

**NHS DORSET CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE  
PRIMARY CARE UPDATE**

<b>Date of the meeting</b>	04/10/2017
<b>Author</b>	R Payne, Head of Primary Care
<b>Purpose of Report</b>	The report provides an update on areas of work by Primary Care.
<b>Recommendation</b>	The Committee is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	NHS England / Local Medical Council / Public Health / Clinical Leads / Primary Care Operational Group / Primary Care Reference Group / Member practices
<b>Previous GB / Committee/s, Dates</b>	Directors Performance Meeting 19 September 2017

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : RP

## 1. Introduction

- 1.1 The purpose of this report is to provide further assurance of the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and develop local plans for sustainability and transformation.
- 1.2 This report provides an update on Commissioning and Contracting development, Workforce planning, Improving Access to General Practice Services (IAGPS), infrastructure improvement and delivery of GP Forward View ambitions.

## 2. Commissioning and Contracting

- 2.1 The work associated within commissioning and contracting of General Practice contributes to the outcomes of the Primary Care strategy, Dorset's Primary Care GP Forward View Delivery Plan and full delegation requirements by:
  - Ensuring good quality of primary care provision in Dorset by managing and monitoring the Primary Medical Contracts (PMS/GMS/APMS);
  - Developing services to enable the commissioning of integrated models of care that support the different needs of the population;
  - Developing commissioning and contracting arrangements to enable General Practice and the wider health system to collaborate and deliver at scale;
  - Improving outcomes and reducing unwarranted variation for areas that the CCG are outliers in;
  - Developing outcome based commissioning within general Practice to enable population based commissioning across the health system.
  - Investing in services which align with the primary care strategy and CCG's Sustainability and Transformation plan
- 2.2 The information below provides updates on progress being made against the above strategic outcomes:

### Internal Audit Review

- 2.3 Progress against 'ensuring good quality of primary care provision in Dorset by managing and monitoring the Primary Medical Contracts (PMS/GMS/APMS)'
- 2.4 An Internal Audit Review of Primary Care Commissioning and Contracting has been undertaken by TIAA during the Summer of 2017 (see Appendix 1 for final report findings).

- 2.5 The purpose of the audit was to ascertain the progress being made on the plans to address the sustainability and quality of General Practice, the processes in place for agreeing separate contracts with Primary Care providers to ensure equitability of service, the impact following the outcome of the Integrated Community Services project and provide assurance on the effectiveness of contract monitoring arrangements of General Practice.
- 2.6 The report makes a series of recommendations but overall the assessment provides reasonable assurance.
- 2.7 Further work is required to implement contract management and monitoring of practices with a focus to increase the number of practice visits and documentation of visits to include spot checks of local enhanced service validation. Recommendations include that joint practice visits between Primary Care and Quality teams be introduced.

### **Commissioning Intentions**

- 2.8 Progress against 'developing services to enable the commissioning of integrated models of care that support the different needs of the population and developing commissioning and contracting arrangements to enable General Practice and the wider health system to collaborate and deliver at scale':
- 2.9 A paper suggesting areas for consideration is to be discussed at the Primary Care Reference Group (PCRG) in September.
- 2.10 The paper highlights the need to plan for further investment in Primary Care noting a number of commissioning challenges:
- practices who merge need to provide equitable services for all their patients, at present there is inequity in services offered;
  - the re-investment of funding into Primary Care from de-commissioned services to ensure that local enhanced services can be offered to all practices year on year;
  - financial modelling to ensure spend is kept within the financial envelope;
  - proposed enhanced services that could be offered to all practices year on year:
    - \* Phlebotomy in General Practice;
    - \* Lower Limb Ulceration (proposed locality model);
    - \* Community Based Surgery (proposed locality model);
    - \* Frailty (proposed move to locality model);
    - \* Drug Monitoring (Near Patient Testing).

## **Contract Management**

- 2.11 Progress against 'ensuring good quality of primary care provision in Dorset by managing and monitoring the Primary Medical Contracts (PMS/GMS/APMS)':
- 2.12 Practice Profiling Dashboard (see Appendix 2) indicates the profile of individual practices against selected domains and trends within the locality.
- 2.13 Following TIAA Audit review recommendation for practice visits, the Primary Care team will be working with the Quality team to schedule practice visits which will include a combination of standard visits and deep dive visits based on practice profiling dashboard highlights.

