

ENCLOSURE: 4
AGENDA ITEM: 7

Summary of Officers' Decision

DATE: 14 May 2020

Title	SEL CCG Officers' Decision Summary
This paper is for information	
Recommended action for the Committee	Committee members are asked to note the decisions that officers have taken in line with the Standard Operating Procedure (SOP) and or the Policy Guidance Manual, or in line with the 'Formal Contractual Action and the Monitoring of CQC Report Action Plans & Contractualised Improvement Plans During COVID 19' paper, approved at the April SEL PCCC.
Summary	<p>The below table summarises the decisions which have been taken for the period 10th April to 06th May 2020. These decisions were made in line with the relevant standard operating procedures and where there has been engagement with the local primary care working group, it is indicated below.</p> <p>Officers have also made non-discretionary decisions (e.g. locum reimbursement and transactional contract variations), in accordance with the relevant SOP which are not reported below but are available on request. These will also be collectively reported within the Contractual Performance and Information report to local borough officers.</p> <p>Where transactional contractual changes which do not require a decision and therefore commissioners have no influence e.g. Single-handed GMS 24-hour retirements/additional partners, these are normally discussed verbally with the local primary care group.</p> <p>Officers have been implementing the 'Formal Contractual Action and the Monitoring of CQC Report Action Plans & Contractualised Improvement Plans During COVID 19' the recommendations of this paper, which take in to account the small amendments to the process made after the April PCCC meeting, following discussion with Dr Simon Parton, as reported in Matters arising of the May PCCC meeting.</p>

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Bexley	<p>1. The following practices were rated as 'Good' in all domains and Good overall.</p> <ul style="list-style-type: none"> a. G83057 Woodlands Surgery - CQC inspection on 09 March 2020 and published on 09 April 2020. b. G83052 Belvedere Medical Centre - CQC inspection on 10 February 2020, was published on 27 March 2020. <p>Officers have reviewed these reports and there are no breaches linked to patient safety and no follow up action is required.</p> <p>2. The following practice was rated 'Good' overall, with 'Requires Improvement' (RI) in another domain.</p> <ul style="list-style-type: none"> a. G83047 Station Road - Focused CQC inspection 5 February 2020, published 19 March 2020. The practice was rated as 'Requires improvement' for 'are services responsive?'. <p>Officers have reviewed this report and there are no breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering the RI area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the issues raised in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>3. The following practices were rated as 'Good' overall, but were rated 'Requires Improvement' for 'Are services safe?'</p> <ul style="list-style-type: none"> a. G83002 Westwood Surgery - CQC inspection on 20 December 2019, published on 2 March 2020. b. G83053 Bexley Medical Group - Focussed CQC inspections on 12 and 27 November 2019, published on 6 February 2020 <p>The providers have been written to, confirming that they must <u>focus on any safety issues detailed in the report</u> to ensure these concerns are addressed and resolved in a timely fashion, and an action plan must be submitted within 28 days for discussion and agreement with the CCG, in line with the Managing CQC Cases During Covid 19' protocol.</p> <p>4. The following practices were rated overall 'Requires Improvement' and were rated 'Inadequate' in any domain. These practices were previously written to and contractual remedial plans have not yet concluded due to COVID pressures.</p> <ul style="list-style-type: none"> a. G83630 Riverside Surgery - CQC inspection on 16 October 2019, published on 16 December 2019. Practice was rated as 'Inadequate' for the 'Are services Safe' domain relating to infection control. b. G83037 Bulbanks Medical Centre - CQC inspection on the 17 & 18 September 2019, published on the 11 February 2020. Practice was rated as 'Inadequate' for the 'Are services Well-led' domain. The only action relates to their PPG. <p>Officers have reviewed the action plans, and there are no remaining breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering this area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the</p>
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	<p>issues raised in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>G83046 Burstled Wood Surgery. A final version of the APMS contract has now been issued. Commissioners have confirmed the management of the improvement plan during the Covid 19 pandemic with the contract holder, and have issued a letter to confirm that issues not directly related to patient safety will be paused initially until July 2020 when the position will be reviewed.</p>
<p>Bromley</p>	<p>Following the former Bromley PCCC urgent decision in March 2020 to appoint a short term caretaker to provide both access to GP services for a 3 month period and support the orderly close down of the Trinity Medical Centre, officers have agreed that to avoid disruption to any new patients trying to register with the practice during the close down period, that the contract should be issued with a requirement to have a Closed list. Whilst this is not the normal requirement for a provider (either substantive or a caretaker), a 3 month contract is an exceptional contract award, and a closed list contract is in line with the rationale behind this very short term procurement.</p>

