

# AGENDA

<b>Meeting Title</b>	<b>Primary Care Commissioning Committee</b>	<b>Date</b>	<b>Wednesday 5 February 2020</b>
<b>Chair</b>	<b>Dr Colin Stanford</b>	<b>Time</b>	<b>9.30 a.m.</b>
<b>Minute Taker</b>	<b>Mrs Chris Billingham</b>	<b>Venue / Location</b>	<b>Room K2, William Farr House, Mytton Oak Road, Shrewsbury SY3 8XL</b>

Reference	Agenda Item	Presenter	Time	Paper
PCCC-2020-2.001	<u>Apologies</u>	Dr Colin Stanford	9.30	Verbal
PCCC-2020-2.002	<u>Members' Declaration of Interests</u>	Dr Colin Stanford	9.30	Verbal
PCCC-2020-2.003	<u>Minutes of Meeting held on 4 December 2019 and Matters Arising</u>	Dr Colin Stanford	9.35	Enclosure 1
PCCC-2020-2.004	<u>Public Questions</u> Questions from members of the public will be accepted in writing 48 hours prior to the meeting. Guidelines on submitting questions can be found at: <a href="http://www.shropshireccg.nhs.uk/get-involved/meetings-and-events/governing-body-meetings/">http://www.shropshireccg.nhs.uk/get-involved/meetings-and-events/governing-body-meetings/</a>	Dr Colin Stanford	9.50	Verbal
PCCC-2020-2.005	<u>Estates Strategy Update</u>	Steve Ellis / Tom Brettell	9.55	Enclosure 2
PCCC-2020-2.006	<u>Primary Care Strategy Delivery</u>	Phil Morgan	10.05	Enclosure 3
PCCC-2020-2.007	<u>Finance Update</u>	Claire Skidmore	10.20	Enclosure 4
PCCC-2020-2.008	<u>Quality Report</u>	Chris Morris	10.30	Enclosure 5
	<u>BREAK</u>		10.45	
PCCC-2020-2.009	<u>Primary Medical Care Policy &amp; Guidance Manual (For Information)</u>	Nicky Wilde	11.00	Enclosure 6 (for info)
PCCC-2020-2.010	<u>NHSE/I Update – Future Working</u>	Rebecca Woods	11.05	Verbal
PCCC-2020-2.011	<u>Risk Register</u>	Nicky Wilde	11.10	Enclosure 7
PCCC-2020-2.012	<u>Any Other Business</u>	Dr Colin Stanford	11.15	Verbal
PCCC-2020-2.013	<u>Date of Next Meeting</u> Wednesday 1 April 2020, 10.00 a.m. Room K2, William Farr House, Mytton Oak Road, Shrewsbury SY3 8XL	Dr Colin Stanford	11.20	Verbal

**Shropshire Clinical Commissioning Group****MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)  
HELD IN ROOM K2, WILLIAM FARR HOUSE, SHREWSBURY AT 9.00 AM ON  
WEDNESDAY 4 DECEMBER 2019****Present**

Dr Colin Stanford	External GP Member (Chair)
Mr Dave Evans	Joint Accountable Officer, Shropshire CCG and Telford & Wrekin CCG
Mr Meredith Vivian	Lay Member, Patient & Public Involvement
Mrs Christine Morris	Chief Nurse
Dr Deborah Shepherd	GP Member, Shrewsbury & Atcham Locality Chair
Mr Kevin Morris	Practice Member Representative
Mrs Sarah Porter	Lay Member, Shropshire CCG
Mr Keith Timmis	Lay Member, Performance
Mrs Sam Tilley	Director of Corporate Affairs (Part)
Dr Finola Lynch	GP Member (Part)
Mrs Nicky Wilde	Director of Primary Care, Shropshire CCG
Mrs Claire Skidmore	Chief Finance Officer, Shropshire CCG
Mr Steve Ellis	Head of Primary Care, Shropshire CCG
Dr Stephen James	GP Member
Ms Vanessa Barrett	Healthwatch Shropshire

**Apologies**

Mrs Amanda Alamanos	NHS England Primary Care Lead, Shropshire & Telford
Mrs Rebecca Woods	Head of Primary Care for Shropshire and Staffordshire, NHS England
Cllr. Lee Chapman	Shropshire Council
Dr Julian Povey	Clinical Chair, Shropshire CCG
Dr Jessica Sokolov	Medical Director

**PCCC-2019-12.090 - Apologies**

Apologies received were recorded as above.

**PCCC-2019-12.091 - Members' Declaration of Interests**

Dr Shepherd referred to the Agenda item relating to the Primary Care Strategy Report which referred to the GP Retention Fund. She advised that she is part of the Shropshire Sessional GP Network which was successful in bidding for money from that Fund. She advised Committee that she had absolutely no involvement in the bid that was submitted.

Mr Morris referred to the item on the Agenda relating to Clive Medical Practice – Branch Closure. He advised the Committee that he is part of the Primary Care Network of which Clive is a member and wished to highlight his involvement in this matter.

**PCCC-2019-12.092 – Minutes of Previous Part 1 Meeting held on 2 October 2019 and Matters****Arising**

The Minutes of the previous Part 1 meeting held on 2 October 2019 were agreed as an accurate record, provided the following amendment is made:-

Page 5: The final paragraph should read:-

“Mr Timmis referred to inaccurate information being given out by both the hospitals and local Opticians regarding Opticians who supply post-operative checks”.

The Action Tracker was reviewed and updated as appropriate.

### **PCCC-2019-12.093 – Public Questions**

No questions were received from members of the public.

### **PCCC-2019-12.094 – Clive Medical Practice - Branch Closure**

Janet Gittins, Locality Manager (North) introduced Zoe Bishop, Practice Manager at Clive Medical Practice.

Ms Gittins advised Committee that an application notice had been received from Clive Medical Practice to close the Branch Surgery in Roden Grove, Wem. Committee were asked to note the contents of the report and make a decision on the application.

The Practice believe that by centralising services to their main site in Clive they will provide a better service for patients and will also offer more flexibility and efficiency with the GP service.

Patient comments and the Quality Impact Assessment have been taken into consideration. The overall impact is considered to be relatively minor because of the very low numbers of patients who are accessing that site, and because there is another option. When the results of the assessment were analysed, three main concerns from members of the public were identified. These were:-

- Transport to Clive
- Pressure on waiting time
- Collection of prescriptions

Dr Stanford referred to the report and asked that it be made perfectly clear that Clive is the main surgery and is a dispensing surgery; Wem is the branch surgery and is not a dispensing surgery.

Mr Vivian observed that many patients would be dependent on the bus service and requested that the ongoing provision of the service should be checked.

**ACTION: Ms Gittins to check with the Local Authority regarding ongoing provision of the bus service.**

**Ms Bishop to compose a letter to patients which provides answers to the patient concerns and issues received in the Comment Box and also send a copy to the Local Authority, Overview & Scrutiny Committee, Healthwatch, and any other group who may be approached by patients regarding the closure.**

Mrs Wilde confirmed that there had been 2 requests for the closure of small branches and consideration will be given to this as part of the wider Estates work.

The Committee agreed to support the proposal to close the Branch Surgery in Roden Grove, Wem.

### **PCCC-2019-12.095 – Primary Care Practitioners Report**

The purpose of Mrs Wilde's report was to provide the Committee with a short update towards delivering the Governing Body's priority to use innovation and work in collaboration with NHS England as the commissioner of community pharmacy, dentistry and opticians to ensure improved patient access to all areas of primary care. This will in turn contribute towards reducing the pressure on the wider health economy.

It is a priority of Governing Body to expand the CCG's work into the other Primary Care contractors. Areas prioritised for further discussion are diabetes, frailty, ophthalmology and minor ailments.

It was agreed by Governing Body that a further meeting should take place early in the New Year to explore those areas and help contractors understand the CCG's current position in those areas and then feed into how the services move forward.

Mrs Wilde invited questions.

Mr Timmis referred to smoking cessation and Local Authority cuts to those services and queried how pharmacists might be involved. Mrs Wilde replied that this forms part of the offer from NHS England to Community Pharmacy although the numbers who have taken this up are not yet known.

**ACTION: Mrs Wilde to raise take-up of NHSE's offer to Community Pharmacy at the next Governing Body meeting.**

### **PCCC-2019-12.096 – Primary Care Strategy Delivery and Progress Report**

The purpose of Mr Morgan's report was to provide Primary Care Commissioning Committee with an update as to progress with delivery of the Shropshire and Telford & Wrekin STP Primary Care Strategy. The report provided an update on each of the 10 programmes within the Strategy.

None of the programmes were Rag Rated 'Red' and there is confidence that progress is being made in all areas. The level of progress varies from programme to programme as, in some areas, the CCG is waiting for national guidance or national programmes to be put in place. Overall, reasonable progress is being made.

Mrs Porter queried workforce, which was Rag Rated 'Green'. Mr Morgan provided the meeting with the Q2 workforce data which showed a very modest increase from Q1. The overall trajectory over the last 5 years for GPs indicates that there are more GPs but the Full Time Equivalent is static, i.e. there are more GPs but more of them are working part time.

Mr Vivian requested reassurance around delivery of the IT requirements. Mr Ellis advised that the 'Green' Rag Rating is around plans already in place, e.g. E-Consult which is being rolled out and the number of Practices using it is increasing weekly. However, some aspects of the roll out are beyond the control of the CCG, e.g. Office 365 and HSCN. These are being identified as risks/issues but the overall progress is being Rag Rated as 'Green'

Mrs Wilde advised that in relation to workforce/staffing, the CCG has a project in place around workload and workflow which should be taken alongside the workforce discussions to support General Practice improved access.

Mr Evans requested information regarding vacancy levels. Mr Morgan advised that Practices are not required to report vacancies although they are required to update their workforce numbers on the National Workforce Reporting system. A module exists for reporting of vacancies although it is not compulsory. Practices are asked regularly to advise the CCG of vacancies, particularly GP vacancies. The team will continue to request the information from Practices.

