

**Primary Care Commissioning Committee  
 Wednesday, 4<sup>th</sup> December 2019  
 Agenda**

<b>Date of Meeting:</b>	<b>4<sup>th</sup> December 2019</b>	<b>Time</b>	<b>From</b>	<b>To</b>
			<b>15.00pm</b>	<b>17.00pm</b>
<b>Venue:</b>	<b>3<sup>rd</sup> Floor, Conference Room, Stopford House</b>			
<b>Apologies:</b>				

\*This meeting will be held in public. To register to attend please contact 0161 426 9900 or email  
 Shirley.hamlett@nhs.net

<b>Item No.</b>	<b>Agenda Item</b>	<b>Format</b>	<b>Papers</b>	<b>Action required</b>	<b>Lead</b>	<b>Time</b>
<b>Meeting Governance</b>						
1.	Apologies	Verbal	N/A	To receive and note	PR	15:00
2.	Declarations of Interest	Verbal	N/A	To receive and note	PR	
3.	Approval of the Minutes of the Meeting	Minutes	Attached	To approve	PR	
4.	Actions Arising	Action Log	Attached	To receive an update	PR	
5.	Notification of any other items of business	Verbal	N/A	To receive and note	ALL	
<b>Items of Business</b>						
6.	Update report: current issues and outputs from Primary Care Quality Board 14.11.19	Paper	Attached	To note	GE	15:15
7.	Update report on any issues affecting Primary Care  7.1 GP Patient Survey 2019	Verbal  Paper	N/A  Attached Link to GP Patient Survey website: <a href="https://www.gp-patient.co.uk/practices-search">https://www.gp-patient.co.uk/practices-search</a>	To discuss	SW	15:30

	7.a Heaton Mersey Medical Practice Improvement Application	Paper	Attached	To approve		
	7.b Heaton Mersey PID	Paper	Attached	To approve		
	7.c CMP Improvement Grant Application	Paper	Attached	To approve		
	7.d Cheadle Medical Practice PID	Paper	Attached	To approve		
	7.e Cheadle Medical Practice Improvement Grant Quotes	Paper	Attached	To approve		
8.	Notifications of any applications of practice mergers/closures	N/A	N/A	N/A	N/A	16:00
9.	Notification of any regular GM or national reporting programme	Verbal	N/A	To note and discuss	AG	16:00
10.	Finance Report	Paper	Attached	To note and approve	DD/DO	16:05
11.	Primary and Community Care Delivery Plan update	Verbal	N/A	To note and discuss	VM	16:15
12.	GMS & PMS contract revisions 12.1 Minor surgery DES - Additional Procedure request	Paper	To follow	To note and approve	GE	16:25
13.	Review of Primary Care Services In Stockport 13.1 LCS Flu Service Specs for Adults & children	Paper	Attached	To note and approve	SW /VM	16:35
14.	Review the Committee Terms of Reference	Verbal	N/A	To note and discuss	SW	16:45
15.	AOB Free Prescription Charges for Care Leavers	Verbal	To follow	To note and discuss	ALL	16:50 AR

**Other committee activities to follow:**

	Review Primary Care Committee Work Plan	Feb 20				
	Self-assess the Committees effectiveness	June 20				
	Produce an Annual Committee Report	April 20				

**Date, time and venue of next meeting:**

The next meeting of the Primary Care Commissioning Committee will be held on: Wednesday, 5 <sup>th</sup> February, 3.00pm – 5:00pm. 3 <sup>rd</sup> Floor Conference Room, Stopford House
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Primary Care Commissioning Committee  
DRAFT MINUTES of the meeting held on Wednesday 2 October 2019  
3rd Floor Conference Room, Stopford House

**Circulation:**

<b>Peter Riley*</b>	Lay Member for Primary Care Commissioning, CHAIR
<b>Dr Simon Woodworth</b>	Chief Medical Officer, NHS Stockport CCG
<b>Judith Strobl</b>	Public Health Consultant, SMBC
<b>Anita Rolfe</b>	Executive Nurse, NHS Stockport CCG
<b>Mark Chidgey</b>	Director of Finance, NHS Stockport CCG
Gail Henshaw	NHSE
Gale Edwards,	CCG Business Manager, NHS Stockport CCG
Gillian Miller	Interim Director of Commissioning, NHS Stockport CCG

**In attendance:**

David Dolman	Deputy Chief Finance Officer, NHS Stockport CCG
Dianne Oldfield	Senior Management Accountant, NHS Stockport CCG
Robert Green	Commissioner Manager, NHS Stockport CCG
Shirley Hamlett	Corporate Officer (Minutes), NHS Stockport CCG
Patrick Norris	(Public Observer)

**Apologies:**

**Andrea Green, Viren Mehta, Cllr Jude Wells,** Julie Ryley,

\*(Those in bold are members of the Committee)

<b>1. Governance</b>
<p><b>1. Apologies</b> Apologies were noted as above.</p> <p><i>The Chair declared that the meeting was quorate and could therefore continue with the items of business noted on the agenda.</i></p>
<p><b>2. Declarations of interest</b></p> <p>SW declared an interest as a GP in items 9 &amp; 16</p> <p><i>The Chair declared that this interest would not interfere with the decision/s to be taken, and no corrective action was required.</i></p> <p><b>Action:</b> SH complete COI papers</p>
<p><b>3.1 Approval of previous minutes of the meeting held on 7 August 2019</b></p> <p>The minutes were agreed as an accurate record</p>
<p><b>4 Actions Arising</b></p> <p>009 - Completed</p> <p>019 - Completed</p> <p>021 - Completed</p>

022 – Completed  
023 - Completed  
024 - Completed  
025 – Completed

026/2.10.19 O/S

## 5 Notification of items for any other business

The Chair called for any other items of business to be considered during the meeting - There were none.

## Items of Business

### 6. Update report: current issues and outputs from Primary Care Quality Committee

GE updated the committee:

The Quality Board which is a subcommittee of the PCCC has not met since February 2019. There are plans for the first one to be held in November, to report to the PCCC in December. A Primary Care Workplan and Primary Care Quality Committee will be established.

### 7. Update report on any issues affecting Primary Care

SW updated the Committee on the following:

It was highlighted that the only major issue was the practice telephony system with practices struggling daily. Historically practices moved to Stockport wide telephone system which was funded in part by the CCG, however this system is now defunct, therefore there is a need to migrate to new system. There is a need to think about supporting PCNs to move to a new provider. A bid has been put in to GM which if successful will offset some of the cost and a paper will be going to Leadership Team on 3<sup>rd</sup> October.

AR explained a patient had complained on a number of occasions along with other patients from the Bramhall practice. This patient was advised in May the problem would be fixed however it is now October and the problem still exists. The new platform, which is three years old is not working and this is now having an impact on staff who are having to manage the situation on a daily basis

The Chair queried if when purchasing the system specifications were put in. It was confirmed the well-recognised company were confident the system could meet the specifications however they did not deliver. MC confirmed a penalty payment was put on the contract.

A core spec for the new system has been developed including capacity, call menu, queuing and ideally EMIS integration.

It was explained that unfortunately timelines are now an issue and it may be March until the problem is rectified. It was queried what the cost of the new system would be.

**Action:** MC to confirm the cost of the new telephony system.

It was raised that this will go to Leadership Team tomorrow (3<sup>rd</sup> October) to consider in terms of risk and significant risks of doing nothing.

Other points to note were:

The delivery of flu vaccines for those under 65 has been delayed – some to November. This has been escalated and practices have been sharing vaccines across their networks.

Latest Prescribing data up to month 4 is standing at 6.6% over budget. This is due to the price volatility and lack of availability of many medicines, meaning that expensive items have to be prescribed instead. The Prescribing Team are providing valuable support in sourcing alternatives for patients. It was raised as to whether Brexit was having an impact. It was confirmed that there is no prescribing policy and to carry on as normal, however it was noted there are some different activities in other areas.

One patient has been allocated to the Special Allocation Service (SAS) team, and one person appealed. The panel met and the original decision was not upheld.

#### **8. Notifications of any applications of practice managers/closures**

There were none.

#### **9. Request for decision on any discretionary payments**

GE put forward a request for a discretionary payment from a single handed GP who due to bereavement had to engage locums for 16 non consecutive days. The GP has asked if the PCCC will consider a discretionary payment under SFE and also a top up to normal payment for local reimbursement due to hardship.

It was queried if there was a policy regarding single handed practices. SW is unaware of such a policy and GH confirmed there is also no national policy. It was raised there are still five single handed practices in Stockport.

AR queried if the practice should have a contingency plan to meet their CQC obligations and what would happen in the future. GE indicated the practice's contingency plan would be that locums would be engaged at a cost to the practice. It was raised that the practice should have had locum insurance and if they have chosen not to, it is their risk.

A conversation took place around the value of single handers taking out locum insurance cover and it would be reasonable to consider funding this. MC commented this would mean the CCG is acting as the insurer. AR voiced concern that the continuity plan was not robust enough and needed discussing with the practice.

The Chair raised that if we have GPs who deliver a high level of service they should be supported, however a message needs to be sent out to state that it is a one off discretionary payment. GMi highlighted that the Greater Manchester policy would be to hold the line as SFE only reflects a proportion of the fee and if the CCGs accepts this, it needs to be clear for any other requests. JS commented that it is difficult to argue that this case is exceptional, and it may set precedence, encouraging others not to take out insurance.

A discussion followed around SFE locum reimbursement, policies, sickness pay, contingency plans and payments with caveats. It was agreed by all members that as a goodwill payment, the 16 days sickness period would be considered as consecutive days and thus the first two weeks would not generate a payment as directed under the SFE. Members therefore agreed the additional 6 days sickness would be paid as a discretionary payment with a caveat that GE would speak to the practice with regard to more robust contingency plans.

The Committee agreed the request for a discretionary payment.

## 10. CQC inspections/updates

The CQC representative informed GE he has not been able to report on high levels of activity in practices but there is nothing of urgency. It was raised there has been a change to the assessment process with an annual phone assessment taking place.

**Action:** Check practice Self Evaluation Forms to see where they are up to. AR/GE

GH highlighted there are still a number of practices who had visits in 2015; these will be followed up. It is worth noting an increase has been seen in those being placed as inadequate around systems and governance. AR raised she is happy to meet with the CQC representative if he feels there is much to report. Also if she is made aware of the two sites for inspection she will carry out a mock visit if it would be of benefit, and is happy to go into practices to support, particularly the 2015 cohort.

It was discussed that practices in Stockport are all rated as good or outstanding and it would be good to be sighted on any issues or where some practices need more support than others. These issues also need to be linked back to priorities. AR highlighted there is a new Patient Safety Strategy and this would make CCG feel a more supportive partner.

It was raised that a Masterclass can be arranged to communicate anything that may have changed, such as policies as the CQC do prefer peremptory work by the CCG.

## 11. Notification of any regular GM or national reporting programme

GH reported there is nothing formal to update as updates are provided by Primary Care Leads at monthly meetings that Stockport has representatives at.

There is a Task & Finish group working with GM colleagues and CCGs on how to take forward the development funds available for PNCs and Clinical Director development.

GE asked whether the GM standards were due for review. GH responded there is a T&F group undertaking a scoping exercise which is on-going - the group is chaired by Jess Williams.

## 12. Finance Report

Dianne Oldfield presented the Finance paper to the meeting and noted:

The forecast outturn against budget as at 31<sup>st</sup> August, is reporting a total forecast overspend of £502k.

At the last meeting a breakeven forecast outturn for Q1 was reported but it was noted that there was risk of circa £170k which was not included in the forecast outturn position relating to 18/19 QOF actual outturn being higher than forecast. This risk has now materialised and is included in the forecast as an overspend.

In addition, the CCG have now included the balance of the budget shortfall in the forecast position as this is unlikely to be mitigated. The balance of the budget shortfall is £349k

At the August meeting a budget shortfall of £195k was reported because at that time it was forecasted to reduce provider contract values to mirror reduced indemnity costs by £310k. Based on discussions that have since taken place with providers the CCG now forecast to reduce contract values by £150k.

The balance of the budget shortfall of £349k is now included in the forecast position with caution being used since it is unlikely to be mitigated. It was raised that the likelihood of finding further mitigations is reducing as the year progresses as the budgets have already been reviewed, however work will continue on this going forward.

It was noted that of the two provider contracts, only one provider is considering reducing the contract value to mirror reduced indemnity costs.

The Chair queried if 1.4% uplift is an appropriate amount. It was confirmed it was in discussion with LMC.

MC noted that for 20/21 a balanced budget needs to be achieved.

### 13. Primary Care Strategy Development

GE updated committee members:

There is now a project plan for Primary Care Strategy – now renamed as a Primary Care Delivery Plan – the core group is working on this. It is hoped to meet twice monthly to redraft the delivery plan.

Yesterday's PCN strategy meeting was very successful and positive feedback was received. This was facilitated by the national 'Time for Care' team with a number of Clinical Directors being signed up for additional sessions. It is hoped to present the Primary and Community Care Delivery plan to Governing Body in January after bringing to the PCCC in December.

### 14. Bredbury Medical Centre Notional Rent Review

DD updated the Committee the District Valuer's Report has come back for consideration. Originally there were two practices on the site, the Alvanley Practice then left. Bredbury renovated a number of rooms and moved into additional space. The request is for an additional notional rent of approx. £15000 per annum extra cost.

The Committee were asked to consider the request for a notional rent review. DD highlighted the CCG does not have a Primary Care Estates Strategy and noted additional premises are needed especially in community. DD raised that he supported the request.

GMI raised that once the agreement has been approved assurance should be sought that if their list size has not increased and the space is needed for core commissioned services then it should be used for the provision of Viaduct services. DD noted it is part of the CCGs contract monitoring and the practice should only charge Viaduct a notional amount.

MC raised there is a need to be clear on policies and the workplan, and practices also need to know the strategy and are aware of policies.

Members went on to agree that an Estates Strategy would help to identify if there is room for expansion.

The Committee agreed the rent review.

### 15. GMS & PMS contract revisions

GE updated on behalf of VM

- There are no new contractual announcements
- NHSE/BMA released further guidance around PCN additional role reimbursement scheme, referred to as ARRS. A meeting was held on 25<sup>th</sup> September with CCGs, LMC, CDs and Viaduct with further meetings planned for 19 October on how the national contract is implemented re PCNs in Stockport.
- VM attended a GM meeting re PCN development fund as part of a Task & Finish group.
- Greater Manchester has received £2.3m from the national allocation funding for Primary Care and

CD development. The Task and Finish group agreed the following:

- GM to retain £1m and £1.3m cascaded down to individual localities on list size.
- Stockport should receive approx. £130k for PCN development and Clinical Director development with set criteria.
- Agreement was that due to short timescales, allocations not used in year can be carried over to the following year. This funding will be recurrent for 5yrs.

GMI queried if this resource was part of the Time for Care programme or is this addionality.

GH responded that it is additional to the nationally provided Time for Care programme resource and would be distributed on head of population. Ten percent of this is for the Clinical Directors role. All of this has to be formally ratified and the Task and Finish group will decide who will be in receipt of the allocation.

## **16. Specification for provision in Primary Care of Physical Health Checks for Adults with Serious Mental Illness.**

RG updated the Committee on the following

- Business Case at Senior Leadership Team tomorrow
- Adults with SMI have a less positive health outcome
- MH investment standard –
- £200k is to be invested by the CCG
- Key outcome achieve 60% on practice register to achieve the PHC
- Ensure adults with SMI are engaged in active way and supported afterwards provided by Health and Wellbeing Service
- Alignment with Wellbeing and Self-Care Service
- Pathway is outlined in the paper.
- The Bradford template to be used has been taken up across GM and has been tried and tested
- WSCS will pick up and agree the plan
- £80 per PHC and 10% for coverage beyond 60%
- There is currently work underway to get the Bradford template on EMIS and this is being tested at Parkview practice.

The Chair queried if those with SMI would want to engage with the PHC as they have complex issues to deal with. It was raised that this is an important issue for Stockport as the view is that those with severe and enduring mental health has not been addressed.

It was queried if the figure of 2650 of adults with a serious mental illness is based on registers or incidents. JS noted this population would be on the practice register and the data is good and strong. GE raised that data extraction will happen soon.

The payment structure was identified in the specification and MC asked for clarification of the incentive payment as the statement explaining the payment does not make it clear if the 10% incentive relates to physical health checks above a 60% level, or all physical health checks. RG to speak to DD for advice on appropriate way to explain the payment structure. SW added the Local Medical Committee felt the proposal was ok; however there is a need to be very clear in the wording. If at 100% the budget would be exceeded. JS highlighted she would prefer to see monies used for the follow up health checks rather than as a bonus, with a need to see a continuously improving impact and went on to say it is an excellent scheme to get practices working and signposting in this way but there is a need to ensure the quality aspect is there as the same approach used for health checks seems to be working.

JS suggested that there was a phased approach to the incentive, to ensure that the quality of the check and follow up is sustained and also to ensure the more complex patients were engaged into the health

check. RG will liaise with JS for advice and will follow up with GE re process for mobilisation.

**17. Audit Framework and visit in November 2019**

DD updated the committee on the planned review of the Primary Care Contract Management and Oversight Functions and noted the review is to start in November.

NHSE want to be assured CCGs are undertaking their responsibilities under delegated commissioning. The framework document sets out a four year rolling programme. The Governance review was completed in 18/19. This review is on contracting and will start in November. ; The ToR is there for information.

It was noted Greater Manchester Primary Care team will have little involvement. If their involvement is required it was agreed that GM and CCG teams will work closely with each other.

**18. Any other business**

There were none.

**Governance**

**Date of next meeting:**

Next meeting of the Primary Care Commissioning Committee will be held on:  
Wednesday, 4<sup>th</sup> December, 3:00pm – 5:00pm 3<sup>rd</sup> Floor Conference Room, Stopford House

Primary Care Commissioning Committee 4 December 2019						
Action No	Action	Lead	Agreed Date	Due Date	Revised Due Date	Comments
026/2.10.19	Confirm the cost of the new practice telephony system	MC	2/10/19	4/12/19		
027/2.10.19	Check practice Self Evaluation Forms to see where they are up to	AR/GE	2/10/19	4/12/19		

# Primary Care Quality report

November 2019



**NHS Stockport Clinical Commissioning Group** will allow people to access health services that empower them to live healthier, longer and more independent lives.

**NHS Stockport Clinical Commissioning Group**

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**Website:** [www.stockportccg.org](http://www.stockportccg.org)

This report updates the committee on the issues discussed at the Primary Care Quality meeting on 14<sup>th</sup> November 2019

Practices update	<ol style="list-style-type: none"> <li>1. The reduction of the registered patients at one of our single handed practices (7% this year) was highlighted as a possible sustainability concern The group agreed that one of the Business Managers would have an informal catch up with the GP to discuss any worries or concerns and report back to the Quality Board on what support that may be needed by the practice.</li> <li>2. One of our single handed GP's is on long term sickness following by-pass surgery and later a stroke. Locum sessions are being covered by local or retired GP's and support to the practice from the LMC and PCN Clinical directors. There is still a contractual responsibility for the provision of the service but consideration of how this moves forward needs to be considered.</li> </ol>
Half Day Closures	<ol style="list-style-type: none"> <li>1. Concern was raised about the number of practices closing for half days without following the CCG policy. Two practices have been given permission for one day a week half days closures due to sickness/ recruitment issues, this agreement has now ended. It was proposed that the CCG policy for half day closure and a summary report of practices half day closures over this year will reviewed at the next quality meeting in January 2020.</li> </ol>
Existing Primary Care performance framework	<ol style="list-style-type: none"> <li>1. Review of existing Quality framework for this group needs updating to reflect the guidance in the NHSE policy guidance Manual and fit for purpose</li> </ol>
Complaints	<ol style="list-style-type: none"> <li>1. The CCG do not have sight of complaints received by NHSE only the responses and feedback. A summary of themes and trends of complaints will be shared at the next quality meeting</li> </ol>
Special Allocations Scheme	<ol style="list-style-type: none"> <li>1. Discussions are ongoing the Provider Go To Doc for service to be delivered locally in Stockport. There was recognition that the need to improve the annual reviews process of patients on the scheme needs updating.</li> <li>2. The SAS spec and process will be reviewed and brought back to the next quality meeting and then to PCCC for approval. Data on existing patient numbers on the scheme will also be provided. Discussion took place about a recent SAS allocation and why it was appropriate to put the patient on the scheme.</li> </ol>
CQC Update	<ol style="list-style-type: none"> <li>1. Mr Moss (CQC Inspector) was unable to attend to update on recent CQC activity.</li> <li>2. We are aware that a practice last visited with the outcome of 'requiring improving ' will be followed up by CQC this month. No major concerns were noted.</li> <li>3. The CCG quality team will offer support for practices requiring help.</li> <li>4. GMHSCP representative noted that Stockport should be very proud of all the practices are good or outstanding</li> </ol>

# GP PATIENT SURVEY

## NHS STOCKPORT CCG

### Latest survey results

July 2019 publication

Version 1 | Public

# Summary Results

- 4,391 patients responded, which is 36% of those that were contacted.
- **General experience:**
  - **87%** of patients describe 'your experience of your GP Practice' as Good (Very Good or Fairly Good) **compared to 83% Nationally.**
  - Our practices range from **68% to 100%** of patients responding Good - 10 practices are below the National Average of 83%.
- **Generally, how easy is it to get through to someone at your GP practice on the phone?**
  - **73%** of respondents said that it was 'Easy' compared to **63% Nationally.** This has declined since the previous year, 'Easy' down by 4%.
  - Our GP Practices range from just **19% to 100%** on this question with 9 below the national average.
- **In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?**
  - **83%** responded Yes compared to **78% Nationally.**
  - However, our GP Practices range from **64% to 96%** on this question with **7 below the national average.**
- **Other:**
  - There are other indicators in the slide deck including **perceptions of care at patients' last appointment** (we are better than national average for 'poor' on all questions here)
  - **We are slightly below average for awareness and use of patient online services** (practices vary considerably)

# Background information about the survey

- 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.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS STOCKPORT CCG**.
- The data in this slide pack are based on the July 2019 GPPS publication.
- In NHS STOCKPORT CCG, **12,250** questionnaires were sent out, and **4,391** were returned completed. This represents a response rate of **36%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.

The screenshot shows the 'GP PATIENT SURVEY' interface. At the top, it features the Ipsos MORI and NHS logos. Below the title, there is a disclaimer: 'Please answer the questions below by putting an X in 2021 box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential. If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey'. There are input fields for 'Survey number: 1234567890' and 'Online password: ABCDE'. A 'GO' button is next to the password field. The main section is titled 'YOUR LOCAL GP SERVICES' and contains several questions (Q1-Q7) with multiple-choice options. For example, Q1 asks 'Generally, how easy is it to get through to someone at your GP practice on the phone?' with options: Very easy, Fairly easy, Not very easy, Not at all easy, and Haven't tried. Q2 asks 'How helpful do you find the receptionists at your GP practice?' with options: Very helpful, Fairly helpful, Not very helpful, Not at all helpful, and Don't know. Q3 asks 'In the past 12 months, have you booked general practice appointments in any of the following ways?' with options: in person, By phone, By automated telephone booking, Online including on an app, Via another route, such as NHS 111, and Doesn't apply/none of these. Q4 asks 'As far as you know, which of the following online services does your GP practice offer?' with options: Booking appointments online, Ordering repeat prescriptions online, Accessing my medical records online, None of these, and Don't know. Q5 asks 'Which of the following general practice online services have you used in the past 12 months?' with options: Booking appointments online, Ordering repeat prescriptions online, Accessing my medical records online, and None of these. Q6 asks 'How easy is it to use your GP practice's website to look for informative or access services?' with options: Very easy, Fairly easy, Not very easy, Not at all easy, and Haven't tried. Q7 asks 'As far as you are aware, what general practice appointment times are available to you?' with options: Before 8am on at least one weekday, Weekdays between 8am and 6.30pm, After 6.30pm on a weekday, On a Saturday, On a Sunday, and Don't know. At the bottom right, there is a 'page 1' indicator and a 'Please turn over' instruction.

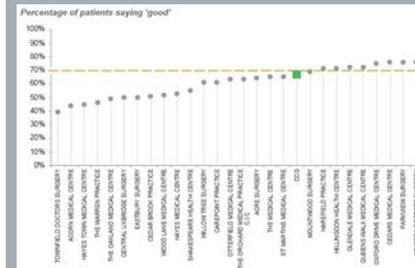
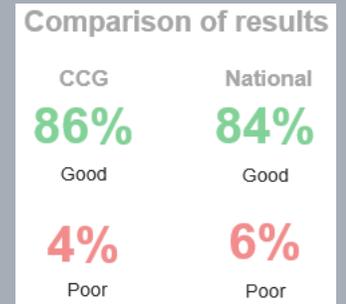
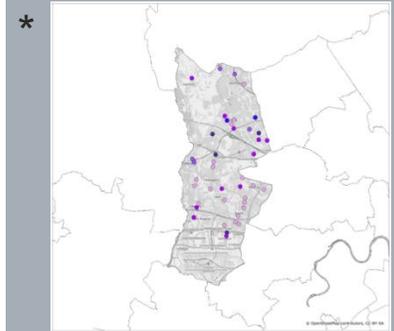
# Introduction

- 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
  - NHS Dentistry
  - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- Given the consistency of the survey across organisations, GPPS can be used as one element of evidence.
- It can be triangulated with other sources of feedback, such as feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys.
- **This slide pack is intended to assist this triangulation of data. It aims to highlight where there may be a need for further exploration.**
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- This pack includes trend data, beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

# Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- Considering questions where there is a larger range in responses among practices or CCGs:** this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.
- Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.



