NHS
Stockport
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE
Public Meeting
Agenda

Date of Meeting:	**13 April 2022**	**Time**	**From**	**To**
			15:00	**17.00**
Venue:	**Virtual Meeting via Microsoft Teams**			

Item No	Agenda Item	Papers	Action required	Lead	Time
1.	Welcome and apologies Apologies: AR /GE / SWo		To note	Chair	15:00
2.	Notification of Items of Any Other Business		To note	Chair	15:00
3.	Declarations of Interest: (any interest on any issue arising at the meeting that may conflict with agenda items)		To note	Chair	15:00
4.	Minutes from previous meeting (16 February 2022)	Pages 3 to 12	To approve	Chair	15:00
5.	Matter arising and actions: (i) Action from the previous meeting (ii) Update on Practice Mergers – Next Steps (iii) Practice Merger – Contract Variation (Guywood / Marple Cottage)	 Page 13 Verbal Pages 14 – 20	 To approve To note To approve	 Chair Kim Roberts Kim Roberts	15:00
Standing Items					
6.	Primary Care Updates	Verbal	To note	Javaid Ali	15:20
7.	Chairs' Update: ICS (Integrated Care Systems)	Verbal	To note	Chair	15:30

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

8.	Notification of any GM updates	Verbal	To note	GM representative	15:35
Primary Care Development					
9.	Vaccine Programme Update	Verbal	For Assurance	Kim Roberts	15:45
Performance					
10.1	(i) Stockport Quality Report Update (ii) Update from Primary Care Quality Group (iii) Learning Disability (LD) - performance to the end of March 2022)	Pages 21 - 26 Pages 27 - 33 Pages 35 - 35	For assurance	Kim Roberts	15:50
10.2	PCCC Finance Report	To follow	For assurance	Dionne Oldfield	16:15
Any Other Business:					
11.		Verbal	To note	Chair	16:30
Date and time of next meeting:					
	Wednesday 15 June 2022 15:00 – 17:00, Microsoft Teams Meeting				

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

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Primary Care Commissioning Committee (Public)
DRAFT MINUTES of the Virtual meeting held on Wednesday 16 February 2022
15:00 – 16:25 pm, Microsoft Teams

Present:

Peter Riley	Lay Member for Primary Care Commissioning, (**Chair)**
Michael Cullen	Chief Finance Officer (CCG)
Gail Henshaw	Senior Primary Care Manager, NHS England/Improvement
Don Phillips	Lay Member for Patient and Public Involvement (CCG)
Anita Rolfe	Executive Nurse (CCG)
Paul Stevens	Local Medical Committee (LMC)
Phillip Winrow	Lay Member for Audit and Governance (CCG)

In attendance:

David Dolman	Deputy Chief Finance Officer (CCG)
Gale Edwards	Commissioning Lead, Primary Care (CCG)
Nora Hussein	Interim Head of Corporate Affairs (CCG)
Paul Lewis-Grundy	Deputy Director of Corporate Affairs (CCG)
Craig McGuire	Interim Deputy Director of Corporate Affairs (CCG) (Observer)
Gillian Miller	Associate Director of Commissioning (CCG)
Dianne Oldfield	Senior Management Accountant, (CCG)
Alison Newton	Corporate Support Administrator (Minutes) (CCG)
Kimberly Roberts	Commissioning Lead, Primary Care (CCG)
Dr Simon Woodworth	Medical Director (CCG)

Apologies:

Melissa Maguinness	Director of Integrated Commissioning (CCG)

Minute	Action
1. Welcome & Apologies	
The Chair welcomed everyone to the meeting. Apologies were received as listed above and for late arrival from D Dolman. The meeting was quorate.	
2. Notification of Any Other Business	
There were no items of other business declared.	
3. Declarations of Interest	

Members were reminded of the need to declare any interest they may have on issues arising during the meeting that may conflict with the business of the Committee. Dr S Woodworth, Medical Director declared an interest as a GP Partner at Beech House Medical Practice and Non-Executive Member of Stockport Local Medical Committee (LMC) in all items on the Agenda that related generally to all GP Practices and GP's respectively, particularly, Item 9.2 (i) on the Agenda. It was noted that as the item was for discussion and not for decision, in accordance with the CCG's Conflicts of Interest Policy S Woodworth could participate in the discussions. P Stephens declared that he worked for the LMC and he had worked with South Reddish Medical Practice Items 5 (ii) and 5 (iii). The Chair accepted the declarations. As there were no direct interests in any of the decisions to be taken, these members could participate in discussions. The Chair reminded members to declare an interest during the meeting if any of the discussions had a direct impact on their work in general practice.	
4. Minutes from previous meeting (8 December 2021) and the Extraordinary meeting (12 January 2022)	
The minutes of the previous meeting held on 8 December 2021 and the Extraordinary meeting held on 12 January 2022 were received. **RESOLVED:** **That the minutes of the previous meeting held on 8 December 2021 and the Extraordinary meeting held on 12 January 2022 be APPROVED as a correct record.**	
5. Action Log from Previous Meeting	
The Chair presented the action log and sought an update on the outstanding action. MA200: G Miller advised that the CCG Policy on Practice closures would be circulated at the next PIN (Partnership Involvement Network) for information with a view to closing this action at the next meeting. The next PIN meeting was due to take place in March 2022. **Remain on the log.** **RESOLVED:** **That the action arising from previous meetings and the assurance given, including the updates provided at the meeting and outlined above, be noted.** With the Chair's agreement, Items 5 (ii) and 5 (iii) would be covered later the agenda.	
Standing Items	**Action**
6. Primary Care Updates	
Dr Woodworth noted that the impact of Covid-19 on workforce capacity had	

