

ICB Primary Care Commissioning Committee

Date of meeting	20 July 2023
Title of paper	Slaidburn Country Practice (SCP) P81620 Options appraisal with recommendation
Presented by	Collette Walsh: Associate Director Primary & Integrated Neighbourhood Care
Author	Collette Walsh Supported by: Maxine Elstob – Procurement and Market Development Manager – North East Commissioning Support (NECS)
Agenda item	3.1(a)
Confidential	No
Executive summary	
<p>This paper is to support the Primary Care Commissioning Committee (PCCC) to consider options relating to the award of a long term contract for the Slaidburn Health Centre, which is acknowledged as being a very small, rural practice with a registered patient list of 1,393 ('actual' as at 01.04.23), and an "atypical" GP Practice.</p> <p>Short term contract extensions that have been in place since 2019 are coming to an end on 30 September 2023.</p> <p>The current incumbent provider, Bowland Health, are keen to find a longer-term resolution to this issue and has expressed a consistent and sustained interest in continuing to provide services at Slaidburn Health Centre.</p> <p>A market engagement exercise was undertaken in October 2022, which reported in November 2022, and as a result of the market engagement, the incumbent actively participated, and one other provider engaged at a very basic level with limited interest.</p> <p>In discussions with the ICB's procurement support team at North East Commissioning Support (NECS), a series of options have been explored and discussed at the ICB's Primary Care Medical Contracting Sub-Group and meetings detailed within this report.</p> <p>In summary these options were as follows:</p> <ul style="list-style-type: none"> A. Undertake a competitive procurement process in line with Public Contract Regulations 2015 to award a contract for a period of 10 + 5 years and request a short-term continuation of the current delivery terms and continuation. B. Direct Award to the current provider (10+5 years) without further market engagement. C. Publish a Voluntary Ex Ante Transparency (VEAT) notice via Find a Tender Service (FTS) and Contracts Finder, advising the market of the ICB's intention to direct award a contract to the incumbent without competition (prior to 	

<p>awarding the contract and publishing contract notice as required under the Public Contract Regulations 2015).</p> <p>This paper provides an options appraisal of each option.</p> <p>Please note that North East Commissioning Support (NECS) is commissioned by NHSE to provide procurement support to the ICB.</p>				
Recommendations				
<p>Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none"> Consider the options and the legal/expert procurement advice Support the preferred option of Option B, a Direct Award to the current provider (10+5 years) without further market engagement. 				
Implications				
	Yes	No	N/A	Comments
Associated risks	x			Contained within this options appraisal
Are associated risks detailed on the ICB Risk Register?		X		
Financial Implications	x			
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Primary Care Medical Contracting Sub-Group	16 March 2023		Information and awareness only - awaiting legal advice.	
Extraordinary LSC ICB Primary Care Contracting Group	31 March 2023		Further discussion required in context of patient engagement report	
Primary Care Commissioning Committee [Part 2]	8 June 2023		Consideration of the information required to inform an options appraisal	
Primary Care Commissioning Committee [Part 2]	29 June 2023		Further consideration of the information required to inform an options appraisal	
Conflicts of interest associated with this report				
Potential bidders. Any interest would be declared and managed.				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed	x			
Equality impact assessment completed	x			
Data privacy impact assessment completed				
Report authorised by:	Dr David Levy: Medical Director NHS Lancashire and South Cumbria ICB			