Mr Morris questioned the accuracy of certain figures within the report relating to workforce.

**ACTION: Mr Morgan to check the figures within his report and respond directly to Mr Morris.**

Dr Shepherd referred to possible support for recruitment and advertising which Practices find very difficult and very expensive. She suggested that a co-ordinated method of advertising vacancies might be introduced to improve the process. Mr Morgan confirmed that this was being followed up.

**ACTION: Mr Morgan's report to the February PCCC to include examples of actions taken by Practices regarding workforce and the service provided by GP Practices in light of ongoing changes taking place in the health economy.**

The Committee accepted the report as assurance around delivery of the Primary Care Strategy.

### **PCCC-2019-12.097 – Medicines Management Strategy Progress Delivery Report**

The purpose of the report was to provide an update on the progress of delivery against the Medicines Management Strategy in Primary Care in Shropshire, and provide an update on delivery against the strategic direction of the Medicines Management team and its operational plans and priorities for 2019/20.

Mrs Walker reviewed her report and invited questions.

Mr Vivian referred to Page 11 of the report and the paragraph relating to Medicines Safety and Reducing Hospital Admissions Related to Medicines (HARMs), and asked if there was an interface between the HARMs work and the Care Closer to Home demonstrator site. Mrs Walker replied that the Medicines Management team engages with the Care Closer to Home Working Group - particularly around care - but there is much work to be done around obtaining more prominent exposure for medicines HARM and safety.

Committee discussed the spend on dressings and Mr Morris advised that his Practice had addressed this issue by giving District Nurses a 7 day prescription to obtain dressings. Within 3 months, spend was within target.

Mr Morris also commented on the numerous difficulties being experienced in relation to out of stock drugs, and problems being encountered with switching patients to another drug. Mrs Walker confirmed that this is a problem nationally. Shortages particularly include HRT and contraception.

Mrs Wilde wished Committee to note that the Medicines Management team are now working across all Directorates and becoming much more widely involved in pathway work and outcomes as well as improving the overall quality of prescribing.

The Committee accepted the contents of the report as assurance towards delivery of the Medicines Strategy.

### **PCCC-2019-12.098 – Primary Care Finance Report**

The Finance report provided an update to Primary Care Commissioning Committee regarding the financial position of the Delegated Co-Commissioning Primary Care services to Month 7 - October 2019.

- At Month 7 spend to date for 19/20 is reported as £299k under budget.
- The forecast underspend position for the Co-Commissioning budget is £704k, hence significantly reducing the in-year burden on the wider CCG position.

Mrs Skidmore was pleased to report a level of underspend against budget, which was initially over-committed and the CCG increased the initial delegated allocation from CCG baseline resources. It is anticipated that by the end of the financial year, this will represent an under-spend against plan of circa. £700k. Some elements of the under-spend are recurring and will be taken forward into the next financial year. However, Committee was asked to note that a number of items contributing to the in-year underspend are non-recurrent in nature and therefore will not be available to offset the cost pressure in future years.

**ACTION: Mrs Skidmore to report to the February Committee details of the 2020/21 budget and the impact on the Long Term Plan.**

Mr Timmis expressed his concern relating to the Clive Branch closure and a comment within the report that “this would leave money to be invested in the Estates strategy”. Committee had stated on numerous occasions that the CCG is making developments for which it cannot afford the revenue

cost. He asked Committee to note that the CCG is facing massive financial difficulties and cannot continue to refer to making Primary Care developments in Estates when no funding is available to pay for them.

Mr Timmis also commented that the manner in which the information in the report is supplied is very technical and suggested that it should be simplified for the benefit of those who are not from a financial/accounting background.

**ACTION: Mrs Skidmore to review compilation of the Finance Report to simplify how the information is provided.**

#### **PCCC-2019-12.099 – Primary Care Quality and Improvement Indicators / Performance Report**

Mr Allan's report included information relating to the Quality Outcomes Framework, an update on CQC activity since the October Committee, a Safeguarding update and any significant events that require reporting.

Mr Allan advised Committee that he would like to have a better understanding of the narrative behind some of the data on the Quality Assurance Framework and wished to bring an updated document to the next meeting.

**ACTION: Mr Allan to investigate Rag Ratings and information supporting the data and bring an updated document to the next Committee.**

Mr Allan's report was taken as read and questions were invited.

Mr Timmis referred to a recent Quality Committee meeting where the findings of the recent National Patient Survey on cancer were discussed. One of the findings from the survey was that 66% of patients felt that they had received the assistance they required. Although this figure is the national average, Mr Timmis was concerned that one third of patients did not feel they had received the support they needed from their General Practice. In light of this, he queried what action the CCG could realistically take to meet patient need.

Mr Allan suggested that the results of the Cancer Survey should come to a future Primary Care Commissioning Committee.

**ACTION: Mr Allan to include the cancer survey data in a future report**

**Dr Stanford requested that the format of the report should be corrected in future papers to ensure information can be read with headings on appropriate pages.**

#### **PCCC-2019-12.100 – Primary Care IT Governance**

Mrs Spencer, IT Delivery & Service Manager, reviewed her report, the purpose of which was to outline the governance process for the digital programme. The process will ensure alignment with the digital CCG and STP strategy, and will also review progress of projects and review mitigations and decisions.

A proposed governance structure was outlined within the report which would ensure a defined way in which decisions are made within the CCG. This structure also provides clear alignment with the STP and the Digital Enabling Programme.

It is proposed to establish a Digital Oversight Group, the first meeting of which will take place on Monday 9 December 2019. This initial meeting will review the Action Plan and ensure that the IT Managers of both CCGs receive the necessary support to assist in delivery of the programme.

The Committee agreed the governance process for the Digital Programme.

**PCCC-2019-12.101 – Primary Care Risk Register**

The Committee reviewed the Primary Care Risk Register which had been updated by Mr Ellis.

The Register had been updated with Risk No. 10/19 relating to delivery of extended access following the withdrawal of weekend/Bank Holiday provision by Shropdoc/Shropcom.

Risk No. 9/19 relating to the closure of Whitehall Medical Practice remains on the Register as several hundred patients have yet to transfer to an alternative Practice. It is anticipated that this risk will be removed by the time of the February Committee. The risk relating to acceptance of new patients by neighbouring Practices has not materialised, mainly because of the support provided by the CCG. However, the CCG will continue to monitor this

The Committee agreed the updates to the Risk Register as outlined above.

**PCCC-2019-12.102 – Any Other Business*****Cycle of Business***

It had been agreed by the Committee several months previously that the Cycle of Business would not be circulated as part of the Committee papers. Mrs Wilde requested confirmation from the Committee that they were still in agreement with this course of action.

The Committee confirmed that they were still in agreement with the above decision.

***Updates from NHS England***

Dr Stanford expressed his disappointment at the absence of updates from NHS England. None had been received for several months. He understood that attendance in person was not always possible, but expressed the view that a written update would be helpful in view of current events within the NHS at both national and regional level.

Mrs Wilde will circulate to Committee members the latest communication received from NHS England advising that the offer from NHS England to support delegated commissioning is being considerably reduced. As a result, Mrs Woods will not be attending the Committee going forward. Mrs Wilde has asked Mrs Woods to attend the February Committee to provide assurance as to how the gap will be filled.

**ACTION: Mrs Wilde to circulate the latest communication received from NHS England relating to delegated commissioning.**

Mrs Skidmore advised of a resource issue within Finance as NHS England were previously providing the transactional finance figures to support the report produced by Mr Eades. This work will now be picked up by the Shropshire Finance team.

**PCCC-2019-12.103 – Date of Next Meeting**

Mrs Wilde confirmed that the next meeting would take place on Wednesday 5 February 2020.

Shropshire CCG Primary Care Committee Meeting: 5 February 2020

Action Tracker – Part 1 Meeting

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-08.054	<p><b>Whitchurch Primary Care Centre – Update Following Planning Refusal</b> Mrs Wilde to check that all organisations involved in the application have addressed the issues identified in order to provide the best possible chance of approval of the re-submitted application.</p>	Mrs Wilde	ASAP	<p><b>Update:</b> Email confirmation received from the Planning Department that they will be recommending approval of the re-presented case.</p>
PCCC-2019-10.075	<p><b>Estates Strategy</b> Mr Brettell to:- - Amend Point 5 of the recommendations to specifically reflect the Committee’s wish to receive assurance that the financial position is fully addressed in the modelling of the Estates Strategy.  - Amend Point 5 of the recommendations to provide an improved explanation of the proposed delivery plan.  - Include reference to proposed large scale developments within the Strategy and their potential impact on GP Practices, and incorporate all other minor amendments suggested by the Committee into his revised report.</p>	<p>Mr Brettell  Mr Brettell  Mr Brettell</p>	February	<p>Work is ongoing on the Estates Strategy to complete these actions. Specifically two key pieces of work have now been commissioned- a detailed utilisation study, and a data dashboard. Both of these are part of regional and national pieces of work and will enable the completion of the actions. An update paper will be presented to February PCCC.</p>
PCCC-2019-10.076	<p><b>Primary Care Strategy Delivery &amp; Progress Report</b> Mr Morgan to include information relating to health inequalities and risk mitigation in future reports.</p>	Mr Morgan		<p>There is a separate section in the Primary Care Strategy Operational update report on Health Inequalities and each of the other programmes will show relevant links to Health Inequalities.</p>