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Greenwich	<p>1. The following practices were rated 'Good' overall, with 'Requires Improvement' in another domain.</p> <ol style="list-style-type: none"> a. G83633 Conway Medical Centre - CQC inspection 29 October 2019, published 17 December 2019. The practice was rated as 'Requires improvement' for 'Are services effective?'. b. G83019 Plumstead Health Centre - Focused CQC inspection 14 August 2019, published 23 October 2019 and was rated overall Good in all domains, other than 'Requires Improvement' for 'Are services effective'. <p>Officers have reviewed these reports and there are no breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering this area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the issues raised in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>2. The following practices were rated overall 'Requires Improvement' with 'Requires Improvement' in any other domain. These practices were previously written to and contractual remedial plans have not yet concluded due to COVID pressures.</p> <ol style="list-style-type: none"> a. G83680 Eltham Medical Practice, Eltham Park branch site (formerly Eltham Park Surgery) – CQC Inspection 1 March 2019, published 1 May 2019. Practice was rated as 'Requires Improvement' for the 'Are services Safe', 'Effective' and 'Well-led' domains. Note - The contractor merged with Eltham Medical Practice on 1 January 2020 and it was expected the remaining remedial notice actions were to be completed by the newly merged practice. b. G83060 Glyndon PMS – CQC Inspection 12 July 2019, published 16 September 2019. Practice was rated 'Requires Improvement' for 'Effective' and 'Well-led'. c. Y02222 Trinity Medical Centre - CQC inspection 11 June 2019, published 19 August 2019. Practice was rated 'Requires Improvement' for 'Safe' and 'Effective'. <p>Officers have written to the providers to advise that it is important to focus on and to continue to monitor progress with <u>resolution of any safety issues</u>, recommending that where reasonably practicable to continue to progress any such actions. Any remaining action plan issues will be reviewed and if necessary, a revised timescale for resolution agreed with the practice. An initial review will take place in July 2020.</p> <p>3. The following practice was rated overall 'Requires Improvement' with 'Requires Improvement' in other domains. This practice is a published report that has not been considered before.</p> <ol style="list-style-type: none"> a. G83641 Plumbridge Medical Centre – CQC inspection on 07 January 2020, published on 17 February 2020. The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services caring?'. <p>Officers have reviewed this report and there are no breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering this area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the issues raised</p>
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	<p>in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>A copy of the Officers' Decision Paper is appended to this paper.</p> <p>In relation to the CQC inspection dated 07 November 2018, published 31 January 2019, where the practice was rated overall 'Requires Improvement' and 'Requires Improvement' in 'Are services effective', and 'Well-led', borough officers have confirmed that the outstanding requirements of the remedial notice associated with the CQC inspection have now been deemed compliant, and officers have written to the practice to confirm this.</p>
<p>Lambeth</p>	<p>1. The following practice was rated as 'Good' in all domains and 'Outstanding' in 'Well-led'. This is a newly published report.</p> <p>a. G85002 Streatham High Practice CQC inspection on 07 February 2020, published on 20 April 2020.</p> <p>Officers have reviewed this report and there are no breaches linked to patient safety, therefore no follow up action is required.</p> <p>2. The following practice was rated overall 'Requires Improvement' with 'Requires Improvement' in any other domain. This is a newly published report.</p> <p>a. G85695 Akerman Medical Practice CQC inspection 25 February 2020, published 20 April 2020. The practice was 'Requires Improvement' for 'Are services effective?' and 'Are services caring?'.</p> <p>Officers have reviewed this report and there are no breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering this area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the issues raised in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>A copy of the Officers' Decision Paper is appended to this paper.</p>