begun to reduce. Dr Woodworth provided an overview of a Scrutiny Review Workshop that focused on Primary Care Access in Stockport that is linked to the NHS Long-Term Plan. The meeting had been requested by Elected Members from Stockport MBC (the Council). It was noted that Stockport GP practices in Stockport had continued to provide services to patients throughout the pandemic however service delivery had changed. In compliance with national infection and control procedures, a `total triage' approach was mandated by NHSE/I (NHS England / Improvement). The data presented highlighted that Stockport GPs had maintained some of the highest rates of GP appointments in England since June 2020, with the highest rate in England in September and October 2021. G Edwards joined the meeting. It was noted that discussions were ongoing with the LMC regarding Locally Commissioned Services. A brief discussion took place on the Recovery Plan. It was explained that the NHS Long Term Plan included doing things differently through a new service model – the pandemic had accelerated this work. Elected Members had been provided with the opportunity to ask questions, arising from themes highlighted from constituents. The Chair thanked Dr Woodworth for the update.	
6 (ii) Contract Variation from PMS (Primary Medical Service) to GMS (General Medical Service)	
G Edwards referred to the Extraordinary PCCC meeting held in January 2022, whereby the Committee approved the Merger of South Reddish Medical Centre with Heaton Norris Health Centre. For the merger to proceed, a request had been submitted from the contract holder at South Reddish Medical Centre for a variation in their PMS contract to a GMS contract. G Edwards advised on the difference between a PMS and a GMS contract and provided an overview of the request submitted. It was noted that there was no financial impact to the Commissioner on the proposed contract variation. A brief discussion took place. **RESOLVED: That Primary Care Commissioning Committee: -** **(i) NOTED the paper.** **(ii) Supported recommendation of the contract variation to the CCG Governing Body effective from 1 March 2022 for South Reddish Medical Centre to move onto a GMS contract from an existing PMS contract.**	
6 (iii) Update on Practice Mergers – Next Steps	
K Roberts provided an update on the two Practice Mergers that were underway.	

Merger 1 – Heaton Norris Health Centre and South Reddish Medical Centre: Discussions were underway with NHS Property Services to create additional space for the provision of health services on the South Reddish Medical Centre site. This work involved several proposals and bids. Both practices were working towards a proposed merger date of 19 April 2022.

There would be further engagement work, linked with Healthwatch Stockport to ensure that digitally excluded patients were given the opportunity to feedback on the changes.

In response to a question, it was noted that the CCG had received some assurance from NHS Property Services that the South Reddish Medical Centre site could still be used to provide health services.

Merger 2 – The Guywood Practice and Marple Cottage Surgery: Discussions were underway with NHS Property Services regarding the mergers. It was expected that the CCG would receive a request for a contract variation and confirmation on a planned merger date towards the end of April 2022.

G Edwards noted that this merger would involve alignment of services across two PCNs (Primary Care Networks), including the provision of GP cover at care homes within each PCN – discussions were progressing well.

The Chair thanked G Edwards and K Roberts for their updates.

7. Chairs' Update: ICS (Integrated Care Systems)

The Chair reported that he had participated in discussions with the Strategic Leads for the new ICS, including Sir Richard Leese, Dr Sarah Price and Warren Heppolette along with the Chairs of the PCCC's from the nine other CCGs in GM (Greater Manchester).

Discussions had covered several items including: the intention to delegate as much as possible to locality level and PCNs and the need for clinical engagement in the discussions as well a focus on quality. Members had been assured that Shadow Locality Boards would be up and running as soon as possible.

8. Notification of any Greater Manchester (GM) updates

G Henshaw briefed the meeting on several GM updates including:

- A contract variation had been issued in January 2022 to incorporate changes to contract regulations for the standard Alternative Provider Medical Services Contract (APMS). Commissioners were required to send contract changes to GPs – these had been issued to GPs.
- Cervical screening was now classed as an essential service.
- Patient consent had been removed from the prescription as a permanent change due to the expediency required during the pandemic.
- Contracts now require the timelier transfer of patient records.
- The team were supporting a review of the Special Allocation Scheme (SAS) – it was noted that this was part of a national review.

G Henshaw provided an update on primary care pressures including a focus on security and safety of staff due to an increase in the reporting of violence / verbal abuse directed at NHS staff. There was a piece of work underway, working with the Head of Crime at GMP (Greater Manchester Police) regarding making improvements to primary care premises to improve the safety of staff. GMHSCP (Greater Manchester Health and Care Partnership) had allocated funding on a fair share basis to CCGs to make premises more secure to prevent violence towards staff. In response to a question regarding the contract changes for GPs, it was explained that these changes had been agreed at a national level following negotiation with the BMA (British Medical Association). D Phillips questioned whether the additional security for the provision of medical services was for all practices or a small number of practices. It was noted that there had been an increase in violence and aggression exhibited towards NHS staff across the country. There had been a significant incident in GM. It was good practice to review premises and this included Dentists, Optometry and Pharmacy. G Miller joined the meeting.	
Primary Care Development	**Action**
9.1 Vaccine Programme Update	
Dr Woodworth briefed on the vaccination programme. It was noted that the numbers requesting a vaccine had reduced. Further work was taking place to implement a 4th vaccine for those eligible. Members were asked to note that Stockport continued to perform well across GM for the implementation of the vaccination programme. **RESOLVED: That Primary Care Commissioning Committee: -** **(i) NOTED the update on the Covid vaccination programme.**	
9.2 (i) Update on Winter Access Fund	
The declaration of interest from Dr Woodworth had been noted earlier on the agenda. G Edwards provided an overview of the funding allocated to Stockport to provide additional capacity by the PCNs (six of the seven PCNs had been commissioned to provide this capacity – the seventh PCN did not have the capacity and this would be picked up by the GP federation). Mastercall had been commissioned to provide the out of hours Covid-19 capacity and Viaduct Care had been commissioned to provide the `Hot' Covid-19 clinic. In response to a question regarding the additional capacity, G Edwards noted that one PCN in Stockport had provided more than 60 additional appointments in December for example.	

9.2 (ii) Update from Workshop with Elected Members – Stockport MBC: Primary Care Access	
G Miller briefed the meeting on the deep dive that had taken place on primary care access and hospital waiting lists as requested by Executive Members at the Local Authority (LA). Data was presented to provide context on the high number of appointments offered by Stockport GPs. It was acknowledged that there had been variability amongst practices on access to face to face appointments, but this figure continued to improve. Appointments were offered according to the needs of the population. The meeting had been attended by three GPs to provide updates on the challenges faced by practices and in securing additional workforce to meet the increasing demands on services. The workshop had received positive feedback from Elected Members. Following the workshop, the Elected Members would submit their own recommendations within an internal Council report. A discussion took place on the topics raised at the workshop. This had been a useful exercise; Elected Members had recognised the pressures in primary care and were seeking assurance on the recovery of services for constituents. P Winrow commended the integrated working between the CCG and the LA. It was further noted that Stockport practices had all been assessed by CQC as good or outstanding. The Chair thanked colleagues for their work presented at the workshop.	
9.3 Update on Asylum seekers: GP Registration	
G Miller provided an update on the support offered to Asylum seekers in Stockport and advised that the CCG was responsible for commissioning enhanced primary care, including registration with a GP. It was noted that urgent primary care provision had been provided by Mastercall for the Asylum seekers placed in a hotel in Stockport between October 2021 and January 2022. Heaton Moor Medical Centre had been commissioned to provide enhanced primary care provision from January 2022. Wrap-around care was being provided with system wide support. It was further noted that the Asylum seekers had been provided with temporary residence in Stockport (circa 320 with 150 having been moved to a more permanent residence). It was acknowledged that there would be additional pressures on local services to support this vulnerable group of people with significant health, language and social needs. The risk of additional pressure would be considered during the transition to an ICS and to the Home Office. D Phillips pointed out that due to the immediacy to support this vulnerable group, the faith community had supported a lot of these refugees and Asylum	

