Access and Patient Experience 3. Serious Mental Illness Health Checks 4. PGPA CQC Report 5. Internal Audit Plan 2021/22

Previous Considerations

Name of meeting		**Meeting Date**	
Name of meeting		**Meeting Date**	

Recommendations
The Committee is invited to: i. note the contents of the report

Decision ☐	Assurance ☒	Discussion ☐	Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Detailed within the paper
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Detailed within the paper
Resources / Financial Implications (including Staffing/Workforce considerations)	Detailed within the paper
Sustainability Implications	NA

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	• Achieving the agreed strategic direction for Calderdale. • Improving Quality • Improving value	**Risk (include risk number and a brief description of the risk)**	Risk are detailed within the paper
Legal / CCG Constitutional Implications	• Obligation to provide primary medical services to the local population.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any conflicts of interest will be managed in line with the CCG's policy for managing Conflicts of Interest.

Additional Roles Reimbursement Scheme

1.1 Each of the 5 Calderdale Primary Care Networks have continued to invest the additional roles funding in line with the additional roles reimbursement scheme. There are now 15 roles available for 2021/22 onwards with Calderdale PCNs having plans to include 9 of the roles this year. Each role is reimbursed at 100% apart from the Mental Health Practitioner. This role is 50% reimbursable and must be employed by the local provider of mental health services. Discussion is still underway between the PCNs and the mental health provider to agree service provision for the mental health practitioner* role.

1.2 The table below highlights the roles employed across Calderdale up to July 2021.

Role	**Whole Time Equivalent**
Clinical pharmacist	12.8
Advanced practitioner (Clinical pharmacist, Physiotherapist, Dietitian, Podiatrist, Occupational therapist, Paramedic)	0
Pharmacy technician	3.4
Social prescribing link worker	9.1
First contact physiotherapist	10
Physician associate	1
Paramedic	10
Care Co-ordinator	6
Health and wellbeing coach	0
Dietitian	0
Podiatrist	0
Occupational therapist	1
Trainee nursing associate	0
Nursing associate	0
Mental Health Practitioner	5*

1.3 Details regarding the year to date spend and forecast are included in the finance report to CPMSC. Individual meetings have been held with each Clinical Director, CCG Director of Finance and Senior Primary Care Quality and Improvement Manager to discuss plans to fully

utilise the additional roles funding. These have included discussing plans for 2022/23 to ensure that all the funding is utilised for Calderdale.

1.4 Impact of the roles to date:

- The PCNs have developed a personalised care team comprising Social Prescribing Link Workers and Care Co-ordinators. This team benefit from support and development as peers and this has improved retention within the roles. The Population Health Management (PHM) work that is taking place within each PCN has really begun to maximise the value of these roles. Central PCN have begun to look at frequent attenders to General Practice through a PHM approach and identified a group of people with different needs who would benefit from interventions from a Clinical Pharmacist, Social Prescribing Link Worker and Health Coach (in partnership with Better Living). The impact of this will be measured over the coming months. The aim of this team will be to utilise and build on skills within the 3 roles.

- Care co-ordinators have also played an important role to improve cancer screening uptake in people who have not accessed screening in the past. Work has taken place with individuals to contact and encourage them to attend for screening, through taking time to understand the barriers. This approach has been adopted across 3 out of 5 PCNs working with community groups and reaching out in person to the individuals. Particular benefit has been seen from holding group discussions with a number of people at the Women's Activity Centre. The conversations that have been had in Central Halifax have resulted in just over a third of people accessing screening for the first time. The remaining 2 PCNs are introducing this approach in the coming months. The team are also working closely with the Rapid Diagnostic Service to understand opportunities to support this work. This work supports the Early Cancer Diagnosis Enhanced Service Specification.

- Care Co-ordinators are supporting the Enhanced Care Home Team in Primary Care. All 5 PCNs are utilising Care Co-Ordinators to support the home rounds as part of the DES. The Care Co-Ordinators are the first point of contact for care homes to call and using the SBAR (Situation, Background, Assessment and Recommendation) Tool they are able to either deal with the enquiry, refer for reactive care or identify the patient for the home round. Care homes have feedback that this role has been extremely beneficial in accessing timely support from General Practice. The Clinical

Pharmacists are working closely with the Care Co-Ordinators to support delivery of The Enhanced Care Home service specification.

- The First Contact Practitioners (Physiotherapists) are working in each PCN and are starting to show impact on saving GP appointments. There is opportunity to increase the number of patients directly booked into first contact appointments rather than after a GP appointment.

- The Paramedics are showing an impact for GPs by carrying out the home visits which has meant that that GPs can deal with on the day demand. This role has been beneficial to manage the increased demand seen in General Practice over the last few months.

- An Occupational Therapist is working across 2 PCNs and developing their role with potential to support and maximise the impact of the personalised care team. They are new in role and it will be interesting to evaluate the impact of this role in the coming months.

1.5 There has been a delay to the recruitment of the Mental Health Practitioner due to the ARRS financial rules as the reimbursable amount of funding does not match actual cost. This is an issue that has been raised across Calderdale, Kirklees and Wakefield and solutions are currently being discussed. This is an example of challenges within the Additional Roles Reimbursement Scheme related to the PCNs contracting with other providers to employ staff on their behalf. This is a challenge at place and PCN relating to succession planning, supervision, governance and leadership structures.

1.6 Next Steps:

- There are a number of roles that as yet have not been used across Calderdale PCNs and others where the benefit and impact needs evaluating and sharing. The PHM work will start to report impact for a number of roles and the intention is to facilitate a workshop session to share examples of that and from elsewhere of the value of all the roles

- There is further work to be undertaken in relation to professional leadership and supervision across the traditional roles. This will form part of the workshop and include the CCG Head Of Medicines Optimisation in relation to Clinical Pharmacists.

2.0 General Practice Access and Patient Experience

2.1 Primary Medical Services are continuing to experience significant demand for services. We have seen an increase in practices declaring Opel 3, in response to increased demand and the impact of GP Sickness, longer term with pressures relating to nursing and more recently administrative and clerical capacity.

2.2 Opel Level 3 is defined as Severe Pressure and triggers include; significant unexpected staffing shortages and being unable to meet urgent and routine demand at practice level, severe delay for routine appointments. Each practice who has reported level 3 has been contacted and mitigation action discussed and agreed where required

2.3 The most recent NHS Digital data relating to June 2021 shows that a total of 101,567 appointments were provided. This is a 17% increase on May figures,

2.4 Face to face appointments in June accounted for 57.2% of the overall appointments and the CCG continues to support practices in being able to determine the most appropriate mode of consultation in conjunction with the needs of patients.

2.5 The CCG continues to receive a number of queries and concerns regarding access, and we will review and respond to these individually and share as part of our quality review processes.

2.6 **Arrangements for General Practice from 19 July 2021**

2.6.1 Following the government's announcement that England would proceed to step 4 of its COVID-19 response from 19 July 2021, NHSE outlined its continuing expectations across primary care in relation to access, infection prevention and control, and continuing contractual/regulatory arrangements. It also confirms that a number of the standard operating procedures (SOPs) that have been in place since March 2020 would be withdrawn from 19 July 2021.

2.6.2 Until further notice, the existing COVID-19 Infection Protection and Control (IPC) guidance continues to apply in healthcare settings, this includes General Practice. .

2.6.3 The General practice Standard Operating Procedure was withdrawn from the 19th of July 2021, however Practices were advised that they should continue to offer a blended approach of face-to-face and remote appointments, with digital triage where possible.

2.6.4 Prior to the withdrawal of the Standard Operating Procedure, the CCG wrote to all providers to seek the position of each against the Standard Operating Procedure. The aim being to seek to understand where challenges existed in relation to meeting the SOP, what they are and what support the practice may require to enable your Practice to meet the SOP Guidance

2.6.5 One of the key questions was "Are the doors to all practice sites physically open?" in response 9 practices advised that the doors were operating through a buzzer system with reception manned and sited infection control challenges preventing them having doors open for walk in patients. In response to this and in agreement with the LMC the primary care team have asked for advice and support from the quality team and infection, prevention and control as to whether they would be in a position to provide a supportive visit to the 9 practices to advise whether sufficient measures could be put in place to allow safe opening of doors.

2.6.6 It was also interesting to note that 12 practices that responded stated that they are not currently offering online booking of appointments, it is worth exploring the concerns related to this as potentially this would reduce the pressure on the telephones. The final opportunity identified for further focus and discussion related to engaging with the practice population regarding the development of access models. This is definitely an area where further support and expertise would be of benefit to assist with finding solutions to the current access issues across Calderdale General Practice.

2.3 GP Patient Survey Feedback

2.3.1 The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

2.3.2 The outcome of the GP patient survey published in July 2021 is currently being analysed. The results of the survey are based on fieldwork during the period January to March 2021. Responses were received from 2,793 of the 7,445 invited patients. This represents a response rate of **38%**.(an increase of 7%)

2.3.3 The GP Patient Survey measures patients' experiences across a range of topics, including:

- Your local GP services

- Making an appointment
- Your last appointment
- Overall experience
- Your health
- When your GP practice is closed

2.3.4 A slide pack of the NHS Calderdale CCG GP Patient Survey 2021 survey publication results is available at https://gp-patient.co.uk/Slidepacks2021#C

2.3.5 The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time Key highlights from initial analysis are noted below:

- An average of 83% of Calderdale CCG patients would rate their overall experience of their GP practice as good, compared to 83% nationally .
- 13 Calderdale practices achieved a result of 80% or higher, with 1 practice attaining 100%.
- 8 practices achieved a result of lower than 80%.
- 21 practices achieved 70% or more.
- 66% would describe their experience of getting through to the GP practice on the phone as 'easy' compared to 68% nationally (this is a decrease of 7% from 2020)
- 56% had not used any online services in the last 12 months, compared to 56% nationally. This compares to 70% of Calderdale patients and 71% nationally within the 2020 survey.
- 71% would describe their experience of making an appointment 'good' compared to 71% nationally (70% of Calderdale patients in the 2020 survey, and 65% nationally).

2.3.6 The GP Survey results provide additional holistic data to complement the Quality dashboard which includes three specific questions from the survey;

- Overall Patient Experience
- Percentage of how patients felt of ease of getting through on the phone
- Percentage of patients able to see their GP in 2 working days

2.3.7 Further analysis of the GP survey results will be completed and presented to a future committee meeting to include consideration of action plans with regard to practices whose

results are at the lower end of the spectrum and acknowledgement for the practices with positive achievement.

3.0 Serious Mental Illness Health Checks

3.1 At the Quality, Finance and Performance Committee held on the 24th June 2021, under the performance report it was highlighted that the current percentage of people in Calderdale who have a Severe Mental Illness and who have undergone a health check in the last 12 months is significantly below the national ambition of 60%. This indicator has been included in the new Calderdale GP Quality Dashboard.

3.2 The CCG data collection for people with Severe Mental Illness receiving a comprehensive physical health check contains information on the number of people on the General Practice Severe Mental Illness register at the end of each quarter, and of these how many received a comprehensive physical health check in the 12-months to the end of the reporting period.Calderdale position for the last 4 quarters is as follows:

Month position	June 2020	September 2020	December 2020	March 2021
National Ambition: 60%	16.9%	13.7%	11.7%	10.7%

Latest figures for Calderdale CCG at June 2021 show that 14% of people on the SMI Register have had a health check

3.3 There is recognition within the guidance documents that to improve the quality of the health checks and outcomes for people the work is best done with partners across the system. Taking the learning from work undertaken last year to improve the uptake of health checks for people with a learning disability, a multi-agency working group has been established and meeting weekly since April 2021. This is being led by the CCG Clinical Lead for mental health and the CCG Commissioning Manager for mental health.

3.4 This group have established a workplan with timelines and identified the following priorities:

- **Understanding the data and validating the registers**
- **Understanding barriers for people to have their health check**

– Talking to people with lived experience to understand what matters to them and help General Practice and partners to shape offers that meet needs. This will also include talking with people with lived experience to discuss with them how having a health check can help them be well enough to do things that they want.
- We know that we have a low uptake from people from minority ethnic community and men and particular conversations are planned to take place with them.

- **Regular Reporting of Position to Practices**

- Monthly reports will be shared with practices relating to number of health checks completed. This will also be shared with the LMC for information and support where practices are challenged to progress. The ambition is to achieve 60% uptake by March 2022 across Calderdale.

4.0 PGPA Extended Access CQC Report .

4.1 The Care Quality Commission (CQC) carried out an announced comprehensive inspection of the extended access service run by Pennine GP Alliance (PGAP) at Todmorden Health Centre on 23 June 2021 and the report was published on the 11th August, 2021.

4.2 Overall, the provider is rated as good except for the section “Are services well-led?” which was rated as ‘Requires Improvement’ and the Inspection report advises a Breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

4.3 The PGPA must make improvements to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care as their governance system failed to identify that:-

- There were gaps in recruitment documentation.
- There were gaps in core training and frequency of training updates.
- There were gaps in the business disruption and continuity plan and the processes had not been practised.
- A health and safety risk assessment of the provider’s service within the host GP practices, including fire evacuation, had not been undertaken
- There was insufficient oversight of premises and equipment facilities management undertaken by the host GP practices.

- Policies and procedures contained insufficient information and did not always reflect the provider's procedures.

4.4 CQC have requested PGPA to submit a Factual Accuracy Response by 9th September 2021 and the CCGs Contracting Team have issued a Contractual Letter to address the breach of the Regulation.

4.5 The CQC report also highlighted several areas where PGPA 'should make' improvements, as listed below.

- Implement a system to track and monitor prescription stationery used by the service.
- Review the system to identify and record incidents and significant events to ensure all potential learning opportunities are captured to drive quality improvement.
- Develop a system to monitor the process for seeking consent to ensure consent and decision-making is in line with legislation and guidance.
- Improve and develop staff awareness of duty of candour and ensure all staff are aware of their responsibilities in relation to this.

4.6 These are not areas that 'require improvement' however for assurance and as part of the CCGs monitoring process, these have been recorded and PGPA have been asked to provide any supporting documentation or actions undertaken to address those areas by Thursday 9th September 2021.

5.0 Internal Audit Plan 2021/22

5.1 NHSE/I's Internal Audit Framework for delegated CCGs sets out the requirements for an annual internal audit of the CCG's Primary Medical Commissioning arrangements from 2018/19, with the programme to be delivered over 3-4 years.

5.2 Where NHS England delegates its functions to CCGs, it still retains overall responsibility and liability for these and is responsible for obtaining assurances that its functions are being discharged effectively. As a result, the internal audit is to provide information that Calderdale CCG is discharging NHSE/I's statutory Primary Care functions effectively. This information will be used to provide assurance to NHSE/I and facilitate engagement and improvement. For 2021/22, the proposed focus is on:

a) review of contract register, sample of GMS and PMS contracts, when renewed, performance monitored.
b) Review of opening/closing times per the contract against actuals. how this is monitored.
c) Management of Patient lists and registration issues. Targeted list maintenance, out of area registration.
d) CQC GP practice visits and how the CCG monitors these.
e) Management and support to poorly performing practices.
f) Management of practice mergers/ closures.
g) Review of governance processes, including primary care committee.

5.3 The audit is likely to commence in October 2021 the outcome will be reported to the committee

6.0 Recommendations

6.1 The Committee is :

i. invited to note the contents of the report

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	26 August 2021
Title of Report	**Calderdale General Practice Dashboard and Trigger Criteria**	**Agenda Item No.**	6
Report Author	Emma Bownas, Senior Primary Care Quality and Improvement Manager	**Public / Private Item**	Public
Clinical Lead	Dr Majid Azeb, Clinical Lead for Primary Care	**Responsible Officer**	Debbie Robinson, Director of Improvement - Community and Primary Care

Executive Summary

This report requests approval from the Committee of the Calderdale General Practice Dashboard, indicators and trigger criteria to support the Quality Assurance and Monitoring Process for General Practice within Calderdale.

The Committee approved the Quality Assurance and Monitoring Process at the meeting of the 27th May 2021 with a recommendation for further work to be undertaken through a small task and finish group to agree indicators and confirm the trigger criteria.

The task and finish group included colleagues from the Quality, Contracting, Business intelligence and Primary Care Teams and the Local Medical Committee. This proposal has been designed through that task and finish group who recommend that the Calderdale General Practice Dashboard is adopted with a review every 12 months or earlier if national dashboards are further developed.

If the Committee approves the Calderdale General Practice Dashboard it is expected that the first populated dashboard will be available for the September Primary Care Operational Group.
If approved, the indicators and trigger criteria will be incorporated into the final version of the GP Quality and Assurance Monitoring Process.

Previous Considerations

Name of meeting	GP Dashboard Task and Finish Group	**Meeting Date**	11/06/2021
Name of meeting		**Meeting Date**	

Recommendations
The Committee is recommended to : 1. note the content of the paper 2. approve the Calderdale General Practice Dashboard, Indicators and Trigger Criteria

Decision ☒	**Assurance ☒**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The Calderdale General Practice Dashboard will support the Quality Assurance and Monitoring process to enable a clear, transparent and effective method for assessing, monitoring and managing the quality of General Practices in Calderdale
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Engagement and involvement of the Local Medical Committee has been throughout

Resources / Financial Implications (including Staffing/Workforce considerations)	No financial implications noted There is a resource implication in relation to staff time from the CCG across a number of teams.
Sustainability Implications	

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	• Achieving the agreed strategic direction for Calderdale. • Improving Quality • Improving value • Improving Governance	**Risk (include risk number and a brief description of the risk)**	1734 There is a risk of harm to patients given the backlog of work post COVID-19 due to pauses on QOF, screening and elective referrals. Part of the mitigation was to agree indicators to monitor quality in the absence of the national dashboard
Legal / CCG Constitutional Implications	To support the CCG to be able to discharge its responsibility for Primary Care Commissioning under delegated responsibility from NHS England.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any conflicts of interest will be managed in line with the CCG's policy for managing Conflicts of Interest.

1.0 Background

1.1 This report requests approval from the Committee of the Calderdale General Practice Dashboard, indicators and trigger criteria to support the Quality Assurance and Monitoring Process for General Practice within Calderdale.

1.2 The Committee approved the Quality Assurance and Monitoring Process at the meeting of the 27th May 2021 with a recommendation for further work to be undertaken through a small task and finish group to agree indicators and confirm the trigger criteria.

1.3 The task and finish group included colleagues from Quality, Contracting, Business intelligence and Primary Care Team and the Local Medical Committee. This proposal has been designed through that task and finish group who recommend that the Calderdale General Practice Dashboard is adopted with a review every 12 months or earlier if national dashboards are further developed.

1.4 If the Committee approves the Calderdale General Practice Dashboard it is expected that the first populated dashboard will be available for the September Primary Care Operational Group.

1.5 If approved, the indicators and trigger criteria will be incorporated into the final version of the GP Quality and Assurance Monitoring Process formalised through the Commissioning of Primary Care Committee within one documented process. This paper sets out the process for approval by the Committee.

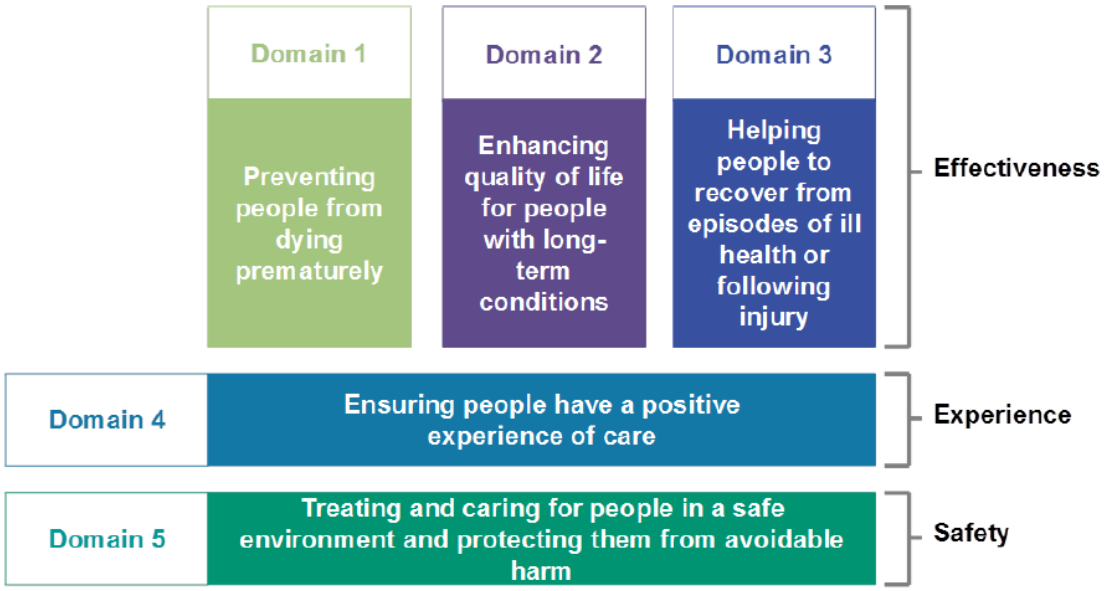
2.0 Detail

2.1 **The Calderdale General Practice Dashboard**

The Task and Finish Group considered potential indicators and reviewed those used in Kirklees. Recognising the amount of resources required to establish data collection and compile the dashboard, all members of the group requested that conversation were held with Kirklees Business Intelligence Team to understand whether Calderdale could adopt the Kirklees indicators and dashboard process. It was felt that not only would this be an effective use of resources but would also provide a similar approach and consistency across two of the places in West Yorkshire and Harrogate Integrated Care System.

2.2 The Calderdale General Practice Dashboard will provide an overview of practice performance against identified quality measures. As outlined in the Quality and Assurance Process it will be reviewed monthly and informs the Calderdale Primary Care Operational Group.

2.3 The dashboard is divided into the 5 domains of the NHS Outcomes Framework; quality, performance and contractual requirements will be aligned to the domains. Quality will continue to be defined by the Darzi (2008) definition: Patient Safety, Clinical Effectiveness, and Experience of patients. Therefore all three domains of quality are represented within the five domains.



3.0 Dashboard RAG rating (Red, Amber, Green rating)

3.1 Current RAG rated measures are based on the nationally measured and defined targets there are however the following 3 broad definitions:

- Nationally measured target or expectation (17 metrics with 1 national measure with no target).
- National basis but measured against CCG achievement (4 metrics not RAG rated).
- Locally defined (2 metrics not RAG rated).

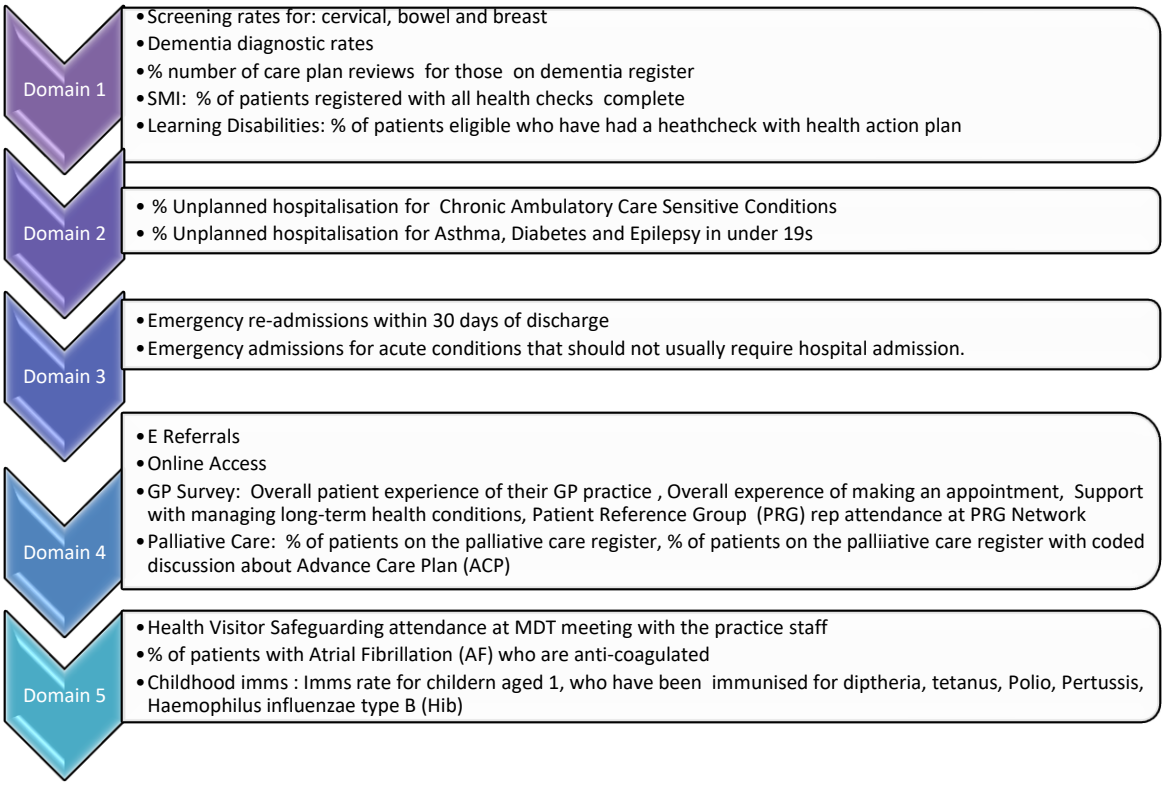
3.2 Where RAG risk rating is applied it is defined as:

- **Green**: As determined by the national measured target or locally determined target.

- **Amber**: This has been based on previous NHS England RAG rating processes or has been locally determined as defined in Appendix A
- **Red**: This has been based on previous NHS England RAG rating processes or has been locally determined as defined in Appendix A

3.3 Where there are no defined measures (predominantly around domains 2 and 3) the Calderdale Operational Group will create run lines and statistical process control charts to identify practice specific trends, spikes in activity and evidence of improvement/deterioration to inform action.

3.4 The data collected under each domain are as follows:



3.5 The following section describes how the dashboard will be used and describe the trigger criteria. This will form Stage 1: Routine Quality Assurance Monitoring of the Quality and Assurance Monitoring process.

3.6 The Calderdale General Practice dashboard will be populated through the Business Intelligence team and Performance Manager using a range of resources on a monthly basis. The Performance Team will RAG rate the indicators as defined above. It is important to note that any outlying RAG rating does not necessarily mean that there is a concern but it does indicate that the quality and or performance in the area identified needs further examination.

3.7 Only 13/ 16 indicators (in domains 1-5) that are RAG rated will contribute to the trigger criteria. These 13 indicators are * in Appendix A. These indicators have been identified as a priority for the CCG in regards to quality of patient care and where quality improvement is actively encouraged. These may change on a yearly basis as part of the annual review of this process.

3.8 This process is intended to be an 'early warning' to identify practices that may require advanced diagnostics to address concerns regarding unwarranted variation or identify 'vulnerable' practices that may require signposting to additional support/resources. This 'early warning' is first and foremost a supportive measure to encourage insight into practice quality issues and or concerns and signpost, guide and support the practice where required.