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<p>Lewisham</p>	<p>1. The following practices was rated overall ‘Requires Improvement’ with ‘Requires Improvement’ in other domains. This is a published report that has not been considered before.</p> <p>a. G85015 Queens Road Partnership CQC Inspection 14 October 2019, published 23 December 2019; The practice was rated ‘Requires Improvement’ for ‘Are services effective?’ and ‘Are services responsive’</p> <p>Officers have reviewed this report and there are no breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering this area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the issues raised in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>A copy of the Officers’ Decision Paper is appended to this paper.</p> <p>2. The following practice was rated overall ‘Requires Improvement’ with ‘Requires Improvement’ in other domains and ‘Inadequate’ in the ‘Are services safe’ domain. This is a published report that has not been considered before.</p> <p>a. G85102 Triangle Group Practice - CQC inspection on 26 November 2019, published 13 January 2020. The practice was rated as ‘Requires Improvement’ for ‘Are services effective?’ and ‘Are services well-led?’ and ‘Inadequate’ for ‘Are services safe?’</p> <p>The providers have been written to, confirming that they <u>must focus on the safety issues</u> detailed in the report to ensure these concerns are addressed and resolved in a timely fashion, and an action plan must be submitted within 28 days for discussion and agreement with the CCG, in line with the Managing CQC Cases During Covid 19’ protocol.</p> <p>A copy of the Officers’ Decision Paper is appended to this paper.</p>
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Southwark	<p>1. The following practices were rated overall 'Requires Improvement' or 'Inadequate' and were previously written to and contractual remedial plans have not yet concluded due to COVID pressures.</p> <ol style="list-style-type: none"> a. G85006 Acorn and Gaumont House Surgery - CQC Inspection 11 July 2019, published 19 September 2019. Practice was rated overall 'Inadequate' including the 'Are services safe', 'responsive' and 'well-led' domains. b. G85031 Dulwich Medical Centre - CQC inspection on 31 July 2019, published on 03 October 2019. The practice was rated overall 'Requires Improvement' and 'Requires Improvement' for the 'Are services safe', 'effective', 'responsive' and 'well-led' domains. <p>The providers have responded to the majority of the issues in the remedial notice/action plans; however, these have not been finalised due to COVID pressures.</p> <p>Officers have written to the providers to advise that it is important to focus on and to continue to <u>monitor progress with resolution of any safety issues</u>, recommending that where reasonably practicable to continue to progress any such actions especially where these relate to domains rated as Inadequate by the CQC. Any remaining action plan issues will be reviewed and if necessary, a revised timescale for resolution agreed with the practice. An initial review will take place in July 2020.</p> <p>2. The following practice was rated overall 'Requires Improvement' with 'Requires Improvement' in other domains and 'Requires Improvement' in the 'Are services safe' domain. These are published reports that has not been considered before.</p> <ol style="list-style-type: none"> a. G85623 Bermondsey Spa - CQC inspection on 1 October 2019, published 25 November 2019. The contractor was rated as 'Requires Improvement' for 'Are services safe?', 'Are services effective?', 'Are services responsive?' and 'Are services well-led?'. b. G85681 Lordship Lane - CQC inspection on 11 February 2020, published on 10 April 2020. The contractor was rated as 'Requires Improvement' for 'Are services safe?', 'Are services effective?' and 'Are services well-led?'. <p>The providers have been written to, confirming that they <u>must focus on the safety issues detailed in the report</u> to ensure these concerns are addressed and resolved in a timely fashion, and an action plan must be submitted within 28 days for discussion and agreement with the CCG, in line with the Managing CQC Cases During Covid 19' protocol.</p> <p>A copy of the Officers' Decision papers are appended to this paper.</p> <p>3. The following practice was rated overall 'Requires Improvement' with 'Requires Improvement' in other domains. This is a published report that has not been considered before.</p> <ol style="list-style-type: none"> a. G85034 – Nexus Requires Improvement rating – CQC inspection on 23 and 29 October 2019, published on 24 January 2020. The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services responsive?'.
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	<p>Officers have reviewed these reports and there are no breaches linked to patient safety. A letter has been issued to confirm that currently the CCG does not require an action plan covering this area, however as the Covid-19 crisis resolves and taking into account any steps the practice has taken to resolve the issues raised in the report, the position with regards to any contractual or other action will be reviewed in July 2020.</p> <p>A copy of the Officers' Decision Paper is appended to this paper.</p>
South East London	<p>In collaboration with borough leads, the SEL PCT issued a communication to South East London GP Practices and PCNs regarding the Network Contract Directed Enhanced Service (DES) 2020/21 sign up process and requirements. GP Practices are required to submit the completed Network Contract DES participation form by 31st May 2020 and commissioners are required to confirm the practice participation by no later than 30th June 2020. The SEL PCT is managing the process on behalf of local commissioners and liaise with the borough Primary Care Leads as and when necessary. Londonwide LMC received a copy of the practice and PCN communication for their information.</p>
Author:	Nick Langford and Nóra Simon
Job Title:	Assistant Heads of Primary Care
Directorate:	Commissioning and Planning
Clinical Lead:	Dr Jonty Heaversedge
Responsible Director:	Christina Windle
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	Name of document
Appendix 1	A1. G83641 Plumbridge Local Officer Decision COVIDCQC May 20
Appendix 2	A2. G85695 Akerman Local Officer Decision COVIDCQC May 20
Appendix 3	A3. G85015 QRP Local Officer Decision COVIDCQC May 20
Appendix 4	A4. G85120 Triangle Local Officer Decision COVIDCQC May 20
Appendix 5	A5. G85623 Bermondsey Spa Local Officer Decision COVIDCQC May 20
Appendix 6	A6. G85681 Lordship Lane Local Officer Decision COVIDCQC May 20
Appendix 7	A7. G85034 Nexus Local Officer Decision COVIDCQC May 20

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South East London
Clinical Commissioning Group

Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Plumbridge Medical Centre - Review of need for contractual action following the inspection by the CQC on 7 th January 2020	
Borough	Greenwich	
Practice Details	Practice Name/Code	Plumbridge Medical Centre (G83641)
	Contract Type	GMS
	Site Address(s) inc. branch sites	32-33 Plumbridge Street, London SE10 8PA
	List Size	Raw: 2,456 and Weighted: 2,181.05
	No. of Partners	1
	Current CQC Rating	Overall "Requires Improvement"
	PCN Details	Name: Greenwich West PCN, No. of practices 5, Combined list as at 1/4/20: 45,320
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
	CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>
Summary	<ul style="list-style-type: none"> The Care Quality Commission carried out an announced comprehensive inspection of Plumbridge Medical Centre on 7th January 2020. The report was published on 17th February 2020; The contractor was rated as 'Good' for 'Are services safe?', 'Are services responsive?' and 'Are services well-led?' The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services caring?'. The contractor received an overall rating of 'Requires Improvement'. The CQC identified areas of non-compliance with CQC standards none of which constitute contractual breaches. For example: <ul style="list-style-type: none"> ➤ The practice was below the minimum child immunisation uptake rate. ➤ The percentage of women eligible for cervical cancer screening who were screened was below target. 	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