seekers. Many of them had moved out of area but were still contacting Stockport for support. D Phillips questioned if there was an expectation that this support would be provided by the area they were being moved to. G Miller responded that as Stockport did not have the housing stock to accommodate the Asylum seekers they would be moved to another area and as soon as they registered with a GP in the new area, they would be able to access primary care services. G Miller highlighted the importance of communicating this message across to the voluntary and faith services that were offering additional support, to encourage the Asylum seekers to register with a new GP as soon as possible. They would not have to do anything else as their records would be transferred electronically as soon as they registered at a new practice. In response to a further question, it was noted that if a patient (Asylum seeker) had a previously booked appointment at Stockport NHS FT but subsequently moved area, the appointment would continue, and Serco would provide transport to the hospital. Serco could also provide special assistance to those that require specialist mental health or medical support. G Edwards drew attention to the wrap-around support provided to these patients. The Chair commented that this highlighted that services were working together to support patients. **RESOLVED: That Primary Care Commissioning Committee: -** **(i) Note the requirement for GP registration and enhanced primary care provision for both Afghan evacuees and Asylum seekers placed in Stockport, in accordance with the Home Office requirements for these two programmes.** **(ii) Note the provision (direct award) enhanced primary care for the Afghan Evacuees at Hotel B, from two local GP Practices. Alvanley Family Practice and The Guywood Practice, who are the registered GP Practices.** **(iii) Note the provision (direct award) of enhanced primary care provision from Heaton Moor Medical Group, from 17 January 2022, who are the registered GP Practice.** **(iv) Note the interim primary care service provision that has been provided by Mastercall Healthcare as an immediate and urgent response for the Asylum seeker population at Hotel A (October 2021 to 17 January 2022).** **(v) Note the next steps.**	
9.4 GP Retainer Scheme Application	
Dr Woodworth declared an interest as he used to be a partner at the practice named in the paper over five years ago. P Stephens declared an indirect conflict due to his work with the LMC supporting practices across Stockport. Both members would not participate in discussions. The Chair agreed that as Dr Woodworth and P Stephens would not be involved in the decision	

making, they could remain in the meeting.
G Edwards referred to the paper outlining an application as part of the GP Retainer Scheme. Members noted the named practice within the report. It was noted that this was a national scheme, to retain experienced clinicians. Members were assured that the application had been approved by Health Education England (HEE) and was in line with the criteria and eligibility requirements.

The application was for four qualifying sessions a week at a cost to the CCG of £15,999 per annum up to a maximum of 5 years.

In response to a question, M Cullen confirmed that the funding would be obtained from the appropriate budget. Members discussed the application and next steps.

RESOLVED: That Primary Care Commissioning Committee: -

(i) NOTED the content of the report outlining the national guidance of the GP retention scheme, and that this scheme supported the national and local workforce strategy.

(ii) NOTED the application from a GP at the named Practice within the Report and that this met the criteria set out in the GP retention scheme and had been approved by Health Education England on 29 December 2021.

(iii) APPROVED the application within the GP Retainer Scheme.

(iv) NOTED and APPROVE the next steps.

Performance	Action
10.1 Stockport Quality Update Report	

A Rolfe presented the Stockport Quality Update Report as discussed at a Stockport Patient Safety Group meeting.

The key issues for December 2021 / January 2022 had been the impact of the Omicron variant on the workforce. Regular Tactical Health and Care calls took place each week to address issues as they arose, working collaboratively across the system.

The Chair thanked all organisations for the tremendous team effort to support the public of Stockport. Delivery of the vaccination programme had been a huge success.

D Phillips referred to the graph demonstrating that SFT (Stockport Foundation Trust) had moved from red to green (from `Requires Improvement' to `Good') and asked how primary care had supported this work. A Rolfe commented that this had been a system-wide effort and all preventative work that took place in primary care, including the support of

Viaduct Care and Mastercall with Covid-19 clinics and out of hours had contributed in reducing the demand on ED (Emergency Department). This had been acknowledged by the Chief Executive at SFT. A Rolfe briefed the meeting on the development of an overarching Quality dashboard for primary care. Good progress was being made in Learning Disability (LD) and Serious Mental Illness (SMI) health checks – these were annual health checks at practices. Reference was made to the good reporting of complaints and incidents. It was further noted that one Stockport practice had been rated as number one in the country for the number of cervical screening tests undertaken for 25 – 49-year olds and Stockport was fourth nationally, despite the ongoing challenges presented by Covid-19. A schedule of informal face to face visits to practices was being prepared. The approach had been presented to Clinical Directors of PCNs (Primary Care Networks) for feedback. The dashboard would be presented at these informal meetings to show comparative measures against other practices and where appropriate, targeted support would be provided. In response to a question, this dashboard was specific to the practices in Stockport, but a GM Quality Board dashboard was being developed for primary care. M Cullen offered to set up a demonstration of Tableau (a business intelligence software programme) for members if they wanted to understand how the data was collated. A Rolfe offered to brief P Stephens on the primary care dashboard for Stockport offline. **RESOLVED: That Primary Care Commissioning Committee: -** **(i) NOTED the Stockport Quality Update Report.**	
10.2 Primary Care Commissioning Committee Finance Report	
D Oldfield presented the Finance Report for the period ending 31 January 2022 – Month 10 and drew attention to several key points contained within the Report: • The CCG was reporting an adverse variant of £1.102m for 2021/22. • The CCG was forecasting to spend £2.993m (80%) of the maximum allocation entitlement for ARRS (Additional Roles Reimbursement Scheme). D Oldfield briefed the meeting on this allocation, it had gone above the 55.6% ARRS funding that the CCG had already received. • The CCG was forecasting to spend £1.269m (100%) of the maximum allocation entitlement for Winter Access Funding (WAF). • NHS Property Services – an adverse variance of £0.071m was forecast due to higher costs than planned. • Other GP Services – an adverse variance of £0.092m: there had been an increase in GP Locum cover for sickness and paternity. • Business Rules/General Reserves - £1.048m adverse variance.	

