Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee

Date: 30th July 2019
Time: 9.00am – 11.20am
Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 11

Report title: BNSSG CCG Primary Care Quality and Resilience Dashboard; An Update

Report Authors: Susie McMullen, Primary Care Resilience & Quality Improvement Lead
Helen Hanson, Senior Business Intelligence Analyst (Primary Care)

Report Sponsor: Martin Jones, Medical Director - Commissioning and Primary Care

1. Purpose

In April 2019 the Primary Care Commissioning Committee (PCCC) received a paper providing an update on the development of the primary care quality and resilience dashboard which included a description of the approach to blue, green, amber and red ratings and an overview of work currently taking place to support improving the resilience of red and amber rated practices.

PCCC requested the following actions;

- A sense check of the red and amber rated practices
- Testing of the dashboard with practices
- Improvement of the inclusion of quality measures in the dashboard, ensuring that quality measure thresholds were clearly defined
- Being able to report by Primary Care Network (PCN) / Locality or Area

The purpose of this paper is to provide an update for PCCC regarding the requested actions.

2. Recommendations

PCCC is asked to;

- Note the work undertaken to implement the actions requested by PCCC in April 2019
- Support the wider use of the quality and resilience dashboard being taken forward by the Area Team working with the CCG Business Intelligence team, as described in the paper

3. Executive Summary

The full briefing paper is attached at appendix 1 which describes the work undertaken to implement the actions (noted above) requested by PCCC in April 2019.

4. Financial resource implications

No financial resource implications have been identified.
This paper describes the approach to the first stage of understanding the resilience of practices and the quality of service offered. It uses data and information which is already available and uses CCG human resources to provide analysis.

5. Legal implications

No legal implications have been identified.

6. Risk implications

There is a risk that issues affecting practice resilience and quality of care are not identified until the issues are at an advanced stage which results in a greater level of support and resource being required in order to recover or manage the position. This risk can mitigated through the continuation and furthering of CCG Area Team relationships with practices and highlighting the availability of support where appropriate.

There is also a risk associated with the number of practices requiring support to improve resilience and quality and the availability of human and financial resources to work with practices in sufficient depth that resilience is improved to a level where the practice has recovered its position associated with all the issues affecting resilience, where practical and possible.

7. Implications for health inequalities

No implications for health inequalities have been identified.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

No Implications for equalities have been identified. This paper describes the approach to analysing and understanding the resilience of practices and the quality of service offered. Equality impact assessments may be necessary for improvement work undertaken by practices and this would be a requirement for practices to complete, with support if required.

9. Implications for Public Involvement

No Implications for public involvement have been identified. This paper describes the approach to analysing and understanding the resilience of practices and the quality of service offered. Public involvement may be necessary for improvement work undertaken by practices and this would be a requirement for practices to complete, with support if required.

10. Appendices

Appendix 1 – Briefing Paper: BNSSG CCG Primary Care Quality and Resilience Dashboard; an update

Appendix 2 - BNSSG CCG General Practice Sustainability & Resilience Support Toolkit

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The purpose of this paper is to provide an update for PCCC regarding the requested actions.

2. Background

The CCG identification of practices or groups of practices which may benefit from support to improve resilience begins with the primary care quality and resilience dashboard which was established to meet the requirements of the Primary Care Commissioning Committee (PCCC). The dashboard has now been developed by the CCG Business Intelligence team, which along with soft intelligence about practices, enables the Quality, Resilience and Contracting Sub-group of the Primary Care Operational Group (PCOG) to operate an early warning system for practices which may benefit from support to improve their resilience.

The dashboard has been developed to combine the previous primary care resilience and quality dashboards, providing both an at-a-glance strategic overview and in-depth reporting based on the latest available data.

The aim of the resilience and quality dashboard is to provide the first step in identification of practices which may require support to improve their resilience. It is a prompt for an initial conversation with a practice and the gathering of further information about the resilience of the practice.

Practices may also identify themselves to the CCG as requiring support to improve their resilience and the process and support toolkit in place enables support provision for these practices as well as those practices highlighted by the dashboard.

The process for the steps to assess practice resilience following initial identification or approach and how the appropriate support is provided is in place. The process has also been developed to include a toolkit for assessment and support of practice resilience and sustainability. The BNSSG CCG General Practice Sustainability & Resilience Support Toolkit is attached at appendix 2.

3. Implementation of the requested actions

The steps taken in order to implement the actions requested by PCCC in April 2019 are as follows;

3.1 Reporting by Locality / Area / PCN

The function to report by locality or area is now in place. The function to report by PCN is currently being developed and will be available shortly. Currently external sharing of practice reports is only with individual practices accessing their own dashboard report. This is described further below.

3.2 Inclusion of quality measures in the dashboard and definition of thresholds

The overall quality score is based on CQC rating, CQC population groups ratings, Family and Friends test submissions, prescribing measures, respiratory measures, diabetes measures, cancer measures, CVD measures, dementia measures and childhood immunisation measures. Each domain is Blue, red, amber, rated (BRAG) rated, then these scores are combined using a multiplicative approach (as with the Resilience score) to give an overall quality score.

3.3 Sense checking of the red and amber rated practices & testing the dashboard with practices

In addition to consideration of the resilience ratings of practices using the dashboard approach by PCOG and PCCC, members of each of the Area and Locality Teams have also taken part in this process. This has enabled the agreement of practices rated as red or amber. The dashboard practice reports have also been tested as follows;

- Practice reports shared with individual practices as part of general practice resilience programme improvement work
- Demonstration of an anonymised practice report with a group of Practice Managers
- Sharing of an individual practice report in preparation for a CQC visit

The feedback from practices has been positive. It is important to be clear that currently the dashboard, coupled with soft intelligence, is only a thermometer and prompt for an initial conversation. After which further more detailed resilience information is collected as part of the agreed process which forms part of the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit.

4 Support for practices with red or amber resilience ratings, including the General Practice Resilience Programme

Work is underway or being commenced with each of the practices which have a red or amber resilience rating.

