NHS
Greater Manchester
Integrated Care

Agenda

Part 1 - Primary Care Commissioning Committee

Date: 8 June 2023

Time: 9.30am – 11am

Venue: Microsoft Teams

Item No.	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	3 mins	Welcome, Introductions and Apologies	Verbal	To receive	Mike Barker
2.	2 mins	Declarations of Interest	Verbal	For discussion	Mike Barker
3.	2 mins	Minutes of previous meeting held 3 May 2023	Paper	For approval	Mike Barker
4.	3 mins	Action Log & Matters Arising	Paper	To update	Mike Barker
5.	15 mins	Population Health Management, Locally Commissioned Service 2023/24	Paper	For Approval	Marion Colohan
6.	10 mins	Asylum Seeker Contingency Hotel Provision	Paper	For Approval	Marion Colohan
7.	5 mins	Block Lane Surgery, Patient Allocation	Paper	For approval	Marion Colohan
8.	10 mins	Primary Care Workforce 2022/23 Review	Paper	For discussion	Marion Colohan
9.	5 mins	Any other business	Verbal	For discussion	Mike Barker
10.	-	Date and time of next meeting 3 August at 9.30 – 11am		To receive	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

Minutes

Oldham Place-Based Primary Care Commissioning Committee

Date: 3 May 2023

Time: 1pm – 2.30pm

Venue: Microsoft Teams

Present (Voting Members)	Apologies (Voting Members)
Nicola Hepburn – Director of Delivery and Transformation (Oldham) Kate Rigden – Locality Finance Lead (Oldham) Marion Colohan – Head of Primary Care (Oldham) Kathryn Maddison - Head of Complex Care & Personalisation (Oldham) Erin Portsmouth – Associate Director of Strategy, Planning and Development (Oldham)	Mike Barker – Place Lead – Oldham and Executive Director, Oldham Council
Present (Non-Voting Members)	Apologies (Non-voting Members)
	Dr John Patterson – Associate Medical Director (Oldham)
In Attendance	
Sharon Butterworth – Senior Executive Secretary (minute taker)	

Item No.	Topic	Action
1.	**Welcome, Introductions and Apologies** NH welcomed members to the public meeting of the Oldham Place-Based Primary Care Commissioning Committee and introductions were given. Apologies noted as above. The meeting was declared quorate.	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

2.	**Declarations of Interest** None.	
3.	**Minutes of Previous Meeting Held 2 February 2023** The minutes were accepted and approved as a true and accurate record of the meeting.	
4.	**Action Log and Matters Arising.** Please see separate action log.	
5.	**Special Allocation Scheme Patient Removals and Appeals** MC confirmed the purpose of this agenda item is to inform the Primary Care Commissioning Committee of the outcome of an appeal from a patient following the immediate removal from their registered practice under the Specials Allocation Scheme. The patient had originally been removed from their practice in November 2022 as a result of aggressive and threatening behaviour. MC gave some background to the scheme and the current position. After considering all the information provided, the Panel was in full agreement that the decision to remove the patient had been justified and that due process had been followed. The patient was informed of the Panel decision in writing on 27th March 2023 The Primary Care Commissioning Committee is asked to note the content of this report and ratify: 1. The Terms of Reference for the Oldham locality SAS Appeal Panel 2. The Oldham locality immediate patient removal process Noted and ratified. EP to share with complaints colleagues.	**EP**
6.	**Primary Care Quality Improvement Scheme 2023/24** MC confirmed that in February 2023 the Primary Care Commissioning Committee supported high level principles for a revised local primary care quality improvement scheme for 2023/24. The purpose of this agenda item is to provide an update on the development of the scheme to date.	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

6.	**Primary Care Quality Improvement Scheme 2023/24 cont.** MC thanked all practice in Oldham who attended a workshop last week re this as the input was highly valued with 50% of practices now requesting a face-to-face meetings. MC gave some background and the current position of this scheme and confirmed quarter one (1st April 2023 to 30th June 2023) is a period for practices to prepare for full implementation of the scheme. MC confirmed that performance monitoring will be supported through central data extraction from practice clinical systems or national data sources. With regards to communication and engagement, this is being undertaken through a range of measures and these were noted. Overall, the scheme has been well received with positive and constructive feedback from the 11 practices visited to date. MC confirmed the next steps are as follows:- • Practices are being encouraged to review their position against the qualifying criteria and take appropriate action as necessary. • By 30th April 2023 the baseline data against all indicators for each practice will be finalised. • By 31st May 2023 practice-based targets and funding allocations will be completed. These will be incorporated into bespoke practice service specifications and contract waiver documentation that will be submitted to PCCC for approval before issuing to practices. The Primary Care Commissioning Committee is asked to: 1. Note the content of this update 2. Support the ongoing development of the scheme as planned 3. Receive the final specification of the scheme for approval prior to 31st May 2023. Noted and supported. With regards to timeframes, MC confirmed there is still a need to complete financial work and a possible further consultation may be required. NH thanks MC and the locality team for driving this forward.	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

7.	**Primary Care Network, Enhanced Access Progress Report** MC confirmed that from the 1 October 2022, Primary Care Networks have been required to provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays ("Network Standard Hours"), in accordance with the requirements set out in the Primary Care Network Direct Enhanced Service (DES) Specification. MC gave some background and the activity data (Oct 22 – March 23) for the following:- • Oldham East PCN • Oldham South PCN • Oldham Central PCN • Oldham North PCN • Milltown Alliance (Oldham West) All PCNs mobilised the enhanced access service within their network on 1st October, as required and MC gave an update re this. Service delivery issues were noted. MC confirmed that overall, this was a very successful launch. GM IC will make a decision in respect of a reclaim from Oldham Central PCN due to their under activity. NH confirmed that there are big decisions to be made around localities and PCN's going forward and will continue to support. Paper presented for information.	
8.	**Any Other Business** None.	
9.	**Date and time of next meeting** 8 June at 9.30 – 11am	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Oldham Place-Based Primary Care Commissioning Committee Part 1

Action Log updated after 3.5.23 meeting

Agenda Item No	Date of meeting	For Action/ Decision	Details of action/Decision	Action By	Status	Due Date	Comments
5	2.2.23	Action	New type of report to be provided at the next meeting, to include GP numbers, appointments and trends	MC		13.04.23	3.5.23 Current data not updated at present. To review at the next meeting.
5	3.5.23	Action	Special Allocation Scheme Patient Removals and Appeals – EP to share with complaints colleagues	EP			Completed.

NHS
Greater Manchester
Integrated Care

Oldham Place Based Primary Care Commissioning Committee

Part One

8th June 2023

Primary Care Population Health Management Locally Commissioned Service 2023 / 24

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

1. Report Summary

In February 2023 Primary Care Commissioning Committee supported high level principles for the local primary care quality improvement scheme for 2023 / 24 building on the population health management approach adopted in 2022 / 23.

The purpose of this paper is to seek Primary Care Commissioning Committee approval of:

1. The proposed indicators, targets and thresholds for 2023/24.

2. Background

Since June 2021, quality improvement in primary care has been delivered through a population health management approach across a range of priorities including diabetes, respiratory disease and frailty.

The population health management approach is still relevant, however learning from the work undertaken in 2022/23 has highlighted that a more targeted, practice focussed approach is required to address aspects of prescribing, long term condition prevention, proactive management and support for the most vulnerable. These areas of focus all link to the Long Term Plan, the planning guidance, the GM Oversight Group goals and will be reflected in the Oldham Long Term Conditions Locality plan.

The aim of the scheme is to continue to deliver improved outcomes for patients that represent value for money and build on a foundation of high-quality primary care delivered through existing contractual arrangements.

Since 1st April 2023 general practice has been working on the preparatory aspects in readiness for delivery of the full scheme from 1st July 2023. Baseline data and coding specifications have been provided to practices for review and action as necessary in relation to:

- Prescribing: Working to reduce its rates of prescribing for both Greater Manchester Medicines Management Group (GMMMG) drugs classed as Do Not Prescribe (DNP) and drugs classed nationally as Drugs of Limited Clinical Value (DLCV).

- Shared Care: Establishing practice-based registers and call / recall systems for all registered patients prescribed GMMMG amber status drugs requiring shared care arrangements.

- Frailty: Ensuring compliance with the essential service aspects of the core primary care contract related to frailty.

- Practice register cleansing and validation for Non diabetic hyperglycaemia (NDH), diabetes, COPD, asthma and frailty.

3. Current Position

Work has continued in parallel to the preparatory work on the development the of indicators, targets and thresholds for the remainder of the scheme which will be delivered from 1st July 2023 to 31st March 2024.

The aim is to ensure best outcomes for patients, reduce inequalities and unwarranted variation building on the requirements of the GP Core contract and other quality improvement schemes including the Quality and Outcomes Framework (QOF).

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

3.1 Key deliverables

3.1a Prescribing

A 100% reduction overall is not being proposed as in particular circumstances where a patient is socially or financially vulnerable, prescribing of items from the DNP list may be acceptable. Where practices are already meeting the proposed target, they will be expected to maintain their position.

Target: A full year reduction in weighted items (x1000 PU's) in line with the best performing locality in Greater Manchester.

Drugs of Limited Clinical Value:				
Oldham position (Feb 2023 data)		Q2 Threshold	Q3 Threshold	Q4 Threshold
Highest	18.58	50% reduction	75% reduction	100% reduction
Lowest	3.73			
Average	10.91			
Best GM locality	6.86			

Do Not Prescribe (DNP) items				
Oldham position (Feb 2023 data)		Q2 Threshold	Q3 Threshold	Q4 Threshold
Highest	27.58	50% reduction	75% reduction	100% reduction
Lowest	3.45			
Average	12.78			
Best GM locality	8.27			

3.1b Shared Care

All practices must have a register of it's patients prescribed GMMMG amber status drugs requiring shared care arrangements and provide appropriate clinical monitoring.

3.1c Frailty

All practices must ensure that it is compliant with the core contract aspects of frailty:

Minimum thresholds:
All (100%) over 65s must be screened annually for any degree of frailty by using the Electronic Frailty Index (EFI) or any other appropriate assessment tool
All (100%) of people who are screened as severely frail must have a record of clinical review to confirm the diagnosis

At least 90% of people over 65 with a severe degree of frailty must be provided with:

- A structured medication review completed in the last 12 months

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

- A discussion regarding any falls the patient may have had in the previous 12 months
- Advice about the benefits of having an enriched Summary Care Record and activate that record at the patient's request (where this hasn't already been done).