3.9 The Calderdale General Practice dashboard will be presented into the Primary Care Operational Group monthly, highlighting any practices that are triggering on the dashboard, a discussion would be held to share any further intelligence relating to the practice and any mitigating circumstances with a rationale agreed as to whether the recommendation is that the practice moves to Stage 2.

3.10 The Trigger criteria:

- Total of 11 from either RED or AMBER indicators across Quality, Performance and Contracting
- Total of 6 REDs.
- A CQC report that assesses the 'SAFE' and or 'WELL-LED' KLOEs as Requires Improvement.
- A serious incident identified in the practice.
- Any new intelligence/ significant complaint or whistleblowing issue of significant importance.
- A CQC report which provides an overall assessment of Requires Improvement
- A CQC report which provides an overall assessment of Inadequate (Consideration may be given to escalate to stage 3 or 4 dependent on the patient safety risk).

The proposed indicators will be based on:

- nationally measured and defined targets required of General Practice

- indicators that measure delivery of outcomes agreed through West Yorkshire and Harrogate Health and Care Partnership that pertain to General Practice
- locally defined measures
- contain a rationale for inclusion linked to health outcomes for people

4. Implications

a. Quality & Safety Implications: This Process will provide a clear and transparent effective method for assessing, monitoring and managing quality and performance.

b. Engagement & Equality Implication: Engagement has been through LMC Executive representative as part of the dashboard task and finish group.

c. Legal / CCG Constitutional Implications: To support the CCG to be able to discharge its responsibility under delegated responsibility for Primary Care Commissioning from NHS England.

5. Next Steps

To commence the process with a populated dashboard for the Calderdale Primary Care Operational Group from September 2021

6. Recommendations

The Committee is recommended to :

I. note the content of the paper
II. approve the Calderdale General Practice Dashboard, Indicators and Trigger Criteria.

Appendices

Appendix A - Indicators and trigger criteria

Appendix A

Indicators and Trigger criteria

* indicates which indicators contribute to the trigger criteria for Informal Enhanced Surveillance

DATA ITEM	DATA SOURCE	DEFINITION OF DATA ITEM	TYPE OF MEASURE - NATIONALLY OR LOCALLY DEFINED	RAG RATING DEFINITIONS
Practice B code	PCSE	The unique organisation code allocated to a practice	N/A	N/A
Practice name	PCSE	Name of the practice	N/A	N/A
Practice list size - raw	NHS Digital	Number of patients registered at the GP practice	N/A	N/A
Practice list size Weighted	Open Exeter	Weighted capitation list size based on the Carr-Hill formula	Nationally defined	N/A
Practice Clinical System	CCG Data Quality Team	The clinical system that is used in the GP practice	N/A	N/A
Type of GP contract	NHS England	The type of contract that a practice has signed up for: PMS/GMS/APMS	N/A	N/A
Practice QOF Achievement %	NHS Digital	The % annual achievement of the practice against the Quality and Outcomes	Nationally measured target	N/A

		Framework Standards		
CQC Latest Overall Rating	CQC website	The Care Quality Commission rating awarded to a practice based on the latest inspection	Nationally measured target	Dark green - outstanding, Green - good, Amber - requires improvement Red - inadequate
Cervical Screening % rate *	Open Exeter	% rate for the update of cervical screening for practice registered patients	Nationally measured target	RED <70% red, AMBER 70% to 79.99% GREEN 80% and over
Bowel Screening % rate*	Open Exeter	% rate for the update of bowel screening for practice registered patients	Nationally measured target	RED <55% AMBER 55% to 59.99% GREEN 60% and over
Breast Screening % rate*	Open Exeter	% rate for the update of breast screening for practice registered patients	Nationally measured target	RED <70% red, AMBER 70% to 79.99% GREEN 80% and over
Dementia Diagnosis % Rate	NHS Digital (QOF) NHS E Monthly Workbook	Number of patients on GP register as % of number of patients expected to be on the register	National target 67%	RED Below 66% AMBER 66% to 70.99% GREEN 71% and over
% Actual number of Care Plan Reviews for patients diagnosed with Dementia *	NHS Digital (QOF) SystmOne & EMIS	Number of Care Plan Reviews as % of Number of Patients on the Dementia Register	National target 67%	RED Less than 74% AMBER 74% to 78.99% GREEN 79% and above

SMI % rates*	SystmOne & EMIS	% of patients on SMI register with all health checks completed	based upon the target for community mental health teams for primary care	RED 30% and below AMBER 31-59% GREEN 60% and above
% of Completed Health Checks for People with a Learning Disability*	Systmone/Emis	% of patients on Learning Disability Register with completed healthcheck and action plan	PCN IIF National Target 80%	RED Less than 75%, AMBER 75%-79%, GREEN 80% and above
% Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions (Adults)	SUS portal	National Definition	National expectation is year on year reduction	Local CCG Determination - national expectation is a year on year reduction
% Unplanned Hospitalisation for Asthma, Diabetes and Epilepsy in under 19s	SUS portal	National Definition CCG Improvement Assessment Framework	National expectation is year on year reduction	Local CCG Determination - national expectation is a year on year reduction
% Emergency re-admissions within 30 days of discharge	SUS portal	National Definition CCG Improvement Assessment Framework	National expectation is year on year reduction	Local CCG Determination - national expectation is a year on year reduction
% Emergency admissions for acute conditions that should not	SUS portal	National Definition CCG Improvement Assessment Framework	National expectation is year on year reduction	Local CCG Determination - national expectation is a year on year reduction

usually require hospital admission				
% of E-referrals	NHS Digital	The % of electronic referrals by the practice - National definition - CCG Improvement Assessment Framework	Nationally measured and the target is an aim of	GREEN 90% AMBER 85% to 89.9% RED 84.9%
% online services	NHS Digital	The % of patients registered to be using one or more services online - National definition - CCG Improvement Assessment Framework	Nationally driven aim for practices to achieve 30% of patients to be using one or more on line services by end of March 2019	GREEN 30% achievement – AMBER 10% to 19.9% RED 9.9% and below
GP Survey - overall patient experience % *	NHS England - IPSOS MORI	The % of overall patient experience achieved by the practice from the annual GP Survey	Practices are measured against the nationally collected data, The CCG average within the survey for this data field is 83% the same as national average (2021)	RED 74% and below AMBER 75%-82% GREEN 83% and above.

GP Survey - % overall experience of making an appointment*	NHS England - IPSOS MORI	The % gained through the GP annual patient survey of how patients felt of the ease of getting through to GP on the phone	Practices are measured against the nationally collected data, the CCG average from the 2021 for this data field is 66% against national average of 68%	RED 59 and below AMBER 60%-67% GREEN 68% and above
GP Survey - % patients reporting they receive support with managing long term health conditions*	NHS England - IPSOS MORI	The 5 of people in the last 12 months, who felt they had enough support from local services or organisations to help manage their long term condition(s)	Practices are measured against the nationally collected data, the CCG average 74% the same as the national average (2021)	RED 64% and below AMBER 65%073% GREEN 74% and above
Patient Rep Group representation at the CCG Patient Network Reference Group	Engagement Team	Whether there was PRG/PPG representation at the CCG Patient Network Reference Group Quarterly meeting	Locally defined	This column is not rag rated. The data reflects the number of PRG/N meetings that a representative from the practice has attended, against the number of meetings held in the year which is 4 quarterly meetings for example 2 out of 4 = 2/4.

% of patients on the Palliative Care Register*	SystmOne & EMIS	% of patients on the Palliative Care Register	Nationally measured target	GREEN5% or above, AMBER 25% up to 49%, RED 24% or below
% of patients on the Palliative Care Register with coded recorded discussion about an Advance Care Plan*	SystmOne & EMIS	% of patients on the Palliative Care Registered with coded recorded discussion about an Advance Care Plan	Nationally measured target	Green 50% or above, red below 50%
% of patients with Atrial Fibrillation who are Anticoagulated *	Healthy Futures	% of patients with Atrial Fibrillation who are Anticoagulated	Nationally measured target	Red 76% and below Amber 77% to 88% Green 89% and above (STP ambition)
Health Visitor - Safeguarding - attendances at the monthly MDT meetings with practice staff	Locala	To date , number of months a HV Safeguarding has attended the Monthly MDT meeting with practice staff	Locally defined	This data column is not rag rated. Confirmation being received regarding data collection route
Childhood Immunisations *	ImmFORM	Nationally collected childhood immunisation uptake % figures for the various ages	Nationally measured target	RED Below 90%, AMBER 90% to 95% GREEN 95% and above

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	26 August 2021
Title of Report	**Medicines Optimisation Programme Update**	**Agenda Item No.**	8
Report Author	Helen Foster Medicines Optimisation Lead	**Public / Private Item**	Public
Clinical Lead	Dr James Gray	**Responsible Officer**	Debbie Robinson Director of Improvement - Community and Primary Care

Executive Summary
The purpose of this update to CPMSC is to provide a high-level summary of some Calderdale performance data for primary care prescribing. The paper will also provide an overview of the CCG medicines optimisation workstreams that impact on quality and safety of prescribing.

Previous Considerations

Name of meeting	none	**Meeting Date**	
Name of meeting	none	**Meeting Date**	

Recommendations
The Committee is asked to: 1. Receive this report 2. Advise of the frequency and content of future updates to the Committee

Decision ☐	Assurance ☒	Discussion ☒	Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The Medicines Optimisation programme includes actions to improve the quality and safety of prescribing in Calderdale
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	None identified
Resources / Financial Implications (including Staffing/Workforce considerations)	Delivery of the CCG prescribing plans requires the engagement and agreement of our practices. The CCG commissions an external team to support this work in practice.
Sustainability Implications	Effective medicines optimisation improves sustainability and reduces the impact on climate change from primary care pharmaceuticals. Reducing the use of high carbon metered dose inhalers will have a positive environmental impact.

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☒**	**N/A ☐**

Strategic Objectives (which of the CCG objectives does this relate to?)	• Improving quality • Improving value	**Risk (include risk number and a brief description of the risk)**	NA

Legal / CCG Constitutional Implications	NA	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Conflicts of interest will be managed in line with the CCG Management of COI Policy

1. Introduction

1.1 The CCG medicines optimisation capacity comprises the central Medicines Optimisation Team (MOT) and an externally commissioned practice pharmacy team. The MOT works with the input of our GP Governing Body prescribing lead to develop and implement a medicines optimisation programme that improves quality, safety, and value from primary care prescribing in Calderdale. The team also work with medicines and pharmacy colleagues across the wider system to deliver commissioning policies and guidance that allow equitable and safe access to medicines for patients in West Yorkshire. The CCG commissions a practice pharmacy team from NECS (A care system support organisation) which provides capacity and skills within our practices to implement our annual prescribing action plan.

1.2 The purpose of this update to CPMSC is to provide a high-level summary of some Calderdale performance data for primary care prescribing. The paper will also provide an overview of the CCG medicines optimisation workstreams that impact on quality and safety of prescribing.

2. Detail

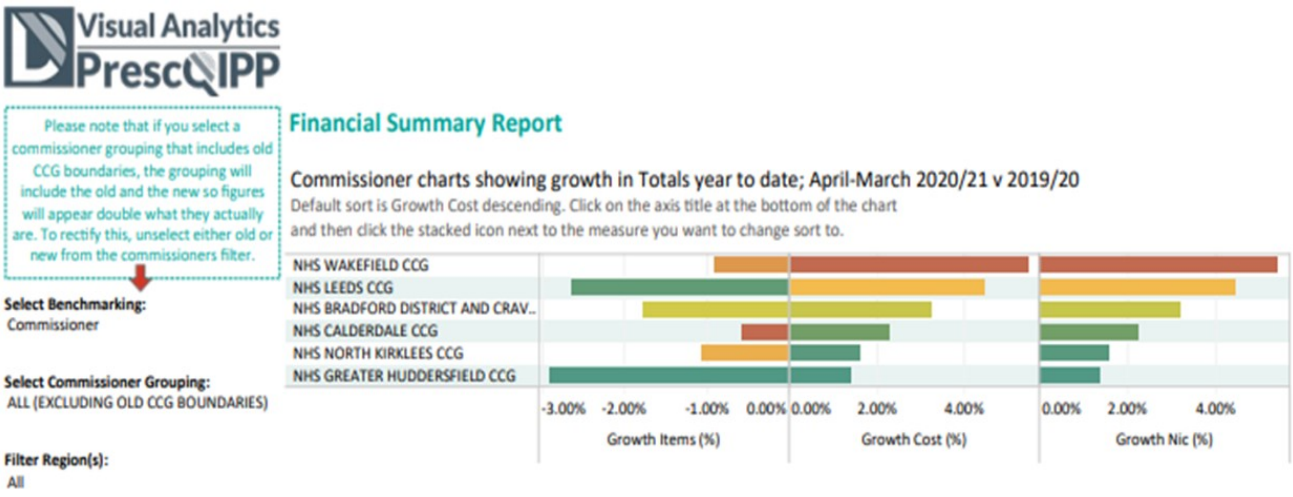
2.1 What We Are Doing Well

- Calderdale continues to prescribe in the lowest (best) quartile for broad spectrum
- antibiotics.
- NECS have continued to implement the CCG prescribing action plans along with regular quality and safety audits despite the Covid 19 pandemic.
- Optimise Point of prescribing software delivers support to clinicians that promotes, safe quality and cost-effective prescribing.
- Calderdale CCG has the highest rate of electronic repeat prescribing in West Yorkshire.
- The MOT has plans in place to reduce the overuse of short acting beta agonist inhalers in asthma, improving patient safety and reducing the environmental impact from metered dose inhalers.
- The MOT has developed resources to reduce harmful high dose opioid prescribing and will continue work to support implementation at practice level.
- The CCG has funded some dietitian capacity to improve appropriate use of oral nutritional supplements in primary care.

The MOT is facilitating the development of primary care pharmacy networks in Calderdale.

2.2 Financial Benchmarking

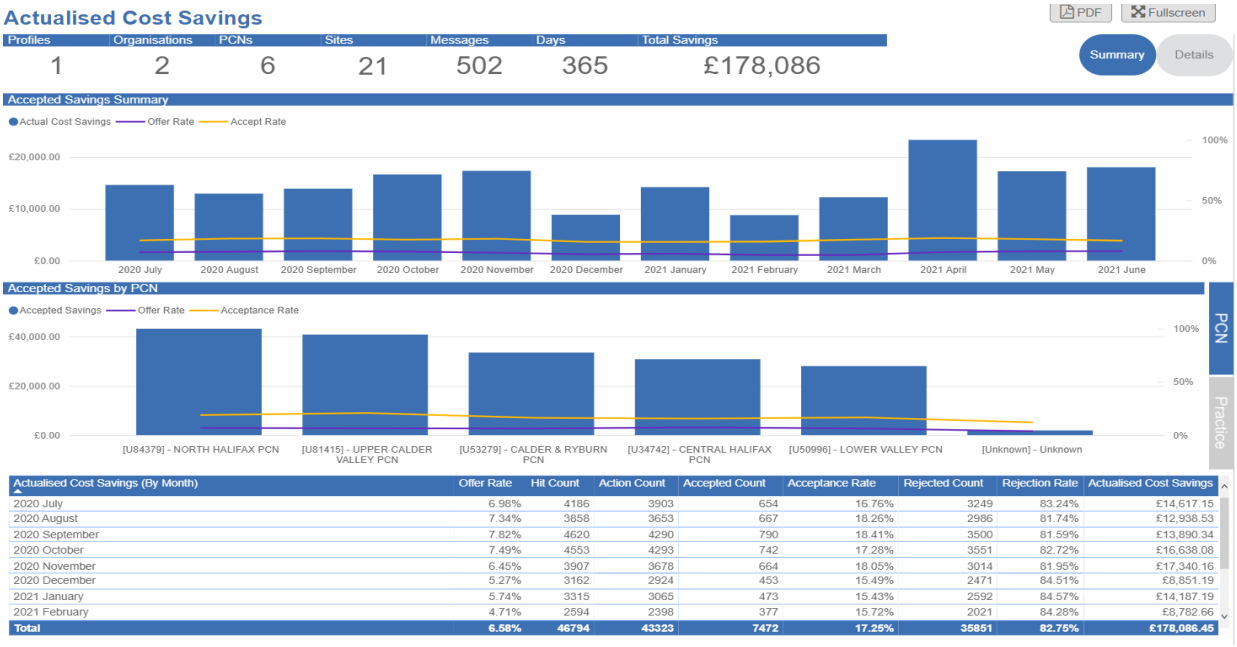
2.2.1 The total CCG prescribing spend 2020/21 was £35.6m. Our cost growth from 2019/20 was 2.2%, other CCGs in West Yorkshire have seen cost growth between 1.4% to 5.4%.



2.2.2 The MOT develops an action plan each year and NECS support the delivery in each practice. The plan for 2021/22 is to deliver £600k in year. This figure includes savings made from primary care prescribing by NECS team, through Optimise Rx and through certain prescribing rebates. In 2020/21 the action plan delivered savings of £570k despite the NECS team's redeployment to practices in quarter 1 to support practices during the Covid 19 pandemic. Cost effective prescribing is important to patient care, by using this budget wisely we can continue to deliver effective treatment whilst managing the cost pressures from the introduction of new and innovative medicines.

2.3 Optimise Rx Point of Prescribing Software

The CCG has invested in Optimise Rx, a point of prescribing software since August 2019. This allows patient specific cost effective, quality and safety messages to be presented to our clinicians when they are prescribing for individual patients. Calderdale has an excellent acceptance rate in general for cost messages on Optimise Rx. A saving of approximately £178,000 attributable to the last 12 months.

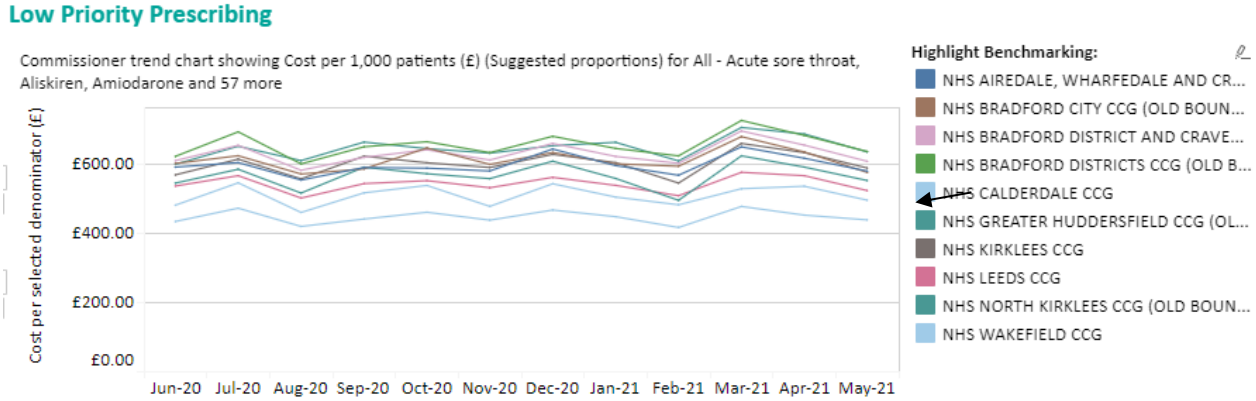


Actualised Cost Savings (By Month)	Offer Rate	Hit Count	Action Count	Accepted Count	Acceptance Rate	Rejected Count	Rejection Rate	Actualised Cost Savings
2020 July	6.98%	4186	3903	654	16.76%	3249	83.24%	£14,617.15
2020 August	7.34%	3858	3653	667	18.26%	2986	81.74%	£12,938.53
2020 September	7.82%	4620	4290	790	18.41%	3500	81.59%	£13,890.34
2020 October	7.49%	4553	4293	742	17.28%	3551	82.72%	£16,638.08
2020 November	6.45%	3907	3678	664	18.05%	3014	81.95%	£17,340.16
2020 December	5.27%	3162	2924	453	15.49%	2471	84.51%	£8,851.19
2021 January	5.74%	3315	3065	473	15.43%	2592	84.57%	£14,187.19
2021 February	4.71%	2594	2398	377	15.72%	2021	84.28%	£8,782.66
Total	**6.58%**	**46794**	**43323**	**7472**	**17.25%**	**35851**	**82.75%**	**£178,086.45**

2.4 Prescribing Performance

2.4.1 NHSE Low Priority Prescribing

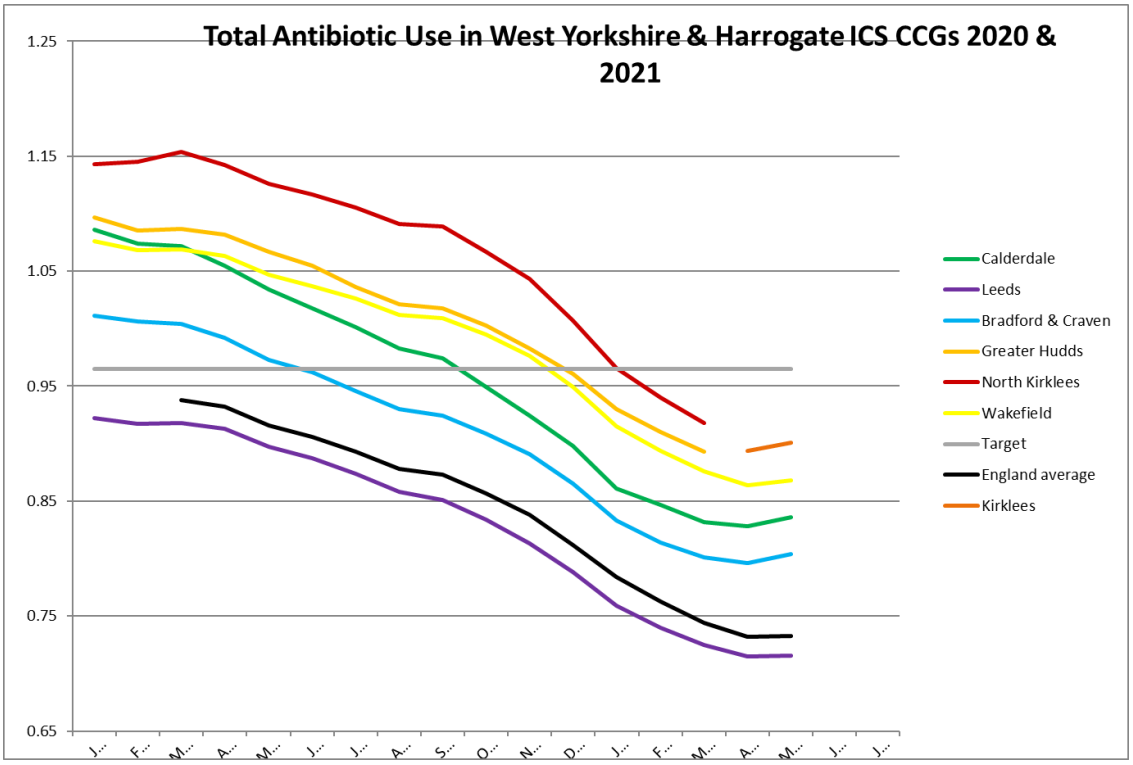
NHSE has a low value medicines programme and has issued guidance to CCGs on items that should not be routinely prescribed in primary care and guidance on conditions for which over the counter items should not be prescribed. The MOT provides quarterly updates to practices on their low priority prescribing data. Overall, the CCG is performing well on the Low Priority Prescribing agenda, the data below shows the CCG position **excluding Liothyronine**. Liothyronine was historically prescribed at high levels in Calderdale and due to its very high cost distorts the rest of the data considerably despite only a small number of patients still taking this medicine. A lot of effort has been made by the MOT and practices to implement the WYH policy for its use but legacy patients mean we remain an outlier for this specific medicine.



2.5 Antibiotic Prescribing

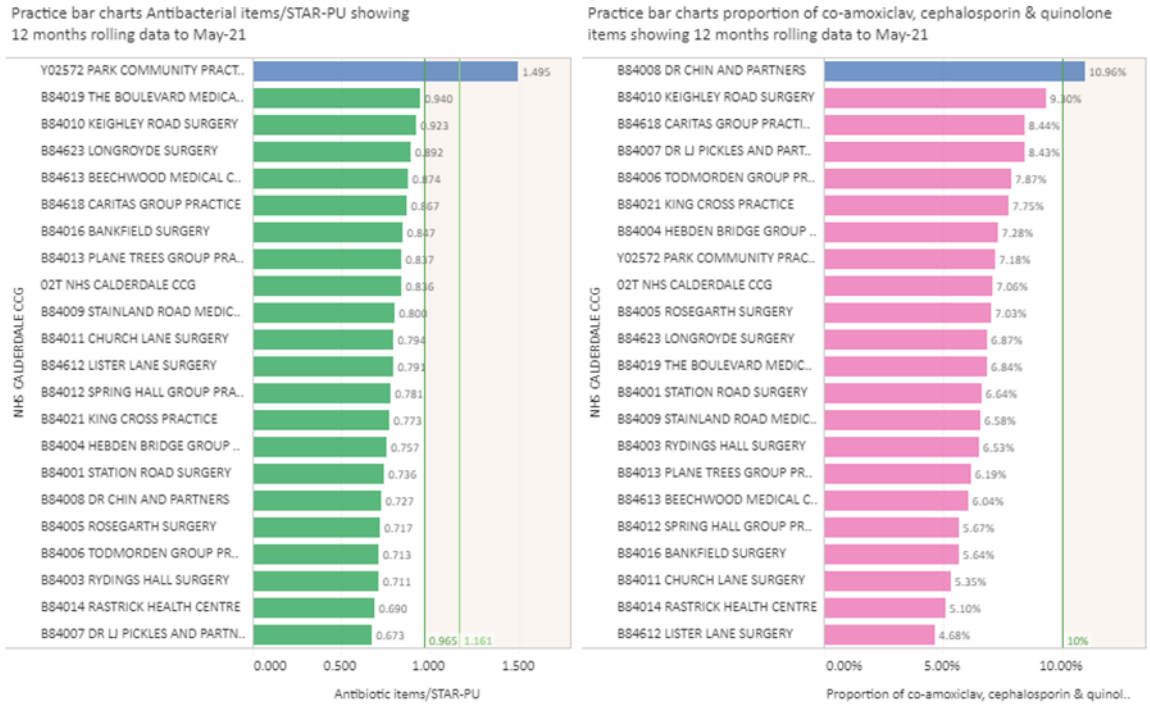
2.5.1 There has been a national downward trend in antibiotic prescribing over the last 18 months. Whilst initially Calderdale's antibiotic prescribing improved at a faster rate than other CCGs, this has recently slowed, and we are once again just in the worst quartile of prescribers for total antibiotic prescribing. In the latest data the prescribing has increased for the first time since the pandemic began – potentially due to the recent significant increase in respiratory infections.