	Mr Morgan to update Mr Timmis regarding Programme No. 9 of the Primary Care Strategy and the allocated Amber Rag Rating.	Mr Morgan		In each section there is a risk table with relevant mitigation set out.  Mr Morgan arranged for Mrs Ralph, Head of Primary Care at Telford & Wrekin CCG, to respond to Mr Timmis.
<b>PCCC-2019-10.077</b>	<b>Working with Non-GP Primary Care Providers</b> Mrs Alamanos to feed back to NHS England the Committee's discussion regarding inaccurate information being supplied to patients by the hospitals and local opticians.  Mrs Wilde to provide regular updates regarding working with non-GP Primary Care Providers to future Committee meetings.	Mrs Alamanos  Mrs Wilde	December meeting  December meeting	Paper to December meeting
<b>PCCC-2019-10.078</b>	<b>Primary Care Finance Report</b> Mrs Skidmore to develop the amendments requested by Mr Timmis regarding reduction of the £1.5m gap and include in her monthly report.	Mrs Skidmore	December meeting	
<b>PCCC-2019-10.079</b>	<b>Primary Care Quality &amp; Improvement Indicators / Performance Report</b> Mr Ellis to discuss with Severn Fields Practice the recommendations and actions contained within the CQC report and provide the Practice with support as required.  Mrs Skidmore to feed back to Joint Exec Team details of the discussion regarding shared reports and alignment of reporting format.	Mr Ellis  Mrs Skidmore	December meeting  December meeting	A number of meetings between Mr Ellis, Mrs Stevenson (Locality Manager) and representatives of the practice have taken place and clear actions have been identified. These actions have been supported by relevant CCG staff and are being monitored by Mr Ellis.
<b>PCCC-2019-10.082</b>	<b>Primary Care IT Governance</b> Mrs Skidmore to arrange a meeting with Ms Spencer, Mrs Fortes-Mayer and Mrs Tilley to consider the broader governance of Primary Care IT and to review the document before submission to Joint Exec Team. After consideration by Joint Execs, the paper will be	Mrs Skidmore	December meeting	Paper to December meeting

	re-submitted to Primary Care Commissioning Committee.			
<b>PCCC-2019-10.083</b>	<p><b>Provision of the GPFV Weekend and Bank Holiday Extended Access Service</b></p> <p>Mrs Wilde to follow up the proposal and compile an alternative plan if the Darwin solution is not acceptable.</p>	Mrs Wilde	December meeting	Decision to commission all hubs to deliver the relevant additional sessions for their population.
<b>PCCC-2019-10.084</b>	<p><b>Broseley Medical Practice – Additional Space</b></p> <p>Mr Brettell to bring to the December PCCC:-</p> <p>A report by the District Valuer regarding Broseley Medical Practice, plus an internal CCG evaluation of the Cost Benefit Analysis to enable the Committee to make a decision.</p> <p>A more detailed report and updated Practice Plan including recommendations and a clearer risk assessment.</p> <p>Mr Brettell to be mindful of the correct format for any lease agreement which is to be submitted to the District Valuer.</p>	Mr Brettell	February	Following discussion with NHSE it has been confirmed that the DV will not be able to complete the work in time for the December meeting and as such the report/ actions will be brought to the February PCCC meeting. This has been communicated with the Practice.

**Primary Care Commissioning Committee – 5<sup>th</sup> February 2020**  
**Agenda item: PCCC-2020-2.005**  
**Enclosure No. 2**

Title of the report:	Primary Care Estates - Update
Responsible Director:	Nicky Wilde, Director of Primary Care
Author of the report:	Tom Brettell, Locality Manager South Shropshire
Presenter:	Tom Brettell
<b>Purpose of the report:</b> <ul style="list-style-type: none"> <li>• To update Committee on progress with the Primary Care Estates Strategy</li> <li>• To update Committee on individual estates projects</li> </ul>	
<b>Key issues or points to note:</b> <ul style="list-style-type: none"> <li>• A first draft of the Primary Care Estates Strategy was presented to PCCC in October 2019. A number of recommendations were made by members that have been included in the draft document that continues to be developed.</li> <li>• PCCC consented to the commissioning of two supplementary pieces of work essential to the strategy that are now making good progress. This paper updates members on these.</li> <li>• Telford and Wrekin CCG are working with the same consultants to produce a very similar strategy. It is our intention to merge these two pieces of work into a single STP Primary Care Estates Strategy from June/ July 2020. This will provide an essential resource to the new commissioning organization.</li> <li>• Although the Strategy document is not complete, the information gained to date is proving a vital resource in helping practices with estates planning and informing discussions and decisions with partners.</li> <li>• The document presented is designed for the public domain. The CCG have additional information that is commercially sensitive.</li> </ul>	
<b>Actions required by PCCC Members:</b> <ul style="list-style-type: none"> <li>• To receive an update on Estates work and make recommendations as to where any further improvements could be made.</li> </ul>	

**Monitoring form**

Agenda Item: Enclosure Number

<b>Does this report and its recommendations have implications and impact with regard to the following:</b>		
1	<b>Additional staffing or financial resource implications</b>	Yes
	<i>If yes, please provide details of additional resources required</i>	
2	<b>Health inequalities</b>	No
	<i>If yes, please provide details of the effect upon health inequalities</i>	
3	<b>Human Rights, equality and diversity requirements</b>	No
	<i>If yes, please provide details of the effect upon these requirements</i>	
4	<b>Clinical engagement</b>	Yes
	<i>If yes, please provide details of the clinical engagement</i>	
5	<b>Patient and public engagement</b>	Yes
	<i>If yes, please provide details of the patient and public engagement</i>	
6	<b>Risk to financial and clinical sustainability</b>	No
	<i>If yes how will this be mitigated</i>	

## 2019 Primary Care Estates - Update

### Primary Care Commissioning Committee 5<sup>th</sup> February 2020

#### Background

1. PCCC considered a first draft of the Primary Care Estates Strategy at the meeting on the 2<sup>nd</sup> October 2019. Members made recommendations that are being actioned and incorporated into a final draft.
2. PCCC agreed for two linked pieces of work to be commissioned- these are providing essential information and data to complete the strategy.
3. The Strategy enables the CCG to set the overall strategic direction for estates infrastructure that is fit for purpose, underpins the delivery of primary care services, assists in delivering the Long-Term Plan and supports the STP vision for transformation of healthcare within Shropshire.
4. There are significant drivers and challenges in our system that make a strategic plan for estates essential. Although not yet complete our work has already made a significant impact on addressing these needs.

#### Update on supplementary work

5. PCCC agreed to commission two pieces of essential supplementary work that will provide key information to the Estates Strategy:
  - 5.1. Detailed utilisation study- validation of current utilisation of practice buildings, confirmation of population growth estimates, assessment of capacity and identification of space requirements.
    - 5.1.1. Southern Derbyshire LIFT Company who are undertaking similar work nationally have been commissioned and are currently:
      - Assessing our existing primary care estate capacity using a range of methodologies and clinical knowledge
      - Creating bespoke spreadsheets to collate and process data
      - Contacting individual practices and using national data sources fed by NHS returns to fill any information gaps
      - Developing a high level asset map at CCG and PCN level
      - Feeding intelligence into the dashboard described at 5.2
    - 5.1.2. Anticipated completion- April 2020.

5.2. National Estates Dashboard- NHSE project to create a national dashboard for primary care using the SHAPE mapping tool platform.

5.2.1. This essential resource will map how GP premises will be able to cope with the predicted demographic growth and which estate will require capital investment.

5.2.2. Design Buro Ltd commissioned and work underway mapping our estates information onto the national mapping tool.

5.2.3. Anticipated completion- April 2020

### **Update on changes to the Strategy Document**

6. A number of recommended amendments/ improvements were made by PCCC. Table 1 highlights these and updates members on progress:

<b>PCCC recommendation</b>	<b>Update</b>
Reference Brexit and potential impact on demographics/ patient population.	Complete- contained in latest draft
Confirm accuracy of patient population projections	Complete- contained in latest draft
Provide assurance that the financial position of the CCG is fully addressed in the modelling of the Estates Strategy.	The utilisation study work will provide the detailed information required to undertake this financial modelling work. The final draft will include a section on financial modelling and how the CCG's financial challenge is/ could be affected by estates.
Include reference to proposed large scale developments within the Strategy and their potential impact on GP Practices	This section has been reworked to include all developments in the County and their potential impact on GP Practices.
Include lease expiry dates on current premises or anticipated date when premises may no longer be fit for purpose	Sourcing and mapping this information is a key facet of the utilisation study work
Provide information regarding the potential impact of the over-65 population on Primary Care	The utilisation study and dashboard work will provide more granular information to inform a final draft strategy
Include short, medium and long term objectives in delivery plan	The utilisation and data work will inform this and will be presented in a final draft

**Table 1**

## **Update on Estates projects/ work**

7. In addition to the Estates strategy work detailed above a wide range of activity is taking place:
  - 7.1. Shifnal new building: submission for full planning permission expected imminently. Delay a result of adjustments to land acquisition from developer (these do not affect the project). Positive update meeting held with Shropshire Councillor and GP's in December
  - 7.2. Whitchurch new building: an application for judicial review into the process and decisions made has been submitted to the Court. A judge will consider the application and make a decision as to whether it will be taken forward to a full hearing. We are currently awaiting the outcome of this. No timescales are attached to the court process
  - 7.3. Riverside/ Tannery project: construction work underway and on target for completion in June 2020
  - 7.4. Premises Improvement Grants: 11 practices offered grants for premises improvements. Includes practices that absorbed the majority of patients from Whitehall. 11 grants total £303k, leaving £75k of the NHSE funds unallocated. A call for any final projects has been issued.
  - 7.5. Broseley additional rent: PCCC agreed to underwrite the additional rent requirement from October 2019 subject to a report by the District Valuer and an internal CCG Cost Benefit Analysis. Due to workload pressures the DV has yet to undertake a report. Assurances given by NHSE that this will be completed for PCCC meeting on 4<sup>th</sup> March.
  - 7.6. Engagement & development work: a variety of estates work is ongoing:
    - 7.6.1. Updates provided at a variety of meetings including Practice Managers meetings and Shrewsbury town council.
    - 7.6.2. Ongoing discussions with developers of 3 strategic sites- Buildwas power station, Tong and Stanmore Village Bridgnorth.
    - 7.6.3. Close working relationships with Shropshire Council remain invaluable to all domains of our Estates work.
    - 7.6.4. Input into the STP Local Estates Framework, One Public Estate and the Strategic Infrastructure Forum ensuring that the primary care estates strategy is an integral part of wider strategic work.

