Special Edition
December 2014

NHS
Somerset
Clinical Commissioning Group

Shaping the future of Primary Care together

Welcome to this month's combined Newsletter and GP Bulletin.

The purpose of this 'bumper' edition is primarily to share information with member practices on some of the key schemes and initiatives that have been recently introduced to the NHS and give an indication of how they are being interpreted and developed in Somerset.

We hope you find this helpful and informative and that it gives some context in advance of the open meeting for all member practices on 8 January 2015 (see end for details).

On behalf of the Editorial Team at the CCG we wish you all a Happy Christmas.

Dr Geoff Sharp
Editor

Shaping Primary Care in Somerset

Dr Matthew Dolman, Chairman of Somerset CCG, shares his view on future priorities

What makes a good day in the surgery? Is it a non-attender in the mid morning frenzy? Two visits instead of four or seeing that study day looming on the calendar? The common thread - no space or time to pause and refocus.

Primary care is charging headlong into a future of more and more complexity and pressure. We all know this is unsustainable and to expect that if we keep doing the same thing the situation will improve is nonsensical. The critical question is do we want to be passive or active in the redesign of our local health and social care structures?

There is no doubt that hospitals, community services and social services also have to change in the next two years. The increasing volume of patients, the shortage of funding and a workforce that is at least five years behind the curve in terms of composition, means it all has to be different.

So what will it look like? How can we confront the enormity of the challenge and succeed? The word on everyone's lips, embedded in PowerPoint slides and emblazoned across countless strategies is - integration.

There is growing evidence that creating a joined up experience for patients and professionals alike will deliver a solution and better care for patients. This is also recognised in the national 'Five Year Forward View' and is core to the CCG's strategy for the future.

So what has to be central in this new order? It is the teams who can manage multiple conditions, who can navigate their local community and understand how physical and mental health are so intimately related. Those teams sit firmly in primary care.

However, what isn't predetermined is how the primary care piece of the jigsaw fits into the overall picture and that is best determined by those teams themselves through either an active process or a passive process. We believe by leading and actively involving member practices in projects such as the Test and Learn pilots we can positively shape the future for the better of primary care and our patients.

It isn't currently within the gift of the CCG to directly commission primary care that sits nationally with NHS England and the national GP contract remains protected. However in future CCGs could take on all or part of commissioning primary care services in a new initiative called "co-commissioning " to be launched in April 2015 (see item enclosed). However, this has to be discussed and agreed with our member practices.

The daunting reality is that no part of the health and social care system can remain the same. It is even more disorientating because things are happening so quickly. To make sense of it all needs regular and consistent conversations with all teams being engaged, listened to and supported in thinking what will be best for them.

Can we create the space and time to work together? We have to. We need to know where we are going and be bold in constructing our future - protecting what is best but changing where change is needed. A primary care strategy needs to be jointly created between the practices, the LMC, the Local Area Team and the CCG.

We have agreed a date with the LMC and Local Area Team on Thursday 8 January for an evening meeting where we hope to get as many GPs from Somerset as possible to have a “big conversation" about the future direction of primary care in Somerset.

The imperative to engage at such a scale and pace is fully supported by the LMC and is reflected in the significant changes being seen now in our local services:

- dermatology services at Taunton restricted to urgent and cancer only
- waiting time problems at Taunton and financial pressure at Yeovil
- significant workforce issues and financial pressures in social services

In primary care, the daily increase in patient contacts, the difficulty in keeping and recruiting staff and the movement of work onto primary care is taking us towards a breaking point.

This extended Newsletter aims to give some clarity to the confusing mass of initiatives that are happening. Please take some time over the Christmas period to read and think about them. The CCG wants to help primary care to be informed and to shape its own future.