ICB Primary Care Commissioning Committee

20 July 2023

Slaidburn Country Practice (SCP) P81620

Options appraisal with recommendation

1. Context

- 1.1. Slaidburn County Practice (SCP) is an unavoidably small and rurally isolated practice located in the Ribble Valley.
- 1.2. It has a weighted list size of 1,596.3 (as at 01.04.23) and unweighted or 'actual' list size of 1,393 covering an area of approximately 120 square miles.
- 1.3. Historically SCP was one of only three practices in England that received inducement payments, additional resource to account for its rurality.
- 1.4. The nearest A&E is located at Blackburn Royal Infirmary, which is 23 miles away across the Bowland Fell, and ambulance access and response times are significantly longer than elsewhere across Pennine Lancashire, and community services are often stretched across a broad geographical area. There is no public transport. As a result, patients tend to rely on the practice to provide a wider range of services than is normally regarded as 'core' general practice, for example provision of a medicines dispensary service, and staff require regular training to maintain their skills for providing first response in the absence of A&E.
- 1.5. Farming is the dominant industry in the area and has the highest injury rate across all industrial sectors. It is difficult to measure this effect, but it can be summarised as a greater independence by patients from hospital care and a significant reliance on care from the practice.
- 1.6. As a result of this rurality, the communities served by this practice take a particular interest in ensuring that a high quality, accessible service is maintained here.
- 1.7. Prior to the incumbent provider taking over the contract in 2019, the previous provider at Slaidburn Country Practice did not feel that the available funding would be sufficient for them to maintain adequate service provision based on their service delivery model, and as a result advised they would be unable to maintain the service and deliver the contract beyond 30 September 2019. This proved to be extremely unsettling for local people and attracted national interest and direct intervention from the local MP.
- 1.8. Following detailed stakeholder and market engagement, the Clinical Commissioning Group (CCG) considered a range of options and determined that

there was a need to maintain a service in Slaidburn and therefore agreed to undertake a procurement process. The CCG undertook an open procurement for a short-term contract for a stability partner for 2 years to better understanding activity and demand, agree a more appropriate service delivery model and reduce costs longer term. Bowland Health Ltd, the Incumbent Provider were awarded the contract from 1 October 2019 and redesigned the service model which enabled delivery within a prescribed financial envelope.

- 1.9. The current incumbent provider has managed to deliver the service within the agreed financial envelope, proving that a practice with these challenges is viable and affordable.
- 1.10. The local Patient Participation Group (PPG) feel that the incumbent provider has the specific knowledge pertinent to the health needs of the community of Slaidburn, and all are keen to avoid any further instability or worry for patients living in these communities.
- 1.11. The ICB has a responsibility to ensure provision of services with the best outcomes for the public, working within the statutory frameworks that are in place. Given the rurality of the area and the associated challenges that it presents for delivering primary care, for example staff recruitment and the logistics of accessing care, it is important that all these factors are taken into consideration when making a decision.

2. Current Position

- 2.1. The original Slaidburn core contract, held by the current incumbent provider was a 2+1-year contract 2019 to 2021. This was extended for 12 months until 30 September 2022 due to the Covid 19 Pandemic utilising the +1 option within the contract.
- 2.2. However, it was then extended for 12 months again until 30 September 2023 to enable continuity of service delivery and a timeframe for the provision of a new procurement. There was no actual provision in the contract for this last continuation, therefore a new contract was issued. This decision was approved at East Lancashire Clinical Commissioning Group (CCG) Primary Care Committee on 29 March 2022. From 30 June 2022 the CCG, along with all other Lancashire and South Cumbria CCGs was disbanded to form the Lancashire and South Cumbria Integrated Care Board.
- 2.3. A market engagement exercise was undertaken by the North of England Commissioning Support unit (NECS) on behalf of the ICB and NHS England during October 2022 to enable the ICB to fully assess the risks in relation to any options. A Prior Information Notice (PIN) was published on Find a Tender, and an Early Engagement notice was published on Contracts Finder on 21 October

2022. The request for information (RFI) was viewed by five providers who registered on the NECS e-tendering portal.

- 2.4. Of the five providers who viewed the documentation, one indicated that they were going to submit a response and ultimately did so (incumbent provider). Three did not indicate whether they would submit a response or not and ultimately did not.
- 2.5. The three organisations who expressed interest were subsequently asked for feedback via survey as to why they did not submit a response. One provider responded to advise that they did not submit a response to the RFI due to the small patient list size. Although the opportunity was smaller than they would usually consider they would be interested in discussing the opportunity further. No further correspondence has been received from this provider.
- 2.6. There is no evidence to indicate changes in the market or in the needs of the population served by the practice.

