



## **Leacroft Medical Practice**

### **Business Plan 2018 – 2023**

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**i. Purpose and Formation of the Business Plan**

The formation of this business plan is an exciting step for the Practice and represents a chance for self-reflection and to formalise and crystallise our values, beliefs, aims and objectives.

Leacroft Medical Practice has undergone a series of rapid changes internally over the past 3 years, and along with the changing nature of general practice nationally this has given us an opportunity to redefine the Practice as a business and closely examine how we can best serve our patients now and in the future.

We have involved our entire practice team in developing and refining the ideas contained within this plan, and we hope it will provide a useful guide for existing and future team members to help understand who we are, the challenges we face, how we intend to meet them and what we plan to do in the future.

The business plan will also be shared with our Patient Participation Group (the Leacroft Support Group), and our local Clinical Commissioning Group (NHS Crawley CCG). In addition, it will be available for inspection by the Care and Quality Commission (CQC).

**ii. Overview of the practice**

Leacroft Medical Practice is a GMS contract-holding medical practice in Langley Green, Crawley, West Sussex. The Practice has been established in the local area since the 1950s, and currently serves approximately 10,400 patients. We have three GP partners, two nurse partners, a managing partner and three salaried GPs. Our clinical staff also includes a dedicated Frailty Nurse, a paramedic practitioner, and a clinical pharmacist. Leacroft is a training practice, hosting GP registrars, medical students, student nurses and paramedic practitioners on training placements.

**iii. Our core values**

The values that the whole practice staff selected as being those that we would like to be defined by:

- Caring
- Knowledgeable and professional
- Trusting and trustworthy
- Community focused
- Hard working

These values were determined in a group exercise involving all practice staff from all departments. Please see Appendix 2 for the associated word cloud related to the exercise.

**iv. Our mission statement:**

We care.

**v. Our vision:**

Leacroft understand the challenges facing primary care, and the need to be flexible, to adapt and to embrace new initiatives in order to create a new, sustainable model for our practice. We intend to develop practical working relationships with community and social organisations, such as community health providers, local schools, local government organisations, and voluntary services to make Leacroft a community hub that can act as a gateway to both traditional and non-traditional services for our patients. We intend to engage in collaboration with other local practices for the benefit of patients across the town. We intend to diversify and develop our clinical staff, by creating new roles, employing a variety of types of clinicians, and investing in training and development for all our staff. Finally, we intend to support the future operation of the NHS by continuing our commitment to training the next generation of doctors, nurses and other clinicians.

**Section 1**

**About us**

**i. Management**

Leacroft has developed a non-traditional but diverse and stable management structure. Led by our senior partner and GP trainer, Dr. Charlotte Ruglys, the GP team also consists of another full partner, Dr. Patience Okorie, and an associate partner, Dr. Ali Al-Batran, who also holds the post of Clinical Director at the Urgent Care Centre at Crawley Hospital. Nurses Joan Jefferis and Lynn Werby are also partners in the Practice, along with the Practice Manager, Matthew Cullis.

Including nurse partners and a non-clinical partner in the partnership was a strategic decision to ensure the long-term stability of the Practice after a period of instability and vulnerability. The advantages to the practice include having a diversity of opinions and experience at board level, greater investment in the success of the practice among all departments, and greater stability and retention of senior staff.

The aim of the Practice is to not only to maintain this diversity of leadership, but also to be open and transparent with all staff and patients whenever possible about decisions and the decision making process. We believe that providing and encouraging greater involvement in the Practice as stakeholders will lead us to becoming a more successful, positive and inclusive organisation.

See Appendix I – Organisational Structure

**ii. Staff**

We are very proud of our experienced and friendly staff team at Leacroft. Turnover among non-clinical staff is low, with many members of staff having worked here for over ten years. Turnover among clinical staff has been high in the past few years, but after a period of recruitment the current team is settled.

Leacroft has invested in a mix of skills and roles within its clinical team, both to alleviate the pressures on GP workload and as a solution to the difficulties in recruiting GPs being seen at a national level. In addition to our GPs, nurses and healthcare assistants, Leacroft employs a Clinical Pharmacist who speaks to patients both face to face and on the telephone for medication reviews

and deals with prescription-related tasks; a Paramedic Practitioner, who treats minor illness and injury and assists with acute home visits; and a Frailty Nurse with a specific remit to work proactively and provide greater access to primary care for our most frail, elderly and vulnerable patients.