Dr Matthew Dolman
Chair, Somerset CCG

Commissioning Intentions and

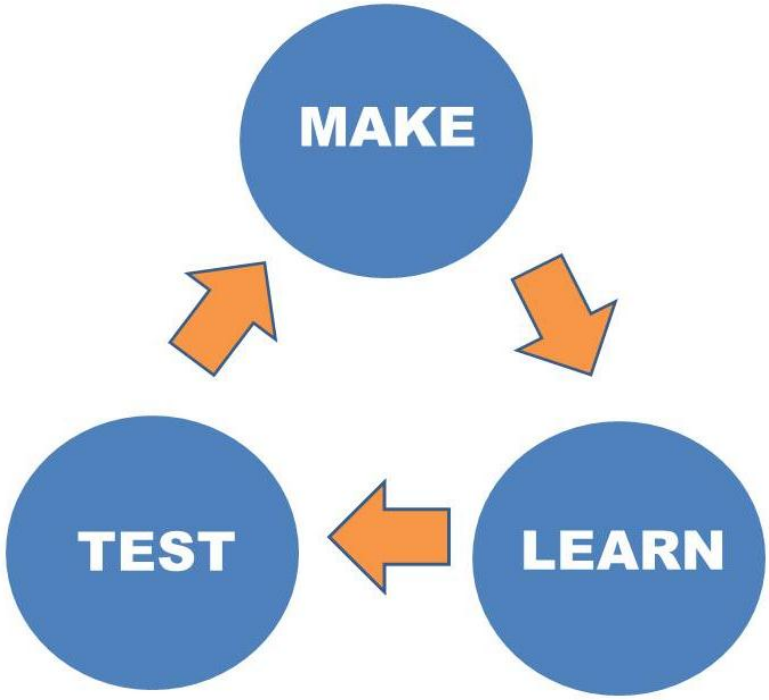
Test and Learn Pilots

We have heard from a number of GPs and practices that they are confused and concerned about this programme. However, the fact that we have three out of four "areas" submitting proposals with primary care involvement illustrates how we have a spectrum of understanding and views from GPs. It also demonstrates the challenge of communicating ideas in a busy environment.

The "Test and Learn" programme was designed to stimulate all providers in Somerset but in particular providers of primary care, hospital, community and adult social care services, to explore the relationships between themselves and develop more effective ways to collaborate.

A significant learning point from the Symphony project in South Somerset was the challenge of getting organisations to truly work with each other. The "Test and Learn" pilots are designed to do what it 'says on the tin' and test out different models of collaboration, focusing on patients with three or more long term conditions and gives an opportunity to primary care to explore how they might work with other local providers and design a new and more effective care model.

Why is the CCG encouraging primary care in Somerset to look at working with others? The other providers are actively working towards re-structuring themselves to deliver integrated care and we want GPs to have the same opportunity. There is no directive here; it is for GPs to understand the national and local encouragement to evolve and to decide how to respond.



We do want to be clear however, that the CCG's aim is to develop a different way of delivering care for people with long term conditions in the future that is more patient-centered and more joined up - a new type of "integrated" model. Central to this model must be primary care. We have the skill sets in our teams that make them crucial to the future and this is also firmly recognised in the national 'Five Year Forward View'. We want to consider whether it will be possible to jointly commission with the local authority a "big offer" for people with long term conditions after the election in May.

The timing to get the bids prepared, evaluated and approved has been challenging for everyone but we wanted to try and give as much time as possible for the "Test and Learn" pilots to start doing something before taking the decision on a “big offer”.

We have heard concerns that developing this work could challenge the fundamentals of the independent contractor status of primary care but we believe that the professionalism of primary care will shape its own destiny while national contracts still protect the core work of general practice.

Somerset is recognised nationally as a forward thinking community and we want to ensure primary care in Somerset takes every opportunity to build on that reputation and can provide better and sustainable care in the future for our patients.

Co-Commissioning

Earlier this year NHS England announced the intention to offer CCGs the opportunity to take on some, or all, of the commissioning responsibilities for primary care under an initiative called 'co-commissioning'.

The scope includes GP services (but not performance management of GPs) but with the terms of PMS/GMS contracts continuing to be set centrally. The reason behind this offer was the growing concern that the current arrangements were hindering progress towards better integrated care for patients and was complicating contractual arrangements for practices.

The CCG has discussed this issue at COG twice and information has been circulated to member practices in recent months but in January it is time for your CCG to make a decision. There are three options:

- greater involvement in primary care decision making
- joint commissioning arrangements
- delegated commissioning arrangements

The first option allows the CCG to have greater influence in discussions with the Area Team (AT) who would retain responsibility for primary care commissioning (but this is not significantly different from the current arrangements with our AT).