3.2 Diabetes

3.2a Prevention

Practices will be required to review patients on the practice NDH register to identify those who are eligible and consent to referral to the National Diabetes Prevention Programme.

Referral to NDPP Programme			
Baseline position Oldham Average 16.75%	Threshold 1	Threshold 2	Threshold 3
Threshold One is related to GM target for NDPP referral in Oldham	40%	50%	60%

Evidence from the NDPP programme suggests that where a patient has made an informed choice to be referred to the programme based on discussion with their GP or practice nurse, completion of the first session is beneficial and more likely that the patient will complete the full programme.

Referred to NDPP and completed at least first session			
Baseline position Oldham average 7%	Threshold 1	Threshold 2	Threshold 3
Threshold One is related to GM target for completion of session 1 of NDPP – known as MS1	10%	20%	30%

Practices will be required to identify and review patients at risk of diabetes (on the NDH register) for proactive management to prevent progression to Type 2 diabetes.

Patients at risk of diabetes targeted for review in <12 m			
Baseline position Oldham average 4.3%	Threshold 1	Threshold 2	Threshold 3
Stretch of best performing practice (c50%)	40%	50%	60%

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

3.2b Current data is suggesting that people with diabetes are not receiving all 8 care processes as part of their diabetes care in line with national guidance. Practices are being targeted to increase the proportion of people with diabetes receiving all 8 care processes.

Patients with diabetes receiving all 8 care processes in <12 m			
Baseline position Oldham average 50%	Threshold 1	Threshold 2	Threshold 3
Stretch of Oldham average	70%	80%	90%

3.2c Glycaemic Control

Proactive management of glycaemic control in people with diabetes is essential to reducing the risks associated with diabetes including cardiovascular disease, amputation, blindness and kidney disease.

A reduction of 1% in a patients Hba1C value can make a significant contribution to reducing their risk of developing complications, morbidity and mortality.

An indicator related to the overall reduction in Hba1c will be included in the final specification but further work on this is required to establish how this can be applied safely and measured across a practice population.

3.2d The uptake of screening for diabetic retinopathy across Oldham is variable despite access at a variety of locations across the borough. While provision of screening is not carried out in general practice, Practices are being targeted to ensure that the importance of Diabetic Retinopathy screening is discussed with the patient at their diabetes review with the aim of increasing uptake.

People with diabetes with a record of completed retinopathy screening in <12m			
Baseline position Oldham average 70%	Threshold 1	Threshold 2	Threshold 3
Stretch of Oldham average	70%	80%	90%

3.3 Respiratory

3.3a COPD

Work undertaken in 2022 / 23 has identified that further work is needed to continue the proactive identification and management of people with COPD.
Practices are being targeted to identify patient at risk of COPD for review

	Threshold 1	Threshold 2	Threshold 3

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

Proportion of people at risk of COPD being targeted and reviewed	70%	80%	90%

Significant investment has been made in training and purchase of equipment over recent months to enable general practice to deliver quality assured spirometry.

In line with national guidance, patients should have a diagnosis of COPD confirmed by post bronchodilator spirometry with the severity of disease recorded and a review of inhaler technique undertaken as part of their ongoing management. Monitoring the provision is reflected in the following indicator:

	Threshold 1	Threshold 2	Threshold 3
Proportion of people being diagnosed with COPD having their diagnosis confirmed by spirometry and with the severity of disease recorded	70%	80%	90%
Stretch of Oldham average 58%			

	Threshold 1	Threshold 2	Threshold 3
Proportion of people with COPD with a recoded inhaler technique assessment in the last 12 months	70%	80%	90%

3.3b Paediatric Asthma

Despite a focus on paediatric asthma in previous primary care schemes, further work is still required to ensure equity of care across practices. Accurate diagnosis is essential to ensure that children and young people receive appropriate clinical care, education and support to manage their condition.

Proportion of children (aged 6 and over and under 19) with asthma diagnosed since 01.04.2023 with quality assured spirometry and one other objective test (FeNO or, bronchodilator reversibility or peak flow variability)			
Baseline position Oldham average 15.4%	Threshold 1	Threshold 2	Threshold 3
	80%	90%	95%
Proportion of children and young people with asthma (6-18s) with an asthma review < 12 m including: *validated asthma control questionnaire * recording of the number of exacerbations * an assessment of inhaler technique * a written personalised action plan			

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

Baseline position Oldham average 20.1%	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average	80%	90%	95%

Proportion of <19s with asthma with a record of either: * personal smoking status or * exposure to second hand smoke in < 12m			
Baseline position Oldham average 79.8%	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average	85%	90%	95%

3.4 Frailty

Work undertaken during 2022 / 23 as part of core contract and the primary care quality improvement scheme has highlighted the need for further work in targeting patients at risk or fractures, falls and frailty.

The following aspect of the scheme aims to proactively identify patients and provide appropriate intervention as necessary.

Proportion of men >70 with no record of moderate or severe frailty with a history of falls, fragility fracture or glucocorticoid use provided with a fracture risk assessment			
Baseline position Oldham average 1.6%	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average (low numbers)	75%	85%	95%

All patients over 50 years with a new fragility fracture and a newly reported vertebral fracture are provided with a fracture risk assessment			
Baseline position Oldham average 4.3%	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average (low numbers)	75%	85%	95%
Proportion of people > 65 who are screened as moderately frail with a record of clinical review to confirm diagnosis			
Baseline position Oldham average 15.6%	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average	75%	85%	95%

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

People > 65 with moderate frailty who have received a review of their medication within <12m			
Baseline position Oldham average	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average	75%	85%	95%

People > 65 with moderate frailty have a discussion with their GP about whether they have fallen in <12m			
Baseline position Oldham average 42%	Threshold 1	Threshold 2	Threshold 3
Stetch of Oldham average	70%	80%	90%

4. Finance
Funding of the scheme for 2023 / 24 remains unchanged from the previous year.

5. Next steps

Subject to Primary Care Commissioning Committee approval of the indicators, targets and thresholds, a bespoke specification will be provided for practices.

Consultation and feedback on the scheme to be undertaken with all stakeholders.

A waiver is required to meet the contracting requirements for the scheme and is in the process of being completed. The service specification and waiver documentation will be submitted to Primary Care Commissioning Committee for approval once finalised. The plan is to ensure that once approved, these are issued to practices no later than the end of June 2023.

Practice are being encouraged to commence delivery of the Quarter 2 – 4 requirements as early as possible to maximise the benefits to patients. While the scheme is designed and will be monitored at a practice level, delivery through collaboration across practices is being encouraged.

6. Recommendation

Primary Care Commissioning Committee is asked to:

1. Approve the proposed indicators, targets and thresholds for 2023/24.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

NHS
Greater Manchester
Integrated Care

Oldham Place Based Primary Care Commissioning Committee

Part One

8th June 2023

Asylum Seeker Contingency Hotel Provision Local Enhanced Service Waiver Approval

---

1. Report Summary

The purpose of this paper is to seek approval of a tender and quotation waiver to secure ongoing delivery of primary medical services to asylum seekers living in contingency accommodation in Oldham.

2. Background

Asylum seekers in Initial Assessment Centres (IACs) are traditionally served by dedicated health assessment services that recognise the unique health needs and challenges that can arise prior to, during or after seeking asylum. Due to a lack of capacity in IACs, 'contingency accommodation' has been put in place by the Home Office for asylum seekers who would otherwise reside in one of the core Initial Accommodation Centres if capacity had allowed.

In December 2021 Oldham was identified as one of several localities across Greater Manchester to provide contingency accommodation for asylum seekers. The identified site is currently The Victoria Hotel Hollinwood Ave, Chadderton, Oldham OL9 8DE.

While Asylum seekers face many of the same health problems as the UK population, they may also:

- Have poor awareness of the NHS and fear barriers to accessing treatment
- Come from countries of origin with poor healthcare
- Suffer health impacts (mental and physical) after leaving their country and being detained in the UK
- Have experienced war, conflict, or torture
- Be separated from family, have poor housing and be socially isolated

Since December 2021 Medlock Medical Practice has provided primary medical services to the residents at The Victoria Hotel in an effort to provide a more sustainable approach to accessing care and recognising that anyone in the UK is entitled to register for GP services.

Residents housed in the contingency accommodation should have their health needs generally considered in the same way as permanent residents plus an uplift in service provision to reflect the public health and acute care needs of this vulnerable patient cohort.

In line with contracting regulations, approval of a tender and quotation waiver is needed to secure ongoing delivery of the service.

A copy of the proposed waiver at Appendix One.

3. Current Position

Primary medical services continue to be provided by Medlock Medical Practice to the residents at the hotel. The number of patients registered under the service is variable due to the transient nature of the patient group but averages 170 asylum seekers at any given time, all single males, most aged between 18-35 years and primarily from Iran, Iraq, Syria, Eritrea and Sudan.

While the hotel residents have the same access to services as other registered patients, additional face to face consultations are provided at the hotel at a dedicated weekly session.

The current provider has confirmed that they are happy to continue to provide the service in line with the service specification attached at Appendix Two.

4. Risk Implications

The needs of the patient's resident at the contingency hotel are complex and as a result limits the number of practices willing to provide the service. Should the waiver not be approved it is highly unlikely that an alternative provider will be willing to provide the service.

5. Financial Implications

The provider receives a one-off payment (£150.00) for every Asylum Seeker at the contingency accommodation who are registered permanently with the practice.

Costs associated with delivery of the services are funded through and within existing budgets.

6. Recommendation

The recommendations included in the paper seek to ensure that asylum seekers resident at the Victoria Hotel continue to have access to Primary Care Medical services as appropriate to their needs.

Primary Care is asked to approve the tender and quotation waiver to secure ongoing delivery of primary medical services to residents at the contingency accommodation in Oldham until 31st March 2024.

Appendices

Appendix One

Asylum Seeker Contingency Hotel Enhanced Service Tender and Quotation Waiver

Tender & Quotation Waiver Form

Notes and Guidance

- This form should be read in conjunction with the NHS Greater Manchester Integrated Care Board Procurement Policy, Financial Scheme of Delegation and Standing Financial Instructions.

- As of January 2023, an additional step in financial approvals has been implemented, that must be taken in respect of any new expenditure. Full details about 'STAR', including exclusions to the process can be found on the System for Thorough Assessment of Resource guidelines. Waivers may be submitted in parallel, but expenditure cannot be committed or a new contract agreed, until both approval by the 'STAR' panel and a fully signed waiver can be evidenced.