## **Mail Transport Service (MTS)**

- 2.14 Following the October 2016 PCCC MTS paper, Dorset CCG has now implemented the recommendations approved. From January 2017, all Dorset Practices now contribute towards the mail delivery element of the MTS service. In total this equates to £148.7K pa. The CCG is funding the blood pick up element of the service, at a cost of £230.4K.
- 2.15 In subsequent months, following the new charges to practices, the Primary Care team has received a significant level of negative feedback. This is predominantly in regards to the level of costs passed to practices. Practices feel it does not represent good value for money as the level of physical mail has substantially reduced but costs have increased. Practices report increased use of electronic forms of communication including referrals and a reduced service need.
- 2.16 The CCG has received several requests for practices to withdraw from the mail element of the MTS contract. A request has also been made for the whole of the North Dorset Locality to withdraw from the mail service.
- 2.17 An in-depth survey undertaken by over a third of practices in Dorset indicated that a significant amount of mail leaving practices is generated by other providers.
- 2.18 The Primary Care team, with input from colleagues in Finance and Contracting, are now leading a review of the service, with meetings with providers already undertaken and further meetings taking place with partners to the contract in September 2017.
- 2.19 It is anticipated that a full MTS options paper will be produced by November making recommendations on how the service is taken forward. This will include a benchmarking summary, risk profile and budgetary impact.

## **Commissioning Reviews**

- 2.20 Progress against 'Investing in services which align with the Primary Care Commissioning Strategy and CCG's STP':
- 2.21 In addition to completing the reviews already started in 2017, services being considered for reviews to de-commission include:

- Caudal Epidural LES;
- Audiogram Clinic;
- In-house specialist services.

## **RightCare and Demand Management**

- 2.22 Progress against 'Improving outcomes and reducing unwarranted variation for areas that the CCG are outliers in':
- 2.23 Primary Care has been working with key CCG team members representing OFRG (Operational Finance Reference Group), Right Referral, RightCare acute leads and RightCare pathway task and finish groups to agree a joint approach to addressing demand management.

## **Key Risks and Risk Mitigation**

- 2.24 Progress against 'ensuring good quality of primary care provision in Dorset by managing and monitoring the Primary Medical Contracts (PMS/GMS/APMS)'.
- 2.25 Work continues to support a number of practices with significant resilience issues. The CCG is working closely with NHS England (NHSE) through the GP Forward View GP Resilience programme - details of this scheme are covered elsewhere in this paper.

## **Contracting Models**

- 2.26 Progress against 'Developing commissioning and contracting arrangements to enable General Practice and the wider health system to collaborate and deliver at scale and Developing outcome based commissioning within General Practice to enable population based commissioning across the health system':
- 2.27 The CCG is engaging with General Practice in discussions with regards to Accountable Care Organisations. An event has been set up for the 12 September 2017 inviting an external speaker from New Zealand to discuss the "Journey to becoming an Accountable Care Organisation".
- 2.28 NHSE in August 2017 revealed a first national contracts for Accountable Care Organisations which replaces the MCP and PACS contractual models. The Primary Care team is linking with the wider CCG in their discussions with other National representatives to better understand and work through how General Practice can fit within this model. An update of progress will be made to the next Committee meeting.
- 2.29 One of the key services currently being looked at to support outcomes based commissioning and integrated working has been the review of the over 75 Local Enhanced service which has been revised and will be known as 'Frailty' and which aligns and supports the move to integrated delivery and outcome based commissioning.