The second option allows for a joint committee of the CCG and AT to commission primary care. This would make service re-design easier and allow joint design of local enhanced services (which could replace DES's and QOF) to support local priorities (and no longer require prior NHS England approval). These arrangements could also involve joint schemes with other local CCGs.

The third option involves full delegation of primary care commissioning responsibilities to the CCG which would add to option two the responsibility for performance management of GP contracts and leave no direct involvement of the AT. This last option brings the difficult issue of conflicts of interest into the fore and could also mean that the CCG would have to act if NHS England were to require the CCG to do so in regard to contract performance management – quite different from the current CCG's role. Neither of options two and three are likely to come with significant additional funding to support these new functions.

The need for a decision is the deadline for the CCG to declare its preferred co-commissioning option, with the deadline for option three being Friday 9 January and for option two on Friday 30 January.

It is hoped Federations and member practices have had sufficient information to consider this initiative and the CCG will be approaching Federations for their collective views early in January to inform the CCG's decision.

The view of COG is that option two would offer the most appropriate option for Somerset but we want to hear member practice views before the CCG makes a decision.

The Prime Minister's Challenge Fund

In the current year NHS England has awarded funds of £50m to groups of practices to pilot working together on innovative approaches to access. Although often thought of as '8 til 8, 7 days a week working' - which most GPs cannot contemplate in their practice considering their current workload pressures, the first wave of pilots actually reflect a very diverse range of approaches, including better co-ordinated care for complex patients.

A second wave of the fund (£100m) is now open for applications to fund schemes for next year, and some practices or groups of practices in Somerset have expressed an interest in submitting a bid. Key opportunities include up-front funding for IT and business development costs as well as non-recurring staffing costs. The sorts of projects that are likely to be funded include; shared access to records across practices and other providers, remote diagnostics, pre-consultation planning by patients and patient held records.

The CCG is supporting groups of practices who wish to apply and in particular where large groups could make an impact such as in association with their local Test and Learn pilot. Please talk to your Federation chair or COG delegate if you would like to know more. The national timetable is that any bids must be submitted by Friday 16 January.

Somerset Practice Quality Scheme

In 2013, GPs in Somerset said that QOF wasn't working for them - it was bureaucratic, de-professionalising and didn't support them to provide person-centred care.

The CCG, working in partnership with the LMC, took up the issue with the NHS England Area Team and secured support for a local alternative scheme. We are the only area in the country to secure a full alternative to QOF in 2014/15 and two thirds of practices are participating. The Somerset Practice Quality Scheme (SPQS) is based on what GPs said at the design meetings was important to them. It supports a move away from process measurement towards measuring what really matters to people.

Of course, much of the work previously incentivised by QOF continues, where it is clinically appropriate, but the incremental gains have been put to very good use by Somerset GPs - a multi-disciplinary team meeting here, a project to share nursing staff across practices there. In being able to focus more intently on the patient and their needs in the consultation, SPQS is supporting some of the core values of general practice - holistic care and person-centeredness.

In some places, participating practices have made real strides in redesigning the

healthcare system to better meet the needs of patients. In others, more modest steps have been made. The point is that we have been able to design a contract that helps rather than hinders GPs in Somerset to do their best for patients.

Of course, it hasn't all worked fine first time - SPQS is a pilot, and some elements have been more powerful than others.
Some colleagues have relished the autonomy and freedom to innovate; others find the specification unclear and are less convinced.

As a pilot enhanced service for this year, a decision now has to be made whether the CCG should press for an extension for a further year.

Recognising much of the SPQS work got underway mid-year and is only now gathering momentum, the sense we have is that this work should be encouraged to continue. The CCG would value your feedback through your Federation as to whether to apply for an SPQS extension for 2015/16. The steering group has committed to sharing options with practices by the end of January.

Primary Care Collaboration Fund

In the NHS planning guidance for 2014/15 CCGs were directed to make available recurrent funding of £5 per head of population to support primary care services for older people. This was termed the 'Primary Care Collaboration Fund' but it was not new money. The CCG worked with Federations and the LMC to agree the best use of the fund.