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	<p>➤ The practice’s performance in the GP Patient Survey was significantly below the CCG and national average in one of the indicators and trending negative in the remaining three. The practice had failed to address these areas in the internal patient survey.</p> <p>Officers have written to the contractor to advise that:</p> <ul style="list-style-type: none"> • no formal contractual action (issue of breach or remedial notice) will be pursued at this time. • the contractor should consider actions which they currently are able to take in respect of concerns raised in their CQC report. • the commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC <p><u>Rationale for Officer Decision</u> The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a ‘Managing CQC Cases During COVID 19’ protocol. The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.</p> <p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>In this case, there are no breaches linked to patient safety issues.</p> <p>In all cases, the contractor would be recommended to consider actions which they currently are able to take in respect of concerns raised in their CQC report.</p>	
Potential Conflicts of Interest and mitigations	Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16 th April 2020.	
Impacts of this proposal	Financial impact	Not applicable
	Impact on patients / service users	In this case there are no patient safety related actions.
	Impact on providers, including PCN’s	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support. In this case there should be limited impact.
Confirmation of relevant engagement	Borough Officers have been consulted with regard to offering support to the practice in developing and implementing action plans.	

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Author:	Nóra Simon
Job Title:	Assistant Head of Primary Care
Directorate:	Commissioning & Planning
Officers' Approving this decision:	Jill Webb
Job Title:	Head of Primary Care
Directorate:	Commissioning & Planning
Clinical Lead:	Dr Jonty Heaversedge
Responsible Director:	Kate Moriarty-Baker
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	
Appendix 1	CQC Report https://www.cqc.org.uk/location/1-2692552239

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South East London
Clinical Commissioning Group

Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Akerman Medical Practice - Review of need for contractual action following the inspection by the CQC on 25 February 2020	
Borough	Lambeth	
Practice Details	Practice Name / Code	Akerman Medical Practice / G85695
	Contract Type	GMS
	Site Address(s) inc. branch sites	6 Patmos Road, London SW9 6AF
	List Size	5598 as at 1 st April 2020
	No. of Partners	1
	Current CQC Rating	Requires Improvement
	PCN Details	Fiveways PCN, 5 practices
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
	CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>
Summary	<ul style="list-style-type: none"> The Care Quality Commission carried out an announced comprehensive inspection of Akerman Medical Practice on 25 February 2020. The report was published on 20 April 2020. The contractor was rated as 'Good' for 'Are services safe?', 'Are services responsive?' and 'Are services well-led?'. The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services caring?'. The contractor received an overall rating of 'Requires Improvement'. The CQC identified areas of non-compliance with CQC standards some of which also constitute contractual breaches. For example: <ul style="list-style-type: none"> ➤ The practice had outdated safeguarding policies that were still being used as well as the new policies. ➤ The practice did not have in stock some emergency medicines and this had not been formally risk assessed. 	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

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	<ul style="list-style-type: none"> ➤ The practice could not evidence that the shared medical emergency equipment had been risk assessed and the equipment was in good working order. ➤ The practice's performance for cervical smears was 62.9%, below the 80% England average. ➤ The uptake of some child immunisations was below 80%. ➤ The practice was yet to undertake patient feedback surveys. ➤ Several systems including policies require improving and strengthening. <p>Officers have written to the contractor to advise that:</p> <ul style="list-style-type: none"> • No formal contractual action (issue of breach or remedial notice) will be pursued at this time. • The commissioner does not at this time require implementation of a timed action/improvement plan in respect of contractual matters linked to the CQC inspection report. • The contractor should consider actions which they currently are able to take in respect of concerns raised in their CQC report. • The commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC. <p><u>Rationale for Officer Decision</u></p> <p>The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol.</p> <p>The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.</p> <p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>In this case, there are no breaches linked to patient safety issues.</p> <p>In all cases, the contractor would be recommended to consider actions which they currently are able to take in respect of concerns raised in their CQC report and especially those in domains rated as inadequate.</p>	
<p>Potential Conflicts of Interest and mitigations</p>	<p>Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16th April 2020.</p>	
<p>Impacts of this proposal</p>	<p>Financial impact</p>	<p>Not applicable.</p>

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	Impact on patients / service users	Subject to the number and type of patient safety actions will continue to be addressed and resolved within normal contractual timescales.
	Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holder needs to address, there may be a need to provide local professional advice and support.
Confirmation of relevant engagement	Borough Officers have been consulted with regard to offering support to the practice in developing / implementing action plans and resolving the matters of concern identified by the CQC and which are linked to contractual requirements.	
Author:	Miren Querejeta-Lopez	
Job Title:	Primary Care Commissioning Manger	
Directorate:	Commissioning and Planning	
Officers' Approving this decision:	Nick Langford	
Job Title:	Assistant Head of Primary Care	
Directorate:	Commissioning & Planning	
Clinical Lead:	Dr Jonty Heaversedge	
Responsible Director:	Kate Moriarty-Baker	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information		
Appendix 1	CQC report: https://www.cqc.org.uk/location/1-487354436	

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South East London
Clinical Commissioning Group

Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Queens Road Partnership - Review of need for contractual action following the inspection by the CQC on 14 October 2019	
Borough	Lewisham	
Practice Details	Practice Name/Code	Queens Road Partnership G85015
	Contract Type	PMS
	Site Address(s) inc. branch sites	387 Queens Road, New Cross Gate, London SE14 5HD
	List Size	9186 (as at 1 April 2020)
	No. of Partners	Five
	Current CQC Rating	Requires Improvement
PCN Details	North Lewisham PCN, 11 practices	
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>	
Summary	<ul style="list-style-type: none"> The Care Quality Commission carried out an announced comprehensive inspection of Queens Road Partnership on 14 October 2019. The report was published on 23 December 2019; The contractor was rated as 'Good' for 'Are services safe?' 'Are services caring?', and 'Are services well-led?'. The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services responsive?'. The contractor received an overall rating of 'Requires Improvement'. The CQC identified areas of non-compliance with CQC standards some of which also constitute contractual breaches. For example: <ul style="list-style-type: none"> The practice had not met the minimum 90% target for three of four childhood immunisation uptake indicators. The practice's uptake for cervical screening in 2017/18 was 67.7% which was below the 80% coverage target for the national screening programme. 	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

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	<ul style="list-style-type: none"> ➤ The practice only partially learned and made improvements when things went wrong; ➤ Patient feedback showed patients could not always access care and treatment in a timely way. <p>Officers have written to the contractor to advise that:</p> <ul style="list-style-type: none"> • no formal contractual action (issue of breach or remedial notice) will be pursued at this time. • the commissioner does not at this time require implementation of a timed action/improvement plan in respect of contractual matters linked to the CQC inspection report.⁷ • the contractor should consider actions which they currently are able to take in respect of concerns raised in their CQC report • the commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC <p><u>Rationale for Officer Decision</u> The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol. The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.</p> <p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>In this case, there are no breaches linked to patient safety issues.</p> <p>In all cases, the contractor would be recommended to consider actions which they currently are able to take in respect of concerns raised in their CQC report.</p>						
<p>Potential Conflicts of Interest and mitigations</p>	<p>Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16th April 2020.</p>						
<p>Impacts of this proposal</p>	<table border="1"> <tr> <td data-bbox="435 1518 703 1630">Financial impact</td> <td data-bbox="703 1518 1436 1630">Not applicable</td> </tr> <tr> <td data-bbox="435 1630 703 1704">Impact on patients / service users</td> <td data-bbox="703 1630 1436 1704">Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.</td> </tr> <tr> <td data-bbox="435 1704 703 1854">Impact on providers, including PCN's</td> <td data-bbox="703 1704 1436 1854">Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support.</td> </tr> </table>	Financial impact	Not applicable	Impact on patients / service users	Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.	Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support.
Financial impact	Not applicable						
Impact on patients / service users	Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.						
Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support.						

⁷ Choose text in this paragraph where an action plan is not required/ will not be monitored at this point.

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Confirmation of relevant engagement	Borough Officers/LMC Officers have been consulted with regard to offering support to the practice in developing / implementing action plans.
Author:	Christine Lancaster
Job Title:	Senior Commissioning Manager
Directorate:	Commissioning & Planning
Officers' Approving this decision:	Nick Langford
Job Title:	Assistant Head of Primary Care
Directorate:	Commissioning & Planning
Clinical Lead:	Dr Jonty Heaversedge
Responsible Director:	Kate Moriarty-Baker
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	
Appendix 1	CQC Report: https://www.cqc.org.uk/location/1-545225942

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South East London
Clinical Commissioning Group

Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Triangle Group Practice- Review of need for contractual action following the inspection by the CQC on 26 November 2019	
Borough	Lewisham	
Practice Details	Practice Name/Code	Triangle Group Practice G85120
	Contract Type	GMS
	Site Address(s) inc. branch sites	2 Morley Road, East Lewisham, SE13 6DQ
	List Size	7422 (as at 1 April 2020)
	No. of Partners	Three
	Current CQC Rating	Overall "Requires Improvement"
	PCN Details	Lewisham Alliance PCN, includes 6 practices.
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
	CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>
Summary	<ul style="list-style-type: none"> The Care Quality Commission carried out an announced comprehensive inspection of Triangle Group Practice on 26 November 2019. The report was published on 13 January 2020; The contractor was rated as 'Good' for 'Are services caring?' and 'Are services responsive?' The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services well-led?' and 'Inadequate' for 'Are services safe?' The contractor received an overall rating of 'Requires Improvement'. The CQC identified areas of non-compliance with CQC standards some of which also constitute contractual breaches. For example: <ul style="list-style-type: none"> ➤ In relation to safeguarding, partners and staff were not trained to appropriate levels for their role; ➤ the practice had not checked the status of clinical staff indemnity since August 2018; 	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

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- blood test results were not always recorded on records for patients who were prescribed high risk medicines and some of these patients did not receive appropriate monitoring and clinical review prior to prescribing;
- there were some gaps in arrangements to deal with medical emergencies;
- The practice has not met the minimum 90% threshold for all four of the childhood immunisation uptake indicators;
- In relation to cervical cancer screening, the screening figures were below the 70% uptake rate where the target rate is 80% and there was no evidence of effective action being taken to improve these outcomes.
- Diabetes indicators were trending towards negative variations and the practice was unable to provide any improved data.

