

<b>Title of Meeting:</b>	NY CCG Primary Care Commissioning Committee			<b>Agenda Item: VIRTUAL</b>									
<b>Date of Meeting:</b>	VIRTUAL DECISION			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
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Public	X												
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Development Session													
<b>Paper Title:</b>	Brook Square Surgery GMS Contract Change												
<b>Responsible PCCC Member Lead</b> Wendy Balmain, Director of Strategy and Integration			<b>Report Author and Job Title</b> Andrew Dangerfield Head of Primary Care Transformation										
<b>Purpose – this paper is for:</b>	<b>Decision</b>		<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>								
	X												
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> Yes. A version of this paper has been to the Executive Director Group on 21/02/22													
<b>Executive Summary</b> The paper details the application from Brook Square Surgery, Trafalgar House, 41-44 Trafalgar Street West, Scarborough, YO12 7AS, to novate the GMS contract to Intrahealth, 1St Floor, William Brown Centre, Peterlee SR8 5TW													
<b>Recommendations</b> <b>The Primary Care Commissioning Committee is being asking to:</b> <ul style="list-style-type: none"> <li>Note the recommendation from the Executive Directors Group on 21.02.2, to support the application for the change of contract.</li> <li>Approve the application for the change of contract.</li> </ul>													
<b>Monitoring</b> Any updates in respect of this application will be brought to the PCCC.													
<b>CCGs Strategic Objectives supported by this paper</b>													
	<b>CCG Strategic Objective</b>				<b>X</b>								
<b>1</b>	<b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.</li> <li>To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.</li> <li>To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.</li> </ul>				<b>X</b>								
<b>2</b>	<b>Acute Commissioning:</b> We will ensure access to high quality hospital-based care when needed.												
<b>3</b>	<b>Engagement with Patients and Stakeholders:</b> We will build strong and effective relationships with all our communities and partners.				<b>X</b>								
<b>4</b>	<b>Financial Sustainability:</b> We will work with partners to transform models of care to deliver affordable, quality and sustainable services.				<b>X</b>								
<b>5</b>	<b>Integrated / Community Care:</b> With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.				<b>X</b>								
<b>6</b>	<b>Vulnerable People:</b> <ul style="list-style-type: none"> <li>We will support everyone to thrive [in the community].</li> <li>We will promote the safety and welfare of vulnerable individuals.</li> </ul>												
<b>7</b>	<b>Well-Governed and Adaptable Organisation:</b> In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.				<b>X</b>								

**CCG Values underpinned in this paper**

	<b>CCG Values</b>	<b>X</b>
<b>1</b>	Collaboration	<b>X</b>
<b>2</b>	Compassion	
<b>3</b>	Empowerment	<b>X</b>
<b>4</b>	Inclusivity	
<b>5</b>	Quality	
<b>6</b>	Respect	

**Does this paper provide evidence of assurance against the Governing Body Assurance Framework?**

<b>YES</b>		<b>NO</b>	<b>X</b>
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<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	The PCCC has delegated authority to approve
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public &amp; Patient Engagement</b>	PCCC papers are published on the CCG website. See EIA for further detail.
<b>Financial / resource implications</b>	Financial and resource implications are detailed within the paper.
<b>Significant Risks to Consider</b>	All risks have been considered with the Executive Director Group and no risks are considered to be of significance.
<b>Outcome of Impact Assessments completed</b>	There is no requirement to complete an EIA as no changes to services are being undertaken.

**Wendy Balmain**  
**Director of Strategy and Integration**

# Primary Care Commissioning Committee

## PMS Contract and Novation of Contract (Brook Square)

### 1.0 Introduction and Background

The purpose of this paper is to detail the application from Brook Square Surgery to novate the GMS contract to Intrahealth 1St Floor, William Brown Centre, Peterlee SR8 5TW

Brook Square Surgery is a GP Practice with 10,500 population based in the centre of Scarborough.