As a result £2 per head was invested in strengthening district nursing, ambulatory care, domiciliary phlebotomy and out of hours services. Ambulatory care treatment clinics commenced in September in Crewkerne and Minehead.

Bridgwater and Yeovil commenced in October and the service will start soon in Taunton. We are finalising arrangements in Frome for a combined ambulatory care and assessment bed option.

£3 per head was made available to Federations for their own schemes to be developed that will support people with long term conditions. Exciting proposals were received from Federations showing collaborative models of care with acute and community providers. The schemes vary from working with the voluntary sector to support people with long terms conditions to self-manage, developing collaborative working with consultants in care of the elderly in the community, to developing care coordination and care planning hubs that have the opportunity to link with the wider local Test and Learn pilots.

Community Services Review

We are very fortunate in Somerset to have 13 community hospitals providing a variety of inpatient and outpatient services. For some time however, it has been recognised that there is more we could do with these facilities and sometimes we are not always getting the right patients into the right setting for their care. To respond to this, the CCG therefore undertook a piece of work called 'Making the Most of Community Services'.

As part of this several strands of work were undertaken including: a community hospital bed audit, data collection about the use of services, engagement with patients and the public together with several workshops involving health and social care professionals. The audit showed that we have a significant proportion of patients in community hospital beds who could be managed at home if there were more services in the community. Most patients in the beds were over 80 years old and the most common reasons for admission were falls and fractures.

The review made a number of recommendations which the CCG's Governing Body approved in November. These included:

- to explore the option of creating one centre of excellence for stroke and neuro rehabilitation
- to create enhanced dementia expertise
- to continue temporary closure of the current 57 closed hospital beds, followed by a phased move to a complement of 210 beds overall as enhanced community based services come on stream
- to provide a two component model of general inpatient provision – 'step up' from home and 'step down' from acute hospital. The 'step up' units would have comprehensive staff and medical cover with access to diagnostics and point of care testing to help admissions avoidance
- to establish 'Health and Wellbeing' centres at each community hospital location including a small number of sites which might have no inpatient beds in the future
- to develop enhanced MIU urgent care centres which will benefit from access to co-located primary care out of hours services, comprehensive geriatric assessment teams and enhanced diagnostic facilities
- to consider increased or innovative uses identified for community hospitals for example services run by the voluntary sector, community cafes, etc

The next stage of this work will be to look to fit the model to meet local needs. It is anticipated a report providing this detail will be presented to the Governing Body in July 2015 prior to subsequent public consultation on any significant service changes.

Better Outcomes through

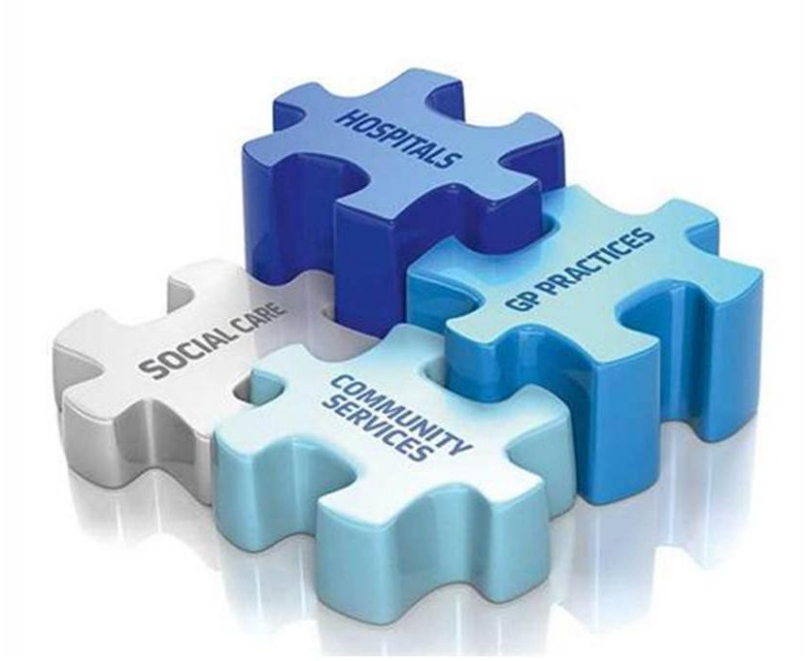
Integrated Care

Somerset CCG has engaged an organisation named ‘COBIC ‘ to help us improve the way we commission services for people with long term conditions by supporting us to develop our approach to outcomes based commissioning. We are all passionate about improving patient outcomes and want to have better co-ordination of services to deliver better quality care.