\*Images used in this slide are for example purposes only

# Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
  - Latest / 2019: refers to the July 2019 publication (fieldwork January to March 2019)
  - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

## When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

## 100%

Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

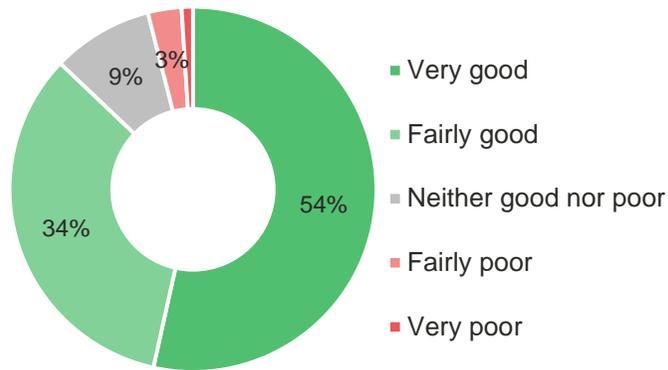
# Overall experience of GP practice

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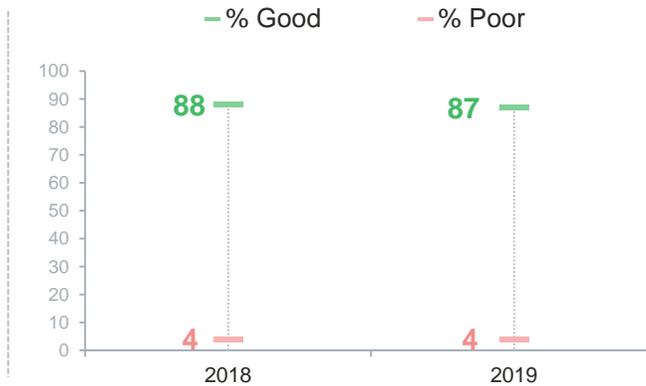
# Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

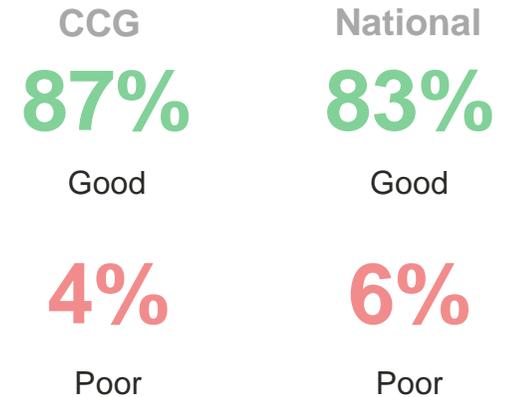
## CCG's results



## CCG's results over time



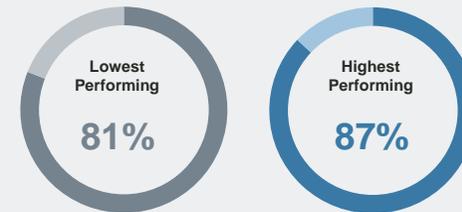
## Comparison of results



### Practice range in CCG – % Good



### Local CCG range – % Good



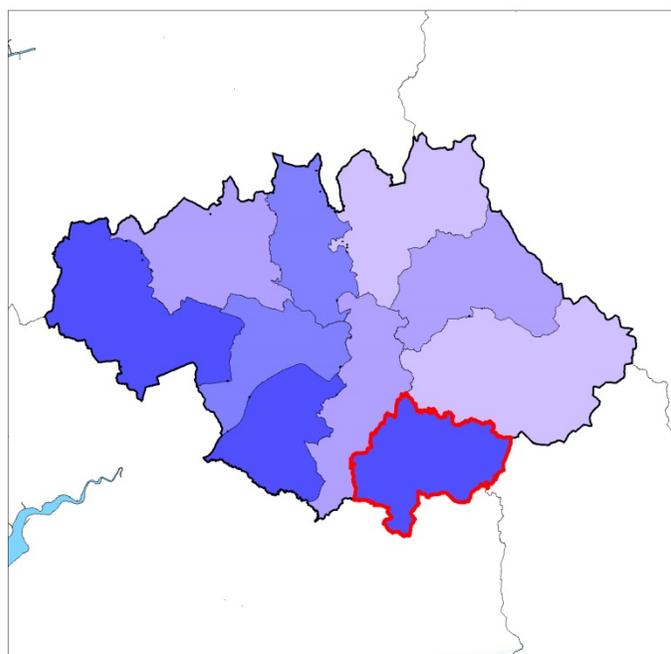
Base: All those completing a questionnaire: National (760,037); CCG 2019 (4,343); CCG 2018 (4,238); Practice bases range from 89 to 145; CCG bases range from 2,855 to 8,435

%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

# Overall experience: how the CCG's results compare to other local CCGs

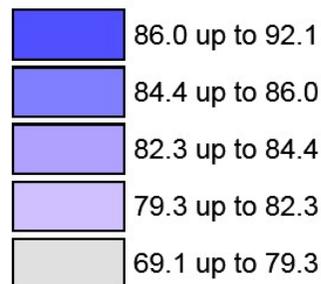
Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good



Results range from

**81%**  
to  
**87%**

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 2,855 to 8,435

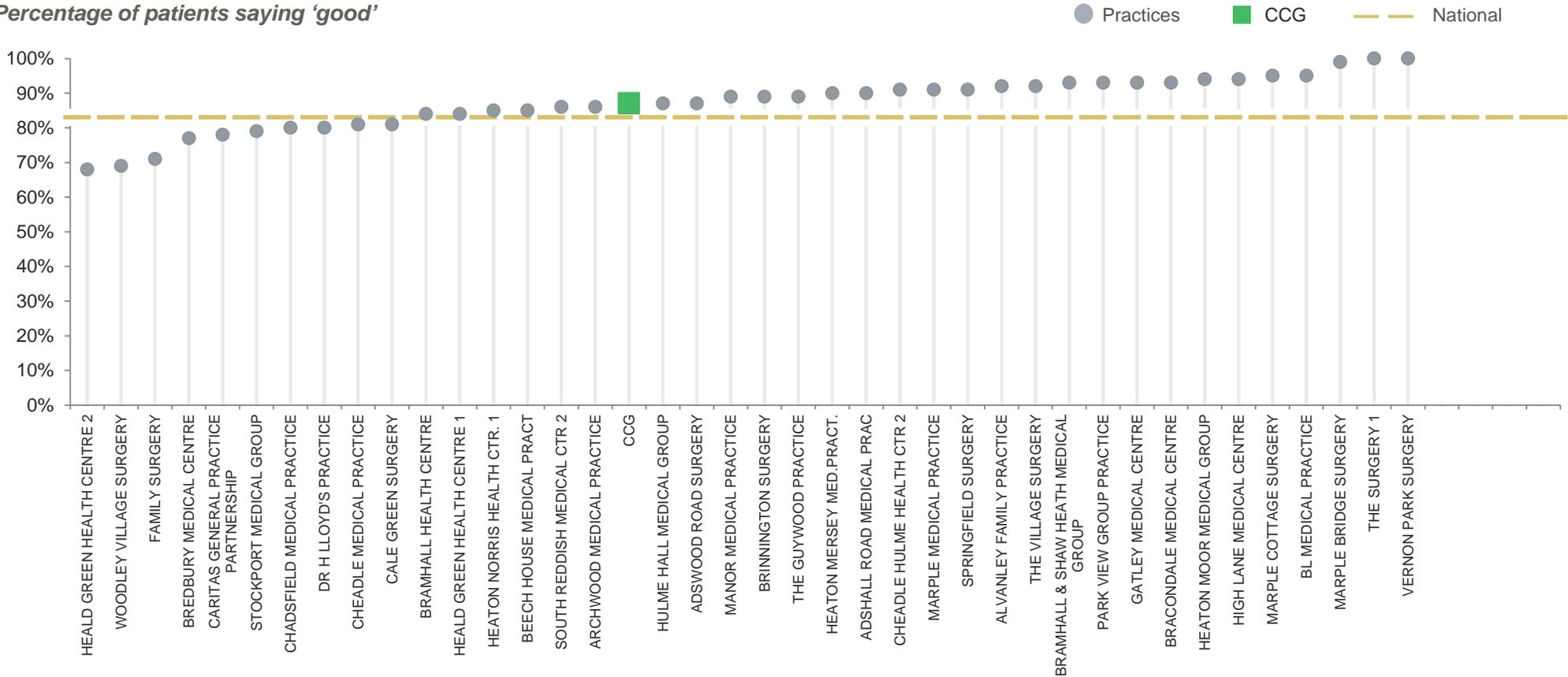
%Good = %Very good + %Fairly good



# Overall experience: how the CCG's practices compare

## Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (760,037); CCG 2019 (4,343); Practice bases range from 89 to 145

%Good = %Very good + %Fairly good

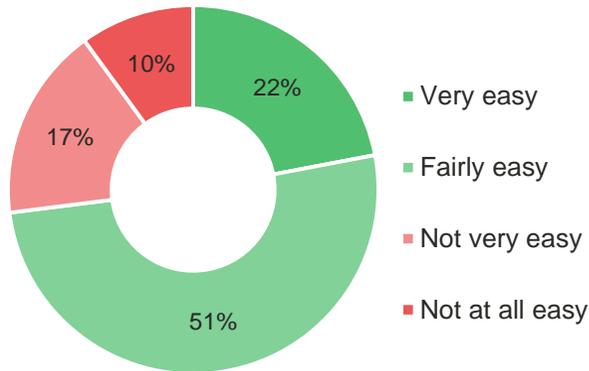
# Local GP services

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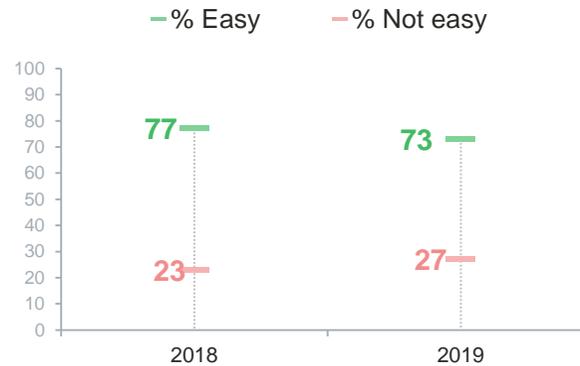
# Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

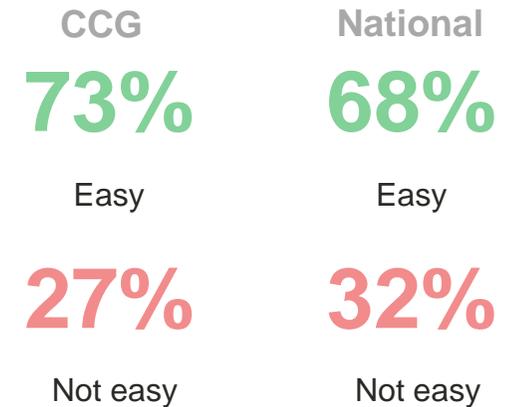
## CCG's results



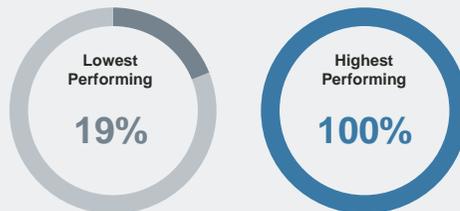
## CCG's results over time



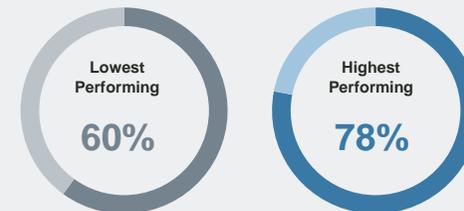
## Comparison of results



### Practice range in CCG – % Easy



### Local CCG range – % Easy



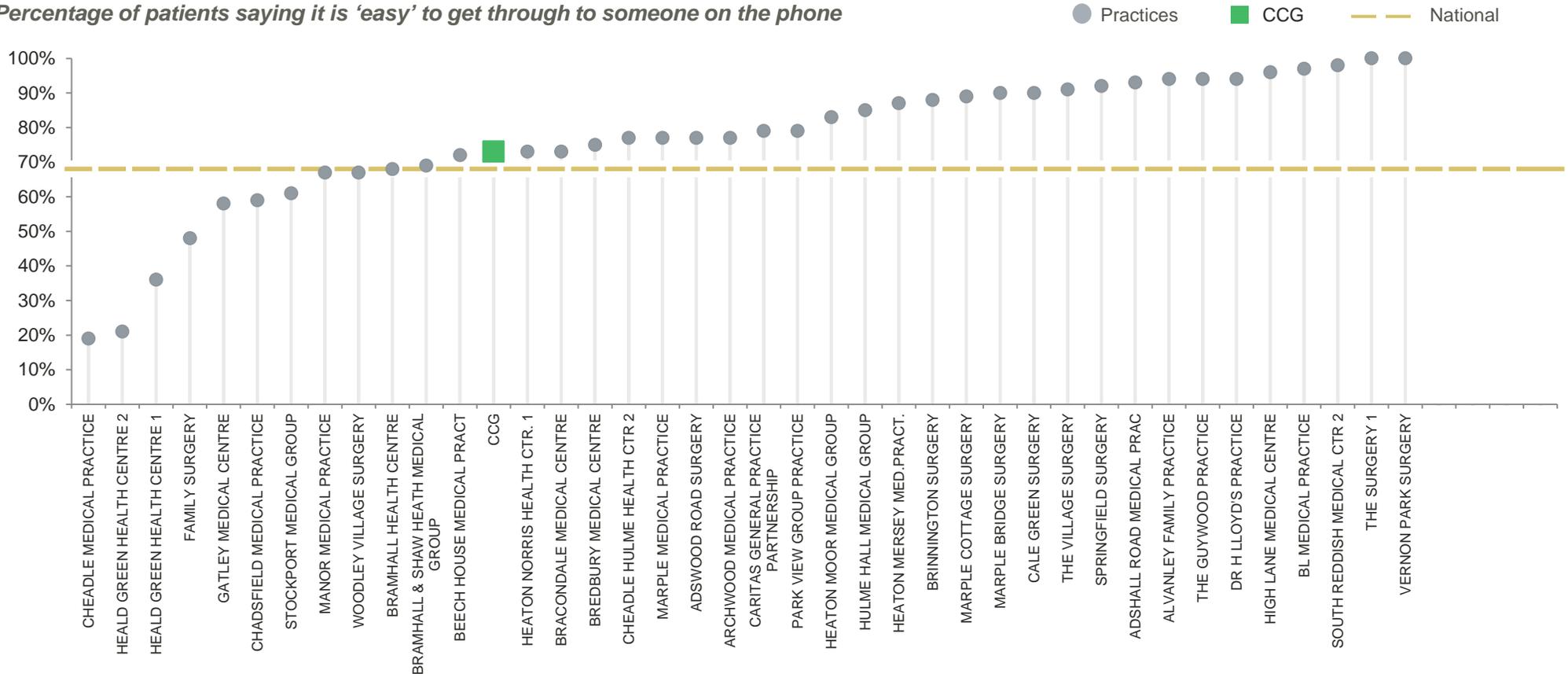
Base: All those completing a questionnaire excluding 'Haven't tried': National (742,537); CCG 2019 (4,264); CCG 2018 (4,171); Practice bases range from 85 to 144; CCG bases range from 2,807 to 8,219

%Easy = %Very easy + %Fairly easy  
%Not easy = %Not very easy + %Not at all easy

# Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

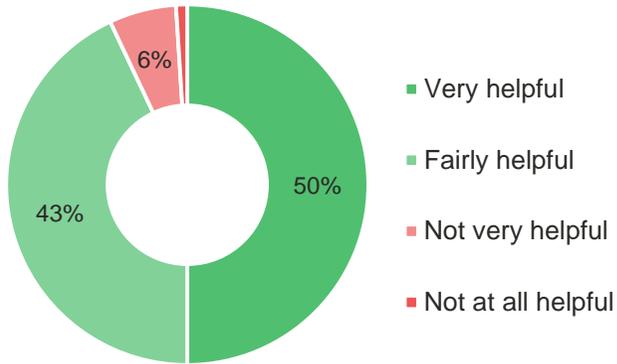
Base: All those completing a questionnaire excluding 'Haven't tried': National (742,537); CCG 2019 (4,264); Practice bases range from 85 to 144

%Easy = %Very easy + %Fairly easy

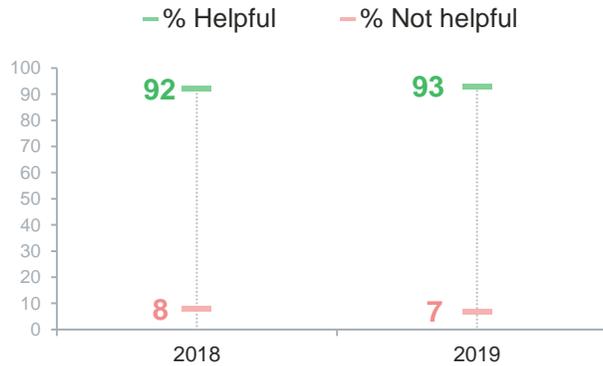
# Helpfulness of receptionists at GP practice

## Q2. How helpful do you find the receptionists at your GP practice?

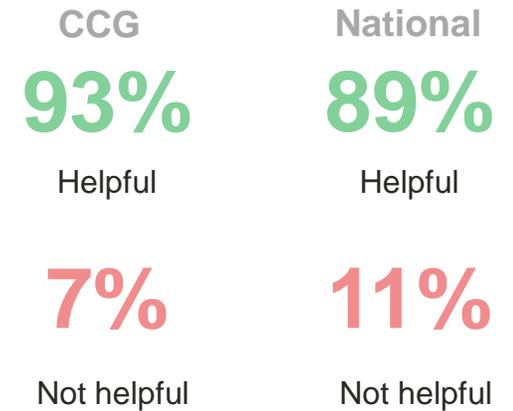
### CCG's results



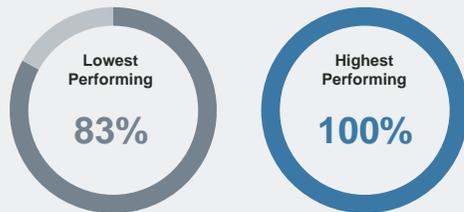
### CCG's results over time



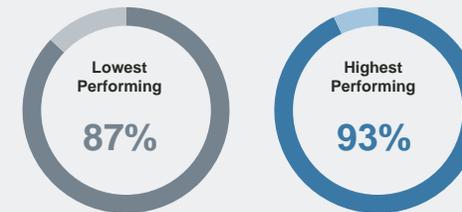
### Comparison of results



### Practice range in CCG – % Helpful



### Local CCG range – % Helpful



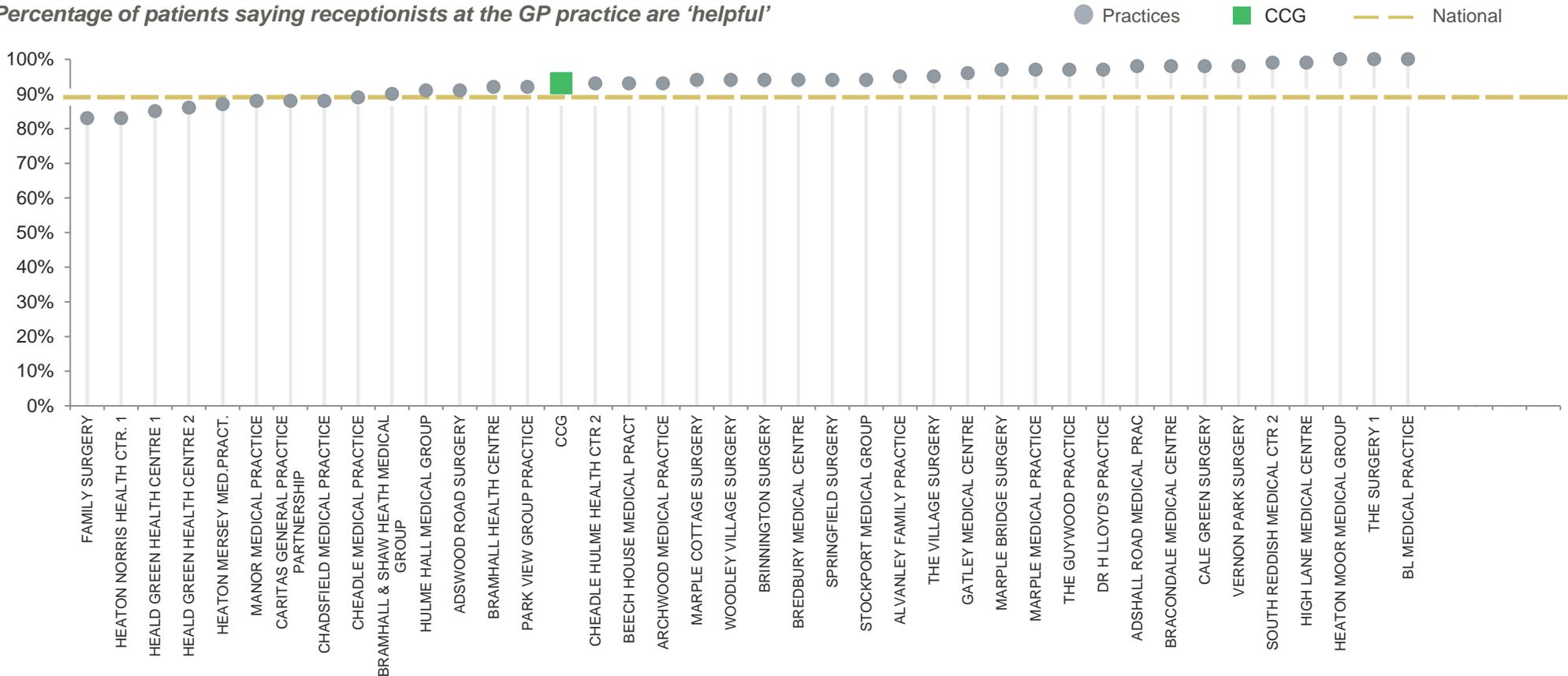
Base: All those completing a questionnaire excluding 'Don't know': National (751,111); CCG 2019 (4,289); CCG 2018 (4,212); Practice bases range from 87 to 144; CCG bases range from 2,830 to 8,349

%Helpful = %Very helpful + %Fairly helpful  
%Not helpful = %Not very helpful + %Not at all helpful

# Helpfulness of receptionists at GP practice: how the CCG's practices compare

## Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (751,111); CCG 2019 (4,289); Practice bases range from 87 to 144

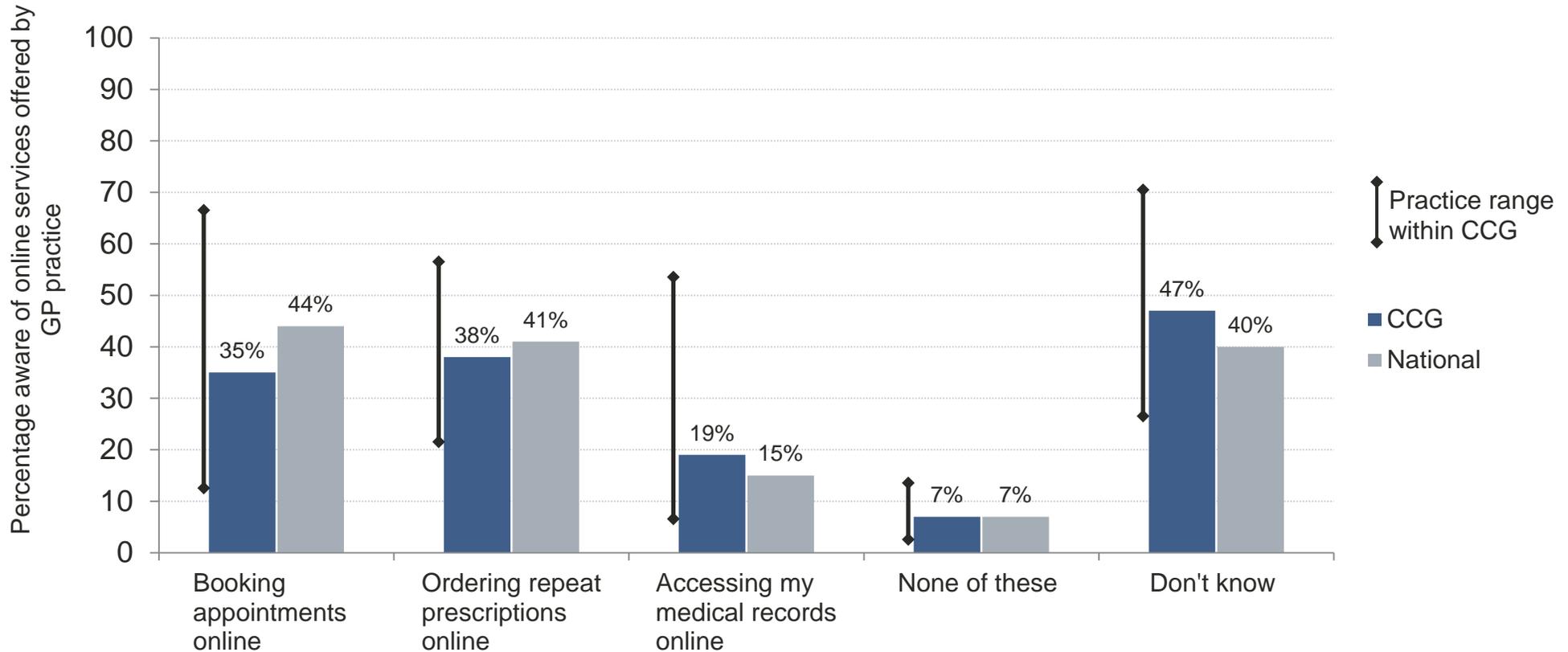
%Helpful = %Very helpful + %Fairly helpful

# Access to online services

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# Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

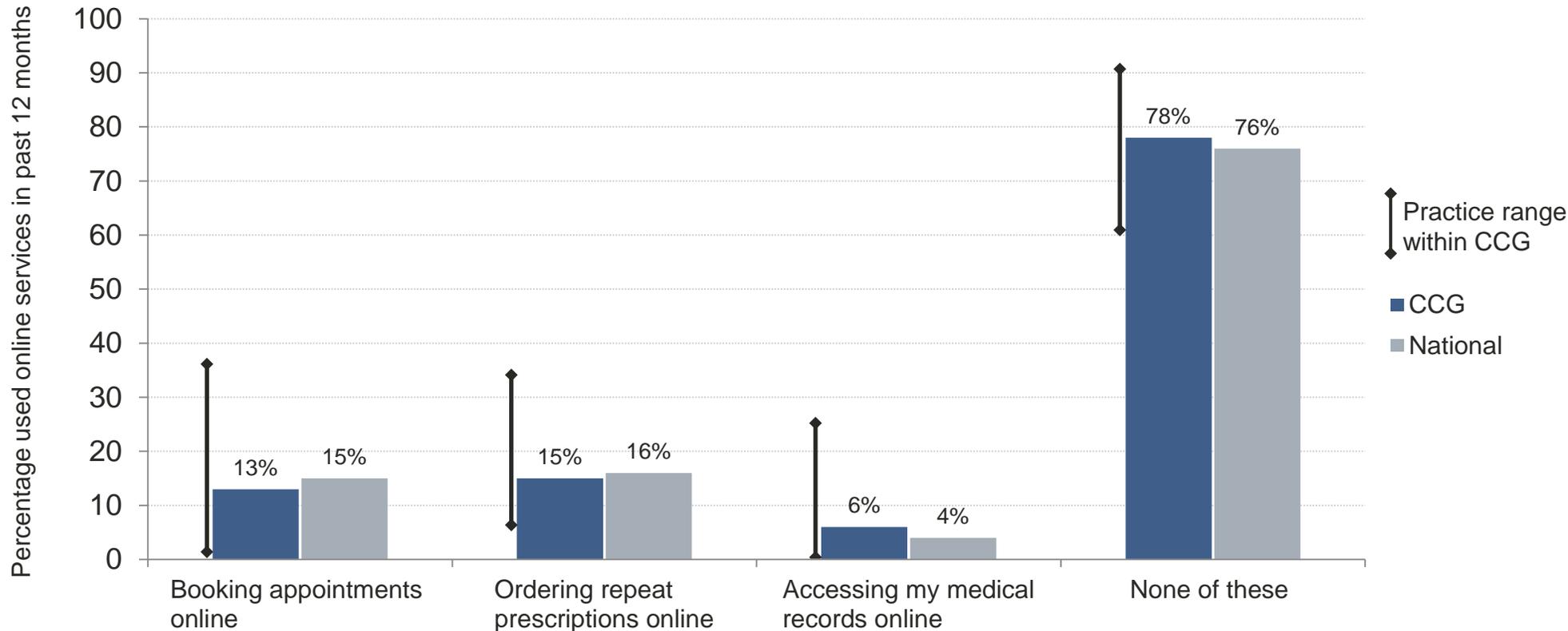


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (746,334); CCG 2019 (4,264); Practice bases range from 86 to 144

# Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



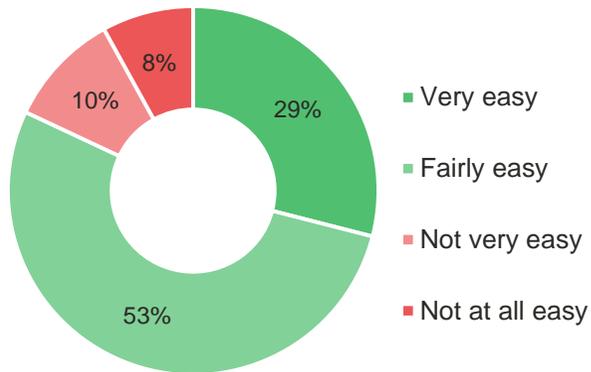
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (754,767); CCG 2019 (4,310); Practice bases range from 88 to 144

# Ease of use of online services

Q6. How easy is it to use your GP practice's website to look for information or access services?\*

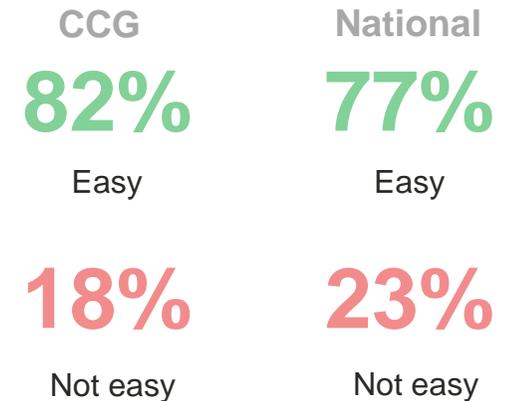
## CCG's results



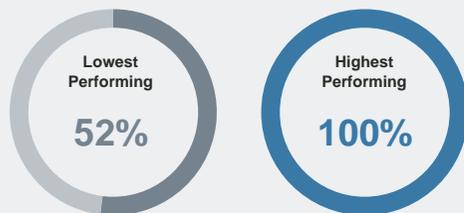
## CCG's results over time



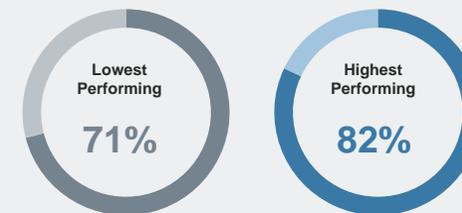
## Comparison of results



### Practice range in CCG – % Easy



### Local CCG range – % Easy



\*Those who say 'Haven't tried' (65%) have been excluded from these results.