2.5.2 The May data shows that the prescribing is 0.838 per STAR PU*. We are now significantly below the current target introduced in April 2018 (0.965 per STAR PU). *STAR PU is a prescribing benchmarking measure that allows practices and CCGs to be compared adjusting for expected prescribing rates for their population demographics. Calderdale continues to prescribe in the lowest (best) quartile for broad spectrum antibiotics.



2.5.3 Practice data has for the most part followed the national trend and most practices are now below the prescribing target. However, there is still significant work to do as most practices are prescribing above the England Average which is 0.733 per STAR PUs. Only 6 practices currently prescribed less than that.

Antimicrobial Stewardship data reporting against NHS AMR metrics 2021/22



2.5.4 Benchmarking data is shared with practices on a quarterly basis. Q3&4 2020/21 Practice reports were sent out in June 2021

2.5.5 All Calderdale practices are currently participating in the WY Research team project to support appropriate antimicrobial prescribing (LAMP –lowering antimicrobial prescribing) which continues to run for its third year.

2.5.6 Locally the use of OptimiseRx as a tool to support appropriate antibiotic messages has been helpful

2.5.7 The MOT are part of a wider South West Yorkshire Area Prescribing Committee (SWYAPC) antimicrobial stewardship subgroup which supports local antimicrobial guidelines and the annual antibiotic campaign. The MOT also sits on the Y&H Antibiotic Pharmacist group, which is primarily secondary care based, but is now inviting membership from CCGs.

2.5.8 The MOT has recognised, along with some of our clinicians, that there are risks associated with prescribing of antibiotics during the pandemic. This risk particularly surrounds remote prescribing of empirical antibiotics which has greatly increased due to new ways of working with phone and video consultations. A local working group with representation from GPs, Nurse Practitioners and Pharmacist prescribers met in October to explore this issue in greater detail.

2.5.9 The MOT is working through the potential ways to mitigate some of the risks identified by the group. These are likely to include optimising access to NICE/PHE prescribing guidance

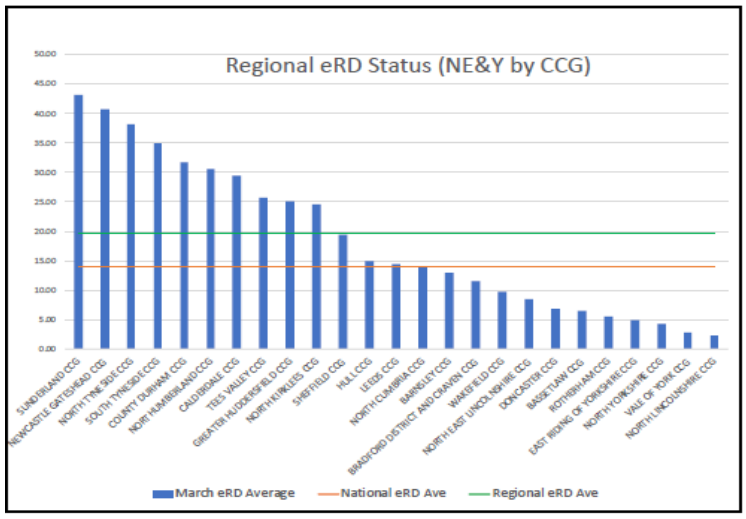
through templates, use of Optimise messages at point of prescribing and updates to clinicians in various forms i.e., training events, newsletters, and supporting documents.

2.6 Electronic Repeat Prescribing

2.6.1 Electronic repeat prescribing (eRD) is promoted by NHSD as a tool to improve efficiency and reduce workload from repeat prescribing for practices, support better planning of community pharmacy workload whilst improving the access for patients to their regular repeat medication.

2.6.2 ERD allows a prescription for a fixed duration (usually 6-12 months) to be sent to the patient's community pharmacy of choice for dispensing at specified intervals (usually 28-56 days). This means the patient does not need to re-order prescriptions from their practice but can go directly to the pharmacy.

2.6.3 May 2021 data shows Calderdale CCG has the highest rate of eRD in West Yorkshire at 34% of all items are eRD and is well above the England average rate 13.5%.



2.6.4 There is no national CCG target for eRD and it is not appropriate for all patients but should be used for those patients on long term, stable medication.

2.7 Quality and Safety in Prescribing

2.7.1 Reducing The Use Of Rescue Medicines In Asthmatic Patients (Short-Acting B_2 Agonists (SABA) Inhaler)

2.7.2 This is important to patients because better understanding and improved asthma control will lead to improved outcomes and quality of life.

2.7.3 Asthma is the most commonly diagnosed long-term medical condition in the UK, and much of its management takes place in primary care, 6.6% of the population of Calderdale have been diagnosed with asthma which is significantly higher than the England average. People with poorly controlled asthma are at greater risk of an acute exacerbation which can be life-threatening.

2.7.4 An observational UK study as part of the SABINA Global Program found that high use of short acting beta2 agonist inhaler was significantly associated with an increased risk of exacerbations, asthma-related primary care consultations and asthma-related hospital outpatient consultations.

2.7.5 The MOT has issued guidance in line with the British Thoracic Society (BTS) and NICE recommending that patients should have their treatment reviewed if they are using more than 3 doses of SABA a week. Two 200 dose salbutamol inhalers a year are equivalent to 3.5 doses (7 puffs) per week.

2.8 Environmental Impact of Inhalers

2.8.1 This is important to patients as we are already feeling the effects of climate change on health care in the UK. It is estimated that 40,000 deaths a year in Britain are linked to air pollution.

2.8.2 The two main causes of lung disease are smoking and air pollution. Between 2012 and 2014, Calderdale was ranked 122 out of 149 Local Authorities with one of the highest rates of premature death due to respiratory disease, this is about 45 deaths per 100,000 people per year[i]

2.8.3 The health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint and pressurised metered dose inhalers (pMDI) make up 3-4% of this. The medicines optimisation team issued guidance to our practices in 2021 on reducing the carbon footprint from pMDIs.

2.9 High Dose Opioids in Chronic Pain

2.9.1 The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but with little increased benefit to pain control for chronic (non cancer) pain.

2.9.2 The NECS team have run a second audit in 2021 in our practices to identify patients with chronic pain on high dose opioids.

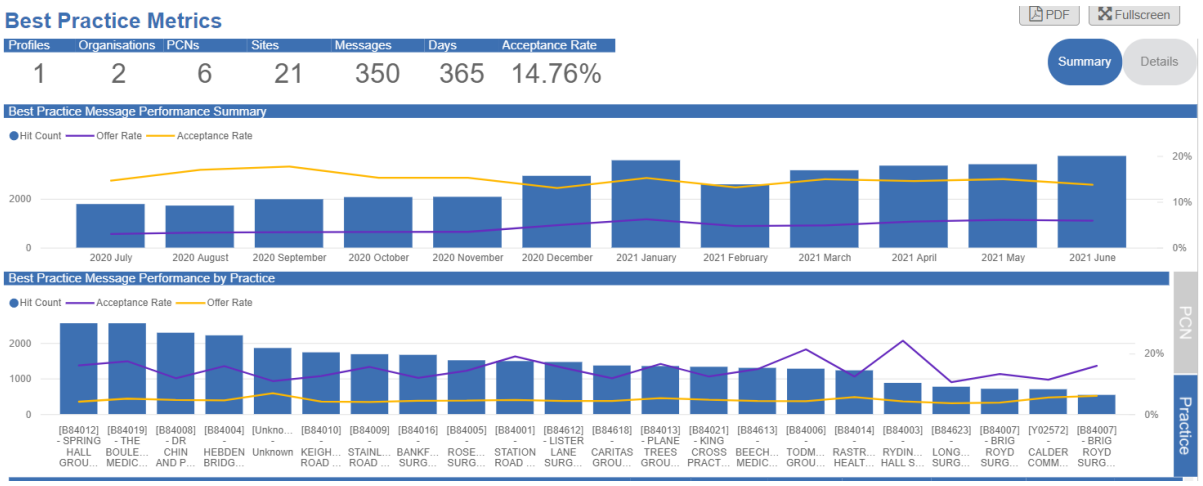
2.9.3 The MOT have produced and shared some resources to support clinicians to reduce patients' opioid doses to a safer level.

2.9.4 One PCN Clinical Pharmacist has had success in the last year reducing some patients on high dose opioids and has done a recent learning session with the MOT and other Clinical Pharmacists to share learning.

2.9.5 By raising awareness of the potential risks of dependence and side effects from taking opioid medication in the longer term this will help prevent future harm for patients.

2.10 Optimise Rx Safety and Quality impact

Optimise Rx point of prescribing software has proven an excellent resource to support quality and safety and in Calderdale. We have a high acceptance rate for best practice messages including safety messages supporting safer prescribing



2.11 NECS Prescribing Audits

2.11.1 NECS carry out quarterly antibiotic and safety audits. The team present the audit results to each practice and provide a summary for the CCG.

2.11.2 Prescribing audits carried out in 2020/21:

Q1 – no audit due to Covid redeployment, Q2 - acute sinusitis, Q3 - COPD rescue packs, Q4 - High dose opioids in chronic pain

2.11.3 Antibiotics audits planned for 2021/21:

Q1 – UTI in non-catheterised patients over 65, Q2 – Acute sinusitis (re-audit), Q3 – COPD rescue packs (re-audit) and Q4 – to be confirmed.

2.11.4 NECS have been providing quarterly PINCER audits in our practices since 2019/20. PINCER is a proven **p**harmacist-led IT-based **in**tervention to reduce **c**linically important medication **er**rors in primary care from the PRIMIS team. The team worked with practices to develop action plans to prevent potentially hazardous prescribing. The Access to training and resources was funded by the AHSN up until end of June 2021. The MOT are now investigating the cost of continued access to these resources as this has been well received by our practices.

2.12 Dietitian in Primary Care Project

2.12.1 The aim of this short-term project is to review prescribing of oral nutritional products in primary care, improve appropriateness of prescribing and increase our understanding of how a dietitian can work within GP practices to improve the management of malnutrition.

2.12.2 The CCG spent £738k in 2020/21 on sip feeds alone and is a high spender versus other WY CCGs on oral nutritional products.

2.12.3 The CCG is funding 6 hours a week of a senior dietitian from the CHFT community dietetic service to review patients in our practices with the highest spend per 1000 patients.

2.12.4 The dietitian will work in at least one practice per PCN during this project to ensure there is some benefit across all localities.

2.12.5 An interim review is planned for the end of August 2021 but the project has already delivered benefits with patients stopping unnecessary food supplements and/or changing to more effective supplements with updated treatment plans. The link back to the CHFT dietetic team provides benefits in shared learning to inform better communication with primary care.

2.13 Primary Care Pharmacy Networks.

2.13.1 The MOT has been facilitating the development of Primary Care Pharmacy Networks in Calderdale. This includes supporting monthly meetings for the PCN Clinical Pharmacists and technicians so they can share learning and ideas. A primary care pharmacy network is also now in place for a wider primary care pharmacy group to improve collaboration and networking between pharmacy professionals, and is meeting quarterly. This includes colleagues in practices, PCN Pharmacy teams, CHFT community directorate pharmacists,

the MOT, NECS and we are actively encouraging community pharmacy representation for future meetings.

3. Next Steps

3.2.1 Progress of the prescribing action plan is monitored clinically by the CCG Medicines Advisory Group and financially by Quality, Finance and Performance Committee

3.2.2 Progress with quality and safety elements of the medicines optimisation programme is monitored by the MOT with the support of the GP Governing Body Prescribing Lead. Any clinical concerns are escalated as necessary to QFP.

4. Implications

4.1 Quality and Safety Implications

4.1.1 The Medicines Optimisation programme includes actions to improve the quality and safety of prescribing in Calderdale see sections 2.5, 2.7 to 2.12.

4.2 Resources / Finance Implications

4.2.1 Delivery of the CCG prescribing plans requires the engagement and agreement of our practices. The CCG commissions an external team to support this work in practice.

5. Recommendations

It is recommended that the Committee

I. Receive this update

II. Advise on the frequency and content of future updates to the Committee.

[i] https://www.calderdale.gov.uk/v2/residents/health-and-social-care/joint-strategic-needs-assessment/wider-determinants/air-quality-and#item-3131-411

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	26 August 2021
Title of Report	**Contracting Update**	**Agenda Item No.**	9
Report Author	Suzanne Howarth, Senior Contracts Manager	**Public / Private Item**	Public
Clinical Lead	Dr Majid Azeb, Clinical Lead for Primary Care	**Responsible Officer**	Martin Pursey, Head of Contracting & Procurement

Executive Summary
This report provides an update to the Committee in respect of several contractual matters where it is felt that the Committee should be apprised of.

Previous Considerations

Name of meeting		**Meeting Date**	
Name of meeting		**Meeting Date**	

Recommendations
It is recommended that Primary Care Commissioning Committee: 1. Receives and notes the content of the contracting report.

Decision ☐	**Assurance ☒**	**Discussion ☒**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The report is for information purposes and is not requiring a decision by the Committee
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	The report is for information purposes and is not requiring a decision by the Committee
Resources / Financial Implications (including Staffing/Workforce considerations)	The report is for information purposes and is not requiring a decision by the Committee

Sustainability Implications	The report is for information purposes and is not requiring a decision by the Committee

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Achieving the agreed strategic direction for Calderdale Improving Quality Improving value Improving governance	**Risk (include risk number and a brief description of the risk)**	None Identified
Legal / CCG Constitutional Implications	None Identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any interests will be managed in line with the CCG's policy for managing conflicts of Interest

1. Introduction

1.1 This report provides an update to the Committee in respect of several contractual matters where it is felt that the Committee should be apprised of.

2. General Update – GP Changes

2.1 Dr Ruth Collins to join the Partnership at Keighley Road Surgery, effective from 1st July 2021.

2.2 Dr Alex Ross resigned from Clinical Director role for Lower Valley PCN on 2nd July 2021 and has been replaced by Dr John Malone.

3. Extension of Temporary Changes to GP Contract under the Pandemic Regulations

3.1 The following temporary changes to the GP contract in England will continue under the pandemic regulations until 30 September 2021

3.1.1 A suspension of the requirement that practices report to commissioners about the Friends and Family Test returns

3.1.2 A temporary suspension of the requirement for individual patient consent in certain circumstances, to encourage increased use of electronic repeat dispensing (eRD)

3.1.3 A continuation of the temporary increase in the number of appointment slots that practices must make available for direct booking by 111 to 1 slot per 500 patients per day.

4. Directed Enhanced Services

4.1 NHS England commissions the national Directed Enhanced Services for the following schemes:

- Learning Disabilities Health Checks (21)
- Minor Surgery level 2 (19) and
- GP Choice Out of Area Registration (7)

4.2 Each practice was asked to indicate which schemes they would be delivering during 2021/22 and the deadline for returning the notifications was the end of June. All 21 practices have returned their sign-up documents and the numbers in brackets above indicate how many practices are signed up to each scheme.

4.3 As part of the annual negotiations between the NHS and the BMA the above schemes were extended for an additional year with no increases to the fees in place during 2020/21.

4.4 NHS England have commissioned two Additional Enhanced Services for 2021/22; Long Covid & Weight Management. The deadline for sign up to these services was 31st July 2021. All Calderdale practices have been confirmed to have signed up to both services.

5. Investment and Impact Fund 2021/22

5.1 The Investment and Impact Fund (IIF) forms part of the Network Contract Directed Enhanced Service (DES) in 2021/22 and is a financial incentive scheme. The IIF will run for 12 months, from 1 April 2021 until 31 March 2022.

5.2 In line with the wider Network Contract DES, the initial content of the IIF 2021/22 has been designed to provide stability and support to PCNs during their ongoing support to the COVID-19 pandemic. This includes focusing on preventative activity for cohorts at particular risk of poor health outcomes, and in tackling health inequalities more directly and proactively.

(i) An initial six indicators are included in 2021/22. The initial phase of the IIF is divided into two domains: prevention and tackling health inequalities and
(ii) providing high quality care.

5.3 The IIF is a points-based scheme and operates in a similar way to QOF, albeit with calculation of achievement at the network level rather than practice level.

5.4 After CQRS has calculated each PCN's Achievement Points and Achievement Payments for indicators extracted from GP systems, before payments can be made (i) PCNs must declare their data and calculations, and (ii) these declarations must receive commissioner and financial approval.

5.5 Each PCN must also provide a written commitment to their commissioner that any money earned through achievement payments will be reinvested into additional workforce, additional primary medical services, and/or other areas of investment in a Core Network Practice that will support patient care (e.g., equipment or premises). The written commitment does not have to detail the precise areas of spend.

5.6 All PCNs provided their signed declarations and agreed the achievement payments prior to the July 2021 deadline. All achievement payments were made to PCNs in July via their nominated payees.

6. Incorporation Requests

6.1 The CCG have received Incorporation expressions of interest from Station Road Surgery and the Caritas Group Practice. The contracting team have contacted both practices who advise that they are still in the process of completing the application paperwork.

7. Recommendations

It is recommended that the Committee:

1. Receives and notes the content of the contracting report.

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	26 August 2021
Title of Report	**Finance Report**	**Agenda Item No.**	10
Report Author	Lesley Stokey - Director of Finance	**Public / Private Item**	Public
GB / Clinical Lead	Neil Smurthwaite, Chief Operating Officer	**Responsible Officer**	Neil Smurthwaite, Chief Operating Officer

Executive Summary							
Please include a brief summary of the purpose of the report	Key messages for the committee: ▪ The CCG has developed a draft financial plan for the period April 2021 to September 2021 in line with NHS England guidance. ▪ The CCG is expecting to breakeven and that additional allocations will be received in relation to additional roles expenditure.						
Previous consideration	**Name of meeting**	N/A	**Meeting Date**	N/A			
	Name of meeting	N/A	**Meeting Date**	N/A			
Recommendation (s)	It is recommended that the Committee: 1) **NOTES** the 2021/22 financial position on Primary Medical Services delegated budgets. 2) **APPROVES** setting up an additional virtual meeting in private with non-conflicted members to approve any discretionary investment proposals.						
Decision	☒	**Assurance**	☒	**Discussion**	☐	**Other**	Click here to enter text.

Implications			
Quality & Safety implications (including Equality & Diversity considerations e.g. EqIA)	N/A		
Public / Patient / Other Engagement	N/A		
Resources / Finance implications (including Staffing/Workforce considerations)	N/A		
Strategic Objectives (which of the CCG objectives does this relate to – delete as applicable)	▪ Improving value	**Risk** (include link to risks)	N/A
Legal / CCG Constitution Implications	N/A	**Conflicts of Interest** (include detail of any identified/potential conflicts)	N/A

1.0 Key Messages

The purpose of this report is to update the Commissioning Primary Medical Services Committee on the financial position of primary care co-commissioned delegated budgets for the financial year 2021/22 and to update the Committee on the latest position in relation to financial guidance following Covid-19.

NHS England published planning guidance and allocations for the period April to September 2021 and the CCG has developed a draft financial plan which was submitted to the ICS in April.

The delegated primary care co-commissioned financial plan for the period April 2021 to September 2021 was approved by the Committee on 25th May 2021.

2.0 Financial Performance for 2021/22

Calderdale CCG Delegated Primary Medical Services Summary at 30th June 2021

PRIMARY CARE SERVICES:	Annual	In month			Year To Date (£)			Forecast (£)		Mth 02 Forecast	
Name	Budget	Budget	Actual	Variance	Budget	Actual	Variance	Outturn	Variance	Outturn	Movement
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
GMS	9,585	1,597	1,597	(0)	4,792	4,792	(0)	9,585	0	9,585	0
PMS	1,237	206	206	0	619	619	0	1,237	0	1,237	0
APMS	381	63	63	0	190	190	0	381	0	381	0
QOF	1,540	257	257	0	770	770	0	1,540	0	1,540	0
Enhanced Services	158	26	26	(0)	79	79	(0)	158	0	158	0
Premises - Reimbursed Costs	1,644	274	274	(0)	822	822	(0)	1,644	0	1,644	0
Premises - Other	117	19	19	0	58	58	0	117	0	117	0
Prof Fees Prescribing & Dispensing	90	15	15	0	45	45	0	90	0	90	0
Other GP Services (inc. PCO)	161	27	27	0	81	81	0	161	0	161	0
Other Non GP Services	43	7	20	13	21	43	22	43	0	43	(0)
PCN	1,398	233	234	1	699	719	20	1,398	0	1,398	0
Reserves - General	349	58	58	0	175	175	0	349	0	349	0
Reserves - Contingency	84	14	0	(14)	42	0	(42)	84	0	84	0
Total Primary Care Medical	**16,787**	**2,798**	**2,797**	**(0)**	**8,393**	**8,393**	**(0)**	**16,787**	**0**	**16,787**	**(0)**

The summary above shows the budget and forecast expenditure for the period April 2021 to September 2021.

The CCG is currently forecasting to breakeven against the notified allocation. It is expected that additional allocation will be received to cover any additional roles expenditure over and above the amount included in the CCG baseline. Further information on additional roles is shown in

section 3 below. The CCG is not showing an overspend at this point as it is awaiting further guidance from NHS England.

3.0 Additional Roles Update

As part of the GP Forward View, funding has been made available to PCNs to expand workforce capacity including investment in new roles such as physician associates.

As reported at the last Committee, the expected level of funding available in 2021/22 is approximately £2.8m rising to £5.3m in 2023/24 (figures subject to updates for changes in national guidance and list sizes). A summary is shown below:

Calderdale CCG PCN Additional Roles	2020/21 Budget	2021/22 Budget	2022/23 Budget	2023/24 Budget
Calder & Ryburn	298,864	524,415	721,949	992,593
Central Halifax	378,845	664,758	915,156	1,258,228
Lower Valley	318,128	558,218	768,486	1,056,574
North Halifax	334,034	586,128	806,908	1,109,401
Upper Calder Valley	270,343	474,370	653,054	897,870
Total	1,600,214	2,807,890	3,865,553	5,314,666

The CCG is working with PCNs to understand the plans for 2021/22 and the latest forecast based on current and planned recruitment is shown in the table below:

Summary of positions as at June 2021:	Maximum Reimbursable Amount	Forecast Total costs for the year	Forecast remaining amount
Calder & Ryburn	£527,151	£465,578	-£61,573
Central Halifax	£656,451	£585,372	-£71,079
North Halifax	£586,227	£521,177	-£65,050
Upper Calder Valley	£471,235	£453,958	-£17,277
Lower Valley	£555,859	£443,283	-£112,576
Total	**£2,796,923**	**£2,469,368**	**-£327,555**

The CCG has had individual PCN discussion to go through the additional roles forecasts with a view to exploring options to spend the budget in full. Options that are being explored include utilising roles to assist with the vaccination programme and exploring whether any planned roles for 2022/23 can be brought forward and recruited to in this financial year.

4.0 Financial Plan Update for 2021/22

At the last Committee the budget for the period April 2021 to September 2021 was approved. The CCG has not yet received formal guidance or allocations for the remainder of the financial year October 2021 to March 2022. It is expected that guidance will be issued in September.

5.0 Investment

As can be seen in the forecast the CCG has a reserves balance of £349k for the period April to September. Although allocations for the second half of the year have not yet been issued, there is minimal change expected in relation to the delegated primary medical budgets.

There is therefore an opportunity to look at investing these funds to improve capacity and respond to pressures caused by Covid and to plan for winter related pressures.

In order to facilitate a timely approval of any proposed investments it is recommended that an additional virtual meeting in private of non-conflicted committee members be set up to sign off any proposed schemes and that the outcome is reported to the next formal committee meeting.

6.0 Risk/Opportunities

- **Risk -** The CCG is not able to make discretionary investments in a timely manner.
- **Risk** – The CCG does not fully spend additional roles allocations and funds may be redistributed.
- **Opportunities –** the CCG has funding in reserves available for investment.

7.0 Recommendations

It is recommended that the Committee:

3) **NOTES** the 2021/22 financial position on Primary Medical Services delegated budgets.
4) **APPROVES** setting up an additional virtual meeting in private with non-conflicted members to approve any discretionary investment proposals.

Name of Meeting	Commissioning of Primary Medical Services Committee	**Meeting Date**	26 August 2021
Title of Report	**Risk Register Position Statement Risk Cycle 2 2021-22 (17 May – 2 June 2021)**	**Agenda Item No.**	11
Report Author	Rob Gibson Corporate Systems Manager	**Public / Private Item**	Public
Clinical Lead	Dr Steven Cleasby	**Responsible Officer**	Neil Smurthwaite Chief Operating Officer

Executive Summary
At the end of risk cycle 2 2021-22 the CCG Risk Register contained a total of 37 risks. There were 4 risks marked for closure this risk cycle meaning that 33 risks were open. Of the total CCG risks: - 33 (89%) were categorised as quality, finance & performance risks - 4 (11%) were categorised as commissioning of primary medical services (CPMS) risks

Previous Considerations

Name of meeting	SMT	**Meeting Date**	8 June 2021
Name of meeting		**Meeting Date**	

Recommendations
It is recommended that the Committee: 1. Reviews the Risk Register and the management of Commissioning of Primary Medical Services risks 2. Approves the CCG Risk Register for commissioning of primary medical services risks reporting to Governing Body for risk cycle 3, subject to any amendments requested including the position being proposed for risk 1734

Decision ☐	**Assurance ☒**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	There are no quality and safety implications
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	No engagement has been undertaken
Resources / Financial Implications (including Staffing/Workforce considerations)	There are no resources / finance implications
Sustainability Implications	There are no sustainability implications

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Improving quality	**Risk (include risk number and a brief description of the risk)**	Risk is managed in line with the CCG's Integrated Risk Management Framework. Risks are captured on the Corporate Risk Register or the Governing Body's Assurance Framework (GBAF) as appropriate.
Legal / CCG Constitutional Implications	There are no legal / CCG Constitutional implications	**Conflicts of Interest (include detail of any identified / potential conflicts)**	There are no conflicts of interest.

1. Introduction

1.1 This report sets out the current risks captured on the CCG's Corporate Risk Register for the Committee's review and approval *(*Appendix 1*)* and

1.2 Provides assurance those risks with a risk rating that has been static for a number of cycles are being reviewed formally at each cycle.

2. Detail

2.1 The review period for risk cycle 2 of 2021-22 commenced on 17 May 2021 and was completed on 2 June with risks being reviewed by their respective risk owners and senior managers. The risk register was discussed by the Senior Management Team at their meeting on 8 June. There are 4 risks for review by the Commissioning of Primary Medical Services Committee. This compares to 6 risks for review during risk cycle 1.

2.2 The risks include:

- 1 risk scoring 16 (2.3)
- 2 open risks with a score of 12 (see 2.6)

2.3 New Risks

There were no new risks added to the risk register during the current risk cycle.

24 Risks for Closure

There were no risks marked for closure.