• GMS/PMS Contracts - £0.032 favourable variance due to patient list size growth less than planned. It was noted that the draft financial plans for 2022/23 were due to be submitted to NHS E on 17 March 2022 with the final submission on 28 April 2022. D Phillips sought clarification on the adverse variance figures. M Cullen explained the flexibilities assigned to non-recurring finances that had to be spent in-year and highlighted the need to not rely on non-recurring funding. **RESOLVED: That Primary Care Committee: -** **(i) NOTED the Finance Report for the period ending 31 January 2022 (Month 10).**	
ANY OTHER BUSINESS	
11. Any Other Business. The Chair noted that this would be Paul Lewis-Grundy's final meeting of the Committee and thanked Paul for his valuable input over the last couple of years. The Chair extended best wishes on behalf of the Committee to Paul in his new post, outside of Stockport.	
Meeting Governance	
Date and time of next meeting:	
The next meeting of the Primary Care Commissioning Committee would take place on Wednesday 13 April 2022 15:00 – 17:00 pm, Virtual Meeting. The meeting closed at 16:55 pm	

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PRIMARY CARE COMMISSIONING - ACTION LOG - 16 February 2022

Action Number	Meeting Date	Agenda Item	Current Status	Action Description	Action Lead	Target Date	Comments
MA200	16.06.21	5	To close	To engage on Practice Policy re: Practice Closures - liaise with Communications team	GMI	24/03/2022	Approved Policy on Practice Closures to be circulated at the next PIN meeting for information

Contract Variation from PMS to GMS – Marple Cottage Surgery

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Authors):	Kimberly Roberts		
Date:	5th April 2022	**Agenda Item No:**	5 (iii)
Previously Considered by:	Not previously considered		

Decision	**x**	**Assurance**		**Information**	**x**

Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG

Purpose of the report:

The purpose of the report is to request Primary Care Commissioning Committee (PCCC) approval for a contract variation for Marple Cottage Surgery from a Personal Medical Services (PMS) to General Medical Services (GMS) in accordance with the NHS General Medical Services (GMS) regulations and NHSE Primary Medical Services (PMS) policy and guidance.

Key points (Executive Summary):

- In December 2021 the PCCC approved the merger of two practices Marple Cottage Surgery (PMS) with The Guywood Practice (GMS) to create one partnership operating under one GMS contract, with a single registered list of patients. The approval was subject to Marple Cottage Surgery agreeing to a contract variation to move onto a GMS contract in preparation for the merger.

- On the 5th April 2022 the contract holders of Marple Cottage Surgery requested a variation in their Personal Medical Services (PMS) contract to be changed to a General medical service (GMS) contract as from the 15th May 2022 in order for the planned practice contracts merger to proceed.

- The report considers the differences and similarities of the two contract types and conclude that there is no significant impact to both the provider and commissioner in varying this contract. Patient service provision will not be impacted.

- Once the contract variation has been approved and enacted the approved merger of the two practices will be able to proceed within the required regulations and planned timescales.

- There is no financial impact to the Commissioner as a result of this contract variation as funding arrangements for PMS and GMS contracts have been aligned following the PMS premium review process undertaken in 2015/16.

Recommendation:

It is recommended that the Primary Care Commissioning Committee:

- **R**eview the content of this report considering the points raised in relation to the contract variation

- **A**pprove the contract variation effective from the 15th May 2022 for Marple Cottage Surgery to move onto a GMS contract from an existing PMS contract. Noting that this is required as part of the further preparation for the merger of Marple Cottage Surgery and The Guywood Practice.

- **N**ote and Approve the next steps

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Aims and Objectives:

Which Corporate aim(s) is / are supported by this report:	• Start well • Live well • Age well • Die well • Lead well
Which corporate objective(s) is / are supported by this report:	The following objectives are: - • Continuously improve the quality and safety of care • Support people to remain healthy and independent as long as possible • Improve early identification of health conditions • Reduce health inequalities faster • Empower people to live well & proactively manage long-term conditions • Support people to remain healthy and independent as long as possible • Financial balance across the system • Patients and their families will receive high quality support at the end of life • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary

Risk and Assurance:

List all strategic and high-level risks relevant to this paper	None identified

Consultation and Engagement:							
Patient and Public Involvement:	Contractual changes with no impact to service provision and no patient and public involvement required.						
Clinical Engagement:	Engagement with PCN Clinical Director and CCG Clinical Lead – required as part of merger progressing and PCN in support of merger						
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	None					
	Each cost pressure has been identified in the options considered						
	Expenditure included within CCG Financial Plan	N/A as no financial difference in contract type					
Performance Impact:	Performance impact is considered low as patients will continue to have access to services irrespective of contractual type						
Quality and Safety Impact:	No impact as service provision the same for both GMS and PMS contracts						
Compliance and/or Legal Impact:	Stockport CCG needs to act within the terms of the Delegation Agreement with NHS England undertaking the functions relating to Primary Care Medical Services. The CCG have followed the processes as set out in NHS England Primary Medical Care Policy and Guidance Manual (PGM)						
Equality and Diversity:							
	Has an equality impact assessment been completed?	Yes		No		N/A	X
	If N/A please explain why	Covered in the paper presented to PCCC in December 2021					

1. INTRODUCTION

1.1. Every individual or partnership of GPs must hold an NHS GP contract to run an NHS-commissioned general practice. These set out mandatory requirements and services for all general practices, as well making provisions for several types of other services that practices may also provide.

1.2. There are three different types of GP contract arrangements used by NHS commissioners in England

1.2.1. General Medical Services (GMS),
1.2.2. Personal Medical Services (PMS)
1.2.3. Alternative Provider Medical Services (APMS).

1.3. The GMS contract is the national standard GP contract. This contract is negotiated nationally every year between NHS England and the General Practice Committee of the BMA. It is then used by either NHS England and/or CCGs (depending on delegated powers) to contract local general practices in the locality.

1.4. The PMS contract is another form of core contract but unlike the GMS contract, is negotiated and agreed locally by CCGs or NHS England with a general practice or practices. This contract offers commissioners an alternative route with more flexibility to tailor requirements to local need while also keeping within national guidelines and legislation. The PMS contract is being phased out over time.

1.5. Changes to GP contracts must be approved by the CCG as a fully delegated co-commissioner of primary care. All GP contracts – General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Medical Services (APMS) – are underpinned by the Primary Medical Care Policy and Guidance manual, and the contract which the commissioner has with each individual practice. The content of the PGM is based on the relevant regulations CCG's are required to work in line with the PGM when undertaking delegated commissioning decisions.