## **Next Steps**

A final draft Estates Strategy incorporating information from the supplementary work and full financial modelling is anticipated to be complete by end May 2020. It is proposed that this be considered at the appropriate governing body in May/ June 2020.

A single STP Primary Care Estate Strategy will be formed by end June 2020 and will be presented to the appropriate governing body for sign off in June/ July 2020.



**Shropshire CCG Primary Care Commissioning Committee**

**Agenda Item: PCCC-2020-2.006**  
**Enclosure Number: 3**

Title of the report:	Primary Care Strategy Delivery and Progress Report
Responsible Director:	Nicky Wilde, Director of Primary Care
Author of the report:	Phil Morgan, Primary Care Manager
Presenter:	Steve Ellis, Head of Primary Care

**Purpose of the report:**

To provide Primary Care Commissioning Committee with a report setting out progress with delivering the Shropshire and Telford & Wrekin STP Primary Care Strategy

**Key issues or points to note:**

- This is the latest high level monitoring report demonstrating progress against the Shropshire and Telford & Wrekin STP Primary Care Strategy.
- At the request of the Committee a “deep dive” report on the Workforce Programme is provided at Appendix 1.
- The report template has been amended since the previous report in an attempt to provide greater clarity around progress against the specific outcomes in the Strategy and to describe the links between the individual programmes.
- A further change has been made to incorporate Care Quality issues within each Programme, rather than being presented as a stand-alone Programme.
- Three of the programmes are rated as “Green”:
  - Ensuring a Workforce fit for the future
  - Ensuring a High Quality Primary Care Estate
  - Optimising Workflow and Addressing Workload Pressures
- Six of the programmes are rated as “Amber” – i.e. are behind schedule but with mitigating actions in place
  - Primary Care Networks and Models of Care

- Prevention and Addressing Health Inequalities
- Improving Access to Primary Care
- Improvements to Technology and Digital Enablers
- Auditing Delegated Statutory Functions and Governance Arrangements
- Communications and Engagement

- None of the programmes is rated as “Red”
- An Annual Report will be brought to the April meeting of this Committee providing an assessment of the impact the Strategy has had since its launch in the spring of 2019.

**Actions required by Primary Care Commissioning Committee Members:**

Primary Care Commissioning Committee are asked to:

- Accept the content of the report as assurance around delivery of the Primary Care Strategy
- Identify areas for improvement or which require further information or planning

**Monitoring form**  
**Agenda Item: Enclosure Number**

<b>Does this report and its recommendations have implications and impact with regard to the following:*</b>		
1	<b>Additional staffing or financial resource implications</b>	Yes
	One of the risks identified in the “Improving Access to Primary Care” programme is “There is a risk around the availability of workforce to deliver the extended hours DES which will form part of the PCN DES”	
2	<b>Health inequalities</b>	Yes
	One of the ten Programmes in the Primary Care Strategy is “Prevention and Addressing Health Inequalities”	
3	<b>Human Rights, equality and diversity requirements</b>	Yes
	One of the overall aims of the Strategy is to address the diverse needs of patients across Shropshire.	
4	<b>Clinical engagement</b>	Yes
	Clinical engagement has been crucial to the successful implementation of a number of the programmes including Primary Care Networks, Ensuring a Workforce fit for the future and Improving Access to Primary Care. Ongoing clinical engagement in these and other programmes will take place.	
5	<b>Patient and public engagement</b>	Yes
	Patient and public engagement has been crucial to the successful implementation of a number of the programmes including Improving Access to Primary Care. Ongoing Patient and public engagement in this and other programmes will take place.	
6	<b>Risk to financial and clinical sustainability</b>	Yes
	One of the risks identified in the “Primary Care Networks and Models of Care” programme is “The consultation has taken place around the content of the service specifications to be delivered by PCNS from April. This has resulted in a considerable amount of negative feedback from practices across the country to NHSE. There is a risk that practices will disengage from PCNs if the content of the specifications is not changed.”	

## Shropshire and Telford & Wrekin STP

### Primary Care Strategy 2019/20 Operational Plan Progress Report: Dec 2019/Jan 2020

This report provides a monthly update on the Shropshire and Telford and Wrekin STP Primary Care Strategy. It provides an update on the work undertaken since the last report and the actions to be taken in the coming weeks to provide assurance to the Primary Care Commissioning Committees and NHS England that progress is being made towards delivery and highlights identified areas of risk.

The report includes nine individual reports as follows (“Care Quality and Improvements” has now been incorporated into all of the other programmes):

No.	Programme	Progress Status
1	Primary Care Networks and Models of Care	Yellow
2	Prevention and Addressing Health Inequalities	Yellow
3	Improving Access to Primary Care	Yellow
4	Ensuring a Workforce fit for the future	Green
5	Improvements to Technology and Digital Enablers	Yellow
6	Ensuring a High Quality Primary Care Estate	Green
7	Optimising Workflow and Addressing Workload Pressures	Green
8	Auditing Delegated Statutory Functions and Governance Arrangements	Yellow
9	Communications and Engagement	Yellow

Progress Status Key		
On schedule	Behind schedule with mitigating actions in place	Behind schedule

It should be noted that the Progress Status RAG rating relates to the extent to which the key objectives in the programme are being met. The individual risks in each programme are those that, if not mitigated, might cause the programme to go off schedule – therefore there are examples of programmes with a Green Progress Status that have one or more risks.

**Shropshire CCG Primary Care Commissioning Committee**

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<b>Programme 1</b>	<b>Primary Care Networks and Models of Care</b>	<b>Months covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Steve Ellis</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<ul style="list-style-type: none"> <li>To ensure that Primary Care Networks (PCN) are set up by 1<sup>st</sup> July 2019, including the appointment of a Clinical Director for each PCN</li> <li>To ensure that PCNs are set up in a way that enables nationally mandated community and social care services to be provided from 1<sup>st</sup> April 2020</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Anticipated Outcome</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>To ensure that Primary Care Networks (PCN) are set up by 1<sup>st</sup> July 2019, including the appointment of a Clinical Director for each PCN</li> </ul>		<ul style="list-style-type: none"> <li>All PCNs have been set up, including the appointment of CDs for each PCN.</li> </ul>	
<ul style="list-style-type: none"> <li>To ensure that PCNs are set up in a way that enables nationally mandated community and social care services to be provided from 1<sup>st</sup> April 2020</li> </ul>		<ul style="list-style-type: none"> <li>Through engagement between the CCG(s) and the PCNs it is felt that the PCN workforce is not adequately robust to deliver the new national specifications.</li> </ul>	
<b>Key Activities and Updates from the Last Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>SCCG meeting with CDs and Access leads to agree GPFV Extended Access and Extended Hours should be delivered by PCNs from April 2020</li> </ul>		<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Improvements to Technology and Digital Enablers</li> </ul>	
<ul style="list-style-type: none"> <li>Clarification that funding for ARRS for 2019/20 can be used to fast-track the 2020/21 cohort of Clinical Pharmacists and Social Prescribers</li> </ul>		<ul style="list-style-type: none"> <li>Ensuring a workforce fit for the future</li> </ul>	
<ul style="list-style-type: none"> <li>SCCG PCN Development funding has been distributed to the lead practices following receipt of agreed action plans</li> </ul>			
<ul style="list-style-type: none"> <li>Publication by NHS England of the new service specifications for the PCN DES for consultation, followed by the CCGs' response to the consultation.</li> </ul>		<ul style="list-style-type: none"> <li>Ensuring a workforce fit for the future</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>	
<b>Key Actions Planned for Next Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>SCCG monitoring of PCN delivery of the funded action plans</li> <li>TWCCG to ensure development plans are completed</li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>	
<ul style="list-style-type: none"> <li>SCCG developing detailed plans for combined GPFV Extended Access and Extended Hours Access delivery</li> <li>TWCCG evaluating current model and planning to re-commission, encouraging broader engagement from other PCNs.</li> </ul>		<ul style="list-style-type: none"> <li>Improvements to Technology and Digital Enablers</li> </ul>	
<ul style="list-style-type: none"> <li>Further discussion and engagement with PCNs and CDs over the new service specifications as</li> </ul>		<ul style="list-style-type: none"> <li>Ensuring a workforce fit for the future</li> <li>Optimising Workflow and Addressing Workload</li> </ul>	

they are published.	Pressures		
<b>Key issues relating to Care Quality and Improvement</b>			
<ul style="list-style-type: none"> <li>The new, combined Access specification (SCCG) and delivery plans for the new specifications will be developed in conjunction with the Quality team.</li> <li>Joint working with the Quality team on this programme will support PCNs in making care quality improvements and ensure services are commissioned to a high standard and monitored appropriately</li> </ul>			
<b>Funding (STP)</b>			
<ul style="list-style-type: none"> <li>Network payments: £255,471 for Clinical Directors, £921,698 for the Additional Roles Reimbursement Scheme, £550,514 for extended hours and £751,385 for PCN transformation.</li> <li>Practice payments: £917,096 for the participation payment</li> <li>In addition, the STP has been allocated £374,000 to deliver Primary Care Development support.</li> </ul>			
<b>Risks</b>			
No.	Risk	Rating	Mitigation
1	There is a risk around the availability of workforce to deliver the extended hours DES which will form part of the PCN DES.	9	This was raised as a risk at a national Access meeting by a number of CCGs.
2	The consultation has taken place around the content of the service specifications to be delivered by PCNs from April. This has resulted in a considerable amount of negative feedback from practices across the country to NHSE. There is a risk that practices will disengage from PCNs if the content of the specifications is not changed	12	The outcome of the consultation will be published shortly. Further engagement with PCNs, locally, will take place.