Our admin team is a mix of highly experienced team members and young and enthusiastic team members, and together they create a welcoming and friendly environment for our patients and visitors. We regularly invest in training for all team members, including in-house training for all staff and outside courses for individual staff members according to their interest and/or practice needs. The Practice has invested considerably in raising staff wages in the past 30 months, and has progressed from one of the lower-paying practices locally to one of the highest.

All staff are appraised regularly. Admin staff are appraised at least biannually, and on occasions more frequently, by their line manager. These appraisals are more informal and more useful than an annual event, and serve as a way to monitor staff satisfaction and performance, and provide training and personal development goals.

Clinical staff are appraised in accordance with the guidelines of their professional registration bodies, and/or on an annual basis internally by one of the partners.

Current staff levels are expected to be maintained (or increased if the budget allows) in the foreseeable future. Minimum safe staffing levels are set for each department as:

- a) Patient Services – 283 hours per week
- b) Clinical Admin/Secretarial – 137 hours per week
- c) Management & Finance – 62 hours per week
- d) Practice Nursing & HCA – 187 hours per week
- e) Specialist Clinical Roles – 40 hours per week

The current number of clinical sessions offered by Leacroft Medical Practice, when including the specialist clinicians recruited to assist with the GP workload (counted at 50%) is 40. It is a Practice aim to increase that by 4 GP sessions as soon as possible, by increasing income and reducing expenditure where possible without reducing staff numbers.

### **iii. Premises**

Leacroft is fortunate to have a modern, purpose-built premises dedicated to primary care services. The building is owned by GPG No.3 and managed and maintained externally by Workman. The practice is responsible for internal maintenance and maintenance of the grounds, excluding fencing. The building was completed in 2010, and completely refurbished in 2014 after the roof was destroyed in a storm which resulted in near total loss of contents and a move to temporary accommodation for 13 months. The refurbished building was reoccupied on 26<sup>th</sup> January 2015.

The building consists of 14 consulting rooms, including a larger than standard room for minor operations and a second large treatment room, spread over two floors. There are patient waiting rooms on both floors, with lift access to the second floor and full wheelchair access throughout the building. Admin offices are separated from patient areas by security-controlled doors, thus ensuring confidentiality and safety.

The building is currently considered adequate for practice needs. As not all consulting rooms are required on every day, excess space is utilised as much as possible mainly by providing room space free of charge to community services for the benefit of Leacroft patients. Some examples of this are:

- Social Prescribing (local initiative for the socially isolated)
- Crawley Wellbeing (health and wellbeing advice and programmes)
- Time to Talk Health (counselling for patients with long term conditions)
- Mental Health worker
- Alzheimer's Society Dementia Support Worker (advice and support for carers and patients with dementia, on an ad hoc basis when required)

A key goal of the practice is to maximise the use of our facilities and available room space by forming more partnerships with local community and voluntary services in order to become a "one stop shop" for our patients and their physical, mental and emotional health needs.

There are no current plans to expand and/or significantly alter the premises in any way.

#### **iv. Information technology**

Leacroft uses TPP SystmOne as our clinical system. We are committed to exploring how use of new IT systems can benefit both patients and staff.

- The practice has recently invested in a new website ([www.leacroft.co.uk](http://www.leacroft.co.uk)) which allows patients to submit non-urgent requests and ask questions to the clinical staff 24 hours a day, 7 days a week. All queries are answered within 48 working hours. This new website design is part of a concerted drive to improve and increase patient access, and forms part of the Leacroft Access Improvement Plan (see Appendix 3).
- The use of laptops for mobile working for clinical staff on home visits is currently being trialled, so far successfully, and this will be expanded as budgets and joint initiatives with Crawley CCG allow.
- The practice self-arrival screen has been upgraded to capture changes in patient data such as new telephone numbers or carer status.