1.6. In December 2021 the PCCC approved the merger of two practices Marple Cottage Surgery (PMS) with The Guywood Practice (GMS) to create one partnership operating under one GMS contract, with a single registered list of patients. The approval was subject to Marple Cottage Surgery agreeing to a contract variation to move onto a GMS contract in preparation for the merger.

1.7. In order for the merger to happen both practices need to be on the same type of contract so that they are contractually compatible with the same contractual requirements.

1.8. On the 5th April 2022 the contract holders of Marple Cottage Surgery requested a variation in their Personal Medical Services (PMS) contract to be changed to a General medical service (GMS) contract as from the 15th May 2022 in order for the planned practice contracts merger to proceed.

2. GENERAL PRACTICE CONTRACTS

2.1. The core parts of a general practice contract include:

- agree the geographical or population area the practice will cover
- require the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it
- establish the essential medical services a general practice must provide to its patients
- set standards for premises and workforce and requirements for inspection and oversight
- set out expectations for public and patient involvement
- outline of key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.

2.2. In addition to these core arrangements, a general practice contract also contains a number of optional agreements for services that a practice might enter into, usually in return for additional payment. These include the nationally negotiated **Directed Enhanced Services (DES)** that all commissioners of general practice offer to their practices in their contract and the locally negotiated and set **Local Enhanced Services (LES)** that vary by area.

2.3. General practices are generally contracted to provide the following types of service for the NHS, although some of these services are optional.

- Essential Services
- Out of hours services
- Additional Services
- Enhanced services
- Locally commissioned services

2.4. Essential services are mandatory for a practice to deliver to registered patients and temporary residents in its practice area. They include the identification and management of illnesses, providing health advice and referral to other services. GPs are required to provide their essential services during core hours, which are 8.00am–6.30pm Monday to Friday, excluding bank holidays.

2.5. Out-of-hours services are those provided outside core working hours. A practice is assumed to provide these by default but can opt out. Where a practice opts out, as most practices do, commissioners have the responsibility for contracting a replacement service to cover the general practice area population.

2.6. Additional services include specific other clinical services that a practice is assumed to provide but can opt out of, for example, minor surgery.

2.7. Enhanced services are nationally agreed services that holders of almost all GP contracts (GMS/PMS/APMS) can also provide if they choose to opt in. Services specified for 2020/21 include some vaccination programmes and a health check scheme for people with learning disabilities. Primary care networks (PCNs) have also been established via an enhanced service agreement.

2.8. Locally commissioned services are locally set services that practices can also opt in to. Unlike other GP services, these might also be commissioned by non-NHS organisations such as local authority public health departments.

3. PMS V GMS CONTRACT REQUIREMENTS

A general overview of the similarities and differences that exist between a contractors' obligations and requirements depending on whether they hold a GMS Contract or PMS Contract are set out below:

3.1. Core services

3.1.1. Core Hours covers the period beginning at 8:00 am and ending at 6:30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays

3.1.2. The contractor must: provide those essential services (and such other services as the contractor is required to provide to its patients)

3.1.2.1. At such times, within core hours

3.1.2.2. As are appropriate to meet the reasonable needs of its patients.

3.1.2.3. To have in place arrangements for the contractor's patients to access such services throughout the core hours in case if emergency

3.1.2.4. There is no difference for provision for core services between the two contract types

3.2. **Out of hours services**

3.2.1. A GMS contract automatically includes the need to provide OOH services. A PMS Agreement can provide OOH, but with the agreement of the commissioner, be varied to exclude the requirement to provide the OOH services.

3.2.2. All practices in Stockport have opted out of providing OOH and this is commissioned from Mastercall Healthcare

3.3. **Additional Services**

3.3.1. The PMS and GMS contract provides for the possibility of additional services being supplied by the GP practice and therefore there is no difference between the two contracts

3.4. **Sub-contracting of work (other than OOH's)**

3.4.1. A PMS practice can subcontract without the approval of the commissioner

3.4.2. To subcontract work a GMS contractor must have the prior approval of the commissioner unless the subcontract is with

3.4.2.1. a healthcare professional or

3.4.2.2. in the case of OOH Services is with one of four specified people (including another GMS contractor who is contracted to provide OHH Services themselves)

3.5. **Duration and Termination of contract**

3.5.1. Under GMS the contract runs unless and until terminated in accordance with its terms. (unless a temporary contract of not more than 12 months is in place)

3.5.2. Under PMS the contract runs unless and until terminated in accordance with its terms.

3.5.3. The key difference between the two contract types is that, unlike the PMS contract**,** the GMS contract do not allow the commissioner to voluntarily serve notice to end their core contract. This right is bestowed solely on the contractor.

3.6. **Compliance and Quality Standards**

3.6.1. Although under the PMS Contract, there are far broader obligations and requirements than are contained in the GMS Contract. both GMS and PMS practices will be equally subject to the requirements of CQC**.**

3.7. **Staff & conditions for employment/ engagement**

3.7.1. Under both the GMS and PMS contracts there are various requirements concerning the staff used in providing services under the relevant contract.

3.7.2. Although there is significant cross over between the GMS and PMS the PMS contract has more prescriptive additional requirements on contractors when it comes to the management and recruitment of their staffing.

4. . RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

4.1. Review the content of this report considering the points raised in relation to the contract variation

4.2. Approve the contract variation effective from the 15th May 2022 for Marple Cottage Surgery to move onto a GMS contract from an existing PMS contract. Noting that this is required as part of the further preparation for the merger of Marple Cottage Surgery and They Guywood Practice.

4.3. Note and Approve the next steps

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5. NEXT STEPS

5.1. Update commissioning and contractual impacts following the committees' decisions

5.2. Inform the practices of the Committee decision and any further contractual requirements to process

5.3. Inform NHSE of committee decision

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Primary Care Quality Report

Report To (Meeting):	Primary Care Quality		
Report From (Executive Lead)	Anita Rolfe, Executive Nurse		
Report From (Author):	Elaine Abraham-Lee		
Date:	13 April 2022	**Agenda Item No:**	10.1 (i)
Previously Considered by:	N/A		

Decision		**Assurance**	**x**	**Information**	**x**

Conflicts of Interests	
Potential Conflicts of Interest:	None

Purpose of the report:
To present an overview of Primary Care Quality.
Key points (Executive Summary):
Stockport CCG updates on: 1. Current work streams ➢ Current work/support for care homes, facilitating meetings with all GP practices to reach a mutual resolution following concerns regarding ward round frequency. ➢ Current work with GP practices, providing support and escalation with self-reported practice pressure. ➢ Asylum seekers and refugees support. ➢ Overview of the forthcoming changes to the diabetic pathway in line with NICE guidance.