Outcomes based commissioning is becoming well established within the NHS and the approach is advocated in NHS England’s recent ‘Five Year Forward View’. We need to move from activity 'bean counts' to more meaningful outcomes that directly measure patient experience and outcome.

COBIC has supported a number of CCGs to implement outcomes based contracts for different populations including, for example, older people in Oxfordshire, Croydon, Cambridgeshire and Peterborough, and urgent care in Herefordshire.

Work in Somerset started in November 2014 and COBIC representatives have been talking to key people in Somerset involved in the development and implementation of the CCG’s strategy for person-centred care. A final report with recommendations will be delivered to the CCG early in 2015.



The Better Care Fund

So, the Better Care Fund survived its policy wobble in the summer of 2014 when it became clear that not all parts of the health and social care system was in favour of a radical shift in resources toward social and community based care. The revised guidance for Better Care Plans was issued in August and areas were asked to resubmit their plans but with more emphasis on proposals which would reduce the pressures on emergency admissions to hospital.

For Somerset this means that we made a small number of changes to the schemes which we were supporting through the Better Care Fund. We had already identified Reablement and Rehabilitation as a key component of the Better Care Fund (delivered through our Independent Living Teams) and to this we added more emphasis on person-centred care (building on the Symphony project in South Somerset), and an expansion of FOPAS (Frail Older Persons Assessment Service) scheme which already operates in Yeovil District Hospital.

The Fund is not about bringing new money but the opportunity to allocate existing funds differently to create a more joined-up system. The implementation of Better Care Plans is still scheduled for April 2015 and for Somerset the programme continues to present a significant opportunity to improve outcomes for older people through more joined-up and person-centred care.

Procurement and NHS 111 / OOH and Phlebotomy Services

The procurement of clinical services is a complex process within the NHS with many rules and regulations determining a strict process that has to be followed. Many NHS contracts when up for renewal are not about getting the best price for a service based on a specification. Often the 'cost envelope' is fixed (by the CCG) and the procurement is about getting the best quality and reliability from a service provider based on current and projected amount of activity for that service.

Traditionally the CCG has to write the details of the services required in a specification document which is laid down in a standard NHS format. This process in itself can be very time consuming and it is important to get every detail correct as the specification forms an integral part of the procurement process and the final contract with a provider.

The other major part of the procurement process is the evaluation of bids. Following a shortlisting process, all valid bids received by a set deadline have to be scrutinised by a panel, carefully chosen to avoid any conflicts of interest. The evaluation involves scoring bids against set criteria (which are declared to the bidding organisations) grouped against such areas as quality, clinical effectiveness, innovation, finance, legal, patient engagement. Individual areas are 'weighted' to reflect an agreed relative importance – most often the clinical effectiveness area being weighted the highest.

Scoring of individual panel members' evaluations has to be 'moderated' to ensure there have been no misunderstandings of any bid and ensure bids are fairly assessed and scored.

The outcome from this will be an overall score which allows for a decision to be made as to a 'preferred' bidder or for less complex procurements to announce the organisation to be awarded the contract. During the current year the CCG put out to procurement the NHS 111 and Out Of Hours services. Being a vital service where the delivery of high quality and timely services is critical, this was a very detailed specification. There were three organisations shortlisted for each of the two parts to the service. These organisations submitted bids and each went through the above described process and for both the NHS 111 and the OOH services, Northern Doctors Urgent Care was the preferred bidder having scored the best on their bids. The new contracts are due to start in the summer of 2015.

Similarly, but of less complexity, the CCG agreed to establish a new service for domiciliary phlebotomy. This was a capped price contract with a value of £180k. The standard steps were followed, including a panel evaluation process, with bids individually evaluated and the best scoring bid was from Somerset Partnership who have been awarded the contract which is due to start in March 2015.