#### **v. Patient population**

##### **a) List size and growth**

Leacroft's registered list is 10445 patients at 17<sup>th</sup> July 2018. The practice list is capped at the current date, but prior to capping the list was growing at a rate of approximately 50 patients per month. This growth mirrored in all Crawley practices, and is due to the expansion of residential properties in the town. The predicted population growth in Crawley is estimated to be 20,000 new residents in the next ten years, from a current level of approximately 132,000. This level of growth presents its own challenge, and it is important that Leacroft has a plan to manage a steady expansion of our list from its current level to 11 or 12,000 patients. The practice is lucky to have premises that can cope with this level of growth. As our list grows, additional global sum income will be reinvested into additional GP sessions.

## **b) Demographics**

The mean age of our patients is slightly below the national average. Approximately 25% of our patients are of Asian descent, and this means we have a high prevalence of diabetes; approximately 8% of our patients have a diagnosis of diabetes. Practices in Crawley have been commissioned to treat and manage diabetes in primary care, including insulin starts, and as a result the practice has historically invested in a larger than average and highly trained nursing team.

Our catchment area has a slightly higher degree of social deprivation than the national average, and a significantly higher degree than most of Crawley and the surrounding area. This has many compounding negative effects on our patients' overall health and wellbeing.

## **c) Challenges**

### **i) Patient access**

The greatest challenge we face is currently providing adequate patient access to primary care services, especially GP appointments. This is a national issue and well known, yet the situation appears to be worsening and during the winter of 2017-18 Leacroft received a noticeable increase in complaints about inability to make appointments or to even get through on the telephone at all. This is a situation that the practice continuously monitors and attempts to improve for patients (see "Meeting patients' needs" below)

### **ii) Nurse recruitment**

Leacroft has a highly experienced and competent nursing team, of whom two are partners in the practice. There is a need to succession plan for their eventual retirement, and the practice has recently recruited a treatment room nurse who can be invested in, trained and upskilled to capably and safely manage patients with multiple chronic diseases. Both Nurse Partners are trained mentors and we regularly host student nurses on placement into general practice to help train the next generation of practice nurses.

### **iii) GP retention/recruitment**

Another national issue that affects Leacroft is the widespread shortage of GPs. Leacroft is lucky to have a relatively young GP team, but retaining those doctors and replacing or adding to them are challenges that require innovation and investment from the government into primary care to be able to confidently tackle them.

## **d) Meeting patients' needs**

### **i) Patient access**

See Appendix 3 - Leacroft Access Improvement Plan

### **ii) Frailty**

In June 2017, we appointed a dedicated Frailty Nurse to provide continuity of care and extended access to healthcare and assessment for our most elderly and frail patients. In line with the new GMS requirements, we allocated our Frailty Nurse a caseload of all patients identified as moderately or severely frail by SystmOne's eFI tool for assessment and continued monitoring. All patients in this caseload are visited for an hour-long initial assessment and then regularly followed up with 30 minute visits. Those that prefer to come into the Practice are seen here in weekly clinics, also in extended appointments.

In addition to this, we also started to regularly contact and visit patients on our list that are 85 years and over whom we had not had contact from for 6 months or more.

### **iii) Asthma Kids**

Our CCG have provided statistics that show spikes in A&E attendance after 4pm by young children. An investigation into these attendances revealed a pattern of some regular attendees for asthma exacerbations. To try to prevent these attendances, we identified regular attendees and invited them in for education in how to spot, react to and prevent asthma exacerbations, and in proper inhaler technique. These sessions are GP and nurse-led and designed to be child friendly, with cartoons, quizzes and certificates for participants. Parents are encouraged to attend and participate and learn with their children. The first event was so successful that we are continuing the sessions as GPs or nurses identify parents and children who may need extra help with managing their condition. This can often be related to the parents' language difficulties among the part of our population who have English as a second language.

### **iv) Social Isolation**

We are proud to be part of the local pilot for Crawley's Social Prescribing initiative. This is a project with a local coordinator who links with many Crawley Voluntary Services to provide assistance in engaging with suitable social activities for patients who are socially isolated and struggling with one or more long-term conditions. We are pleased that this programme will now be continued and extended to all of Crawley.