2.5 High Level Risks

There is 1 open CPMS risk classed as a Serious Risk (with a score of 16):

Risk No	Risk summary	Risk score
1734	There is a risk of harm to patients given the backlog of work post COVID-19 due to pauses on QOF, screening and elective referrals, in addition to patients not presenting with symptoms and challenges faced with "reset" resulting in increased morbidity and mortality and widening of health inequalities. This risk may be increased by PCN involvement in Covid-19 vaccine deployment which puts further pressure on clinical capacity.	16

2.6 2 open CPMS risks currently have a score of 12:

Risk No	Risk Summary	Risk Movement
1629	There is a risk that the additional roles being introduced within General Practice will not be utilised to their maximum benefit, will compromise the safe delivery of care and intervention for patients and be asked to practise outside of their scope of competency, due to limited professional and clinical experience in general practice of these roles resulting in the potential for harm to patients, poor retention and recruitment rates and a lost opportunity for general practice to maximise the roles and support the GP workforce effectively.	Static for 3 risk cycles
1628	There is a risk that the full amount of Funding for the Additional Roles Reimbursement Scheme available to General Practice in Calderdale is not able to be claimed resulting in Calderdale losing investment into General Practice and directly impacting on patient outcomes and pressure on the healthcare system across Calderdale	Static for 1 risk cycle

3. CPMS risk register update since the end of risk cycle 2

The corporate risk register was approved by Governing Body at its meeting on 29 April 2021 with no amendments.

Risk 1734 (see 2.5) (concerning the backlog of work post COVID-19 due to pauses on QOF) was discussed at the last CPMSC meeting on 27 May. There was a challenge from the Committee around the risk score and the consistency of risk reporting in relation to the different care pathway pressures.

Following a review of the risk in the wider context it has been concluded that:

- The risk for the CCG is not confined to general practice, rather it is a place risk across Calderdale, felt by the pressure on the system and re-set of the system.
- The current risk combines two pressures and two risks of harm, the first in terms of long-term condition management and frailty, the second in terms of urgent and on the day access.
- The contributing factors to this risk are not limited to general practice

In view of this and learning from different areas and how they have articulated the risk, we are proposing the following approach:

- That within the next cycle risk 1734 is closed
- Within the next risk cycle two new risks are opened and work with other service leads to ensure they are comprehensive, and place is considered rather than service

These two risks will be focussing on:

1. the management of long-term conditions and frailty,
2. urgent and on the day access.

These would then be monitored through Quality, Performance and Finance Committee, with potential for CPMSC to be sighted on them.

In our opinion this will express the risk for the CCG as Calderdale and recognise that long term condition management, frailty and urgent on the day access is more than General Practice.

4. Next Steps

4.1 The CCG's corporate risk register will be updated accordingly as part of the current risk review (risk cycle 3 2021-22) and the risk register will be reported to the next Governing Body meeting on 28 October 2021 in line with the CCG's governance process.

5. Recommendations

5.1 It is recommended that the Committee:

- Reviews the CCG Risk Register and the management of commissioning of primary medical services risks
- Approves the CCG Risk Register for commissioning of primary medical services risks reporting to Governing Body for risk cycle 3, subject to any amendments requested including the position being proposed for risk 1734

6. Appendices

Appendix 1 - Risk register of CPMS risks for risk cycle 2 2021-22

Please note that this is not currently an accessibly compliant document, but the CCG is working towards making this document more accessible. The information can be supplied in accessible format on request.

Risk register of CPMS risks for risk cycle 2 2021-22

Risk ID	Date Created	Risk Type	Risk Category	Risk Rating	Risk Score	Target Risk Rating	Target Score	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
1734	03/03/2021	Commissioning Primary Medical Services Committee	CPMS - Q	16	(I4xL4)	8	(I4xL2)	Debbie Robinson	There is a risk of harm to patients given the backlog of work post COVID-19 due to pauses on QOF, screening and elective referrals, in addition to patients not presenting with symptoms and challenges faced with "reset" resulting in increased morbidity and mortality and widening of health inequalities. This risk may be increased by PCN involvement in Covid-19 vaccine deployment which puts further pressure on clinical capacity.	• Amendments to national GP contract to re-prioritise work including a re-focus of the Quality and Outcomes National Framework • Commitment to reduce unnecessary bureaucracy to focus on clinical care • Additional CCG investments made to PCNs to support local winter resilience and increase in demand • Investment of the Calderdale share of the £150million Covid-19 resource to support further increase in capacity and focus on 7 identified goals Additional investment of Calderdale share of the £120 million Covid-19 resource announced from April 2021 to support further increase in capacity and focus on 7 identified goals 2021/22 Planning Guidance has been issued 20/5/2021 Update SOP for General Practice has been issued	Final national contract for 2021/22 to include details of how to manage the backlog Backlog unquantified at Practice, PCN or Calderdale level	•Continue to use soft-intelligence e.g. complaints or stakeholder feedback to monitor and address issues. • Continued engagement of CDs, PMs and LMC to respond to feedback and address any concerns • Recent guidance to focus on clinical prioritisation to support clinical capacity at practice level and focus on the 7 priority goals detailed in the General Practice Covid Capacity Expansion Fund • Continued use of datix and serious incident process to identify where this has resulted in harm and ensure cases are reviewed and identified learning implemented	CPMSC Head of Primary Care Report - Quarterly	• Reconfirm the Quality Indicators that will be monitored in the absence of the new national dashboard including impact on different communities. • Systematic monitoring of the 7 key goals listed in the General Practice Covid Capacity Expansion Fund letter • Once quantified, system needs to be in place to monitor progress against the backlog.	Static - 1 Archive(s)
1629	20/08/2020	Commissioning Primary Medical Services Committee	CPMS - Q	12	(I4xL3)	4	(I4xL1)	Debbie Robinson	There is a risk that the additional roles being introduced within General Practice will not be utilised to their maximum benefit, will compromise the safe delivery of care and intervention for patients and be asked to practise outside of their scope of competency, due to limited professional and clinical experience in general practice of these roles resulting in the potential for harm to patients, poor retention and recruitment rates and a lost opportunity for general practice to maximise the roles and support the GP workforce effectively.	Employment models for some of the new roles that include professional leadership and clinical governance for the individuals from an established provider of those roles GP mentorship in place for the new professionally qualified roles Registered Professionals must work within their code of conduct	No coherent operating model in place across PCNs for the additional roles No overall PCN Additional Roles governance framework in place for adoption locally - being discussed through Primary Care School at West YOrkshire ICS level	Working within the governance systems already in place and compliant with the CQC in General Practice Where employed by a host organisation strong professional and clinical leadership and training exists PCN nursing leadership role in place in 5/5 PCNs Through reporting into the CD/LMC/CCG meeting	For First Contact Practitioners and Mental Health Workers the employment model builds in professional supervision	No coherent leadership or operating model for the wider primary care team in place within PCNs	Static - 3 Archive(s)
1628	20/08/2020	Commissioning Primary Medical Services Committee	CPMS - F&P	12	(I4xL3)	4	(I4xL1)	Debbie Robinson	There is a risk that the full amount of Funding for the Additional Roles Reimbursement Scheme available to General Practice in Calderdale for 2021/22 is not able to be claimed resulting in Calderdale losing investment into General Practice and directly impacting on patient outcomes and pressure on the healthcare system across Calderdale	Reporting deadlines in place as outlined in the PCN Contract Directly Enhanced Scheme Reporting of position agreed into the monthly LMC/CD/CCG meeting in order to understand the current position, any slippage to plan and agree other plans to ensure spend. (CCG Finance and Primary Care Colleagues are sighted on this) Some flexibility in utilisation of funding available to support the Covid Vaccination programme.	Absence of Timely submissions of actual position from PCNs	Approach agreed with PCNs via PGPA regarding monthly reporting of forecast position and actuals including clarity regarding who is responsible for which part of the process	Initial plans for 2021/22 have been received from each PCN and progress made to date on recruitment	PCN monthly positon reflecting forecast plan for the year not yet received	Static - 1 Archive(s)
1434	25/11/2019	Commissioning Primary Medical Services Committee	CPMS - Q	8	(I4xL2)	4	(I4xL1)	Debbie Robinson	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles.	1. Calderdale is part of the international GP recruitment programme 2. LWAB funding has been secured to commission the development of a Calderdale workforce strategy, including stocktake of current available workforce and forecasted requirement for the future. 3. Primary care and Community workforce group is established at West Yorkshire and Harrogate Level 4. Primary Care network contract supporting development of workforce plans 5. Additional roles funding available through PCNs at 100% reimbursement from April 2020 6. Role out of Apex Insight tool to practices to understand capacity and demand 7. New national contractual requirements on workforce from April 2020 8. Investment to support local delivery of GP career plus, ACP Career Plus made for 2020/21 and support from national PCN DES relating to GP and GPN Fellowship 9. Training Needs Analysis completed for non medical roles within General Practice through West Yorks and available at Calderdale and GP level	1.Gaps exist in relation to current workforce data 2.Calderdale People Plan (in development) 3. Additional Roles Funding however longer term strategy needs addressing at PCN level 4. Absence of clinical and workforce strategies at PCN level	1. Central reporting requirements including progress against additional roles 2.Quarterly Dashboard reports to Quality Committee & Commissioning Primary Medical Services Committee 3. CQC programme for assurance	1.CQC Inspection reports. 2.CPMSC minutes	CQC routine inspections have been suspended during covid-19 Pandemic	Static - 4 Archive(s)

CPMSC WORK PLAN - 2021-22							
	Lead	**Purpose**	**Frequency**	**May**	**August**	**November**	**February**
Contracting							
Contracting Report including ongoing management and performance of GMS, PMS and APMS contracts	MP	For Assurance	Quarterly	√	√	√	√
Finance							
Finance Report	LS	For Assurance	Quarterly	√	√	√	√
Draft Finance Plan	LS	For Assurance	As required	√			
Delegated Budget	LS	For Decision	**Annually** (date tbc)				
PMS Premium Investment Plan 2021-22	LS	For Decision	**Annually** (date tbc)				
Assurance Reports							
Director of Improvement - Community and Primary Care Report.	DR	For Assurance	Quarterly	√	√	√	√
Local Dashboard	DR	For Decision/ Assurance	Quarterly		√	√	√
Risk Management							
CPMS Risk Review	RG	For Assurance	Quarterly	√	√	√	√
GBAF Review	RG	For Assurance	tbc				
Annual Risk Report	RG	For Assurance	**Annually** (date tbc)	√			
Policies & Procedures							
Review Policy for discretionary financial assistance as a result of a list dispersal **(September 2021)**	MP	For Decision	As required			√	
Quality Assurance & monitoring process for primary care		For Decision	As required	√			
Additional items in year relating to areas of potential high risk or priority							
delegate the approval of the detail of the PCN development plan and its associated investment to the CCG's Senior Management Team	DR	For Decision	As required	√			
Contracts							
					√		
Contract Variations							
Conduct of Committee & Development							
Review work plan	DR	For assurance	Quarterly	√	√	√	√
Agree CPMSC Draft Annual Report to include a review of terms of reference and output from self-assessment	DR/JM	For assurance	**Annually**				√
Internal Audit Report	DR	For assurance	As required				
Follow up development session to review PCN Support and to progress recommendations and further establish/plan requirements in relation to the wider integration agendas. Establish the areas of contractual governance that fall solely within the responsibility of the committee	DR	For assurance	tbc				
ICS Arrangements for the Commissioning of Primary Care in Calderdale			tbc - scheduled around updates & decision / notice points				

C= cancelled

Additional Meetings / Rapid Decision Making Panel:

Name of Meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	26 August 2021
Title of Report	Application for a Branch Closure	**Agenda Item No.**	13
Report Author	Suzanne Howarth (Senior Contracts Manager- Primary Care) Emma Bownas (Senior Primary Care Quality and Improvement Manager)	**Public / Private Item**	Public
Clinical Lead	none	**Responsible Officer**	Debbie Robinson Director of Improvement - (Community and Primary Care)

Executive Summary

This paper provides the Committee with a retrospective application from Spring Hall Group Practice Limited for the closure of their Branch Surgery located in Boots The Chemist at 7-11 Market Street, Halifax, HX1 1PB.

The CCG received notification from Spring Hall Group Practice that the tenancy at will agreement has been terminated by Boots, with this termination becoming effective from December 11th, 2020.

Formal notification has been received by the CCG of the Practice's application for a branch closure.

This paper sets out the process that has been undertaken to enable the Committee to make a commissioning decision relating to the application for branch closure, a summary of engagement findings and a management recommendation to approve the application for branch closure.

Previous considerations

Name of meeting	Commissioning Primary Medical Services Committee	**Meeting Date**	27 May 2021
Name of meeting	NONE	**Meeting Date**	

Recommendations			
It is recommended that the Committee 1. Notes the content of the paper 2. Acknowledges the process that the CCG has taken to ensure a commissioning decision can be made and that the duty has been correctly discharged as stated in the Policy and Guidance Manual 3. Approves the retrospective closure of the branch surgery at Boots, Market Street, Halifax 4. Approves the issuing of a contract variation to remove the branch surgery address from the core GMS Contract by the contracting team.			
Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	A Quality Impact Assessment has been completed as part of the process to assist the decision making process.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	An Equality Impact Assessment has been completed as part of the process to assist the decision making process.
Resources / Financial Implications (including Staffing/Workforce considerations)	Detailed within the paper
Sustainability Implications	None identified

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Achieving the agreed strategic direction for Calderdale Improving Quality Improving value	**Risk (include risk number and a brief description of the risk)**	There is a potential risk in relation to reputation of General Practice and public perception that closures are being made following Covid
Legal / CCG Constitutional Implications	The CCG will apply appropriate governance and process as described in the Policy and Guidance Manual. The legal obligations are Section 242 of the Health and Social Care Act 2012, Equality Act 2010, NHS Constitution.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Conflicts of interests will be managed in line with the CCG's policy for managing conflicts of Interest.

1. Introduction

1.1 The CCG received notification from Spring Hall Group Practice Limited that the tenancy at will agreement has been terminated by Boots, with this termination becoming effective from December 11th 2020.

1.2 Formal notification has been received by the CCG of the Practice's application for a branch closure. In view of this the paper sets out the process that has been applied, a summary of engagement findings and a management recommendation to approve the application for branch closure.

2. Background

2.1 At the CPMSC meeting on 27th May 2021 the Committee received a private paper giving advance notice of an intention to submit an application to close the branch surgery of Spring Hall Group Practice Limited (SHGPL) at Boots, 11 Market Street, Halifax. This application would be made retrospectively as Boots had already notified SHGPL of the termination of their lease for this premise.

2.2 The process as outlined in the Policy & Guidance Manual for Primary Medical Services (PGM) has been followed and details provided against the items listed for consideration in the Manual. This detail should be considered alongside alongside the practice application attached in Appendix A.

- financial viability.
- registered list size and patient demographics.
- condition, accessibility, and compliance to required standards of the premises.
- accessibility of the main surgery premises including transport implications.
- the Commissioner's strategic plans for the area.
- other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries, and rural issues).
- dispensing implications (if a dispensing practice).
- whether the contractor is currently in receipt of premises costs for the relevant premises.
- other payment amendments.
- possible co-location of services.
- rurality issues.
- patient feedback.

- any impact on groups protected by the Equality Act 2010 (for further detail see chapter 4 (General duties of NHS England).
- the impact on health and health inequalities; and
- any other relevant duties under Part 2 of the NHS Act (for further detail see chapter 4 (General duties of NHS England).

Following the meeting on 27 May 2021 the CPMSC requested that the following information should be provided in the application to aid their decision making.

- Frequency of use
- Number of People affected – was it accessed by the same cohort or did all the practice population use it as and when
- Any impact on people whilst it has been closed and what has been done to re-provide the services whilst it has been closed
- Scale of footprint (how big, number of rooms, what was carried out there, footfall)
- Access route – who used it, how did they travel, what have they done whilst it has been closed.

3.0 **Detail**

3.1 Registered List Size and Demographics

3.1.1 SHGP has a registered list size of 19,526 as at April 2021. Spring Hall Group Practice is in both Town and Park Wards. The total population of Central Halifax is 52,452, according to 2016 mid-year population estimates.

3.1.2 Central Halifax has the largest BME population of the localities (37%), with Asian being the largest BME group, accounting for 30.8% of the population, followed by White Other (3.6%). Around half of primary and secondary school pupils are Asian.

3.1.3 According to the Census around 5.8% of the population have stated that they cannot speak English well or at all.

3.1.4 Just under half of the population are Christian and 28% of the population are Muslim.

3.1.5 Central Halifax is a relatively deprived locality with around 1 in 5 of its households claiming council tax reduction and 1 in 8 claiming housing benefit.

3.1.6 According to the 2011 Census, 18.3% had a long term health problem or disability which limits activities – this is higher than the Calderdale average and equates to around 8,500 people

3.2 Financial viability

3.2.1 Within the SHGPL application there are no financial implications identified and the decision to apply for branch closure is not based on financial reasons.

3.3 Premises Information including Position of SHGPL regarding Premises Costs

3.3.1 SHGPL have leased the site within the Boots store in Halifax town centre since 2008. In March 2020 SHGPL vacated the premises due to Covid-19 as the NHSE Standard Operating Procedure for GP practices advised General Practice to limit the number of sites that saw patients face to face and adopt a remote triage consultation. In October 2020 the Standard Operating Procedure advised practices to start and offer face to face appointments at all surgery sites unless there were exceptional circumstances. SHGPL were requested by Boots, their landlord, not to re-open for face-to-face appointments as it was felt that as the number of people allowed in the store was being restricted for Infection Prevention and Control purposes it was impractical to operate normal services. This application was approved through CPMSC until January 2021 however the Boots store had begun to administer COVID vaccines from the site in December 2020 and a further application not to offer face to face appointments was approved through CPMSC in January 2021. It was in December 2020 that SHGPL was then served with a Termination of Lease notice by their Landlord, Boots.

3.3.2 Before March 2020 the site was open for the following hours.

- Monday 8.00 – 17.30
- Tuesday 8.00 – 13.30
- Wednesday 8.00 – 13.30
- Thursday 8.00 – 13.30
- Friday 8.00 – 13.30

3.3.4 A GP would be present during these times for telephone consultations and a Health Care Assistant would have been present for two morning sessions for face-to-face appointments such as blood tests, dressings etc. There were two treatment rooms available for this with a small reception area.

3.3.5 Patients were not routinely given GP face to face appointments but there may have been an occasion where a clinician may want to see the patient and the Boots site was the only one with capacity. These appointments were open to the whole of the registered patient population.

3.3.6 Since the closure in March 2020 all services enjoyed by patients have continued at other sites subject to IPC guidelines. The three other sites are now fully open to the patient population. Telephone consultations are still the main method of delivery but face to face appointments are available daily.

3.3.7 It is not possible to quote figures on footfall prior to March 2020 as the practice and clinical systems merged in January 2021 and Boots Branch data cannot be extracted from the overall activity.

3.3.8 The site was used by patients who worked in or lived near the town centre or by patients in town for their weekly shop. All modes of transport were used to access the site.

3.3.9 CPMSC approved an application from Spring Hall Group Practice Limited for Rent Reimbursement for Boots Branch Surgery in June 2019. Rent was never reimbursed or charged previously as there was a private agreement between SHGP and Boots Ltd.

3.4 Accessibility of the main surgery premises including transport implications

3.4.1 As outlined in the application (Appendix A) the practice comprises 1 main site and 2 branch surgeries that are all within 2 miles of the Branch at Boots, Halifax. The practice state that they use a total triage model for General Practice where each patient is offered a telephone, online or video consultation and then a face-to-face appointment is arranged as required. The practice state that they will arrange this appointment in the most convenient site for the patient.

3.4.2 There are two other practices within 0.5 miles of the branch surgery based at Boots, Halifax. Both of these practices currently have open lists and therefore any patient that felt unduly affected by this branch closure would be able to register at one of these practices. The engagement report analysis states that 104 respondents stated the decision would have a lot of impact but only 11 of those used it weekly, with 14 stating they had never visited the Boots Site.

3.5 Dispensing Implications

3.5.1 The Branch Surgery at Boots is not a dispensing surgery.

3.6 Patient Engagement

3.6.1 SHGPL conducted an engagement exercise with their patients over a six week period from 9th June to 21st July 2021. The survey was available in different formats to cater for the diversity of the registered patients.

- The survey included a question on how far patients would be prepared to travel to another surgery. Most respondents who thought it would have a lot of impact on themselves were prepared to travel up to 3 miles to attend the practice and all 3 sites are within 2 miles of the Boots site. Most respondents said the closure would have little or no impact on them.
- Many respondents were concerned about picking up their prescription from the Boots store, this will not be affected by the closure of the site.
- Some respondents were concerned that the number of consultations may be affected, however within the SHGPL application it confirms that there has been no overall reduction in the number of available consultations as a result of the temporary closure of the Boots Branch since March 2020; adding that there are no plans to reduce access.
- Some patients were concerned at the cost of visiting other sites if they use public transport. SHGPL application describes the total triage model that the practice operates, whereby the initial consultation will be completed remotely with patients only being invited for a face-to-face consultation if determined from the remote triage. This will then be arranged at the most convenient site for the patient. In discussion with the practice manager, due to the practice merger that took place 1st January 2020, it has not been possible to determine whether there were regular patients attending the health care assistant clinics held at Boots Branch twice weekly.
- Further details are provided in the full Engagement Report as Appendix B to this paper.

3.7 Consideration regarding Groups Protected by the Equality Act 2010

3.7.1 Data has also been reviewed on health inequalities for the areas covered by the practice to appreciate if there is likely to be increased health inequality arising from the planned closure. The application from SHGPL includes the details of how many responses have been received and those responses have been analysed to understand any impact this application may have on equality, quality and patient experience. An Equality Impact Assessment has been

completed and is included as Appendix C. This details actions that practice will take in the event of approval of the branch closure.

3.7.2 A Quality Impact Assessment has been completed and is included as Appendix D and details mitigating actions that the practice will take in the event of the approval of the branch closure

3.8 **Management Recommendation**

3.8.1 The management recommendation is for the committee to approve closure of the branch site on the basis that:

- The findings of the engagement report highlight relatively low number of respondents who have identified a lot of impact on them and the practice has described mitigating actions including the choice of three other sites within 2 miles of the Boots Branch Surgery.

- There are two other surgeries within 0.5 miles of the Boots Branch with open lists currently and the numbers of regular users (weekly and monthly) of the Boots Site who responded to the engagement exercise were forty patients. It is recommended that Primary Medical Services provision around the town centre area is sufficient to provide choice to patients.

- The branch surgery has not been operating any face-to-face appointments since March 2020 and has not received any complaints, queries, or concerns in relation to this.

- SHGP have clearly stated that capacity has been unaffected by the Boots site not operating face to face appointments since March 2020 and will not be affected if this decision is made permanent.

- The decision has been made by the landlord to terminate the lease and if the committee deemed that a branch was required in the town centre by SHGPL it would be SHGPL's responsibility to locate alternative premises. This would result in increased rental costs for the CCG which are not currently budgeted for.

- Another consideration has been whether it would be possible to go out to tender for a town centre based practice. This has been discounted as the patients are all registered

with SHGPL and impossible to identify a separate list of patients who have used the branch surgery in the past.

4. Next Steps

1. Should the application to close the branch surgery be successful the practice has confirmed there will be no reduction in appointments available, patients will still be able to have their prescriptions dispensed from the Boots store, where this is their nominated pharmacy and there is a central phone system to enable appointments to be booked at their three existing surgeries.
2. The practice will ensure this information is readily available, so patients are aware of the revised situation.
3. Any communication will be clear to inform patients that the Boots Store is unaffected by this decision.

5. Conclusions

1. SHGPL have through no fault of their own have had to reschedule their capacity due to the termination of the lease of their branch surgery.
2. They have been supported through the process as provided in the Policy & Guidance Manual for Primary Care by various CCG teams.
3. Both an Equality and Quality Impact Assessment has been conducted as well as a patient engagement exercise.
4. The findings of these reports indicate a closure would have an impact of a relatively small number of patients. The practice has accommodated the activity from the branch surgery at their three other locations .
5. In conclusion the Task & Finish Group would support the retrospective closure of this branch surgery on a permanent basis.

6 Recommendations

It is recommended that the Committee

i. Notes the content of the paper
ii. Acknowledges the process that the CCG has taken to ensure a commissioning decision can be made and that the duty has been correctly discharged as stated in the Policy and Guidance Manual

iii. Approves the retrospective closure of the branch surgery at Boots, Market Street, Halifax

iv. Approves the issuing of a contract variation to remove the branch surgery address from the core GMS Contract by the contracting team.

6. Appendices

Appendix A – Application from SHGPL

Appendix B – Engagement Report

Appendix C – Equality Impact Assessment

Appendix D – Quality Impact Assessment

Annex 14A

Template Application Notice to Close Branch Premises

Application to Close Branch Premises

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

Spring Hall Group Practice
173 Spring Hall Lane
Halifax
HX1 4JG:

Details of branch surgery address proposed for closure:	[Boots Site, 7 – 11 Market Place, Halifax, HX1 1PB]
1. Do you have premises approval to dispense from the branch surgery? If yes, how many patients do you currently dispense to?	[No] [N/A]
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] [N/A]
3. How have you involved patients regarding this proposal?	[We have undergone an Engagement process which has consisted of sending letters to patient a households inviting them to complete an online survey or requesting a hard copy survey from our dedicated phone line. The survey was open for 6 weeks. We had posters at all sites and sent texts to

		all patient mobiles where consent exists. We had a total of 631 responders. A full engagement report has been produced and should be referred to for further detail (Appendix A)
4.	How will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should the Commissioner approve this application?	[We will promote the decision on our website and via posters inhouse where we will address the main concerns of the survey
5.	Please provide a summary of the patient involvement feedback and confirm that you will supply evidence of this consultation should it be requested:	[The majority of responders said the closure would have little or no impact on them. The majority of responders who thought it would have a lot of impact on themselves were prepared to travel up to 3 miles to attend the practice and all 3 sites are within 2 miles of the Boots site. Many responders were concerned about picking up their prescription from the Boots store, this will not be affected by the closure of the site. Responders were concerned that the number of consultations may be affected but this hasn't been the case since March 2020 and there are no plans to reduce access. Some patients are concerned at the cost of visiting other sites if they use public transport. SHGP use a total triage model of general practice. Each patient receives a telephone, video or online consultation and where the clinician, in discussion with the patient, feels that a face to face consultation is required, one will be arranged at one of the three sites most convenient for the patient. The full engagement report is attached in Appendix A
6.	Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including: • access to the main surgery	If approval is granted to this application, then capacity will be unaffected as the branch has not been offering face to face appointments since March 2020. The Boots Branch Surgery of Spring Hall Group Practice has been closed to face-to-face

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)

appointments since March 2020. From March 2020-September 2020 this was in line with guidance in the Standard Operating Procedure for General Practice in the Context of Coronaevirus. From 1st October 2020 the SOP was revised to state that practices should provide face to face appointments at all sites. At this time Boots Ltd requested that SHGP did not re-open to provide face to face appointments as they were concerned about increased footfall in the store and the risk of spread of coronavirus. An application to temporarily suspend the provision of face-to-face appointments at Boots Branch Surgery was approved by the CCG for a three month period. This was extended as in December 2020 Boots Store was approved as a vaccination site and therefore were unable to accommodate the branch surgery. The temporary suspension was approved by the CCG, through CPMSC for a 12 month period with a quarterly management review to ensure that circumstances or guidance hadn't changed.