Officers have written to the contractor to advise that:

- no formal contractual action (issue of breach or remedial notice) will be pursued at this time.
- the contractor is required to implement a timed action/improvement plan in respect of contractual matters linked to specified elements of the CQC inspection report which involve patient safety concerns.
- the contractor should consider actions which they currently are able to take in respect of other concerns raised in their CQC report and especially those in domains rated as inadequate.
- the commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC

Rationale for Officer Decision

The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol. The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.

Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.

In this case, the following breaches are linked to patient safety issues:

- In relation to safeguarding, partners and staff were not trained to appropriate levels for their role;
- the practice had not checked the status of clinical staff indemnity since August 2018;
- blood test results were not always recorded on records for patients who were prescribed high risk medicines and some of these patients did not receive appropriate monitoring and clinical review prior to prescribing;
- there were some gaps in arrangements to deal with medical emergencies;

In all cases, the contractor would be recommended to consider actions which they currently are able to take in respect of other concerns raised in their CQC report and especially those in domains rated as inadequate

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Potential Conflicts of Interest and mitigations	Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16 th April 2020.	
Impacts of this proposal	Financial impact	Not applicable
	Impact on patients / service users	Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.
	Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support.
Confirmation of relevant engagement	Borough Officers have been consulted with regard to offering support to the practice in developing and implementing action plans and resolving the matters of concern identified by the CQC and which are linked to contractual requirements.	
Author:	Christine Lancaster	
Job Title:	Senior Commissioning Manager	
Directorate:	Commissioning & Planning	
Officers' Approving this decision:	Nick Langford	
Job Title:	Assistant Head of Primary Care	
Directorate:	Commissioning & Planning	
Clinical Lead:	Dr Jonty Heaversedge	
Responsible Director:	Kate Moriarty-Baker	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information		
Appendix 1	CQC Report https://www.cqc.org.uk/location/1-559769040	

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Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Bermondsey Spa Practice - Review of need for contractual action following the inspection by the CQC on 1 October 2019	
Borough	Southwark	
Practice Details	Practice Name / Code	Bermondsey Spa Medical Centre / G85623
	Contract Type	PMS
	Site Address(s) inc. branch sites	50 Old Jamaica Road, London, SE16 4BN
	List Size	11,415 patients as at 1 April 2020
	No. of Partners	3
	Current CQC Rating	Requires Improvement
	PCN Details	North Southwark PCN, 13 practices
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>	
Summary	<p>The Care Quality Commission carried out an announced comprehensive inspection of Bermondsey Spa Medical Centre on 1 October 2019. The report was published on 25 November 2019.</p> <p>The contractor was rated as 'Good' for 'Are services caring?'. The contractor was rated as 'Requires Improvement' for 'Are services safe?', 'Are services effective?', 'Are services responsive?' and 'Are services well-led?'. The contractor received an overall rating of 'Requires Improvement'.</p> <p>The CQC identified areas of non-compliance with CQC standards some of which also constitute contractual breaches. Some examples include:</p> <ul style="list-style-type: none"> ➤ The practice had gaps in relation to mandatory training 	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

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- The practice did not have a robust recruitment system
- The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, but these systems were not always effective.
- The practice's childhood immunisation uptake rates were below the World Health Organisation (WHO) target of 95%. Childhood immunisation uptake rates for the practice are between 79% and 84%
- The practice's breast and bowel cancer screening indicators for the practice were relatively lower than national averages. There were no active steps the practice was taking to increase uptake.
- The practice results for the national GP survey were below local and national averages.
- The practice staff reported that leaders were not easy to approach. Staff mentioned there was a communication barrier, and felt they were not always given the opportunity to express their thoughts. Staff views were not reflected in the planning and delivery of services.
- The practice was not monitoring the vaccine refrigerator when staff were absent.

Officers have written to the contractor to advise that:

- No formal contractual action (issue of breach or remedial notice) will be pursued at this time.
- The contractor is required to implement a timed action/improvement plan in respect of contractual matters linked to specified elements of the CQC inspection report which involve patient safety concerns.
- The commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC.

Rationale for Officer Decision

The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol.

The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.

Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.

In this case, the following breaches are linked to patient safety issues:

- The practice had gaps in relation to mandatory training, particularly safeguarding training
- The practice did not have a robust recruitment system

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	<p>➤ The practice was not monitoring the vaccine refrigerator when staff were absent</p> <p>In all cases, the contractor would also be recommended to consider actions which they currently are able to take in respect of other concerns raised in their CQC report and especially those in domains rated as inadequate.</p>	
Potential Conflicts of Interest and mitigations	Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16 th April 2020.	
Impacts of this proposal	Financial impact	Not applicable.
	Impact on patients / service users	Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.
	Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support.
Confirmation of relevant engagement	Borough Officers and LMC Officers are already engaged with the practice in relation to wider practice improvements and plans associated with their business case, and the LMC continue to offer support to the practice in developing and implementing action plans and resolving the matters of concern identified by the CQC.	
Author:	Miren Querejeta-Lopez	
Job Title:	Primary Care Commissioning Manager	
Directorate:	Commissioning and Planning	
Officers' Approving this decision:	Nick Langford	
Job Title:	Assistant Head of Primary Care	
Directorate:	Commissioning & Planning	
Clinical Lead:	Dr Jonty Heaversedge	
Responsible Director:	Kate Moriarty-Baker	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information		
Appendix 1	CQC Report: https://www.cqc.org.uk/location/1-2715509380	