3. Options for consideration by the Primary Care Commissioning Committee

- 3.1. Three options are detailed below for consideration, along with an options appraisal for each, including assessment of risk and the benefits of each option.
- 3.2. Legal advice has been provided to the ICB, which has help inform the options appraisal and the contents of this paper have been reviewed and informed by expert procurement advice.
- 3.3. Legal advice supports these as options for consideration, and although the advice did not specifically refer to a Voluntary Ex Ante Transparency (VEAT) notice (option c), it does state that further market engagement would enable the ICB to fully assess the risks in relation to these options. This view is supported by NECS, however there are practical considerations given the unique characteristics of this practice that must be taken into account in any decision making as described throughout the options appraisal.
- 3.4. NECS recommend that a full procurement process should commence if following publication of a VEAT notice, there was evidence of market interest.

The three options are:

- A. Undertake a competitive procurement process in line with Public Contract Regulations 2015 to award a contract for a period of 10 + 5 years and request a short-term continuation of the current delivery terms and continuation.

- B. Direct Award to the current provider (10+5 years) without further market engagement.
- C. Publish a VEAT notice via Find a Tender Service (FTS) and Contracts Finder, advising the market of the ICB's intention to direct award a contract to the incumbent without competition (prior to awarding the contract and publishing contract notice as required under the Public Contract Regulations 2015).

3.5 An assessment of each option is provided below:

Option A: Undertake a competitive procurement process in line with Public Contract Regulations 2015 to award a contract for a period of 10 + 5 years and request a short-term continuation of the current delivery terms and continuation.
The new contract start date would be 01 March 2024

Benefits: ICB will have the opportunity to undertake further pre-market engagement. This option is in line with **Public Contract Regulations 2015**.

Risk Description	Mitigation
No bids received as limited interest from the market	<ul style="list-style-type: none"> Incumbent has expressed an interest in bidding
Waste of resources and public funds in publishing a competitive process when only limited interest has been demonstrated.	<ul style="list-style-type: none"> No mitigation can be provided; however, it could be considered that a competitive process may produce an improved financial model and therefore improved use of resources.
Incumbent provider may not bid for services	<ul style="list-style-type: none"> No mitigation can be provided however incumbent has expressed an interest in bidding
New provider unable to achieve financial balance/stability and contract placed at risk. Please note also that SCP is a dispensing practice, and any new provider may be reluctant to undertake these responsibilities or inexperienced.	<ul style="list-style-type: none"> A realistic financial envelope will be provided Remains a risk/has presented past destabilisation
Lost opportunity for financial and administrative efficiencies that a direct award process may provide	<ul style="list-style-type: none"> No mitigation can be provided
Current provider will not agree to continue to deliver services whilst a competitive procurement process is undertaken as a result of difficulties in securing staff to deliver the service	<ul style="list-style-type: none"> No mitigation can be provided as the primary care is under significant pressure and no immediate stability partners available

There is a risk of destabilising services that have been evidenced as being of a high quality and delivering a transformational approach/ achieving financial balance.	<ul style="list-style-type: none"> • No mitigation can be provided other than ensuring that there is a supportive implementation period for any new provider
Risk that another provider may not have the skillset to achieve a high quality service with financial balance	<ul style="list-style-type: none"> • Comprehensive procurement and engagement strategy and evaluation • Robust due diligence for any new provider as is standard practice within a procurement process
Patient Quality/Risk	
Risk of further concern and uncertainty created for patients and stakeholders that implementing a full procurement process would bring, when demonstrably only active interest from incumbent provider'	<ul style="list-style-type: none"> • Market Engagement has demonstrated only 1 potential interest in delivering services from a non-local provider. This interest was only understood following direct contact by the ICB with the supplier to understand why they did not respond to the market engagement exercise following review of the documentation. The provider advised that they do not bid for such small contracts but would be open to discuss. No further contact has been made from the provider since November 2022

Option B: Direct Award for a period of 10 years + 5 years to the incumbent without competition or further engagement with the market. **Services to commence with effect from 01 October 2023.** The Direct Award process will be delivered in accordance with Regulation 32 of the Public Contract Regulations in that competition is absent for technical reasons. The incumbent provider will be required to demonstrate their capability and capacity to deliver services in line with the service specification therefore providing a robust audit trail that quality services can be delivered in accordance with the set requirements.