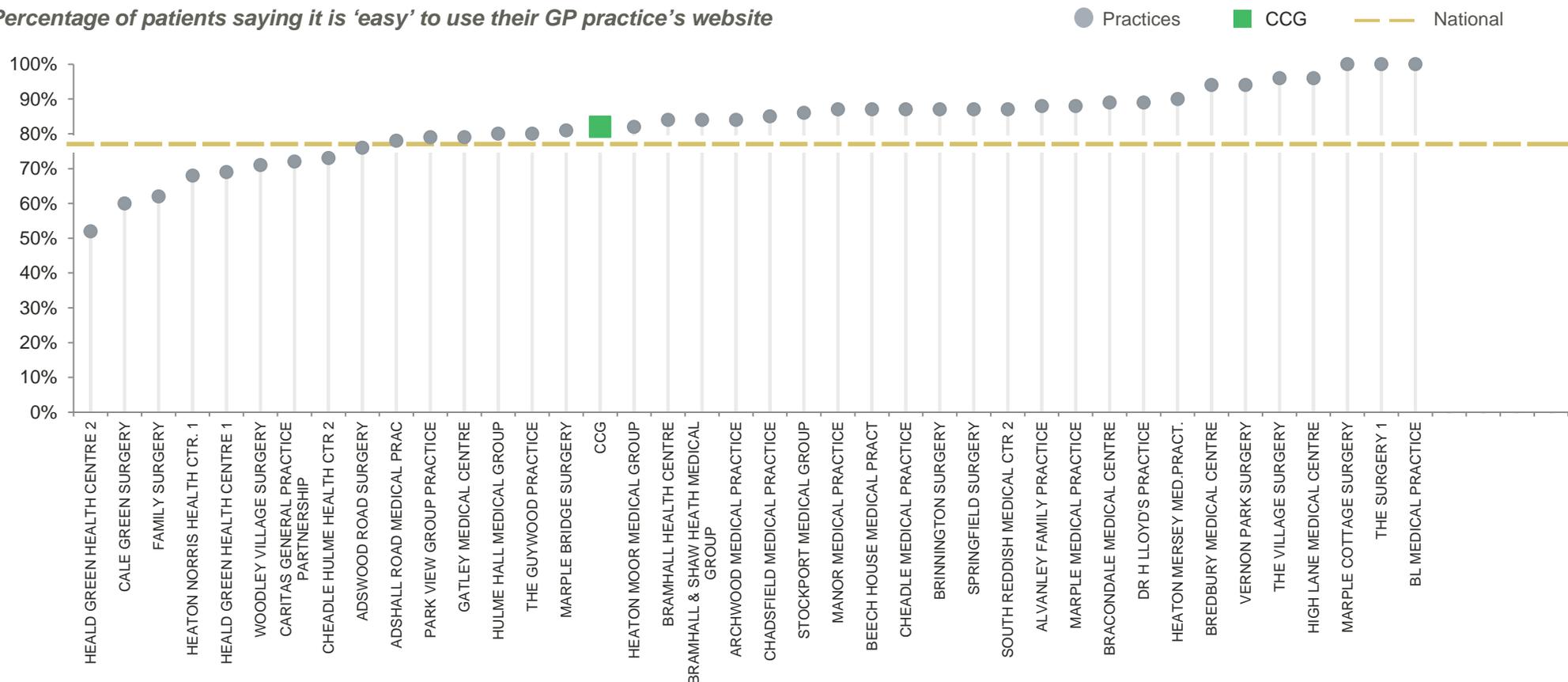
Base: All those completing a questionnaire excluding 'Haven't tried': National (259,817); CCG 2019 (1,368); CCG 2018 (1,270); Practice bases range from 20 to 61; CCG bases range from 962 to 2,383

%Easy = %Very easy + %Fairly easy  
%Not easy = %Not very easy + %Not at all easy

# Ease of use of online services: how the CCG's practices compare

Q6. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (259,817); CCG 2019 (1,368); Practice bases range from 20 to 61

%Easy = %Very easy + %Fairly easy

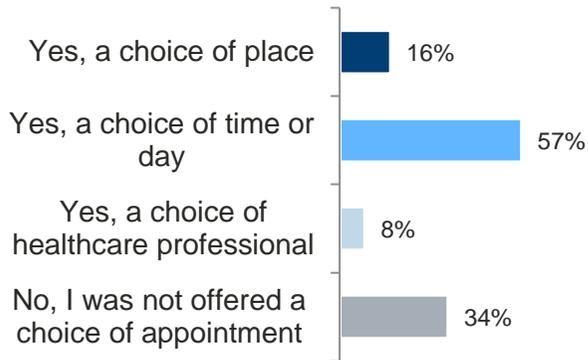
# Making an appointment

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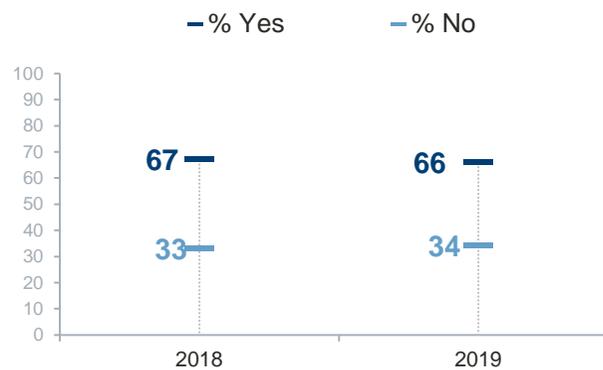
# Choice of appointment

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

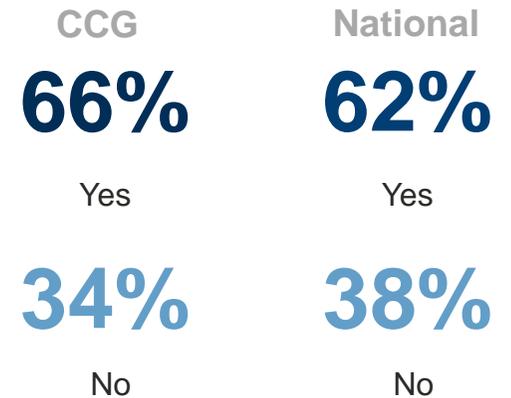
## CCG's results



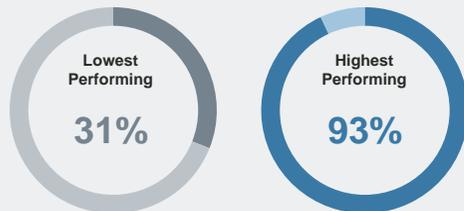
## CCG's results over time



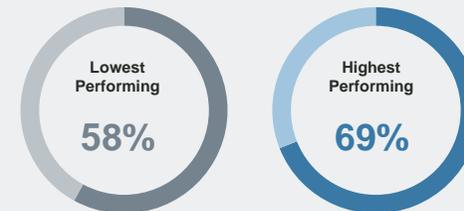
## Comparison of results



### Practice range in CCG – % Yes



### Local CCG range – % Yes



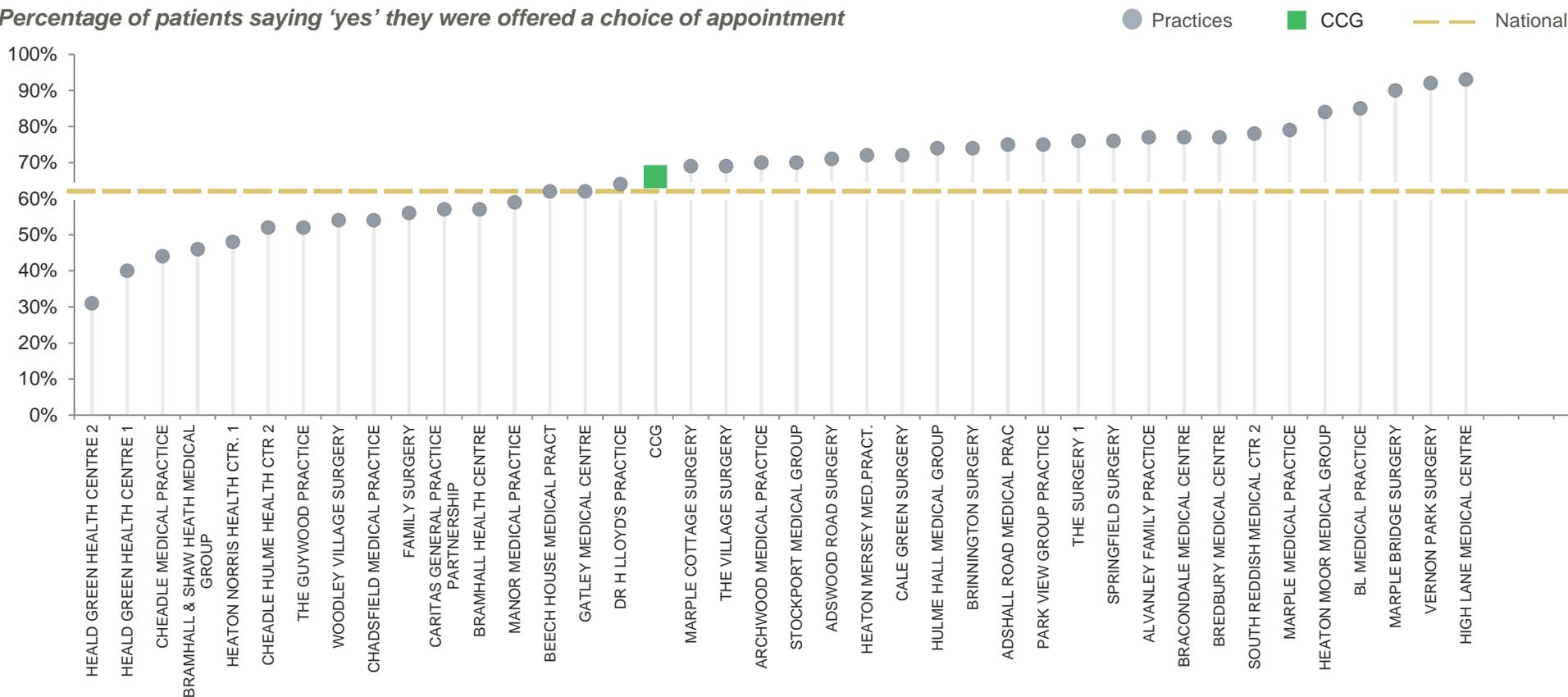
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (593,075); CCG 2019 (3,398); CCG 2018 (3,307); Practice bases range from 29 to 111; CCG bases range from 2,218 to 6,399

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

# Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



Comparisons are indicative only: differences may not be statistically significant

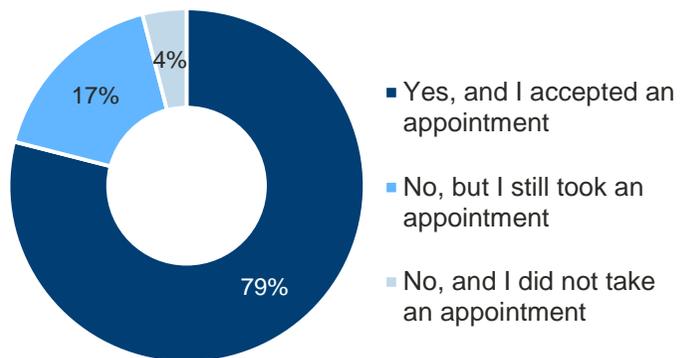
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (593,075); CCG 2019 (3,398); Practice bases range from 29 to 111

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

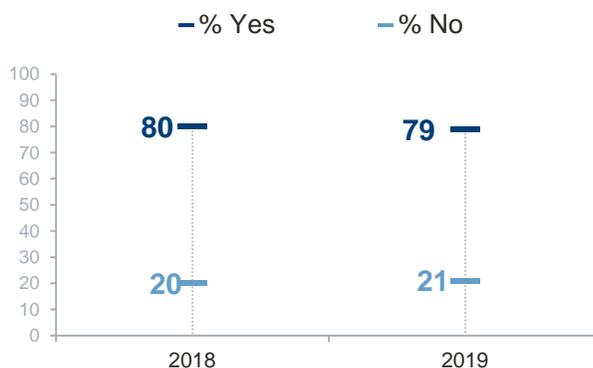
# Satisfaction with appointment offered

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

## CCG's results



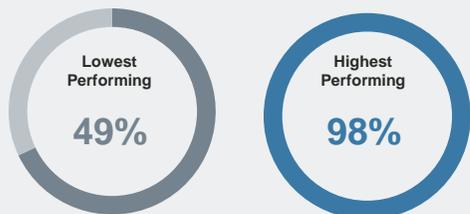
## CCG's results over time



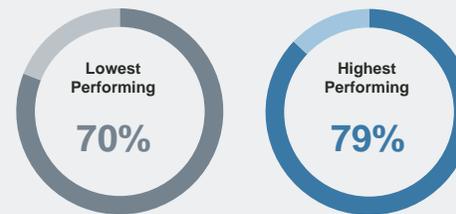
## Comparison of results



### Practice range in CCG – % Yes



### Local CCG range – % Yes



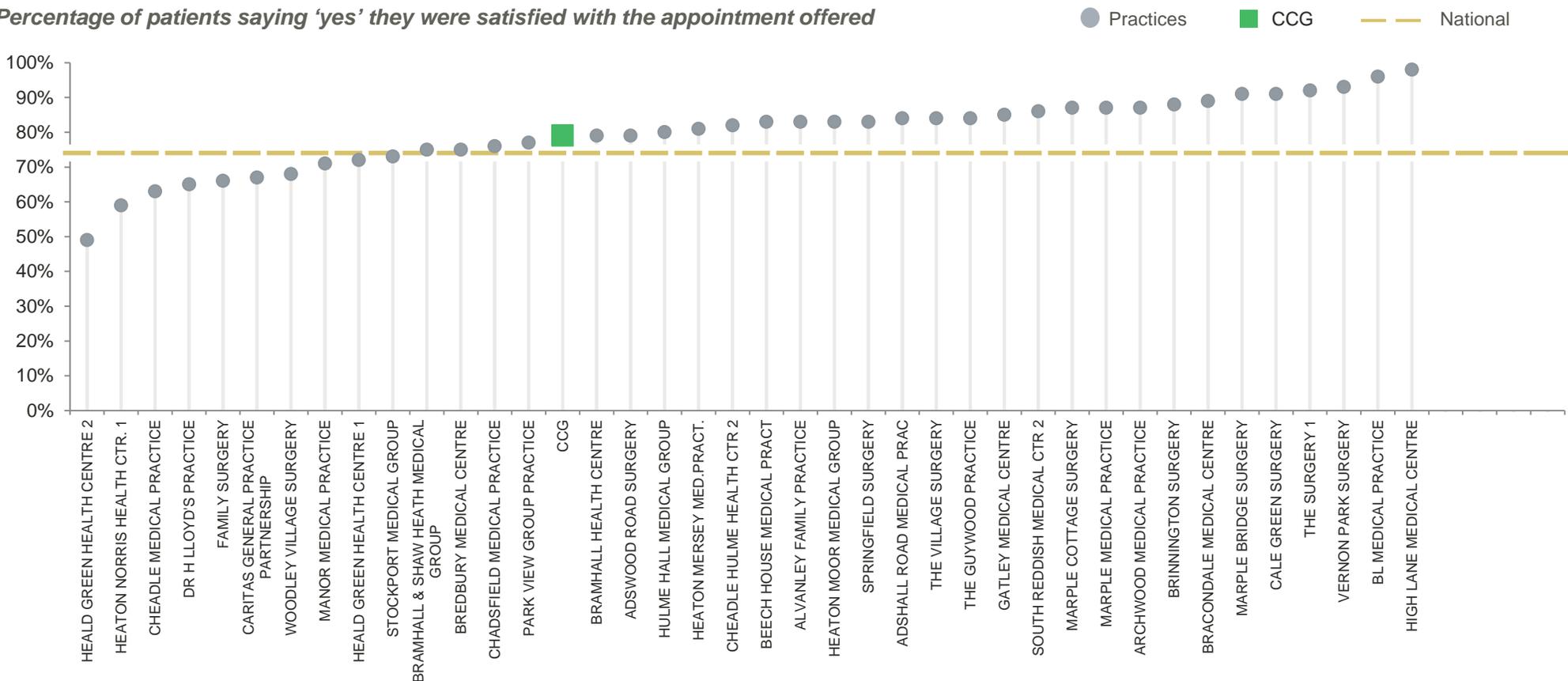
Base: All who tried to make an appointment since being registered: National (711,867); CCG 2019 (4,083); CCG 2018 (4,001); Practice bases range from 48 to 135; CCG bases range from 2,674 to 7,829

%No = %No, but I still took an appointment + %No, and I did not take an appointment

# Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Percentage of patients saying 'yes' they were satisfied with the appointment offered

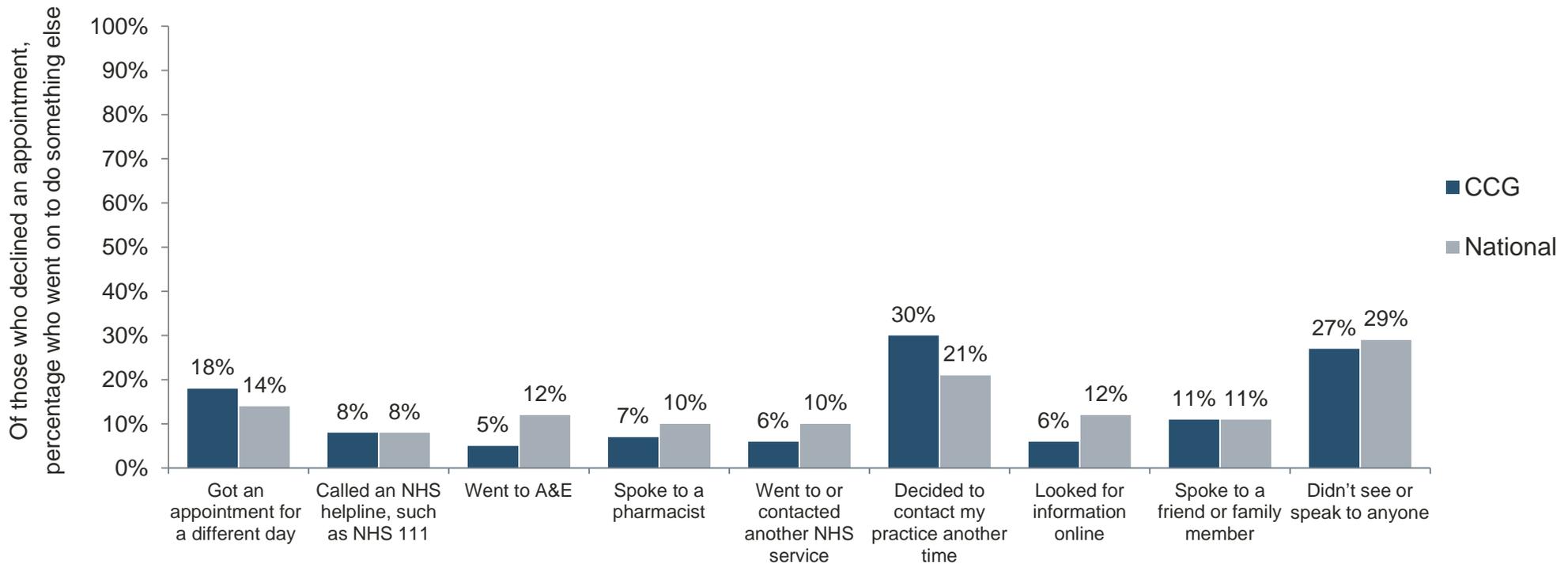


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (711,867); CCG 2019 (4,083); Practice bases range from 48 to 135

# What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



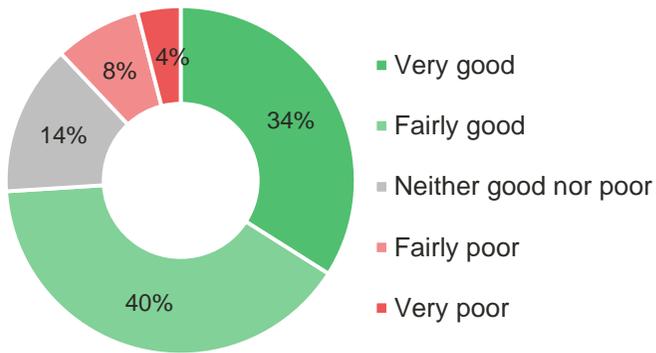
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,350); CCG 2019 (142)

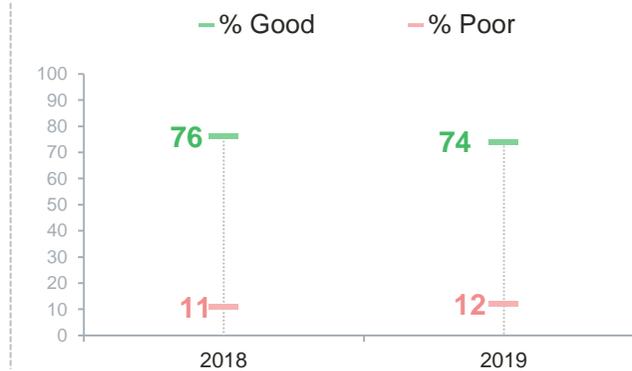
# Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

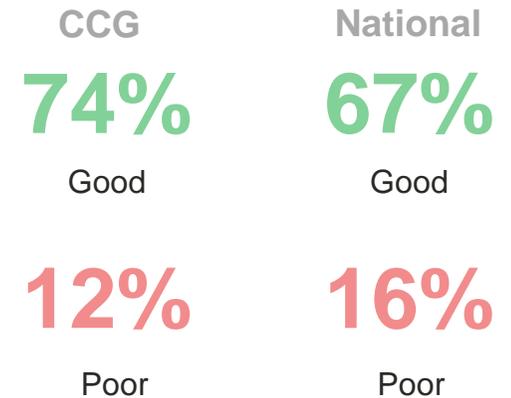
## CCG's results



## CCG's results over time



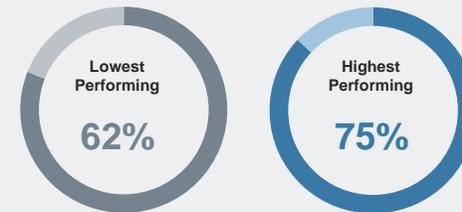
## Comparison of results



### Practice range in CCG – % Good



### Local CCG range – % Good



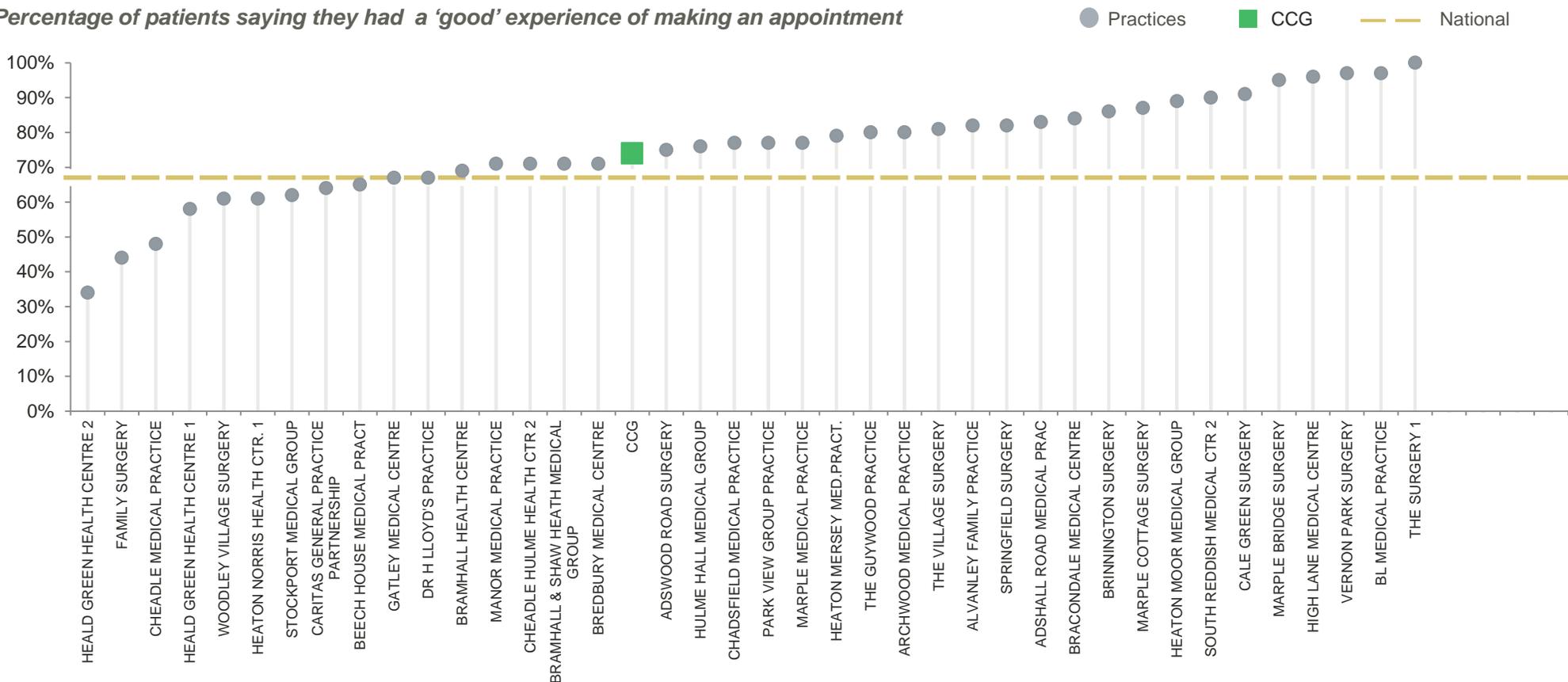
Base: All who tried to make an appointment since being registered: National (705,310); CCG 2019 (4,041); CCG 2018 (3,938); Practice bases range from 45 to 135; CCG bases range from 2,626 to 7,724