2. CQC the inspections risk threshold for inspection has now been lowered. Monitoring activity through direct monitoring activity calls with providers has been recommenced.

3. Summary of the development of a workforce strategy.

Recommendation:

1. To note the information contained within the quality report
2. To note the next steps

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	*Patient Safety, Good Quality Care, Patient Experience*
Which corporate objective(s) is / are supported by this report:	*Patient Safety, Good Quality Care, Patient Experience*

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	*Patient Safety, Good Quality Care, Patient Experience*

Consultation and Engagement:	
Patient and Public Involvement:	*None*
Clinical Engagement:	*Shared with LMC for information*

1. Introduction

This report is to provide an update on current area of work in Primary Care Quality.

- Care homes
- Primary Care workforce challenges
- Workforce strategy development
- Diabetic pathways
- CQC update
- Asylum Seekers and Afghan Refugees

2. Care Homes

Support to care homes and GP practices

A couple of Stockport care homes have contacted the Primary Care Quality Assurance Manager to raise concerns about GP Ward rounds and the reduced frequency. Clarification has also been sought for Pathfinder processes and criteria.

Meetings have been facilitated between care home managers, lead GPs and Practice Managers to raise concerns and agree a resolution. These meetings have improved communication between parties and enhanced patient experience. Clearer processes between the practice and the home have been developed and implemented. This will ensure that visit requests and ward round details are clearly communicated and made available when the clinician attends. There is a follow up in place, to ensure that systems and processes continue to run smoothly.

Updated information on the Pathfinder service has been provided, so that the service can be used effectively.

An audit is planned for both care homes and practices on current processes for ward rounds to gain insight into the present situation, as anecdotally other concerns have been raised. The Primary Care Quality Assurance Manager is to attend the forthcoming Care Homes Managers Forum to create links and to gain feedback.

3. Primary Care Workforce challenge

The Primary Care Development team check the General Practice Pulse Check on tableau regularly. Where practices are reporting an increase in demand or extreme demand, support is offered and escalated as appropriate. Practices are not reporting on as regular a basis as previously and seem to use the pulse check mostly where a situation is potentially escalating.

4. Workforce strategy development

Stockport CCG has commenced the development of a Workforce Strategy for Primary Care to assist with workforce planning and development across the Locality. This will include projecting what the potential workforce needs are over the next 12 months for recruitment and retirement. The LMC and Clinical Directors will be engaged to support this work. The strategy will be aligned to the GM Workforce strategy, the Stockport One Health & Care Plan and workforce plans and strategies from Stockport FT and LA.

At a GM level a Staff Passport is being considered, so that staff can move around GM taking training and experience with them. Also, at this level the wider primary care provision was being considered (i.e. dental, ophthalmology) to understand potential training needs.

A mapping exercise is also being carried out to ascertain current training available and training needs to support the extended roles.

5. Diabetic Pathways

Following the recent changes to NICE Guidance 28: Type 2 Diabetes in Adults Management. (https://www.nice.org.uk/guidance/ng28/chapter/Recommendations#blood-glucose-management) changes are being made to diabetic pathways in regard to Continuous Glucose Monitoring. Patient eligibility criteria has been expanded to the Type 2 diabetes population beyond the restrictions from the current GMMMG and local Stockport guidelines. This means that the Stockport formulary and GMMMG criteria need to be amended to align to NICE recommendations.

NICE suggests it will save NHS time, because healthcare professions do not have to meet people who use CGMs as often as people who use capillary blood glucose monitoring and fewer hypoglycaemic events and hospital-related complications to the health system.

6. CQC update

Inspections were suspended before Christmas 2021 in light of the additional pressures on the sector from the pandemic and booster programme rollout.

The risk threshold for inspection has now been lowered, so more inspections are being stood up nationally. In addition, monitoring activity through direct monitoring activity calls with providers has been recommenced.

Inspection work is currently being prioritised as follows:

- Risk based inspections, either to follow up known risk (e.g. requires improvement and inadequate ratings and services already in breach), or due to emerging risk coming to light via intelligence, e.g. whistleblowing concerns, safeguarding etc.
- Proactive inspections – for those services flagged as very high risk on CQC's data intelligence modelling and those who have been registered, but not yet rated (including where there have been certain registration changes at provider level).
- Reactive inspections – inspections triggered following concerns identified through our monitoring activity (Direct Monitoring Activity)
- Inspections are also to be undertaken feeding into CQC work looking at assessing services across selected Integrated Care Systems. More information about our coordinated system-wide inspections can be found on CQC website, here: https://www.cqc.org.uk/what-we-do/services-we-regulate/urgent-emergency-care-system-wide-inspections
- Finally, CQC will be undertaking inspections of a sample of services currently sitting in our regulatory risk 'band 1' (identified as low or medium risk on CQC's data intelligence modelling) as part of ongoing quality assurance work to refine and maintain assurance that the risk modelling is effective.

7. Asylum Seekers and Afghan Refugees

7.1 Asylum seekers

By far the largest number of Asylum seekers and support has been provided for the residents at the Britannia Hotel in Stockport (circa 500 arrivals to date) with a very high

turnover with constant arrivals of both single people and families. Support has been provided by the Primary Care Development team; facilitating meetings and taking action to overcome issues. The team have worked across multiple agencies and providers such as Serco, Stockport Council, Voluntary Sector, Public Health, Viaduct and Mastercall. Mastercall were initially awarded a temporary contract by the CCG to provide urgent primary healthcare. The contract has recently been awarded to Heaton Moor Medical Centre, who are registering new patients and providing health checks and primary care services. The practice staff have adapted and used creative thinking to overcome cultural and language differences to provide high quality, efficient service for this cohort of patients. The high level of support will continue for these hotel residents and into the future as more asylum seekers arrive.

Hulme Hall Medical Centre, as it has a Handforth branch, has been required to register asylum seeker residents who reside at the Stanley Hotel at Manchester Airport. The GP contract is shared with Cheshire CCG. To date there have been 20 residents registered with Hulme Hall Medical Group and health checks have been undertaken as necessary. The Primary Care team has worked with Manchester CCG to understand recommended approaches, processes and GP payments as well as supporting the practice team in designing processes in line with those of the Cheshire CCG practice to enable quick registration of new patients. The team will continue to facilitate joint review meetings with both practices to address any issues and keep track of resident numbers and turnover. Attendance and feedback is required at the Handforth general meetings, hosted by Serco with attendance from Stockport CCG, Cheshire CCG, Cheshire Local Authority and other associated agencies including Home Office colleagues.