### **v) Diabetes Management**

Due to the high prevalence of diabetes in our population, three of our Practice Nurses are highly trained and regularly updated in diabetes management and are active participants in the local Diabetes Forum. Both of our healthcare assistants are also trained in foot examination for diabetic patients. Managing diabetes forms a very large part of our nursing workload, and patient satisfaction with this service is extremely high as evidenced by our most recent patient survey and the local Diabetes Management Survey commissioned by Crawley CCG.

### **e) Services – NHS and Non-NHS**

We offer all the mandatory primary care services under a GMS contract. In addition, we offer various services commissioned locally by Crawley CCG. Our GP partners do not undertake any specialised private work other than standard non-NHS work such as private ("To Whom It May Concern") letters, insurance reports and other similar services that our patients routinely require.

## **Section 3: Strategic development**

### **i. Aims & objectives (short/medium/long term)**

#### **The short term aims (to be achieved within 12 months) of the Practice are:**

1. Maximise use of the Practice premises by offering rooms to local services in order for them to see Leacroft patients.

The Practice will offer free use of rooms to any NHS, voluntary or other public service that uses our facilities solely for the benefit of Leacroft patients. We believe that providing greater signposting and easier access to these services will not only benefit patients but also

help to ease some of the demand upon the core primary care services offered by the Practice.

2. Increase our GP and nurse education programme.

The Practice intends to assist and encourage at least one of our GPs to start the pathway to become a GP trainer. This would start with supervision of medical students. We will facilitate the education of another of our experienced Practice Nurses by supporting her completion of a Bachelor's Degree in Nursing, which will also further develop our capacity to take nursing students on placement by the inclusion of mentorship training in the degree modules.

3. Develop collaborative working relationships with other local practices.

It is clear that the current shift within primary care is toward working at scale, and it is also clear that new funding streams are likely to be targeted at organisations or groups of organisations that represent a larger patient population than a single GP practice. Leacroft believes that working together with like-minded practices offers great opportunities to improve patient care, as well as being a necessary step toward ensuring the future sustainability of the Practice. The practice has successfully collaborated with Southgate Medical Group on a number of issues, most notably the setup and joint management of the Crawley Access Hub on behalf of the entire patient population and practices of Crawley.

4. Increase the number of GP appointments available.

Our primary short term aim from a financial standpoint is to increase income and efficiency of operation enough to provide an extra 4 GP sessions per week. This will cost approximately £50,000.

5. Develop closer ties with the local community.

We would like to develop our relationships with local schools, charities, religious and cultural organisations and any other appropriate organisations in order to better understand our patients' needs, improve relationships and provide targeted and tailored patient education.

6. Improve patient education.

We aim to provide education to specific groups of patients in order to help them best understand their conditions and/or those of their family members in order to both improve their quality of life and reduce the demand on the NHS from, for example, inappropriate use of A&E.

7. Increase patient engagement.

Our Patient Participation Group is extremely helpful and valuable, and we would like to expand on this level of engagement by re-forming our Virtual Patient Reference Group and appointing a Patient Engagement Representative from within our existing staff to provide regular communication and feedback to this group.

**The medium term goals (1-3 years) of the Practice are\*:**

1. Improve patient satisfaction results, especially around access;
2. Increase staff involvement in board meetings and introduce profit sharing;
3. Be an influential part of a successful and productive federation;
4. To have a stable business with sound succession planning that can withstand the retirement or loss otherwise of multiple partners;
5. To be a local lead in providing 8-8 access for both our own patients and others in Crawley as host of an extended access hub.



\*Progress made since version 1.0:

- Improved Friends & Family satisfaction rating from 78% to 88% at May 2018
- Profit sharing introduced at end of 17-18;
- Joined Alliance for Better Care and had a practice representative involved in some Board meetings and planning for implementation of Improved Access (8-8) locally.

**The long term aims (3-5 years) are:**

1. To be safely able to expand the patient list size to in the region of 12,500 patients, as will be required by the growth of Crawley, by increasing the number of GP sessions to 40 (not including the use of clinical staff such as pharmacists doing traditional GP work)
2. To have a practice business model that has successfully embraced and implemented changes in primary care to focus on prevention and wellness as much as sickness and treatment.