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South East London
Clinical Commissioning Group

Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Lordship Lane Surgery - Review of need for contractual action following the inspection by the CQC on 11 February 2020	
Borough	Southwark	
Practice Details	Practice Name / Code	Lordship Lane Surgery / G85681
	Contract Type	PMS
	Site Address(s) inc. branch sites	417 Lordship Lane, London SE22 8JN
	List Size	5395 patients as at 1 April 2020
	No. of Partners	2
	Current CQC Rating	Requires Improvement
PCN Details	South Southwark PCN, 18 practices	
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>	
Summary	<p>The Care Quality Commission carried out an announced comprehensive inspection of Lordship Lane Surgery on 11 February 2020. The report was published on 10 April 2020.</p> <p>The contractor was rated as 'Good' for 'Are services caring?' and 'Are services responsive?'. The contractor was rated as 'Requires Improvement' for 'Are services safe?', 'Are services effective?' and 'Are services well-led?'. The contractor received an overall rating of 'Requires Improvement'.</p> <p>The CQC identified areas of non-compliance with CQC standards some of which also constitute contractual breaches. Some examples include:</p> <ul style="list-style-type: none"> ➤ The practice did not have a system in place to check periodically professional registration with the relevant professional body. 	

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

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- The practice had not taken two references as stated in their recruitment policy.
- The practice did not monitor the prescribing of controlled drugs appropriately. For example, the practice continued to prescribe high risk medicines to two patients in the absence of appropriate monitoring in line with guidelines.
- The practice did not record serial numbers of prescription stationary upon receipt.
- The practice did not have a formal controlled drug prescribing audit which reviewed the appropriateness of prescribing.
- Childhood immunisation uptake rates were between 67% and 75%, below 80% and below the World Health Organisation (WHO) target of 95%.
- Cervical screening rates were 61%, below the national average of 80%
- Some staff had not completed mandatory training including information governance, equality and diversity and mental capacity act training.
- There were some areas where there was a lack of effective monitoring and oversight including certain aspects of medicines management and risks associated with the premises which adversely impacted on the quality of service provided.
- The governance systems in place to ensure all patients prescribed high risk medicines were appropriately monitored was not effective.
- Governance arrangements for monitoring risks associated with the premises were not sufficient as the practice had not taken adequate action to mitigate potential risks associated with legionella.
- The practice did not always use information effectively.
- The practice was always not sufficiently proactive to ensure timely improvements were made.

Officers have written to the contractor to advise that:

- No formal contractual action (issue of breach or remedial notice) will be pursued at this time.
- The contractor is required to implement a timed action/improvement plan in respect of contractual matters linked to specified elements of the CQC inspection report and warning notice which involve patient safety concerns.
- The commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC.

Rationale for Officer Decision

The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol.

The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.

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	<p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>In this case, the following breaches are linked to patient safety issues within the patient safety domain:</p> <ul style="list-style-type: none"> ➤ The practice did not monitor the prescribing of controlled drugs appropriately. For example, the practice continued to prescribe high risk medicines to two patients in the absence of appropriate monitoring in line with guidelines. ➤ The practice did not have a formal controlled drug prescribing audit process which reviewed the appropriateness of prescribing. ➤ The practice did not have a system in place to check periodically professional registration with the relevant professional body. ➤ The practice had not taken two references as stated in their recruitment policy. <p>In all cases, the contractor would also be recommended to consider actions which they currently are able to take in respect of other concerns raised in their CQC report and especially those in domains rated as inadequate.</p>	
Potential Conflicts of Interest and mitigations	Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16 th April 2020.	
Impacts of this proposal	Financial impact	Not applicable.
	Impact on patients / service users	Patient safety related actions will continue to be addressed and resolved within normal contractual timescales.
	Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support.
Confirmation of relevant engagement	Borough Officers have been consulted with regard to offering support to the practice in implementing action plans and resolving the matters of concern identified by the CQC and which are linked to contractual requirements.	
Author:	Miren Querejeta-Lopez	
Job Title:	Primary Care Commissioning Manager	
Directorate:	Commissioning and Planning	
Officers' Approving this decision:	Nick Langford	
Job Title:	Assistant Head of Primary Care	
Directorate:	Commissioning and Planning	
Clinical Lead:	Dr Jonty Heaversedge	

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Responsible Director:	Kate Moriarty-Baker
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.	
List of appendices/ Supporting information	
Appendix 1	CQC Report: https://www.cqc.org.uk/location/1-537675048

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South East London
Clinical Commissioning Group