### 3. Infrastructure: Estates and Technology

#### Estates and Technology Transformation Fund (ETTF)

- 3.1 On 6 June 2017 CCG Primary Care team representatives met with the NHSE Wessex Area Team to formally discuss the ETTF bids for the first time. Outline Business Cases (OBCs) were shared and the CCG was advised that it would need to complete variation forms for each project (as between Project Initiation Document (PID) and OBC some capital cost estimates had increased and cash flows had changed). Variation forms were drafted and sent to NHSE Wessex Area team on 7 June 2017. These forms included details of next stage pre-project costs (i.e. revenue funding required to achieve completed Full Business Cases by December 2017).
- 3.2 At the second meeting with the NHSE Wessex team on 27 July 2017 the CCG was advised that all four PIDs had been rejected. Following the meeting a new PID template was issued with a request that all four Dorset PIDs would need to be re-worked and re-submitted using the new template. The CCG team was instructed to do no further work on Business Cases.
- 3.3 Following the 27 July 2017 meeting work on the Dorset ETTF Programme was halted until such times as the format and content of the four PIDs could be agreed. This delay comes despite the fact that we are 10 months into the programme of work, OBCs have been approved internally by Dorset CCG, and costs incurred to-date in the development of OBCs have been reimbursed by the NHSE Wessex Area team.
- 3.4 This delay will jeopardise the likelihood of full spend being achieved before 31 March 2019.
- 3.5 Concerns were escalated within NHSE and via the Department of Health Strategic Estate Planning and Implementation (SEPI) team. On the 29 August 2017 members of the CCG's Primary Care team attended a meeting with Jo Fox, the NHSE national lead for the ETTF Programme. NHSE Wessex and NHS Property Services (NHSPS) were also in attendance. It was acknowledged that progress to-date has been unacceptably slow – the complex nature of the process, a lack of clarity regarding funding rules and the delayed publication of the revised Premises Cost Directions all being contributory factors.
- 3.6 Action plans were jointly agreed for each of the four schemes:
  - Project 1 - New-build replacement for Wareham Health Centre: Re-submission of the PID required (variations to scheme scope to be reflected). The Business Case for this scheme needs to be merged with the Business Case for the Wareham Community Hub. ETTF pre-project funds and One Public Estate funds should be pooled and used to support the development of the Outline and Full Business Cases (integrating primary community and social care objectives). Timing may preclude the use of ETTF capital for this scheme and other sources of capital may need to be explored;

## 7.3

- Project 2 – Relocation of the Carlisle House Surgery into new leased premises: No further work required on the PID. Jon Murphy from the national NHSE ETTF team will provide support to ensure that a Full Business Case can be developed quickly (template documentation developed for a similar project in Sussex will be utilised);
- Project 3 – Improved Utilisation and Refurbishment of the Boscombe and Springbourne Health Centre: No further work required on PID or Business Case. This scheme will require the allocation of NHSPS Customer Capital to top up the ETTF allocation. NHSPS will therefore take forward the next stages of work including joint working with the NHSE Project Appraisal Unit (PAU) to plan for the release of capital;
- Project 4 – Refurbishment of the Parkstone Health Centre: Re-submission of the PID required (minor variations to scheme scope to be reflected). This scheme will require the allocation of NHSPS Customer Capital to top up the ETTF allocation. NHSPS will therefore take forward the next stages of work including joint working with the NHSE PAU to plan for the release of capital.

3.7 Discussions with the NHSE national ETTF Programme Lead have clarified the way forward and identified additional resources that can be used to support the local team. It is clear that ETTF represents only one possible source of capital funding. For each of the four Dorset projects contingency plans will need to be developed. These plans will investigate a range of other capital funding sources.

### **Premises Improvement Grants 2017/18**

3.8 In July 2017 the NHSE Wessex Area team reviewed the prioritised Premises Improvement Grant proposals submitted by the Dorset CCG Primary Care team. On the 17 August 2017 Dorset CCG was informed that an increased award of £993,300 had been provisionally approved (earlier communications suggested that only £291,000 would be available). This funding can be used to deliver smaller Primary Care transformational schemes.

3.9 The Primary Care team will now work with local Practices to finalise detailed plans and implement delivery of the successful proposals.

### **Strategic Estate Planning and Implementation (SEPI)**

3.10 The Naylor Review (independent report produced by Sir Robert Naylor in 2017 for the Department of Health) recommended that estates capabilities be strengthened through a national service providing property expertise and delivery support to STPs, Commissioners and Providers.