Benefits:

- Business continuity and timescales maintained – no destabilisation of services post Covid 19
- Currently evidence of a high-quality service being delivered and a transformative approach to service delivery (please see **Appendix A**)
- Resources are not wasted in completing a competitive process.
- Whilst there are risks with this option, on balance the risk of legal challenge is considered to be low and should be assessed alongside the benefits for patients living in this area.
- Evidence shows a high level of patient satisfaction with the current service provider, no areas of concern in relation to performance (either contractual or financial), a well-led practice and outstanding responsiveness to patient need (please see **Appendix A**)
- The Incumbent Provider has strong relationships with the Local Primary Care Network (PCN) and has worked with the PCN to develop staffing solutions.

Risk Description	Mitigation
<p>Risk of Challenge from providers under the Public Contract Regulations 2015</p> <p>Damages awarded to a provider via the court based on lost opportunity. The provider would need to demonstrate lost earnings as a result of not being able to bid for services; it is not</p>	<ul style="list-style-type: none"> • Market engagement undertaken in November 2022 resulted in 1 provider, the incumbent submitting an expression of interest • Following the engagement process, when providers were prompted to understand why they did not express an interest 1 provider, who does not operate in the LSC locality advised that they would not ordinarily be interested in such a low

<p>the contract value, more along the lines of what profit they may have made.</p> <p>Reputational damage to the ICB - Legal advice states that the level of risk of challenge to such a decision would directly correlate with the ICB's understanding of the level of interest in providing these services amongst other providers in respect of this practice which would flow from market engagement activity.</p>	<p>contract value but would be willing to discuss. No further contact has been received from the provider</p> <ul style="list-style-type: none"> Any challenger would need to demonstrate in court that they had an actual interest in delivering the service and be able to outline the revenue lost as a result of not securing the contract This is a rural locality with a small list size
Risk that incumbent would not be interested in delivering services	<ul style="list-style-type: none"> The incumbent has expressed an interest in delivering future services
Risk that the incumbent provider may not agree with the financial envelope provided.	<ul style="list-style-type: none"> The ICB will ensure that there is a clear line of sight into the development of an affordable and sustainable financial model. Both the service specification and the proposed financial envelope would be presented for agreement to Primary Care Committee in August 2023. A long term contract will allow the incumbent provider to plan and reduce locum costs Non-agreement would result in a competitive procurement If a decision were made by the committee on 20 July 2023 to support Option B, a timely finance discussion would be held with the incumbent provider.
Risk that services will not continue following expiry of the current contract	<ul style="list-style-type: none"> N/A – The incumbent has expressed an interest in delivering services following expiry of their current contract
Patient Quality/Risk	
Risk that the provider is not providing a high quality service.	<ul style="list-style-type: none"> N/A – There is evidence through patient engagement of a high-quality service being delivered and a transformative approach to service delivery (please see Appendix A)

Option C: Publication of a Voluntary Ex Ante Transparency Notice (VEAT) to advise Direct Award

- To mitigate any risk of challenge, perceived as low, a provider may make following a Direct Award Process a VEAT would be published via Contracts Finder and Find a Tender Service to advise the ICB's intention to direct award to the incumbent provider for a period of 10 years + 5 years. The VEAT notice would be live for 30 days, after this period if no provider expresses an interest the ICB would move to direct award. If interest is expressed then a competitive procurement would follow. **[New Contract would start in October 2023 if a direct award was appropriate, however, if a full procurement were required the new contract start date may be April 2024]**
- This process would allow the ICB to have an understanding of the current market position and help to reduce any risks associated with next steps, however the results of the previous market engagement need to be considered.