Practices with a red or amber rating which have not previously taken part or are not currently taking part in the General Practice Resilience Programme (GPRP) are currently being invited to do so. The GPRP involves working with the practice to understand the issues affecting resilience at the practice and developing an improvement plan underpinned by a Memorandum of Understanding (MoU). This follows the process and approach detailed in the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit and process (appendix 2), as approved by PCCC. Further information will be provided to PCOG and PCCC regarding this programme of work, further to agreement in principle from all practices participating in the programme.

5. Utilisation of the practice reports

There has been discussion about the potential other uses of the practice reports which can be extracted from the dashboard. Central to these discussions has been sharing the reports with practices. Learning from the use of the practice reports to date it has been important to;

- Have a purpose for sharing the practice reports
- Provide the ability to describe the technical approach to the rating and ranking of the data and answer questions about this
- Provide the ability to describe the sources and frequency of the data collection and answer questions about this

Work with the practice reports to date has been through the general practice resilience programme and thus has led to generation and implementation of an improvement plan.
The reports are helpful for other practices in order to understand their current position with regards to available quality and resilience measures in a succinct and clear format. Sharing the reports with practices which currently have a green rating for quality and resilience represents an enabler for the Locality and Area teams of the CCG to further develop an early warning system for practice resilience and quality issues. There needs to be a clear framework and approach to achieving this, without such there is the risk of creating noise for no gain. The CCG Locality and Business Intelligence teams have agreed to undertake a piece of work through the Quality, Resilience and Contracting Sub-Group of PCOG in order to review the potential for using the reports in this way and will prepare proposals for PCOG and PCCC accordingly.

6. Financial resource implications

No financial resource implications have been identified.
This paper describes the approach to the first stage of understanding the resilience of practices and the quality of service offered. It uses data and information which is already available and uses CCG human resources to provide analysis.

7. Legal implications

No legal implications have been identified.

8. Risk implications

The dashboard uses publicly available data and then uses an approach to analysing the data and providing each practice with a quality rating and rank and a resilience rating and rank. Data update frequency ranges from annually to monthly.
The terms of reference of the Quality, Resilience and Contracting Sub-Group of PCOG include that the dashboard is used in combination with soft intelligence about the resilience of practices and the quality of service. This is also part of the process which is central to the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit.
Early warning of issues affecting resilience and quality of service is dependent upon the relationships of CCG area teams with practices as the lack of live data available for use in the dashboard doesn't support early warning. There is therefore a risk that issues affecting practice resilience and quality of care are not identified until the issues are at an advanced stage which results in a greater level of support and resource being required in order to recover or manage the position. This risk can mitigated through the continuation and furthering of CCG Area Team relationships with practices and highlighting the availability of support where appropriate.

There is also a risk associated with the number of practices requiring support to improve resilience and quality and the availability of human and financial resources to work with practices in sufficient depth that resilience is improved to a level where the practice has recovered its position associated with all the issues affecting resilience, where practical and possible.

9. Implications for health inequalities

No implications for health inequalities have been identified.

10. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

No Implications for equalities have been identified. This paper describes the approach to analysing and understanding the resilience of practices and the quality of service offered. Equality impact assessments may be necessary for improvement work undertaken by practices and this would be a requirement for practices to complete, with support if required.

11 Consultation and Communication including Public Involvement

No Implications for public involvement have been identified. This paper describes the approach to analysing and understanding the resilience of practices and the quality of service offered. Public involvement may be necessary for improvement work undertaken by practices and this would be a requirement for practices to complete, with support if required.

12 Recommendations

PCCC is asked to;

- Note the work undertaken to implement the actions requested by PCCC in April 2019
- Support the wider use of the quality and resilience dashboard being taken forward by the Area Team working with the CCG Business Intelligence team, as described in the paper

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13 Appendices

Appendix 1 – Briefing Paper: BNSSG CCG Primary Care Quality and Resilience Dashboard; an update

Appendix 2 - BNSSG CCG General Practice Sustainability & Resilience Support Toolkit

Glossary of terms and abbreviations

Primary Care Commissioning Committee (PCCC)	The CCG decision making body for anything related to primary care.
Primary Care Network (PCN)	In the NHS long Term Plan, Primary Care Networks (PCNs) are outlined as an essential building block of every Integrated Care System. A PCN consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer personalised, coordinated health and social care to their local populations.
Primary Care Operational Group (PCOG)	A sub group of the PCCC where operational issues are managed and/or escalated to PCCC.
Friends and Family Test (FFT)	A quick and anonymous way for any patient to give their views after receiving care or treatment across the NHS.
Care Quality Commission (CQC)	The independent regulator for all health and social care services in England.
Quality Outcomes Framework (QOF)	The Quality and Outcomes Framework is a system for the performance management and payment of general practitioners (GPs) in the NHS in England, Wales, Scotland and Northern Ireland.

NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

General Practice Sustainability & Resilience Support Toolkit

April 2019

Authors; Steph Maidment & Susie McMullen

Shaping better health

Contents

Introduction and Purpose

The purpose of this toolkit is to provide an overview of the process for identifying and understanding the requirements of practices and groups of practices for support to improve sustainability and to aid the CCG when describing the suite of available options to support these requirements.

Nationally, Primary Care is facing unprecedented demands; an aging population, increasing workload and challenges in recruiting clinical staff pose significant challenges to the continued delivery of high quality primary care services. In addition cost pressures are a reality for some practices.

In order to provide support to practices that would benefit from undertaking a programme of work to improve their sustainability, BNSSG CCG has developed and put in place a sustainability support process, underpinned by this toolkit.

A process chart providing an overview of the sustainability support process is shown at Appendix 1.

The process for identifying potential options to support the practice, cluster or locality to improve sustainability will include:

- Practice completion of the applicable toolkits
- Meetings with the practice where necessary to ascertain level of need
- Completion of Action Plans (Memorandum of Understanding) and follow up meetings to check progress and benefit

On receipt of an application or approach for Section 96 support, the CCG will follow the 'Local Assessment Panel' guidance (included as part of the toolkit for information) to holistically review practice applications. CCG Colleagues, Area Team leads and Local Medical Committee judgement and knowledge of a practice, along with the outcome of both the Resilience Information Collection tool and associated supplementary information will be used to inform the assessment process.