Officers Decision CQC and Improvement Plan COVID-19 arrangements

Date: 14 May 2020

Title	Nexus Health Group - Review of need for contractual action following the inspection by the CQC on 23 rd and 29 th October 2019	
Borough	Southwark	
Practice Details	Practice Name/Code	Nexus Health Group G85034
	Contract Type	PMS
	Site Address(s) inc. branch sites	Princess Street Practice (Main site), 2 Princess Street, SE1 6JP; Sir John Kirk Close, 3 Sir John Kirk Close, SE5 0BB, Surrey Docks Health Centre, Rotherhithe, SE16 6AE; Decima Street Surgery, 6 Decima Street, SE1 4QX; 1 Manor Place, Walworth, SE17 3BD Artesian Health Centre, 138 Grange Road, SE1 3GF; 109 Commercial Way, Peckham, SE15 6DB; Aylesbury Partnership, 279 Old Kent Road
	List Size	77,809 (at 1 April 2020)
	No. of Partners	~16
	Current CQC Rating	Overall "Requires Improvement"
	PCN Details	North Southwark PCN, 17 practices
This paper is for Officer's Decision		
This officer decision paper relates to	Temporary suspension of lists	<input type="checkbox"/>
	Boundary changes	<input type="checkbox"/>
	Discretionary payments ¹	<input type="checkbox"/>
	Contractual changes (transactional) ²	<input type="checkbox"/>
	Locum reimbursements/ other GP cover ³	<input type="checkbox"/>
	Infection, prevention and control concerns ⁴	<input type="checkbox"/>
	GP rent review ⁵	<input type="checkbox"/>
	e-Dec irregularities	<input type="checkbox"/>
CQC report contractual actions during COVID-19 ⁶	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> The Care Quality Commission carried out an announced comprehensive inspection of Nexus Health Group on 23rd and 29th October 2019. The report was published on 24 January 2020; 		

¹ E.g. such as premises cost payments/redistribution of in year PCN funding

² E.g. Non contentious e.g. GMS single hander partnership changes, changes to practice names, 24-hour retirement of single-handers

³ E.g. Known late claims and already budgeted for in-year.

⁴ E.g. Where practices don't respond in time, or don't provide adequate assurance in their plans or address concerns in the time specified. Officers will take a view whether to escalate the concerns in line with the SOP and the WG should be informed.

⁵ E.g. VFM report identifies a no. of concerns about a proposed lease between landlord and tenant, and officers will need to determine if a lease needs to be changed, in agreement with the borough leads

⁶ Based on approach agreed by SEL CCG PCCC at its 16th April meeting

ENCLOSURE: 4
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<p>Summary</p>	<ul style="list-style-type: none"> The contractor was rated as 'Good' for 'Are services caring?', 'Are services safe?' and 'Are services well-led?' The contractor was rated as 'Requires Improvement' for 'Are services effective?' and 'Are services responsive?'. The contractor received an overall rating of 'Requires Improvement'. The CQC identified areas of non-compliance with CQC standards none of which constitute contractual breaches. For example: <ul style="list-style-type: none"> The practice needed to increase staff knowledge in relation to Safeguarding for non-clinical staff. The practice had not met the 90% target for four childhood immunisation uptake indicators The cervical cancer screening uptake indicator at the time of the visit was below the England Average of 80% The practice's performance for bowel cancer screening was below the national average of 57% with the practice being at 41%. The national GP survey results showed that the practices had performed low on experiences of making an appointment and patients who were satisfied with the appointments they were offered. <p>Officers have written to the contractor to advise that:</p> <ul style="list-style-type: none"> no formal contractual action (issue of breach or remedial notice) will be pursued at this time. the contractor should consider actions which they currently are able to take in respect of concerns raised in their CQC report. the commissioner will review the position in due course as the COVID crisis resolves. The commissioner reserves the right to take further appropriate action following consultation with stakeholders including the borough team and LMC <p><u>Rationale for Officer Decision</u></p> <p>The SEL CCG at its meeting on 16th April 2020 endorsed a recommendation to implement a 'Managing CQC Cases During COVID 19' protocol. The protocol detailed a process by which, during the COVID 19 crisis, no formal contractual action would be taken in respect of contractual breaches identified as a result of published CQC reports or warning notices.</p> <p>Where a CQC report led the commissioner to conclude that a contractual breach involving a risk to patient safety was demonstrated, the contractor would be required to agree a timed action plan which would be monitored by the commissioner / primary care team.</p> <p>In this case, there are no breaches linked to patient safety issues.</p> <p>In all cases, the contractor would be recommended to consider actions which they currently are able to take in respect of concerns raised in their CQC report.</p>	
<p>Potential Conflicts of Interest and mitigations</p>	<p>Not applicable as this is an Officer Decision that has already been made in accordance with an approach agreed by the SE London PCCC on 16th April 2020.</p>	
<p>Impacts of this proposal</p>	<p>Financial impact</p>	<p>Not applicable</p>

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	Impact on patients / service users	In this case there are no patient safety related actions.
	Impact on providers, including PCN's	Subject to the number and type of patient safety actions that the GP contract holders need to address, there may be a need to provide local professional advice and support. In this case there should be limited impact.
Confirmation of relevant engagement	Borough Officers have been consulted with regard to offering support to the practice in developing and implementing action plans.	
Author:	Christine Lancaster	
Job Title:	Senior Commissioning Manager	
Directorate:	Commissioning & Planning	
Officers' Approving this decision:	Nick Langford	
Job Title:	Assistant Head of Primary Care	
Directorate:	Commissioning & Planning	
Clinical Lead:	Dr Jonty Heaversedge	
Responsible Director:	Kate Moriarty-Baker	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information		
Appendix 1	CQC Report: https://www.cqc.org.uk/location/1-542937588	