<b>Programme 2</b>	<b>Prevention and Addressing Health Inequalities</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Janet Gittins</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<p>The overarching outcome is to improve the health of the population and reduce health inequalities, specifically improvements will be made in the following areas:</p> <ul style="list-style-type: none"> <li>• Improvements in the uptake of physical health checks for the seriously mentally ill</li> <li>• Consideration to specific actions to support people with Learning Disabilities and Autism and delivery of the required increase in the number of health checks</li> <li>• Improvement in the cardiovascular disease and Type 2 Diabetes prevention and management programmes</li> <li>• Improvements to Dementia diagnosis rates</li> <li>• Introduction of prevention and management programme for respiratory disease</li> <li>• Programme of work to reduce Antimicrobial Resistance</li> <li>• Improved skills and capabilities to motivate patients and support behaviour change</li> <li>• Improved ability to recognise risky health behaviours and connect patients/ people to support in the community</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Anticipated Outcome</b>	<b>Summary Status</b>		
<ul style="list-style-type: none"> <li>• Improvements in the uptake of physical health checks for the seriously mentally ill</li> </ul>	<ul style="list-style-type: none"> <li>• Both CCGs commissioned an SMI Locally Enhanced Service from Primary Care from 1<sup>st</sup> April 2019. At the end of Q2 the number of patients receiving all 6 elements of the SMI physical check was 34% against a target of 60%. However the number of patients receiving 4 of the 6 checks is high. A recovery action plan to improve the percentage of SMI patients receiving a full health check has been submitted to NHSE. This focuses on the support to be provided to practices by the MH SMI physical health support posts which will start in December 2019.</li> <li>• Increased capacity has been made within the community learning disability team. This will enable increased support to GP practices to enable reasonable adjustments for when GP practices undertake the health checks.</li> </ul>		
<ul style="list-style-type: none"> <li>• Consideration to specific actions to support people with Learning Disabilities and Autism and delivery of the required increase in the number of health checks</li> </ul>	<ul style="list-style-type: none"> <li>• New service in place which will support practises with reasonable adjustments to undertake these reviews.</li> </ul>		
<ul style="list-style-type: none"> <li>• Improvement in the cardiovascular disease and Type 2 Diabetes prevention and management programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners, Medicines Management teams and Public health have continued to implement their plans to improve prevention, detection and management of cardiovascular disease, respiratory disease and diabetes.</li> <li>• The Telford Healthy Hearts workstream has continued to optimise statin doses – 70.5% of statins are now prescribed as high intensity statins in line with NICE guidance. Since the programme was launched an additional 2,647 people have been initiated in statins (a 12.9% increase).</li> <li>• Both CCGs are working with primary care clinicians to improve the diagnosis and management of people with atrial fibrillation (in line</li> </ul>		

## Shropshire CCG Primary Care Commissioning Committee

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	<ul style="list-style-type: none"> <li>with NICE guidance).</li> <li>National Diabetes Prevention Programme promotion with Practices</li> </ul>
<ul style="list-style-type: none"> <li>Improvements to Dementia diagnosis rates</li> </ul>	<ul style="list-style-type: none"> <li>Both CCGs are continuing their evaluation of diagnostic and primary care dementia services with the aim of improving rates of diagnosis.</li> <li>Both CCGs continue to evaluate the memory assessment service that deliver improvements to Dementia diagnosis to address; barriers to people attending an appointment, Pathway for negative dementia diagnosis, New dementia tariff and Patient engagement.</li> <li>Working with care homes to identify patients in homes who do not have a diagnosis</li> </ul>
<ul style="list-style-type: none"> <li>Introduction of prevention and management programme for respiratory disease</li> </ul>	<ul style="list-style-type: none"> <li>The respiratory review service to review SCCG patients with COPD continues with the aim of improving patient outcomes for COPD. The team are currently addressing high dose inhaled corticosteroid (ICS) prescribing by reviewing inappropriate fine particle ICS which should usually be restricted for specialist use (or on the advice of) only.</li> </ul>
<ul style="list-style-type: none"> <li>Programme of work to reduce Antimicrobial Resistance</li> </ul>	<ul style="list-style-type: none"> <li>The CCGs antibiotic strategy will be incorporated into long term plans. Telford and Wrekin CCG has received action plans from the two practices that received letters from the CMO regarding their antimicrobial prescribing. Practices not achieving the expected targets are being offered support from medicines management pharmacists to review their prescribing and to identify opportunities for improvement.</li> </ul>
<ul style="list-style-type: none"> <li>Improved skills and capabilities to motivate patients and support behaviour change</li> </ul>	<ul style="list-style-type: none"> <li>National Diabetes Prevention Programme</li> <li>Delivery of MECC Plus / Healthy Conversations training in primary care (7 sessions scheduled from Jan-Mar 2020)</li> <li>Social Prescribing roll out started in SE and SW PCNs in Shropshire.</li> <li>12 week pilot to support homeless with physical health needs has been approved, it includes a doctor and nurse for 3 hours a week to attend the ark (homeless support in Shrewsbury town centre). The pilot will be evaluated.</li> </ul>
<ul style="list-style-type: none"> <li>Improved ability to recognise risky health behaviours and connect patients/ people to support in the community</li> </ul>	<ul style="list-style-type: none"> <li>Development of harm related to alcohol as a key priority for prevention and place based care (action plan that cross cuts acute, primary and community to be developed)</li> </ul>

### Key Activities and Updates from the Last Period showing links with other programmes

Activity	Link with other Programmes
<ul style="list-style-type: none"> <li>Implement SMI recovery plan from December 2019. Two nurses now in post working with General Practice to complete SMI Health Checks.</li> <li>SMI PH checks completed at the end of Q3 remain significantly below where they are expected to be at this point.</li> </ul>	<ul style="list-style-type: none"> <li>SMI actions will be reported through STP Mental Health Group and NHSE.</li> </ul>
<ul style="list-style-type: none"> <li>Both CCGs are continuing to promote and encourage referral into the National Diabetes Prevention Programme (NDPP). At end November 2019 35/40 Shropshire practices and 10/14 Telford practices are</li> </ul>	<ul style="list-style-type: none"> <li>Optimising workflow and addressing workload pressures</li> </ul>



referring patients into the NDPP scheme.	
<ul style="list-style-type: none"> <li>Dementia: Business case to expand community diagnostic access submitted. Continuation of care home outreach work to standardise approach to identifying dementia in care homes. Second meeting of person centred planning working group. <i>NB Shropshire's diagnosis remains at 71, Telford 65 giving an STP average of 69, NHS England target is 66.</i></li> <li>Survey of care homes to nationally recommended identification tools for residents with suspected dementia are in place</li> <li>New working group in dementia friendly practice in primary care launched.</li> </ul>	<ul style="list-style-type: none"> <li>Care Closer to Home</li> </ul>
<ul style="list-style-type: none"> <li>PINCER and ECLIPSE- Locality Pharmacists have triaged two of the PINCER search indicators and fed back the results. SMART action plan in place.</li> </ul>	
<b>Key Actions Planned for Next Period showing links with other programmes</b>	
<b>Activity</b>	<b>Link with other Programmes</b>
<ul style="list-style-type: none"> <li>Dementia: Further expansion of care home engagement and to expand the support from SPIC</li> <li>Second session of sub group for dementia friendly primary care , person centred dementia care planning</li> <li>Progression of business case to expand point of access for community assessment and diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>Care Closer to Home</li> </ul>
<ul style="list-style-type: none"> <li>Target Train the Trainer workshop to support antimicrobial prescribing &amp; tackle AMR is set up for February to facilitate the development of an antimicrobial stewardship plan within GP practices.</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> </ul>
<ul style="list-style-type: none"> <li>MM Team will collate and analyse outcomes of COPD review clinics and review practice feedback prior to undertaking further work with practices (wave 2 of clinic implementation).</li> </ul>	
<ul style="list-style-type: none"> <li>TWCCG is continuing the Telford Healthy Hearts work to optimise statin prescribing and improve the detection and management of both hypertension and atrial fibrillation.</li> <li>SCCG will be delivering the third out of four modules for diabetes education open to practices (GP's and Practice Nurses) and plan for continuing the programme into 2020. Use of the Eclipse live diabetes module is also being considered to support this area next year.</li> </ul>	
<ul style="list-style-type: none"> <li>The Population Health Management Transformation project group will be progressing work to identify services accessed by newly diagnosed Type 2 Diabetic patients.</li> </ul>	
<ul style="list-style-type: none"> <li>Ongoing alignment of prevention services is being worked through the Prevention and Place Based Cluster of the STP to ensure appropriate strategic planning and articulation of prevention and place services in the STP Long Term Plan for STW.</li> </ul>	
<ul style="list-style-type: none"> <li>The national dashboard is due to be released fully in</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care Networks</li> </ul>

spring 2020.