- The completion of this waiver form, including signatures, must only be undertaken by individuals who do not have a Conflict of Interest (CoI) with the scope, content or nature of the service(s) that is being requested for waiving from a competitive tender process / obtaining quotations. Where a CoI exists, the task of drafting and signing this waiver must be appropriately delegated to a non-conflicted colleague and the CoI Register updated as necessary.

- You are completing this form because it has been approved (by a Committee / Forum / Meeting or Budget Holder in accordance with governance requirements) that the requirement to obtain quotations or proceed to competitive tender, as outlined below, should be waived.

Contract Value (over the full term of the contract)	Quote/tender requirement
Less than £20,000	• 2 verbal quotes (should be followed up by written confirmation to those supplying quotes) • No formal process is required, although best value for money should be sought at all times and purchases should be from a reputable source. • NHS GM to have oversight with advice sought from the Procurement Team & confirmation of budget from the relevant financial leads in line with the Scheme of Delegation (SoD).
Between £20,000 and £75,000	• A minimum of three quotations must be sought. • Quotations should be in writing but not subject to formal receipt process and can be posted or emailed. • NHS GM to have oversight with advice sought from the Procurement Team & confirmation of budget from the relevant financial leads in line with the SoD.
Between £75,000 and the Public Contracts Regulations threshold, applicable at the time.	• A minimum of three tenders must be sought. • All opportunities must be advertised on the Contracts Finder Procurement Portal. • Tender process to be conducted using an e-tendering platform. • Prior approval must be sought in line with the SoD
Equal to or above the Public Contracts Regulations threshold, applicable at the time.	• Compliance with the Public Contract Regulations 2015 (as amended). This includes Competitive tendering process via Find a Tender Service and Contracts Finder. • Prior approval must be sought in line with the SoD beforehand.
Any contract value where a relevant and appropriate Framework Agreement or Dynamic System exists	• Direct award or further competition according to the terms of each Framework Agreement or Dynamic Purchasing System • Prior approval must be sought in line with the SoD beforehand.

- The UK courts take a strict line when they perceive that public sector contracts have been awarded and where the necessary steps to ensure compliance with competition rules have not been taken. They have the authority to award damages to Providers who have been unfairly excluded from the market.

The following table is a reminder of the acceptable and non-acceptable reasons in awarding contracts without undertaking a competitive process:

Justifiable Reasons	Non-Justifiable Reasons
• The timescale genuinely precludes competitive tendering, but failure to plan the work properly would not be regarded as justification for not tendering. E.g., In year allocations. • A detailed review of the provision of local services has identified one capable provider of the service/s • The benefits of tendering would be outweighed by the cost. • Pilot – this may be to determine: o Service Demand o Model Innovation o Evidence of Choice, Quality, Efficiency or Responsiveness. o Before proceeding to a competitive process, based on the information gathered as part of the pilot. • A consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.	• The waiving of competitive tendering procedures should not be used to avoid competition, for administrative convenience, or to award further work to a provider originally appointed through a competitive procedure. • Awarding a contract through the guise of a pilot project, where there is no intention to enter into a future competitive process. • Contract lengths are reduced to artificially alter the contract value in order to avoid the compulsory thresholds. • Using negotiation with existing providers as a way to improve the performance of services when the contract is due to expire.

In some circumstances (outlined below) the procurement route specified in this NHS GM's procurement policy might not be appropriate. In these circumstances a procurement waiver may be requested and authorised by the appropriate committee, Chief Executive or Chief Finance Officer under the NHS GM Scheme of Delegation:

1. In very exceptional circumstances where the Chief Executive or Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate record.
2. Specialist expertise/product is required and is available from only one source.
3. The task is essential to complete the project and arises as a consequence of a recently completed assignment and engaging a different provider for the new task would be inappropriate.
4. There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.
5. The provision of legal advice and services providing that any legal firm or partnership commissioned by NHS GM is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.
6. A consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.
7. The timescale genuinely precludes completive tendering but failure to plan the work properly would not be regarded as justification for a single tender.
8. Allowed and provided for in the Capital Investment Manual.
9. A detailed review of the provision of local services has identified one capable provider of the service/s
10. Competition is not appropriate, e.g. where partnership funding is in place.
11. Benefits in terms of choice, quality, efficiency or responsiveness are not apparent.
12. Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate record and reported to the Audit Committee at each meeting.

- Best practice is to conduct a competitive exercise, in particular for the Public Contracts Regulation threshold of £663,540, which is the aggregate contract value across one or more Commissioners, inclusive of VAT.

- In general a business case will be required to support the waiver. When considering the business case, one of the options presented may be to waive the competitive tendering process. This must be made explicit to the committee, meeting or forum from which you are requesting approval to proceed to complete a waiver.

- In all cases, whether it is a committee, meeting, forum or Budget Holder decision to proceed to waiver, the waiver form below must be completed and will be signed by the Budget Holder.

- Where the reason for the waiver is due to 'A detailed review of the provision of local services has identified one capable provider of the service/s', the requestor must evidence that a thorough review of the market has been conducted to arrive at this assessment. This evidence must be shared alongside the completed Waiver Form, being submitted for final authorisation.

NHS
Greater Manchester
Integrated Care

Section 1 - Waiver Form | Waiver No. | To be completed by gmss.waivers@nhs.net

This form should be read in conjunction with the NHS Greater Manchester Integrated Care Board Procurement Policy, Financial Scheme of Delegation and Standing Financial Instructions.

Waiver Standard Operating Procedure - Guidance in Completing the Form

Completed By	Gail Lett		
Department	Oldham Locality Primary Care Team	**Date**	22/05/2023
Provider or Provider Name	Medlock Medical Practice		
Brief Description of Service	The service aims to provide general medical services to asylum seekers residing at Contingency Hotel accommodation (The Victoria Hotel – Oldham) and recognizes that this work requires extra time and resources from the participating practice in order to meet the needs of this vulnerable and complex client group.		
Value (exclusive of VAT)	£150 per person registered with the GP practice delivering the service. We estimate that there will be c.120 registrations in the year, a total of £18k		
VAT Value	N/A		
Total Value	Click here to enter text.		
Has a submission via the STAR process been made / is in progress? (applies to all new expenditure)	☐ Yes ☒ No		
Proposed Contract Duration (If known)	12months		
Start Date of Contract	01/04/2023		
End Date of Contract	31/03/2024		
Option to Extend	No	**Specify Term:**	

The following statements / questions must be completed (right hand column) and evidence embedded or attached alongside the submission.

1.	**Does this submission link to a previous requested waiver for the same Provider and Service?** **If YES, what number?** **If YES, state value of previous waiver**	☐ Yes ☒ No ☐ Unsure The Asylum Seeker Contingency Hotel Service is a Locally Commissioned Services Contract. The practice holds a GMS contract for its core business. Click here to enter text.
2.	**You confirm that you have read the NHS Greater Manchester Integrated Care Board Contract and Procurement Policy, Scheme of Delegation and Standing Financial Instructions before submitting.**	☒ Yes ☐ No
3.	**A business case, inclusive of the method of procurement has been written and approved by the appropriate committee, meeting or forum.**	☒ Yes ☐ No
	If NO, please state reasons why a business case was not completed.	N/A
	<u>If YES, please state</u>: **Name:** **Date:**	Oldham locality Primary Care Commissioning Committee 08/06/2023

	Minutes embedded / attached with relevant section highlighted	☐Yes ☐ No ☐ n/a **EMBED HERE OR STATE 'ATTACHED'**
	The business case (if applicable) is attached alongside this submission	☐ Yes ☐ No ☐ n/a **EMBED HERE OR STATE 'ATTACHED'**
4.	**The decision to complete a waiver was supported** *(please embed / attach evidence alongside this submission i.e. minutes from the forum where this decision was discussed)*	☐ Yes ☐ No **EMBED HERE OR STATE 'ATTACHED'**
5.	**Source of Funding** *(e.g. in-year allocations, NHSE)*	In year allocations
6.	**Do/will NHS GM host this service on behalf of another organisation? (e.g. NHS Cheshire and Merseyside ICB, NHS England, Health Education England, Health Innovation Manchester etc)** **If Yes, please provide additional details:** (Including who the service is hosted on behalf of, what internal governance processes the other organisation has/will complete prior to this funding being agreed)	☐ Yes ☒ No Click here to enter text.
7.	**Has a detailed review identified one capable Provider of the service/s?** *(evidence that a thorough review of the market has been conducted to arrive at this assessment must be provided)*	☒ Yes ☐ No If 'Yes', provide evidence of the review under section 4.2 below
8.	**Does the spend fall within NHS E consultancy controls?** *(only where IR35 is applicable)* If YES, then what approval has been obtained (narrative required)	☐ Yes ☒ No Click here to enter text.
9.	**Have any Conflicts of Interest been declared, or are there potential Conflicts of Interest?** If YES please provide supporting narrative	☐ Yes ☒ No Click here to enter text.

Section 2 - Framework Agreement

In some instances, in order for a service or product to be 'approved', it must be procured through a compliant tender and, if successful, will be listed on a Framework Agreement. A Framework Agreement lists organisations that have been assessed to deliver specific products and services based on quality and commercial criteria.

If there is a Framework Agreement in place then please provide details of this below. In general, a Framework Agreement is often used where economies of scale can be gained or off-the-shelf / standard products are needed in regular supply such as equipment or consumables. Other Framework Agreement examples include legal expenses, or interpretation & translation services.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Framework Agreement Used?

☐ **No** (move onto section 3)

☐ **Yes** – please embed / attach Framework Agreement alongside this submission and state Framework Reference below.

Framework Ref: Click here to enter text.

EMBED HERE OR STATE 'ATTACHED'

If you have used a framework provider but haven't followed the correct protocols of the framework, please provide details below:

Click here to enter text.

Section 3 – Goods or Services Required

Asylum seekers face many of the same health problems as the UK population. In addition, they may:

•Have poor awareness of the NHS and fear barriers to accessing treatment

•Come from countries of origin with poor healthcare

•Suffer health impacts (mental and physical) after leaving their country and being detained in the UK

•Have experienced war, conflict, or torture

•Be separated from family, have poor housing and be socially isolated

This service will be in line with the NHS Long Term Plan and the aim of 'More NHS action on prevention and health inequalities'

Asylum seekers in Initial Assessment Centres (IAC) are traditionally served by dedicated health assessment services that recognise the unique health needs and challenges that can arise prior to, during or after seeking asylum. Due to a lack of capacity in IACs, 'contingency accommodation' has been put in place by the Home Office for asylum seekers who would otherwise reside in one of the core Initial Accommodation Centres if capacity had allowed.

