


Item Number: 12	
Name of Presenter: Shaun Macey	
Meeting of the Primary Care Commissioning Committee 28 February 2017	 Vale of York Clinical Commissioning Group
South Milford Surgery and Tadcaster Proposals to Move to Leeds North CCG	
Purpose of Report To Receive	
Reason for Report <p>In the latter part of 2016, the CCG was approached by two NHS Vale of York CCG Practices, South Milford and Tadcaster, that wished to discuss moving to Leeds North CCG.</p> <p>The Primary Care Commissioning Committee is asked to consider a formal response to these requests, and make appropriate resource available to manage the process to support a final decision around these requests.</p>	
Strategic Priority Links <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Primary Care/ Integrated Care <input type="checkbox"/> Urgent Care <input type="checkbox"/> Effective Organisation <input type="checkbox"/> Mental Health/Vulnerable People </div> <div> <input type="checkbox"/> Planned Care/ Cancer <input type="checkbox"/> Prescribing <input checked="" type="checkbox"/> Financial Sustainability </div> </div>	
Local Authority Area <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council </div> <div> <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council </div> </div>	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description
Recommendations N/A	

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South Milford Surgery and Tadcaster Proposals to Move to Leeds North CCG

1. Background

Tadcaster

Through various recent meetings with the Practice, Tadcaster Medical Centre has signaled an intent to move to Leeds North CCG. The most recent communication is a letter to the CCG, dated 12 January 2017, requesting an update re. Tadcaster Medical Centre's request to move. The Practice has indicated a deadline of 1 June 2017 as the next opportunity to start a formal transfer process with NHS England.

The Practice has experienced a number of challenges following the flooding in Tadcaster in 2015, with the Practice repair work taking 10 months, and the nearby collapsed bridge (affecting patient access) taking 13 months to repair. During the, early part of 2016, the CCG negotiated a suspension of the Practice's requirements to report against the Avoiding Unplanned Admissions Enhanced Service and QOF with NHS England in an attempt to reduce some of their administrative burden.

Previous conversations also highlighted that the Practice was struggling to obtain insurance for its premises - and the withdrawal of a number of community services from the adjacent Tadcaster Clinic for 12 months, pending York Teaching Hospital Foundation Trust making repairs to that site, have added to the Practice's pressures.

List size: 8,411(July 2017)

Branch sites: none

Acute spend need index: 1.038

2015/16 Acute spend per head: £538 (broadly in line with expected need)

Prescribing need index: 0.98

2015/16 prescribing spend per head: £155 (greater than expected)

South Milford

South Milford Surgery has shared a business case from early 2016 that proposes a merger with the nearby Bramham Surgery (3,600 list size) which is a member of Leeds North CCG. The main drivers for the proposed merger are a view that Bramham Surgery is too small to be sustainable, and a merger will create a more resilient and flexible business that can generate efficiencies through consolidating administrative process and workforce.

Within this business case, South Milford Surgery signaled an intent that the merged Practice would need to reside within a single CCG. Amongst other reasons, the view that 77% of the combined list would live in a Leeds postcode area, suggested a preferred move to Leeds North CCG.

A formal request to merge the South Milford and Bramham Surgeries was submitted to NHS England on 10 January 2017. This submission does not in itself constitute a formal request to move to Leeds North CCG, but NHS Vale of York CCG will need to manage the potential implications around this request to merge.

List size: 9,652 (July 2017)
Branch sites: 2 – Micklefield and Thorpe Willoughby
Acute spend need index: 0.993
2015/16 Acute spend per head: £460 (less than expected need)
Prescribing need index: 0.98
2015/16 prescribing spend per head: £164 (greater than expected)

2. Process Required for a Practice to Move to a Different CCG

The process that is required to apply for, and manage a Practice wishing to change CCG, is complex and is set out in 'Procedures for clinical commissioning groups to apply for constitution change, merger or dissolution' which was published in November 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/11/guidance-constitution-mergers-dissolution-nov16.pdf>

Specifically, section 11 of this document states:

Section 14E of the NHS Act 2006 provides for applications for variation of constitutions. Under section 14E, a CCG may apply to NHS England to vary its constitution (including doing so by varying its area or its list of members). If NHS England grants the application, the variation to the constitution will come into effect.

And section 17 clarifies key dates:

Any application for variation which will change a CCG's boundary or its list of members must be made by 30 June so that the change can be reflected in the allocations for the following financial year. Any boundary change will take effect from 1st April of the following year.

Section 19 clarifies requirements around agreement with member Practices and stakeholders (including the public and affected Local Authorities):

The application should come from the CCG and changes to the constitution made in tracked changes for ease of review by local teams. The application should already have been discussed and agreed with CCG member practices and stakeholders should have already been consulted at the point of submission of the application.

If approval to change CCG is granted, then a GP Practice migration / CCG boundary changes form will need to be completed. This gives HSCIC Organisation Data Service (ODS) the authority to move the hierarchy within the national data files supporting the NHS and Social Care Services – these inform reporting and payment mechanisms. This form must be submitted by 1 March to ensure that the changes are implemented to the national systems by 1 April. The following link is for the guidance document

http://systems.digital.nhs.uk/data/ods/datadownloads/gppractice/ccg_bound_change.pdf

3. Actions Required from The Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to consider the requests from Tadcaster Medical Centre and South Milford Surgery to move to Leeds North CCG and agree what work is required to enable the CCG to formalise a decision on whether these proposals to move would be supported or not.

This work will include, but is not limited to:

- a) Understanding the potential changes to NHS Vale of York CCG's financial allocation
- b) Understanding any implications with regard to the CCG's position under legal directions, and NHS England's involvement in any decision, and any implications regarding the transfer of any proportion of the CCG's deficit
- c) Understanding any implications with regard to the CCG's strategic plans, particularly around localities and partnership working within those localities, including allocation of District Nursing resource
- d) Understanding any risks to neighbouring Practices, particularly Sherburn Group Practice
- e) Understanding any implications at both Local Authority and STP levels
- f) Canvassing patient/public views and opinions, and those of the CCG's other member Practices
- g) Understanding any required changes to the CCG's constitution, and the corporate governance arrangements required to support these