The Brook Square Surgery contract is currently held by partnership of:

- **Dr Sarah Livesey – Senior Partner**  
Joined Trafalgar Medical Practice 2007
- **Dr Ben Claybrook – GP Partner**  
Joined Trafalgar Medical Practice 2008
- **Louise Holbrook – Managing Partner**  
Joined Trafalgar Medical Practice as Practice Manager 2010 and became Managing Partner 2017

### Practice and Partnership History

- Trafalgar House is a purpose-built GP practice on Trafalgar Street West built in 2005, to accommodate a practice with a list of up to 4000 patients.
- The current Brook Sq practice moved from Albemarle Surgery (a Victorian terrace house in the centre of Scarborough) the development of the new practice, named Trafalgar Medical Practice, was to meet CQC standards. There were 5 GP partners for a list size of 3800
- The previous PCT was located in the offices on the top floor of Trafalgar House with the ground and first floor accommodated the Practice
- In 2012, when the PCT announced they were leaving the building, the Practice had grown to 5,500 patients with the original 5 GP partners. The PCT had funded one third of the lease costs and the Partnership now needed to meet this extra cost.

The Partnership was responsible for the lease of the whole building and looked for different options to ensure the premises were utilised fully including funding for the whole lease.

Norwood House Surgery was located in a Victorian house and not fit for CQC standards, needed a purpose-built surgery. A merger of Trafalgar Medical Practice and Norwood Hse was completed on 29 May 2014 to create Brook Square Surgery with 8 GP partners.

The premises were renovated by Assura to create an additional 8 clinical rooms, a waiting room, staff room facilities for the 50% increase in staff. A 25 year lease was signed, with no break clause in the lease. At that time this was reasonable as it provided longevity for the Practice – the situation has changed significantly for general practice in recent years

- 2014 – Brook Square Surgery had 11,000 patients with 8 GP Partners plus salaried GPs
- 2020 – Brook Square Surgery 10,363 patients and following a number of retirements this left two part-time GP Partners and a full-time Managing Partner. This is not sustainable and salaried GPs do not wish to become partners
- Succession planning had started in 2017 – due to the forecast of current GP partners planned to retire. Options were investigated with the CCG and external providers

The reduction in GP partners has impacted patient access since 2015

Year	Patient Size List	No. GP Partners
2005	3800	5
2014	11000	8
2018	10200	4
2020	10400	2

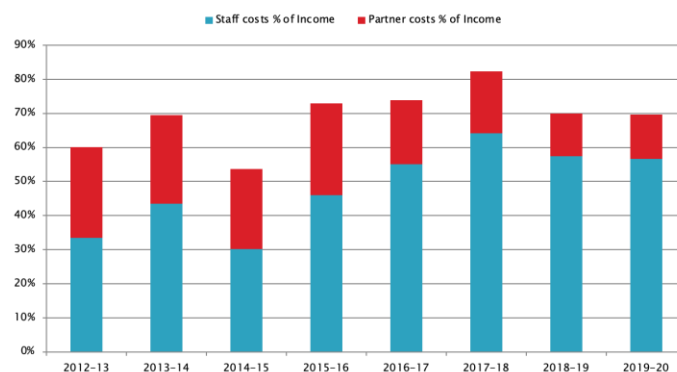
### Practice Mitigation of Risk

- Training Practice
  - GP Registrars to improve future GP recruitment
  - Advanced Training Programme – mentoring NPs and ACPs
- Clinical Pharmacy Pilot
- CCG Workforce Programme
  - International GP
  - GP Retention Scheme
  - Nursing degree at Coventry University Scarborough
- Leadership and Management
- External Strategic Options
  - Local Trusts
  - Healthcare providers - Intrahealth

### Financial Impacts

- Limited availability of GPs and ACPs creates an increased demand on Practice staffing budgets
- Salaried GP pay rates are higher than Partner income due to the imbalance of partners to salaried GPs
- Reduction in resources to fund other roles within the Practice that then impact on patient safety