GP practice financial support will only be offered as part of a transformational change programme and will need to be consistent with the CCG Primary Care Strategy. It will be exceptional in nature and support is not a replacement for any income loss arising through MPIG or PMS redistribution.

Sustainability & Resilience process

In terms of accessing CCG support to undertake work to improve resilience and sustainability, an initial conversation between the CCG and the practice about the opportunity for support could be prompted by any of the following:

- Practice(s) / locality approaches the CCG raising issues affecting sustainability
- Practice submits a Section 96 application
- CCG approaches practice(s) / locality as result of potential issues being highlighted through the CCG Primary Care dashboard and soft intelligence; this process is managed by the Quality, Resilience and Contracting Sub-Group of the Primary Care Operational Group (PCOG)
  The CCG Primary Care dashboard which reports to the Primary Care Commissioning Committee includes a range of quality and resilience indicators which together with soft local intelligence can highlight practices which may benefit from support to undertake work to improve their sustainability. The dashboard along with soft intelligence provides a prompt for a conversation with the practice and an initial basis for prioritising practices for support to improve sustainability.

An initial conversation in order to ascertain agreement in principle for the CCG to work with the practice to understand issues impacting on resilience and sustainability will be followed by;

1. Practice completion of the BNSSG resilience tool, shown at appendix 2 and practice self-assessment against the BNSSG GP sustainability and Resilience Self-Assessment Tool
   And
2. Meeting between the CCG Primary Care Contracting and Primary Care Development Resilience leads and practice(s) representative(s) to understand key issues affecting sustainability and if possible discuss potential priorities for improvement plan

The Quality, Resilience and Contracting Sub-Group of Primary Care Operational Group will then review the outputs of BNSSG CCG resilience tool and the meeting with practice(s) representative(s) and agree next steps and the level of appropriate support. There are a number of potential support options including;

- Support from the CCG Primary Care Development Resilience Team. Where there is the time and opportunity available to develop and implement a sustainability improvement plan, which could be supported by national general practice resilience programme funds from NHS England if available. This could be at an individual practice, cluster or locality level.
- Practice submission of an application for Section 96 discretionary financial support. Where the practice is experiencing a crisis and there is no time and opportunity to develop and implement an improvement plan
- Contract Change support – boundary applications, list closures, mergers etc.
- Estates and Minor Improvement Grant support
- The practice is facing insurmountable issues / contract handback; Consider cluster/Locality intervention

A process chart providing an overview of the Sustainability Support Process is shown at Appendix 1.

The potential support options are described further below.

Sustainability and Resilience Support Options

CCG Primary Care Development Resilience Team Support

- Support to understand issues affecting resilience and sustainability, including use of the BNSSG resilience tool shown at appendix 2 and the BNSSG GP sustainability and Resilience Self-Assessment Tool
- Support to develop an improvement plan to improve resilience and sustainability
- Support to access services /facilitation to implement improvement plans
- All improvement plans will be detailed as part of a Memorandum of Understanding (MoU) between the practice / locality and the CCG to be in place for the period of the improvement plan implementation. The MoU will also include objectives, milestones and reporting requirements. A template MoU is shown at appendix 3
- Prioritisation for access to national programmes to improve effectiveness, efficiency, resilience and sustainability
- Prioritisation for access to national programmes to improve practice team skills in service and quality improvement and change management
- Prioritisation for funding, including via the NHS England General Practice Resilience Programme funding
- Workshop facilitation and planning
- Collaborative working facilitation
- Sharing best practice including via case studies, workshops and facilitation of joint working with other practices / localities

Contractual Change Support

Practices can apply to make contractual changes within the PMS, GMS and APMS contract framework. This can include practice mergers, boundary changes, branch surgery closures and list closures. The Primary Care Contracts team can support the application process for these changes, as well as providing support from Patient engagement teams to assist with the associated change management.
Any applications will need to be ratified by the CCG governance processes, including at the Primary Care Operational Group (PCOG) and at the Primary Care Commissioning Committee (PCCC).

Further guidance on the processes for the contractual changes above, can be found in the Policy Guidance Manual here.

Estates and Minor Improvement Grants

Space and premises condition issues can sometimes be limiting for a developing practice, or a GP surgery that chooses to employ a wider Primary Care clinical workforce. With space and funds at a premium, the Minor Improvement Grant program seeks to enable works and improvements with a 66% contribution from the CCG, and 33% financial contribution from the requesting partnership.

The CCG may offer improvement grants to providers of primary medical care services as set out within direction 7 of the *NHS (GMS) Premises Costs Directions*. There are eligibility criteria with the process facilitating a simple and consistent approach to receiving bids and these can be found in the Premises Cost Directions, 2013.

Section 96

Section 96 of the NHS Act (2006) (as amended) makes provisions for commissioners to provide assistance and support to primary medical services contractors, including financial support:

> *96. Assistance and support: primary medical services*
>
> *(1) The Board may provide assistance or support to any person providing or proposing to provide–*
>
> - *primary medical services pursuant to section 83(2),*
> - *primary medical services under a general medical services contract, or*
> - *primary medical services in accordance with section 92 arrangements.*
>
> *(2) Assistance or support provided by the Board under subsection (1) is provided on such terms, including terms as to payment, as the Board considers appropriate.*
>
> *(3) "Assistance" includes financial assistance.*

Section 96 exceptional discretionary funding is intended to be used to safeguard patients' interests by providing additional funding to support practices facing a crisis situation. The process for making an application for such funding is outlined on Page 7. When an application for funding support is received, it will be reviewed by the Local Assessment Panel. The Terms of Reference are outlined below.

Section 96 Local Assessment Panel - Terms of Reference

The role and responsibility of the Local Assessment Panel shall be to:

- Consider all requests from GP practices for any support in accordance with an agreed evidence based assessment.
- Consider and take a decision on the case for any practice support within 6 weeks of receipt of a completed GP practice application for assessment.
- Notify the practice on the decision for any practice support.

Membership of the Local Assessment Panel

It is possible that a high number of requests for support may be received. Given that any support under this initiative will have a focus on practices at significant risk of closure or having to reduce the range of services currently available to patients, it is possible some cases for support may fall outside the assessment framework and that some cases may have common features where support cannot be evidenced. Where a high number of requests for support have been made and where a number of cases for support clearly fall outside the assessment framework, these cases may be grouped together for consideration.