**ii. Opportunities**

1. Collaboration/federation/merger – the practice will be open to opportunities to improve services for patients by forming loose or permanent arrangements with other primary care organisations.

**iii. Threats (and plans to deal with them)**

1. There is a continued steady squeeze on finances across the NHS. The practice management team and partnership will use month by month accrual accounting procedures to have a close to real-time enable accurate understanding of finances to enable reactive and proactive measures.
2. A more serious threat to plan for is a dramatic and unexpected cut in finances, e.g. the decommissioning of the Diabetes LCS. This would cause an enormous problem for the practice and would leave no alternative but to explore staff redundancies. To avoid this, Leacroft, in common with other local practices, plans to engage with the local federation (ABC) to allow representation in talks that might result in this kind of measure with the aim of preventing its occurrence.
3. List growth – see Section 1, v. a.
4. Injury/death/retirement or one or more partners. The practice has aspirations to expand the number of its GP partners in order to make the unplanned loss of a partner (or partners) something that can be managed.
5. Another potential threat is the winning of primary care contract provision by private provider such as Virgin Healthcare, thus taking money out of GMS contract holding partnerships. A successful local federation that can win contracts is necessary to avert this threat.
6. Retention and recruitment of GPs is an ongoing issue faced by practices nationally. Although Leacroft has found recruitment as difficult as everyone, we are fortunate in having been able to recruit several salaried GPs and partners over the past two years. This is due to a number of factors, including having a welcoming environment, offering support to help with the excessive burden of GP workload from both partners and admin staff, and offering an attractive remuneration package and working conditions.

## **Section 4: Finance**

### **i. Financial goals (overall philosophy)**

The Leacroft partners have made a decision to engage solely in NHS work with the exception of standard non-NHS services for our own patients such as insurance reports, medicals for taxi drivers, etc. The Practice firmly believes in the principles of the NHS and this decision has been made on ideological grounds. This commitment means an understanding that income for GP equity partners is likely to be no better than average compared to other local practices, and that this is acceptable to the partners.