The above is a brief description of a complex and time consuming process, both for the CCG and for bidding organisations. To try to streamline this and to get more innovation and better value for money in the process, the CCG is looking to other ways of setting contracts. An increasingly popular model is 'outcomes based commissioning' which allows the CCG to define what it is trying to achieve from the service contract in terms of patient outcomes, for example, and requires providers to set out how they will deliver the required outcome.

Federation development

This year has been another fantastic year for Federations and there are many very positive developments which have been led and influenced by member practices through them. Federations are proving to be an excellent forum through which practice to practice relationships are being developed and looking at the significant pressures on primary care and the wider NHS context this can only be a good thing.

They have enabled some issues like SPQS and local prescribing work to be approached collectively by practices and have provided clinical influence over a number of important strategic decisions such as the retention of two acute centres for stroke care, or decisions to develop a Health Campus on the Shepton Mallet Community Hospital site.

Through Federations we have seen the emergence of new clinical leaders providing a local and accessible face for the CCG when engaging with local patients, the public and other services through health forums.

Federations have also enabled the concept of the CCG as a membership organisation to be manageable across the 75 practices and our large rural county with its varied communities.

So, well done to Federations and in particular, the GPs, Practice Managers, nurse representatives and others who have led this work and made these achievements possible against a backdrop of significant work pressures.

Looking ahead, 2015 will be an important year for Federations not least to consider whether any changes to their roles and structure would be a benefit to members, to the CCG and to patients. There are strengths and successes to build on but some inherent challenges in continuing to define Federations as 'commissioning' only. It is difficult to ask practices to clearly separate their knowledge, skills, and experience as clinicians as providers of primary care services from their role as contributors to the CCG.

Elsewhere in the country there is a growing interest in supporting practices to form provider networks and examples of where commissioners are beginning to offer contracts, for example Local Enhanced Services, to these networks rather than to individual practices. The promotion of practices working collectively is also clearly articulated in the national 'Five Year Forward View'.

So what is most important for Federations to be focusing on in 2015? Should the CCG provide support to practices to become local provider networks? Should we continue to focus on Federations as commissioning entities or divert more attention to supporting practices to work collaboratively together along with other organisations in testing out different models of care?

These are key questions which need to be debated by Federations and for the CCG to address to ensure member practices can meet the challenges of the future.

Care Quality Commissioning and the Quality and Outcome Framework

On 17 November 2014, the Care Quality Commission (CQC) published 'intelligent monitoring' data for information on every general practice in England. This data helps the CQC decide how it should prioritise its inspections under its new in-depth inspection regime, to ensure people receive care that is safe, caring, effective, responsive to their needs, and well-led. The CQC has been using evidence to prioritise its inspections of acute NHS trusts since last October.

The 'intelligent monitoring' data of general practices is made up of different types of evidence on patient experience, care and treatment. The sources used for this data include patient surveys, data from NHS Choices and QOF data. The information was analysed and published by the CQC as different levels of bandings for practices to show the level of risk and help the CQC decide which surgeries it would inspect with the aim of inspecting all GP practices across the country by April 2016.

There was agreement with the CQC that 'intelligent monitoring' data for Somerset practices that opted out of QOF in quarter 4 of 2013/14 would not be used and these practices would not receive bandings as any QOF data for these practices would not be accurate. In the event a number of Somerset practices were rated at Band 1 which is the highest level of risk.

This was a significant concern as this was unfair to Somerset practices and put the reputation of high quality primary care in Somerset at risk. Both the CCG and the LMC raised our concerns about this approach for Somerset and these bandings have since been removed from the CQC website for Somerset practices. We have also discussed with the CQC that the data used for 'intelligent monitoring' is not as robust in terms of validation and standardisation as the data used for acute trusts and this does need to be considered in how it is used in the future.

Glossary

Commissioning Intentions
Commissioners are required to notify providers in advance what they expect to commission from them during the following year. These 'commissioning intentions' are then used by providers to plan their work. In October 2014, the CCG issued an additional letter to the three Foundation Trusts in Somerset and also Bath RUH and Weston as a supplement to its commissioning intentions. This stated that it is highly probable that the CCG will seek to re-procure services for people with long-term conditions in order to provide a more integrated approach. The letter also stated that the CCG wished to support 'Test and Learn' pilots to test the principles for delivery of person-centred care.