Oldham provides contingency accommodation for asylum seekers at an identified site: The Victoria Hotel Hollinwood Avenue, Chadderton, Oldham OL9 8DE.

Full GP registration is supported and available to asylum seekers residing in the contingency accommodation in an effort to provide a more sustainable approach to accessing care and recognises that anyone in the UK is entitled to register for GP services.

Patients that are housed in the contingency accommodation should have their health needs generally considered in the same way as those of primary medical care permanent residents plus uplift in service provision to reflect the public health and acute care needs of this vulnerable patient cohort.

The service aims to provide asylum seekers at the contingency accommodation in Oldham no matter their country of origin with fair and equal access to primary medical services. The service will provide the residents at the hotel and the GP Practice where the individuals are registered with additional support to be able to manage this patient group.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Section 4 – Rationale for requesting a waiver?

This must match the reason stated in the business case, if one has been written, and could be one or more of the options provided. **Full Justification is required.**

1	The timescale genuinely precludes competitive tendering, but failure to plan the work properly would not be regarded as justification for not tendering. ***Provide rationale for why the procurement cannot be undertaken under normal procurement timescales for the value of the goods/services being procured:*** Click here to enter text.	☐ Yes ☒ No
2	A detailed review of the provision of local services has identified one capable provider of the service/s. ***Provide justification for why the goods/services can only be sourced by one capable Provider:*** Click here to enter text.	☐ Yes ☒ No
3	The benefits of tendering would be outweighed by the cost. ***Please elaborate further on why the costs of undertaking a formal procurement would be outweigh the benefits of tendering:*** The service is already of low cost and no uplift or additional funding has been applied, therefore, the service may not be financially viable to an alternative provider. A provider has been in place and delivering the service since December 2021. The service is needed to continue as there is currently no alternative but to continue, as stepping down the service would put this vulnerable patient cohort at risk. The patient cohort is complex and challenging which means that identifying a suitable alternative provider is unlikely. Given these factors the possible benefits of tendering are outweighed by the cost.	☒ Yes ☐ No
4	A pilot is required to determine one or all of the following: ○ Service Demand ○ Model Innovation ○ Evidence of Choice, Quality, Efficiency or Responsiveness.	☐ Yes ☒ No
5	Urgent Response to a force majeure event (e.g. a pandemic) ***Please enter rationale here:*** Click here to enter text.	☐ Yes ☒ No
6	A consortium / collaborative commissioning arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members (the lead organisation should be able to provide the evidence required by this waiver) Please confirm who the lead organisation is	☐ Yes ☒ No N/A
	In very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable, and the circumstances are detailed in an appropriate NHS GM ICB Committee record.	

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Authorisations

Authorisation can only be obtained by individuals who are not conflicted by the content within this waiver request.

Where a conflict of interest exists, appropriate delegation for obtaining signatures must be made for the waiver approval to be granted.

Section 5 – Authorisation by Budget Holder

Authorisation must be provided by the budget holder for this service, who has approved the decision to proceed to award a contract without obtaining quotations or undertaking a competitive tender process in line with NHS GM's financial governance processes.

Please ensure you only sign this section, where you have been given delegated authority to approve expenditure from the budget this service will be funded from.

Authorised by Budget Holder:

Name	**Mike Barker**	**Signature**		**Date**	
Comments					

Section 6 – Review by Financial Official

Once budget holder authorisation has been obtained, the section below should be completed and signed by the relevant finance officer for this service.

To be completed by the relevant Financial Officer:

Indicate funding source (tick)	
Revenue	☒
Capital	☐
Charitable funds	☐
Complies with NHS E Consultancy and Agency rules	☐
IR35 Compliant	☐
Comments	
Cost Centre / Cost Centre Name	

Name	Carol Gibson	**Signature**	C Gibson	**Date**	**30/05/2023**
Comments	**This scheme is cost neutral, with the nominated practice receiving the same amount that the locality claims from NHSE contingency funding via allocation.**				

Section 7 – Reviewed by a Procurement Subject Matter Expert

Once budget holder authorisation has been obtained, and the relevant financial officer has completed and signed Section 6, please send this form to your designated procurement subject matter expert. If you do not know who this is, please request this form is reviewed by gmss.waivers@nhs.net.

Reviewed by a Procurement Subject Matter Expert

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Has there been a previous waiver for this Provider? Check against legacy / current Waiver register.	
Do we commission other services from this Provider? Check against contracts database. Non-Healthcare Contracts Database.xlsx GM Healthcare Contract List.xlsx	

Name		**Signature**		**Date**	
Comments					

Section 8 – Approval by Authorised Signatory

Once all sections above have been completed and signed, forms will be issued to the relevant authorised signatory by gmss.waivers@nhs.net.

Waiver approved by:

*** Chief Executive** ☐ or
*** Chief Finance Officer** ☐ or
*** NHS GM Finance Officer, as nominated in writing by the CFO** ☐

Name		**Signature**		**Date**	
Comments					

*** In accordance with the Greater Manchester Integrated Care Board Financial Scheme of Delegation**

Please return completed form and evidence to procurement team / lead to maintain register and undertake review. Please be advised that the procurement team will not approve waivers, but we want to ensure that those completing the waiver form have done so correctly.

Appendix Two

Asylum Seeker Contingency Hotel Enhanced Service Specification

Service Specification No.	
Service	Primary Medical Services for Asylum Seekers resident in Contingency Accommodation in Oldham.
Commissioner Lead	Gail Lett Senior Commissioning Business Partner - Primary Care
Provider Lead	Medlock Medical Practice
Period	12 months

Date of Review	March 2024

1. Population Needs

1.1 National / local context and evidence base

Asylum seekers face many of the same health problems as the UK population. In addition, they may:

- Have poor awareness of the NHS and fear barriers to accessing treatment
- Come from countries of origin with poor healthcare
- Suffer health impacts (mental and physical) after leaving their country and being detained in the UK
- Have experienced war, conflict, or torture
- Be separated from family, have poor housing and be socially isolated

This service will be in line with the NHS Long Term Plan and the aim of 'More NHS action on prevention and health inequalities'

Asylum seekers in Initial Assessment Centres (IAC) are traditionally served by dedicated health assessment services that recognise the unique health needs and challenges that can arise prior to, during or after seeking asylum. Due to a lack of capacity in IACs, 'contingency accommodation' has been put in place by the Home Office for asylum seekers who would otherwise reside in one of the core Initial Accommodation Centres if capacity had allowed.

Oldham has been identified as a locality to provide contingency accommodation for asylum seekers. The identified site is currently The Victoria Hotel Hollinwood Ave, Chadderton, Oldham OL9 8DE.

Full GP registration is supported and available to asylum seekers residing in the contingency accommodation in Oldham in an effort to provide a more sustainable approach to accessing care and recognises that anyone in the UK is entitled to register for GP services.

Residents that are housed in the contingency accommodation should have their health needs generally considered in the same way that those of primary medical care permanent residents plus uplift in service provision to reflect the public health and acute care needs of this vulnerable patient cohort.

This specification sets out the expectations and requirements of the provider to deliver the service.

2. Service Aim / Outcomes

2.1 Aim

This service aims to provide asylum seekers at the contingency accommodation in Oldham no matter their country of origin with fair and equal access to primary medical services.

2.2 NHS Outcomes Framework Domains and Indicators

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

2.3 Local defined outcomes

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

The purpose of this service is to support the delivery of better health, improved integrated health and social care services and access to those services for people who are asylum seekers.

As a minimum the benefits to patients are expected to include:

- Provision of primary care medical services that improve the health of the patient and meet their psycho-social and medical needs
- Improved equality of access to services
- Multi-agency partnership working strengthened to deliver better health outcomes for asylum seekers.
- Continuity of care in a safe and trusted environment
- Collaborative working with local agencies to ensure a joined-up service
- Address health inequalities experienced by asylum seekers.

3. Scope

3.1 Population Covered

All Asylum Seekers residing in the contingency accommodation site (Victoria Hotel) in Oldham.

3.2 Service description

3.2i The Provider shall provide GP led primary medical care services in line with core GMS contract service provision.

3.2ii The Provider shall provide all clinically appropriate National and Local Enhanced Services, as directed by the Commissioner to all patients registered as part of this service.

This specification has been put in place in recognition of the additional clinical and administrative pressures placed on the service provider given patient volume and complexity of asylum seekers in delivering health services for this patient population.

3.2iii The Provider shall provide GP led primary medical care services that:

- Provide a seamless and supported process of individual's registering for Primary Care Services
- Enable positive experiences for asylum seekers when registering for Primary Care Services
- Ensure all patients have access to locally commissioned interpretation services
- Embrace collaborative working across local agencies, that support asylum seekers, to provide the right services
- Signpost patients to additional support services and facilitate them in doing so e.g. prescription exemption applications.
- Work with the staff at the accommodation site to facilitate consultations, notify them of booked health appointments that will require transport and provide a contact for urgent health needs.
- Provide information/advice on the NHS system, care pathways and self-care

Please see Appendix One for Information on Migrant Health Resources

4. Applicable Service Standards

4.1 Applicable national standards

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

4.1i To ensure the practice is demonstrating adherence to safeguarding adults and children legislation and policies in this area and completion of relevant training. Compliance with:

- The Care Act 2014 and accompanying Statutory Guidance
- Children Working Together to Safeguard Children 2018
- The NHS Safeguarding Accountability and Assurance Framework 2019

4.1ii Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- **Homeless and Inclusion Health standards for commissioners and service providers**
- **CQC - Registration and treatment of asylum seekers, refugees and other migrants**
- **Follow the guidance in the NHS England leaflet for asylum seekers and refugees; How to Register with a Doctor (GP) – Gateway Reference 06277**
- **Advisory Council on the Misuse of Drugs Report 2019**

4.2 Applicable local standards

4.2i Delivery of any aspect of this service must be undertaken by appropriately trained qualified professionals who are able to demonstrate and evidence up to date knowledge and competencies as required.

4.2ii Delivery of this service must be in line with national guidance and best practice where this exists.

4.2iii All patients supported by this service will be registered as a permanent registration on the practice clinical system.