It will be for the panel to agree on the grouping of cases for consideration. Cases for support which clearly do not fall outside the assessment framework will be considered individually by the panel.

Members of the Local Assessment Panel shall be:

- Director of Commissioning and/or Director of Transformation
- Local Medical Committee representative
- Primary Care and Commissioning Directorate: Primary Care Development representative
- Area Team or LLG representative

The membership of the Panel broadly mirrors the assessment panel membership considering a rejection of a closure notice by the PCT under Section 31(5) of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) Regulations 2004 ("the GMS regulations")

(5) The members of the assessment panel shall be—
(a) the Chief Executive of the Primary Care Trust of which the assessment panel is a committee or sub-committee;
(b) a person representative of patients in an area other than that of the Primary Care Trust which is a party to the contract; and
(c) a person representative of a Local Medical Committee which does not represent practitioners in the area of the Primary Care Trust which is a party to the contract.

Notification of Local Assessment Panel decisions

The Local Assessment Panel will notify the practice of its decision within 6 weeks of receipt of a completed GP practice application for assessment. Details of the support and the detailed action plan will then be agreed between the GP practice and the CCG.

Dispute Resolution

The practice will have a right of appeal against a decision made by the Local Assessment Panel to a Local Assessment Appeal Panel. Following notification of the Local Assessment Panel decision, the practice must inform the CCG, within a reasonable timescale, in writing if the practice wishes to dispute the decision reached by the Local Assessment Panel. The practice should outline the reasons why it disputes the decision of the Panel. The Local Assessment Appeal Panel dealing with a dispute should acknowledge receipt, in writing, of the practice dispute within 7 days. The practice and the CCG will have 28 days in which to present any further evidence / ask for further evidence why it disputes the Local Assessment Panel decision. A representative of the practice may elect to attend the local assessment appeal panel.

Membership of the Local Assessment Appeal Panel

Members of the Local Assessment Appeal Panel dealing with a dispute shall be:

- A CCG Medical Director of the primary care team, ideally one who is not party to the contract
- Local Medical Committee representative, which does not represent practitioners in the area of the LHB which is a party to the contract
- LLG representative which does not represent the area of the practice

As outlined above, the membership of the Local Assessment Appeal Panel mirrors broadly the assessment panel membership considering a rejection of a closure notice by the PCT under paragraph 31(5) of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) Regulations 2004 ("the GMS regulations").

The Local Assessment Appeal Panel will aim to resolve the appeal within 6 weeks of all representations being made.

Frequency of meetings and monitoring of outcomes

The Local Assessment Panel will meet periodically to consider those requests for support where significant risk of closure / having to reduce the range of services currently available to patients was anticipated beyond a 12 month period. The process of monitoring of outcomes will be at the discretion of the CCG.

Section 96 Application Process

Section 96 exceptional discretionary funding is intended to be used to safeguard patients' interests by providing additional funding to support practices facing a crisis situation. The process for making an application for such funding is outlined below.

Stage		Action
1	Practice raises its sustainability issue with its CCG to discuss issues. Verify contract payments are correct.	Practice, CCG, Commissioning
2	Practice submits Section 96 application utilising the Sustainability Assessment Framework provided in the document, accompanied with a request for level of support required, for what period, and for type of expenditure	Practice & CCG
3	Primary Care team review submission and if necessary request for further information / supporting documentation	Commissioning
4	Review and validation of practice information. Ensuring that: - The practice need is confirmed; - The practice agrees to receiving the support and any conditions placed on the support; - The support is non recurrent i.e. practice has provided details of its plan to recover the position and demonstrate that the short term support will deliver a sustainable solution in the long term. - Performance Management arrangements in respect of the financial assistance - The case represents value for money; - Financial assistance is a better option than any alternatives	Commissioning
5	Review of financial evidence including certified accounts for the previous year and management accounts for the current year, cash flow, declared earnings etc. Consideration whether the financial assistance will be sufficient to achieve the objectives. Consideration of value for money vs alternatives Total likely overall financial risk to BNSSG.	Finance
6	All Financial Assistance provided must be in compliance with NHS England SFIs. As such any Application for financial assistance must have the authorisations set out below.	
7	Application from the Provider along with Commissioner business case containing operational and financial reviews set out above, presented for authorisation and sign off as set out in the Primary Medical Care Policy Guidance Manual.	Local Assessment Panel
8	All decisions reported as set out below and logged for central reporting and consistency checking	Commissioning
9	Practice advised of outcome	Commissioning
10	MOU populated and signed by practice and CCG	Practice, CCG, Commissioning
11	Payment set-up on a non-recurrent basis	Finance
12	Review of MOU objectives mid-way through period of support	Practice, CCG, Commissioning
13	Routine reporting via the Primary Care Activity Report (PCAR) and/or National Primary Care Quality, Resilience and Contracting Group (PCQRCG)	Commissioning
14	Advise practice of continuation or further review of support depending on MOU progress	Commissioning
15	Final Review and reporting to Local PCQRCG (as required)	Commissioning

Appendices

Appendix 1: BNSSG CCG General Practice Sustainability & Resilience Process Chart

Practice
sustainability process

Appendix 2: BNSSG CCG resilience tool for general practice November 2018

BNSSG CCG
resilience tool Januar

Appendix 3: BNSSG CCG resilience programme template 2018/19

BNSSG CCG
Resilience MoU templ

Appendix 4: Section 96 Application Form

Section 96
Application form.docx

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG General Practice Sustainability & Resilience Process Chart v6 24/04/2019

Author: Susie McMullen

Work to monitor, maintain and improve resilience

BNSSG CCG PCCC quality and resilience dashboard – being developed to become early warning system & soft intelligence

National support programmes to improve services and resilience

Sharing of improvement work and best practice, via workshops etc.