%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor

# Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (705,310); CCG 2019 (4,041); Practice bases range from 45 to 135

%Good = %Very good + %Fairly good

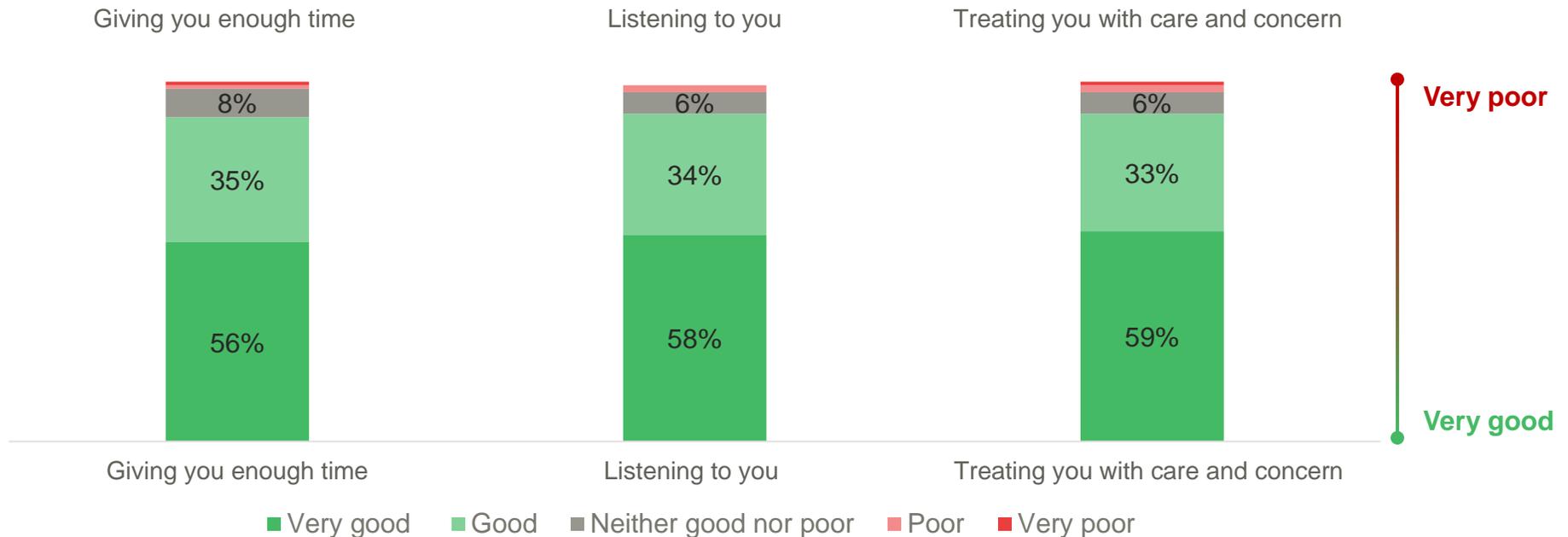
# Perceptions of care at patients' last appointment

# Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

## CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	2%	2%	2%
% 'Poor' (total)	2%	2%	2%



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (717,030; 715,282; 717,062); CCG 2019 (4,131; 4,128; 4,134)

%Poor (total) = %Very poor + %Poor

# Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

## CCG's results

National results	7%	5%	6%
% 'No, not at all'			
CCG results	5%	3%	4%
% 'No, not at all'			

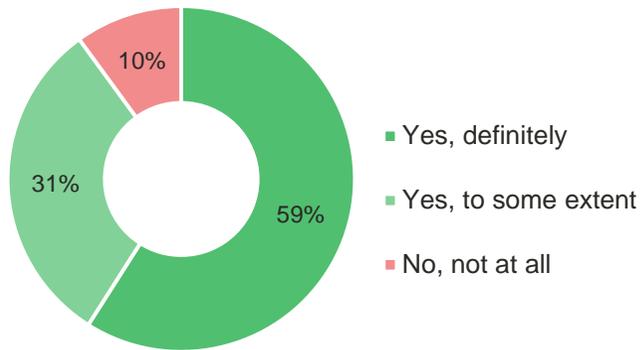


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (637,385; 705,397; 706,338); CCG 2019 (3,729; 4,079; 4,087)

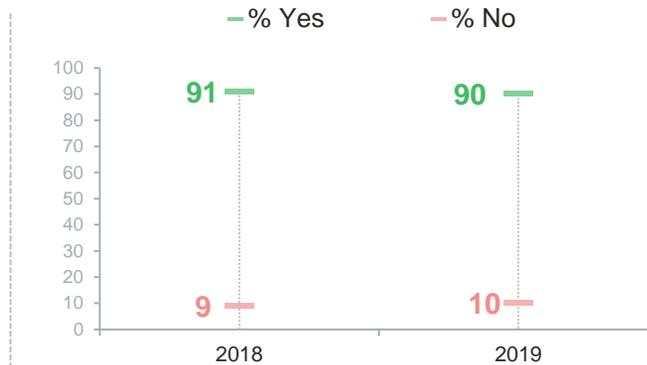
# Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

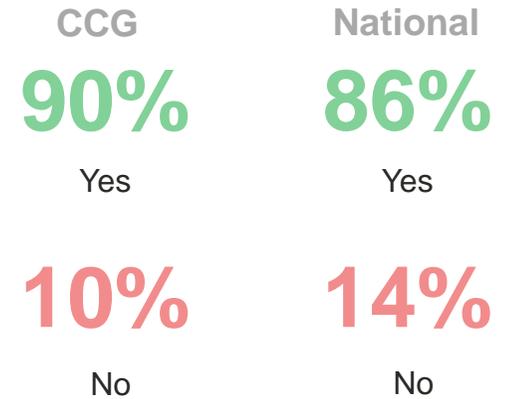
CCG's results



CCG's results over time



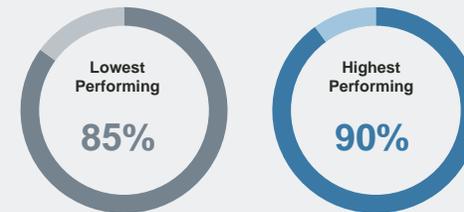
Comparison of results



Practice range in CCG – % Yes



Local CCG range – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (284,999); CCG 2019 (1,607); CCG 2018 (1,550); Practice bases range from 29 to 54; CCG bases range from 1,051 to 3,720

%Yes = %Yes, definitely + %Yes, to some extent

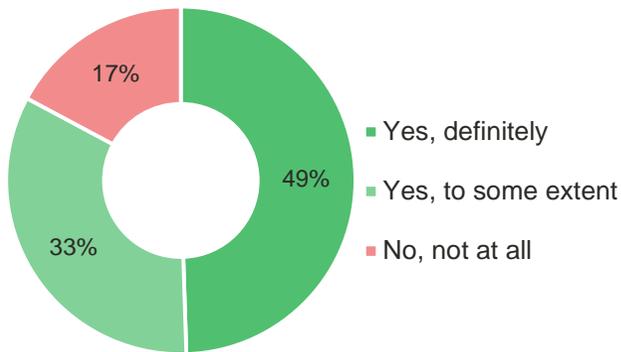
# Managing health conditions

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# Support with managing health conditions

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

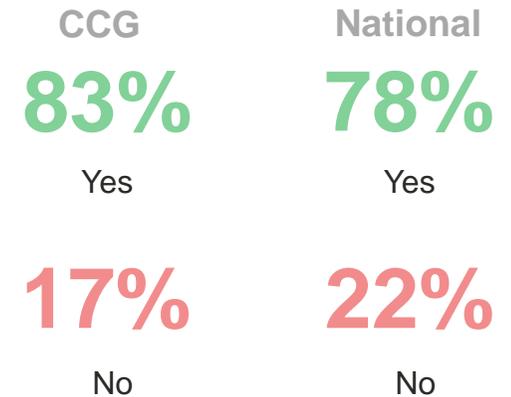
## CCG's results



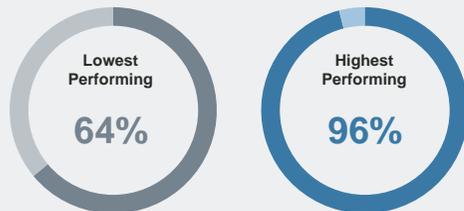
## CCG's results over time



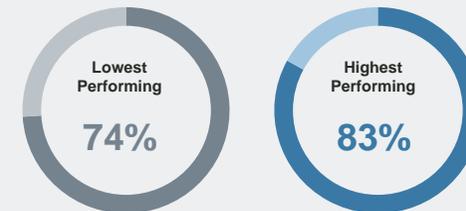
## Comparison of results



### Practice range in CCG – % Yes



### Local CCG range – % Yes



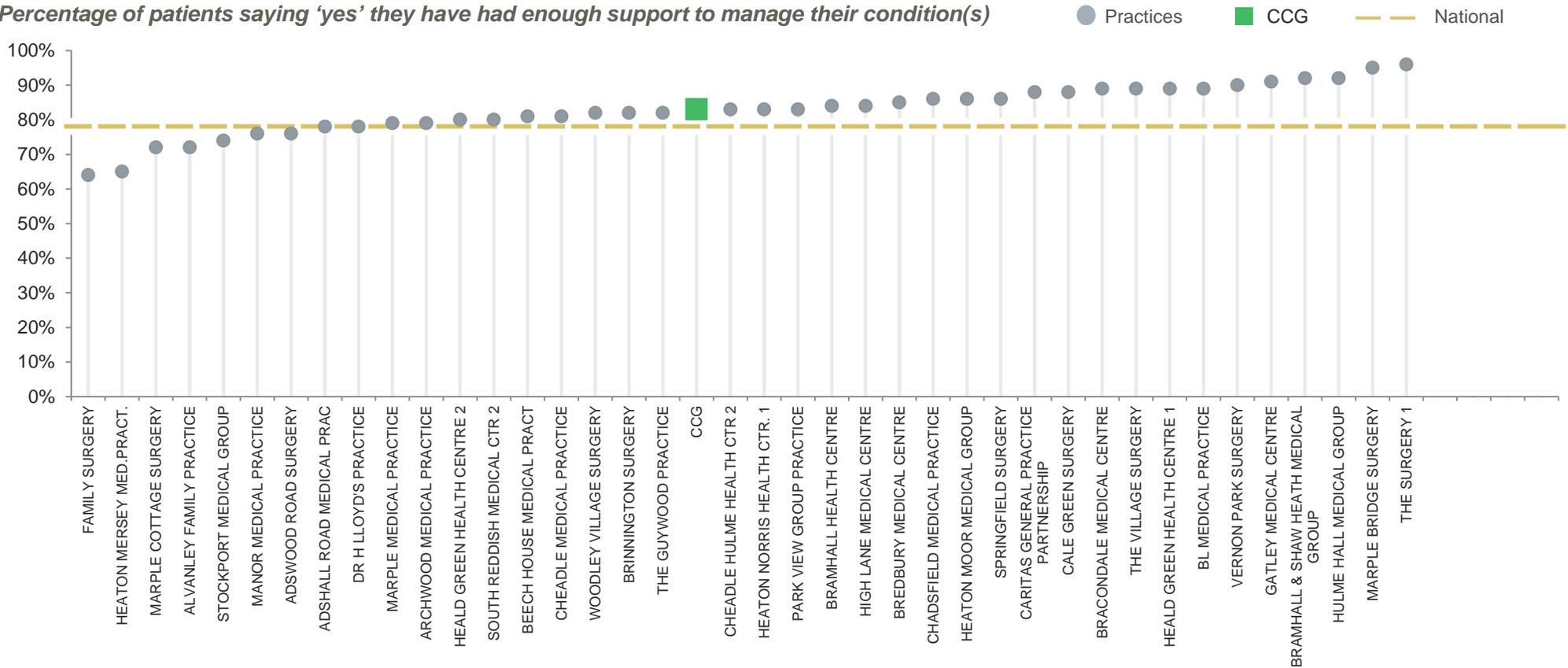
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (292,168); CCG 2019 (1,740); CCG 2018 (1,672); Practice bases range from 32 to 60; CCG bases range from 1,107 to 3,467

%Yes = %Yes, definitely + %Yes, to some extent

# Support with managing long-term health conditions: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (292,168); CCG 2019 (1,740); Practice bases range from 32 to 60

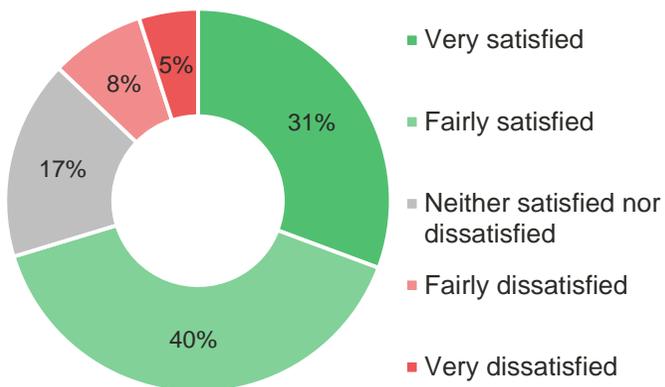
%Yes = %Yes, definitely + %Yes, to some extent

# Satisfaction with general practice appointment times

# Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?\*

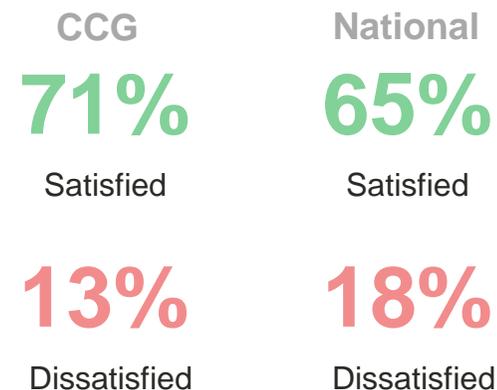
CCG's results



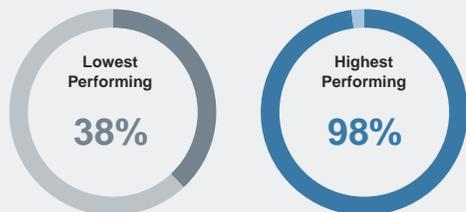
CCG's results over time



Comparison of results



Practice range in CCG – % Satisfied



Local CCG range – % Satisfied



\*Those who say 'I'm not sure when I can get an appointment' (1%) have been excluded from these results.

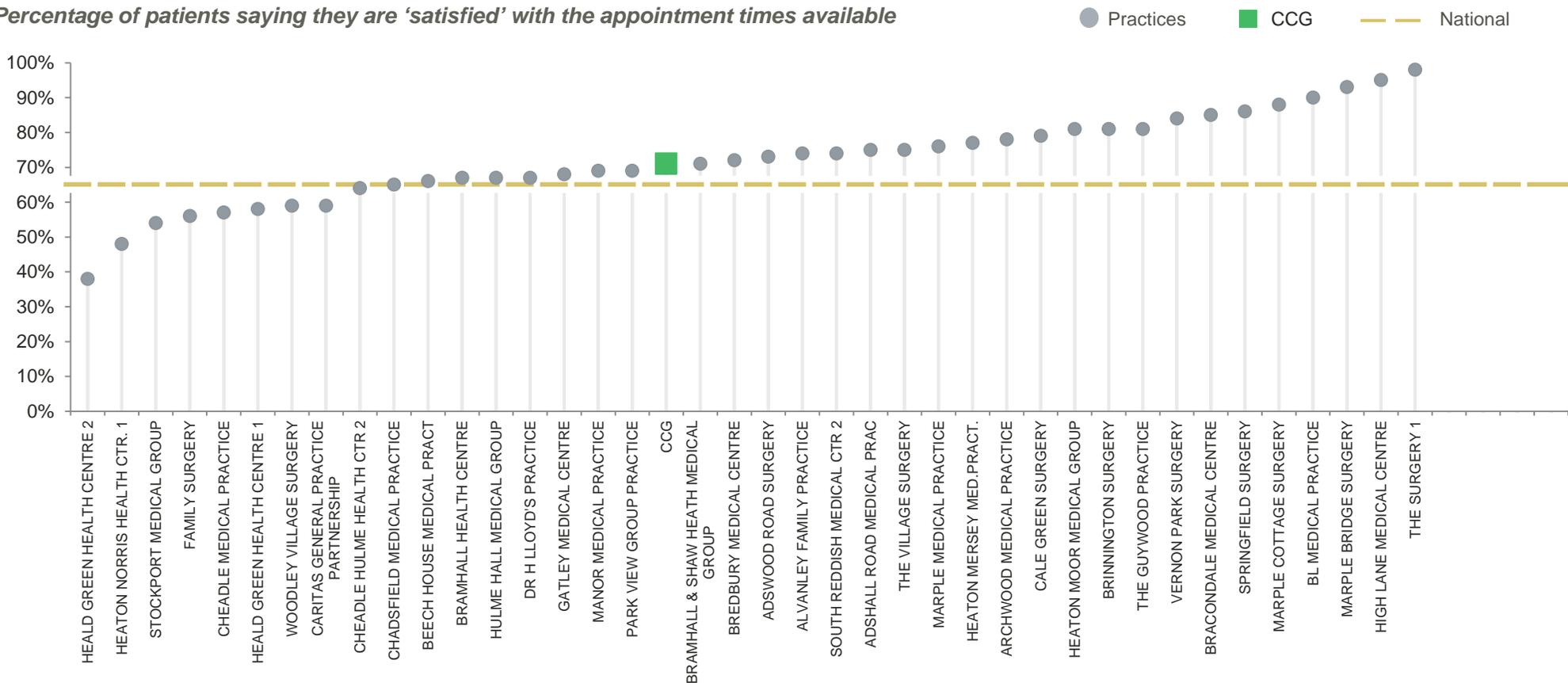
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (696,898); CCG 2019 (4,035); CCG 2018 (3,964); Practice bases range from 80 to 132; CCG bases range from 2,601 to 7,690

%Satisfied = %Very satisfied + %Fairly satisfied  
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

# Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (696,898); CCG 2019 (4,035); Practice bases range from 80 to 132

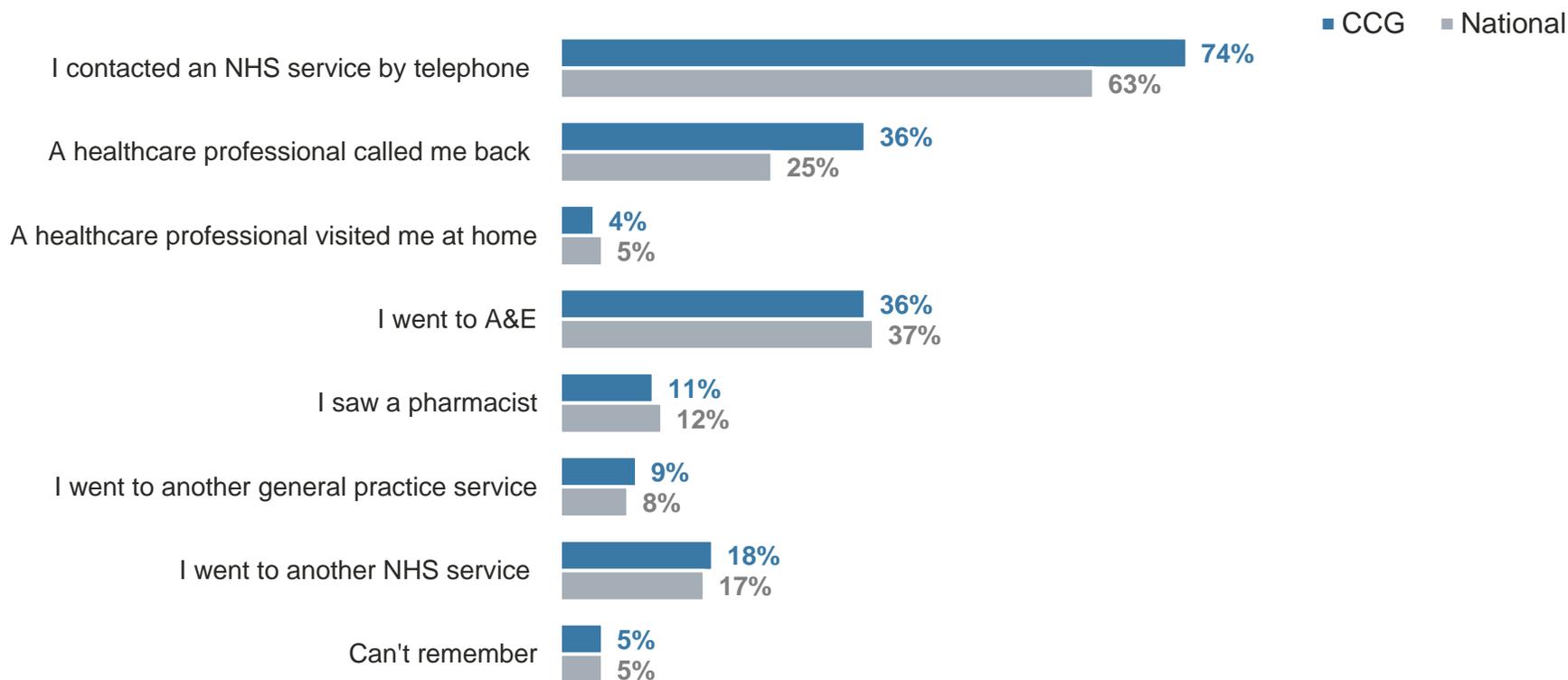
%Satisfied = %Very satisfied + %Fairly satisfied

# Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

# Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

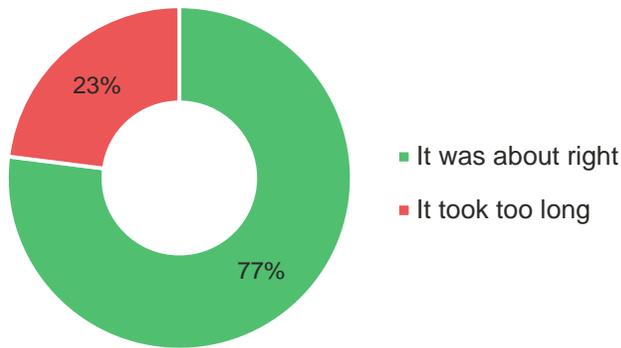


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (139,476); CCG 2019 (749)

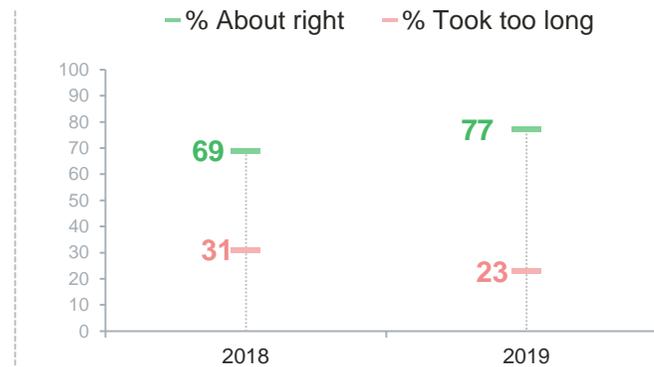
# Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

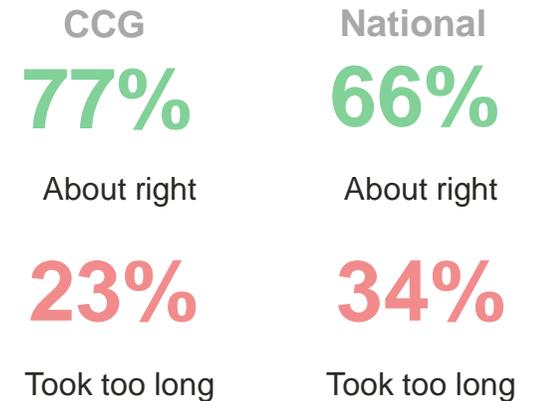
## CCG's results



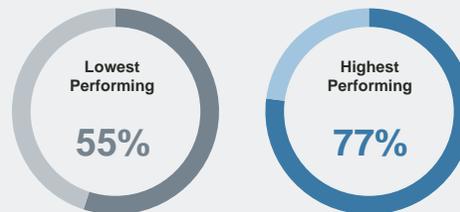
## CCG's results over time



## Comparison of results



## Local CCG range – % About right

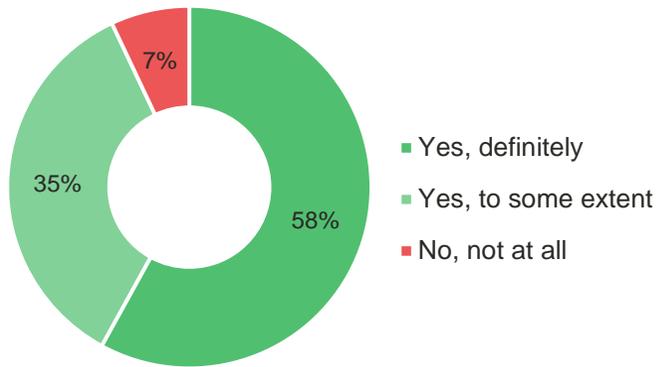


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (130,757); CCG 2019 (704); CCG 2018 (715); CCG bases range from 519 to 1,454