### Financial Impact – Staffing Costs



## 2.0 Option Appraisal

The objectives in planning for the future of the Practice were:

- Maintain a high standard of primary healthcare to our population
- Planning for partnership succession: Salaried GPs are not currently interested in becoming a partner
- A positive strategic plan for the Practice: We have a dedicated team of staff and loyal patients – the continuity of the practice is vital not just for those people but also to wider primary care.
- To be fully engaged with SCORE PCN: Continue to contribute and stabilise the wider PCN
- To be involved in the Scarborough Primary Care Strategy in the new Integrated Care System

Proposal

- IntraHealth to take over the GMS contract from Brook Square
- Intrahealth have similar values to Brook Square and are already present in the town with a good working relationship with the commissioners. This proposal will ensure continuity of care and primary care services for the Brook Sq. patients and increased resilience for the practice.

IntraHealth has 20 years' experience of providing high quality NHS Primary Care Services with contracts throughout the country including the North East of England. Brook Square is a well performing practice but with the senior GP partner retiring, the remaining partners are seeking broader support to both develop and increase the resilience of the practice.

IntraHealth have a presence in Scarborough, Castle Health Centre, with a good reputation. The service provided at Brook Square Surgery will remain unchanged and there will be no impact on patients. However, the practice will benefit from the stability and support that IntraHealth provide. This will allow the current GP partners to focus on their clinical workload and the managing partner to develop the practice further with the support of a wider team. Specifically, the support IntraHealth provides includes clinical governance, finance and procurement functions, bidding expertise, access to training and development, particularly in skill mix and service development, career development opportunities and central HR support. This proposal meets the objectives set nationally to work at scale and provides resilience to support existing services.

## 2.1 Contract Change Process

The process, as discussed and agreed with NHSE, is detailed at Table 2.

The following should be noted:

- The process of 'incorporating' a contract is allowed under the GMS policy manual and the CCG can approve such a request form a practice
- NHSE has confirmed that this contract change process has been undertaken elsewhere

- If the application is approved by the CCG, Brook Sq. will commence formal consultation with the practice staff and the TUPE process. There is no requirement for patient or public consultation as services will not be affected but patients will be informed of the change.

**Table 2**

Step	Notes
The current partners at Brook Square Surgery will be joined by a new partner, or partners, a GP employed by, or with a shareholding interest in, Intrahealth on the GMS contract, by contract variation (CV).	This step does not need to be approved by the CCG.
The existing Brook Square Surgery partners will then resign from the contract, which will require a further CV.	The recommendation is that more than 1 GP from Intrahealth will join the Brook Square Surgery contract initially, thus mitigating the circumstance of leaving the contract " <i>single handed</i> " at any time – this has been agreed with HBA.
The remaining GP, or GPs, will then apply to novate the Brook Square Surgery contract to Intrahealth Ltd which, as a Ltd company, will be able to hold a GMS contract by virtue of its shareholders. This is the process of incorporation.	<b>This requires CCG approval</b>
	This approval can be justified by the affiliation of the newly appointed GP partner(s) remaining as shareholders within Intrahealth Ltd. and the continuity of service by the former partners becoming salaried members of that organisation.

### 3.0 Governance and Next Steps

If approved by the PCCC, NHSE will put in place the necessary contracting changes so that the change will take place on 01 April 2022 or as soon after as possible. Following on from this, next steps will include:

- Contract Variations (CVs) will add the new partner(s) to the GMS contract followed by the respective resignations and removal from the contract of the current partners
- NHSE will support the CCG with the formal contracting agreements.

### 4.0 Recommendation

The Primary Care Commissioning Committee is asked to:

- Note the recommendation from the Executive Directors Group to support the application for the change of contract.
- Approve the application for the change of contract.

**Wendy Balmain, Director of Strategy & Integration**