4.2iv When registering asylum seekers, the provider is required to adopt the following:

- Do not insist on proof of address documents
- Do not insist on proof of identification
- Never ask to see a visa or proof of immigration status
- Comply with the NHS Accessible Information Standard
- Use locally commissioned Interpreting Services as necessary for those patients who do not have English as their first language
- Empower frontline staff with training and an inclusive registration policy
- Ensure that staff demonstrate understanding and sensitivity towards asylum seekers
- Ensure relevant staff are meeting the required children and adult safeguarding training levels (commensurate with those set out in the relevant intercollegiate documents)
- Support with timely registration of asylum seekers

4.2v The provider delivering care to Asylum Seekers through this Enhanced Service is required to:

- Establish and maintain an up-to-date register of Asylum Seekers using a SNOMED code (Asylum Seeker 390790000)

- Collect information for any asylum seeker which will include the following areas:
    - General physical health
    - Drug and alcohol usage
    - Mental health
    - Medications

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

4.3 **Access**

The Provider will provide at least one clinical session per week to be held at the contingency hotel each Friday. The session must be a minimum of 3 hours.

The provider must ensure that the service is accessible at the point of booking for all service users. Residents will be provided with a range of options to improve access to primary care medical services. These include:

1. A pre-bookable face to face appointment with a GP at the contingency hotel
2. Telephone consultation
3. Video consultation

Appointments must be available to be booked up to 4 weeks in advance.

4.4 **Mental Health**

4.4i The provider is required as part of the initial assessment or any further consultations with a resident to undertake an assessment of their mental health in addition to any physical needs. This must include the resident's mental health history including any active concerns and provision of advice.

4.4ii The provider must facilitate access to appropriate support for residents presenting with low level signs and symptoms of poor mental health / psychological wellbeing including anxiety, depression and PTSD.

4.4iii Residents who are acutely mentally unwell must be promptly referred into crisis care.

4.5 **Other requirements**

The provider providing the service must:

- Utilise IHS forms where provided and discuss future plans for any screening and vaccinations
- Issue prescriptions and or provide electronic transfer of prescription to nominated pharmacy
- Record all test results, investigations etc. on a patient's medical record, taking necessary action in relation to any abnormal results as part of the patients care plan
- Refer to secondary care and other services as and when necessary
- Ensure that the specific vulnerabilities of these patient groups to Covid, TB, hepatitis B and C, HIV and substance misuse are recognised and onward referral for the screening is conducted

The above list is not exhaustive and must be relevant for the patient's needs. Sufficient time must be made available to ensure a comprehensive assessment can be completed. It may not be possible to deliver the entire assessment within a single appointment.

If any individual demonstrates symptoms of Covid 19, the practice should notify the Manager at the accommodation site. In the meantime the registered practice should continue to provide advice and treatment for the patient in line with National guidance.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

4.6 **Data Standards**

The provider must have in place appropriate data sharing protocols which meet the DPA 2018 and GPDR.

Sharing data by fax, even a secure fax, is prohibited.

5. Applicable quality Requirements

5.1 The Provider must:

5.1i Ensure that all CQC quality outcomes and registration requirements are met and maintained

5.1ii Be fully compliant with all requirements of their Primary Medical Services contract

5.1iii Have a named lead clinician for the service

5.1iv Have a named safeguarding lead for the service (who can be the clinical lead)

5.2 The Provider will comply fully with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

5.3 The Provider must report any incidents (including near misses, significant events, incidents and Serious Incidents (SIs), complaints and patient feedback relating to this service to NHS Greater Manchester Quality Team (Oldham locality). SIs must be reported within 24 hours following identification.

5.4 The Provider must ensure staff and clinicians participate in the appropriate training and education to improve knowledge and understanding of the needs of asylum seekers, refugees and the homeless.

Doctors of the world, a third sector medical charity offer free 1-1.5 hour training sessions for GP practices accessible at: https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/resources-for-medics/safe-surgeries-peer-to-peer-training/

5.5 The Provider must ensure that patients are treated with privacy, dignity and respect at all times, all aspects of their service comply with the ten key components of 'The Dignity Challenge.' (Dept of Health, 2007).

5.6 The Provider must ensure that patient information is treated confidentially by all staff and in strict accordance with Caldicott and Data Protection policies.

5.7 The provider conforms to legislation prohibiting discrimination and the service must be open to all patient groups including housebound and hard to reach groups.

5.8 The provider operates a complaints procedure in line with current guidelines. All complaints should be monitored, audited and appropriate action taken as required. The Commissioner is to be informed of any complaint made in relation to the service provided.

5.9 All relevant employees are trained in and comply with relevant infection control techniques and in accordance with best practice and local policies.

5.10 The provider has a contingency plan for failure of or breakdown in the Service as part of its overall Business Continuity plans.

Applicable CQUIN goals are not applicable for this service or associated contract.

6. Payment and Audit

6.1 The provider will receive a one-off payment (£150.00) for every Asylum Seeker at the contingency

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

accommodation site (Victoria Hotel) in Oldham and who are registered permanently with the practice.

Claims are expected to be submitted on a quarterly basis for the patients newly registered from the Oldham contingency accommodation with the practice in the previous quarter.

Payment will be made subsequent to relevant checks/audit as detailed below.

Provider to ensure SNOMED code (Asylum Seeker 390790000) is used to register all residents, as data extraction from clinical system will be required for any validation required.

Appeals about the awards made and any penalties taken can be made subject to the normal appeals process. The Commissioners decision is final.

6.2 Audit

The Commissioner reserves the right to undertake post payment verification and quality audits to ensure that equitable and consistent high standards of quality and value for money are being provided. The Provider must retain supporting evidence of all related activity which must be made available on request.

7. Contract, Monitoring and Reporting Arrangements

The Provider is required to provide service data on a quarterly basis using the template provided by the Commissioner (Appendix Two). The information to be provided per patient shall include, but is not limited to, the following:

- Number of new patient registrations
- Number of face-to-face consultations
- Number of telephones/ internet consultations
- Number of telephone prescription requests
- Number of DNAs

Submission of monitoring reports should be within 14 days of each quarter end to:
gmicb-old.primarycare@nhs.net

The Provider will meet with the Commissioner every 3 months to review the service.

The contract for the provision of the above service will be issued and monitored by NHS Greater Manchester Integrated Care – GM Contracts Team.

Location of Provider Premises

The service will be delivered from a:

3.3i Designated location at the Victoria Hotel.

3.3ii Medlock Medical Practice Failsworth District Centre Ashton Road West Failsworth M35 0AD

It is the responsibility of the Provider to ensure that the location is:

- Suitable for the delivery of primary medical services
- Safe for its staff and registered patients
- A stable environment which actively reduces anxiety for Registered Patients

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

Appendix One

Migrant Health Resources

The BMA has collated some very helpful resources to assist those of us providing care to refugees & asylum seekers including resource hubs, service directories & advocacy materials:

https://www.bma.org.uk/advice/employment/ethics/refugee-and-asylum-seekers-health-resource/useful-resources?mc_cid=3b8a97f77d&mc_eid=a820346637

The Health of Forced Migrants

BMJ Clinical Update 24th October 2018 A. Burnett, T. Ndovi

- Conflict, torture, trafficking, and environmental disasters are common reasons for forced migration
- When discussing health, consider using a trained interpreter to avoid placing responsibilities on friends, family, or children
- Purposeful activity can help tackle concerns about the past, a pending asylum case, and/or the future
- Distinguish mental illness from a natural emotional response to trauma
- Offer screening for sexually transmitted infection to people who have experienced sexual violence

https://doi.org/10.1136/bmj.k4200

Human Trafficking / Modern Slavery

The Trafficking Survivor Care Standards Human Trafficking Foundation. *The Slavery and Trafficking Survivor Care Standards* 2018

These were launched in the House of Lords by Kevin Hyland OBE, the UK's first independent Anti-Slavery Commissioner. The Helen Bamber Foundation's Counter Trafficking, Lead Rachel Witkin, and Foundation's clinical team authored Part 2: Enhancing Practice in Relation to the Health and Well-Being of Survivors. The Standards aim to provide a blueprint for UK-wide service providers across all professions on how to provide high quality care to survivors of trafficking and modern slavery. The Foundation's ultimate goal for the Standards is to promote an integrated, holistic and empowering approach that places the needs of survivors at the centre of the process of sustained recovery, far beyond the current 45 day support offered during the 'reflection period'.

http://www.antislavery.org/wp-content/uploads/2018/12/Human-Trafficking-Foundation- Care-Standards.pdf

Short Guide to Modern Slavery for Primary Care

This guide from the RCGP safeguarding toolkit supports General Practitioners to understand and recognise indicators that a patient may be at risk of, or being subjected to, Modern Slavery/Human Trafficking.

https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/QUICK-GUIDE-TO-MODERN-SLAVERY-AND-HUMAN-TRAFFICKING-Final.ashx?la=en

http://www.helenbamber.org/wp-content/uploads/2019/08/Quick-Guide-to-Modern-Slavery-Final.pdf

The Trauma Informed Code of Conduct

Acts as a professional guide for best-practice when working with survivors, and is written by Head of Counter-Trafficking at HBF Rachel Witkin and Katy Robjant, a consultant clinical psychologist specialising in the treatment of PTSD and other related disorders in asylum seekers, refugees and victims of trafficking, and clinical director at FFT

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf

Human Trafficking and Health: A Survey of Male and Female Survivors in England

Orum et al Am J Public Health. 2016;106:1073–1078. doi: 10.2105/AJPH.2016.303095)

Addressing the Mental Health Needs in Survivors of Modern Slavery

This report found that survivors of forced labour, sex trafficking, and other forms of slavery frequently suffer from severe mental health problems including Post-Traumatic Stress Disorder, but there has been very limited research on which treatments are effective. The study was commissioned by the Freedom Fund and conducted by the Helen Bamber Foundation.

http://www.helenbamber.org/wp-content/uploads/2015/07/2015-Addressing-the-Mental-Health-Needs-in-Survivors-of-Modern-Slavery.pdf

Detention

Quality Standards for HCPs Working with Victims of Torture in Detention

The healthcare of those in detention who have been tortured or subject to inhuman or degrading treatment has long been the subject of international interest. The Mandela rules (the UN Standard Minimum Rules for the Treatment of Prisoners), as well as guidance from the UN Istanbul Protocol, the World Medical Association and the Council of Europe, lay out the basic principles that should be applied. The Faculty of Forensic and Legal Medicine of the Royal College of Physicians (FFLM) is the government recognized standard setting institution for healthcare in police detention in the UK. In 2016 the FFLM, seeking to build on these principles, set up a working group to draft the first set of detailed quality standards for this area of healthcare. This document is the result. It addresses the specific vulnerabilities of victims of torture in detention and sets out for the healthcare professional not only what should be done, but why, how, and how we can know that it has been done.