3.11 The SEPI team is a new national centre of excellence set up to advise and support STPs develop and then successfully implement their estate strategies.

## 7.3

- 3.12 SEPI aims to support local health service transformation whilst at the same time allowing the system to deliver core Government targets on capital receipts from land disposal and new housing built on public sector land (the Government's mandate to NHSE for 2016-17 includes a specific target – "ensure CCGs' local estates strategies support the overall goal of releasing £2bn and land for 26,000 homes by 2020").
- 3.13 NHSPS and Community Health Partnerships provide a Strategic Estates Planning (SEP) service to the NHS. This will be evolved and strengthened further to provide all STPs with independent advice to develop and then successfully implement their estates strategies. It will supplement local and in-house capability and help source further expert advice, tailored to local needs.
- 3.14 The SEPI Programme will strengthen the current strategic estates planning by:
- increased transparency and visibility of the national estates pipeline for all 44 STPs;
  - improving the pace of delivery including option assessments and business case approvals;
  - improving the rate of disposal completion and capital receipts, and;
  - establishing a clearer understanding of how estates and other capabilities, including technology, interface.
- 3.15 The SEPI Programme will run for 12 months, starting with an initial three-month pilot phase commencing in Summer 2017. The learning from the pilot phase will influence the design the wider programme.
- 3.16 The Programme is sponsored by DH and supported by NHS Improvement and NHSE.
- 3.17 Dorset STP is one of only six STPs selected to participate in the SEPI pilot. An initial workshop was held on the 4 July 2017 and follow up discussions have taken place with representatives of the One Acute Network and the Integrated Community and Primary Care Services team.
- 3.18 The SEPI Team is currently working on "the offer to Dorset" – early indications are that this will be made up of a number of targeted offers of support including:
- assistance with the Estates Technology and Transformation Programme work programme (unblocking the blockers);
  - facilitating training on Business Case development (sharing good practice and developing skills locally);
  - advising on and supporting the processes associated with Business Case development in both the Community and Acute sectors (sharing good practice and forming strong linkages with the NHSE PAU);

- engaging with Local Authority partners to ensure that One Public Estate funds can be accessed effectively (sharing good practice and identifying ways in which One Public Estate (OPE) funds can be secured to support local projects).

3.19 The SEPI Programme has the potential to feed specialist estate planning and development skills and knowledge into existing Dorset STP workstreams. With the input of this additional resource Dorset should be in a position to accelerate the pace of change, enabling it to transform the built environment more rapidly so that new models of care delivery are supported appropriately.

## 4. Transforming Primary Care

### General Practice Forward View Assurance

- 4.1 The CCG continues to work with NHSE to provide assurance across all GP Forward View delivery areas. We continue to maintain full assurance on most areas of GPFV and will be submitting detailed evidence in October for workforce and estates to advance these areas from amber to green.
- 4.2 We are now working as part of the NHSE ACS (Accountable Care System) Primary Care Development Programme and will be completing a baseline assessment of Primary Care within our ACS during September to inform support and development planning.
- 4.3 To support our assurance process we have been working closely with the Design and Transformation team to embed an effective PMO process and implementation of the new CCG Cycle system in September. It is anticipated that this will enable both localities and the CCG to track progress through regular highlight reports, manage risk and ensure compliance with statutory requirements including Equality Impact Assessments. An overarching PID has been developed to define the GPFV programme and how it aligns and contributes to transformation across the wider health care system. The PID sets out programme objectives (national and local), with trajectories and milestones. The programme will be delivered at:
- Primary Care system level – 12 GPFV Delivery Programmes will support transformation across Dorset. Some of these programmes are directly led by the Primary Care team and others include projects managed within other portfolios of work in the system;
  - Locality Level - development and implementation of 12 Local Transformation and Sustainability Programme Plans (TSPP).