Risk Description	Mitigation
Risk that incumbent will not extend current services whilst VEAT notice is published	<ul style="list-style-type: none"> • Initial discussions with the incumbent have indicated they would be likely to extend services
Risk that a provider expresses an interest following publication of a VEAT and then only one bid would be received from the incumbent provider which would result in waste of resources.	<ul style="list-style-type: none"> • VEAT would include all details required to allow a diligent provider to determine if they would be interested in delivering services i.e., contract period, value, list size
Waste of resources in undertaking a competitive process/continued enquiries with the market, given that only 1 bid is received from the incumbent provider	<ul style="list-style-type: none"> • No mitigation can be provided • Considerable ICB Officer time required in re-engaging with the market
Financial risks to incumbent provider who is unable to employ staff permanently on a contract that is terminating, whilst VEAT is being undertaken	<ul style="list-style-type: none"> • No mitigation other than encouraging the incumbent provider to make the best use of Additional Roles Reimbursement Scheme (ARRS) roles via PCN
Patient Quality/Risk	
Insufficient engagement undertaken with service users/public to inform future service provision	<ul style="list-style-type: none"> • There is evidence through patient engagement of a high-quality service being delivered and a transformative approach to service delivery (please see Appendix A).

4. Due Diligence

4.1 Due diligence in relation to the current contractual position covering these areas is attached at **Appendix A:**

- Patient experience and stakeholder engagement
- Contractual/performance assurance
- Quality and Safeguarding Metrics
- Quality Outcomes Framework (QOF) for 2012/22
- Financial Assurance

4.2 PCCC members have also received further supporting information that is not included in this report due to the confidential or commercially sensitive nature of the information.

5. Summary

5.1 The ICB has a responsibility to ensure provision of services with the best outcomes for the public, working within the statutory frameworks that are in place. This includes understanding and responding to needs within communities that are unique and present both challenges and opportunities based on their location.

5.2 Given the rurality of the area and the associated challenges that it presents for delivering primary care, for example staff recruitment and the logistics of accessing care, it is important that all these factors are taken into consideration when making a decision.

5.3 There are three options available to the ICB as the next steps and all three have been robustly appraised and risk assessed.

5.4 Option B: Direct Award to the current provider (without further market engagement) provides the most robust option in terms of maintaining a safe, cost effective service with the least risks to business continuity, at a time when primary care is under significant pressure to clear a backlog of care created by the Covid 19 Pandemic, and to modernise services in line with the requirements of the GP Access Recovery Plan 2023.

5.5 In addition, evidence shows a high level of patient satisfaction with the current service provider, no areas of concern in relation to performance (either contractual or financial), a well-led practice and outstanding responsiveness to patient need.

5.6 Whilst there are risks with this option (see section 3), on balance the risk of legal challenge is considered to be low and is, arguably, significantly outweighed by the benefits for patients living in this area, in that a high quality,

safe, effective service will be secured and supported to develop further with the stability of a long term contract underpinning any service development.

- 5.7 Market testing was last completed in October/November 2022. There was limited interest (please see page 12). There is no evidence to indicate changes in the market or in the needs of the population served by the practice.
- 5.8 The ICB has also carefully considered key factors relating to the current contractual provision given one of the options is to direct award the contract to the incumbent provider (patient experience and stakeholder engagement; contractual and performance position; quality and safeguarding metrics and also financial assurance) and is clear on the current position.

6. Recommendations

- 6.1 The Primary Care Commissioning Committee are asked to:
- consider the options, the legal/expert procurement advice and Appendix A due diligence.
 - support the preferred option of option B, a direct award to the current provider (10+5 years) without further market engagement

Appendix A:

Due diligence in relation to the current contractual position covering the areas of

- Patient experience and stakeholder engagement
- Contractual/performance assurance
- Quality and Safeguarding Metrics
- Quality Outcomes Framework (QOF) for 2012/22
- Financial Assurance

1. Patient experience and stakeholder engagement

Patient engagement exercise

The ICB communications and engagement team ran a patient engagement exercise from November 2022 to January 2023 in order to gain an insight into the experiences of patients at Slaidburn Country Practice.