https://fflm.ac.uk/wp-content/uploads/2019/07/HWVT_QualityStandards_May19-ONLINE-FINAL.pdf

Systematic review into the Impact of Immigration Detention on Mental Health

In light of the considerable body of recent research, this review aims to update and expand on a 2009 systematic review on the mental health consequences of detention on adult, adolescent and child immigration detainees, which found (on the basis on 9 studies) that there was consistent evidence that immigration detention had adverse effects on mental health.

http://www.helenbamber.org/wp-content/uploads/2019/01/2018.12-von-Werthen-et-al.-Detention-systematic-review.pdf

Useful links to organisations that can help:

Helen Bamber Foundation - http://www.helenbamber.org/

Freedom from Torture – http://www.freedomfromtorture.org
The Salvation Army - https://www.salvationarmy.org.uk/
Unseen UK - https://www.unseenuk.org/
Modern Slavery Helpline - https://www.modernslaveryhelpline.org/
Stop the Traffik - https://www.stopthetraffik.org
Refugee Council - https://www.refugeecouncil.org.uk/
Baobab - https://baobabsurvivors.org/ (children)
The Children's Society - https://www.childrenssociety.org.uk/
The NSPCC - https://www.nspcc.org.uk/
National Crime Agency - http://www.nationalcrimeagency.gov.uk/
Migrant Help - https://www.migranthelpuk.org/
Bawso [Wales]- http://www.bawso.org.uk/

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Medaille Trust- http://www.medaille-trust.org.uk/
Kalayaan - http://www.kalayaan.org.uk/
Gangmasters and Labour Abuse Authority - http://www.gla.gov.uk/

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

NHS
Greater Manchester
Integrated Care

Oldham Place Based Primary Care Commissioning Committee

Part I

8th June 2023

Block Lane Surgery, Patient Allocation

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

Background

1.1 Contracts can be terminated by the contractor by serving notice in writing at any time.

1.2 On 12th January 2023 the Partners at Block Lane Surgery served notice to terminate their GMS contract.

1.3 At this time Block Lane Surgery had a list size of c5,500 patients

1.4 The GMS contract for is held by; Dr Naseem Gill, Dr Hollie Francis and Dr Michelle Moore.

1.5 The intention was to secure a new provider to run Block Lane Surgery. Patients were informed of this on 10 February 2023. We initiated a procurement process shortly after that date, but this process was unsuccessful and we were unable to award a contract to a new provider. So as the practice Partners are continuing to exercise their contractual, legal right to terminate within the agreed period of time, we now have no contract holder to provide services to patients from Block Lane Surgery from early July onwards. This is the point at which the six-month notice period from the Partners expires.

2 **Current Position**

2.1 Patients now need to register at another GP practice. Every patient registered at Block Lane received a letter on 22nd May 2023. This letter contains information about how they should register elsewhere. The letter has also been translated into Urdu, the 2nd largest language spoken by the practice population and this version is available on-line.

2.2 There are a number of GP practices close to Block Lane Surgery and they are listed in the letter with contact details and details on how to register with that practice.

2.3 The doctors at Block Lane Surgery will continue to be responsible for the provision of your medical care until patients have registered with an alternative practice or until closure. Until then patients should continue to contact Block Lane Surgery to access appointments and repeat prescriptions.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

2.4 Patients who have not registered themselves at another practice will be allocated to another practice on Friday 7th July 2023.

2.5 The list size has reduced from c5,500 patients on 22nd May 2023 to c3,500 patients on 2nd June 2023. While the rate of dispersal will slow it is therefore estimated that there will be in the region of 600 patients or less left to allocate.

3 Allocation Process

3.1 Patients can be allocated to a maximum of three practices. They will be informed by their new practice that they are registered there and invited for a new patient check by the practice

3.2 The following practices are located within Oldham West (Milltown Alliance) PCN as is Block Lane Surgery.

- CH Medical
- Kapur Family Care
- Littletown Medical Practice
- MD Family Practice
- Werneth Medical Practice
- Woodlands Medical Practice

3.3 MD Family Practice and Werneth Medical Practice are sole contract holders and it is therefore recommended that they do not receive part of the final patient allocation.

3.4 The contract for CH Medical is held by the same three Partners who currently hold the contract for Block Lane Surgery. Given the pressures they have faced that have led to their decision to terminate this contract it is recommended that they do not receive part of the final patient allocation. This will allow them more capacity to focus on CH Medical.

4 Recommendation

4.1 The Primary Care Commissioning Committee is asked to consider the following information and approve the patient allocation to the following three practices:

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

Kapur Family Care:

Practice Website: Kapur Family Care

CQC Rating: Kapur Family Care - Care Quality Commission (cqc.org.uk)

Littletown Medical Practice

Practice Website: Littletown Family Medical Practice - 53 Manchester Road, Oldham, OL8 4LR | Tel: 0161 624 5457

CQC Rating: Littletown Family Medical Practice - Care Quality Commission (cqc.org.uk)

Woodlands Medical Practice:

Practice Website: Woodlands Medical Practice - Information about the doctors surgery opening hours, appointments, online prescriptions, health information and much more

CQC Rating: Woodlands Medical Practice - Care Quality Commission (cqc.org.uk)

Conversations have taken place with all three providers who have confirmed they have the capacity to receive the allocation and support the process.

5 Health & Safety Implications

5.1 The Health and Social Care Act 2012 places an obligation on NHS England to secure the provision of primary medical services for patients throughout England. In addition the Health and Social Care Act 2012 introduced statutory duties on the NHS to “have regard to the need to reduce inequalities” in access to and outcomes achieved by services.

There are additional duties imposed on NHS England under the Equality Act 2010 and NHS Act 2006 on equality and health inequalities. NHS GM Integrated Care is delegated to commission primary care medical services on behalf of NHS England. Exercise of the functions passes to NHS GM IC the liability for the exercise of any of its functions remains with NHS England.

In exercising its functions (including those delegated to it) NHS GM IC must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State, and must enable and assist NHS England to meet its corresponding duties.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

6 **Equality and Diversity Implications**

6.1 The overall impact of a list dispersal will be unsettling for some patients and the process of registering at a new practice may be challenging. The cost of transport to another practice may also impact on patients financially, although some patients will re-register at a practice closer to their home.

Block Lane Surgery have been asked to identify higher risk patients and support them to ensure they have re-registered safely.

Equalities Impact Assessment

GMCSU Equality Analysis Form				
	The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.			
	To be completed at the earliest stages of the activity and before any decision making and returned via email to a GMSS Equality and Diversity Business Partner			
	CCG to confirm			
	Section 1: Responsibility			**EDHR Reference : Your ref:**
1	Name & role of person completing the EA:		Marion Colohan Head of Primary Care	
2	Service/ Corporate Area		Primary Care	
3	Head of Service or Director (as appropriate):			
4	Who is the EA for? Select from the drop down box.		Oldham CCG	
4.1	Name of Other organisation if appropriate		NHS GM Integrated Care	
	Section 2: Aims & Outcomes			

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

5	What is being proposed? Please give a brief description of the activity.		A list dispersal of patients registered at Block Lane Surgery is being undertaken.
6	Why is it needed? Please give a brief description of the activity.		On 12th January 2023 the Partners at Block Lane Surgery notified NHS GM IC of their intention to serve notice on their contract. The options available in these circumstances are list dispersal or procurement of a new contract. A Procurement was unsuccessful and therefore the practice is closing and the list being dispersed. The final contract termination date for the existing contract is 12th July 2023.
7	What are the intended outcomes of the activity?		Ensure ongoing provision of high quality primary care medical services to patients currently registered at Block Lane Surgery in a familiar and accessible location.
8	Date of completion of analysis (and date of implementation if different). Please explain any difference		12th July 2023
9	Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.		Service Users/Patients, Carers/Family

	Establishing Relevance to Equality & Human Rights		
10	**What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.**		
	General Public Sector Equality Duties	**Relevance (Yes/No)**	**Reason for Relevance**
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	No	
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	No	
	To foster good relations between people who share a protected characteristic and those who do not	No	
10.1	**Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right**		

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

	Protected Equality Characteristic			Positive (Yes/No)	Negative (Yes/No)	Explanation
	Age			Yes		Services are accessible to all registered patients regardless of age
	Disability				Yes	While services are available to all patients dispersal means that patients will need to register at a different GP Practice. Patients with a disability may find the process unsettling or challenging and may be impacted negatively by potential transport costs where needed.
	Gender			Yes		Services are available to all patients regardless of gender
	Pregnancy or maternity				Yes	The service is not specifically targeted to this particular group. However as patients will need to register with a new GP practice pregnant ladies or those with maternity related needs may be impacted negatively by potential transport costs where needed.
	Race			Yes		Services at all GP practices are available to all patients regardless of gender
	Religion and belief			Yes		Services at all GP practices are available to all patients regardless of religion and belief

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 www.gmintegratedcare.org.uk

	Sexual Orientation			Yes		Services at all GP practices are available to all patients regardless of sexual orientation
	Other vulnerable group				No	List dispersal means that all patients currently registered at Block Lane Surgery need to register at a new GP practice. While GM IC will provide support to do this, vulnerable patients may find this unsettling or challenging. Some may be impacted negatively by potential transport costs where needed.
	Marriage or Civil Partnership			Yes		Services at all GP practices are available to all patients regardless of their marital status.
	Gender Reassignment			Yes		All GP practices must be sensitive to the needs of this group
	Human Rights				No	While all patients have the right to exercise choice when registering with a GP practice, some patients may find registering at a new practice unsettling and challenging.
	If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.					
	While all patients have the right to exercise choice when registering with a GP practice, some patients may find registering at a new practice unsettling and challenging. Some may also be impacted financially where transport to a new practice is required.					
	Section 4: Equality Information and Engagement					

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

11	**What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.**							
	Details of Equality Information or Engagement with protected groups			**Internet link if published & date last published**				
	If list dispersal is approved by PCCC on 10th January 2022 a communication plan will be prepared. As part of the plan all patients registered at St Chads Medical Practice will be contacted for their views.							
11.1	**Are there any information gaps, and if so how do you plan to address them**			None identified at this stage.				
	Section 5: Outcomes of Equality Analysis							
12	**Complete the questions below to conclude the EA.**							
	What will the likely overall effect of your activity be on equality?			Ensuring provision of high quality primary care medical services are provided on an equitable basis to all patients currently provided by Block Lane Surgery.				
	What recommendations are in place to mitigate any negative effects identified in 10.1?			The staff at Block Lane Surgery are identifying any high risk patients and supporting them in registering elsewhere.				
	What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?			We will continue to communicate with and respond to concerns raised by the local community.				