'Test and Learn'
Test and Learn is a specific approach to service development, in which rather than following a procurement process, the commissioner works with existing providers, usually over a period of one or two years to test a new approach to delivering services and learning from that test before making a final decision on whether to procure a new service.

Symphony
The Symphony Project is a joint project between South Somerset Healthcare Federation, Yeovil District Hospital, Somerset County Council and Somerset Partnership to develop better integrated care for patients with multiple long-term conditions.

Five Year Forward View
This document sets out the shared view of the lead NHS organisations about the priorities for the NHS for the coming five years.

Local Implementation Group (LIG)
The CCG and Somerset County Council established local implementation groups to co-ordinate local development of integrated care. There are four groups covering the county, loosely based on patient flows to hospitals. Each group is chaired by a GP and includes local providers and commissioners.

Multispecialty Community Provider
This is one of two future care models promoted by the Five Year Forward View. It would consist of a group of GP practices that come together with nurses, hospital specialists, community services, pharmacists and in some instances mental health and social care to create integrated out of hospital care.

Primary and Acute Care System
The second of two future care models promoted by the Five Year Forward View. It would consist of an acute hospital and GPs working together.

Primary Care Collaborative Fund
The fund created with the £5 per head of CCG funding required to be spent on supporting primary care services in Somerset.

Outcome-based commissioning
This is a form of contracting which focuses on outcomes for patients rather than activity or process.

IT Records

The frustration that we have at least four computer systems in Somerset that don't talk to each other is a daily source of inefficiency and a potential safety issue that all the providers in Somerset recognise. To that end, over the last nine months those providers have worked together to understand each other's needs and what that means for patients.

The technology actually exists to link us together and the primary resistance is the information governance issues that wrap around the patient and the organisations.

We are confident that as a community we have unlocked those governance issues and we want to press ahead with commissioning a technological solution that links our systems together.

In another IT area Somerset is a national pilot community for the Care.data relaunch. This is the opportunity to test how best to communicate to patients the benefits of sharing their clinical information from their primary care data.

Controversial in many quarters, but we would urge you to reflect on the benefits that patients both now and in the future could achieve from a national knowledge of the population's health at a new level of detail.

Links
to key documents

Five Year Forward View
http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Primary Care Co-commissioning Guidance
http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf

Prime Minister's Challenge Fund
http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/

CCG 2 Year Plan and 5 Year Strategy
http://www.somersetccg.nhs.uk/somerset-clinical-commissioning-group/about-us/publications/strategies-and-plans/

Making the Most of Community Services
http://www.somersetccg.nhs.uk/ (To be completed)

Details regarding Outcomes Based Commissioning
www.cobic.co.uk .

Some key dates for 2015 for the CCG

Thursday 8 January – Open meeting with all CCG member practices

Saturday 10 January – Co-commissioning: Declaration to NHS England of CCG's electing to take on full delegated functions

Friday 16 January – Submission of bids for Prime Minister's Challenge Fund

Friday 30 January – Co-commissioning: Declaration to NHS England of CCG's electing to take on Joint Commissioning functions

April 2015 Notice to Providers – re-design for provision of long term conditions care services
By April 2015 Start of Test and Learn pilots

July 2015 Stage three Review of Community Services Report

July onwards Evaluation of Test and Learn pilots

Holiday Inn Taunton M5 J25
Thursday, 8 January 2015, 7:30pm

(hot buffet available 6:30pm)

Shaping the Future of Primary Care Together

A significant joint meeting between the Somerset Local Medical Committee, NHS England BNSSSG Area Team and Somerset CCG to allow as many GPs and Practice Managers to come together to openly discuss and have a "big conversation" about where primary care might be heading.

REGISTER NOW:

To register please email:
lmcoffice@somersetlmc.nhs.uk

by **Monday, 5 January 2015** indicating attendance and if the hot buffet is required.

Holiday Inn Taunton M5 J25
Deane Gate Avenue
Taunton, TA1 2UA

NHS England

Somerset Local Medical Committee

NHS Somerset Clinical Commissioning Group