The exercise took the form of an online survey (paper copies were available within the practice) as well as face-to-face opportunities which took place within the practice itself.

A response rate of almost 17 per cent of the list size was achieved and the feedback was overwhelmingly positive. Patients expressed a deep satisfaction with the current GP and team at the practice and only raised very minor concerns, mainly around car parking and out-of-hours appointments.

The engagement exercise demonstrated that patients would be very happy to have assurance that the management of the practice would continue in its current form.

Full engagement report is available here: [Slaidburn Country Practice -
engagement report.pdf \(healthierlsc.co.uk\)](https://healthierlsc.co.uk/Slaidburn_Country_Practice_-_engagement_report.pdf)

Patient participation group

Slaidburn Country Practice has a very engaged and proactive PPG. The group has around 12 members and meets with the practice quarterly.

In a meeting with the PPG in January, it was expressed to the ICB that patient experience is very positive.

Friends and Family Test

Unfortunately, due to the small list size, very few friends and family tests have been received into Slaidburn Country Practice, and in some months the sample size has

been too small for the results to be declared. Below are all the available results since FFT resumed in July 2022:

- December 2022 – 6 responses: 100% positive
- October 2022 – 20 responses: 95% positive
- September 2022 – 20 responses: 100% positive
- August 2022 – 13 responses: 100% positive

GP Patient Survey

In the 2022 GP Patient Survey, Slaidburn Country Practice scored higher than the ICS and national average in every question.

Results are available here: [Patient Experience \(gp-patient.co.uk\)](https://gp-patient.co.uk)

Summary of the results:

- 100% find it easy to get through to this GP practice by phone
- 100% find the receptionists at this GP practice helpful
- 98% are satisfied with the general practice appointment times available
- 99% describe their overall experience of this practice as good.

2. Contractual/performance assurance

There are no current areas of concern in relation to this practice.

3. Quality and Safeguarding Metrics

Complaints – There are no records of complaints for Slaidburn Country Practice at NHSE. Please note that the majority of practice complaints go directly to practices with only 5-10% of practice GP practice complaints reported to NHSE, however there is no local soft intelligence which indicates patient dissatisfaction.

Incidents – Feedback from NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) Quality Team for Lancashire and South Cumbria - The practice has not reported any internal or external incidents. The Quality Team have no reported StEIS incidents involving the practice. Advised by Patient Safety team that they have no StEIS reports related to the practice.

CQC registration status– Slaidburn Country Practice (provider - Bowland Health Ltd) was last inspected between 5th and 16th November 2021. It was rated as Good overall – Safe (Good), Effective (Good), Caring (Good), Responsive (Outstanding) and Well Led (Good). There have been no previous inspections whilst registered under this name. The practice was taken over by Bowland Health Ltd in 2019. East Lancashire Medical Services were the previous providers. No CQC reports were found for this period.

Patient Participation Group (PPG) – The PPG was reformed in 2019 when Bowland Health Ltd took over as providers. The website summarises the aims and Terms of Reference of the PPG and provides a link to the full details which are transparent and robust and suggest the practice is meeting its contractual requirements set out in the GP contract. There are minutes of 5 PPG meetings on the practice website dated – 28.11.19, 09.03.20, 19.05.20, 09.09.20 and 10.12.20. The practice Facebook page refers to PPG meetings on 06.10.22, 11.05.22, 19.10.21. The Facebook page also refers to a Friends of Slaidburn Country Practice on 22.03.23. The minutes provide evidence that the practice engages well with the PPG and there approx. 16 members. The practice actively seeks out ways of engaging with its patients particularly those identified as vulnerable or hard to reach. It is clear the practice wants to involve the PPG in decision making and wants to serve its population well and understand patient feedback. The ICB commitment is to engage and involve PPG members should there be procurement moving forward.