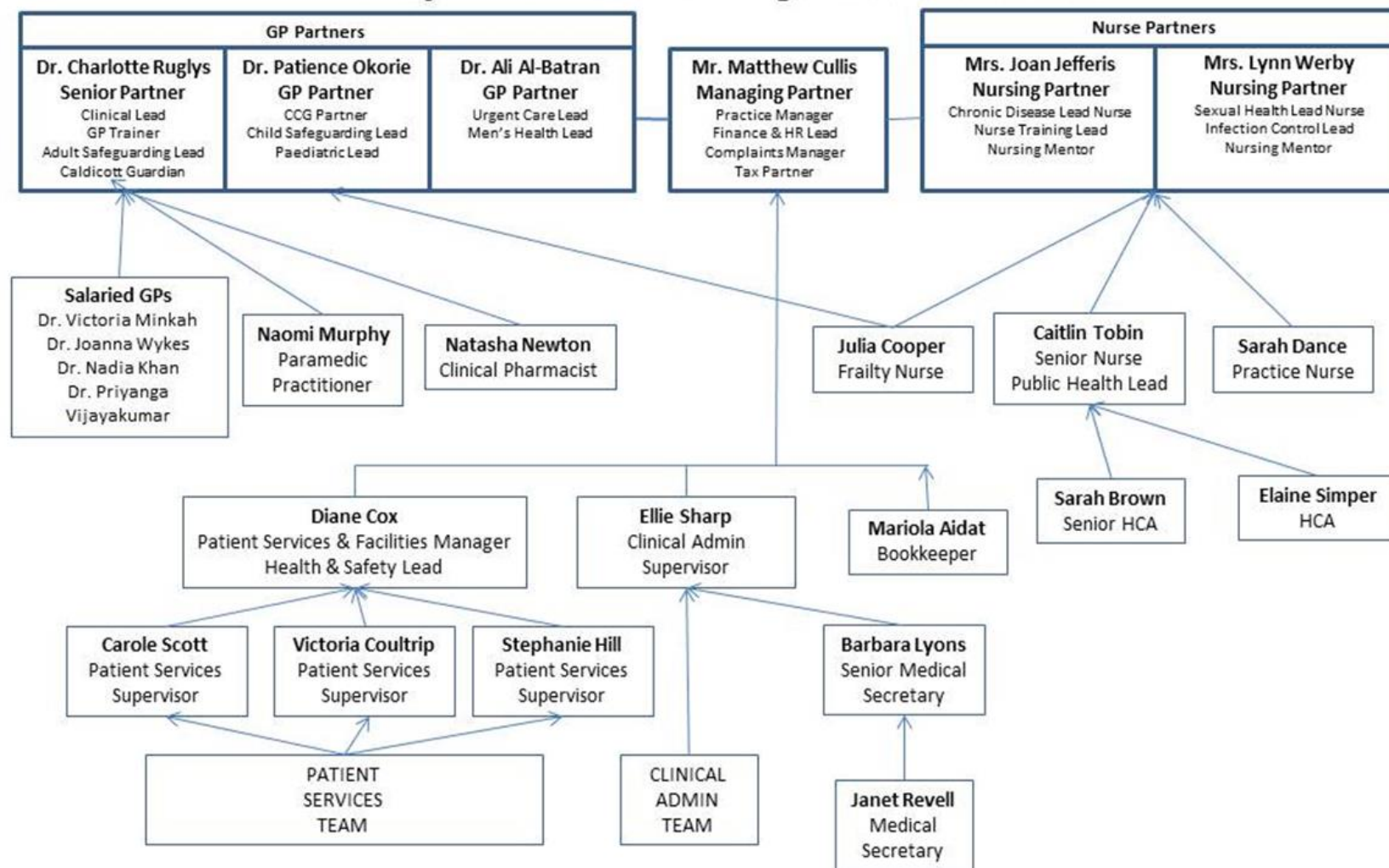
If the Practice exceeds its financial targets for the year, the first £10,000 in excess of target (or less if the full £10,000 is not achieved) will be assigned for profit sharing with employed staff members who have 3 or more complete years of service at the end of the financial year. This fund will be divided up in a ratio based on hours worked only, with no other factors taken into consideration. The aim is not only to reward loyalty and length of service, but by being open and transparent about financial processes throughout the year to also incentivise all staff members to act in the Practice's best financial interests after patient needs have been taken into account.

### **ii. Current financial position**

The practice is currently financially sound, with no large outstanding debts or finance obligations (e.g. for premises).

## Appendix 1 – Organisational Structure

### *Leacroft Medical Practice – Organisational Structure*



## Appendix 2 – Practice Staff Away Day - Word Cloud of Discussion of Practice Core Values

This word cloud was created after a whole practice discussion about the core values, mission and vision of Leacroft Medical Practice. All words used in the discussion were collated and are represented graphically below. The larger the word, the more frequently it was used in the discussion.



## **Appendix 3 - Leacroft Access Improvement Plan 2018**

### **Overview**

Demand on GP services is growing nationally and patient dissatisfaction is increasing. Leacroft is not unusual in feeling the pressure, and the practice is actively seeking ways to improve patient access to primary care services. In the winter of 2017-18, the number of access-related complaints rose significantly (although dropped off entirely after March), and it also became clear that the Practice telephone system was no longer fit for purpose and despite increase in staff numbers we were not able to handle the volume of calls.

There are several avenues to attempt to improve patient access – increasing the number of appointments available, improving the appointment booking system, improving the telephone system, and providing alternative channels for access, especially online.

1. Increasing appointments
  - a) 4 extra GP sessions – primary practice aim as per the Business Plan;
  - b) An extra nurse has been recruited for both future practice development and to help patients access chronic disease management and other nurse-led services.
  - c) Fully utilise improved access/resilience funding when available, e.g. Saturday opening funded by 2017-18 winter resilience money.
  - d) Crawley Access Hub – The practice has taken a lead role in organising a collaborative primary care hub venture to use GPTF money to provide extra in-hours appointments in 2017 and 2018. This venture has laid the groundwork for the nationally mandated Improved Access Service due to commence in October 2018.
2. Appointment booking system