**Key issues relating to Care Quality and Improvement**

- Engagement with the Quality team on this Programme has identified a number of additional objectives and activities which will need to be reflected in revisions to this Programme going forward. These include:
  - Perinatal mental health awareness
  - Supporting the health and wellbeing of children and young people – for example training HCAs to deliver immunisations
  - Supporting people living in care homes (via the Enhanced Health in Care Homes Framework)
  - Improving update of national cancer screening programmes
  - Introducing cancer champions to practices
- The Quality team will also work with this programme around the monitoring of QOF indicators and the new Quality Improvement domains (end of life and prescribing safety)

**Funding (STP)**

- None identified

**Risks**

No.	Risk	Rating	Mitigation Support Requested
1	There is a significant risk regarding funding for local lifestyle services (particularly weight management and smoking cessation) given the savings required in local authority public health budgets, e.g. Shropshire Council is currently consulting on significant reductions in services	9	Discussions are taking place directly with between SCCG and Public Health through the CCC and CCC working group to understand and prioritise those at most risk. In addition, they are also part of the STP Prevention and Place cluster, and the Shropshire HWBB. In the short term SIP has been prioritised and work is underway to determine how best to utilise the remaining resources, particularly Healthchecks and Social Prescribing, as well as the NDPP and other local services to target those most in need; in the medium and longer term the system will work together to ensure a robust prevention and place based approach that supports healthy weight and smoking reduction.
2	There is a risk around the pace at which data and intelligence around population health management can be obtained, analysed and used to design and commission services. This risk also includes the need for clarity around the meaning of “Population Health Management” and the extent to which current work is overly focused on a small, specific population group.	6	Continued work with the STP Population Health Management group to ensure that there is a shared understanding of the scope and limitations of this programme.
3	This programme cannot be defined as accurately as the STP would like due to the fact that the national dashboard has	9	Request update from regional NHS England team to clarify when the dashboard might be delivered

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	not yet been delivered		
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<b>Programme 3</b>	<b>Improving Access to Primary Care</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Darren Francis</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<ul style="list-style-type: none"> <li>To maintain and improve 7 day access to General Practice both through face-to-face appointment and technological solutions</li> <li>Ensure at least 75% utilisation of extended-hours appointments by March 2020</li> <li>Direct booking for 111 for in-hours and extended access appointments</li> <li>Increased access and patient satisfaction</li> </ul>			
<b>Summary Status (update on Outcomes)</b>			
<b>Anticipated Outcome</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>To maintain and improve 7 day access to General Practice both through face-to-face appointment and technological solutions</li> </ul>		<ul style="list-style-type: none"> <li>GPFV Extended Access appointments are being delivered in line with the national targets</li> <li>In SCCG PCNs are delivering the extended hours requirement through the PCN DES contract to 100% of the population</li> <li>In TWCCG two PCNs are commissioned to deliver the extended hours requirements to 100% of the population</li> </ul>	
<ul style="list-style-type: none"> <li>Ensure at least 75% utilisation of extended-hours appointments by March 2020</li> </ul>		<ul style="list-style-type: none"> <li>Dec Totals (combined for both CCGs): Appts 4,128; Booked; 3,523; DNA 340; Utilisation 85%; Utilisation incl. DNA 77%</li> <li>Utilisation rate fell in Dec due to poor uptake on Christmas Day</li> </ul>	
<ul style="list-style-type: none"> <li>Direct booking for 111 for in-hours and extended access appointments</li> </ul>		<ul style="list-style-type: none"> <li>IT solution not in place to enable direct booking. Work will continue with the regional commissioners to ensure in place for Feb 2020</li> </ul>	
<ul style="list-style-type: none"> <li>Increased access and patient satisfaction</li> </ul>		<ul style="list-style-type: none"> <li>Monitoring of utilisation and delivery of the new GPFV Extended Hours service will continue with any changes being agreed and implemented as required</li> <li>TWCCG – uptake of telephone appointments improving</li> </ul>	
<b>Key Activities and Updates from the Last Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>Ongoing discussions with regional commissioners to agree a date for NHS111 direct Booking</li> </ul>		<ul style="list-style-type: none"> <li>Primary Care Networks and models of care</li> <li>Audited delegated statutory functions and governance arrangements</li> <li>Improvements to technology and digital enablers</li> </ul>	
<ul style="list-style-type: none"> <li>Monitoring of Utilisation rates to ensure making best use of appointments (specifically monitoring the use of telephone appointments)</li> </ul>		<ul style="list-style-type: none"> <li>Primary Care Networks and models of care</li> <li>Improvements to technology and digital enablers</li> <li>Ensuring workforce fit for the future</li> </ul>	
<b>Key Actions Planned for Next Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>To agree and commence implementation of 111 direct booking</li> </ul>		<ul style="list-style-type: none"> <li>Primary Care Networks and models of care</li> <li>Audited delegated statutory functions and</li> </ul>	

			governance arrangements
			<ul style="list-style-type: none"> <li>Improvements to technology and digital enablers</li> </ul>
<ul style="list-style-type: none"> <li>Monitoring utilisation Rates</li> </ul>			<ul style="list-style-type: none"> <li>Primary Care Networks and models of care</li> <li>Improvements to technology and digital enablers</li> <li>Ensuring workforce fit for the future</li> </ul>
<ul style="list-style-type: none"> <li>SCCG – review Contracts for April 2020 onwards and begin discussions with PCNs</li> </ul>			<ul style="list-style-type: none"> <li>Primary Care Networks and models of care</li> <li>Audited delegated statutory functions and governance arrangements</li> <li>Improvements to technology and digital enablers</li> <li>Ensuring workforce fit for the future</li> </ul>
<ul style="list-style-type: none"> <li>TWCCG – design the evaluation of the service (September 19 – March 2020) with a view to invite PCNs to re-apply for the extended access service from April 2020 – March 2021</li> </ul>			<ul style="list-style-type: none"> <li>Primary Care Networks and models of care</li> <li>Audited delegated statutory functions and governance arrangements</li> <li>Improvements to technology and digital enablers</li> <li>Ensuring workforce fit for the future</li> </ul>
<b>Key issues relating to Care Quality and Improvement</b>			
			<ul style="list-style-type: none"> <li>Providers currently undertaking an audit of the service to provide assurance that all relevant documentation and consultation notes being transferred to patients’ registered practice</li> <li>The development and subsequent monitoring of local quality requirements and any relevant KPIs</li> </ul>
<b>Funding (STP)</b>			
			<ul style="list-style-type: none"> <li>£2,857,650 is used to fund the GPFV Extended Access programme – weekday evenings, weekends and bank holidays.</li> </ul>
<b>Risks</b>			
<b>No.</b>	<b>Risk</b>	<b>Rating</b>	<b>Mitigation Support Requested</b>
1	There is a risk around the availability of workforce to deliver the extended hours DES which will form part of the PCN DES.	9	This was raised as a risk at a national Access meeting by a number of CCGs and the national team were encouraged to consider this as part of the national access review.
2	The consultation has taken place around the content of the service specifications to be delivered by PCNS from April. This has resulted in a considerable amount of negative feedback from practices across the country to NHSE. There is a risk that practices will disengage from PCNs if the content of the specifications is not changed	9	The outcome of the consultation will be published shortly. Further engagement with PCNs, locally, will take place.

<b>Programme 4</b>	<b>Ensuring a Workforce fit for the future</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Phil Morgan</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<ul style="list-style-type: none"> <li>From 2019 as part of the additional roles reimbursement scheme there is funding to increase the number of clinical pharmacists in Primary Care</li> <li>From 2020 there will be national funding from the reimbursement scheme to introduce physician associates and first contact physiotherapists and from 2021 first contact community paramedics</li> <li>Employment of these staff can be direct by Networks or through other NHS or voluntary organisations</li> <li>The work programmes initiated as part of the GPFV continue for the retention and recruitment of GPs and other clinical professionals</li> <li>As well as retention, recruitment and increased multidisciplinary working there will be increased opportunities for flexible/ mobile working, interoperability and portfolio careers.</li> <li>Clinical Directors will provide the compassionate leadership in primary care to lead the complex, practical, financial and cultural challenge ahead</li> <li>Learning/education also remain important elements of the development of the workforce with Protected Learning Time sessions being adapted to meet the future needs of working in Networks</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Anticipated Outcome</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>From 2019 as part of the additional roles reimbursement scheme there is funding to increase the number of clinical pharmacists in Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>To date four Clinical Pharmacists are being funded via the ARRS across the STP. Two of these are in the Shrewsbury PCN, one in the South West Shropshire PCN and the other in the Newport PCN.</li> </ul>		
<ul style="list-style-type: none"> <li>From 2020 there will be national funding from the reimbursement scheme to introduce physician associates and first contact physiotherapists and from 2021 first contact community paramedics</li> </ul>	<ul style="list-style-type: none"> <li>The CCGs have been liaising with the PCNs (CDs and lead PMs) to ensure that PCNs are aware of these roles.</li> <li>There has been little appetite for PAs, due to the perceived high level of supervision they would need if working across a PCN.</li> <li>However, up to 5 PAs should be joining practices across the STP as part of the PA Internship scheme. These PAs might, after the end of their one-year internship, be able to deliver a PCN role.</li> </ul>		
<ul style="list-style-type: none"> <li>Employment of these staff can be direct by Networks or through other NHS or voluntary organisations</li> </ul>	<ul style="list-style-type: none"> <li>PCNs are aware of the different employment models. Some of the STP's PCNs are liaising with external providers to host the ARRS Social Prescribing Link Worker role.</li> </ul>		
<ul style="list-style-type: none"> <li>The work programmes initiated as part of the GPFV continue for the retention and recruitment of GPs and other clinical professionals</li> </ul>	<ul style="list-style-type: none"> <li>A significant amount of work has been carried out to commission and deliver retention/resilience events for GPs.</li> <li>In addition, a number of newly-qualified GPs are to be supported via NHS England funding.</li> <li>Other clinical professionals are being offered training and development using NHS England funding.</li> </ul>		
<ul style="list-style-type: none"> <li>As well as retention, recruitment and</li> </ul>	<ul style="list-style-type: none"> <li>As part of the GP retention funding package</li> </ul>		

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increased multidisciplinary working there will be increased opportunities for flexible/ mobile working, interoperability and portfolio careers.	practices and PCNs were encouraged to bid for funding for projects/initiatives based around flexible/ mobile working, interoperability and portfolio careers – a number of such bids have been funded.
<ul style="list-style-type: none"> <li>Clinical Directors will provide the compassionate leadership in primary care to lead the complex, practical, financial and cultural challenge ahead</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Directors have been provided with information on a range of support and development packages.</li> <li>Bids have been received from PCNs against the PCN Development Fund.</li> </ul>
<ul style="list-style-type: none"> <li>Learning/education also remain important elements of the development of the workforce with Protected Learning Time sessions being adapted to meet the future needs of working in Networks</li> </ul>	<ul style="list-style-type: none"> <li>Both CCGs are continuing to develop their existing approaches to PLT to take account of the future need of PCNs and the wider workforce.</li> </ul>