Possible sustainability issue(s) or issue(s) which could affect sustainability highlighted

Practice(s) / locality approaches CCG raising issues affecting

CCG approaches practice(s) / locality as result of dashboard and soft intelligence

Section 96 application received

Quality, Resilience and Contracting Sub-group of PCOG

Open initial conversation with practice; seek agreement in principle for diagnostic and potential for support options

Work to support improvement of sustainability

Completion of BNSSG resilience tool by practice(s) & self-assessment against GPRT Self Assessment Tool

BNSSG CCG resilience tool Januar

Quality, Resilience and Contracting Sub-group of PCOG

Meeting with practice(s) / locality to understand key issues affecting sustainability and if possible discuss potential priorities for improvement plan

Quality, Resilience and Contracting Sub-group of PCOG

CCG Primary Care Development Resilience Team Support

Time and opportunity available to develop and implement improvement plan = resilience programme with £ or no £

Targeted use of national support programmes to improve services and resilience

Development and sign off of MoU(s) including detailed improvement plan, jointly between practice and CCG

Monitoring of improvement plan

Case study produced by practice, signed off by CCG

Section 96 application

Section 96 Local Assessment Panel

Development and sign off of MoU(s) including detailed improvement plan, jointly between practice and CCG

Monitoring of improvement plan

Contractual Change Support

Estates and Minor Improvement Grants

BNSSG CCG Practice Resilience Information Collection Tool

Practice Name				**Please describe what actions you've taken to mitigate your risks**
Practice List Size				
1	**Implementation of the GP Forward View**	**Actions taken to Implement the 10 HIA - GPFV to improve business sustainability and resilience**	**Answer**	**Please describe what actions you've taken**
Q		**What action has the practice taken to implement the 10 HIA?**		
		Indicate which of the 10 HIA the practice has implemented		
	1	Active Signposting		
	2	New Consultation Types		
	3	Reduce DNAs		
	4	Develop the team		
	5	Productive work flows		
	6	Personal Productivity		
	7	Partnership Working		
	8	Social Prescribing		
	9	Support Self Care		
	10	Develop QI expertise		
2	**Patient list**	**Actions taken around patient list**	**Answer**	**Please describe what actions you've taken to mitigate your risks**
	.	Have there been any boundary changes?		
	.	Does the practice know why patient numbers are increasing/falling?		
	.	Does the practice have an 'atypical' population		
	.	No of patients in care homes		
	.	Complaints per year		
	.	How does the practice engage with PPG		
3	**Financial considerations**	**Actions taken to optimise management of finances**	**Answer**	**Please describe what actions you've taken to mitigate your risks**
	.	Are there plans to merge with another practice(s) or other changes to provision?		
	.	Contract Type		
	.	How has the practice optimised management of finances?		
	.	Expenditure as a total % of all Income		
	.	Is the practice maximising QOF achievement?		
	.	Is the practice maximising DES delivery?		
	.	Is the practice maximising LES delivery?		
	.	Is the practice maximising improved access provision?		
	.	Does the practice have plans in place for PMS changes if required?		
	.	What back office efficiency improvements have been carried out?		
	.	Does the practice have a Business Plan		
	.	Does the practice cash flow forecast?		
4	**People Management**	**Actions taken to reduce practice staff expenditure and maximise skill mix and efficiency**	**Answer**	**Please describe what actions you've taken to mitigate your risks**
	.	% of GPs and Other clinical staff e.g. 60% GPs 40% other clinical staff.		
	.	Number of patients per WTE clinician (GP, ANP, Practice Nurse, Pharmacist, Paramedic)		
	.	Total number of clinical hours offered per week.		
	.	Current Non Clinical Vacancies		
	.	Current Clinical Vacancies		
	.	What is the practices locum usage? Where does the practice obtain locums from and what are the contractual arrangements?		
	.	Are there any known upcoming retirements, staff planning to leave?		
	.	Are any GP Performers being investigated. NHSE. GMC		
	.	What MDT work has been carried out to reduce GP workload?		
	.	Date last demand and capacity audit completed		
	.	Is the practice a training practice?		
	.	Does the practice have a clinical pharmacist?		
	.	If so is this post being funded by monies from the NHS England programme?		

5	Partnership and cluster / locality working	Have partnership drawings decreased in the past 12 months?	Answer	Please describe what actions you've taken to mitigate your risks
.		Are WTE (8 sessions) drawings less than £96k?		
.		Have partnership drawings decreased in the past 12 months?		
.		Do the Partners have an up to date partnership agreement		
.		Does the partnership have a business strategy and vision		
.		Are all Partners engaged with business leadership and strategy		
.		Effective communication processes		
.		Does the practice have a business continuity plan?		
.		What winter planning has the practice undertaken?		
.		Do clinical sessions reflect known patient demand.		
.		Shared back office		
6	**IT. Infrastructure**	**Actions taken to optimise I.T to support business sustainability and resilience**	**Answer**	**Please describe what actions you've taken to mitigate your risks**
.		% of online access against national target of 20%		
.		What steps have been taken to increase online access?		
.		Does the practice hold all policies and documentation on an intranet?		
.		Does the practice use MJOG or similar?		
.		Does the practice actively manage patients by its Website		
7	**GDPR Compliant**	**Actions taken to ensure the practice is GDPR compliant and resilience.**	**Answer**	**Please describe what actions you've taken to mitigate your risks**
.		**Is the practice fully compliant with eight enforceable principles of good practice.https://ico.org.uk/for-organisations/resources-and-support/data-protection-self-assessment/**		
8	**Premises**	**Actions taken to utilise premises**	**Answer**	**Please describe what actions you've taken to mitigate your risks**
.		Are there plans to close the current premises / move / merge?		
.		Has the practice reviewed utilisation of the premises?		
.		Is there available space in the premises which could be used for additional NHS services?		
.		Is there available space in the premises which could be surrendered in order to reduce costs?		
.		Is the practice aware of any other issues with the estate and utilisation?		
9	**Other**	**Please use this section to highlight any further resilience concerns, issues or actions**		**Please describe what actions you've taken to mitigate your risks**

10	CCG Quality and Resilience Dashboard	Pre-populated by CCG where data available	Please describe what actions you've taken to mitigate your risks
Patient Demographics		**Specific Current National Data**	
Practice IMD			
Patients aged 75+			
% Patients Non BME			
List Size			
Annual list size change			
Practice size (GP WTE)			
Workforce			**Please describe what actions you've taken to mitigate your risks**
% GPs over 55			
% Nurses over 55			
Num of patients per GP FTE			
Num of patients per Nurse FTE			
Quality & Patient Experience			**Please describe what actions you've taken to mitigate your risks**
CQC Rating Overall			
QOF Achievement			
% Likely to recommend to F & F			

Recommending GP surgery (national patient survey)		
Overall experience making appointment (national patient survey)		

Memorandum of Understanding

Memorandum of Understanding (MoU)

For the

General Practice Resilience Programme (GPRP)

Between

Bristol North Somerset and South Gloucestershire Clinical Commissioning Group

And

Insert name of locality / practices

Date: Insert date

Contents

1. PARTIES

1) **Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) of South Plaza, Marlborough Street, Bristol , BS1 3NX**
And
2) Insert practice name and address (**the Practice**).