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

	What steps are to be taken now in relation to the implementation of the activity?			The final patient allocation has been booked with the clinical system and supplier. All necessary documentation has been completed in respect of practice closure. The emphasis is now on supporting patients and the local community to ensure they are all registered elsewhere.
Section 6: Monitoring and Review				
13	If it is intended to proceed with the activity, please detail what equality monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.			
	Ongoing review of patient movement.			

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

NHS
Greater Manchester
Integrated Care

Oldham Place-Based Primary Care Commissioning Committee

8th June 2023

Primary Care Workforce 2022/23 Review

1. Report Summary

This paper provides a review of primary care workforce matters for 2022/23, with a focus on an analysis of workforce data and a summary of how the GM Integrated Care Board (GM ICB) Oldham training budget has been utilised in this period.

2. Background

Workforce Data

The National Workforce Reporting Service (NWRS) was launched in July 2021, and it is used by general practices and primary care networks (PCNs) in England to report data on their workforce. Information is extracted directly from the system and published by NHS Digital. GM ICB Oldham uses this data to inform locality workforce planning and monitor the effectiveness of workforce programmes, particularly those that focus on recruitment retention of staff.

Alexander Ottley, a senior doctor within the British Medical Association (BMA), is quoted on the NHS Digital website to illustrate the importance of this data:

It's essential for any effective healthcare system to have high quality and transparent workforce data. Without NHS Digital data publications, it would not be possible to plan and deliver safe care, improve patient outcomes, or preserve the morale and wellbeing of staff.

Whilst this system is much improved, there are caveats around the published data. Data quality is reliant on the accuracy and timeliness of data input by general practice – not all practices submit data every month, although provision of workforce data is a contractual requirement for both practices and PCNs. The quality of the data can also vary if staff roles are not classified consistently, meaning that comparison between practices is not always valid.

However, even with these caveats, the data is extremely useful and important for commissioners and providers alike.

Primary Care Workforce Workstreams

GM ICB Oldham benefits from having both a Clinical Director for Workforce, who provides valuable clinical and strategic input into the primary care workforce programme, and a dedicated training and education budget, supplemented by national and regional funding that is ring-fenced for specific projects and uses. The responsibility for delivering programme and project objectives sit with the locality Primary Care Team.

In the period from April 2022 to March 2023, the training budget has been used to fund recurring streams, such as clinical cover that facilitates practices closing for half a day each month, as well as innovative projects such as the second wave of Oldham's Trainee Practice Nurse Programme.

PCN Additional Roles Reimbursement Scheme (ARRS)

Every PCN in England is entitled to funding, as part of the Network Contract Direct Enhanced Services (DES) agreement, to support the recruitment of new additional staff to deliver health services. The Additional Roles Reimbursement Scheme (ARRS) is the mechanism by which this funding is made available to PCNs and there are a number of "ARRS roles" for which networks

can be reimbursed, including clinical pharmacists, community paramedics, social prescribing link workers and mental health practitioners.

The five PCNs in Oldham have continued to recruit ARRS staff in 2022/23 and utilisation of the available funding has increased significantly.

3. Primary Care Workforce Data Analysis

a. Overall Workforce Data

In April 2022, NWRS data indicated that there were 766 people directly employed by 38 general practices in Oldham in the following roles:

- 183 GPs, including trainees and locums
- 87 practice nurses, including Advanced Nurse Practitioners (ANPs)
- 63 "direct patient care" (DPC) staff, which includes other Allied Health Professionals (AHPs) such as pharmacists, Health Care Assistants (HCAs), Health Care Support Workers (HCSWs), Nurse Associates (NAs) and physiotherapists
- 372 administrative staff, including receptionists and medical secretaries
- 61 managerial staff, including practice managers (PMs) and assistant practice managers

This data is called the "headcount" data as it indicates the number of people employed; as not all staff work full-time, data is also collected on a "whole-time equivalent" (WTE) basis (also referred to as "full-time equivalent" or FTE), which is the unit of measurement that indicates the workload of an employed person and enables comparisons across various contexts. The total number of WTEs in Oldham in April 2022 was 588.54WTE, in the following roles:

- 141.86WTE GPs
- 63.01WTE practice nurses
- 46.09WTE DPC staff
- 283.92WTE administrative staff
- 53.66WTE managerial staff

The published NWRS data for March 2023 shows the latest headcount at 36 general practices as 767 people in the following roles:

- 181 GPs, including trainees and locums
- 84 practice nurses
- 69 DPC staff
- 374 administrative staff
- 59 managerial staff

The total number of WTE staff was 595.78WTE in the following roles:

- 144.49WTE GPs
- 57.69WTE practice nurses
- 51.84WTE DPC staff
- 287.83WTE administrative staff
- 53.93WTE managerial staff

The first thing to note is that, in spite of the impact of the pandemic on staff, numbers have not changed dramatically in the 12-month period. In fact, the number of WTE staff has increased by 7WTE and the headcount of staff has increased by one.

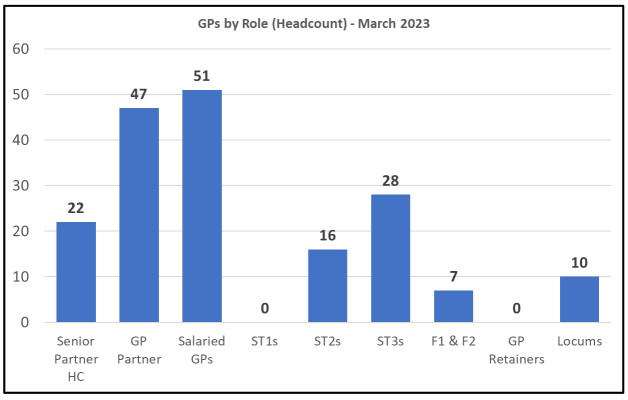
During that time, three practices have also closed (St Chad's Medical Practice in April 2022, Failsworth Group Practice in May 2022 and Saraf Medical Practice in June 2022); the majority of staff and patients migrated to neighbouring practices, so the impact on the numbers has been relatively low.

b. GPs

The total number of GPs in Oldham has remained relatively stable both in headcount and WTE throughout the year. The numbers fluctuate slightly, month-on-month, mainly due to the impact of trainee GP placements starting and finishing. It should be noted that one of the larger Oldham practices has not submitted GP data in March 2023, which means that the reported overall numbers are lower than expected.

The number of salaried and senior partner GPs has decreased by 5% for both headcount and WTE, due in part to the closure of the three practices and incomplete data, but the increase in the number of GPs in the final year of training in Oldham is encouraging. These factors account for the increase of 6% in the proportion of trainees working in practices in the locality. The proportion of locums working in Oldham has reduced slightly by less than 1%.

GPs in their final year of training have been engaging with the new Oldham network for GPs who have qualified within the last five years and there are hopes that the majority will chose to remain in the locality when they have qualified.



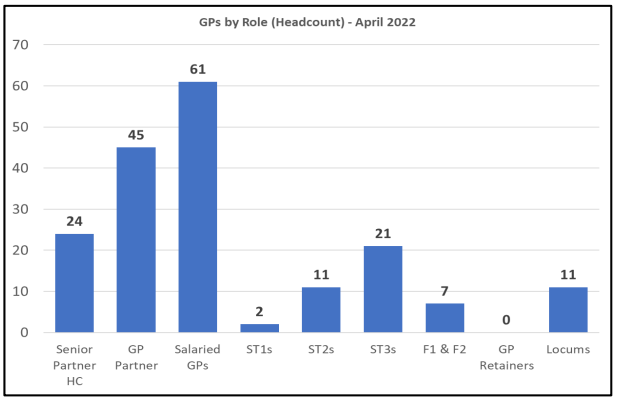
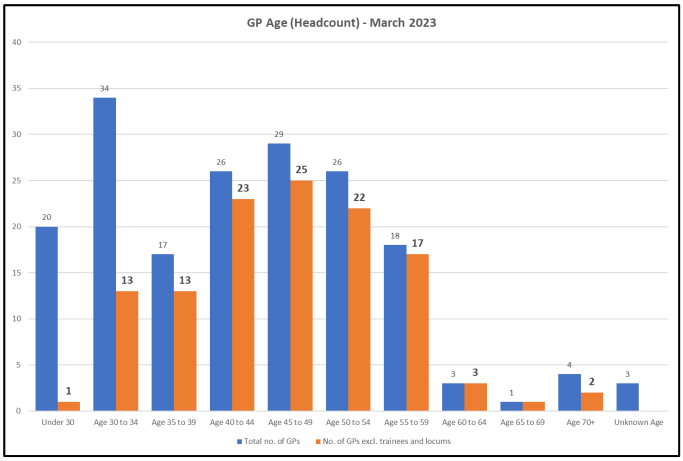


Figure 1 - GP headcount by role

Analysis of the age profile of GPs shows that there has not been a significant change between April 2022 and March 2023, with the greatest change being between the 40 – 44 and 45 – 49 age groups.