4.4 Training on Sycle system will be made available to locality teams in September. Further development work on production of an overarching programme score card is being developed with the Business Intelligence team, linked to Strategic Data Collection System (SDCS) reporting requirement. The GPFV included a number of commitments where routine data is not available to monitor progress in implementation and the impact on patients. Our first data return was made to NHSE in July was well received and has informed the development of the new quarterly return. From September 2017 CCGs will submit data via the SDCS portal. Once logged in to SDCS providers can submit data via the downloadable pro forma on a quarterly basis. This survey of CCGs aims to plug those information gaps and will collect data on an ongoing basis in areas such as online consultations, care co-ordination and access to General Practice. This central data collection is in addition to the ongoing assurance required by NHSE Wessex team.

4.5 Launch and submission dates:

Period	Launch date	Deadline date
P1	1 September 2017	15 September 2017
P2	1 November 2017	14 November 2017
P3	TBA	TBA

### Locality Sustainability and Transformation Plans

4.6 Alignment of Locality plans to the GP Forward View ambitions is now in place and all localities will have submitted detailed draft plans by mid-September for uploading into the Sycle system. These plans will form the basis of the informed audience events in October to ensure we continue to build stronger local relationships and enable plans to be co-produced. All key stakeholders identified in the previous locality audience analysis will be invited and feedback from these events will shape the final iteration of the locality Sustainability and Transformation Plans which will be available by December.

### Prevention at Scale

- 4.7 Planning work has commenced to develop a Public health programme offer to each Dorset locality. The Public Health team are working with North Dorset Locality to capture the learning from pilot work to inform this plan.
- 4.8 Support to Localities for prevention at scale is being considered by Health and Wellbeing Boards to try to better understand the resource needs to inform business planning for this work.
- 4.9 Locality support for this work has been considered by clinical leads through the Primary Care Strategy group who recommend this work includes supporting practices and localities to have a better understanding of Public Health intelligence for their local populations. Locality Public Health profiles are under development which will be made available to each Locality to inform local plans.

### **Improving Access to General Practice Services (IAGPS)**

- 4.10 A Proof of Concept phase for IAGPS will run from 1 October 2017 to 31 March 2019. All localities have submitted an Expression of Interest in providing this service, achieving a 100% coverage across Dorset. This 18 month phase will seek to bring localities and other local providers together as transformation groups, in some areas localities taking the lead on local delivery arrangements whilst developing stronger at scale delivery partnerships.
- 4.11 A patient survey, focussing on IAGPS, has been completed across Dorset with over 1,500 responses received; these will be compiled into a report to be distributed to localities to inform the response to local need. The survey indicates there is a patient need for urgent GP appointments, both at the evenings and weekends.
- 4.12 A focus of the initial resources of the IAGPS proof of concept phase will be on urgent Primary Care and where possible aligning planning to support GP streaming and existing local service offers. The Proof of Concept phase seeks to improve access across Dorset, adjusting services where necessary to achieve efficiencies and expand population coverage to 100%, in order to align with a wider procurement of the Integrated Urgent Care Access, Advice, Assessment and Treatment Service (IUCATS) from 1 April 2019.
- 4.13 There is a fuller report on the Primary Care Commissioning Committee agenda.

### **GP Resilience Programme**

- 4.14 **16/17 Scheme:** we are working with practices in receipt of funding in order to be able to provide assurance to NHSE that plans are in place and are being actioned.

#### **17/18 Scheme:**

Practices across Wessex have been categorised 1-3 with Category 1 practices being the highest priority and level of need. We continue to work with NHSE to progress these plans:

- all practices have completed self-referral forms which were submitted to NHSE on the 30 August 2017;
- the next stage is to agree Memorandum of Understanding with the practices and for the CCG to meet with the NHSE appointed facilitators;
- Primary Care Relationship Managers have been asked to liaise with localities/practice and facilitators if their locality has an identified practice.

### **Managing Clinical Correspondence (MCC)**

- 4.15 Eleven of our 13 localities have now booked their MCC training with either HERE or Insight Solutions. Current forecast is that in excess of 75% of practices will have undergone training by March 2018.

- 4.16 Two localities will major on Active signposting, training reception staff and care navigators to ensure patients get to the right place at the right time, during 17/18. They will pilot training providers on behalf of the remaining localities.