**Key Activities and Updates from the Last Period showing links with other programmes**

<b>Activity</b>	<b>Link with other Programmes</b>
<ul style="list-style-type: none"> <li>The Quarter 2 (Sept 30<sup>th</sup> 2020) workforce data has been analysed (see appendix 1).</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>The New to Practice/Fellowship scheme has been advertised and expressions of interest received (an NHS-funded scheme to provide support to newly-qualified GPs and GPNs)</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>The final commissioned courses from NB Medical have been advertised</li> </ul>	<ul style="list-style-type: none"> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Funding has been allocated following bids to the GP Retention fund – monitoring and reporting arrangements have been agreed.</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Improvements to Technology and Digital Enablers</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Expressions of interest have been received from practices for funded training for direct patient care staff (i.e. clinicians other than GPs, GPNs and HCAs)</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>

**Actions Planned for Next Period showing links with other programmes**

<b>Activity</b>	<b>Link with other Programmes</b>
<ul style="list-style-type: none"> <li>Analysis of Q3 (Dec 31<sup>st</sup> 2019) workforce data</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Confirmation of funding for newly-qualified GPs under the NHS England-funded New to Practice/Fellowship scheme</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Initial plans developed for using the 2020/21 GPFV funding for GP and GPN retention</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Monitoring of funded GP- retention projects</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Improvements to Technology and Digital</li> </ul>

	<p>Enablers</p> <ul style="list-style-type: none"> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Confirmation of funding for training for direct patient care staff</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>
<ul style="list-style-type: none"> <li>Further support and guidance provided to PCNs to enable them to assess their workforce needs against the requirements of the PCN DES service specifications</li> </ul>	<ul style="list-style-type: none"> <li>Improving Access to Primary Care</li> <li>Optimising Workflow and Addressing Workload Pressures</li> </ul>

**Key issues relating to Care Quality and Improvement**

- The delivery of the GPN 10 Point Action Plan will need to be better integrated into the next iteration of this Programme. Delivery of the plan includes the work of the two GPN Facilitators and the commissioning of courses for local practices nurses and HCAs.
- Enabling GPs to access the NB medical ‘hot topics’ courses increases the delivery of good quality care to our patients
- The development of a highly skilled workforce, including opportunities for staff progression, will meet the challenges of new ways of working in primary care and, as a result, improve the quality of care

**Funding (STP)**

- The STP has allocated approx. £150,000 of the overall NHS England GPFV Funding for GP Retention.
- Health Education England funds training and development for Nurses and HCAs – £15k for 2019/20
- Further funding has been received from NHS England for Training Hub (£85k) and the New to Practice Programme (£175k)

**Risks**

No.	Risk	Rating	Mitigation Support Requested
1	The lack of space, and pressures on GPs around providing mentoring, are making it difficult for GP trainees and other clinical students to find placements	8	The CCGs are completing an estates review to help identify future requirements. HEE is reviewing clinical supervision funding.
2	There is a risk that the investment in training and development will put pressure on staffing in practices – i.e. some practices may be reluctant to allow staff to take on e.g. fellowships	8	Work with PCN Clinical Directors and senior partners to understand the extent of this problem and develop local solutions.
3	Capacity of practices to engage in key elements of the 10 High Impact Actions including projects within the national Time for Care Programme.	6	Information will be provided to practices about those practices that have had positive experiences of the various 10 High Impact Actions and the Time for Care programme. There is an area on TeamNet for this - need to encourage more sharing and for practices to access and make use of this space
4	Development of Training Hub not fully realised with uncertainty around hosting and funding of staff. This could impact on ability to deliver on national programmes	8	CCGs primary care teams working with HEE to identify and resolve issues and look realistically at local options.



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	due to local capacity.		
5	Practice Nurse Facilitator vacancy from March 2020 – impact on delivery of GPN 10 point plan if not filled	8	Approval gained to advertise post Post currently out to advert All local practice nurses alerted to opportunity

<b>Programme 5</b>	<b>Improvements to Technology and Digital Enablers</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Sara Spencer</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<ul style="list-style-type: none"> <li>The use of technology will enhance models of care</li> <li>The core level of digitisation will be met by 2024 including the withdrawal of the use of fax machines by 2020</li> <li>The CCGs will ensure that all GP Practices and PCNs are technically enabled to provide the required functionality and interoperability of systems</li> <li>The NHS App will be available and promoted in Shropshire and some practices will commence online consultations from May 2019</li> <li>Online and video consultations across all practices by 2021</li> <li>At least 25% of appointments will be available for online booking by July 2019</li> <li>Many patients are already able to request their repeat prescriptions electronically; however this will be a default position from April 2019</li> <li>There is currently limited patient access to medical reports. This will be increased with full access by 2020 and patients will be able to input their own information</li> <li>Improvements to electronic and integrated decision trees with direct links to create referrals so that GPs are one click away from advice and diagnostic information</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Anticipated Outcome</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>The use of technology will enhance models of care</li> </ul>		<ul style="list-style-type: none"> <li>Using technology to provide a digital front door for patients. Also increasing the use of telemedicine and telehealth</li> </ul>	
<ul style="list-style-type: none"> <li>The core level of digitisation will be met by 2024 including the withdrawal of the use of fax machines by 2020</li> </ul>		<ul style="list-style-type: none"> <li>This is complete</li> </ul>	
<ul style="list-style-type: none"> <li>The CCGs will ensure that all GP Practices and PCNs are technically enabled to provide the required functionality and interoperability of systems</li> </ul>		<ul style="list-style-type: none"> <li>Office 365 will be available soon for all practice staff. GP connect will provide interoperability between practices</li> </ul>	
<ul style="list-style-type: none"> <li>The NHS App will be available and promoted in Shropshire and some practices will commence online consultations from May 2019</li> </ul>		<ul style="list-style-type: none"> <li>The NHS App is available and promoted by Shropshire CCG</li> </ul>	
<ul style="list-style-type: none"> <li>Online and video consultations across all practices by 2021</li> </ul>		<ul style="list-style-type: none"> <li>Working towards achieving this. Online consultations in place for ten practices</li> </ul>	
<ul style="list-style-type: none"> <li>At least 25% of appointments will be available for online booking by July 2019</li> </ul>		<ul style="list-style-type: none"> <li>Practices are monitored by NHS England regarding the achievement of this</li> </ul>	
<ul style="list-style-type: none"> <li>Many patients are already able to request their repeat prescriptions electronically; however this will be a default position from April 2019</li> </ul>		<ul style="list-style-type: none"> <li>Repeats can be requested through the NHS App and the</li> </ul>	
<ul style="list-style-type: none"> <li>There is currently limited patient access to medical reports. This will be increased with full access by 2020 and patients will be able to input their own information</li> </ul>		<ul style="list-style-type: none"> <li>Access is available from the NHS App and Patient Access</li> </ul>	
<ul style="list-style-type: none"> <li>Improvements to electronic and integrated</li> </ul>		<ul style="list-style-type: none"> <li>To be confirmed</li> </ul>	

decision trees with direct links to create referrals so that GPs are one click away from advice and diagnostic information			
<b>Key Activities and Updates from the Last Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>HSCN migration progressing slowly through cost issues</li> </ul>		<ul style="list-style-type: none"> <li>Connectivity for primary care</li> </ul>	
<ul style="list-style-type: none"> <li>Windows 10 – CSU achieved 95% ATP on windows 7 machines extending the licence on Windows 7 for 12 months</li> </ul>		<ul style="list-style-type: none"> <li>Increased cyber security</li> </ul>	
<ul style="list-style-type: none"> <li>Domain planning for after HSCN migration. Data centre build on-going</li> </ul>		<ul style="list-style-type: none"> <li>Essential infrastructure upgrade to comply with IG and cyber security guidance</li> </ul>	
<ul style="list-style-type: none"> <li>Office 365 – waiting for NHS Digital to announce the centrally funded license agreement</li> </ul>		<ul style="list-style-type: none"> <li>PCN interoperability across practices</li> </ul>	
<ul style="list-style-type: none"> <li>Comms cabinet refresh continues with seven practices already receiving the upgrade</li> </ul>		<ul style="list-style-type: none"> <li>Essential infrastructure upgrades</li> </ul>	
<ul style="list-style-type: none"> <li>Online Consultations – 18practices live, 5 planned go-lives this month</li> </ul>		<ul style="list-style-type: none"> <li>New models of care, digital front door</li> </ul>	
<ul style="list-style-type: none"> <li>VDI mobile solution soon to be deployed. Allowing clinicians access to clinical systems from any device. 2FA security allows secure access to the N3/HSCN network.</li> </ul>		<ul style="list-style-type: none"> <li>Connectivity for Primary Care and New models of care.</li> </ul>	
<b>Actions Planned for Next Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>HSCN live sites, plans for Ethernet and</li> </ul>		<ul style="list-style-type: none"> <li>Enable other programmes to progress with increased bandwidth</li> </ul>	
<ul style="list-style-type: none"> <li>NHS 111 testing completed at Worthen Medical Practice, other practices live</li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>	
<ul style="list-style-type: none"> <li>Completion of the domain build and delivery plan in place</li> </ul>		<ul style="list-style-type: none"> <li>IG and cyber secure networking</li> </ul>	
<ul style="list-style-type: none"> <li>Office 365 specification out to find suitable supplier</li> </ul>		<ul style="list-style-type: none"> <li>Interoperability across the PCNs</li> </ul>	
<ul style="list-style-type: none"> <li>Accounts to be setup for VDI mobile users. Limit 2 per practice this financial year</li> </ul>		<ul style="list-style-type: none"> <li>Interoperability across the PCNs.</li> </ul>	
<b>Key issues relating to Care Quality and Improvement</b>			
<ul style="list-style-type: none"> <li>Improved and increased use of relevant IT/digital will:                             <ul style="list-style-type: none"> <li>➤ improve access to Primary Care and provide for resilient and secure networking</li> <li>➤ enhance the patient experience</li> <li>➤ improve awareness and uptake of online patient services</li> </ul> </li> </ul>			
<b>Funding (STP)</b>			
<ul style="list-style-type: none"> <li>Office 365 £477,000</li> </ul>		<ul style="list-style-type: none"> <li>On-line consult. £125,000</li> </ul>	
<ul style="list-style-type: none"> <li>HSCN £386,000</li> </ul>			
<ul style="list-style-type: none"> <li>VoIP/WiFi – this project is being managed through ETTF allocations and reconciliation work is ongoing</li> <li>Comms cabinet refresh – ETTF bid of £172,000 is awaiting approval by NHS England</li> <li>Managed domain - £1.2m allocated with £590,000 having been spent on equipment</li> </ul>			
<b>Risks</b>			
<b>No.</b>	<b>Risk</b>	<b>Rating</b>	<b>Mitigation Support Requested</b>
1.	Delays in the roll-out of HSCN could negatively impact on the ability of the CCGs to install innovative IT to improve	6	Ongoing project management and close liaison with the provider (RedCentric) and NHS England.