4. QOF performance 2021/22

Demographics such as age, deprivation scale, and ethnicity should all be considered when reviewing QOF indicators. It is noted that the practice has a considerably lower exception rate than the ICB and England Average which suggests the practice is proactive in supporting their patients and engaging with hard-to-reach patients which is also reflected in the Patient Participation evidence.

	Practice	Sub ICB Average	England Average
Total Achieved	589.0/635.0 92.85%	92.31%	91.82%

	Practice	Sub ICB	England Average
Personal Care Adjustments rate	4.46%	9.58%	8.56%

Domain Total	Practice	Sub ICB Average	England Average
Clinical	355.60/401.0 88.68%	97.4%	95.39%
Public Health	160/160 100%	75.98%	79.12%
Quality Improvement	74/74 100%	100%	99.98%

The Practice achieved 100% in all but 3 of the 3 clinical domains demonstrating the same or above the sub ICB Average and England Average. The 3 clinical domains below average are Diabetes Mellitus, Heart Failure and Hypertension. Further investigation involving the practice would be required to understand the rationale for this as there is a significant difference. It could have been a result of workforce/training issues or patient compliance or coding issues.

	Practice	Sub ICB Average	England Average
Diabetes	503.74/76.0 70.71%	92.61%	88.46%

Heart Failure	28.67/41.0 69.93%	97.89%	96.22%
Hypertension	16.65/25.0 66.60%	95.91%	91.26%

Again, demographics such as age, deprivation scale and ethnicity should be considered when reviewing prevalence rates as this may affect the prevalence rates of certain diseases as well as proactive health checks and screening.

	Practice	Sub ICB Average	England Average
Asthma	7.27%	7.8%	6.47%
Atrial Fibrillation (AF)	2.02%	2.12%	2.09%
Cancer	3.72%	3.45%	3.34%
Chronic Kidney Disease (CKD)	4.96%	3.74%	3.98%
Chronic Obstructive Pulmonary Disease (COPD)	1.71%	2.44%	1.87%
Dementia	0.62%	0.78%	0.72%
Depression	11.79%	14.06%	12.65%
Diabetes Mellitus	6.16%	7.97%	7.26%
Epilepsy	0.37%	0.93%	0.79%
Heart Failure	0.47%	0.95%	0.95%
Hypertension	18.23%	15.06%	13.97%
Learning Disability	0.08%	0.57%	0.55%
Mental Health	1.01%	1.05%	0.95%
Osteoporosis	0.30%	0.93%	0.85%
Palliative Care	0.08%	0.58%	0.46%
Peripheral Arterial Disease (PAD)	0.85%	0.92%	0.58%
Rheumatoid Arthritis (RA)	0.55%	0.76%	0.78%
Secondary Prevention of Coronary Heart Disease (CHD)	3.80%	3.77%	3.01%

Stroke and Cerebral Vascular Accident	2.25%	2.05%	1.81%
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Further work is needed to be clear on the three areas where the practice is below national benchmark and why. Consider of improvements in these 3 areas would be included if direct award is the approved option. Exploration of the data and any associated improvements would form part of any direct award implementation planning

Prescribing data – Not provided with any specific data but feedback provided states that the practice is the highest performing practice in the Pennine locality using the prescribing quality score card, achieving green for all 11 elements.

Safeguarding – Slaidburn practice have completed a safeguarding assurance framework self-assessment that demonstrates appropriate safeguarding training compliance and the practice engage often with our GP champions forum that is held monthly. The ICB safeguarding team are not aware of any safeguarding Local Authority requests that the practice has had to respond to and there are no active safeguarding concerns for the practice.

5. Financial assurance

There are no reported issues for finance.

There are no issues identified within financial accounts last filed in February 2022.

The Slaidburn contract is a block contract which is paid through Primary Care Support England (PCSE) so there is no invoicing involved and therefore little engagement between the finance team and the provider.