2. BACKGROUND & PURPOSE

2.1 This MoU forms part of the General Practice Resilience Programme (GPRP) guidance which describes how NHS England sets out how to provide 'upstream' support to practices experiencing difficulty by investing £40m over the next four years to support primary care general practice. The guidance can be found here: https://www.england.nhs.uk/ourwork/gpfv/resilience/

2.2 This MoU is to be used to provide clarity and understanding of the support services being provided to the Practice by BNSSG CCG and/or a third party supplier (Supplier) as set out in Appendix 1 of this MoU (Improvement Plan) and provide assurance on what can be expected as part of the GPRP.

3. PRACTICE ROLES AND RESPONSIBILITIES

3.1 The Practice will be expected to fully engage in the GPRP working with BNSSG CCG and any Supplier to ensure effective use of resources in a timely and effective manner.

3.2 The Practice acknowledges that a high level of commitment is essential for optimal impact and the Practice will make available such staff as are required to develop and implement the Improvement Plan at the request of BNSSG CCG/the Supplier.

3.3 The Practice will adopt an open approach and engage effectively with other stakeholders including other practices, the local medical committee and patients (including the patient participation group) where appropriate to enable an inclusive approach to the Improvement Plan set out in this MOU.

3.4 The Practice will share all information with BNSSG CCG and/or the Supplier that is relevant to the delivery of the Improvement Plan of this MOU.

3.5 The Practice retains full responsibility for all aspects of their contractual and professional obligations regarding the provision of primary medical care services to their patients.

3.6 The Parties have entered into this MoU in good faith to improve the Practice as set out in this MoU.

4. NHS ENGLAND / BNSSG CCG ROLES AND RESPONSIBILITIES

4.1 The Practice will secure the provision of the Support Services as set out in Appendix 1 (Improvement Plan) paragraph 2 (Support Services) of this MoU. The Support Services may be provided by BNSSG CCG or by a third party supplier (the Supplier)

at the discretion of BNSSG CCG and may be withdrawn with a given notice period , in accordance with Clause 12 (Termination) of this MoU.

4.2 BNSSG CCG may share any relevant information with the Supplier and Practice that may help inform the delivery of the Improvement Plan subject to Clause 9 (Confidentiality) of this MoU.

4.3 The Practice will be responsible for holding the Supplier to account where agreed actions have not been completed or delivered in accordance with this MoU.

5. KEY OBJECTIVES FOR THE MoU

5.1 The parties shall sign up to the Improvement Plan to achieve the key objectives set out in Appendix 1 (Improvement Plan) Paragraph 1 (Key Objectives) of this MoU.

6. PRINCIPLES OF COLLABORATION

6.1 All parties to this MoU will use their reasonable endeavours to co-operate in the implementation of the Improvement Plan in order to effectively address the resilience and sustainability of the Practice, in the overall interests of patients.

6.2 All parties will adhere to the terms set out in this MoU and supporting appendices.

7. GOVERNANCE

7.1 NHS England retains the overall responsibility for the GPRP and has nominated strategic and operational leads who will act as key points of contact for the Practice, BNSSG CCG and NHS England. For the purposes of the Improvement Plan:

a) The Strategic Lead shall be; Jenny Bowker; Head of Primary Care Development, BNSSG CCG

b) The Operational Lead shall be: Susie McMullen; Resilience and Quality Improvement Lead, BNSSG CCG; susanna.mcmullen@nhs.net 07769 243355

7.2 The Strategic Lead will act for BNSSG CCG in providing strategic oversight and direction of the Improvement Plan as part of the wider oversight and governance of the GPRP in relation to the Practice. The Strategic Lead must be a member of BNSSG CCG.

7.3 The Operational Lead will liaise on all operational matters relating to the agreed contributions to support delivery of the Improvement Plan and advise the Strategic Lead, providing assurance that the Key Objectives are being met and that the Improvement Plan is performing within the boundaries agreed with the Practice. The Operational Lead may be a member of BNSSG CCG or a representative nominated by BNSSG CCG.

7.4 The Practice shall nominate a Practice Lead and notify BNSSG CCG of the name and contact details of the Practice Lead. For the purpose of the Improvement Plan:

a) The Practice Lead shall be: Insert Practice Lead name, job title, email address and telephone number

7.5 The Operational Lead and the Practice Lead shall agree the Improvement Plan and Key Objectives, and will identify the commitments to support its delivery. The Strategic Lead will then approve the Improvement Plan for implementation.

8. REPORTING

8.1 The GPRP will be continually evaluated. Practices will be required to report on progress of the Improvement Plan as well as support any other reporting requirements agreed between the parties.

8.2 Reports should wherever possible utilise existing systems of communication between the parties, and be reasonable in accordance with the capacity of the Parties and/or reflective of the requirements of the Improvement Plan. Reporting will not be onerous, and will not be the basis of any performance management of the contract. Frequency and content of reporting will be as follows:

Insert details of agreed reporting here e.g. delivery of progress against any key milestones agreed, assessment of support and its effectiveness when key objectives delivered.

Production of a case study at the end of the project. Insert timescales.

9. ESCALATION

9.1 If either party has any issues, concerns or complaints about the Improvement Plan, or any matter in this MoU, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of negotiation to decide on the appropriate course of action to take.

9.2 If the issue cannot be resolved within a reasonable time the matter shall be escalated by the Practice Lead and/or the Operational Lead to the Strategic Lead for resolution who may seek advice of the local medical committee in reaching their decision.