## **Online Consultations**

- 4.17 The two main national providers have been approached to present to practices in order to inform commissioning and roll-out of this service across Dorset. In summary: .
- Primary Care Strategy Implementation Group (PCSIG) have asked that the CCG recommend a single Dorset solution;
  - the solution needs to access (or have immediate plans to access) the patient record;
  - the solution will need to align with current direction of travel for Access to Urgent Care;
  - an option for a Dorset wide GP Hub will be explored although the funding from NHSE currently only supports procurement of the software.

## **Releasing Time for Care**

- 4.18 The NHSE national team are delivering two workshop series for practices. Firstly, a two day series on the Fundamentals for Quality Improvement. This is a 'bitesize' extraction of the General Practice Improvement Leaders course, successfully being delivered nationwide. The course is aimed at equipping people leading change in Primary Care with the skills to implement change.
- 4.19 The second is a series of three half-day workshops that offers an opportunity for those practices who are interested in progressing Care navigation delivery this year, as well as an early insight for all practices, into the workload and patient benefits that this innovation can offer.
- 4.20 The Primary Care Workforce Centre are promoting these exciting opportunities to our practices.

## **Workforce Planning Update**

- 4.21 The Workforce team within the CCG made an offer around Primary Care Workforce Planning which included provision of baseline data, development of a workforce plan and a set of recommendations. Ellie Parson, Head of Workforce, developed a Workforce Profile for each Locality which was sent to the relevant Locality Chair and Transformation Lead in August 2017. The Workforce Profiles contained Workforce Data for the Locality derived from HSCIC returns from September 2016 (the most recent complete data set). This included an age profile of the workforce against each position type. The Profiles then contained the ICPS recommendations for the Locality. The missing data is the community provider (Dorset Healthcare) which have provided workforce data but not yet defined at Locality level. The final section of the Profiles was a summary of the findings which highlighted the main workforce issues identified.

- 4.22 The next steps, defined in the communication of the Workforce Profiles, include the validation of the data. This is required at both Locality and Practice level. Dorset Healthcare are working on the community provider data to be defined at Locality level. This data will be put together to allow the development of a Workforce Plan, by Locality, using recommended workforce models. The feedback from Practice level data is that validation is difficult within current workloads. We need to open a debate on how and when the current baseline data is validated.
- 4.23 Clinical Leadership meetings are taking place in each Locality which include Workforce Planning as an agenda item. These meetings are attended by Dr Forbes Watson, Dr Anu Dhir, Emma Shipton and the relevant Transformation Lead. Some Localities are moving with more urgency on their Workforce Plans and there are different levels of ambition being shown. The Plans need to be owned by all practices within the Locality but Workforce are able to assist the move from baselines to robust conversations.
- 4.24 To support this work the Workforce team are recruiting two Workforce Redesign Leads.

## **Communications and Engagement**

- 4.25 On 4 September 2017, a Primary Care Commissioning Strategy update was given to the Dorset Health Overview and Scrutiny Committee (HOSC). The update was generally well received. This follows on from a paper presented in April. Committee members had a better understanding of our Strategy and the challenges facing Primary Care. Members were also updated on work with the national team as part of the Accountable Care System development. Concerns were expressed about access in rural areas and the importance of developing a transport plan to ensure good access to General Practice and community healthcare sites. Healthwatch highlighted their work on access to Primary Care and further work planned including looking at Care Home access to Primary Care.
- 4.26 During September a series of engagement events are planned in Localities to support and facilitate partnership working as part of the Improving Access to General Practice Services and IUCATS programme.
- 4.27 The next phase of engagement with key stakeholders will take place in October aimed at widening stakeholder involvement in the development and refining of locality Sustainability and Transformation Plans.

## **5. Conclusions**

- 5.1 Good progress continues to be made in delivery of the Primary Care Commissioning Strategy and GP Forward View ambitions. More detailed planning work is to be undertaken to be able demonstrate progress at Locality level.

## 6. Recommendation

6.1 The Committee is asked to note the Primary Care update report.

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**Date :** 19 September 2017

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<b>APPENDICES</b>	
<b>Appendix 1</b>	Internal Audit – Assurance Review of Primary Care Commissioning and Contracting
<b>Appendix 2</b>	Practice Profiling Dashboard