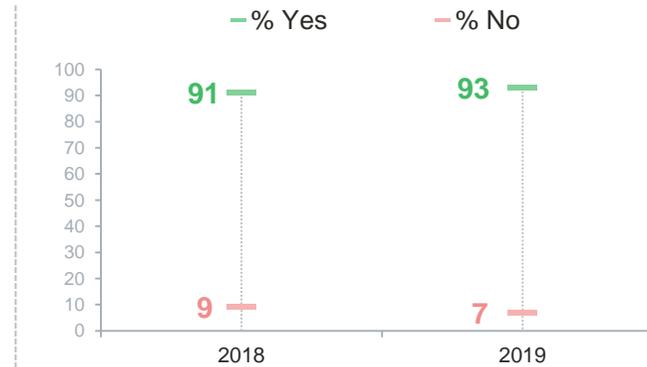
# Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

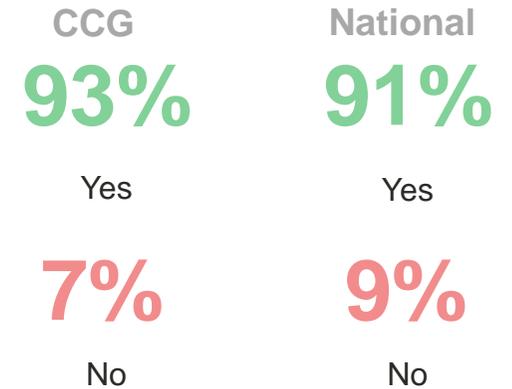
## CCG's results



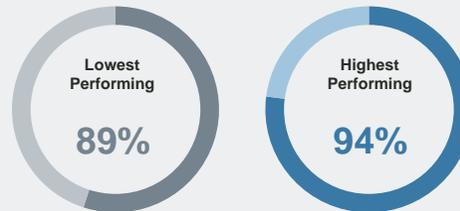
## CCG's results over time



## Comparison of results



## Local CCG range – % Yes



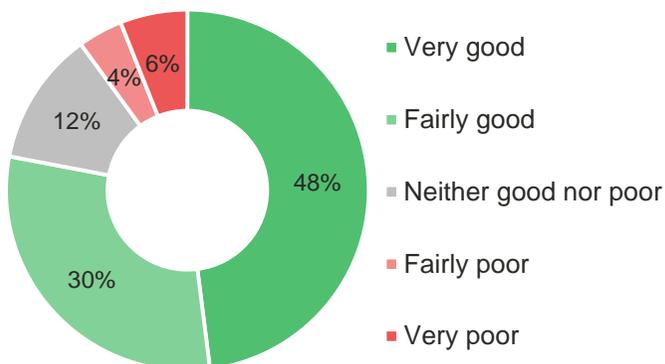
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (134,437); CCG 2019 (728); CCG 2018 (725); CCG bases range from 525 to 1,523

%Yes = %Yes, definitely + % Yes, to some extent

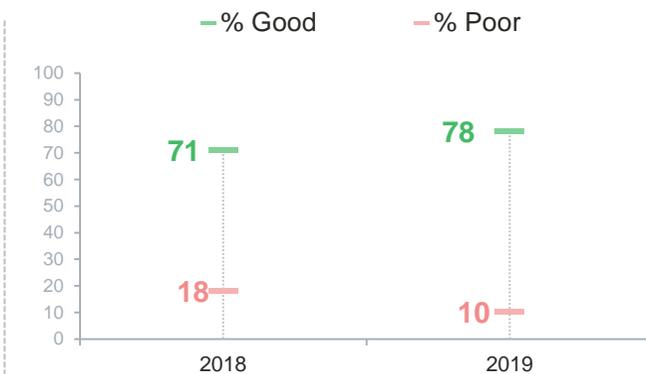
# Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

## CCG's results



## CCG's results over time



## Comparison of results



## Local CCG range – % Good



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (134,770); CCG 2019 (726); CCG 2018 (742); CCG bases range from 519 to 1,526

%Good = %Very good + %Fairly good  
%Poor = %Fairly poor + %Very poor

## ***Heaton Mersey Medical Practice Premises Improvement Grant Application***



***NHS Stockport Clinical Commissioning Group*** will allow people to access health services that empower them to live healthier, longer and more independent lives.

## Executive Summary

<b>What decisions do you require of the Committee?</b>
(i) <b>Support</b> the premises improvement grant application submitted by Heaton Mersey Medical Practice.
<b>Please detail the key points of this report</b>
Heaton Mersey Medical Practice has submitted an application for a premises improvement grant. The proposed building work will support DDA and health and safety compliance by improving access to the property. The total cost of the scheme is £17,100.  There will be no revenue implications as the proposed building works will not increase the area used to provide primary care services.
<b>What are the likely impacts and/or implications?</b>
Patient experience and CQC rating may be adversely impacted.
<b>How does this link to the Annual Business Plan?</b>
N/A
<b>What are the potential conflicts of interest?</b>
N/A
<b>Where has this report been previously discussed?</b>
This report is being presented for the first time.
<b>Clinical Executive Sponsor:</b> Mark Chidgey
<b>Presented by:</b> David Dolman
<b>Meeting Date:</b> 04 December 2019
<b>Agenda item:</b>
<b>Reason for being in Part 2 (if applicable)</b>
N/A

**Capital Investment, Property, Equipment & Digital Technology proposals**

**NHS England Project Appraisal Unit**

**Project Initiation Document - Type 1  
Clinical Premises**

Not to be used for NHS England administrative premises - see PID Type 2

Sponsors and authors of documents seeking appropriate authority to fund or proceed with a scheme or project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

Unless building and premises based PIDs are informed by sufficient detail and forward planning this can hinder a prompt and informed decision on PID approval. A PID is the first stage in the process, but there are fundamental issues to be considered before progressing to business case stage. This particular PID type for clinical premises is therefore designed to support authors in considering some of those important issues that need to be covered in the PID to inform local decision making.

It is also acknowledged that at PID stage not all of the information asked for may be available. However, all PIDs for this type of proposal must be as complete as possible and, where information is not known, a brief explanation should be provided.

<b>Document version control</b> (for use by PID sponsors)	Version No.	Status	Issue date	Notes
Add rows as required.				
Last entry should read: <b>'Final for signatures'</b>				

<b>1. TITLE OF SCHEME</b>	Scheme to improve access at Heaton Mersey Medical Practice		
Scheme reference number and source of number (organisation). <i>Please ensure the relevant unique reference (for all Schemes) is used in all correspondence and reporting using an appropriate format: e.g. XXX – YY - XXX (Org Code – 17 – 001)</i>	Reference No.	P88008 17-001	
	Confirm the Organisation issuing the reference number.	Heaton Mersey Medical Practice	

<b>2. DATE OF FORMAL PID SUBMISSION</b>	Date	07/10/19
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<b>3. IS THIS A RESUBMISSION OF AN EARLIER PID?</b> If so, provide details and reference no.	Reference No.	No
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<b>IF YES:</b> <b>Will this resubmission result OR potentially result in a duplicate funding application already covered</b>	Please provide details	
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<b>by another PID, etc.?</b> Is any element of this PID actually, or potentially funded through any other previous (already approved), parallel (current) or planned (future) application for funds?		
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<b>4. NHS ENGLAND CAPITAL FUNDING STREAM (from any source)</b> Please confirm the NHS England capital funding stream relevant to this investment e.g. BAU, etc. <i>Financial tables should clearly show the NHS England commitment.</i> <i>Where capital funding is from a special initiative e.g. ETTF, please use the first two rows opposite to denote initiative name and scheme reference number</i> <i>Please use standard NHS finance codes when completing this section</i>	If applicable, funding initiative name	Premises Improvement Grant
	Scheme reference No.	
	Funding stream	
	Cost Centre	
	Subjective Code	
	Total value of NHS England funding. £	

<b>5. DETAILS OF ANY ADDITIONAL CAPITAL FUNDING SOURCE (where applicable)</b> Please confirm and briefly explain ANY additional capital funding stream relevant to this investment e.g. NHSPS Customer Capital. The additional/alternative funding should be clearly shown in Table 3 below with relevant totals. <i>The implications of the additional funding must be clearly shown in the Economic and Financial sections of this PID.</i>	Funding source name	GP Partners
	Brief explanation of funding	The GP partners will contribute to the cost of these improvements up to 34%
	Is this funding to be used for a specific purpose?	The proposed renovation works
	Is any element of this funding liable for repayment?	No
	If yes, please give details including reason, amounts and dates.	
	Total value of <u>additional</u> funding. £	

<b>6. NHS ENGLAND REGION/LOCAL DIRECTOR OF COMMISSIONING OPERATIONS (DCO) OFFICE</b>	Region	North
	DCO	Lancashire and Greater Manchester: Graham Urwin

<b>7a. SPONSORING ORGANISATION No. 1 AND LEAD CONTACT</b> Please include a named lead contact for this application who can answer any queries relating to this	Organisation	Heaton Mersey Medical Practice
	Title/position	GP Partner
	Name	Dr Jeremy Wynn
	Office tel.	0161 4269400
	Mobile tel.	07775 925148

PID	e-mail	Jeremy.wynn@nhs.net
<b>7b. SPONSORING ORGANISATION No. 2 (where applicable)</b> Please include a named lead contact for this application who can answer any queries relating to this PID	Organisation	Heaton Mersey Medical Practice
	Title/position	Practice Manager
	Name	Michelle Davenport
	Office tel.	0161 4269400
	Mobile tel.	07891 599386
	e-mail	Michelle.davenport@nhs.net
<b>7c. SPONSORING ORGANISATION No. 3 (where applicable)</b> Please include a named lead contact for this application who can answer any queries relating to this PID	Organisation	Heaton Mersey Medical Practice
	Title/position	GP Partner
	Name	Jeremy Wynn
	Office tel.	01614269400
	Mobile tel.	07775 925148
	e-mail	Jeremy.wynn@nhs.net

<b>8. NHS PROPERTY SERVICES OR COMMUNITY HEALTH PARTNERSHIPS CONTACT (where applicable)</b> Please include a named contact as appropriate	Organisation	
	Title/position	
	Name	
	Office tel.	
	Mobile tel.	
	e-mail	

<b>9. OTHER LOCAL STAKEHOLDERS OR TENANTS</b> <i>Please add further lines where required</i>	CCG	Stockport
	Local Authority	Stockport
	Other (1)	
	Other (2)	

<b>10. SCHEME DESCRIPTION</b> Include a brief description of the scheme, which should include, but need not be limited to: <ul style="list-style-type: none"> <li>• scope and content</li> <li>• the scheme type - new build, refurbishment or a lease</li> <li>• objectives and benefits – these may be financial and/or non-financial</li> <li>• location – address and name of the facility</li> <li>• NHSPS/CHP premises code where known and available</li> <li>• wider stakeholders and their interest e.g. potential occupants</li> <li>• indicative scheme value for approval purposes</li> <li>• confirm other stakeholders are signed up to the general terms, costs and implications of the proposal.</li> <li>• confirm that where details are known, any proposed leases, are appropriate and acceptable to all participants.</li> </ul>	<p>Our Practice is based in GP owned premises and serves c8000 patients. The Practice has a small front garden in which there is a path that leads to the patient entrance at the top of a very steep slope. The path goes all around the garden from the front to the side of the property and is made of stone flags that are uneven, wobbly and a trip hazard. The path is narrow and on different levels and so there are steps at various intervals within it. The path has three access points from the pavement:</p> <ol style="list-style-type: none"> <li>1) The gate at the front of the property leading to the staff entrance – in order to reach the patient entrance at the side of the property there are two steps, an uneven path and a steep ramp to navigate. The staff entrance is not suitable for wheelchairs and pushchairs to access as it has two steep steps into a porch and a further step from the porch to the property.</li> <li>2) The side ramp – this is found at the side of the property and is very steep.</li> <li>3) The steps at the side of the property – these are very steep and uneven</li> </ol> <p>Both ramps are very steep and are not compliant with Equality Act. The steps, ramp and path on the Practice property are made up of stone flags – which are uneven causing a trip hazard to anyone who visits the Practice.</p> <p>The proposal will:</p> <ol style="list-style-type: none"> <li>a) address Equality Act compliance issues</li> <li>b) address health and safety issues</li> </ol>
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<ul style="list-style-type: none"> <li>• if the scheme requires temporary accommodation</li> <li>• if costs for enabling works are required and, if so, included in the overview costs.</li> </ul>	<p>1) The scheme would be to adjust the gradient of the slope, and create a path and steps out of tarmac to provide a smooth even surface suitable for wheelchairs, pushchairs and other mobility aids. The new path would have a gradual slope from the gate at the front of the property, around to the side of the property. The steps at the side of the property would be remade less steep and more stable. The side ramp would be levelled off and blocked off and used to house the waste bins, thereby creating more space for patients and visitors to navigate in wheelchairs, pushchairs and with mobility aids along the path.</p> <p>The opportunity for this development would also allow us to make our practice more Equality Act compliant and health and safety compliant. It would improve our disabled access significantly, something particularly important to serve our patient population well and improve access.</p> <p>We would stay at our current premises and would be able to carry out the works without having to temporarily move, minimising disruption to patients. Much of the work can be completed whilst we are open as the contractor would create a temporary slope via the Staff Entrance to ensure access and minimise disruption to our patients and services.</p> <p>We are a property owning partnership, and are all in agreement with the proposals.</p> <p>Based on quotes we have received, we anticipate the total cost of the work to be around <b>£17,100</b></p>
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<p><b>11. STRATEGIC NEED</b></p> <ul style="list-style-type: none"> <li>• Provide the strategic drivers and justification for the scheme.</li> <li>• Confirm and outline alignment with other strategies as appropriate</li> </ul>	<p>By creating a smooth pathway which leads up to our patient entrance (Equality Act compliant door) it would improve access for all our patients.</p> <p>Currently many of our elderly patients and those in wheelchairs struggle to get up the ramp due to the steep gradient.</p> <p>The stone flags are uneven and a trip hazard and we have had a patient trip and fall as a result of this. Many patients express concern regarding the uneven path.</p> <p>The steps leading to the Practice are steep and also uneven and have had to be re-laid several times as they wobble due to the overhang of the flags.</p> <p>At the top of the side ramp we house the waste bins (general waste and cardboard). On several occasions, these have rolled down the side ramp (once hitting a parked car) due to the breaks not being applied on the bins once they were emptied by the waste company. Additionally, they partly block the top of the ramp making it difficult to navigate wheelchairs and pushchairs around them. Currently there is no other place they can be housed. This scheme will enable them to be re-sited in the area that is currently the side ramp (it will be levelled off) thereby removing them from the main walk way.</p> <p>During the winter the ramps become very dangerous due to ice and snow and we usually have to grit the ramps around 5-6 times a day due to the number of patients visiting the practice.</p> <p>We are concerned that there could be a serious injury to someone as a result of the unevenness of the path, steps or ramp.</p>
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<p><b>12. CONSISTENCY WITH SUSTAINABILITY AND TRANSFORMATION PLANS (STP), COMMISSIONING AND ESTATES PLANS</b></p>	<p>These proposals are consistent with the estates strategies concerning access and safety.</p> <p>Public consultation would not be required and no planning permission would be needed for this type of work.</p>
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<ul style="list-style-type: none"> <li>• Confirm alignment with the NHS England Five Year Forward View and related implementation plans.</li> <li>• Confirm that the proposed scheme is consistent with the relevant STP, commissioning, clinical and (where appropriate) estates and or technology strategies.</li> <li>• Confirm whether formal public consultation is required.</li> <li>• Confirm whether any planning permission (including change of use) is required and its current status.</li> <li>• Confirm that any proposed property development brief to designers will require and ensure compliance with appropriate and relevant NHS guidance, such as BREEAM, Health Building Notes, common minimum standards for the procurement of built environments in the public sector, etc.</li> </ul>	
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<b>13. ESTIMATED PROJECT DEVELOPMENT COSTS</b>		
<b>Cost per Stage of Development</b>	<b>Funded by Project Sponsor £</b>	<b>Total incl. VAT £</b>
<b>Incurring Pre PID</b>		
<b>PID to Option Appraisal</b>		
<b>Option Appraisal to OBC</b>		
<b>OBC to FBC</b>		
<b>Total</b>		

<p><b>14. CAPITAL COST ESTIMATES</b> (Inc. VAT)</p> <p>This section is anticipated to be very high level (but based on evidence), prior to any formal options appraisal. Benchmarked construction costs can be accessed through the NHS England PAU team.</p> <p>Please use table 2 (and, if and where available, append any more detailed ready prepared tables that are considered appropriate), to detail the capital requirements to deliver this scheme in years 1, 2 and year 3 where applicable.</p>	<p><b>Capital Total</b> <b>Financial tables must clearly show the total NHS England commitment <u>only</u>.</b></p> <p><b>Table 2. Total Capital requirement inc. VAT for current and future years</b></p> <table border="1"> <thead> <tr> <th><b>Description</b></th> <th><b>£ Current year (year 1) 20[../..]</b></th> <th><b>£ Current year (year 2) 20[../..]</b></th> <th><b>£ PID total Years 1+2</b></th> <th><b>£ Third year only 20[../..]</b></th> <th><b>£ Total across three years</b></th> </tr> </thead> <tbody> <tr> <td>Land (generally only apply to year 1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Development costs from Table 1 above. (generally only apply to year 1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Project Management fees</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enabling works, where applicable</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Construction</td> <td>£17,100</td> <td></td> <td>£17,100</td> <td></td> <td>£17,100</td> </tr> <tr> <td>Fixed equipment</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Totals</b></td> <td><b>£17,100</b></td> <td></td> <td><b>£17,100</b></td> <td></td> <td><b>£17,100</b></td> </tr> </tbody> </table>	<b>Description</b>	<b>£ Current year (year 1) 20[../..]</b>	<b>£ Current year (year 2) 20[../..]</b>	<b>£ PID total Years 1+2</b>	<b>£ Third year only 20[../..]</b>	<b>£ Total across three years</b>	Land (generally only apply to year 1)						Development costs from Table 1 above. (generally only apply to year 1)						Project Management fees						Enabling works, where applicable						Construction	£17,100		£17,100		£17,100	Fixed equipment						<b>Totals</b>	<b>£17,100</b>		<b>£17,100</b>		<b>£17,100</b>
<b>Description</b>	<b>£ Current year (year 1) 20[../..]</b>	<b>£ Current year (year 2) 20[../..]</b>	<b>£ PID total Years 1+2</b>	<b>£ Third year only 20[../..]</b>	<b>£ Total across three years</b>																																												
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Please use Table 4 to confirm capital funding sources that should sum to the total in Table 2.

**Two-site scheme**

Two-site schemes may potentially occur where, say, there is a move from one site to another and to achieve this there may be some level of expenditure on two sites. The total scheme costs for both related sites are to be provided in the tables.

This does not mean that 2 unrelated sites or schemes can be approved under a single PID.

Please ensure that all proposed costs set out in these tables are for capitalisable expenditure.

*Please insert the relevant dates in the [square brackets]*

**Two-site schemes - see notes on left).**

*If this is part of a 2-site scheme, please provide details by year, by site in the following tables to show the **total** estimated value of the overall project, and these should collectively sum to the total capital requirement in Table 2, above.*

**Explanation and description of any two-site scheme covered by this PID**

**CAPITAL FUNDING SOURCES**

The table below will therefore show the **full** capital cost of the scheme

**Table 3. Total Capital requirement inc. VAT for current and future years**

Capital funding source	£ Current year (year 1) 20[../..]	£ Current year (year 2) 20[../..]	£ Scheme total Years 1+2	£ Third year. only 20[../..]	£ Total across three years
NHS Premises Grant 66%	£11,286				
Practice contribution	£5,814				
<b>Totals</b>	<b>£17,100</b>				

**15. REVENUE**

**AFFORDABILITY / IMPACT**

- Net Recurrent Revenue Impact: £'x'k over the following years.
- Outline any additional revenue costs of capital investment beyond current costs, and other additional costs if applicable e.g. additional rates, energy, FM costs and any planned offsetting savings
- Specify funding source for any adverse net revenue impact
- £'x'k Estimated lifecycle costs:
- £'x'k Gross Recurrent Revenue Impact

There are no increased costs once the work is completed.

**16. PROPOSED PROCUREMENT STRATEGY**

Please describe the procurement strategy, who will be leading, and when it is anticipated to complete and capital spend will be incurred. For new build solutions, please confirm if the proposal is likely to be within a LIFT geographical area.

We have already made some plans and enquiries and have had some high level quotes for some of the work and are currently working on obtaining more detailed quotes.

Once we have secured funding, we will appoint a contractor to start the work.

In order to ensure the work is completed, we would hope to start as soon as possible and before the winter. We estimate the works would take approximately 1-3 weeks, which would mean a completion date of March 2020.

<p>Where available attach a key milestones plan. As a minimum, this should include, as appropriate:</p> <ul style="list-style-type: none"> <li>• Option Appraisal</li> <li>• Procurement Route Confirmed</li> <li>• OBC/New Project Proposal</li> <li>• OBC Approval/Stage 1 Approval</li> <li>• FBC/Final Project Proposal</li> <li>• FBC Approval/Stage 2 Approval</li> <li>• Date of procurement</li> <li>• Planned start of works</li> <li>• Estimated completion date</li> </ul>	
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<p><b>17. CONSIDERATION OF OTHER OPTIONS</b></p> <p>Describe other options under consideration, including the 'Do Nothing' Option.</p> <p>Briefly consider the advantages and disadvantages of each option under consideration and identify the one used for benchmarking to indicate the scheme value in this PID</p>	<p>Doing nothing is not a viable option as the ramp doesn't meet the Equality Act guidance around a safe gradient for ramps. The pathway, ramp and steps are unsafe and access is difficult for anyone unsteady on their feet, or in a wheelchair etc.</p> <p>Even those with no mobility issues are at risk of tripping on the uneven path.</p>
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<p><b>18. SITE PLAN</b></p> <p>Where available and for larger schemes (&gt;£1m), please provide a simple site plan to demonstrate the proposal.</p>	
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<p><b>19. OTHER ISSUES</b></p> <p>Confirm and provide brief explanation about:</p>	a	N/A
<p>a) Is the output from One Public Estate planning known for the relevant locality ?</p>	b	No
<p>b) Have NHS PS / CHP / or other named party provided input into the PID?</p>	c	No
<p>c) Is there spare service (or accommodation) capacity in neighbouring, cross boundary areas?</p>	d	No
<p>d) Are any service or accommodation closures anticipated as a result of these proposals?</p>	e	No
<p>e) Will any land be released?</p>	f	No
<p>f) Is the proposal dependent on reinvestment from disposals?</p>	g	N/A
<p>g) Where applicable, is the land clearly identifiable and available.</p>	h	No
<p>h) Is the land in the ownership of the NHS?</p>		
<p>i) Are there any known constraints that could influence the outcome of this</p>		

<p>scheme in construction or use? E.g. in a flood zone, listed building, etc.?</p> <p>j) Where GP or other organisations will share the facility, are there plans to integrate the common areas, or are the organisations intent on remaining fully separate entities in practical terms? The latter <i>may</i> not be acceptable for this PID to be approved</p> <p>k) Has any IT infrastructure been factored into the costs for this scheme in the tables 2, 3, 4 and 5? If yes, please quantify.</p> <p>l) If not, please confirm source and certainty of funding for this item.</p> <p>m) In schemes involving GP's, what is the anticipated value of the GPIT requirement?</p> <p>n) please confirm source and certainty of funding for GPIT.</p>	i	No
	j	N/A
	k	No
	l	N/A
	m	N/A
	n	N/A

20. KEY RISKS	Risk	Mitigation
<p>Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated.</p> <p>Please list any risks to delivery, for example if the spend is dependent on a practice merger other estates investment, involvement of a 3<sup>rd</sup> party, etc.</p>	No risk to the scheme identified.	

21. SCHEME OR PROJECT ENDORSED BY:		
<b>CCG CHIEF FINANCIAL OFFICER</b>	Statement	I hereby confirm that I am satisfied the investment of capital as set out in this PID is necessary expenditure and offers value for money. I also confirm that any commitments made in this PID to the covering of revenue will be honoured by the CCG and/or its relevant stakeholders. I am satisfied that the capital funding requirement set out in this PID is not replicated in any other NHS capital funding request, e.g. under other parallel capital investment initiatives
	Organisation	
	Name	
	Signature	
	Date	
<b>NHS ENGLAND DCO DIRECTOR OF COMMISSIONING</b>	Statement	I hereby confirm that I am satisfied the investment of capital as set out in this PID is necessary expenditure, offers value for money and conforms with relevant policy.
	DCO	
	Name	
	Signature	
	Date	
<b>NHS ENGLAND DCO DIRECTOR OF FINANCE</b>	Statement	I hereby confirm that I am satisfied the investment of capital as set out in this PID is necessary expenditure and offers value for money. I also confirm that I am satisfied with the financial commitments made by the CCG in this PID.
	DCO	
	Name	

	Signature	
	Date	
<b>NHS ENGLAND REGIONAL DIRECTOR OF FINANCE</b>	Statement	I hereby confirm that I am satisfied the expenditure of capital as set out in this PID is necessary expenditure and offers value for money. I also confirm that I am satisfied with the assurance provided by the relevant local DCO office Director of Finance in this PID in relation to the covering of revenue costs. I confirm that any NHS England capital expenditure assumed in this PID is funded within the Regional capital budget for the relevant year(s). I am assured that there is a credible plan in place to account for any assumed NHS England capital expenditure in the appropriate financial year in accordance with NHS England standard accounting practice.
	Region	
	Name	
	Signature	
	Date	
<b>PRIORITISATION</b> (For regional use only where applicable)		

## ***Cheadle Medical Practice Premises Improvement Grant Application***



***NHS Stockport Clinical Commissioning Group*** will allow people to access health services that empower them to live healthier, longer and more independent lives.