10. CONFIDENTIALITY

10.1 BNSSG CCG recognises that the success of the GPRP relies on the Practice being open with the Supplier and that the Support Services may raise the need to address sensitive issues for the Practice. Where this applies, BNSSG CCG may accept that the Practice and the Supplier may enter into a confidentiality agreement to protect certain aspects of data collected by the Supplier in their role of providing the Support Services.

11. DURATION
11.1 It is important that the GPRP supports as many practices as possible; therefore the Improvement Plan will need to be time-limited to meet the strategic objectives of the wider GPRP. The Improvement Plan should describe an agreed exit strategy. Where there is an identified ongoing need, this MoU may be extended at the sole discretion of BNSSG CCG to offer an additional period of support to the Practice subject to availability of resources.

11.2 This MoU shall become effective upon signature by both parties, and will remain in effect until 31/03/2019 or the date the Improvement Plan is delivered, whichever is the sooner, unless otherwise varied or terminated by the parties.

12. VARIATION
12.1 Save for the circumstances described in Clause 10.1 this MoU, including the corresponding appendices, may only be varied by written agreement of both parties.

13. TERMINATION
13.1 Either party may terminate this MoU by giving at least three months' notice in writing to the other party without reason.

13.2 In addition, BNSSG CCG may terminate this MoU by giving at least one months' notice in writing to the Practice where, acting reasonably, and in discussion with the local medical committee as the representative body, it considers that the Practice has failed to cooperate or to fulfil its roles and responsibilities under this MoU.

13.3 Where the termination is not a mutual agreement, Parties should refer to Clause 8 (Escalation) of this MoU.

14. CHARGES AND LIABILITIES
14.1 Except as otherwise stated in this MoU, the parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU.

14.2 The parties agree to make the contributions set out in Appendix 2 (Contributions) to this MoU. The Support Services provided by BNSSG CCG (or by a Supplier on its behalf) are made at BNSSG CCG's absolute discretion and may be changed or withdrawn, providing reasonable notice is given to the Practice where such notice is practicable.

14.3 Except as otherwise stated in this MoU, both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions. Neither party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

15. STATUS
15.1 This MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

15.2 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

SIGNATORIES

Signed for and on behalf of **BNSSG CCG**

Susie McMullen
Resilience and Quality Improvement Lead

_____
Date: 30/11/2018

Signed for and on behalf of insert practice name

_____
Date: Insert date

17. CONTACT POINTS

Strategic Lead – BNSSG CCG	
Name:	Jenny Bowker
Role:	Head of Primary Care Development
Address:	South Plaza, Marlborough Street, Bristol , BS1 3NX
Phone number:	0117 900 2217
Email:	Jenny.Bowker1@nhs.net

Operational Lead – BNSSG CCG	
Name:	Susie McMullen
Role:	Resilience and Quality Improvement Lead
Address:	South Plaza, Marlborough Street, Bristol , BS1 3NX
Phone number:	07769 243355
Email:	Susanna.mcmullen@nhs.net

Practice Lead – Insert practice name	
Name:	Insert name
Role:	Insert job title
Address:	Insert address
Phone number:	Insert telephone number
Email:	Insert email address

Appendix 1 - Improvement Plan

1. KEY OJECTIVES

1.1 The key objectives for developing greater sustainability and resilience are set out below.

1.2 These key objectives form the basis of the operational delivery of the Improvement Plan to secure greater sustainability and resilience and present achievable aims for the agreed period of support.

1.3 The objectives should be grouped into three main categories which centre around:

a) securing operational stability;

b) developing more effective ways of working; and

c) working towards future sustainability, including if appropriate helping practices to explore new care models

1.4 Insert;

- Brief description of the main issues affecting sustainability
- Brief description of the programme of work which is going to be undertaken
- How programme of work will support improved sustainability

1.4 The key 'SMART' objectives of this Improvement Plan are:

Insert SMART objectives

2. THE SUPPORT SERVICES

2.1 The Support Services to deliver this Improvement Plan are:

- Insert overview of support services intended to be commissioned

Appendix 2 – Contributions

1. DESCRIPTION OF CONTRIBUTIONS

1.1 This MoU does not act to pass financial or resource contributions between the parties, but the details of any contributions that will be made by either party shall be set out here. The terms of any financial assistance (if included) will be set out in a separate agreement.

1.2 The Practice Lead should for example confirm and describe which of the menu of services will be commissioned on behalf of the Practice and agree with the Operational Lead what commitments will be required from the Practice in order for the Improvement Plan to be delivered. Note this list is not intended to be exhaustive and may be modified as required.

1.3 NHS England has stated it may on occasion use its powers under Section 96 of the 2006 NHS Act to achieve the aims of GPRP by providing financial assistance to a practice for the purposes of securing the provision of Support Services. Any such financial assistance is at the discretion of NHS England and may be withdrawn at any time, in accordance with Clause 12 (Termination) of this MoU.

	Theme	**Description of service commissioned or agreed to support Improvement Plan**	**NHS England / BNSSG CCG contribution**	**Practice 'in kind' contribution**
1.4	Rapid intervention and management support for urgent support to practices at risk of closure	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.5	Diagnostic services to quickly identify areas for improvement support.	Insert text here as required or state not applicable	Insert text here as required or state not applicable Working with the Practice to support completion of the BNSSG CCG resilience tool and meeting with practice representatives to agree the resilience	Insert text here as required or state not applicable Completion of the BNSSG CCG resilience tool.

			priorities and improvement pan	
1.6	Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.7	Coaching / Supervision / Mentorship as appropriate to identified needs	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.8	Practice management capacity support	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.9	Coordinated support to help practices struggling with workforce issues	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.10	Change management and improvement support to individual practices or group of practices	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.11	Personal resilience training	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable
1.12	Insert text here as required or state not applicable. Add rows as required.	Insert text here as required or state not applicable	Insert text here as required or state not applicable	Insert text here as required or state not applicable

FORM REF: (BNSSG use)	Commissioner: Bristol, North Somerset & South Gloucs CCG

GP Practice Application for Discretionary Funding Support (Section 96 NHS Act 2006)