All sites can be reached by public transport and all have car parking available. All three remaining sites are within 2 miles of the Boots site.
The appointment booking system is uniform across all sites and is dealt with centrally. Patients are able to book appointments online 24 hours a day 7 days a week.
All services and enhanced services are available to the whole patient population
Our opening hours will not change.
We will continue to have extended hours services available to the whole patient population.

Please can you add in the following detail:
Frequency of use
The site was available to the whole of the patient register.
Since closure services have been available at the three other sites. Prescriptions are still available at Boots Pharmacy where the patient has nominated them as their pharmacy for collection. The Boots site operated with 2 consulting rooms and a small reception area.
GP telephone consultations were done from here throughout the opening hours as follows.
Monday 8.00 – 17.30
Tuesday 8.00 – 13.30
Wednesday 8.00 – 13.30

	Thursday 8.00 – 13.30 Friday 8.00 – 13.30 Patients were not routinely given face to face appointments but there may have been an occasion where a clinician may want to see the patient and the Boots site was the only one with capacity There was a Health Care Assistant present for two morning sessions a week doing blood tests, dressings and injections. Patients travelled to the site by all means, own transport, public transport, taxi and by foot.
7. From which date do you wish the branch closure to take effect?	[TBC]

Signed by Dr Majid Azeb 

Date 5/8/2021

[All persons who constitute the contractor must sign this notice. Please add further signatures lines as necessary]

Where an application to close premises is granted by the Commissioner, the contractor shall remain fully responsible for cessation or assignment of the lease for any rented premises and any disposal of owner-occupied premises. In both cases, payments under the premises directions will cease from the day of closure.

Please note that this application does not impose any obligation on the Commissioner to agree to this application.

Engagement Report

Closure of Boots site of Spring Hall Group Practice

July 2021

Contents

Purpose of the report

The purpose of this report is to present the findings of the engagement process undertaken with patients and other stakeholders in regard to the closure of the Boots site of the Spring Hall Group Practice (SHGP).

The report describes the methods and approaches used to deliver the engagement and the findings from this work. The report also covers any themes for equality and any overarching conclusions.

The findings in this report will be sent to the CCG for the Calderdale Primary Medical Services Committee meeting and uploaded to SHGP website.

Background

SHGP have leased the site within the Boots store in Halifax town centre since 2008. In March 2020 SHGP vacated the premises by mutual consent as it was felt that as the number of people allowed in the store was being restricted for Infection Prevention and Control purposes it was impractical to operate normal services. The Boots store began to administer COVID vaccines from the site in December 2020. SHGP was then served with a Termination of Lease notice.

Before March 2020 the site was open for the following hours.

- Monday 8.00 – 17.30
- Tuesday 8.00 – 13.30
- Wednesday 8.00 – 13.30
- Thursday 8.00 – 13.30
- Friday 8.00 – 13.30

A GP would be present during these times for telephone consultations and a Health Care Assistant would have been present for two morning sessions for face-to-face appointments such as blood tests, dressings etc. There were two treatment rooms available for this with a small reception area.

Patients were not routinely given GP face to face appointments but there may have been an occasion where a clinician may want to see the patient and the Boots site was the only one with capacity. These appointments were open to the whole of the patient population.

Since the closure in March 2020 all services enjoyed by patients have continued at other sites subject to IPC guidelines. The three other sites are now fully open to the

patient population. Telephone consultations are still the preferred delivery but Face to face appointments are available daily.

It is not possible to quote figures on footfall prior to March 2020 as the sites merged in February and Boots data cannot be extracted.

The site was used by patients who worked in or lived near the town centre or by patients in town for their weekly shop. All modes of transport were used to access the site.

Our Responsibilities including legal requirements

SHGP holds a General Medical Services (GMS) contract bound by the GMS Regulations and Section 83 stipulates that GP Practices are obliged to supply the following to their patients:-

- essential services;
- additional services;
- enhanced services;
- emergency services.

The practice is registered with the Care Quality Commission with a rating of good.

The practice is also registered with the Information Commissioner's Office.

Engagement Process

The practice worked with the NHS Calderdale Clinical Commissioning Group (CCG) to plan the engagement process. A survey was compiled, see Appendix A. The survey was run for 6 weeks from 9th June to 21st July. This survey was publicised for completion by :-

- Patient Participation Group Members
- Carers
- Stakeholders and Other Interested Parties
- Staff
- SHGP website
- Neighbouring practices

The aim of the process was to engage with all interested parties and to gain their views on the closure.

Engagement with Patients/ Carers

A combination of methods was used to target all patients and to encourage engagement.

- Text messages were sent to all patients over 16 years old with active SMS texting consent. This text invited the individual to go onto the practice website and complete the survey or to call into reception to obtain a hard copy
- Posters were displayed in the reception area
- Individuals visiting the practices were also given surveys to complete if they wished
- For anyone else not covered by the above a letter was sent offering the same opportunities for engagement
- The SHGP website had details of the closure with the link to the survey

Engagement with Patient Participation Group (PPG)
- As well as the above before the process was underway the PPG members were sent a communication either by email or letter
- All members then received texts and letters as per other patients

Engagement with Stakeholders and Other interested Parties
- LMC were informed by letter
- Local councillors were informed by email/letter
- The MP was also informed by letter

Engagement with Staff
- All staff were informed of the closure prior to the survey going live
- Ad hoc conversations when a member of staff has a query
- The GP partners get together fortnightly to discuss progress and set action plans

Engagement with neighbouring practices
- An email was sent to all Calderdale practices informing them of the closure inviting them to send in their views via the questionnaire

Analysis of engagement

The number of responses in total was 631 but not all questions were answered so there may be discrepancies in the totals throughout the results shown.

Please see below for the answers to questions posed in the survey.

Q1 Postcode

Postcode	Number of Responses	%
HX1	195	32.1

HX2	189	31.1
HX3	184	30.2
HX4	3	0.5
HX5	1	0.2
HX6	36	5.9
Total	608	100

Q2 Who Responded?

	Patient	Carer	Other	Total
Responses	605	7	14	626
%	96.7	1.1	2.2	100

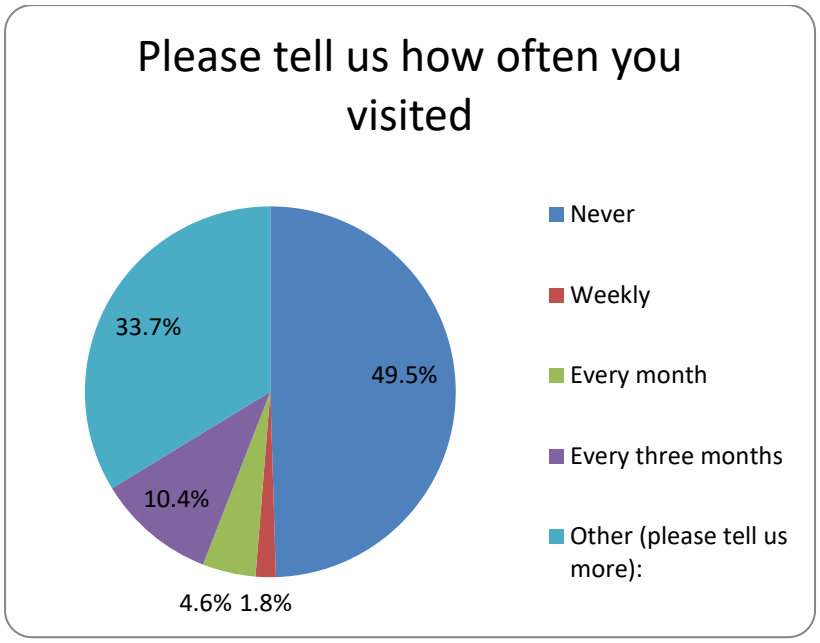
Q3 Have you used the Spring Hall Branch Surgery at Boots, Halifax Town Centre?

	Yes	No	Total
Responses	358	261	619
%	57.8	42.2	100

Q4 The branch surgery at Boots has been closed since March 2020 due to COVID-19. Please tell us how often you visited in the year before (March 2019 to March 2020)

	Responses	%
Never	310	49.5
Every Week	11	1.8
Every Month	29	4.6
Every three months	65	10.4
Other (please tell us more)	211	33.7

Total	626	100



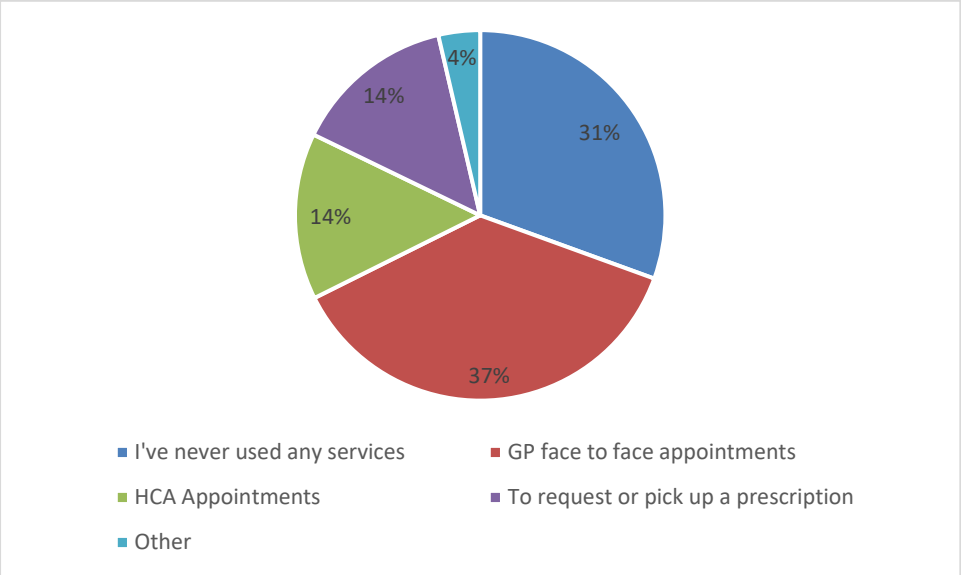
A breakdown of the responses to other is given below:-

- For my COVID vaccine (17%)
- For my flu vaccine
- Maybe every six months
- Once
- Twice
- Occasionally
- Several times

Q5 Please tell us what services you used at the branch surgery at Boots Halifax Town Centre

	Responses	**%**
I've never used any services	252	30.5
GP face to face appointments	306	37
HCA appointment i.e. Blood test, dressings, injection	120	14.6

To request or pick up a prescription	117	14.2
Other (please tell us more)	30	3.7
Total	825	100



A breakdown of the responses to other is given below:-

- COVID Jab (17%)
- Registration
- Asthma Clinic
- Perfume
- Diabetes/Podiatry Check
- BP Check
- Contraception Check

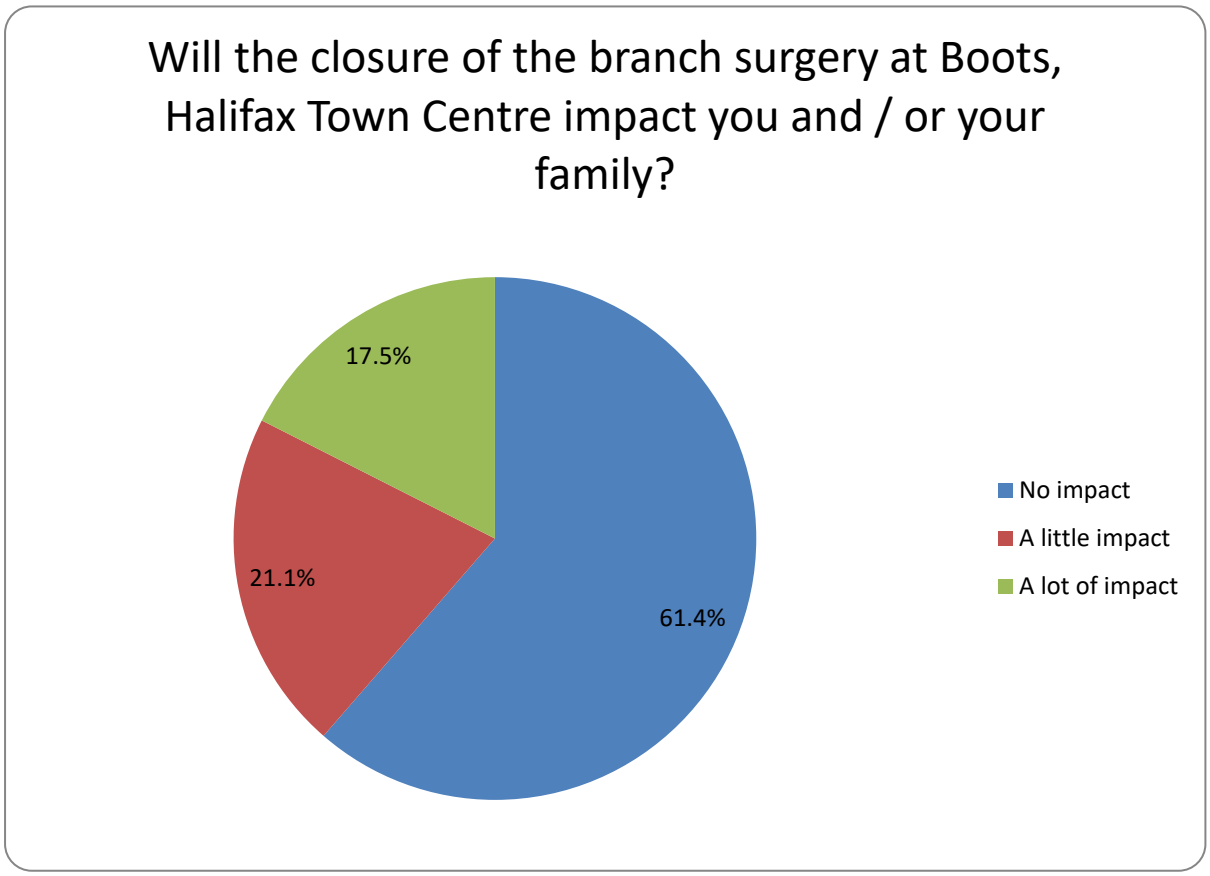
Q6 Will the closure of the branch surgery at Boots Halifax Town Centre impact you and/or your family?

	Responses	**%**
No Impact	364	61.4
A little Impact	125	21.1
A lot of Impact	104	17.5
Total	593	100

There were 38 respondents who did not complete this question. The previous questions were reviewed and of the 38 non-respondents 31 had never visited the Boots site and 3 had only been once. The remaining 4 did not complete the questions.

Of the 104 respondents who felt the closure would have a lot of impact

- 14 had never visited the site
- 18 are disabled



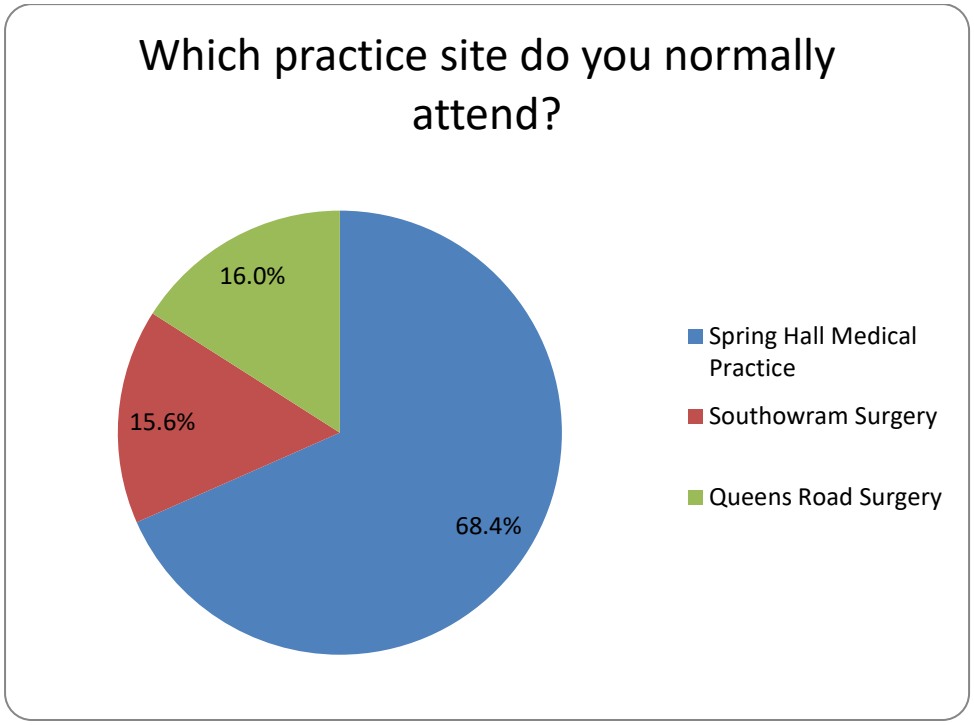
A summary of the comments regarding this question are given below.

- Boots is convenient when I am in town shopping
- I like to pick up my prescription from Boots
- Parking is an issue for Boots so I prefer Spring Hall
- Convenient for work
- Not bothered, I don't go into town
- Didn't know there was one at Boots
- I am happy for it to close if we carry on with telephone consultations
- This affects my father-in-law who attends Boots for his prescriptions
- As long as we have the same number of appointments that's fine

- I can call in when I am doing my shopping in town
- I have to travel on 4 buses to Spring Hall and home
- It is easier for people who don't drive
- Worried as a patient gets older they won't be able to get to other sites

Q7 Which practice/surgery do you normally attend within the Spring Hall Group?

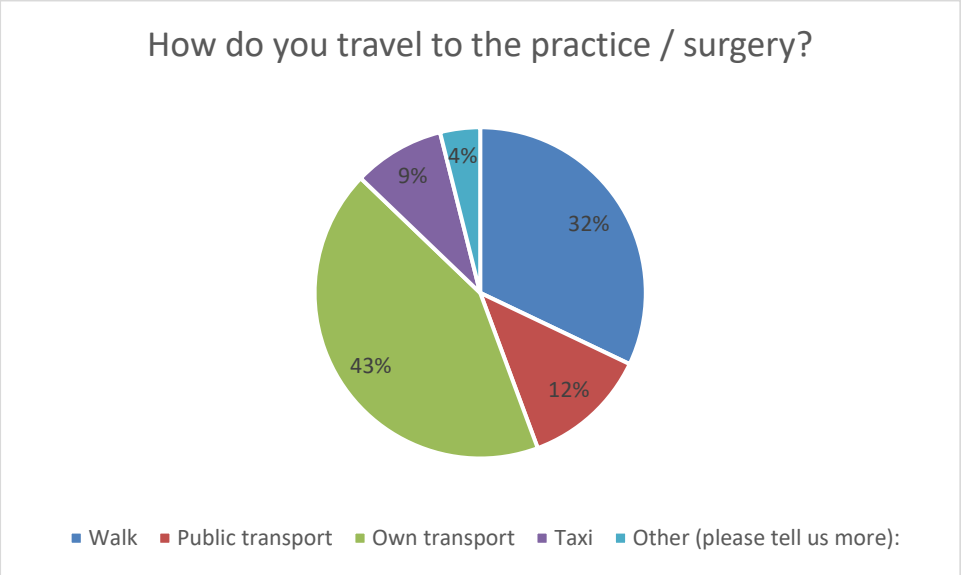
	Responses	%
Spring Hall Medical	398	68.4
Southowram Surgery	91	15.6
Queens Road Surgery	93	16
Total	582	100



Q8 How do you travel to the practice/surgery?

	Responses	%
Walk	230	32
Public Transport	88	12

Own Transport	307	43
Taxi	64	9
Other (please tell us more)	28	4
Total	717	100



Q9 How far would you be able / happy to travel to a practice?

	Responses	**%**
Less than a mile	258	41
1 – 3 miles	318	52
4 – 6 miles	38	6
7 – 10 miles	7	1
More than 10 miles	3	0
Total	624	100

Q10 Is there anything else you would like to tell us about the closure of Spring Hall Branch Surgery at Boots, Halifax Town Centre?

A summary of comments made are as follows:-

- I have lost the feeling of having a GP during closure for COVID and since merger
- Convenient

- Would be nice to keep open
- Not relevant to me
- I absolutely do not agree with it
- Expected it to stay closed as a way of reducing staff
- Easy for work
- I like the trip to town
- Keep up the good work
- Glad to see it go, difficult to park
- Further to travel
- Convenient if in town but can go to any site
- Good for people who use public transport
- Want to stay at Southowram
- Parking was a nightmare
- I am disabled and need to be close
- Prefer to visit medical centres
- Disappointed as the premises are modern and welcoming
- Cut Boots and save Southowram
- Thank you for your support especially during COVID

Results

An analysis was undertaken of the impact respondents felt they would experience. Overall, 61.4% of the respondents said there would be no impact on them, with 21% reporting a little impact and 17.5% a lot of impact. This result has been compared with respondents' answers to other questions, including equality monitoring to understand who felt they would experience the most impact. Where this is different (worse than) the data above it will be detailed.

Those who used the Boots practice in the past were more likely to experience an impact (57%) with 25.4% saying it would have a lot of impact. When regularity of use was analysed the most impacted were those who used it weekly (100%) with 63.6% saying a lot of impact. This was 11 people.
Those who used it monthly 85.7% felt it would have an impact (64.3% lot of impact) and every 3 months 81.5% (40% lot of impact).

Those who had used the surgery were asked about which services they had used. The impact was most likely to be felt by those who had requested / picked up a prescription (84.3%), followed by those who had seen a health care assistant (75.8%).

Respondents who attended Spring Hall said they were most likely to be impacted, 47.6%, the majority of respondents normally used this practice.

Analysing method of travel demonstrated that people using public transport were most likely to be impacted (89.8%) followed by those using taxi's (61.9%).

A deeper analysis was done of the 104 respondents who said the closure of the Boots site would have a lot of impact on them. The following was observed :-

- 14 of the 104 had never visited the Boots site
- 32 were male, 61 female, 8 did not answer and 3 preferred not to say
- Services used were 81 x GP, 51 x HCA, 53 for collection of prescription
- When asked how often they attended 14 x Never, 2 x Twice a year, 1 x 5 months, 17 x Occasionally, 18 x Every Month, 26 x Every 3 months, 7 x weekly and 19 x responses were not answering the questions and were unclear
- 18 classed themselves as disabled
- Of these 18 their method of travel was 6 walked, 10 used public transport, 7 used their own transport, 6 used taxis and 2 travelled via close family transport (Could choose more than one answer)
- 105 responses said that they would be prepared to travel up to 3 miles (Could choose more than one answer)
- The comments made were that respondents enjoyed going into Boots as it is a pleasant site
- I can go shopping at the same time as I pick up my prescription
- Convenient for my bus which stops across the road
- I can see a GP
- It would be too far to travel elsewhere as I live in Sowerby Bridge

Equality

Below is an analysis of respondents to the survey with regard to equality. When this is compared to our practice profile it appears that most groups were either well represented or we have enough responses to understand the impact of the closure.Not all surveys had these details completed.

The responses were considered for equality impact on different patient groups.

Who is the form about?

	Me	**Someone Else**	**Total**
Responder	553	13	566
Percentage	97.7	2.3	100

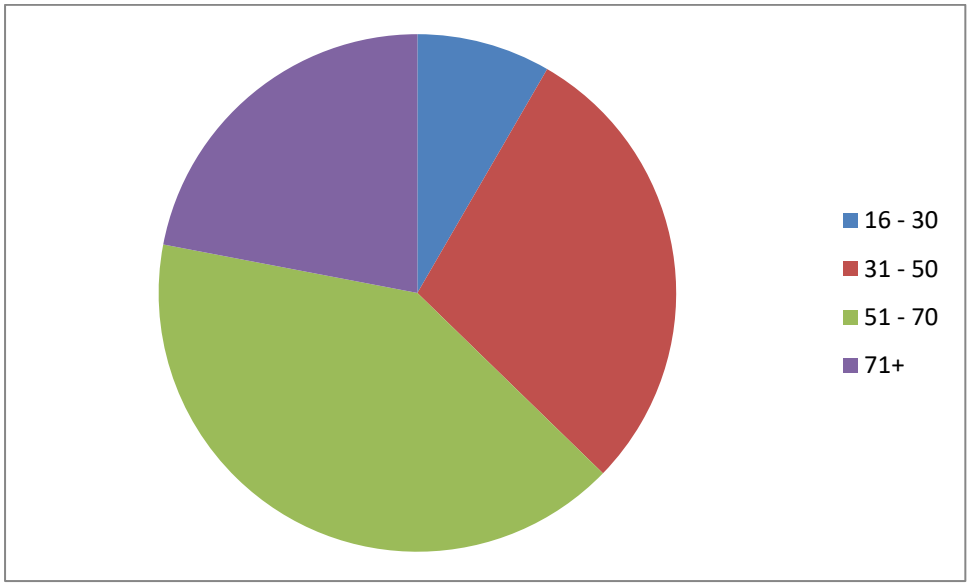
Gender

	Male	Female	Prefer not to say	I describe my gender in a different way	Total
Gender	225	329	11	0	565
Percentage	39.8	58.2	2	0	100

While the percentage of men responding to the survey is not representative of the practice profile at nearly 40% of respondents we have gathered enough views to understand if they would be impacted differently.

Age

	16 – 30 Years	31 – 50 Years	51 – 70 years	71 + Years	Total
Age	46	159	224	121	549
Percentage	8.4	29	40.6	22	100

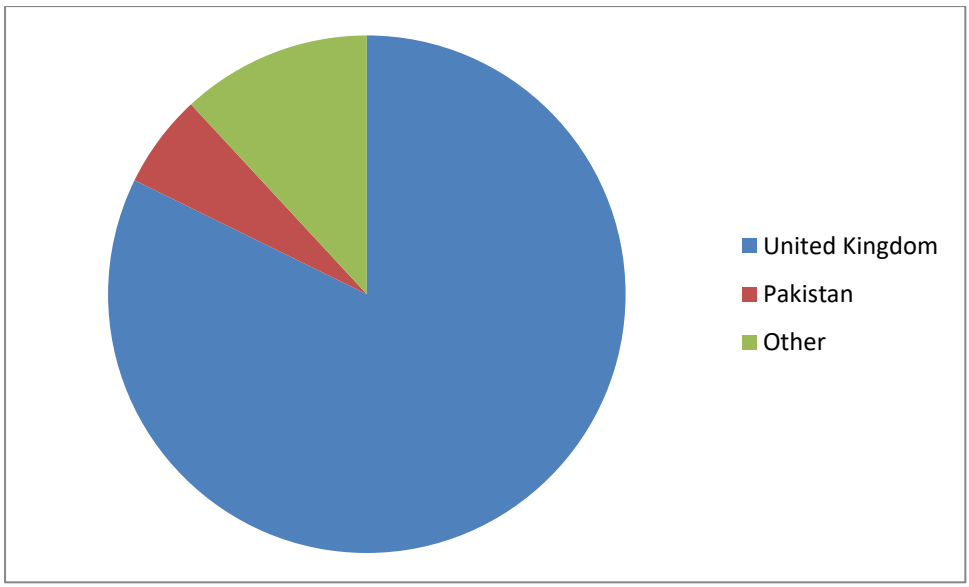


The respondents do not fully represent the practice profile, with much fewer younger people contributing.