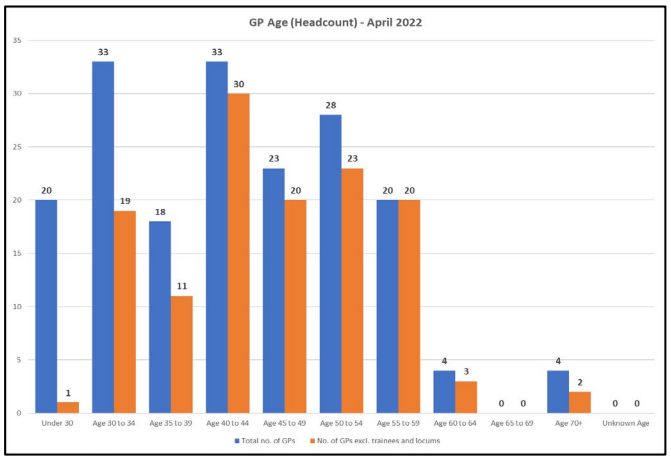
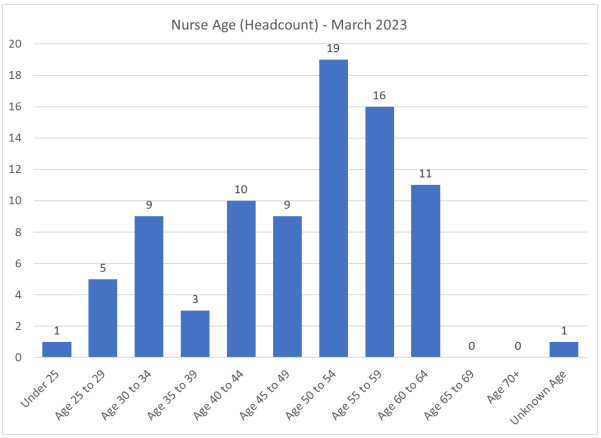
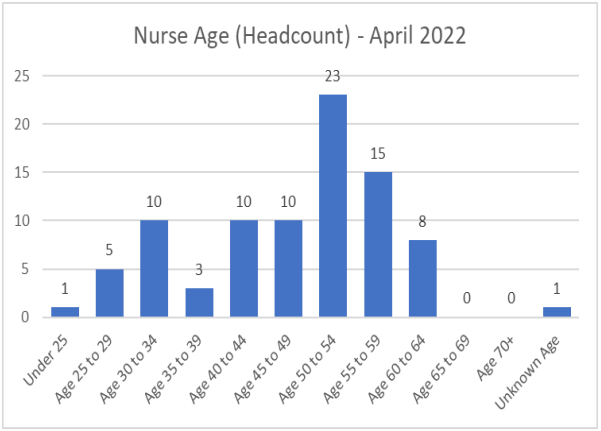


Figure 2 - GP Age Profile

c. Practice Nurses

The number of practice nurses in post has decreased from 87 to 84 (63WTE to 58WTE), and this is in spite of the recruitment of new nurses as part of the Oldham Trainee Practice Nurse Programme. This remains an area of concern and risk, as the majority of practices nurses (56%) are still over 50 years of age and eligible for retirement within the next five years (depending on when they joined the NHS).





Although the proportion of nurses over 50 years of age has reduced from two-thirds to just over half in recent years, it is recognised that more work is required to improve succession planning and attract more nurses to general practice. GM ICB Oldham has been addressing this problem with its Trainee Practice Nurse Programme, which brings qualified nurses into primary care and supports them and their practices during a short training period. Wave 1 of this Programme was completed in May 2021 and the second Wave is due to complete in June 2023. Discussions are underway to run a third wave in September 2023.

Other initiatives to improve practice nurse retention and recruitment will include the reestablishment of the Practice Nurse Forum, continued promotion of the GM Nurse Fellowship Scheme and the appointment of a Nurse Educator, who will provide training and supervision support to nurses within general practice.

d. Administrative Staff

The overall number of administrative staff in Oldham has remained relatively stable, with no change to the overall headcount but a small increase of 4WTE.

GM ICB Oldham is currently working with the central GM Health & Wellbeing Programme to look at how we can support all practice staff, but especially those in frontline patient-facing roles. A wellbeing survey has been shared with practices and more than 200 people have responded so far.

The locality has also implemented a training programme that is due to start in June, with training scheduled for medical terminology, communications, and conflict resolution. The locality is also engaged with the GM Non-Clinical Workforce Group, which focuses on support for that group.

e. Direct Patient Care

There has been an increase in staffed classed as being in “Direct Patient Care” roles – this definition is used as a catch-all in the NWRS data classifications for any clinical staff who are not classed as a GP or nurse. Numbers have increased from 63 to 69 staff, equating to an increase in WTE from 46.09 to 51.84.

The only roles to show a decrease are phlebotomists and paramedics but numbers of these staff directly employed by practices are relatively low. Paramedics are generally employed under ARRS, whilst phlebotomists are often classified as HCAs, which may account for the variation in 2022/23.

f. ARRS

Data is being finalised for the 2022/23 final position for ARRS roles and will form part of a future report to PCCC. However, provisional data shows that the five Oldham PCNs have made significant progress in recruiting more people into these roles.

At 31st March 2022, there were around 40WTE ARRS staff in Oldham, working as adult mental health practitioners, care co-ordinators, clinical pharmacists, pharmacy technicians, first contact practitioners or physiotherapists and social prescribing link workers.

At 31st March 2023, these roles have been supplemented with digital & transformation leads, nursing associates and community paramedics. Provisional data indicates that there are now more than 70WTE staff working across all ARRS roles, with a forecast of this to increase to 125WTE by September 2023.

Constraining factors for recruitment and deployment continue to be estates, supervision, and employment risk for some roles. These factors are being addressed at a locality and regional level.

4. Training & Education

a. Training Budget

GM ICB Oldham has a recurrent primary care training budget. This is supplemented by additional pots of funding, which cannot be used for other purposes, as follows:

- Non-recurrent GP Retention Funding, carried forward by agreement with GM from 2021/22 and 2022/23.
- Nurse Training / Practice Educator funding
- Continuous Professional Development (CPD) funding– this is usually recurrent, although it is generally not confirmed until around July every year
- Non-recurrent funding for newly qualified GPs, also known as First 5s

In 2022/23, expenditure against the recurrent budget was used for:

- clinical cover provided during the periods when practices close for training & education each month. This cost has increased by around 50% in 2022/23
- the locality Trainee Practice Nurse scheme. More details are provided below
- all-practice educational events, which take place every quarter when practices close for half a day.
- spirometry training, which was identified as a priority for Oldham this year. Oldham has trained significantly more staff in spirometry than any other GM locality in 2022/23

The locality had a nominal allocation of CPD funding in 2022/23. This funding is for use for clinical training for nurses and other AHPs and is generally held by the GM Training Hub. Localities draw down on this funding as they spend it.

GM ICB Oldham has commissioned a local GP Fellowship scheme, which commenced in December 2022.

Funding for newly qualified and recently qualified GPs has been utilised in setting up a “First 5s Network” in the locality; funding for this Network will continue into 2023/24 and for the foreseeable future.

Recruitment is currently underway for the Oldham Practice Educator role, and ring-fenced GM funding has been carried forward for supporting this scheme.

b. CPD Training

This year, CPD funding has been used for providing training for the following areas:

- Cardiovascular disease
- Motivational Interviewing
- Health Checks
- Immunisation & Vaccinations
- Phlebotomy
- Diabetes
- Asthma
- Baby checks
- Care Navigation
- Heart Failure
- Hypertension
- Mental Health
- Minor Illness
- COPD
- Travel Health

Further courses are also scheduled, or have already been delivered, in 2023/24 for the following areas:

- Atrial fibrillation / Stroke
- Asthma
- Cardiodiabetes
- Gynae Assessment & Examination
- Travel Health
- Menopause
- Sepsis & Infection Control
- Sexual Health & Contraception
- Learning Disabilities & Autism Awareness Training

Some of these courses have been commissioned directly by GM ICB Oldham and some have been arranged in conjunction with other localities.

More than 100 Oldham general practice staff have benefited from this CPD training, which has been supplemented by all-practice education sessions covering respiratory, diabetes and health & wellbeing.

Planning for these events is also underway for 2023/24, with dedicated events for women's health and menopause scheduled for July and September 2023.

A training needs analysis has been undertaken in conjunction with the GM Training Hub and neighbouring localities to plan how we can best use CPD funding this year. Decisions were taken in the locality last year based on the feedback from our training needs analysis, and this exercise has been repeated, with more than 400 responses across GM and more than 70 responses from Oldham staff.

c. Trainee Practice Nurse Programme

In September 2020, the CCG recruited 5 nurses to participate in the first wave of a pilot that saw the nurses take up 6-month placements at five Oldham practice. The pilot was successful, but it was acknowledged that there is still a need to increase the number of nurses in primary care in Oldham. In November 2021, the NHS Oldham CCG Leadership Team approved a second wave of the programme, which commenced in September 2022, following a short recruitment period.

Since September, six qualified, registered nurses who were new to general practice started working at Oldham practices. 60% of their salaries was funding by the locality, using training budget funding, for an initial period of 5 months, during which time the nurses received training, support, and supervision.

These nurses have now taken permanent posts within general practice in Oldham, where it is hoped they will remain for many years to come.

GM ICB Oldham is considering running a third wave of the programme in September 2023, again incorporating learning from what has worked well and what can be improved.

d. GP Fellowship Scheme

The Oldham fellowship scheme has been designed to support GPs within Oldham who are new to Oldham. Applications were requested from all GPs new to Oldham, with a permanent contract or a new partnership. Applicants were interviewed and 5 were identified as successful.

The Fellowship consists of the following:

- Funding made available per GP to cover sessional costs for 9 months, a session is based on 4 hours of time per week
- A contribution is made towards training costs, or wellbeing cost such as courses, coaching, mentoring or other agreed activity.

The fellows meet once per half-term for a peer support session and to share the developments in their learning or quality improvement projects.

The Scheme is progressing well, and progress will be fed back to this Committee in more detail.

5. 2023/24 Plans

Locality workforce objectives for 2023/24 include:

- A third wave of the Trainee Practice Nurse programme in order to address the practice nurse shortage issues highlighted in this report
- Continuation of the Oldham GP Fellowship Scheme
- More training for administrative staff, including skills training for areas such medical terminology and clinical coding, as well as conflict resolution and resilience training. Discussions are underway with a training provider with a view to scheduling these sessions for early Summer
- Reestablishment of the locality Nurse Forum and Primary Care Workforce Groups
- Support for PCNs with recruitment to ARRS roles
- Clinical training support for practices and staff, based on gap and training needs analysis
- GP retention and recruitment schemes, making use of existing and additional funding
- Further support for Oldham's recently and newly qualified GPs
- Set up of a training and education / workforce portal for the locality using the TeamNet intranet software
- Implement a locality health and wellbeing strategy, working closely with the GM Health & Wellbeing team to support general practice with staff

- Work with the central GM ICB team to better understand how the locality can support staff working within the wider primary care areas, such as dental, pharmacy and optometry

- Ensure that Oldham continues to provide the highest quality workforce data to inform objectives

6. Conclusion

GM ICB Oldham has made good progress against its workforce objectives in 2022/23, utilising available resources to provide training and education for general practice staff, whilst addressing issues with recruitment and retention for key roles such as GPs and practice nurses.

However, we recognise that there is more work to be done to sustain this work, and this will be addressed in 2023/24 by implementing its plans with a view to achieving its strategic aims