7.2 Afghan Evacuees

The GP contract to provide patient registration and health checks for Afghan evacuees who arrived at the Bredbury Hall hotel last summer was split between 2 Stockport practices following a Stockport wide request for expressions after an expression of interest was sent out to all Stockport practices by the Primary Care team. The two practices that currently hold the contract and register patients from this hotel are split between Alvanley Family Practice and The Guywood Practice both in Werneth PCN. Although there are mainly families with children, the turnover has been relatively low turnover until recently, when approximately 30 new residents arrived at the hotel from Birmingham. It is not known if this number will increase further but there are currently approximately 70 residents and some have been in the hotel for 9 months.

Unlike the asylum seeker cohort there is no Serco support provided for Afghan evacuees and it is for health teams and Stockport Council to manage and coordinate appropriate services and have a presence at the hotel.

Stockport primary care team have supported by facilitating regular review meetings, helping to overcome issues and supporting services to go into the hotel such as routine eye testing, diabetes education and also investigating providers and associated support for psychological support/counselling for residents. This has been supported by joint working with community services and Stockport Council colleagues.

8.0 NEXT STEPS

8.1 Continued support to care homes and development of and circulation of care home ward round audit to GP practices and care homes.
8.2 Monitoring and escalation where required of the General Practice Pulse Check.
8.3 Update the meeting with the development of the Workforce Strategy for Primary Care as appropriate.
8.4 Implement the updated Diabetic pathway and keep group informed.
8.5 Continued support to Primary Care to provide a service to the Asylum Seekers and Refugees.

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Primary Care Quality Meeting update

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Author):	Elaine Abraham-Lee		
Date:	13th April 2022	**Agenda Item No:**	10.1 (ii)
Previously Considered by:	Primary Care Quality Group		

Decision		**Assurance**		**Information**	√

Conflicts of Interests	
Potential Conflicts of Interest:	None

Purpose of the report:
To provide an update from the primary Care Quality Group to the committee
Key points (Executive Summary):
Summary from, reconvened Primary Care Quality Meeting for information.
Recommendation:
To note.

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	*Patient Safety, Good Quality Care, Patient Experience*

Which corporate objective(s) is / are supported by this report:	*Patient Safety, Good Quality Care, Patient Experience*

Risk and Assurance:	
List all strategic and high level risks relevant to this paper	*Patient Safety, Good Quality Care, Patient Experience*

Consultation and Engagement:	
Patient and Public Involvement:	*None*
Clinical Engagement:	*LMC and a GP involved in the meeting.*

1. INTRODUCTION

1.1 The Primary Care Quality meeting was reconvened on 2nd March 2022.

2. DETAIL

2.1 The meeting was attended by NHSE, CCG staff and LMC representatives. The meeting discussed the Terms of Reference and decided that the membership needed to be widened, to include stakeholders from provider organisations such as Viaduct and Mastercall according to agenda items. The purpose of the meeting was to share information and report any issues / concerns or make recommendations to the CCG Executive Board and PCCC (Primary Care Commissioning Committee), both of which were decision making Groups.

2.2 Primary Care Quality Assurance and practice visits were discussed using the recently developed Primary Care Quality dashboard. A draft letter to GPs advising of a planned visit had received support from Clinical Directors, further comments are awaited from the LMC. Once the letter is signed off practice visits will commence. The practices to be visited first is based on those who may need additional support, the process for prioritisation was shared with the meeting. It is anticipated that all practices will be visited each year.

2.3 The meeting was also briefed on the updates in the GP contract letter (1 March 2022). The priorities would be timely access for patients, the management of long-term conditions, and include prevention; PCNs would continue to develop. Three new investment indicators had been introduced for 2022/23 focused on Direct Oral Anticoagulants (DOAC) prescribing and FIT testing for cancer referrals.

3. CONCLUSION

3.1 The Primary Care Quality meeting will continue to provide updates to the Primary Care Commissioning Committee.

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Primary Care Quality Group

Terms of Reference

1. PURPOSE

The Primary Care Quality Group reports to the Primary Care Commissioning Committee. The Primary Care Quality Group provides oversight on quality issues affecting Stockport General Practice.

2. ROLES AND RESPONSIBILITIES

The Primary Care Quality Group will be the operational focus for Stockport General practice for reporting and monitoring any quality issues. The group will also highlight any good practice and ensure that this is shared.

3. MEMBERSHIP

Associate Director of Commissioning

CCG Executive Nurse

Commissioning Lead Primary Care

GM Area Team Representative

Head of Quality Assurance, Patient Safety and Complaints

Head of Safeguarding

Local CQC Representative

Local Medical Committee Representative

Primary Care Quality Assurance Manager

Senior Medicines Optimisation Pharmacist

* Other Attendees to be invited subject to items to be discussed on the Agenda

4. CHAIR ARRANGEMENTS

CCG Medical Director will act as Chair.

Primary Care Clinical Lead will act as Vice-Chair

5. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

The provisions of Managing Conflicts of Interest: revised statutory guidance for CCGs (2017)[1] or any successor document will apply at all times.

[1] https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/

Where a member of the Primary Care Quality Group is aware of an interest, an actual conflict or a potential conflict of interest in relation to the scheduled or likely business of a meeting of the group, they are obliged to bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the member to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, an actual conflict or a potential conflict of interest they will bring it to the attention of the group, and the Vice Chair will act as Chair for the relevant part of the meeting.

Any declarations of interests, actual conflicts and potential conflicts, and arrangements to manage those interests or conflicts that are agreed in any meeting of the Committee, will be recorded in the minutes.

Failure by any member to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: revised statutory guidance (2017) and may result in suspension of that member from the group. Any such decision to suspend shall be the decision of the Chair of the group, or where such failure is by the Chair; such decision shall be reserved to the Primary Care Commissioning Committee.

All members of the group shall comply with, and are bound by, the requirements in the CCG's Constitution, its Standards of Business Conduct Policy, Conflicts of Interest Policy (as detailed in the CCG's Governance Handbook), the Standards of Business Conduct for NHS staff (where applicable) and the NHS Code of Conduct.

6. QUORACY

There should be a minimum of three members present for the meeting to be viable.

7. DECISION MAKING AND VOTING

For the avoidance of doubt the Primary Care Quality Group is an advisory group and has no decision making authority.