Which country were you born in?

	Responses	Percentage
United Kingdom	422	82.3

Pakistan	30	5.8
Other	61	11.9
Total	513	100



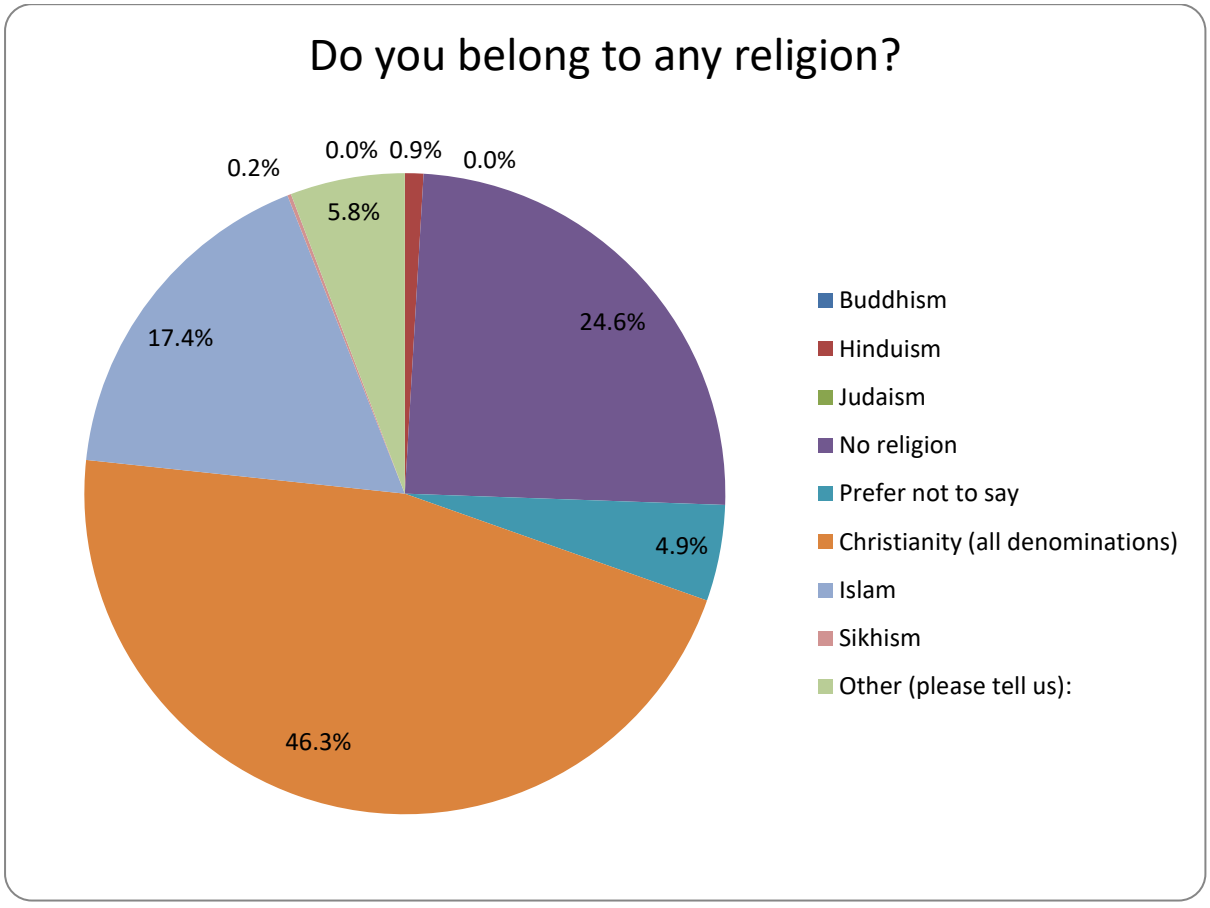
Other countries represented, but fewer than 8 responses each.

Argentina	Egypt	Malaysia	Syria
Albania	The Gambia	Morocco	Thailand
Bangladesh	Germany	Nigeria	Trinidad & Tobago
Belgium	Gibraltar	Philippines	
Bulgaria	India	Poland	
Cape Verde	Iran	Portugal	
Cyprus	Ireland	Romania	
Czech Republic	Italy	Russia	
Denmark	Kenya	Slovakia	
Dominic Republic	Lithuania	Switzerland	

Do you belong to any religion?

	Response	**%**

Buddhism	0	0
Hinduism	5	0.9
Judaism	0	0
No Religion	132	24.6
Prefer not to say	26	4.9
Christianity (all denominations)	248	46.3
Islam	93	17.4
Sikhism	1	0.2
Other	31	5.7
Total	536	100



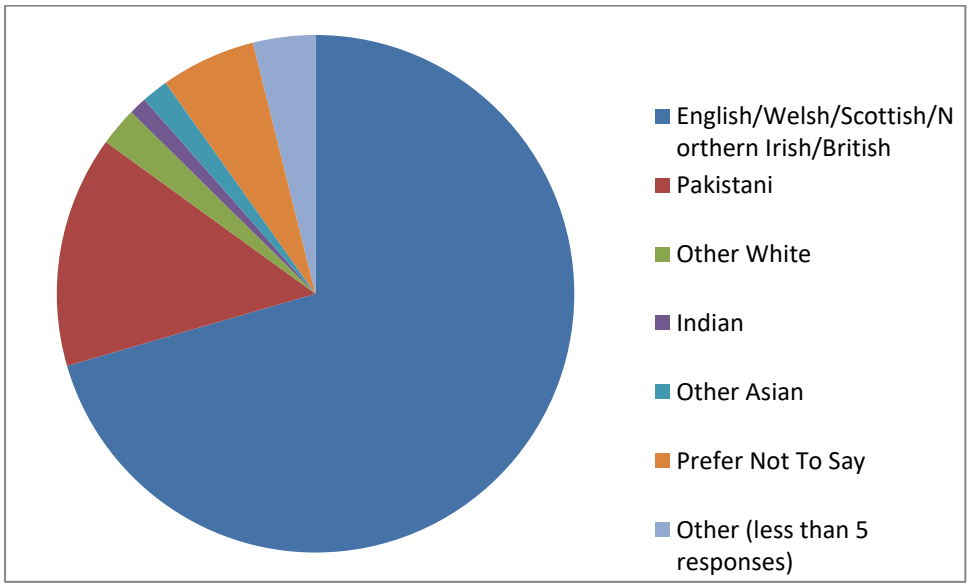
Other religions noted, but fewer than 5 responses, are :

- The Church of Jesus Christ of Latter-day Saints
- Spiritualist
- Christadelphian

- Daoism
- Baha'i
- Humanist
- Wiccan
- Jainism

Compared to the local profile fewer Muslims responded to the survey.
What is your ethnic group?

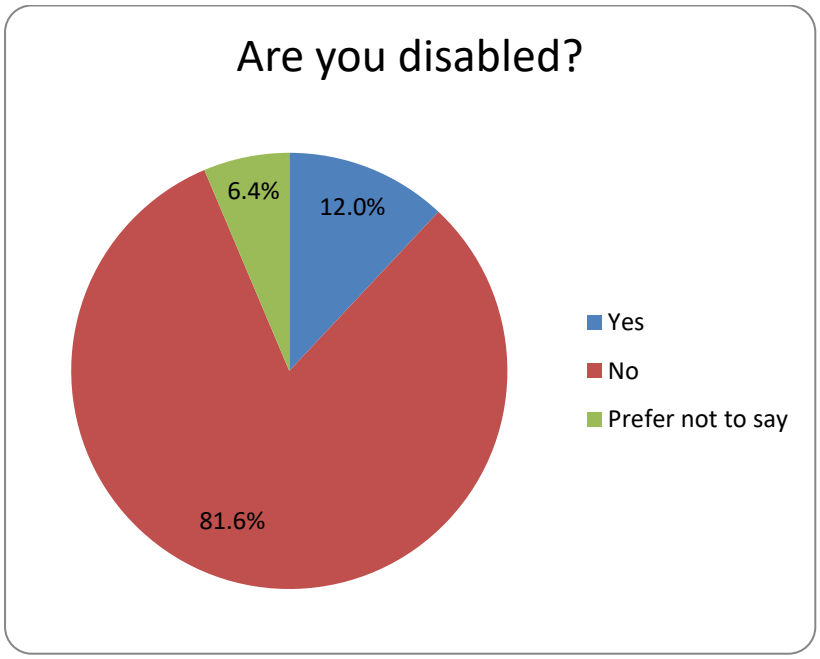
Ethnic Group	Responses	Percentage
Prefer not to say	32	5.9
English/Welsh/Scottish/Northern Irish/British	380	70.5
Pakistani	78	14.5
Other White	13	2.4
Other Asian	9	1.7
Indian	6	1.1
Other	21	3.9
Total	539	100



The respondents ethnicity does not match the local or practice profile with fewer people from Asian / Asian British backgrounds.

Are you disabled?

	Yes	No	Prefer not to say	Total
Disabled	64	436	34	534
Percentage	12	81.6	6.4	100

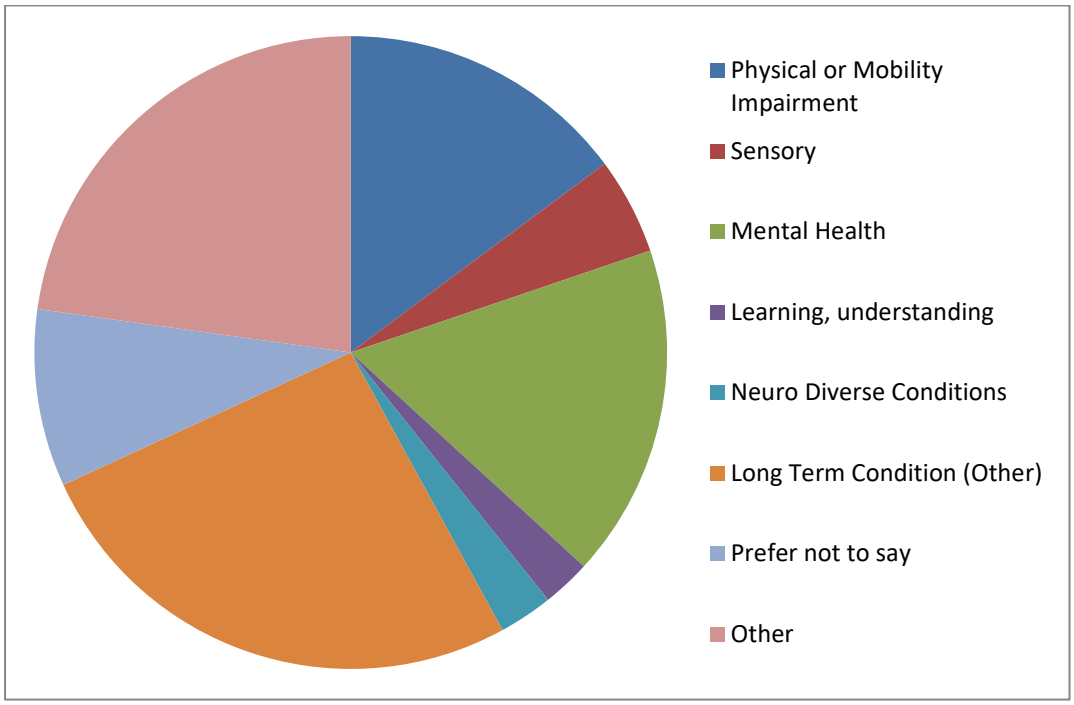


Do you have any long-term conditions, impairments or illness?

	Responses	Percentage
Physical or Mobility Impairment	54	14.8
Sensory	18	4.9
Mental Health	62	17
Learning, understanding, concentrating or memory	9	2.6
Neuro Diverse conditions	10	2.8
Long term condition (Other)	95	26
Prefer not to say	33	9.1
Other	83	22.8

Total	364	100

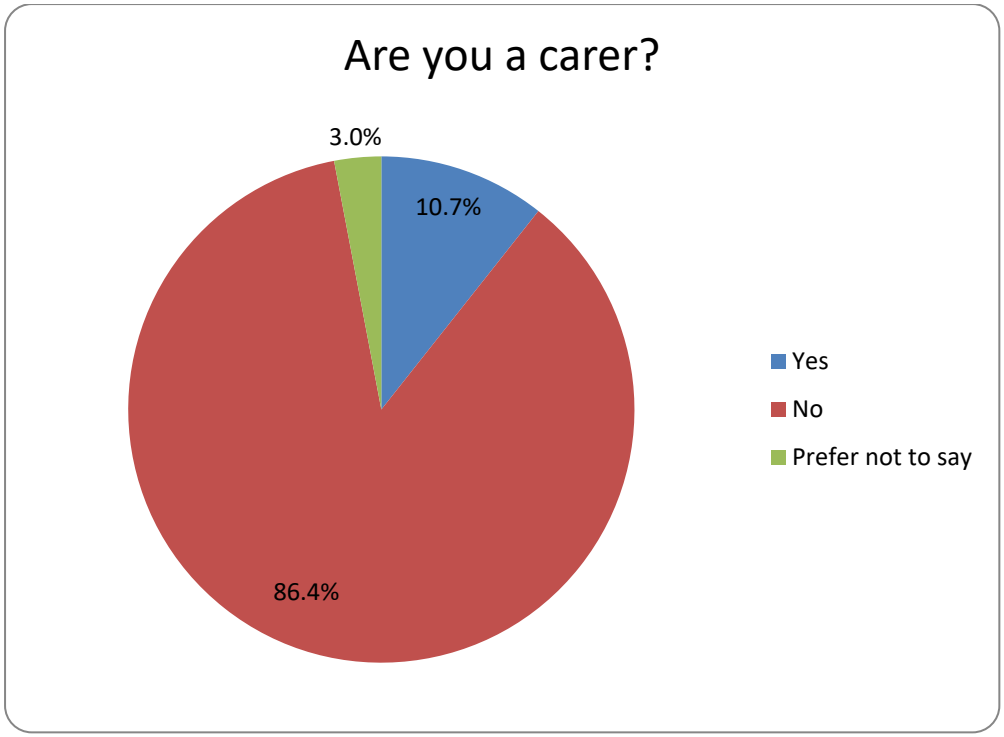
The responses to Other were very varied and could have been entered into the above categories. The Learning, understanding, concentration or memory response is higher than the practice profile, we have 0.8% of the practice population classed as having a Learning Disability. The same applies for Mental Health responses, the Mental Health register is just 1% of the total practice register.



Are you a Carer?

	Yes	No	Prefer not to say	Total
Responses	57	462	16	535
Percentage	10.7	86.4	3	100

The percentage of patients on the practice register who are carers is 1.5%.



Sexual Orientation

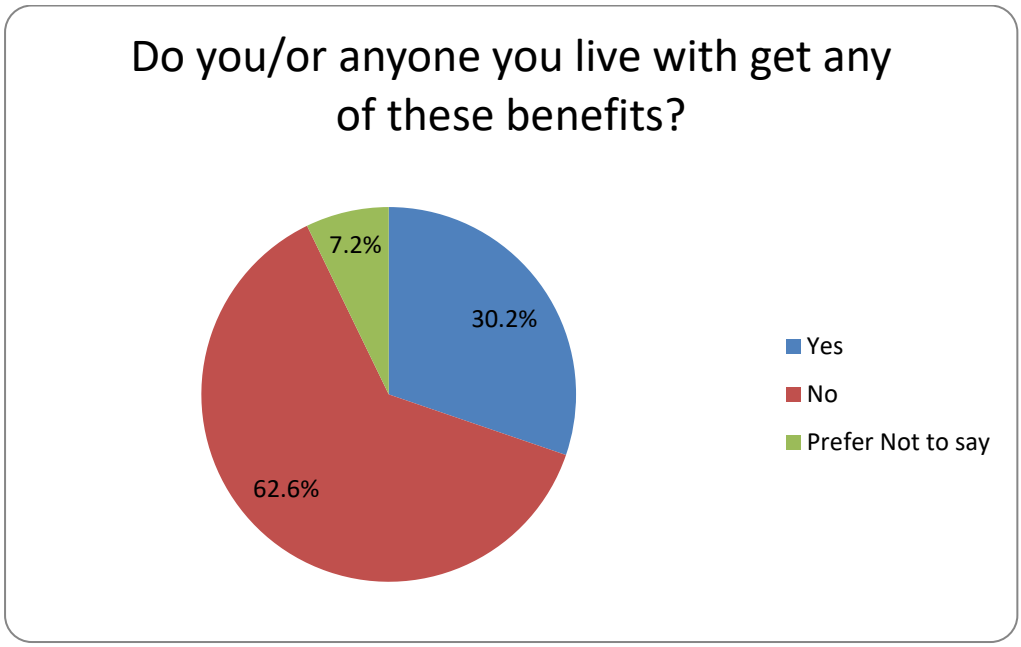
	Responses	Percentage
Bi/Bisexual	12	2.3
Gay	3	0.6
Lesbian	3	0.6
Heterosexual	434	83.9
Prefer not to say	50	9.7
I prefer to use another term	15	2.9
Total	517	100

Do you consider yourself to be a trans person?

	Yes	No	Prefer not to say	Total
Responses	6	487	23	516
Percentage	1.2	94.4	4.4	100

Do you/or anyone you live with get any of these types of benefits? Universal credit, Housing benefit, Income Support, Pension Credit - Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit

	Yes	No	Prefer not to say	Total
Responses	160	331	38	529
Percentage	30.2	62.6	7.2	100



There was a good response from people who are in receipt of benefits.

Are you pregnant or have you given birth in the last 6 months?

	Yes	No	Prefer not to say	Total
Responses	9	496	10	515
Percentage	1.7	96.4	1.9	100

Are you a parent/primary carer of a child or children, if yes, how old are they?

	0 – 4 Years	5 – 9 Years	10 – 14 Years	15 – 19 Years	Prefer not to say	Total
Responses	41	53	46	42	56	238

Percentage	17.2	22.3	19.3	17.6	23.6	100

While fewer children and young people responded to the survey we can appreciate from the data above that parents have responded so that views of carers of children have been taken into account.

When the equality groups were analysed (for groups with sufficient respondents) those who felt they were likely to experience impact the following emerged;

Women felt they were more likely to be impacted, but this wasn't very different from the overall result. 57.9% experiencing no impact compared to men at 67.1%.

For ethnicity and religion there were no significant differences in expectations of impact.

When the data for disabled people was analysed those who were disabled expected to be impacted more (45.3%) with 29.7% expecting a lot of impact. this compares to 14% of people who are not disabled expecting a lot of impact.

When impairment type was analysed those with physical impairments and mental health felt they were most likely to expect a lot of impact (29.6% / 27.4%).

Carers expected to experience slightly more as did those in receipt of benefits. Those over 60 didn't highlight that they expected to be impacted.

Of parents those who had children aged 5-9 felt they would be more impacted compared to other parents 47.1%.

Summary of Key Findings

- There were 631 responses from 12616 households that received a text and letter. This is a 5% response rate.
- 82.5% of those who responded said that the closure would have none or little impact
- Respondents were mainly in the HX1, HX2 and HX3 postcode areas which is representative of the practice population
- 96% of the responses were from the patient
- 57% of respondents had used the Boots site
- 49.5% had not used the site in the year March 2019 – March 2021. The other respondents may have visited up to four times in that year, some to pick up prescriptions only
- 37% said they had used the site for Face-to-Face appointments and 30% had never used it
- 68% of respondents normally use the Spring Hall site
- 43% travel to the site using their own transport
- 93% would travel up to 3 miles to a site

- 58.2% of respondents were female
- 40.6% of respondents were in the 51 – 70 years age group
- 82.3% of respondents were born in the United Kingdom
- 46.3% classed themselves as having Christianity as their religion
- 70.5% classed their ethnic origin as English/Wels/Northern Irish/Scottish/British
- 12% classed themselves as disabled
- 364 respondents felt they had 1 or more Long Term Conditions
- 10.7% said they were a carer
- 83.9% classed themselves as Heterosexual
- 1.2% considered themselves as a Trans Person
- 30% of respondents were on some form of benefits
- 1.7% of respondents were pregnant
- 188 of respondents had one or more children
- The ability to pick up a prescription was important to respondents
- Convenience when shopping in town was a reason for objecting to the closure
- Availability of public transport good for Boots site
- Town workers enjoyed the availability of popping in on their lunch breaks
- Parking is an issue for some people who would not use the Boots site because of it
- Many respondents were not concerned whether it was open or shut

Conclusion

The majority of respondents said the closure would have little or no impact on them. The majority of respondents who thought it would have a lot of impact on themselves were prepared to travel up to 3 miles to attend the practice and all 3 sites are within 2 miles of the Boots site.

Many respondents were concerned about picking up their prescription from the Boots store, this will not be affected by the closure of the site.

Respondents were concerned that the number of consultations may be affected but this hasn't been the case since March 2020 and there are no plans to reduce access.

Some patients are concerned at the cost of visiting other sites if they use public transport. Patients will only be asked to visit a site if the clinician feels it is necessary and access will be arranged at the most convenient site for the patient.

Appendix 1 Survey

Closure of Spring Hall Branch Surgery at Boots, Halifax Town Centre

Spring Hall Group Practice received notification from Boots UK Ltd who are our landlord that they have ended the lease on this site. This means we will have to close the branch surgery at Boots Town Centre Halifax permanently.

We stopped seeing patients at this branch in March 2020 due to COVID-19, to keep patients and staff safe. Boots use the space to give people COVID-19 vaccinations.

Patients have still been able to use all our other sites. These are Spring Hall Medical Practice, Southowram Surgery and Queens Road Surgery. They are all within 2 miles of the Boots site.

We want to know how the closure of the branch surgery at Boots, Halifax Town Centre will affect you, your family and other patients of the Spring Hall Group Practice.

We would like you to tell us your views by filling out the short survey below. Once you have completed the survey, please return your survey to Southowram Surgery Law Lane Southowram HX3 9QB **by Wednesday 21 July 2021.**

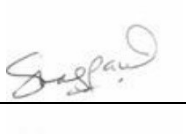
The survey is also available online at: www.smartsurvey.co.uk/s/SpringHallPracticeBootsBranch/

If you need the survey in another language or format, or need help, please call 07956 342 956

If you would like more information please go to the practice website at the link www.springhallgrouppractice.co.uk/ or call the number above.

Thank you for taking the time to complete this survey, your views are important to us.

Dr Seema Nagpaul



1. Please tell us the first part of your postcode e.g. HX1

2. I am answering this survey as	
A patient	
A carer	
Other (please tell us)	

3. Have you used the Spring Hall Branch Surgery at Boots, Halifax Town Centre?	
Yes	
No	

4. The branch surgery at Boots has been closed since March 2020 due to COVID-19. Please tell us how often you visited in the year before (March 2019 to March 2020).	
Never	
Every week	
Once a month	
Every three months	
Other (please tell us more)	

5. Please tell us what services you have used at the branch surgery at Boots?	
I've never used any services	
GP face to face appointment	
Health Care Assistant appointment i.e. blood tests, dressing, injection	
To request or pick up a prescription	
Other (please tell us more)	

6. Will the closure of the branch surgery at Boots, Halifax Town Centre impact you and / or your family?	
No impact	
Little impact	
A lot of impact	
Please tell us more about how it will impact you and / or family	

7. Which practice/surgery do you normally attend within the Spring Hall Group?	
Spring Hall Medical Practice	
Southowram Surgery	
Queens Road Surgery	

8. How do you travel to the practice/Surgery?	
Walk	
Public transport	
Own transport	
Taxi	
Other (please tell us more)	

9. How far would you be able / happy to travel to a practice?	
Less than a mile	
1 – 3 miles	
4 – 6 miles	
7 – 10 miles	
More than 10 miles	

10. Is there anything else you would like to tell us about the closure of Spring Hall Branch Surgery at Boots, Halifax Town Centre?

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules.

If you would like help to complete this form or would like a form in a different format (such as large print) please contact **1. Who is this form about?**

☐ Me

☐ Someone else – using their information

2 What is your gender?

☐ Male ☐ Female

I describe my gender in another way (please write in)

☐ Prefer not to say

3. How old are you?

Example	42
Yours	

☐Prefer not to say

4. Which country were you born in?

☐United Kingdom ☐Prefer not to say

Other (please write in):

5. Do you belong to any religion?

☐Buddhism ☐Islam

☐Hinduism ☐Christianity

☐Judaism (all denominations)

☐Sikhism ☐No religion

☐Prefer not to say

6. What is your ethnic group?

☐ Prefer not to say

Asian or Asian British

☐ Indian ☐ Pakistani

☐ Bangladeshi ☐ Chinese

☐ Other Asian background (please write in)

Black or Black British

☐ African ☐ Caribbean

☐ Other Black background (please write in)

Mixed or multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other Mixed background (please write in)

White

☐ English/Welsh/Scottish/Northern Irish/ British

☐ Gypsy or Irish Traveller

☐ Irish

Other (Please write in)	☐ Other White background (please write in) **Other ethnic groups** ☐ Arab ☐ Any other ethnic background (please write in)

7. Are you disabled?

☐Yes ☐ No ☐ Prefer not to say

8. Do you have any long term conditions, impairments or illness? (please tick any that apply)

☐ **Physical or mobility impairment**

(such as using a wheelchair to get around and / or difficulty using your arms)

☐ **Sensory impairment**

(such as being blind / partially sighted or deaf / hard of hearing)

☐ **Mental health condition**

(such as having depression or schizophrenia)

☐ **Learning, understanding, concentrating or memory**

(such as Down's Syndrome, stroke or head injury)

☐ **Neuro diverse conditions**

(such as autism, ADHD and/or dyslexia)

☐ **Long term condition**

11. Do you consider yourself to be a Trans* person?

☐Yes ☐ No ☐ Prefer not to say

*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

12. Do you/or anyone you live with get any of these types of benefits? **

Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit

☐Yes ☐No ☐ Prefer not to say

****We are asking this question to help us understand if being on a lower income affects experiences of services or health.