## Executive Summary

<b>What decisions do you require of the Committee?</b>
(i) <b>Support</b> the premises improvement grant application submitted by Cheadle Medical Practice.
<b>Please detail the key points of this report</b>
<p>Cheadle Medical Practice has submitted an application for a premises improvement grant. The proposed scheme is to reconfigure the existing layout to provide an additional 2 clinical rooms as well as carrying out required DDA, fire safety compliance works. The total cost of the scheme is £72,186.</p> <p>There will be no revenue consequences because the proposed building works do not increase the floor area on which notional rent will be calculated.</p>
<b>What are the likely impacts and/or implications?</b>
Patient experience and CQC rating may be adversely impacted.
<b>How does this link to the Annual Business Plan?</b>
N/A
<b>What are the potential conflicts of interest?</b>
N/A
<b>Where has this report been previously discussed?</b>
This report is being presented for the first time.
<b>Clinical Executive Sponsor:</b> Mark Chidgey
<b>Presented by:</b> David Dolman
<b>Meeting Date:</b> 04 December 2019
<b>Agenda item:</b>
<b>Reason for being in Part 2 (if applicable)</b>
N/A

**Capital Investment, Property, Equipment & Digital Technology proposals**

**NHS England Project Appraisal Unit**

**Project Initiation Document - Type 1  
Clinical Premises**

Not to be used for NHS England administrative premises - see PID Type 2

Sponsors and authors of documents seeking appropriate authority to fund or proceed with a scheme or project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

Unless building and premises based PIDs are informed by sufficient detail and forward planning this can hinder a prompt and informed decision on PID approval. A PID is the first stage in the process, but there are fundamental issues to be considered before progressing to business case stage. This particular PID type for clinical premises is therefore designed to support authors in considering some of those important issues that need to be covered in the PID to inform local decision making.

It is also acknowledged that at PID stage not all of the information asked for may be available. However, all PIDs for this type of proposal must be as complete as possible and, where information is not known, a brief explanation should be provided.

<b>Document version control</b> (for use by PID sponsors)	Version No.	Status	Issue date	Notes
Add rows as required.				
Last entry should read: <b>'Final for signatures'</b>				

<b>1. TITLE OF SCHEME</b>	<b>Cheadle Medical Practice improvement bid</b>		
Scheme reference number and source of number (organisation). <i>Please ensure the relevant unique reference (for all Schemes) is used in all correspondence and reporting using an appropriate format: e.g. XXX – YY - XXX (Org Code – 17 – 001)</i>	Reference No.	14729-18-002	
	Confirm the Organisation issuing the reference number.	Cheadle Medical Practice	

<b>2. DATE OF FORMAL PID SUBMISSION</b>	Date	<b>November 2019</b>
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<b>3. IS THIS A RESUBMISSION OF AN EARLIER PID?</b> If so, provide details and reference no.	Reference No.	<b>No</b>
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<p><b>IF YES:</b>  <b>Will this resubmission result OR potentially result in a duplicate funding application already covered by another PID, etc.?</b></p> <p>Is any element of this PID actually, or potentially funded through any other previous (already approved), parallel (current) or planned (future) application for funds?</p>	Please provide details	<b>No</b>
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<p><b>4. NHS ENGLAND CAPITAL FUNDING STREAM (from any source)</b></p> <p>Please confirm the NHS England capital funding stream relevant to this investment e.g. BAU, etc.  <i>Financial tables should clearly show the NHS England commitment.</i>  <i>Where capital funding is from a special initiative e.g. ETTF, please use the first two rows opposite to denote initiative name and scheme reference number</i>  <i>Please use standard NHS finance codes when completing this section</i></p>	If applicable, funding initiative name	
	Scheme reference No.	
	Funding stream	
	Cost Centre	
	Subjective Code	
	Total value of NHS England funding. £	

<p><b>5. DETAILS OF ANY ADDITIONAL CAPITAL FUNDING SOURCE (where applicable)</b></p> <p>Please confirm and briefly explain ANY additional capital funding stream relevant to this investment e.g. NHSPS Customer Capital.  The additional/alternative funding should be clearly shown in Table 3 below with relevant totals.  <i>The implications of the additional funding must be clearly shown in the Economic and Financial sections of this PID.</i></p>	Funding source name	
	Brief explanation of funding	
	Is this funding to be used for a specific purpose?	
	Is any element of this funding liable for repayment?	
	If yes, please give details including reason, amounts and dates.	
	Total value of <u>additional</u> funding. £	

<p><b>6. NHS ENGLAND REGION/LOCAL DIRECTOR OF COMMISSIONING OPERATIONS (DCO) OFFICE</b></p>	Region	<b>North</b>
	DCO	

<b>7a. SPONSORING ORGANISATION No. 1 AND LEAD CONTACT</b> Please include a named lead contact for this application who can answer any queries relating to this PID	Organisation	<b>Cheadle Medical Practice</b>
	Title/position	<b>Manager</b>
	Name	<b>Joy Hancock</b>
	Office tel.	<b>0161 204 4414</b>
	Mobile tel.	
	e-mail	<b>Joy.hancock@nhs.net</b>
<b>7b. SPONSORING ORGANISATION No. 2 (where applicable)</b> Please include a named lead contact for this application who can answer any queries relating to this PID	Organisation	<b>Cheadle Medical Practice</b>
	Title/position	<b>Assistant Manager</b>
	Name	<b>Chloe Chesters</b>
	Office tel.	<b>0161 204 4415</b>
	Mobile tel.	
	e-mail	<b>Chloe.chesters@nhs.net</b>
<b>7c. SPONSORING ORGANISATION No. 3 (where applicable)</b> Please include a named lead contact for this application who can answer any queries relating to this PID	Organisation	<b>Cheadle Medical Practice</b>
	Title/position	<b>Senior Partner</b>
	Name	<b>Dr Viren Mehta</b>
	Office tel.	<b>0161 204 4414</b>
	Mobile tel.	
	e-mail	<b>Viren.mehta@nhs.net</b>
<b>8. NHS PROPERTY SERVICES OR COMMUNITY HEALTH PARTNERSHIPS CONTACT (where applicable)</b> Please include a named contact as appropriate	Organisation	
	Title/position	
	Name	
	Office tel.	
	Mobile tel.	
	e-mail	
<b>9. OTHER LOCAL STAKEHOLDERS OR TENANTS</b> <i>Please add further lines where required</i>	CCG	
	Local Authority	
	Other (1)	
	Other (2)	
<b>10. SCHEME DESCRIPTION</b> Include a brief description of the scheme, which should include, but need not be limited to: <ul style="list-style-type: none"> <li>• scope and content</li> <li>• the scheme type - new build, refurbishment or a lease</li> <li>• objectives and benefits – these may be financial and/or non-financial</li> <li>• location – address and name of the facility</li> <li>• NHSPS/CHP premises code where known and available</li> <li>• wider stakeholders and their interest e.g. potential occupants</li> <li>• indicative scheme value for approval purposes</li> <li>• confirm other stakeholders are</li> </ul>	<b>1: Widening of the doors to the downstairs clinical rooms (1, 2, 3 &amp; 4) . (quoted by W P Murphy at £1275.00 + VAT per door Total: £6120 incl VAT) see attached. Although the widths are currently DDA compliant, due to the layout of the premises, certain rooms are difficult for wheelchairs and pushchairs to access.</b>	

signed up to the general terms, costs and implications of the proposal.

- confirm that where details are known, any proposed leases, are appropriate and acceptable to all participants.
- if the scheme requires temporary accommodation
- if costs for enabling works are required and, if so, included in the overview costs.

**2. Installation of a vent to our fax room door where our liquid nitrogen is stored. Highlighted by Peninsula for fire risk assessment.**

**Quoted by W P Murphy at £186.00 + VAT see attached  
Smith Meehan £50 +VAT) see attached.**

**Work completed September 2019 £498 paid for this and the replacement attic meeting room door (point 7) by the practice to Smith Meehan**

**3: Removal of all paper records from basement storage area. 4 Quotes attached. This space can then be used to relocate the switchboard and admin areas from the ground floor. Scanning of the paper records will allow for all records to be sent electronically e.g. GP2GP improving efficiency and safety of transferring records and will also reduce printing and photocopying costs. Notes storage is another option at £2396 +VAT**

**4: To isolate cold water storage tank and convert site o mains and replace calorifier for a 120 ltr mains fed mega flow indirect cylinder. See x3 quotes attached . This is to ensure legionella compliance, out main method of control is by temperature and due to the nature of the hot water system the temperatures are not always reaching the required level.**

**Work completed 28<sup>th</sup> July 2019 £4304.82 paid to British Gas**

**WP Murphy £156 + VAT to investigate the existence of hidden water tanks in the eves of the building. See attached.**

**5: installation of additional sockets to reduce the need for extension leads- highlighted in our fire risk assessment completed on 9<sup>th</sup> April 2019 by Peninsula Business Services.**

**£438 (incl VAT) See quote attached from Silky Electrical Ltd**

7: Replacement door to the attic meeting/admin room to an appropriate fire rated door fitted with an intumescent strip. Highlighted in our fire risk assessment completed on 9<sup>th</sup> April 2019 by Peninsula Business Services

**£440 +VAT see attached quote from Smith Mehan**

**Work completed September 2019 – see point 2**

8: Installation of automatic release devices to internal office, admin doors which are currently propped open during warm weather as there is no air conditioning in the practice. Highlighted in our fire risk assessment completed on 9<sup>th</sup> April 2019 by Peninsula Business Services.

**Awaiting quote from CROWN fire**

9: The installation of 2 additional smoke detectors in the cellar store rooms. Highlighted in our fire risk assessment completed on 9<sup>th</sup> April 2019 by Peninsula Business Services.

**Verbal quote received from CROWN fire Services £220 – see attached CROWN fire are the company we have used historically to maintain and service our fire equipment/alarms etc.**

10. Architectural design for refurbishment to the practice

**Quote from Blue Sky Architects attached £3500**

11: Refurbishment of the practice to include the addition of x2 consulting rooms to the ground floor, re-siting the admin and switchboard areas to the basement, linking in to point 3 which is to remove all paper records from the basement admin area to allow for this work to take place. The work also includes work to tank our basement as we have a regular issue of flooding into our paper notes area during heavy rain.

**Quote from Smith Meehan £ 47,952.15 + VAT see attached**

<p><b>11. STRATEGIC NEED</b></p> <ul style="list-style-type: none"> <li>• Provide the strategic drivers and justification for the scheme.</li> <li>• Confirm and outline alignment with other strategies as appropriate</li> </ul>	<p>We are a large practice providing Primary Care Services from 4 converted Victorian houses to a patient list size of approximately 12,000.</p> <p>As the Neighbourhood and Primary Care Networks develop and with the addition of associated services and staff that are now linked in to our GP practices, it has become increasingly difficult for us to offer the services we would like to from our premises as they currently stand due to room availability &amp; limited administration space.</p> <p>The age of our building has also naturally required us to make alterations and improvements in order to comply with ever changing health &amp; safety requirements.</p> <p>It is for this reason that we have looked into a partial refurbishment of the practice in order to increase the number of consulting rooms and admin space so that we can continue to offer our patients the option of benefiting from these additional services from their own practice rather than having to signpost them elsewhere. In the meantime, the above works are required to ensure we reduce the risk of fire, remain compliant with health &amp; safety guidelines and maintain a safe and accessible practice for staff and patients.</p>
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<p><b>12. CONSISTENCY WITH SUSTAINABILITY AND TRANSFORMATION PLANS (STP), COMMISSIONING AND ESTATES PLANS</b></p> <ul style="list-style-type: none"> <li>• Confirm alignment with the NHS England Five Year Forward View and related implementation plans.</li> <li>• Confirm that the proposed scheme is consistent with the relevant STP, commissioning, clinical and (where appropriate) estates and or technology strategies.</li> <li>• Confirm whether formal public consultation is required.</li> <li>• Confirm whether any planning permission (including change of use) is required and its current status.</li> <li>• Confirm that any proposed property development brief to designers will require and ensure compliance with appropriate and relevant NHS guidance, such as BREEAM, Health Building Notes, common minimum standards for the procurement of built environments in the public</li> </ul>	<p><b>No public consultation required</b></p>
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sector, etc.	
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13. ESTIMATED PROJECT DEVELOPMENT COSTS		
Cost per Stage of Development	Funded by Project Sponsor £	Total incl. VAT £
Incurred Pre PID		£4,200 for architectural design services and quantity surveying services
PID to Option Appraisal		
Option Appraisal to OBC		
OBC to FBC		
<b>Total</b>		<b>£4,200</b>

<p><b>14. CAPITAL COST ESTIMATES</b> (Inc. VAT)</p> <p>This section is anticipated to be very high level (but based on evidence), prior to any formal options appraisal. Benchmarked construction costs can be accessed through the NHS England PAU team.</p> <p>Please use table 2 (and, if and where available, append any more detailed ready prepared tables that are considered appropriate), to detail the capital requirements to deliver this scheme in years 1, 2 and year 3 where applicable.</p> <p>Please use Table 4 to confirm capital funding sources that should sum to the total in Table 2.</p> <p><b>Two-site scheme</b> Two-site schemes may potentially occur where, say, there is a move from one site to another and to achieve this there may be some level of expenditure on two sites. The total scheme costs for both <u>related</u> sites are to be provided in the tables. This does <u>not</u> mean that 2 unrelated sites or schemes can be approved under a single PID.</p>	<p><b>Capital Total</b> Financial tables must clearly show the total NHS England commitment <u>only</u>.</p> <p style="background-color: #d9e1f2;"><b>Table 2. Total Capital requirement inc. VAT for current and future years</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Description</th> <th style="background-color: #d9e1f2;">£ Current year (year 1) 2019/20</th> <th style="background-color: #d9e1f2;">£ Current year (year 2) 20[../..]</th> <th style="background-color: #d9e1f2;">£ PID total Years 1+2</th> <th style="background-color: #d9e1f2;">£ Third year only 20[../..]</th> <th style="background-color: #d9e1f2;">£ Total across three years</th> </tr> </thead> <tbody> <tr> <td>Land (generally only apply to year 1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Development costs from Table 1 above. (generally only apply to year 1)</td> <td style="text-align: center;">£4,200</td> <td></td> <td style="text-align: center;">£4,200</td> <td></td> <td></td> </tr> <tr> <td>Project Management fees</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enabling works, where applicable</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Construction</td> <td style="text-align: center;">£67,986</td> <td></td> <td style="text-align: center;">£67,986</td> <td></td> <td></td> </tr> <tr> <td>Fixed equipment</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Totals</b></td> <td style="text-align: center;"><b>£72,186</b></td> <td></td> <td style="text-align: center;"><b>£72,186</b></td> <td></td> <td></td> </tr> </tbody> </table> <p><b><u>Two-site schemes - see notes on left).</u></b></p> <p><i>If this is part of a 2-site scheme, please provide details by year, by site in the following tables to show the <b>total</b> estimated value of the overall project, and these should collectively sum to the total capital requirement in Table 2, above.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Explanation and description of any two-site scheme covered by this PID</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> </tr> </tbody> </table> <p><b>CAPITAL FUNDING SOURCES</b> The table below will therefore show the <b>full</b> capital cost of the scheme</p>	Description	£ Current year (year 1) 2019/20	£ Current year (year 2) 20[../..]	£ PID total Years 1+2	£ Third year only 20[../..]	£ Total across three years	Land (generally only apply to year 1)						Development costs from Table 1 above. (generally only apply to year 1)	£4,200		£4,200			Project Management fees						Enabling works, where applicable						Construction	£67,986		£67,986			Fixed equipment						<b>Totals</b>	<b>£72,186</b>		<b>£72,186</b>			Explanation and description of any two-site scheme covered by this PID	
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Please ensure that all proposed costs set out in these tables are for capitalisable expenditure.  <i>Please insert the relevant dates in the [square brackets]</i>	<b>Table 3. Total Capital requirement inc. VAT for current and future years</b>				
	<b>Capital funding source</b>	<b>£ Current year (year 1) 2019/20</b>	<b>£ Current year (year 2) 20[../..]</b>	<b>£ Scheme total Years 1+2</b>	<b>£ Third year. only 20[../..]</b>
<b>Totals</b>	£72,186		£72,186		

<p><b>15. REVENUE AFFORDABILITY / IMPACT</b></p> <ul style="list-style-type: none"> <li>• Net Recurrent Revenue Impact: £'x'k over the following years.</li> <li>• Outline any additional revenue costs of capital investment beyond current costs, and other additional costs if applicable e.g. additional rates, energy, FM costs and any planned offsetting savings</li> <li>• Specify funding source for any adverse net revenue impact</li> <li>• £'x'k Estimated lifecycle costs:</li> <li>• £'x'k Gross Recurrent Revenue Impact</li> </ul>	
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<p><b>16. PROPOSED PROCUREMENT STRATEGY</b></p> <p>Please describe the procurement strategy, who will be leading, and when it is anticipated to complete and capital spend will be incurred. For new build solutions, please confirm if the proposal is likely to be within a LIFT geographical area.</p> <p>Where available attach a key milestones plan. As a minimum, this should include, as appropriate:</p> <ul style="list-style-type: none"> <li>• Option Appraisal</li> <li>• Procurement Route Confirmed</li> <li>• OBC/New Project Proposal</li> <li>• OBC Approval/Stage 1 Approval</li> <li>• FBC/Final Project Proposal</li> <li>• FBC Approval/Stage 2 Approval</li> <li>• Date of procurement</li> <li>• Planned start of works</li> <li>• Estimated completion date</li> </ul>	
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<p><b>17. CONSIDERATION OF OTHER OPTIONS</b></p> <p>Describe other options under consideration, including the 'Do Nothing' Option.</p> <p>Briefly consider the advantages and disadvantages of each option under consideration and identify the one used for benchmarking to indicate</p>	
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the scheme value in this PID	
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<b>18. SITE PLAN</b> Where available and for larger schemes (>£1m), please provide a simple site plan to demonstrate the proposal.	
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<b>19. OTHER ISSUES</b> Confirm and provide brief explanation about: a) Is the output from One Public Estate planning known for the relevant locality ? b) Have NHS PS / CHP / or other named party provided input into the PID? c) Is there spare service (or accommodation) capacity in neighbouring, cross boundary areas? d) Are any service or accommodation closures anticipated as a result of these proposals? e) Will any land be released? f) Is the proposal dependent on reinvestment from disposals? g) Where applicable, is the land clearly identifiable and available. h) Is the land in the ownership of the NHS? i) Are there any known constraints that could influence the outcome of this scheme in construction or use? E.g. in a flood zone, listed building, etc.? j) Where GP or other organisations will share the facility, are there plans to integrate the common areas, or are the organisations intent on remaining fully separate entities in practical terms? The latter <i>may</i> not be acceptable for this PID to be approved k) Has any IT infrastructure been factored into the costs for this scheme in the tables 2, 3, 4	a	<b>No</b>
	b	<b>No</b>
	c	<b>No</b>
	d	<b>No</b>
	e	<b>No</b>
	f	<b>No</b>
	g	<b>Yes</b>
	h	<b>No</b>
	i	<b>Yes –conservation area</b>
	j	<b>Yes</b>
	k	<b>Not yet</b>
l		

and 5? If yes, please quantify. l) If not, please confirm source and certainty of funding for this item.	m	
m) In schemes involving GP's, what is the anticipated value of the GPIT requirement? n) please confirm source and certainty of funding for GPIT.	n	

<b>20. KEY RISKS</b>	<b>Risk</b>	<b>Mitigation</b>
Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated.  Please list any risks to delivery, for example if the spend is dependent on a practice merger other estates investment, involvement of a 3 <sup>rd</sup> party, etc.		

<b>21. SCHEME OR PROJECT ENDORSED BY:</b>		
<b>CCG CHIEF FINANCIAL OFFICER</b>	Statement	I hereby confirm that I am satisfied the investment of capital as set out in this PID is necessary expenditure and offers value for money. I also confirm that any commitments made in this PID to the covering of revenue will be honoured by the CCG and/or its relevant stakeholders. I am satisfied that the capital funding requirement set out in this PID is not replicated in any other NHS capital funding request, e.g. under other parallel capital investment initiatives
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	DCO	
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		standard accounting practice.
	Region	
	Name	
	Signature	
	Date	
<b>PRIORITISATION</b> (For regional use only where applicable)		

# Your payment options



We accept BACS, debit and most credit cards as well as cheques if you want to pay in full. We will then ask for 50% to be paid before the installation and the remaining 50% within 28 days of completion. You may not have to pay a deposit if you apply for and are approved a hire purchase agreement from our specialist business lender.

## BACS

- HSBC Bank plc, account number 34051491, sort code 40-05-30.
- Please quote British Gas New Heating Limited and your Quote Reference Number as your payment reference.

## Credit or Debit Card

- Call us with your card details and Quote Reference Number.

## Cheque

- Made payable to British Gas New Heating Limited. Include your Quote Reference Number and send your payment to the address shown on the front page of this quote.

## 2 Year Interest Free Hire Purchase (0% APR)

- Available over 2 years at 0%
- No deposit needed
- No interest payable during the 2 years (£1 purchase fee is paid with final repayment)

## 3 or 5 Year Hire Purchase (7.9% APR)

- For customers who would like a variety of monthly repayments to choose from
- Available over 3 or 5 years
- APR 7.9%
- No deposit needed (£1 purchase fee is paid with final repayment)

## Hire purchase agreement arranged through British Gas

British Gas acts as a credit broker and not the finance provider and can arrange a Hire Purchase agreement through its specialist business finance provider Macquarie Corporate & Asset Finance. Access to a Hire Purchase agreement is not guaranteed and you will need to go through a finance provider approval process which will assess your Financial circumstances and your ability to repay the credit amount.

## Hire Purchase Illustration

Shown below are some illustrative examples of monthly payments arising for Hire Purchase of £3,000, £4,000 and £5,000 over 2, 3 and 5 years.

Amount	£3000			£4000			£5000			
	Term	2 years	3 years	5 years	2 years	3 years	5 years	2 years	3 years	5 years
APR		0%	7.9%		0%	7.9%		0%	7.9%	
Minimum monthly payment		£125.00	£93.49	£60.30	£167.00	£124.66	£80.39	£208.00	£155.82	£100.49
Total amount repayable over the period		£3,000	£3,366	£3,618	£4,000	£4,488	£4,823	£5,000	£5,610	£6,029

## Key features of the hire purchase agreement

### Hire purchase agreement term

You have two options regarding the hire purchase term - you can choose to take the agreement over a 3 or 5 year term.

### Deposit

A deposit can be paid if you wish, or you can apply to borrow the entire amount. The deposit you choose to pay can be varied to suit you and we can show you how this changes your monthly payments.

### Early termination

Early termination can be made at any time. Simply contact the lender to arrange termination. You can settle the hire purchase agreement at any time but you may incur an early termination charge.

### APR

The APR on any hire purchase offered by the lender will depend on overall status and creditworthiness. The rate is 7.9% APR.

### Any questions?

If you would like more information or wish to make an application, our telephone sales team will be happy to help.

Just call us on 0333 009 5831\*\* or email us at [ukbservicesalesteam@britishgas.co.uk](mailto:ukbservicesalesteam@britishgas.co.uk).

\*\* Lines are open Mon-Fri 8am - 5pm. We record calls to help improve our services to you. Calls to 0800 numbers are free from landlines and mobiles.

British Gas acts as a credit broker (not a finance provider) and may receive a commission for the introduction. Finance will be provided by Macquarie Corporate and Asset Finance. Macquarie Corporate and Asset Finance is the trading name of Macquarie Corporate And Asset Finance 1 Limited (Registered in England No. 07816852) which is authorised and regulated by the Financial Conduct Authority and Macquarie Corporate and Asset Finance 2 Limited (Registered in England No. 08253764). British Gas is the trading name of British Gas New Heating Limited (Registered in England No. 09723244), an appointed representative of British Gas Services Limited (Registered in England No. 03141243) which is authorised and regulated by the Financial Conduct Authority. Both companies registered office: Millstream, Maidenhead Road, Windsor, Berkshire SL4 5GD.

Your quote

Boiler and associated works	N/A	£3,575.55
New Cylinder		
Total quotation cost (exc. VAT)	£3,575.55	
Total quotation cost (inc. VAT)	£4,290.66	
1 year British Gas warranty	Included (See details over the page)	

By signing and accepting this quote, you're agreeing to the following terms:

• You have received and read this quote and our terms and conditions (together 'the Agreement') which will apply to the services we undertake for you and you accept and consent to the services being carried out in accordance with the Agreement

• British Gas New Heating Limited may make a search with a credit reference agency and we'll keep a record of that search. In some instances, we may also make a search on the personal credit file of the proprietor/director/partner (as applicable). Full information on how we use your data can be found in our terms and conditions

• You have full authority to enter into this Agreement and confirm that you're the property owner or have secured the necessary permissions from the property owner and/or the local authority

• This quote is valid for 28 days from the date of this letter

• If you are a Consumer<sup>1</sup> you have up to 14 days to cancel this Agreement after any materials are delivered, or if the work is for services only, for example labour only and not parts, for 14 days from the date you accepted your quote ('Cooling off period'). If your installation date is before the end of this period, you agree that British Gas can start work. If you cancel once work has started, you understand that British Gas may charge reasonable costs for work carried out or materials used. Once work is completed, you won't be able to cancel

<sup>1</sup> Consumer as defined in the Consumer Rights Act 2015

Please cut here

**Quote acceptance**

I confirm that I have read and accept quote reference 00030018 including the terms and conditions provided. Please contact me to arrange an appointment and discuss payment options

Full Name	
Email	
Date	
Preferred Payment Method	
Position	
Signature	

To discuss your quote call us on 0333 009 5831\*

## Your business details

<b>Installation address</b>	Cheadle Medical Practice Cheadle Medical Practice, 1-5 Ashfield Crescent Cheadle SK8 1BH
<b>Contact number</b>	01614269090
<b>Billing address</b>	Cheadle Medical Practice Cheadle Medical Practice, 1-5 Ashfield Crescent Cheadle Greater Manchester SK8 1BH United Kingdom
<b>Billing contact number</b>	01614269090

## Why choose us?

### Value for money

We'll give you a competitive quote for any work needed

### Range of payments options

Including interest free credit over 2 years and finance up to 5 years

### Quality work

We'll deliver a high standard of work, safely and efficiently

### Expertise you can trust

All provided by friendly, Gas Safe registered engineers

## Summary of work

**We have reviewed your existing heating system and can confirm the following:**

Your existing cylinder is old, inefficient and not delivering adequate hot water to meet legionella testing requirements. We could help reduce the risk of legionella contamination by installing a new unvented cylinder and re-running the flow and return Pipework to your cylinder.

**Based on your requirements, we have prepared a tailored solution which includes all of the following works:**

Proposal -

- We will make the work area safe by erecting barriers and signs.
- We will isolate the gas, water and electrics to existing boiler, lock off and sign where required.
- We will drain the system, disconnect the old cylinder and remove from site.
- We will supply and fit a new high efficiency Unvented Cylinder. The new cylinder will be SEDBUK rated "A".
- We will carry out modifications to the existing pipe work in order to connect the new boiler to the existing gas, heating pipe work.
- We will run new flow and return Pipework from your boiler location to the cylinder location, this will improve hot water recovery and eliminate the issue of radiators coming on when not required.
- We will connect to your existing gas and electrics.
- We will commission your new appliance and complete the relevant paperwork in accordance with manufacturer's instructions.

Note.

Please note, we have only visually checked your central heating system. We will not be liable for individual radiators not working after installation of your new appliance. Fixing these may involve additional charges at our discretion.