Continuous monitoring and review with the whole practice at monthly meetings. Use of appointments is also audited and tracked via various systems to attempt to provide not only the maximum number of appointments, but the right kind of appointments for demand whenever possible.
3. Telephone system

The practice is investing in new technology to allow dynamic cloud queuing and monitoring software to allow flexible response to demand throughout the day.
4. Website

Investment in new “digital practice” website – providing an extra channel of access for routine enquiries & requests, requests to a GP, signposting to other services and submission of health-related information .
5. Patient engagement

All options are discussed with and approved by the Leacroft Support Group, our PPG, before and during implementation. In addition, a letter (see below) detailing the plans has been published on the website, is displayed on notice boards in the practice, and is available at Reception for patients to take away.

# Patient Access Improvement Plan – a letter from the Practice Manager

Dear Patients,

As you are no doubt aware, general practice (which means your local GP surgery) and the whole NHS is under extreme pressure. This affects everyone: patients, practice staff, doctors and nurses. For patients, it can be extremely hard to get an appointment, or even to get through to us on the telephone. For doctors, nurses and other practice staff, it means working increasingly harder and harder to try to provide a good service, yet being fully aware that we cannot make all of our patients happy all the time.

We understand this, and are committed to trying everything we can to improve access for our patients to the services they require. We have implemented, or are in the process of implementing, several changes to try to improve our service. These changes have been made after full discussion with our Patient Participation Group (the wonderful Leacroft Support Group), and in response to patient feedback given via our annual survey, verbally, in emails or by letter.

## 1. Changes to our appointment booking system

In response to patient concerns about the inconvenience of calling at 2pm when already at work or otherwise busy, from **Monday July 2<sup>nd</sup>**, we will be making some small changes to our appointment system. The major change is that **we will no longer run two separate sessions at 8am and 2pm**, for same day urgent requests. All same day urgent requests, whether for morning or afternoon appointments, will now be accepted from 8am.

**PLEASE NOTE: This means we will no longer be releasing appointments at 2pm. Please do not call or come to the practice at 2pm for a same day appointment.**

Please also note that we **will** run out of appointments early in the morning – often by 8.15 or even earlier. We are extremely sorry about this, but we do not have the capacity to meet the current levels of demand. To help us, please only call at 8am when you have an urgent medical need to see a doctor on the same day. All same day appointment requests will still be triaged, which means you will receive a call back from one of our trained clinical triage team who will assess each request so we can see those most in need first. If you need urgent medical care and we are fully booked, please use the Urgent Care Centre at Crawley Hospital. They are open 24/7 and provide a walk-in service for sick or injured patients who cannot wait to be seen until the following day.

## 2. Changes to our telephone system

We understand the frustration of not being able to get through to us when you need to most. We are investing in a new, smarter telephone system that will allow us to manage call demand better. It will be able to give callers more information about the length of the wait facing them, and also about alternative ways to ask us your question. This will be implemented soon.

## 3. Changes to our website

We have recently introduced a new website. This gives patients the ability to submit almost any routine requests online without signing up or registering for the service. If you are an existing

patient, you can request repeat medication, Med 3s (also called fit notes or sick certificates), blood test results or copies of letters; you can ask a doctor or nurse a question, request a routine appointment, chase up your referral, find advice about local support services, and many other things beside. Please take advantage of this! Our website is open and available to take requests 24/7, 365 days a year. You do not have to queue on the telephone to submit your request, and we will respond within 48 working hours.

The partners and staff at Leacroft Medical Practice sincerely hope that these changes will help improve our service. We will continue to try to improve what we do and investigate new ways to increase the availability of our services to our patients. We are a caring organisation, and want to do the best we can at what is an extremely difficult time for the entire National Health Service. We ask for your patience and understanding as we evolve and adapt to face the challenges now, and the challenges ahead.

Yours faithfully,

Matthew Cullis  
Practice Manager

On behalf of all the partners and staff at Leacroft Medical Practice

#### **Appendix 4      -      Document Version History**

Version No.	Date	Agreed by partners
1.0 (draft)	16.10.17	Discussed ongoing
1.1 (final)	17.7.18	18.7.18