13. Are you pregnant or have you given birth in the last 6 months?

☐Yes ☐No ☐ Prefer not to say

14. Are you a parent/primary carer of a child or children, if yes, how old are they?

(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

☐ **Other** (please write in)

☐ **Prefer not to say**

9. Are you a carer?

(Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)

☐ Yes ☐ No ☐ Prefer not to say

10. Please select the option that best describes your sexual orientation

☐ Bi/Bisexual

☐ Gay

☐ Lesbian

☐ Heterosexual/Straight

☐ Prefer not to say

☐ I prefer to use another term (please write in)

☐ 0-4 ☐ 5-9 ☐ 10-14 ☐ 15–19

☐ Prefer not to say

Thank you for taking the time to complete this form.

Please hand this questionnaire to the practice or post to the following address:

Southowram Surgery Law Lane
Southowram HX3 9QB

Please return this form by Wednesday 21 July 2021

Appendix B Frequently Asked Questions

The following questions were asked during the Engagement Process and the answer to all is that prescriptions will continue to be sent electronically to Boots.

I have my vaccination booked with Boots Chemist, am I still able to attend this?

Are my electronic prescriptions still available to collect from Boots?

Where will my medication go now if the boots surgery is closed?

I collect WARFARIN tablets from the pharmacy department at Boots on a regular basis. I have arthritis and collecting the WARFARIN from the pharmacy at Spring Hall would be difficult. Will the WARFARIN prescription still be available at BOOTS?

Appendix 3 Engagement plan

Engagement, equality, and communication plan

Spring Hall Group Practice - Branch surgery

in Boots, Halifax

May 2021

Version control			
Version	Name	Title	Status
V0.1	Jill Dufton	Engagement lead - CCG	Initial draft
V0.2	Sarah Mackenzie-Cooper	Equality and Diversity Manager - CCG	Comments and updates
V0.3	Simon Lightwood	Communications Manager - CCG	Comments and updates
V0.4	Jill Dufton	Engagement lead – CCG	Updates and amends
V0.5	Emma Bownas	Senior Primary Care Quality and Improvement Manager	Comments and additions
V0.6	Jill Dufton	Engagement lead – CCG	Updates and amends
V0.7	Task and Finish Group	Representation includes -The Practice, CCG Engagement, Primary Care, Equality, Communications, Contracting	Comments, updates, and amends

Contents

1. Introduction

The purpose of this engagement, equality and communications plan is to describe a process which will help support Spring Hall Group Practice engage with patients about the closure of their branch surgery in Boots, Halifax.

This plan describes the services currently provided at Spring Hall Group Practice, the legislation the CCG have to work to when considering any service design, development or proposal and what people have already told us they want from GP services in Calderdale.

2. Background

An Urgent Decision-Making Panel approved the application of Spring Hall Group Practice to suspend face to face appointments from its branch surgery at Boots, 7-11 Market Street, Halifax, HX1 1PB. Boots Branch Surgery on the 30th September 2020 until the 4th January 2021. This was approved on the basis that Spring Hall Group Practice had been approached by Boots, the landlord, to request that the branch surgery did not open to face to face appointments due to the potential risk of transmission with increase in footfall at the store and the reduced ability to make the environment COVID secure.

The application was approved until the 4th January 2021 when it was expected that the practice would re-open to provide a face to face service from this branch site.

In January 2021 an application was received by the CCG from Boots UK Ltd to provide the fixed Covid vaccination site for Calderdale. This required utilising the Spring Hall Group Practice Branch Surgery located at Boots, 7-11 Market Street, Halifax, HX1 1PB. The CCG considered the application and sought a view from Spring Hall Group Practice who agreed to allow their site to be used by Boots UK Ltd to provide Covid vaccinations. In view of the need for Calderdale to have a fixed Covid vaccination site and the benefit to the population on delivering the Covid vaccinations the committee approved the request. Boots have been the vaccination site since 14th January 2021.

In December 2020 Spring Hall Group Practice received notification from Boots UK Ltd of intention to terminate the lease. In light of the notice to terminate the lease, Spring Hall Group Practice have indicated their intention to apply for a formal branch closure for the branch surgery at Boots, Halifax.

Prior to the enforced closure of the Boots branch due to the COVID restrictions the Boots branch was open for the following times:-

- Monday 8.00 – 17.30
- Tuesday 8.00 – 13.30
- Wednesday 8.00 – 13.30
- Thursday 8.00 – 13.30
- Friday 8.00 – 13.30

A GP would have been on site all the time doing telephone consultations and a Health Care Assistant on duty two mornings a week doing face to face essential services such as blood tests, injections, and dressings.

History of the Boots Branch. Spring Hall Group Practice was formed following a merger of three practices; Spring Hall Practice (that included a branch site at Boots, Halifax), Queens Road Surgery and Southowram Surgery on 29th January 2020. This merger was approved by Commissioning Primary Care Committee on the 7th November 2019. At the time of the merger, confirmation was received from Spring Hall Group Practice that no changes to opening times at any site were planned as a result of the merger. Engagement was undertaken to inform the Committee's decision regarding merger and although there were concerns raised by respondents in the engagement, there was no significant comments or themes regarding the town centre provision, either as a positive or negative. Within the merger application the practice did highlight the provision in the town centre as a positive for patients at Southowram and Queens Road due to ease of access for public transport including the proximity of local authority taxi ranks to the Boots site. You can read the engagement report at the link below
https://springhallgroup practice.co.uk/website/B84012/files/Engagement%20Report.docx

3. Purpose of the plan

The purpose of the plan is to provide information on our approach to engaging with and understanding how patients who are registered at Spring Hall Group Practice

will be impacted by the closure of the branch at Boots, Halifax. Key stakeholders that may be impacted that we will engage are described below:

- Patients
- Families and carers
- Patient Participation Group
- Staff
- Local councillors and MPs
- Other primary care services operating in the same geographical area including pharmacy services and other neighbouring GP practices
- Primary Care Network board
- Local Medical Committee

As part of the CCGs legal responsibilities we need to ensure we continue to involve people in the development, design and delivery of any future proposals for primary care services.

As part of our Equality Duties we must consider equality at each stage of any decision-making process. What this means in practice is that we will consider equality in the development of our plan to enable us to make fair and informed decisions; identify where we need to take action to mitigate any negative impacts or maximise any positive impacts on equality and ensure we comply with our statutory responsibilities under the Equality Act 2010. The CCG also has a duty to reduce health inequalities which will inform its decision making. To evidence the impact on equality and health inequalities is being properly considered as part of the decision-making process, an equality impact assessment (EIA) will be carried out.

The Primary Medical Care Policy and guidance manual has been updated to reflect ongoing development and changes in the commissioning and contractual management landscape. Policies and guidance will be followed by the CCG. This approach ensures that all commissioners, providers and most importantly patients are treated equitably, and that NHS England and CCGs meet their statutory duties.

As part of the co-commissioning strategy, as of 1 April 2020, 98% of Clinical Commissioning Groups (CCGs) have responsibility for commissioning and contract monitoring GP services in their locality, with NHS England maintaining overall accountability. Local Offices of NHS England retain responsibility for commissioning and monitoring the performance of GP services for the remaining CCGs.

7.15.12 of the above manual states where a contractor wishes to close a branch surgery; the contractor should have preliminary discussions with the Commissioner to determine appropriate and proportionate patient involvement requirements prior to the consideration of such a service provision change. Even though the closure is being instigated by the contractor, the Commissioner will still need to comply with the section 13Q duty to involve patients in decision-making before any final decision is made.

The plan sets out why we need to engage with these stakeholders, how we will do that and the legislation we must work to. This can be found in appendix 2.

4. Principles of engagement

In addition to the above legislation, as a place Calderdale has a joint Involving People Strategy with a shared set of principles for involving people across Calderdale – supporting the delivery of Calderdale Cares, the Wellbeing Strategy and Vision 2024.

The strategy has been developed with all partners and is central in helping embed the voice of patients, carers, families, staff and the public in everything we do. This is a key part of being able to uphold our legal requirements and ensuring we have taken the time to consider all insight and feedback.

Through this strategy the aim is to create strong collaboration across Calderdale and the principles of strategy are the foundation by which local people can expect to be involved by any organisation in Calderdale. This process needs to preserve these principles to ensure public expectations are met.

The principles state that we will:

- Keep local people informed
- Develop solutions together
- Demonstrate active listening
- Creating opportunities for everyone to be involved
- Responding and providing feedback

5. What we already know

There has been a vast amount of engagement on primary care services over the past five years. This intelligence has been useful when considering general primary care services particularly in the establishment of Primary Care Networks (PCNs) which consist of groupings of GP practices within a geographical area, typically covering a population of

30,000-50,000 patients. Calderdale has 5 PCNs and this practice is part of Central Halifax PCN.

Whilst this is useful there is still a requirement to gather the views of stakeholders on an individual practice basis to ensure that any individual service change is considered separately.

Previous engagement activity was undertaken in August 2019 for a proposed merger between Southowram, Spring Hall and Queens Road Surgery. Although there were concerns raised by respondents in the engagement, there was no significant comments or themes regarding the town centre provision, either as a positive or negative. Within the merger application the practice did highlight the provision in the town centre as a positive for patients at Southowram and Queens Road due to ease of access for public transport including the proximity of local authority taxi ranks to the Boots site.

The key findings from all three practices are all very similar. The main concerns of patients are:

- Afraid of surgery closures
- Afraid that the pharmacies will close
- Travel to other surgeries could be difficult for some especially Southowram where public transport is not frequent
- Concern regarding parking
- Concern that if they see different clinicians the clinician would not know their history
- Afraid that access may not be as good as they are used to
- There were many positive comments where patients expressed how well surgeries are run and they hoped that it would continue. Some also stated that they were happy with the proposals as they expected it would give them wider choice of venue and the opportunity for more services to be made available.

You can read the engagement report at the link below
https://springhallgrouppractice.co.uk/website/B84012/files/Engagwasement%20Report.docx

The CCG holds a wealth of primary care intelligence, which is also taken into consideration when delivery any engagement activity (see appendix 2).

6. Aims and objectives

Key aims and objectives for engagement activity for Spring Hall Group Practice around the closure of the branch surgery in Boots, Halifax is to:

- Effectively communicate with and listen to the views and feedback of patients, families, carers who are currently registered with the practice in relation to the closure of the branch

- Ensure staff and key stakeholders (local health and care partners and elected members) are aware of the engagement with the registered practice population and encouraged to share their views in relation to the closure of the branch.

- Effectively engage with the practice population to understand the potential impacts on them as a result of the closure of the branch and take steps, where possible, to mitigate these.

- Support patients and people living in the local area who may have used the branch, to better understand the wide range of local services available to them.

7. Engagement approach

We are fully committed to ensuring we understand how patients and key stakeholders may be impacted by the closure. The aim of the engagement is to capture the views of patients and key stakeholders on the impact, future arrangements and address any gaps identified in the equality impact assessment (EIA).

We will use existing services to reach each the target audiences. This approach will ensure that the views gathered are done so using the CCG as a facilitator to support and assure the process to engagement with cooperation from the current service provider, Spring Hall Group Practice.

The engagement will last for 6 weeks, commencing Wednesday 9 June 2021 and will conclude on Wednesday 21 July 2021.

Using a survey tool called smart survey a survey will be developed to enable online completion; a word version will also be developed to allow paper version copies of the survey. A number of questions will be asked of all patients, families and carers and each respondent will be asked to complete an equality monitoring form (see appendix 3). Any completed paper responses will be gathered and inputted by the practice on to the smart survey tool. The CCG will provide the practice with all findings from the engagement by downloading the survey results. The returns will not identify individuals by name, but people will be asked to identify the stakeholder group that they belong to and patients will also be asked which of the Spring Hall Group branches the use.

The population served by the practice is diverse and in the second decile of deprivation, this will mean that the approach used will need to take account of this. Patients may need translated materials, may benefit more from conversations than surveys, may experience disengagement with health services and digital exclusion. They are also most likely to have experienced additional disadvantage through the COVID-19 pandemic. These impacts will need to be addressed through the engagement approaches adopted.

Any additional responses received either verbal or written will also be captured and taken into account. This may include feedback from virtual drop in sessions, notes captured from attendance at any meetings or any written responses via email or letter. The process for engagement will be as follows:

7.1 Review of existing data

The CCG along with the current service provider will conduct a desk top review of any existing data gathered from service users over the last three this would include:

- PALS and complaints data
- Patient Opinion and NHS Choices postings
- Friends and family test feedback
- Any previous engagement / patient experience activity undertaken by the practice

This data will be reported on separately in the report of findings.

7.2 Develop a survey

The survey has been developed to understand how patients and key stakeholders may be impacted by the branch closure and to establish whether the proposed branch closure will impact disproportionately on any people from protected characteristics or increase existing health inequalities

Patients, carers, families and staff will have their say on services using a survey (both online and paper format). See appendix 3.

Appropriate accessible formats will be developed to support engagement.

7.3 Prior to the engagement

Prior to the launch date of the engagement, this plan and survey will be signed off by the practice and CCG. The practice will be informed of the approach to engagement and asked to engage their Patient Reference Group (PRG) to identify any additional approaches to involving people.

Frequently asked questions will be developed by the practice and CCG to answer any potential questions people may have and provide a plain English response and sign post to any relevant additional information.

The EIA will be developed, and intelligence gathered will be used to support the engagement to target audiences that may be most impacted and describe any adjustments that may be required to the survey and engagement approach; such as translations.

7.4 Engagement launch

- The Spring Hall Group Practice and CCG websites will promote the engagement and host an online survey link

- Virtual Q&A and drop-in sessions will also be promoted via information in the practice, social media and on the practice and CCG websites along with the frequently asked questions
- A text message will also be sent to all patients where possible raising awareness of the engagement and the link to the online survey.
- Every household of registered patients will receive notification of the engagement by letter and will be directed to the website to access the survey. Alternatives to further information and survey completion will be highlighted. A phone number for patients to call will also be provided.
- A letter will be sent by the practice to key stakeholders to raise awareness of the engagement and provide opportunity for response.
- Practice Staff will be reached through internal staff briefings or normal practice communication routes
- A reminder text or letter to households could be considered mid-way though the engagement process as a reminder.
- Where any gaps in responses from populations are identified further targeted engagement will be planned.

8. Communication

Existing communication channels at the CCG and Spring Hall Group Practice will be used to reach patients and key stakeholders to distribute information and to raise awareness of the engagement.

Communication channels identified in this section will be used to disseminate information and will provide other opportunities for patients and key stakeholders to provide their views.

Audience	Method	Action by
Patients, families and carers,	• Poster and questionnaire in the practice waiting room • Information on the practice website • A text message and letter will be sent to all households registered with the practice • Patient Reference group mobilised to support engagement where appropriate due to Covid safety advice • Online drop-in sessions • Practice and CCG internet/website (online survey) • Social media	CCG and Spring Hall Group Practices

	• One to one conversations/letter	
Staff and stakeholders	• Staff meetings / updates • One to one conversations / letter / email • Social Media	CCG and Spring Hall Group Practices
Elected members / MP'S & Councillors	• Information about the engagement to be circulated for information • Conversations as requested	CCG
Neighbouring GP practices / Pharmacy / other primary care services operating in the same geographical area	• Information about the engagement via letter	CCG
Primary Care Network board	• Meeting	Spring Hall Group Practice
Local Medical Committee	• LMC Executive Meeting and in line with the agreed process	CCG

9. Equality and health inequalities

Engagement activity should include all protected groups and other relevant groups. Care will be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

The practice patient profile will be reviewed to understand what additional communication and approaches may be necessary to support engagement with this planned change to service. Data will also be reviewed on health inequalities for the areas supported by the practice to appreciate if there is likely to be increased health inequality arising from the planned closure.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will be addressed.

Data from all engagement activity will be combined with other data and intelligence to support the equality impact assessment (EIA) that has been developed. This will help us to understand the potential impact of the proposals on different groups so that these can be fed into the decision-making process.

10. Non pay budget required

Budget	
Item	**Estimated Cost**
Letter and survey printing costs (estimated – how many patients?) inc. post	10748.16 + VAT
Household text alert – every household registered (price per unit)	TBC
Anything else?	TBC
Accessible formats – language, large print, Braille and easy read	On request TBC
Maximum total budget required	**Estimated TBC**

11. Engagement limitations

Due to restrictions around the ways we are able to work during this period of the pandemic, we have a limited scope to engage with people using face-to-face methods. Although we are using a range of methods to collect feedback we recognise and acknowledge the challenges and barriers to reaching people and every effort is being made to ensure we engage with all our communities and ensure a wide range of representative views.

12. Working assumptions

The CCG will act as a facilitator to support and assure the process to engagement with cooperation and delivery of the engagement from the current service provider, Spring Hall Group Practice. A task and finish group has been set up for the duration of this project to ensure actions and timescales are met and will meet once a week.

T&F members:

- Spring Hall Practice – Liz Coulson
- CCG Primary Care – Emma Bowness
- CCG Primary Care – Tina Stanley
- CCG Communications – Simon Lightwood
- CCG Equality – Sarah Mackenzie-Cooper
- CCG Contracting – Suzanne Howarth
- CCG Engagement – Jill Dufton

Where relevant other members of the Spring Hall Practice and the CCG may be asked to attend.

Any costs associated to the engagement will be paid for by Spring Hall Group Practice.

The CCG will provide support to Spring Hall Practice by developing the tools for Spring Hall Practice to deliver the engagement such as development of the survey (word version and online), provide a template for the engagement report of findings and help support with any frequently asked questions.

Spring Hall Practice will analyse the results of the survey and provide a report of findings to present to the CCG.

13. High level timeline for the delivery

Actions	Timescale
Prepare engagement, equality and comms plan with survey	11 May 2021
Book PCSE patient mailing	14 May 2021
Prepare other communication resources, letters, accessible formats of materials	11 – 19 May 2021
Plan, survey and all materials signed off by SOG, SMT	24 & 25 May 2021
Stakeholder briefing	28 May 2021
PCSE mailing to go out	10 June 2021
Targeted Engagement with practice population (6 weeks) and text message to patients	9 June – 21 July 2021
Analysis and report including equality data	21 July – 4 August 2021
Comments and sign off report by CCG. Report to be shared with	6 – 11 August 2021
Engagement findings and EIA considered at CPMSC Committee	26 August 2021

14. Analysis of data and presentation of findings

The findings from the engagement will be used alongside any existing intelligence to inform the future decision and next steps of Spring Hall Group branch practice at Boots, Halifax

This report will provide an overview of the views of all responding key stakeholders to the engagement. The report will be received through General Practice Operational Group, Spring Hall Group Practice and a decision paper will be prepared for Commissioning Primary Medical Services Committee. The engagement findings will

form part of the branch closure application that will be considered at CPMSC in August 2021.

The findings report will also be uploaded to the NHS Calderdale CCG website and Spring Hall Group Practices and shared with patients and key stakeholders.

Appendix 1 – Legislation

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. The duty to involve local people is set out in section 14Z2 and for NHS England the duty is outlined in Section 13Q of the Act. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Act includes the CCGs **Health Inequalities** duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- Exercise their functions with a view to securing that health services are provided
  in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities
  in access to those services or reduce inequalities in the outcomes achieved

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment,

marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

Appendix 2 – What we already know

The primary care intelligence we already hold is from the following programmes of work:

June – September 2014 Engagement on 'Calderdale CCG Commissioning Intentions': In June 2014 Calderdale CCG engaged with local people on the commissioning intentions for Calderdale. As part of this engagement the CCG received over 1,000 responses. Using the intelligence from this engagement there were a number of themes emerging which related directly to primary care.

April – September 2015 Engagement on Primary Care Services: In April 2015 Calderdale CCG worked with the local patient reference group network 'Calderdale Health Forum' to engage with practice representatives on primary care services. Following this conversation the CCG further engaged Calderdale 'Disability Partnership' and the voluntary and community sector using VAC Engagement Champions.

The findings from this engagement provided the CCG with a number of key areas for the CCG to consider in the development of a primary care strategy for Calderdale. We asked

- 'What does good like?'
- 'What services could be provided in GP practices?' and
- 'What specific services would best meet the needs of our local communities?'

November 2015 – February 2016 continued Engagement on Primary Care Services: Following on from the initial engagement with people on primary care we continued our engagement using our local community assets 'Engagement Champions' to deliver conversations with local communities as part of their training to become a community asset. We received a further 433 responses to the engagement from a range of groups representing different people across the local area.

December 2016 - Right Care, Right Time, Right Place Calderdale and Greater Huddersfield: The report is a summary of findings from all engagement and pre-engagement with public, patients, carers and staff which was delivered from the period March 2013 to December 2015. The aim of the report is to catalogue

engagement activity, use the information collectively to understand what people are telling us about local NHS services in Calderdale and Greater Huddersfield, and use the key messages to support any future service models for hospital services and care closer to home.

March 2017 - West Yorkshire and Harrogate Health and Care Partnership: An engagement and consultation mapping report has been produced by the West Yorkshire and Harrogate Health and Care Partnership. The report presents the findings from all relevant engagement and consultation activity which has taken place during April 2012 to February 2017, across Calderdale, Bradford, Harrogate, Kirklees, Leeds and Wakefield. Within the report is a section on Primary and community services.

November 2017 - Findings from the engagement on improving access to GP services: In total we received feedback on the engagement from **1,489** respondents who completed a survey on how extended access could be delivered in Calderdale.

The key overarching themes from all this engagement are as follows:

- People wanted to see extended opening hours in GP practices, including evenings and weekend access.
- People felt that GP practices should be central to the delivery of 'Care Closer Home'.
- Improved access to an appointment including: not having to ring at a set time to book an appointment, same day appointments for urgent care, weekend and evening appointments, longer appointments for people with a learning disability.
- More hospital services closer to home and in a GP practice setting including: podiatrists, surgical procedures, X rays, physiotherapists, nutritionists, mental health team and outpatients.
- Caring and helpful staff that are well trained and are representative of the community they serve.
- More additional support in GP practices including: voluntary and community group presence and sign posting. Additional services such as alternative therapies and counsellors.
- Improved communication and information including: clear signposting to other support services, access to IT equipment to support online services, translator and interpreter services available, access to health education to support self-management.
- Considering the needs of people with a disability including access to buildings, information and signage.

These key themes can be considered when designing or planning future primary care services. Report of findings for the engagement activity can be found at the

following websites
https://www.calderdaleccg.nhs.uk/get_involved/engagementandconsultation/ and
https://www.wyhpartnership.co.uk/engagement-and-consultation

October – December 2019 -Alternative APMS (Alternative Primary Medical Services) contracts - Findings from Consultation (including pre consultation engagement findings July – August 2019): A total of 832 surveys were received. Overall findings and main themes from all previous activity and the consultation have been consistent throughout and are set out below, in no order:

Overall findings and main themes:

People told us they **do not want their practice to close** and they are **happy with the service they receive**. They also told us that **staff are helpful and friendly** and they have **good relationships and built trust** with them.

The majority of respondents are **concerned about the capacity of other practices** taking on additional patients. People also said they are **concerned about returning to a practice** they have previously been registered with as they have had **poor experiences**.

Some people told us that they **didn't have enough information** to make informed choices and that they don't know where they will be reallocated to. They said they **feel worried and anxious.**

Access is important to people and the **availability of appointments** and being able to get an appointment quickly. People told us a replacement service needs to **replicate the extended opening hours** which are valued by patients. There was a **concern for higher attendance at A&E** if people cannot get appointments quickly.

Continuity of care and good quality care is also important to people. People are **concerned about their ongoing treatment** for long term conditions, receiving their repeat medication and appointments at other clinics such as podiatry or follow up appointments at hospital.

People are **concerned about additional travel time and costs** if they have to travel further. People told us that they like being able to walk to their practice and that **it's close to where they live.**

Additional themes specific to Park and Calder Community Practices and Meadow Dale Group practices are below:

Park and Calder Community practices (delivered by Locala in central Halifax and Todmorden)

- The majority of people felt that losing their practice would have an impact on their community. People at Park said it would be a loss to the community as the practice serves the majority of the community and supports those who do not speak English.
- People at Todmorden said that it would isolate Todmorden from other services. They also said that more GPs are needed and that there is the need for an additional practice in Todmorden. Continued access to the current services provided at Todmorden is a concern for patients such as x-rays and blood tests.

Meadow Dale Group practice (delivered by Virgincare in Elland, Ovenden and Sowerby Bridge)

- People told us that they understand the reasons for value for money but they are not sure of next steps and that money is not the only criteria.
- Staff are concerned about their future and losing their jobs
- 'Elland practice provides an excellent service to care home patients providing home visits, clinical wards rounds and medication reviews'. Experience of poor service at a previous practice. '*Care home had to take patients to the surgery to see a GP*'.

Equality Overall findings and main themes

The respondent sample was mostly reflective of the population of Calderdale and when the local ward profiles were considered for each surgery location there was also good representation. The gaps that remained were for Asian/Asian British Pakistani heritage groups and Muslims. Additional proactive efforts were made to reach these groups following the gaps in the pre-consultation engagement and these were successful however gap remains.

For equality there were some considerable concerns for the following equality groups; younger and older people, disabled people and carers. These echoed many of the concerns that were raised throughout the survey, but the issues were compounded by impacts that may be felt more strongly by equality groups. These issues are; **travel**, **cost**, **and continuity of care, access**, **appointments**, **language** and **impact of change.**

The impact felt by equality respondents often overlapped more than one characteristic and issue; many people commented on how much harder travel is for older disabled people, how parents of disabled people would struggle without continuity of care and how essential that was for their child's health.

The impact of these issues will be addressed through the development of the action plan associated with the equality impact assessment.

Appendix 3 – Survey and equality monitoring form

Closure of Spring Hall Branch Surgery at Boots, Halifax Town Centre

Spring Hall Group Practice received notification from Boots UK Ltd who are our landlord that they have ended the lease on this site. This means we will have to close the branch surgery at Boots Town Centre Halifax permanently.

We stopped seeing patients at this branch in March 2020 due to COVID-19, to keep patients and staff safe. Boots use the space to give people COVID-19 vaccinations.

Patients have still been able to use all our other sites. These are Spring Hall Medical Practice, Southowram Surgery and Queens Road Surgery. They are all within 2 miles of the Boots site.

We want to know how the closure of the branch surgery at Boots, Halifax Town Centre will affect you, your family and other patients of the Spring Hall Group Practice.

We would like you to tell us your views by filling out the short survey below. Once you have completed the survey, please return your survey to Southowram Surgery Law Lane Southowram HX3 9QB **by Wednesday 21 July 2021.**

The survey is also available online at:
www.smartsurvey.co.uk/s/SpringHallPracticeBootsBranch/

If you need the survey in another language or format, or need help, please call 07956 342 956

If you would like more information please go to the practice website at the link www.springhallgrouppractice.co.uk/ or call the number above.

Thank you for taking the time to complete this survey, your views are important to us.