As discussed during the site survey you could benefit from being on a British Gas Business Care package, for further information contact our sales team or go to [www.britishgas.co.uk/business](http://www.britishgas.co.uk/business)



**British Gas**

Looking after your world

Quote reference number  
000330018

Site address  
Chedle Medical Practice, 1-5  
Ashfield Crescent  
SK8 1BH

Contact us  
0333 009 5831\*  
Mon-Fri 8am-5pm  
Excluding bank holidays

commercialinstallations  
@britishgas.co.uk

britishgas.co.uk/business

British Gas,  
New Heating Limited,  
Bradmarsh Business Park,  
Rotherham S60 1BY

Please include your quote  
reference number when you write  
to us.

**Don't forget**  
Under Gas Safety  
Regulations, you may be  
responsible for having your  
gas appliances inspected  
every twelve months.  
Your insurance may not  
be valid if your appliances  
aren't maintained regularly.  
All our engineers are  
Gas Safe registered.

Please turn over >

# Your quote for proposed work

1 July 2019

Chloe Chester  
Chedle Medical Practice, 1-5 Ashfield Crescent  
SK8 1BH

Dear Chloe Chester

Thanks for asking us to quote for work at your site.

In this letter you'll find a full summary of the work to be carried out, which includes the cost for supply and fitting along with our commitment to deliver a high standard of work, safely and efficiently.

## Accepting your quote is easy

You'll see we've given you more than one price option to choose from. Once you've decided which one suits you, just email your acceptance to us along with your quote reference number or you can attach your quote. If you prefer, you can complete our quote acceptance slip and post it to us at the address opposite. Your quote is valid for 28 days from the date of this letter and subject to our terms and conditions, which are included.

## What happens next

Once we've received your quote acceptance, we'll contact you to arrange a suitable date and time to complete the work and discuss payment options.

We're here for you

If you have got any questions, just get in touch - we're here to help.

Yours faithfully

Jess Johnson

Head of Customer Service

\* Lines are open Mon-Fri 8am-5pm. We may record calls to help improve our service to you. Your package, calls to 0330/0333 numbers will cost you no more than 01 or 02 numbers from landlines and mobiles. If you get 'inclusive minutes' with British Gas acts as a credit broker (not a finance provider) and may receive a commission for the introduction. Finance will be provided by Macquarie Corporate and Asset Finance, Macquarie Corporate and Asset Finance is the trading name of Macquarie Corporate and Asset Finance 1 Limited (Registered in England No. 07815882) which is authorised and regulated by the Financial Conduct Authority and Macquarie Corporate and Asset Finance 2 Limited (Registered in England No. 08253764). British Gas is the trading name of British Gas New Heating Limited (Registered in England No. 06723244), an appointed representative of British Gas Services Limited (Registered in England No. 03141243) which is authorised and regulated by the Financial Conduct Authority. Both companies registered office: Millstream, Makenhead Road, Windsor, Berkshire SL4 8DQ.

## CHESTERS, Chloe (CHEADLE MEDICAL PRACTICE)

**From:** Kevin <Kevin@Smithmeehan.co.uk>  
**Sent:** 08 May 2019 08:01  
**To:** CHESTERS, Chloe (CHEADLE MEDICAL PRACTICE)  
**Subject:** Cheadle Medical Practice - Heating and Plumbing Works

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Morning Chloe,

I have done most of the quotation but after a conversation with the heating engineer yesterday, he thinks there may be a way round spending a lot of money on a full new system. Here is the email he has sent me. Please let me know how you wish to proceed?

After visiting site and looking at the low pressure to the hot water my thoughts are as follows:

Before we start spending a lot of money on new boilers/water heaters and mains pressure to the system I would like to look at two issues.

Issue 1 – When I spoke to the manufacturers of the taps they advised me that when purchasing the taps they would have been provided with a flow kit. This kit allows for the system to be high pressure or low pressure, there is a chance that the flow regulators have been fitted incorrectly.

These kits are £193.00 each I would like to try one tap before we buy anymore kits. If it works then great if not then we need to go to option 2, the cost to fit the flow kit will be **£264.00 per tap**.

Issue 2 - At the moment the hot water system is a low pressure system and the cold water is a mains high pressure system. These taps need to work on equal pressure to enable equal pressure at the taps, it would mean the hot water cylinder (sited in the cellar) to be removed and a mains pressure hot water heater be installed, disconnecting the header tank sited in the roof space.

We would connect the water heater direct off the incoming water main, this should then give equal pressure to the taps. To carry out this work the cost would be **£4290.00**.

**Please note the above price is strictly nett.** We have only included for the items of work detailed in this document, we have not included for any PC Sums, builders or electrical work.

Regards,  
Kevin Smith



FAO The Manager

Cheadle Medical Practice  
1-5 Ashfield Crescent  
Cheadle  
Cheshire  
SK8 1BH

Date 02 May 2019

Dear ,

Ref: FW35824

Following your recent discussions with my colleague and review of the remedial actions indicated in the latest risk assessment where applicable, I am pleased to offer the following recommendations (The Proposal) for the water system remedial work (The Services) as specified in the enclosed schedule.

InterServe Water Services are registered members of the Legionella Control Association, registration against points 1 to 8 of the categories of the LCA membership. To meet our LCA commitment point 3, Control Measures ISS-MP-25-06 is referenced ensuring all remedial work proposals align with the relevant guidance.

Site: Cheadle Medical Practice, 1-5 Ashfield Crescent, SK8 1BH

To attend site to isolate cold water storage tank and convert site to mains. We will also replace the calorifier for a 120 ltr mains fed mega flow indirect cylinder.

Note: These works will disrupt water services whilst being completed.

Total costs for works outlined above being completed 'In Hours' are £3,988.48 (Excluding VAT)

Total costs for works outlined above being completed 'Out of Hours' are £4,850.02 (Excluding VAT)

The team here at InterServe Water Services are committed to industry-leading standards of training, quality and technology and with our heavy emphasis on health and safety standards, we are the safe choice. The team have worked on many projects of a similar nature and I am happy to supply references from some of these recent jobs.

We hope that this Proposal (which is subject to our attached Quotation Terms) is satisfactory and look forward to the opportunity to discuss this with you. In the meantime, if you have any questions please do not hesitate to get in touch.

Yours sincerely

Technical Estimating Team  
Tel: 0121 524 8504

# Water Services Proposal

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## Water System Remedial Works

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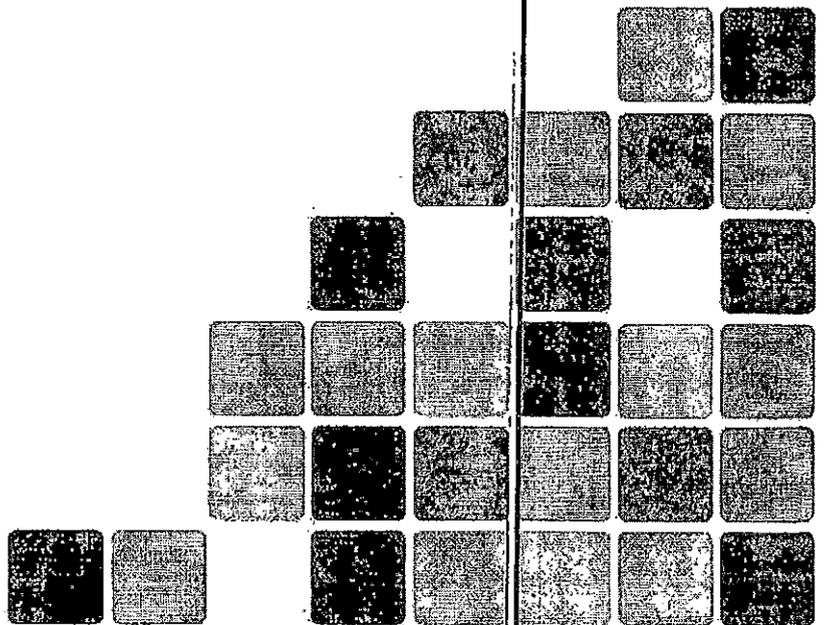
**Client**  
Cheadle Medical Practice

**Project**  
1-5 Ashfield Crescent  
Cheadle  
Cheshire  
SK8 1BH

**Date**  
02 May 2019

**Reference Number**  
FW35824

**Presented By**  
Technical Estimating Team



**6.1 Estimated First Year Annual Costing Summary**

<b>STORAGE</b>	
<b>STORAGE</b>	
Cost per LG1 Archive Box per 30 days = £0.37 x 240 = £88.80 per 30 days	
£88.80 / 30 days = £2.96 x 365 days = £1,080.40	=£1080.40
<b>DELIVERIES &amp; COLLECTIONS</b>	
Fortnightly Scheduled = 24 trips per year	
24 trips x £15.00 per trip	
<b>TOTAL</b>	<b>= £360.00</b>
<b>ESTIMATED ANNUAL PATIENT ADDITIONS</b>	
Estimated intake 500 patients per year.	
500 patients / 50 patients estimated per box = 10 boxes per year	
Registration of 1 archive box = £0.55 x 10 = £5.50	
Movement (on the shelf) of 1 archive box = £0.65 x 10 = £6.50	
<b>TOTAL</b>	<b>= £12.00</b>
<b>ESTIMATED ANNUAL PATIENT DEDUCTIONS</b>	
Estimated deductions 500 patients per year	
Registration of 500 patient notes = £0.45 x 500 = £225.00	
Movement (off the shelf) of 500 patient notes = £0.65 x 500 = £325.00	
Perm Out (de-registration) of 500 patient notes = £0.25 x 500 = £125.00	
<b>TOTAL</b>	<b>= £675.00</b>
<b>ESTIMATED ANNUAL PATIENT SCAN ON DEMANDS</b>	
Estimated Solicitors/Retrieval request per month = 2 requests	
2 requests per month x 12 months = 24 requests	
Scan on Demand of Patient note £5.75 200 dpi B & W x 24 = £138.00	
Registration of 24 patient notes = £0.45 x 24 = £10.80	
<b>TOTAL</b>	<b>= £148.80</b>
<b>FILELIVE</b>	
2 Filelive User Licenses	
<b>TOTAL ESTIMATED EXPENDITURE EXCLUDING VAT</b>	<b>= £2,396.20</b>

**\*\*Please note this is an estimated calculation of service use, from discussions held with the Practice. Actual service usage and volumes may differ.\*\***

## 6.0 Costing Schedule

Description	Rate
Archive Box Storage (1.3cft DS1 archive box) per 30 days	£0.32
Archive Box Storage (1.5cft LG1 archive box) per 30 days	£0.37
Movement per box (On/Off the Shelf)	£0.65
Registration per box	£0.55
Movement per file (On/Off the Shelf)	£0.65
Registration per file	£0.45
Link to file	£1.50
No Find (Please note this might be applicable when the contents list is completed by the Practice)	£0.35
Perm out per barcoded item throughout contract	£0.25
Perm out per barcoded item account closure	£1.25
Scan on Demand per LG Patient Note (B & W) - ELECTRONIC RETRIEVAL	£5.75
Delivery / Collection (scheduled Fortnightly) - PHYSICAL RETRIEVAL	£15.00
FileLive per user license	£5.00
Account Management (Incl DPA & IG consultation & advice)	£0.00
Help Desk Support 8.30am – 17.00pm Mon - Fri	£0.00
Archive Box (1.3cft DS1 archive box) per pack of 15	£31.50
Archive Box (1.5cft LG1 archive box) per pack of 15	£34.50
Rebox charge if needed (excluding the cost of the box)	£1.00
Barcodes	£0.00
Manual Labour per hour per person	£20.00

*\*\*Please note these costs exclude VAT\*\**

### 6.1 MIGRATION ESTIMATE

12,000 LG notes / 50 notes per LG1 archive box = 240 LG1s

240 boxes / 15 flatpacks per pack of boxes = 16 packs

16 x £34.50 = **£552.00**

Migration Transportation = FOC

Barcode Provision = £0.00

Registration of Boxes 240 boxes x £0.55 = £132.00

On the Shelf charge of Boxes 240 boxes x £0.65 = £156.00

**TOTAL** = **£840.00**

**OPTIONAL** Contents Listing completed by DataSpace 80 hours estimated x £20.00 = **ESTIMATED £1600.00**

10. Scope of Work

Document Type:	Lloyd George Patient Record Files
Document Size:	Mainly A4 size with a small percentage of small documents.
Document Quality:	Folded pages in average condition
Document Volume:	Circa 12,000 files – with an average of 35 pages it is estimated (for cost purposes) that there are 420,000 pages to be scanned
Scanning Mode:	Black and white – 300 x 300 dpi (recommended)
Scanning Format:	PDF
OCR Processing:	Optional
OCR Format:	PDF text searchable
Indexing Fields:	Surname _ First Name _ Date of Birth
Delivery Media:	Encrypted Sftp transfer / USB portable media
Shredding Required:	On receipt of authorisation
Interim Storage:	30-days from date of complete data delivery
Payment:	On completion / Receipt of invoice / 30 days from invoice date

Professional, Confidential and Secure Scanning Services  
Produced for Cheadle Medical Practice

## 11. Financial Details

The following prices are based on the above scope of work.

Item	Description	Units	Unit Price	Total
1	Splitting Lloyd George folders, removal of staples, paperclips etc; and unfolding pages. Breaking down into single sheet documents suitable for scanning	420,000	£0.015	£6,300.00
2	Document scanning and image processing	420,000	£0.018	£7,560.00
3	Indexing Folder	12,000	£0.25	£3,000.00
<b>Sub-Total Cost</b>				<b>£16,860.00</b>

Additional Services				
4	Document OCR processing to text searchable PDF format	420,000	£0.003	£1,260.00
5	Data Delivery Media: 1. Encrypted Sftp transfer 2. Encrypted USB Drive 3. Encrypted USB Memory Stick	- - -	FREE £160.00 £85.00	- - -
6	Confidential Document Shredding (per box)	1	£3.95	-
7	Supply of Large A3 Archive Boxes	1	£1.85	-
8	Secure, Tracked Document Collection	1	£45.00	-

\*\* The above number of documents are estimated, to prepare a ballpark cost estimate. Please provide samples of at least three typical files to perform full testing and sampling of the files, this will allow us to ascertain average number of pages and unique documents in each file and provide a more accurate cost estimated.

To reduce cost some of the manual data entry work will be carried out using our secure offshore data entry centre and in accordance with the data protection guidelines. If you do not wish to have this cost option please let us know and we will provide cost of all data entry work to be done in the UK from our Manchester office.





Stafford House, Unit 2 Leathley Road Industrial Estate, Leeds LS10 1BG  
tel: 0845 124 5245 fax: 0845 124 5246 email: info@egton.net web: www.egton.net

**Quote confirmation acceptance form**

**Invoice Address:**  
 1-5 Ashfield Crescent  
 Cheadle  
 England  
 SK8 1BH  
 United Kingdom

**Purchase order number:** (Please complete if applicable).....

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**Quote acceptance:**

By signing this quote, I accept quote reference 47582 without any changes

Acceptance of this quote constitutes an offer from you to purchase the relevant goods and/or services from us subject to our Terms and Conditions (as set out at the end of this quote (further copies are also available at [www.emishealth.com](http://www.emishealth.com)). If we accept your offer (by either confirming this in writing or, if sooner, starting to deliver the relevant goods and/or services) then the Contract which will govern our delivery of the relevant goods and/or services will be subject to those Terms and Conditions.

I confirm that I have read, understood and have accepted the Terms and Conditions.

If this quote is incorrect or requires an amendment, please contact us on 0845 124 5245 where upon agreement the quote will be updated and reissued by return for your quote acceptance.

Name: .....

(please print in block capitals)

Date: ...../...../.....

Signature: .....

For and on behalf of the Customer



Stafford House, Unit 2 Leathley Road Industrial Estate, Leeds LS10 1BG  
 tel: 0845 124 5245 fax: 0845 124 5246 email: info@egton.net web: www.egton.net

Billing customer: Chedale Medical Practice - 14729 Date: 14/08/2018 Requested By: Mrs. Chloe Chesters

Billing address: 1-5 Ashfield Crescent Chedale England SK8 1BH United Kingdom

Customer no: 14729 Delivery Customer: Chedale Medical Practice - 14729

Unique ID: P88020 Delivery Address: 1-5 Ashfield Crescent Chedale England SK8 1BH United Kingdom

Created by: Thomas Jennings Sales Contact: Rob Laycock

Our email: salesupport@egton.net

## QUOTE

### Description of Goods and Services

Item number	Description	Qty	Unit price	Amount
LLODIG	Lloyd George Medical Record Digitisation Services	15,340.00	£2.85	£43,719.00
	Provision of suitable boxes & collection of boxed records catalogued as per control process			
	Scanning of catalogue physical records as authorised by customer			
	Secure destruction of physical records of Destruction			
	Issuance of Certificate of Destruction			
	Return of LG envelopes to site			
LLOBULUP	Lloyd George Digitisation Bulk Upload	15,340.00	£1.25	£19,175.00
	Attachment via bulk upload for EMIS Web			
	Lloyd George Digitisation: Attachment to clinical record			
PM1	Project Management	1.00	£500.00	£500.00
	Patent list size - 11800.			

Net amount	£63,394.00
VAT @ 20.00%	£12,678.80
Grand total	£76,072.80

VAT No. 927 1492 14  
 Terms: This quote is valid for 30 days.

egton is a trading name used by members of the EMIS Group of companies which includes Egton Medical Information Systems Limited.  
 Egton Medical Information Systems Limited is registered in England and Wales.  
 Registered number: 02117205. Registered Office: Rawdon House, Green Lane, Yeadon, Leeds LS19 7BY.

note scan



**BRANTWOOD**  
DESIGN & BUILD

CHLOE CHESTERS  
CHEADLE MEDICAL PRACTICE  
1-5 ASHFIELD CRESCENT  
CHEADLE  
SK8 1BH

Walton Mill  
Millstream lane  
Manchester  
M40 1GT

Tel: 0161 628 0188

Fax 0161 624 4376

Email: [info@brantwood-design.co.uk](mailto:info@brantwood-design.co.uk)

**Invoice No: 1973**

**11<sup>th</sup> September 2019**

**Cheadle Medical Practice**

Cut out section of door, supply and install new vent		
Take off existing door and replace with new FD30 fire door		
Supply and install new intumescent strip		
		£415.00
	+ 20 % VAT	£83.00
	<b>Amount Now Due</b>	<b>£498.00</b>

*paid*

**PLEASE MAKE ALL CHEQUES PAYABLE TO: SMITH MEEHAN LTD**

Bank Details

Sort Code: 08-90-72

Account Number: 68168159

Vat No: 606 6679 17



Walton Mill  
Millstream Lane  
Manchester  
M40 1GT  
Tel: 0161 628 0188  
Fax: 0161 624 4376  
Email: [Info@brantwood-design.co.uk](mailto:Info@brantwood-design.co.uk)

3<sup>rd</sup> June 2019

Cheadle Medical Practice  
1-5 Ashfield Crescent  
Cheadle  
SK8 1BH

For the Attention of: Ms. Chloe Chester

Dear Chloe,

Re: Cheadle Medical – Manchester

We thank you for your enquiry for building works to be carried out at the above, and are pleased to submit our prices as follows:

**Works**

1. Cut out section of door, supply and fit new vent £50.00
2. Take off existing door and replace with new FD30 plywood door £295.00
3. Router out existing door casing and supply and fit intumescent strip around the casing £70.00
4. Stain and varnish new door £75.00

If the door is replaced, we have only allowed for re-instating the existing ironmongery

Please Note: This quotation is Valid for 30 days.

These costs are based on continuous site visits during normal working hours (08.00 to 16.00 Monday to Friday)

Prices are fully inclusive of all labour, material charges, insurances etc, but excluding VAT. We trust the above is of assistance and await your further instructions.

Yours faithfully

Kevin Smith

## CHESTERS, Chloe (CHEADLE MEDICAL PRACTICE)

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**From:** Wayne Murphy <wayne@wpmurphy ltd.co.uk>  
**Sent:** 10 October 2018 08:09  
**To:** CHESTERS, Chloe (CHEADLE MEDICAL PRACTICE)  
**Subject:** Quotes

Good morning Chloe

Please find the quotation for each item below.

- Vent to be installed in the basement fax room door: £186.00 plus vat
- ~~Installation of boilers for the clinical rooms: £589.00 plus vat each unit fitted~~
- ~~Installation of water heater to basement kitchen: £310.00 plus vat~~
- ~~Door to be installed between the admin and switchboard area: £890.00 plus vat~~
- Doors to be widened (surgery 2, 3 & 4): £1275.00 plus vat each door
- Investigate if there are any water tanks in the eaves of the building: £156.00 plus vat

I will chase up the floor layer this morning and get back to you with a date.

Regards

Wayne Murphy

W P MURPHY LTD

TEL: 01663732623  
FAX: 01663732078  
EMAIL: [wayne@wpmurphy ltd.co.uk](mailto:wayne@wpmurphy ltd.co.uk)  
WEB: [www.wpmurphy ltd.co.uk](http://www.wpmurphy ltd.co.uk)

		<b>PRIORITISATION</b> (For regional use only where applicable)	
standard accounting practice.	Region		
	Name		
	Signature		
	Date		

# Feasibility study into a proposed extension and refurbishment of Cheadle Medical centre

## 1 Scope of services

The schedule and fee proposal set out below is based on the following Client requirements:

- A design study to look at different design solutions to provide the following:
- An additional 3 or 4 clinical consultation rooms
- Expanded and improved waiting facilities downstairs with buggy and wheelchair storage
- New lift and stairs
- A partial reorganisation and refurbishment of the medical practice to accommodate the additional rooms and improve the working environment

### 1.1 Architects Design Services

#### Generally

- Receive Client's instructions, discuss the Client's requirements, assess these and give general advice on how to proceed.
- Advise Client on need for statutory approvals and duties of the Client under the CDM Regulations.
- Visit the site

#### Appraisal & Design Brief

*RIBA Stage 0 & 1*

- Meet with the Client to establish an agreed and signed off brief for the scheme.

#### Concept & Design Development

*RIBA Stage 2*

- Consider the potential options and prepare outline proposals
- Provide information for cost planning
- Consult with the Conservation Officer
- Produce a budget estimate for the preferred solution (by 3<sup>rd</sup> party)
- Submit to Client outline proposals

### 1.2 Quantity Surveying Services (outsourced)

#### Concept & Design Development

*RIBA Stage 2*

- Produce a budget estimate for the preferred solution (by 3<sup>rd</sup> party)

**Contents**

1	scope of services
2	fee proposal
3	drawdown schedule
4	terms and conditions

**document history**

original document

issued 5 September 2019

Revision no	Date of revision	Nature of revision

# DRAFT QUOTE

Cheadle Medical  
 Cheadle  
 Stockport  
 SK8 1BH

Date 9 Oct 2019

Expiry 8 Nov 2019

Quote Number QU-0046

Reference Extra sockets

VAT Number 322589201

Silky Electrical Limited  
 806 Stockport Road West  
 Bredbury  
 Stockport  
 SK6 2BQ  
 07887245472  
 sampete1@hotmail.co.uk

Description	Quantity	Unit Price	VAT	Amount GBP
Install 5x extra double sockets in the secretaries office	1.00	135.00	20%	135.00
Install 5x double sockets in the managements office	1.00	135.00	20%	135.00
Install 4x extra double sockets in the pharmacy office	1.00	95.00	20%	95.00
Subtotal				365.00
TOTAL VAT 20%				73.00
TOTAL GBP				438.00

**blue sky design services ltd**

Scope of services

and

Fee proposal

for the provision of

**architectural design services**

to complete a

**Feasibility study**

Into a

**proposed extension and refurbishment of  
Cheadle Medical centre**

Prepared for : **Dr Viren Mehta. Cheadle Medical Practice.**

Prepared by : **Chris Russell**

Date : **5 September 2019**

Revision :

## 2 Fee proposal

The figures below are lump sum fees based on an estimate of the time taken to complete the Feasibility study and discuss the conclusions with the Client to identify a preferred option

architectural design services  
lump sum fee: £2,750

quantity surveying services  
lump sum fee: £750

### Notes

- Terms of validity of quote: 3 months from date issued.
- In the event of a significant change to the scope of the works we would wish to discuss and agree an appropriate adjustment to the fees accordingly.
- If required, bluesky will agree the scope of the survey information needed on this project and can commission all such surveys on behalf the client. bluesky architects will place all necessary orders and will charge at cost +20% for all surveys commissioned.
- Fees include all reasonable expenses but exclude Statutory fees and VAT
- All our service fees are based on anticipated timings and durations, and are often refined following discussion with the client. Where additional work over and above that agreed becomes necessary, and by agreement, additional time will be chargeable at the following rates:

#### Hourly Rates

Director:	£95/hr
Senior Consultant:	£70/hr
Consultant	£60/hr

## 3 drawdown schedule

The fee would be invoiced as a single lump sum on completion of the Feasibility study

#### 4 terms and conditions of appointment

You acknowledge that in instructing blue sky design services ltd. to undertake the services described in our proposal (the "services") you agree to the application of the terms and conditions below (the "appointment")

1 parties obligations  
 1.1 blue sky design services ltd. ("we", "us", "the company") shall exercise reasonable skill, care and diligence in the performance of the services and any programme agreed in relation thereto. In the event that you request a variation to the services we shall notify you as soon as is reasonably practicable of the impact of such variation on the cost and programme of the Services

1.2 Cheadle Medical Practice ("you") shall supply us with all relevant data and information available to you in relation to the services and shall give such assistance, decisions and access as may reasonably be required by us and in sufficient time to enable the performance of the services in accordance with any agreed programme.