1	**Date of application:**			
2	**Practice Name:**	**ABC practice**		
3	**Practice Identifier Code:**			
4	**Contract type: GMS/PMS/APMS**			
5	**Member of GP Federation (formal/informal?)**	Yes / No	**Name:**	
6	**CCG Name:**			
7	**Practice Address (of all contract sites)**	**1**		
		2		
		3		
8	**Practice Raw List Size - Last Quarter**			
9	**Practice Weighted List Size - Last Quarter**			

10	**Reason for application (describe the issues to be resolved)**			
	eg. May be a GP recruitment issue - IMPACT is high cost of locum support - What are the circumstances that led to the situation? eg retirement, partnesrship split etc. How long has the vacancy existed? Describe recruitment attempts with dates and salary offered. *CONSEQUENCES: describe effect on practice staff, patient services & access*			
11	**Purpose of support requested and itemised value (non-recurrent) - above the practice budgeted level**			
	eg. Support with cost of locums whilst further recruitment is attempted: eg Need X sessions per week covered with a premium of £X per week above budgeted cost of £Y per week. Difference of £Z for X weeks sought initially, TOTAL £X. *(Practice has funded X weeks but cannot cover this cost much longer and may need to reduce service provision)*			
12	**Period of support and profile of costs (taper-off)**	Period 1	*insert dates*	*insert £*
		Period 2	*insert dates*	*insert £*

Period 3	*insert dates*	*insert £*
Period 4	*insert dates*	*insert £*
Period 5	*insert dates*	*insert £*
Period 6	*insert dates*	*insert £*
	TOTAL REQUESTED	**£0**

13	**Supporting information - required for ALL applications at the outset**			
13.1	Practice Recovery Plan (with actions and milestones to track success)	Yes	No	An MOU will detail agreed actions
13.2	Current AND proposed staff establishment - budgeted with salary & WTE	Yes	No	State drawings for partners
13.3	Evidence of recruitment attempts	Yes	No	eg advertisement invoices
13.4	Annual income (all sources) & expenditure analysis OR Practice Accounts	Yes	No	to validate sustainability issue
13.5	Cash flow forecast 12 months ahead	Yes	No	to understand predicted trend

	Sustainability analysis	**Support Rationale**			**Practice Response**
14	Negative impact of Carr-Hill formula? (**weighted list vs raw list)**	Atypical population: adverse impact of Carr-Hill	Yes	No	*insert any comments*
15	Does the practice have an **'atypical'** population e.g. university, rural or new town which is not adequately reflected in the contract payment? Please explain:	'Atypical' criteria: Must evidence that local demographics dictate workload is not adequately reflected in Carr-Hill	Yes	No	Details required:
16	Are **practice expenses greater than 65%** of primary medical services (including Local Authority/CCG and NHS England) income?	South East average ratio of expenses:earnings is 65:35	Yes	No	Please state expenses: .....%
16b	If yes, can this be sufficently evidenced?		Yes	No	*insert any comments*
17	Please state **individually declared pensionable earnings per GP** within the practice (pro-rata'd for part time) **for the YEAR**	No doctor in the practice should have declared pensionable earnings in		1	*insert £*
				2	*insert £*

	[INSERT YEAR] (It is noted this may include non-GMS/PMS/APMS income & 'non-NHS' income.) (£112k / £96k figure derived from HSCIC 2013/14- South East GPMS Contractor/salaried averages plus 1%/yr)	excess of Contractor = **£112k**. Or combined contractor & Salaried GP average not in excess of = £96k Support not designed to increase pensionable income.		3	*insert £*
				4	*insert £*
				5	*insert £*
				6	*insert £*
				7	*insert £*
				8	*insert £*
				9	*insert £*
	Local Context Information	**Practice to complete**			**Practice to complete**
18	**Practice Total** number of **GP sessions** worked/week?	Understand GP access	GP sessions		X sessions/week
19	Number of **patients per WTE GP**	Understand GP access	Patients/GP		XXXX patients/WTE GP
20	Total no. of clinical **(GP & Qualified Nursing)** hours offered per week (incl. concurrent hours)	Understand total clinical access	a) GP		hrs/week
			b) Nurse		hrs/week
			c) Other		state eg Pharmacist hours/week
			Total		hrs/week
21	Has the practice received any **contract breaches** since 1 April 2013?	Potential marker of poorer quality practice	Yes	No	*Details not required*
22	Are any of the **GP performers** being investigated by NHS England Medical Directorate or GMC?	Potential marker of poorer quality practice	Yes	No	*Details not required*
23	What was the Practices published **CQC overall rating**?	Understanding of practice quality issues	Please state		Outstanding / Good / Requires Improvement / Inadequate?
24	Has the practice applied for a **formal list closure** at any point since 1 April 2013?	Marker of demand/practice issues	Yes	No	Details not required
24b	If yes, was this granted?		Yes	No	
24c	If application was approved how long was the list closed in total?		Please state		3 months / 6 months / 9 months / 12 months

25	Number of practices within a 1-mile radius of practice	insert number

To be completed by Commissioner & NHS England

	Local Context Information	NHS England complete			NHS England complete
26	Any previous S96 support received?		Yes	No	Detail..
27	Any GP Resilience funding received?		Yes	No	Detail..
28	Overview of deprivation - IMD Score?	IMD is a marker of deprivation with consequential impact on workload			Practice Area: CCG Area: County Average: England Average:
29	Outlying Areas on Primary Care Web Toolkit - fewer than 5 outliers on the GPHLI summary?	Potential marker of poorer quality practice	Yes	No	
30	Annual contractual 'e-declaration' - non-compliance issues?	Potential marker of poorer quality practice	Yes	No	
31	Patient satisfaction survey - outlier areas?	Potential marker of poorer quality practice	Yes	No	Detail issues:

Please return to: bnssg.pc.contracts @nhs.net (ALL INFORMATION WILL BE HELD SECURELY)

Contractor name	insert	**Practice signature (Contractor):**	
CCG Support required in all cases:			
CCG Lead Name	insert	**CCG signature**	*or attach CCG email of support*
NHS England Contract Officer reviewer - NHSE insert name	insert		