Dr Seema Nagpaul 

3. Please tell us the first part of your postcode e.g. HX1

4. I am answering this survey as	
A patient	
A carer	
Other (please tell us)	

3. Have you used the Spring Hall Branch Surgery at Boots, Halifax Town Centre?	
Yes	
No	

5. The branch surgery at Boots has been closed since March 2020 due to COVID-19. Please tell us how often you visited in the year before (March 2019 to March 2020).	
Never	
Every week	
Once a month	
Every three months	
Other (please tell us more)	

5. Please tell us what services you have used at the branch surgery at Boots?	
I've never used any services	
GP face to face appointment	
Health Care Assistant appointment i.e. blood tests, dressing, injection	
To request or pick up a prescription	
Other (please tell us more)	

6. Will the closure of the branch surgery at Boots, Halifax Town Centre impact you and / or your family?	
No impact	
Little impact	
A lot of impact	

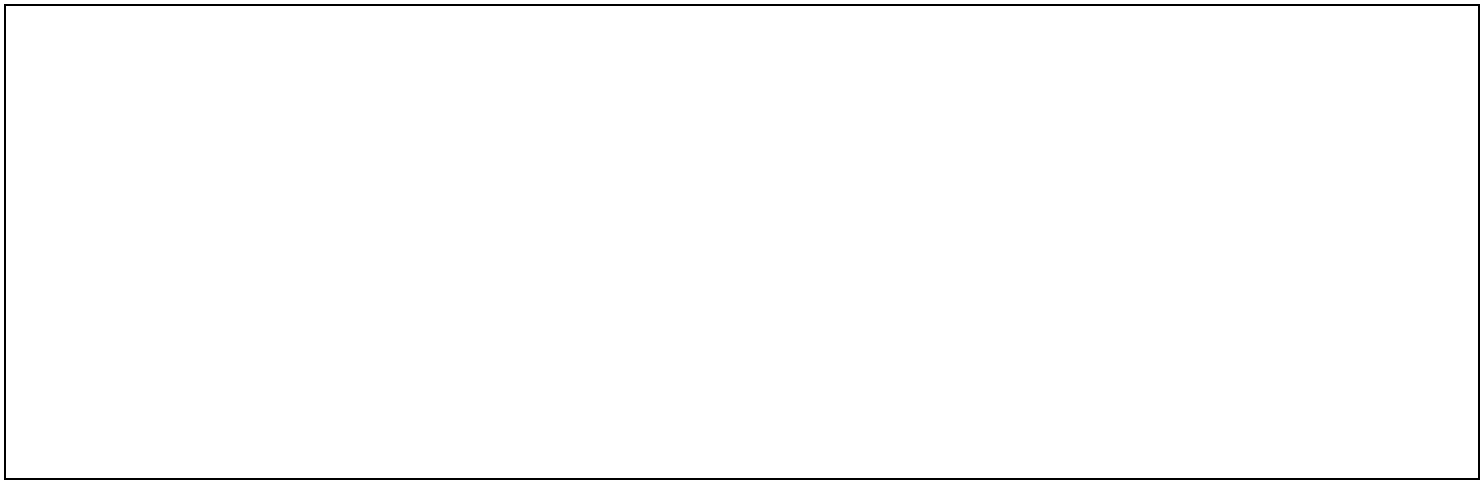
Please tell us more about how it will impact you and / or family

7. Which practice are you registered with in the Spring Hall group?	
Spring Hall Medical Practice	
Southowram Surgery	
Queens Road Surgery	

8. How do you travel to the practice/Surgery?	
Walk	
Public transport	
Own transport	
Taxi	
Other (please tell us more)	

9. How far would you be able / happy to travel to a practice?	
Less than a mile	
1 – 3 miles	
4 – 6 miles	
7 – 10 miles	
More than 10 miles	

10. Is there anything else you would like to tell us about the closure of Spring Hall Branch Surgery at Boots, Halifax Town Centre?



Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules.

If you would like help to complete this form or would like a form in a different format (such as large print) please contact

1. Who is this form about?

☐ Me

☐ Someone else – using their information

2. What is your gender?

☐ Male ☐ Female

I describe my gender in another way (please write in)

☐ Prefer not to say

3. How old are you?

Example	42
Yours	

☐Prefer not t say

4. Which country were you born in?

☐United Kingdom ☐Prefer not to say

Other (please write in):

5. Do you belong to any religion?

☐Buddhism ☐Islam

☐Hinduism ☐Christianity

6. What is your ethnic group?

☐ Prefer not to say

Asian or Asian British

☐ Indian ☐ Pakistar

☐ Bangladeshi ☐ Chinese

☐ Other Asian background (pleas write in)

Black or Black British

☐ African ☐ Caribbe

☐ Other Black background (pleas write in)

Mixed or multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other Mixed background (plea write in)

White

☐ English/Welsh/Scottish/Norther Irish/ British

☐ Gypsy or Irish Traveller

☐ Judaism (all denominations) ☐ Sikhism ☐ No religion ☐ Prefer not to say Other (Please write in)	☐ Irish ☐ Other White background (please write in) **Other ethnic groups** ☐ Arab ☐ Any other ethnic background (please write in)

7. Are you disabled?

☐Yes ☐ No ☐ Prefer not to say

8. Do you have any long term conditions, impairments or illness? (please tick any that apply)

☐ **Physical or mobility impairment**

(such as using a wheelchair to get around and / or difficulty using your arms)

☐ **Sensory impairment**

(such as being blind / partially sighte or deaf / hard of hearing)

☐ **Mental health condition**

(such as having depression or schizophrenia)

☐ **Learning, understanding, concentrating or memory**

(such as Down's Syndrome, stroke head injury)

☐ **Neuro diverse conditions**

(such as autism, ADHD and/or dysle

☐ **Long term condition**

(such as cancer, HIV, diabetes, chr heart disease, or epilepsy)

11. Do you consider yourself to be a Trans* person?

☐Yes ☐ No ☐ Prefer not to say

*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

12. Do you/or anyone you live with get any of these types of benefits? **

Universal Credit, Housing Benefit, In Support, Pension Credit – Guarante Credit Element, Child Tax Credit, Incapacity Benefit/Employment Sup Allowance, Free School Meals, Wor Tax Credit, Council Tax Benefit

☐Yes ☐No ☐ Prefer not to say

****We are asking this question to help us understand if being on a lower income affects experiences of services or health.

13. Are you pregnant or have you given birth in the last 6 months?

☐Yes ☐No ☐ Prefer not to say

☐ **Other** (please write in)

☐ **Prefer not to say**

9. Are you a carer?

(Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)

☐ Yes ☐ No ☐ Prefer not to say

10. Please select the option that best describes your sexual orientation

☐ Bi/Bisexual

☐ Gay

☐ Lesbian

☐ Heterosexual/Straight

☐ Prefer not to say

☐ I prefer to use another term (please write in)

14. Are you a parent/primary carer of a child or children, if yes, how old are they?

☐ 0-4 ☐ 5-9 ☐ 10-14 ☐ 15–19

☐ Prefer not to say

Thank you for taking the time to complete this form.

Please hand this questionnaire to the practice or post to the following address:

Southowram Surgery Law Lane
Southowram HX3 9QB

Please return this form by Wednesday 21 July 2021

Equality Impact Assessment

Project description

Closure Spring Hall Group Practice branch within Boots the Chemist, Halifax town centre. The practice was closed at the start of the pandemic to reduce risk to patients and customers. Boots have subsequently given notice on the lease, so it has not reopened. This is a retrospective request to permanently close the Boots branch.

1.0 Evidence

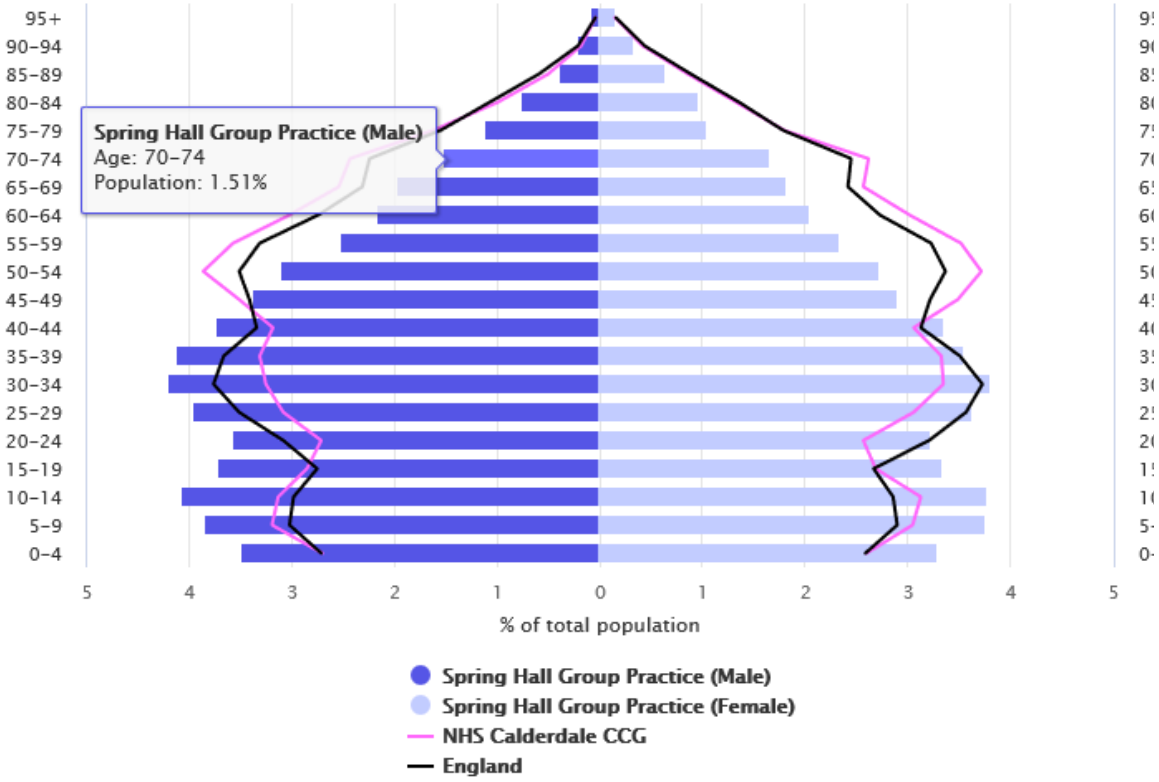
What evidence has been used to inform this assessment?

Please provide details of all the evidence that has been used to inform this assessment, e.g. service user equality monitoring data, patient experience intelligence, national and local research, engagement and consultation with patients, service users and the wider community, information from partner agencies, staff and any other interested groups.

Information	Details
What are your ward demographics? **<u>Calderdale</u>**	Spring Hall Group Practice is in both Town and Park Wards. The total population of Central Halifax is 52,452, according to 2016 mid-year population estimates. Central has the largest BME population of the localities (37%), with Asian being the largest BME group, accounting for 30.8% of the population, followed by White Other (3.6%). Around half of primary and secondary school pupils are Asian. According to the Census around 5.8% of the population have stated that they cannot speak English well or at all. Just under half of the population are Christian and 28% of the population are Muslim. Central is a relatively deprived locality with around 1 in 5 of its households claiming council tax reduction and 1 in 8 claiming housing benefit. According to the 2011 Census, 18.3% had a long term health problem or disability which limits activities – this is higher than the Calderdale average and equates to around 8,500 people
What do you know about your patient profile?	

Age range	Spring Hall Group Practice		NHS Calderdale CCG	
	Male	**Female**	**Male**	**Female**
0-4	684	644	6,024	5,745
5-9	755	738	7,116	6,765
10-14	797	740	6,985	6,933
15-19	730	656	6,357	5,957
20-24	699	632	6,036	5,687
25-29	776	712	6,866	6,780
30-34	824	746	7,242	7,413
35-39	807	695	7,368	7,374
40-44	733	659	7,095	6,768
45-49	662	569	7,829	7,740
50-54	607	534	8,588	8,240
55-59	494	457	7,952	7,802
60-64	424	401	6,733	6,685

65-69	387	357	5,664	5,683	
70-74	297	327	5,430	5,795	
75-79	219	205	3,620	3,976	
80-84	148	188	2,225	2,933	
85-89	75	126	1,140	1,880	
90-94	40	65	413	900	
95+	13	32	118	314	



	The practice is in the second most deprived decile. 32.2% are of Asian heritage and 1.7% mixed heritage and 1.3% other ethnic backgrounds. We are unable to identify which patients have used the branch practice as the surgery underwent a merger process and the data is no longer available. This means there is a gap in our understanding of the impact in patient groups, the engagement data will be used to support identification of any issues.
Patient experience data e.g. Complaints/Compliments/PALS, national and local patient	The Friends and Family test has not been required during the pandemic. The GP National Survey gives information about what some patients think about the practice. It shows what we are doing well and what we ould improve on. The latest survey was published in July 2021. The survey is reflective of patient perception during the pandemic where face to face appointments have been limited and demand has increased. Please click on this link to access the results https://gp-patient.co.uk/report?practicecode=B84012 From the survey views were as follows.

surveys, Friends and Family test	Where patient experience is best; • 99% of respondents took the appointment they were offered - Local (CCG) average: 98%National average: 98% • 75% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) - Local (CCG) average: 74%National average: 74% • 95% of respondents had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment - Local (CCG) average: 96% National average: 96% Where patient experience could improve: • 72% of respondents say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment - Local (CCG) average: 88%National average: 89% • 52% of respondents find it easy to get through to this GP practice by phone - Local (CCG) average: 66% National average: 68% • 52% of respondents were offered a choice of appointment when they last tried to make a general practice appointment - Local (CCG) average: 66%National average: 69% There have been no complaints or compliments specific to the Boots site within the last few years.
Engagement activity What have you found from your engagement about different patient groups views?	Engagement was undertaken with patients and other interested parties in June / July 2021. Those who used the Boots practice in the past were more likely to experience an impact (57%) with 25.4% saying it would have a lot of impact. When regularity of use was analysed the most impacted were those who used it weekly (100%) with 63.6% saying a lot of impact. This was 11 people. Those who used it monthly 85.7% felt it would have an impact (64.3% lot of impact) and every 3 months 81.5% (40% lot of impact). Those who had used the surgery were asked about which services they had used. The impact was most likely to be felt by those who had requested / picked up a prescription (84.3%), followed by those who had seen a health care assistant (75.8%). Respondents who attended Spring Hall said they were most likely to be impacted, 47.6%, the majority of respondents normally used this practice. Analysing method of travel demonstrated that people using public transport were most likely to be impacted (89.8%) followed by those using taxi's (61.9%). When the equality groups were analysed (for groups with sufficient respondents) those who felt they were likely to experience impact the following emerged; Women felt they were more likely to be impacted, but this wasn't very different from the overall result. 57.9% experiencing no impact compared to men at 67.1%.

	For ethnicity and religion there were no significant differences in expectations of impact. When the data for disabled people was analysed those who were disabled expected to be impacted more (45.3%) with 29.7% expecting a lot of impact. this compares to 14% of people who are not disabled expecting a lot of impact. When impairment type was analysed those with physical impairments and mental health felt they were most likely to expect a lot of impact (29.6% / 27.4%). Carers expected to experience slightly more as did those in receipt of benefits. Those over 60 didn't highlight that they expected to be impacted. Of parents those who had children aged 5-9 felt they would be more impacted compared to other parents 47.1%. The main issue highlighted was that patients believed they would have to travel to the different sites to collect their prescriptions. This is however not the case as all patients can have their prescriptions sent electronically to the pharmacy of their choice. Some patients felt that travelling to a different site would be difficult on public transport. All sites are accesssible by public transport. 93% of those that responded said they would be willing to travel up to 3 miles and the remaining sites are all sited within 2 miles of the Boots site
Information from other agencies, e.g. Healthwatch, Community groups and other stakeholders	Letters were sent to all stakeholders and they were invited to let us have their views either by completing a survey or by contacting us directly. No direct contact has been made.
Any other information?	

2.0 Equality Impact Assessment (EIA)

Describe the actual or potential impact (positive and negative) of any proposed changes on the following groups:

Group	Impact noted and evidence	What will you do to reduce/enhance the impact?
General Issues	The practice has been closed since March 2020 due to Covid. The branch is part of the Spring Hall Group Practice and patients can access any of the sites. The practices are all within 2 miles of the town centre. This should minimise travel for most patients. People who currently use the practice based in Boots were likely	Arrangements are already in place to support patients virtually or to make arrangments for them to be seen at another practice. Some patients may need additional support to access virtual appointments. A communication plan will highlight the alternatives to travelling to the practice to access prescription services. The

	to be most impacted if they used public transport or Taxis to travel. Limited suitable public transport to access Spring Hall Pratice was noted by repsondents. People who are less able to travel, older, disabled, parents and carers may have additional barriers to access to the other practices. There would be overlaps with those who would find cost / time barriers to travelling to other branches. While virtual appointments have become the norm during Covid 19 people may still have a preference for face to face appointments and some older, disabled and otherwise digitally excluded patients may not have the same access to care. Naturally those who were current users were most likely to experience impact, with those using it frequently most impacted. Impact was likely to be felt by those accessing prescriptions or thise seeing a Health Care Assistant.	practice will highlight the opportunity to have prescriptions delivered. Where face to face support is required patients can be directed to their nearest practice.
Age	Older people may be less happy with change to their routinesa and services. Parents of children aged 5-9 felt they would experience most impact. People were worried about travel as they aged and found Boots convenient. Lack of suitable public transport, impairments and not having access to a car were also issues. This was particularly noted by older people.	Communications plan Where patients were or became unable to leave their homes the practice would arrange for a home visit.
Disability	Disabled people in the survey were more concerned about the impact	Communications plan

	on them, with those with a physical disabilty and mental health most concenred. The town centre location makes the service more accessible, with good public transport links and good physical access. Closing the service may cause issues for this group.	Where patients were or became unable to leave their homes the practice would arrange for a home visit.
Gender reassignment	No adverse impact predicted	
Pregnancy and maternity	No adverse impact predicted	
Ethnicity	No feedback was received to suggest there would be additional impacts for different ethnicities.	
Religion or belief	No feedback was received to suggest there would be additional impacts for different religious groups	
Sex	Limited impact predicted. Though often women take on the carer role so may have additional issues accessing care for their children or cared for. This will be exacerbated by any transport issues.	Communications plan
Sexual orientation	No adverse impact predicted	
Carers	This group felt they would be more likely to experience impacts, but not to a significant degree. However when travel issues are considered carers without their own transport may find negotiating public transport difficult.	Communications plan
Any other groups e.g. low income, rural, homeless, asylum seekers & refugees	Some patients may have accessed daily medication at the branch. Homeless people may have used the practice more due to central location.	
Health Inequalities	Deprivation is a significant issue for the practice population and may cause problems in terms of accessing the other practices in the group due to travel and transport issues. People noted that	Communications plan

	they would need to take 2 buses to get to the alternartive practices incurring additional expense and delays due to the limited provision of buses. People are often in the town centre for other reasons and noted they found the practice convenient.	

3.0 Action Plan

Describe the actual or potential impact (positive and negative) of any proposed changes on the following groups:

Action	Timescale	Lead
A communication plan will be developed to support patients understand what arrangements are in place and the alternative practices where they can be seen. The decision regarding the closure will be posted on our website and will be publicised in all sites. We will ask the Boots store to display a poster too	As soon as decision is known	Practice
Travel and transport issues play a significant part in peoples concerns the communication plan will need to describe what options there are for travel and how support will be provided. It will include the reassurance that prescriptions can be sent electronically to the pharmacy of their choice and ordered online and support provided to understand how to access these systems.		Practice

4.0 For Equality Lead Only

Equality Lead	
Date	
Date	

NHS Calderdale Clinical Commissioning Group

Concise Impact Assessment

Please complete all sections. (See instructions / comments)

Title of scheme	Spring Hall Branch Closure
Scheme lead name	Liz Coulson, Business Manager for Spring Hall Group Practice
Scheme lead email	liz.coulson@nhs.net

A: Type of change	Stop – Branch Closure
CCG	Calderdale

B: Description of change - Describe below the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits for patients. Please also include expected implementation date. (Or any key dates we need to be aware of).

This impact assessment provides an understanding of how patients who are registered at Spring Hall Group Practice will be impacted by the closure of the branch at Boots, Halifax. Key stakeholders that may be impacted that have been engaged with are described below:

- Patients
- Families and carers
- Staff
- Local councillors and MPs

Other primary care services operating in the same geographical area including pharmacy services and other neighbouring GP practices

There was a 6-week engagement period that commenced Wednesday 9 June 2021 and concluded on Wednesday 21st July 2021.

This is a retrospective request to permanently close the Boots branch. This closure is due to the landlord (Boots Ltd) serving a termination notice of the lease held between Boots Ltd and Spring Hall Group Practice in December 20210

Patients will still have access to primary care medical services at

- Spring Hall,
- Queens Road
- and Southowram

All of which are all within 2 miles of the proposed site closure.

C: Service Change Details – (Engagement and Equality)	Yes or No
Could the project change the way a service is currently provided or delivered?	Yes
The site will mean that services will be delivered over 3 sites instead of 4 which is how this has been running since the Pandemic hit in March 2020	
Could the project directly affect the services received by patients, carers and families? **If yes, is it likely to specifically affect patients from protected or other groups?** see I6 below	No
All services will continue to be delivered in all the remaining sites. No services will be cut	
Could the project directly affect staff? **If yes, is it likely to specifically affect staff from protected groups?**[1] (as above)	No
Staff were allocated to the Boots site on a rota basis as with all the other sites.	
Does the project build on feedback received from patients, carers and families, including patient experience? **If yes, what feedback and please include links if available.**	Yes
The CCG have supported the practice to engage with patients to understand how patients and families may be impacted. Engagement ran for 6 weeks from 9th June to 21st July], 631 responses were received. Some of the themes from the engagement were • The majority of those who responded said that the closure would have no or little impact • The ability to pick up a prescription was important to respondents • Convenience of being able to attend the boots practice for reasons such as ease of transport, shopping, work Engagement findings report can be found below and attached (Appendix1). The report will be uploaded to the practice website. Spring Hall Boots Engagement Report F	

D: To be completed by Engagement and Equality leads only:	Yes or No
Engagement activity required CCG supported engagement activity see section C.	Yes

[1] For example, would staff need to work differently / could it change working patterns, location etc.?

D: To be completed by Engagement and Equality leads only:	Yes or No
Formal consultation activity required Insert comments	No
Full Equality impact assessment required Insert comments	
Communication activity required (patients or staff) See appendix to engagement findings report for engagement plan	Yes

E: Impact Assessment (Quality/Equality/Safeguarding)	
1. How does this project/decision impact patients?	**Quality** **E1a:** There may be different custom and practice at different sites. There is a risk that patients could perceive that care and services are different to their experience at the Boots branch. **E1b:** This change may cause anxiety for some patients. Some patients are under the impression that they will have to travel to different sites for their prescriptions. **E1c:** Patients may need to travel further for appointments, which may involve two buses instead of one. This will impact those people who do not have access to a car, especially those with mobility/poverty and deprivation/homelessness issues. **E1d:** The boots branch was convenient in relation to social aspect for patients i.e., for their shopping/social gathering etc
2. How does this project/decision impact protected or vulnerable groups? E.g., their ability to access services and understand any changes? (see notes in Section I6)	**Equality** **Please see full EIA**
3. How does this project/decision impact on the duty to safeguard children, young people, and adults at risk (including Human Rights e.g., restrictions of liberty	**Safeguarding** **E3a:** Practice Staff are required to fulfil safeguarding responsibilities and know who their practice safeguarding lead is, to be able to seek advice. **E3b:** Practice Safeguarding policies and staff training are in place as required by commissioners and regulators and

and adherence to Mental Capacity Act)?	aligned with local approaches for both practices so should be no impact.
4. Are there any other impacts to consider? E.g., Workforce, organisational or system wide	**E4a:** Staff being re-located to a different site from their regular place of work might be negatively impacted in terms of morale, travel, and team cohesion. **E4b:** Staff re-locating for the first time to work at a new surgery may be unfamiliar with the layout and local policies in terms of Fire Drills etc.

F: Risks and Mitigations	
1. What actions can be taken to reduce any negative impacts? (If none please state so)	**E1a:** All patients are Spring Hall practice group patients. Patients now have more choice due to the previous merger. There is a hub of staff with same training and policies across each of the sites. **E1b:** Patients will be able to pick up their prescriptions at Boots as usual if they wish. There will be communications via the practice website to inform patients that prescriptions can be sent to a pharmacy of their choice. Practices are aware of pharmacy opening hours so would provide patients with a choice of pharmacy if for instance their pharmacy closed at lunchtimes. **E1c:** Patients can access services within 2 miles of the Boots site. Home visits are not routine; however, this would be assessed on an individual basis. **E1d**: A full communications plan will be in place to fully inform patients of changes etc. **E3a:** Staff know their safeguarding responsibilities and know how to seek advice **E3b:** Staff undertake regular safeguarding training and are aware of the process if they should have a safeguarding issue

	E4a&b: The staff are part of one hub with the same training, policies and procedures and are used to customer practice die to length of time of being closed.
2. How could the impacts and/or mitigating actions be monitored?	Monitoring of complaints.
3. Are there any communications or engagement considerations or requirements?	CCG Comms team involved as detailed above and equality and engagement report.

G. Data Protection Impact Assessment (DPIA) is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems, or technologies.	**Yes / NA**
Does this project/decision involve a new use of personal data, a change of process or significant change in the way in which personal data is handled? If **yes**, please email the IG Team at calccg.igsharedservice@nhs.net in order to complete the screening form.	N/A

H: Decision/Accountable Persons	
1. Agreement to proceed?	Yes
2. Any further actions required?	
3. Names and roles of accountable decision makers	CPMSC - Calderdale Primary Medical Services Committee.
4. Date of decision	26th August 2021

I: For Team use only	
1. Reference	IA/14
2. Form completed by	Catherine Borrill, Quality Improvement Lead, CCG Lucy Walker, Quality Manager, CCG Liz Coulson, Business Manager Jill Dufton, Senior Engagement Manager
3. Form agreed to be decision ready on	06/08/2021
4. Proposed review date	N/A

5. Notes	

6. Equality considerations	In order to answer C and E2 the groups that need consideration are; Protected characteristics; age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Use the hyperlinks for further information) Other groups would include, but not be limited to, people who are; carers, homeless, living in poverty, asylum seekers / refugees, in stigmatised occupations (e.g. sex workers), problem substance use, geographically isolated (e.g. rural) and surviving abuse

J: Review (to be completed following implementation).	
1.Review completed by	
2.Date of Review	
3.Scheme start date	

4. Were the proposed mitigations effective? (If not why not, and what further actions have been taken to mitigate?) Put details in box below

5. Is there any intelligence/service user feedback following the change of the service? If yes, where is this being shared and have any necessary actions been taken as a result of any feedback? Put details in box below

6.Overall conclusion Please provide brief feedback of scheme in box below i.e. its function, what went well and what didn't.

7. What are the next steps following the completion of the review? Provide next steps in box below i.e. Future plans, further engagement/consultation required?