8. ACCOUNTABILITY OF COMMITTEE

For the avoidance of doubt, in the event of any conflict, the CCG's Standing Orders, the Detailed Financial Policies and the Scheme of Reservation and Delegation will prevail over these Terms of Reference.

9. REPORTING ARRANGEMENTS

The Committee shall report to the Primary Care Commissioning Committee on how it discharges its functions. The minutes of the Primary Care Quality Group meetings shall be formally recorded by the Corporate Support Administrator (see paragraph 11 below) and a summary presented to the Primary Care Commissioning Committee and Stockport Patient Safety Group.

The Chair of the Primary Care Quality Group shall draw to the attention of the Governing Body any issues that require disclosure to the Primary Care Commissioning Committee, or that require Executive action.

The Primary Care Commissioning Committee annual report should describe how the Primary Care Quality Group has fulfilled its Terms of Reference and give details of any significant issues that the group has considered during the year.

10. FREQUENCY AND NOTICE OF MEETINGS

Meetings of the Primary Care Quality Group shall be held monthly, at such times and places that the group may determine.

The Primary Care Quality group will agree an annual programme of meetings in advance to link with key business to be transacted.

Papers for each meeting of the Primary Care Quality group will be issued at least five working days in advance of each meeting of the group wherever possible.

The chair of the Primary Care Quality group, in discussion with the Executive Lead may call additional meetings as required, giving not less than 14 days' notice to the members of the Committee.

11. ADMINISTRATIVE SUPPORT

Administrative support to be provided by a member of the Corporate Support Team.

12. REVIEW OF TERMS OF REFERENCE

These Terms of Reference and the effectiveness of the Primary Care Quality Group will be reviewed by the Committee to assess the performance of the Committee and its exercise of its functions. Such reviews shall take place at least annually or sooner if required by the Primary Care Commissioning Committee.

The Primary Care Quality Group will recommend any changes to the Terms of Reference to the Governing Body with a view to approval from the Primary Care Commissioning Committee.

Reviewed by: Primary Care Quality Group

Approved by: Primary Care Commissioning Committee

Copy to Stockport Patient Safety Group

Review Date: 13 April 2023

Learning Disabilities Health Checks expected year end performance

Supporting information for PCCC

March 2022

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LD Health Checks Stockport GP Practices

(Expected year end performance based on practice submissions as at 31.3.2022)

The NHS Long Term Plan set an ambition that by 2023/24, **at least 75% of people aged 14 and over on the learning disability register receive an annual health check**, in a drive to tackle health inequalities for people with a learning disability.

- All practices have been contacted for assurance on current position of delivery at 31 March 2022
- For reporting purposes in year, the highest register size at any point in the year had previously been used as the denominator. If this approach is used at year end performance is expected to be at **71.9%**
- Performance improves to **73.6%** if the denominator is based on practices LD registers as at 28 Feb 2022 (expected to be minimal/no difference in Feb/March register sizes)
- Stockport CCG agreed a local target of 70% performance for 2021/22. This year has seen the highest LD performance to date with reduced variation between practices & PCNs performance also
- Further work is underway with practices reviewing their approaches to engagement and processes, to further improve uptake of LD health checks into 2022/23

		YTD Apr-Feb - using most recent list size (Feb-22)	Projected 2021/22 performance based on practice submissions		
GP Practice	Primary Care Network	Change in perf. Compared to using highest register size	Estimated total for 21/22	Register size Feb 2022	Performance
Cheadle Hulme Medical Group	Bramhall & Cheadle Hulme	4.7%	30	35	85.7%
Bramhall Health Centre	Bramhall & Cheadle Hulme	1.6%	19	26	73.1%
Bramhall & Shaw Heath Medical	Bramhall & Cheadle Hulme	4.2%	96	106	90.6%
Hulme Hall Medical Group	Bramhall & Cheadle Hulme	4.7%	50	54	92.6%
The Village Surgery	Bramhall & Cheadle Hulme	1.5%	14	16	87.5%
Cheadle Medical Practice	Cheadle	0.0%	45	64	70.3%
Heald Green Health Centre 2	Cheadle	5.0%	12	21	57.1%
Gatley Medical Centre	Cheadle	0.0%	32	39	82.1%
Heald Green Health Centre 1	Cheadle	0.0%	22	36	61.1%
Marple Bridge Surgery	Hazel Grove, High Lane & Marple	7.2%	12	13	92.3%
Marple Cottage Surgery	Hazel Grove, High Lane & Marple	0.0%	29	30	96.7%
Beech House Medical Practice	Hazel Grove, High Lane & Marple	0.0%	43	44	97.7%
Marple Medical Practice	Hazel Grove, High Lane & Marple	2.5%	33	44	75.0%
Springfield Surgery	Hazel Grove, High Lane & Marple	0.0%	15	17	88.2%
High Lane Medical Centre	Hazel Grove, High Lane & Marple	2.0%	13	18	72.2%
Family Surgery	Tame Valley GP	0.0%	11	22	50.0%
Heaton Norris Health Centre 1	Tame Valley GP	0.0%	42	61	68.9%
Park View Group Practice	Tame Valley GP	0.6%	22	49	44.9%
Brinnington Surgery	Tame Valley GP	0.8%	64	84	76.2%
South Reddish Medical Centre 2	Tame Valley GP	5.8%	11	12	91.7%
Vernon Park Surgery	Tame Valley GP	4.9%	32	35	91.4%
Manor Medical Practice	The Heatons Group	12.5%	41	51	80.4%
Heaton Mersey Medical Practice	The Heatons Group	2.4%	23	29	79.3%
Heaton Moor Medical Group	The Heatons Group	0.1%	168	247	68.0%
Caritas General Practice Partnership	Victoria	0.2%	20	71	28.2%
Adshall Road Medical Practice	Victoria	2.6%	17	22	77.3%
Bracondale Medical Centre	Victoria	0.0%	20	29	69.0%
Cale Green Surgery	Victoria	2.0%	4	9	44.4%
Stockport Medical Group	Victoria	0.7%	60	89	67.4%
Dr H Lloyd's Practice	Victoria	11.4%	2	5	40.0%
Woodley Village Surgery	Werneth	2.3%	13	18	72.2%
Chadsfield Medical Practice	Werneth	1.2%	13	27	48.1%
Alvanley Family Practice	Werneth	0.0%	32	34	94.1%
Bredbury Medical Centre	Werneth	0.0%	16	17	94.1%
The Guywood Practice	Werneth	5.5%	15	16	93.8%
Archwood Medical Practice	Werneth	3.9%	29	31	93.5%
		1.7%	1120	1521	73.6%

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End of Documentation Pack