2 payment  
 2.1 unless otherwise agreed in writing we shall issue fee requests one month in arrears for services performed during the preceding calendar month and on termination or completion of our services. The due date for payment shall be two days following the issue of any fee request. The final date for payment shall be twenty eight days after the due date

2.2 In the event of late payment, we may a) charge default interest calculated in accordance with the Late Payment of Commercial Debts (Interest) Act 1998 or default interest at 3% above the relevant HBOS Bank base rate (whichever is the higher) on all amounts remaining unpaid after the final date together with all costs reasonably incurred by us; and/or b) suspend the services until payment of the arrears plus applicable interest is received in clear funds, without prejudice to Clause 5

2.3 If the scope of the Services required from us changes, or significant alterations are made to the Services by you then additional fee charges will be due. We will notify you as soon as it becomes reasonably apparent that this is the case. The nature and scale of these additional fees will be agreed with you and be subject to the payment terms referred to in this Appointment

3 Insurance & liability  
 3.1 we shall maintain professional indemnity insurance for an amount no less than described in clause 3.2 below, provided always that such insurance remains available in the market on commercially reasonable rates and terms

3.2 our liability under or in connection with the Appointment whether in contract, tort (including negligence), breach of statutory duty or otherwise shall not exceed the lesser of a) ten times the aggregate fee for the Services or b) five hundred thousand pounds (£500,000) in the aggregate, provided always that nothing in this Appointment shall exclude or limit our liability for death or personal injury caused by our negligence or fraudulent misrepresentation

3.3 without prejudice to clause 3.2, our liability shall be further limited to such sum as we ought reasonably to pay having regard to our responsibility for the loss and damage suffered on the basis that any other consultants, contractors and sub-contractors who also have a liability to you shall be deemed to have provided you with contractual undertakings on terms no less onerous than those set out in Clause 1 and paid you such proportion of loss and damage which it would be just and equitable for them to pay having regard to the extent of their responsibility

**4 copyright**

4.1 copyright in all drawings, designs, documents and materials of any nature prepared by us for you (the 'intellectual property') shall remain vested in us but you shall have a licence to use the intellectual property for the purpose for which it was prepared by us, subject always to us having received full payment for the Services in accordance with this Appointment. We shall not be liable for the use of any intellectual property for any purpose other than that for which it was originally prepared by us

**5 termination**

5.1 either party may by written notice terminate this Appointment immediately if the other party has a bankruptcy order made against it or makes an arrangement with its creditors, or enters into liquidation (whether voluntary or compulsory) or if any proceedings are commenced relating to its insolvency or possible insolvency

5.2 either party may by written notice terminate this Appointment if the other substantially fails to perform its obligations under this Appointment, provided that the terminating party has first given the other party fourteen days written notice served by recorded delivery to the other specifying the default and referring to this clause and the default has not been remedied prior to termination taking place

5.3 in the event of termination for any cause whatsoever, we shall be entitled to be paid for all services performed up to the date of termination and not yet paid for by you

**6 third party rights**

6.1 this Appointment is personal to you and non-assignable. This Appointment shall not confer and shall not purport to confer on any third party any benefit or any right to enforce any term of this Appointment for the purpose of the Contracts (Rights of Third Parties) Act 1999 or otherwise

**7 confidentiality**

7.1 drawings, designs, documents and materials of any nature prepared by us for you will be treated as confidential and shall not be issued or circulated to any other party without prior agreement from you

**8 governing law and dispute resolution**

8.1 if at any time a dispute arises under this Appointment that cannot be settled amicably between the parties, either party may refer the dispute to adjudication in accordance with the Construction Industry Council ('CIC') Model Adjudication Procedure (3<sup>rd</sup> edition). The parties shall agree a sole adjudicator or failing such agreement, the CIC will nominate a sole adjudicator. The adjudication shall be conducted in English under the laws of England and Wales.

**Consultation Room 3**

- 15. Cut out existing door way and remove rubbish from site
- 16. Supply and install FD30 fire door and frame including ironmongery
- 17. Take off existing skirting boards
- 18. Take up existing floor coverings and remove from site
- 19. Disconnect existing services
- 20. Adapt existing services
- 21. Plastering works
- 22. Supply and install IPS unit
- 23. Supply and install medical wash hand basin with clinical taps

**Consultation Room 1**

- 1. Cut out existing door way and remove rubbish from site
- 2. Supply and install FD30 fire door and frame including ironmongery
- 3. Take off existing skirting boards
- 4. Take up existing floor coverings and remove from site
- 5. Disconnect existing services
- 6. Adapt existing services
- 7. Plastering works
- 8. Supply and install IPS unit
- 9. Supply and install medical wash hand basin with clinical taps
- 10. Supply and install Clinical cabinetry (1x 1000mm base, 1 x 1000mm wall units  
1 X 1000mm roll back worktop)
- 11. Install 3 compartment trunking to new desk position to include power and data
- 12. Painting works (acrylic eggshell to walls and woodwork)
- 13. Apply latex screed to floor
- 14. Supply and neatly fit smooth impervious flooring with cove formed skirting

**Works**

We thank you for your enquiry for building works to be carried out at the above, and are pleased to submit our prices as follows:

**Re: Cheadle Medical – Manchester**

Dear Chloe,

For the Attention of: Ms. Chloe Chesters

Cheadle Medical Practice  
 1-5 Ashfield Crescent  
 Cheadle  
 SK8 1BH

25th June 2019

Walton Mill  
 Millstream Lane  
 Manchester  
 M40 1GT  
 Tel: 0161 628 0188  
 Fax: 0161 624 4376  
 Email: info@brantwood-design.co.uk



24. Supply and install Clinical cabinetry (1x 1000mm base, 1 x 1000mm wall units  
X 1000mm roll back worktop)
25. Install 3 compartment trunking to new desk position to include power and data
26. Painting works (acrylic eggshell to walls and woodwork)
27. Apply latex screed to floor
28. Supply and neatly fit smooth impervious flooring with cove formed skirting

#### **Basement**

1. Strip out works
2. Take up floor coverings
3. Apply DPC tanking to walls and floors
4. Adapt services
5. Supply and install new ventilation system
6. Studwork to all walls
7. Plasterboard all walls and plaster
8. Supply and install new radiators
9. Install new 3 compartment dado trunking to suite 5 desk positions (2 double sockets  
1 double data per position)
10. Supply and install new lighting
11. Apply latex screed to floor
12. Painting works
13. Supply and install new carpet tiles

Total £47,952.15

Due to the price you said you paid for the entrance matting you require for the Pharmacy,  
I think it would be better if you deal with the supplier direct as they are trying to charge me double  
What you paid.

Please Note: This quotation is Valid for 30 days.

These costs are based on continuous site visits during normal working hours (08.00 to 16.00 Monday  
to Friday)

Prices are fully inclusive of all labour, material charges, insurances etc, but excluding VAT.  
We trust the above is of assistance and await your further instructions.

Yours faithfully

Kevin Smith



## ***PCCC Finance Report for the period ending 31<sup>st</sup> October 2019 – Month 7***



***NHS Stockport Clinical Commissioning Group*** will allow people to access health services that empower them to live healthier, longer and more independent lives.

**NHS Stockport Clinical Commissioning Group**

4th Floor  
Stopford House  
Stockport  
SK1 3XE

**Tel:** 0161 426 9900

**Fax:** 0161 426 5999

**Text Relay:** 18001 + 0161 426 9900

**Website:** [www.stockportccg.org](http://www.stockportccg.org)

## Executive Summary

<b>What decisions do you require of the Committee?</b>
(i) <b>Note</b> that an over spend of £0.483m is forecast.
<b>Please detail the key points of this report</b>
The £0.483m forecast over spend consists of:- <ol style="list-style-type: none"><li>1. the balance of the delegated commissioning budget shortfall which is unlikely to be mitigated £0.370m,</li><li>2. actual QOF 18/19 outturn being £0.171m higher than forecast.</li><li>3. other budget under spends totalling £0.058m</li></ol>
<b>What are the likely impacts and/or implications?</b>
<ul style="list-style-type: none"><li>• Failure to manage costs within the delegated allocation may result in the CCG failing to deliver financial targets and consequently impact the CCG annual assessment.</li></ul>
<b>How does this link to the Annual Business Plan?</b>
<ul style="list-style-type: none"><li>• As per 2019/20 Financial Plan.</li></ul>
<b>What are the potential conflicts of interest?</b>
N/A
<b>Where has this report been previously discussed?</b>
This report is being presented for the first time.
<b>Clinical Executive Sponsor:</b> Mark Chidgey
<b>Presented by:</b> Dianne Oldfield
<b>Meeting Date:</b> 04 December 2019
<b>Agenda item:</b>
<b>Reason for being in Part 2 (if applicable)</b>
N/A

## 1.0 **Introduction**

This report provides an overview on:-

- The forecast outturn against budget
- 19/20 recovery plan

## 2.0 **Overview of the forecast outturn against budget**

Please refer to table 1 within which the following significant variances to budget are detailed:

**GMS Contracts** – An under spend of £0.156m is forecast. The forecast under spend is due to a merger of a GMS and PMS practice with a £0.097m under spend reported against GMS contracts with a corresponding over spend against PMS contracts. In addition, Global Sum expenditure is forecast to be £0.059m below plan following confirmation of patient list sizes.

**PMS Contracts** – An over spend of £0.129m is forecast of which £0.097m is due to the merger of a GMS and PMS practice as described above and £0.032m due to confirmation of patient list sizes.

**Quality and Outcomes Framework (QOF)** – the £0.171m forecast over spend is a result of the actual achievement for 18/19 being higher than forecast.

**Premises cost** – an over spend of £0.018m is forecast, of which, £0.012m relates to increased rent reimbursements as a result of rent reviews and £0.006m due to increases in the cost of business and water rates reimbursable to practices.

**Other GP Services** – an under spend of £0.038m is forecast. The forecast under spend is mainly in relation to reimbursement payments to practices for 2018/19 locum cover for parental and sickness leave being lower than expected.

## 3.0 **Locality Commissioned Services (LCS) Contract Uplift 19/20**

The CCG and LMC have agreed an inflationary uplift of 1.8% to be applied to the LCS contracts.

## 4.0 **19/20 Recovery Plan**

At the October meeting members were informed that £0.349m of the total £0.908m shortfall in the delegated commissioning budget, due to the reduction in CCG allocation to fund the centrally funded general practice indemnity insurance scheme, was still to be mitigated.

At that time we forecast the difference between planned and actual LCS contract uplift to be £0.032m based on a proposed inflationary uplift of 1.4%. An uplift of 1.8% has subsequently been agreed resulting in a difference

between planned and actual LCS contract uplift of £0.011m. This leaves a budget shortfall of £0.370m.

**Table 1**

	<b>October</b>	<b>December</b>	<b>Change</b>
<b>Budget shortfall as at 1 April 2019</b>	<b>(£0.908m)</b>	<b>(£0.908m)</b>	<b>£0.0m</b>
<u>Mitigated by</u>			
Release of contingency	£0.208m	£0.208m	£0.000m
Reduce plan to 18/19 budget (eg locum costs)	£0.139m	£0.139m	£0.000m
Reduce provider contract to mirror reduced indemnity costs	£0.150m	£0.150m	£0.000m
Difference between planned (2.0%) and actual LCS contract uplift	£0.032m	£0.011m	(£0.021m)
Reduce budget for neighbourhood meeting attendance	£0.030m	£0.030m	£0.000m
<b>Budget shortfall</b>	<b>(£0.349m)</b>	<b>(£0.370m)</b>	<b>(£0.021m)</b>

## **5.0 Recommendations**

These are set out on the front sheet of this report.

**Dianne Oldfield**

Senior Management Accountant

October 2019

## Appendix 1 – Financial Summary

Service Line	Budget £m	Forecast £m	Outturn £m
<b>General Practice - GMS</b>	<b>£11.386</b>	<b>£11.231</b>	<b>(£0.156)</b>
Global Sum	£11.332	£11.180	(£0.153)
MPIG Correction Factor	£0.054	£0.051	(£0.003)
<b>General Practice - PMS</b>	<b>£15.300</b>	<b>£15.428</b>	<b>£0.129</b>
Contract Value	£15.300	£15.419	£0.119
Baseline Adjustment	£0.000	£0.001	£0.001
Funding Differential Review	£0.000	£0.008	£0.008
<b>QOF</b>	<b>£4.425</b>	<b>£4.596</b>	<b>£0.171</b>
QOF Aspiration	£3.164	£3.164	£0.000
QOF Achievement	£1.261	£1.432	£0.171
<b>Enhanced services</b>	<b>£2.122</b>	<b>£2.114</b>	<b>(£0.008)</b>
Extended Hours Access	£0.494	£0.494	£0.000
Learn Dsblty Hlth Chk	£0.125	£0.122	(£0.004)
Minor Surgery	£0.367	£0.371	£0.004
Violent Patients	£0.054	£0.045	(£0.009)
PCN-Clinical Pharmacist	£0.199	£0.199	£0.000
PCN-Social Prescribing	£0.179	£0.179	£0.000
PCN-Participation	£0.543	£0.543	£0.000
PCN-Clinical Director	£0.161	£0.161	£0.000
<b>Premises Cost Reimbursement</b>	<b>£3.341</b>	<b>£3.359</b>	<b>£0.018</b>
Prem Clinical Waste	£0.044	£0.043	(£0.001)
Prem Notional Rent	£1.023	£1.029	£0.006
Prem Rates	£0.371	£0.381	£0.010
Prem Water Rates	£0.054	£0.050	(£0.004)
Prem Healthcentre Rent	£1.536	£1.543	£0.007
Prem Actual Rent	£0.313	£0.313	£0.000
<b>Other Premises Cost</b>	<b>£0.005</b>	<b>£0.005</b>	<b>£0.000</b>
Prem Other	£0.005	£0.005	£0.000
<b>Dispensing/Prescribing Drs</b>	<b>£0.293</b>	<b>£0.294</b>	<b>£0.000</b>
Prof Fees Prescribing	£0.293	£0.294	£0.000
<b>Other GP Services</b>	<b>£0.968</b>	<b>£0.909</b>	<b>(£0.059)</b>
PCO Seniority	£0.222	£0.221	(£0.001)
Legal / Prof Fees	£0.007	£0.007	£0.000
CQC	£0.198	£0.192	(£0.006)
PCO Locum Adop/Pat/Mat	£0.468	£0.366	(£0.101)
PCO Locum Sickness	£0.000	£0.038	£0.038
Sterile Products	£0.003	£0.005	£0.002
Healthcare Foundation Trust	£0.009	£0.009	£0.001
Other Gen Supplies & Srv	£0.000	£0.000	£0.000
PCO Doctors Ret Scheme	£0.020	£0.028	£0.007
PCO Other	£0.000	£0.000	£0.000
Staff Benefit Expenses	£0.000	£0.000	£0.000
Translation Fees	£0.040	£0.042	£0.002
<b>Void &amp; Subsidy</b>	<b>£0.981</b>	<b>£0.981</b>	<b>£0.000</b>
NHS Property Services	£0.981	£0.981	£0.000
<b>Reserves</b>			
<b>Business Rules / General Reserves</b>	<b>(£0.561)</b>	<b>(£0.191)</b>	<b>£0.370</b>
<b>Primary Care Investments</b>	<b>£0.000</b>	<b>£0.000</b>	<b>£0.000</b>
<b>Total PCR Excl Non Del PRC Scheme &amp; Pass through costs</b>	<b>£38.259</b>	<b>£38.725</b>	<b>£0.465</b>
<b>Non-Delegated PRC Schemes</b>	<b>£2.065</b>	<b>£2.083</b>	<b>£0.018</b>
<b>Total PRC Cost Centre</b>	<b>£40.324</b>	<b>£40.808</b>	<b>£0.483</b>



## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service</b>	Flu locally enhanced service
<b>Commissioner Lead</b>	NHS Stockport CCG
<b>Provider Lead</b>	Senior GP partner
<b>Period</b>	12 months
<b>Date of Review</b>	November 2019

#### 1. Population Needs

##### 1.1 National/local context and evidence base

Flu immunisation is one of the most effective interventions that immunisers can provide to protect those who are most at risk of serious illness or death. Stockport CCG has been running an incentive scheme to increase flu vaccination rates for a number of years dating back before its inception. This has led to the achievement of some of the best vaccination rates in the country.

This local specification is in line with the national DES specification 2019/20.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>X</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>X</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	

##### 2.2 Local defined outcomes

Maximum number of patients registered with Stockport GP practices entitled to receive the flu vaccine are vaccinated. This could be either via their GP surgery or local pharmacies participating in community pharmacy vaccination service.

### 3. Scope

#### 3.1 Aims and objectives of service

- At risk patients aged six months to 64 years (excluding patients aged 2 and 3 years on 31 August 2019 who are locally commissioned separately): defined as at risk (see annex A) practices should strive to ensure that 100% of all those who fall into a risk group and eligible for the vaccine are offered it
- Pregnant women: practices are encouraged to offer flu vaccination as part of the routine care provided to pregnant women
- Over 65s: practices should strive to ensure 100% of patients over 65 (on the 31<sup>st</sup> March 2020) are offered and encouraged to have the flu vaccination
- Community pharmacies: practices should link with their local pharmacies and work together to ensure that maximum numbers of patients eligible for the flu vaccine are offered and receive it
- This specification is effective from 1<sup>st</sup> September 2019 to 31<sup>st</sup> March 2020

#### 3.2 Service description/care pathway

This locally commissioned scheme is in addition to the DES scheme and mirrors the national specification. It is designed to encourage practices to achieve higher levels of flu vaccination through joint work with their local pharmacies.

As with the previous specification, funding is associated with a points system.

##### Points availability and allocation

##### 5.5. maximum points available

- At risk uptake >80% achieves **2** points
- At risk between 60% and 80% achieves 1 point
- Pregnant uptake >80% achieves **0.75** point
- Pregnant uptake between 60% and 80% achieves 0.5 point
- Over 65 >80% achieves **2.75** points
- Over 65 between 60% and 80% achieves 1 point

Practices are encouraged to collaborate with local Pharmacies in the administration of flu vaccinations.

The CCG will send practices data on flu vaccination uptake information up until 29<sup>th</sup> February, taken from immform. Practices will be required to add any additional

vaccinations performed after this date up to 31<sup>st</sup> March to generate payment.

**3.3 Population covered**

All patients registered with a Stockport GP practice.

**3.4 Any acceptance and exclusion criteria and thresholds**

The acceptance criteria; patients who are eligible for the NHS flu vaccination.

Patients not eligible for the NHS flu vaccination, are excluded from this scheme

**3.5 Interdependence with other services/providers**

Communication and cooperation between the relevant groups in this work is the key to ensuring that the objectives of this work are achieved.

Key elements of the whole system relationship are:

- Patients
- GP practices including GPs, Practice nurses and Practice Managers
- Pharmacies
- Care/Nursing homes
- NHS Stockport CCG

**4. Applicable Service Standards**

**4.1 Applicable national standards (eg NICE)**

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

**4.3 Applicable local standards**

**5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable Quality Requirements (See Schedule 4A-C)**

**5.2 Applicable CQUIN goals (See Schedule 4D)**

**6. Location of Provider Premises**

This service will be provided at the GP practice premises. Premises used should be

fully accessible in line with the Equality Act, 2010. (Formerly DDA). However the service may also be offered in patient's homes and care homes. Every opportunity should be taken to offer and provide the flu vaccination.

ANNEX A

Eligible groups	Further details
Patients aged 65 years and over	“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2020 (i.e. born on or before 31 March 1955).
Chronic respiratory disease aged 2 to 64 years	Asthma (only if so severe it requires continuous or frequently repeated use of systemic steroids see immunosuppression group). Chronic respiratory disease including chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory problems caused by aspiration or a neurological condition (e.g. cerebral palsy).
Chronic heart disease aged 2 to 64 years	Congenital heart disease, hypertension with cardiac complications, chronic heart disease, chronic heart failure, individuals requiring regular medications and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged 2 to 64 years	Chronic kidney disease at stages 4 and 5, nephrotic syndrome, kidney dialysis and those with kidney transplantation. (Re-immunisation is recommended every 5 years).
Chronic liver disease aged 2 to 64 years	Chronic liver disease, cirrhosis, biliary atresia, chronic hepatitis.
Diabetes aged 2 to 64 years	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs NOT diabetes that is diet controlled.
Immunosuppression & asplenia or dysfunction of the spleen aged 2 to 64 years	Immunosuppression due to disease or treatment, chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction (this also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction), HIV infection at all stages, multiple myeloma or genetic

	disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency) and individuals likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day. (Re-immunisation is recommended every five years for individuals with asplenia or splenic dysfunction).
Individuals with cochlear implants aged 2 to 64 years	It is important that immunisation does not delay the cochlear implantation.
Individuals with cerebrospinal fluid leaks e.g. following trauma or major skull surgery aged 2 to 64 years	Individuals with cerebrospinal fluid leaks e.g. following trauma or major skull surgery. Conditions related to CSF leaks including all CSF shunts.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service</b>	Flu locally enhanced service - children
<b>Commissioner Lead</b>	NHS Stockport CCG
<b>Provider Lead</b>	Senior GP partner
<b>Period</b>	12 months
<b>Date of Review</b>	November 2019

<b>1. Population Needs</b>															
<p><b>1.1 National/local context and evidence base</b></p> <p>Flu immunisation is one of the most effective interventions that immunisers can provide to reduce harm from flu and pressures on health and social care service during the Winter. There is evidence that an increase in the childhood vaccination rate should decrease the levels of circulating influenza. The existing adult scheme service has now been extended to include 2 and 3 year olds.</p>															
<b>2. Outcomes</b>															
<p><b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b></p> <table border="1" style="margin-left: 40px;"> <tr> <td><b>Domain 1</b></td> <td><b>Preventing people from dying prematurely</b></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td><b>Domain 2</b></td> <td><b>Enhancing quality of life for people with long-term conditions</b></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td><b>Domain 3</b></td> <td><b>Helping people to recover from episodes of ill-health or following injury</b></td> <td></td> </tr> <tr> <td><b>Domain 4</b></td> <td><b>Ensuring people have a positive experience of care</b></td> <td></td> </tr> <tr> <td><b>Domain 5</b></td> <td><b>Treating and caring for people in safe environment and protecting them from avoidable harm</b></td> <td></td> </tr> </table>	<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>X</b>	<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>X</b>	<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>		<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>		<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	
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<p><b>2.2 Local defined outcomes</b></p> <p>Maximum number of 2 and 3 year olds registered with Stockport GP practices entitled to receive the flu vaccine are vaccinated. Children are not included as part of the community pharmacy scheme.</p>															

**3. Scope**

**3.1 Aims and objectives of service**

All 2 and 3 year olds registered with a Stockport GP practice.

**3.2 Service description/care pathway**

This locally enhanced scheme is designed to ensure that a maximum number of 2 and 3 year olds receive the seasonal flu vaccination.

Practices will be incentivised to increase vaccination rates. There will be a small upfront payment to enable practices to put in place fun sessions for the delivery of the vaccine. Practices will then receive a further payment if they achieve 80% uptake or above.

The scheme will be delivered through two payments.

**Payment 1**

Upfront payment to practices based on number of 2 and 3 year olds on the practice list. This payment will be based on list size at June 30<sup>th</sup> 2019.

		Number of 2-3 year old children	
Advance payment		From	To
£	20	0	200
£	25	201	600
£	30	601	upwards

See appendix A for individual practice payments.

**Payment 2**

A payment of £5.50 per child vaccinated will be made if the practice target is achieved.

All practices must achieve 80% or above to receive payment 2.

The CCG will send practices data on flu vaccination uptake information up until 29<sup>th</sup> February, taken from immform. Practices will be required to add any additional vaccinations performed after this date up to 31<sup>st</sup> March to generate payment.

**3.3 Population covered**

All 2 and 3 year olds registered with a Stockport GP practice.

**3.4 Any acceptance and exclusion criteria and thresholds**

Only 2 and 3 year olds registered with a Stockport GP practice.

**3.5 Interdependence with other services/providers**

Communication and cooperation between the relevant groups in this work is the key to ensuring that the objectives of this work are achieved.

Key elements of the whole system relationship are:

- Parents/guardians/carers
- GP practices including GPs, Practice nurses and Practice Managers
- NHS Stockport CCG

**4. Applicable Service Standards**

**4.1 Applicable national standards (eg NICE)**

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

**4.3 Applicable local standards**

**5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable Quality Requirements (See Schedule 4A-C)**

**5.2 Applicable CQUIN goals (See Schedule 4D)**

**6. Location of Provider Premises**

This service will be provided at the GP practice premises. Premises used should be fully accessible in line with the Equality Act, 2010. (Formerly DDA). However the service may also be offered in patient's homes and care homes. Every opportunity should be taken to offer and provide the flu vaccination.

**Appendix A : Upfront payments and 2019-2020**

target uptake for 2-3 year olds.

The number of eligible children for calculating uptake will be taken from immform.

PRACTICE CODE	PRACTICE NAME	Population At 30/06/2019 Eligible 2-3 years	Upfront Payment	2018-19 Baseline Uptake			2019- 2020 Target Uptake
				2018/19 Eligible Patients	2018-19 Number vaccinated	% 2018/19Uptake	
P88014	Adshall Road	96	£20	125	69	55%	80%
P88019	Alvanley Family Practice	168	£20	155	103	66%	80%
P88625	Archwood Medical Practice	184	£20	136	96	71%	80%
P88012	Beech House	121	£20	128	65	51%	80%
P88031	Bracondale Medical Centre	131	£20	137	89	65%	80%
P88015	Bramhall Health Centre	234	£25	242	168	69%	80%
P88016	Bramhall Park and SH	350	£25	362	184	51%	80%
P88044	Bredbury Medical Centre	83	£20	84	51	61%	80%
P88043	Brinnington Surgery	285	£25	322	206	64%	80%
P88034	Cale Green Surgery	84	£20	90	59	66%	80%
P88013	Caritas General Practice	225	£25	246	178	72%	80%
Y00912	Cedar House	34	£20	36	26	72%	80%
P88017	Chadsfield	132	£20	149	111	74%	80%
P88007	Cheadle Hulme	284	£25	289	217	75%	80%
P88020	Cheadle Medical Practice	251	£25	249	157	63%	80%
P88024	Gatley Medical Centre	214	£25	232	144	62%	80%
P88023	Heald Green Health Centre	152	£20	157	105	67%	80%
P88042	Heald Green Health Centre	172	£20	190	122	64%	80%
P88008	Heaton Mersey	195	£20	191	110	58%	80%
P88026	Heaton Moor	1096	£30	997	587	59%	80%
P88011	Heaton Norris	203	£25	170	102	60%	80%
P88623	High Lane Medical Centre	89	£20	92	64	70%	80%
P88025	Hulme Hall Medical Group	225	£25	242	157	65%	80%
P88003	Manor Medical Practice	203	£25	204	114	56%	80%
P88002	Marple Bridge Surgery	108	£20	114	89	78%	80%
P88006	Marple Cottage Surgery	178	£20	161	140	87%	80%
P88021	Marple Medical Practice	142	£20	152	81	53%	80%
P88018	Park View Group Practice	224	£25	243	133	55%	80%
P88610	South Reddish	96	£20	77	49	64%	80%
P88606	Springfield Surgery	154	£20	168	106	63%	80%
P88632	Stockport Medical Group	487	£25	489	261	53%	80%
P88005	The Family Surgery	297	£25	313	208	66%	80%
P88607	The Guywood Practice	63	£20	53	49	92%	80%
P88600	The Surgery Brinnington	30	£20	28	21	75%	80%
P88041	The Village Surgery	145	£20	153	97	63%	80%
P88615	Vernon Park Surgery	36	£20	44	21	48%	80%
P88009	Woodley Village Surgery	62	£20	65	43	66%	80%

Note: 2018/19 Baseline figure from monthly end of season report for practice does not included data from closed practices

## Service Specification Approval Sheet

**Specification:** Flu locally enhanced service

### Contacts

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### Individual Approvals

Version 1.0 Date:	Signature	Date Approved
Commissioning Lead		
Finance Lead		
Clinical Lead		
Contract Lead		

Version 2.0 Date:	Signature	Date Approved
Commissioning Lead		
Finance Lead		
Clinical Lead		
Contract Lead		

Version 3.0 Date:	Signature	Date Approved
Commissioning Lead		
Finance Lead		
Clinical Lead		
Contract Lead		

### Committee Approvals

Committee Name	Version Approved	Date Approved	Chair Signature
Clinical Reference Group			
Primary Care Committee			
Leadership Team			