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	patient care.		
2.	Delays in the announcement of the central funding for Office 365 will impact upon the delivery plan for practices	9	On-going discussion with NHSE to establish the procurement pathway

<b>Programme 6</b>	<b>Ensuring a High Quality Primary Care Estate</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Tom Brettell</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<p>The completion of an Estates Strategy for Primary Care will facilitate a range of outcomes that will ensure a high quality primary care estate:</p> <ul style="list-style-type: none"> <li>• support identification of the priorities for investment</li> <li>• identify opportunities for savings, efficiencies and capital receipts, both short and long term</li> <li>• improve patient pathways and patient care</li> <li>• create an integrated estate to support delivery of Integrated Care Teams</li> <li>• support a wider range of integrated services at a community level including health and care villages</li> <li>• creation of high-quality working environments that attract new healthcare staff &amp; develop training facilities that support on-going staff development</li> <li>• help develop primary care at scale via the PCN's</li> <li>• support the prevention agenda through community facilities and specialist supported housing</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Anticipated Outcome</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>• Support identification of the priorities for investment</li> </ul>		<ul style="list-style-type: none"> <li>• Strategy has provided overarching framework. Data dashboard and utilisation study work vital to enabling detailed prioritisation work.</li> </ul>	
<ul style="list-style-type: none"> <li>• Identify opportunities for savings, efficiencies and capital receipts, both short and long term</li> </ul>		<ul style="list-style-type: none"> <li>• Strategy has provided overarching framework. Data dashboard and utilisation study work vital to enabling detailed prioritisation work.</li> </ul>	
<ul style="list-style-type: none"> <li>• Improve patient pathways and patient care</li> </ul>		<ul style="list-style-type: none"> <li>• Ongoing as a key facet of the estates work</li> </ul>	
<ul style="list-style-type: none"> <li>• Create an integrated estate to support delivery of Integrated Care Teams</li> </ul>		<ul style="list-style-type: none"> <li>• Ongoing as a key facet of the estates work</li> </ul>	
<ul style="list-style-type: none"> <li>• Support a wider range of integrated services at a community level including health and care villages</li> </ul>		<ul style="list-style-type: none"> <li>• Ongoing as a key facet of the estates work</li> </ul>	
<ul style="list-style-type: none"> <li>• Creation of high-quality working environments that attract new healthcare staff &amp; develop training facilities that support on-going staff development</li> </ul>		<ul style="list-style-type: none"> <li>• Ongoing as a key facet of the estates work</li> </ul>	
<ul style="list-style-type: none"> <li>• Help develop primary care at scale via the PCN's</li> </ul>		<ul style="list-style-type: none"> <li>• Strategy has provided overarching framework. Data dashboard and utilisation study work vital to enabling detailed prioritisation work.</li> </ul>	
<ul style="list-style-type: none"> <li>• Support the prevention agenda through community facilities and specialist supported housing</li> </ul>		<ul style="list-style-type: none"> <li>• Ongoing as a key facet of the estates work</li> </ul>	
<b>Key Activities and Updates from the Last Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>• Shawbirch – New Build Project – Planning permission approved by Local Authority</li> </ul>		<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Utilisation study commenced</li> </ul>		<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• National Dashboard work underway</li> </ul>		<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Actions Planned for Next Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	

<ul style="list-style-type: none"> <li>Shawbirch – New Build Project – Practice due to present Full Business Case at Feb/Mar PCCC</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>								
<ul style="list-style-type: none"> <li>Update to Feb PCCC on strategy work</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>								
<ul style="list-style-type: none"> <li>Planning application submitted for Shifnal</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>								
<b>Key issues relating to Care Quality and Improvement</b>									
<ul style="list-style-type: none"> <li>Improvements to estate infrastructure will provide an essential element of wider care quality and improvement</li> <li>In order to achieve this there needs to be robust patient consultation and engagement when proposals for changes to estate considered and, also, consultation with infection, prevention control throughout all stages of design and planning</li> </ul>									
<b>Funding (STP)</b>									
<p>Capital funding for the three ETTF schemes is as follows:</p> <ul style="list-style-type: none"> <li>Shifnal £900,000; Whitchurch £1,000,000; Shawbirch £1,000,000</li> </ul> <p>Revenue funding for the three ETTF schemes is as follows:</p> <ul style="list-style-type: none"> <li>Shifnal £176,000 pa; Whitchurch £tbc with FBC; Shawbirch £180,000 pa (estimated) with once FBC approved</li> <li>In addition, there is a £268,000 pa revenue budget for the Riverside project</li> <li>Application for funding to complete Estates review and align with Shropshire CCG. Joint PID to be submitted to NHS England in Oct 2019</li> <li>Improvement Grant funding of £100k for TW £378k for Shropshire for BaU projects to be finalised in Q3 – funding must be drawn down and used by end March 2020</li> </ul>									
<b>Risks</b>									
<table border="1"> <thead> <tr> <th>No.</th> <th>Risk</th> <th>Rating</th> <th>Mitigation Support Requested</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Possibility that current revenue funding is not sufficient to support medium to long-term estates planning.</td> <td>12</td> <td>Work is progressing with the Finance team to determine and forecast the level of financial risk.</td> </tr> </tbody> </table>	No.	Risk	Rating	Mitigation Support Requested	1.	Possibility that current revenue funding is not sufficient to support medium to long-term estates planning.	12	Work is progressing with the Finance team to determine and forecast the level of financial risk.	
No.	Risk	Rating	Mitigation Support Requested						
1.	Possibility that current revenue funding is not sufficient to support medium to long-term estates planning.	12	Work is progressing with the Finance team to determine and forecast the level of financial risk.						

<b>Programme 7</b>	<b>Optimising Workflow and Addressing Workload Pressures</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Jenny Stevenson</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated (taken from the PC Strategy)</b>			
<ul style="list-style-type: none"> <li>Continued support will be available via the National Primary Care Resilience programme and the Releasing Time to Care Programme, enabling GPs and Managers to think and plan to identify new ways of making better use of resources (e.g. premises, IT, workforce, HR, back office functions, staff)</li> <li>Continued support to deliver the 10 high impact changes</li> <li>Strong public awareness campaigns explaining wider practice team roles and services provided by a range of healthcare professionals - patients will in the future be seen by a wider range of healthcare professionals</li> <li>To promote self-care and alternative sources of advice and treatment</li> <li>Social Prescribing, Care Coordination, and Link Workers will continue to support people to identify support and those with the lack confidence or knowledge to get involved with community groups or to approach agencies on their own</li> <li>GP Practices will be supported to use the new demand and capacity tools to identify how appointments are used and the effect of seasonal variation</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Activity</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>Continued support will be available via the National Primary Care Resilience programme and the Releasing Time to Care Programme, enabling GPs and Managers to think and plan to identify new ways of making better use of resources (e.g. premises, IT, workforce, HR, back office functions, staff)</li> </ul>		<ul style="list-style-type: none"> <li>7 Shropshire CCG practices and 3 T&amp;W CCG practices participated in the Productive General Practice Quickstart (PGPQS) programme during 2019 (one SCCG practice completed both wave 8 and 9)</li> <li>The CCGs have submitted an expression of interest to participate in the next wave of the PGPQS programme, which will be taking place between April and July 2020. 10 practices are included so far, with commitment needed in March.</li> <li>A Practice Manager Development Programme has been commissioned from PCC and is starting this month for SCCG.</li> <li>6 T&amp;W CCG practice managers have accessed coaching &amp; mentoring via the NHS England offer.</li> </ul>	
<ul style="list-style-type: none"> <li>Continued support to deliver the 10 high impact changes</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing training being offered to practices to support active signposting and productive workflow.</li> <li>Links to IT in relation to consultation types.</li> <li>See below for self care.</li> </ul>	
<ul style="list-style-type: none"> <li>Strong public awareness campaigns explaining wider practice team roles and services provided by a range of healthcare professionals - patients will in the future be seen by a wider range of healthcare professionals</li> </ul>		<ul style="list-style-type: none"> <li>Resources for practices are being developed by the CCG communications team. These are currently being finalised in order to be shared for review.</li> </ul>	
<ul style="list-style-type: none"> <li>To promote self-care and alternative sources of advice and treatment</li> </ul>		<ul style="list-style-type: none"> <li>Self-care campaigns and resources have been developed by the medicines management</li> </ul>	

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	<p>team. Self Care Awareness week put a real focus on this during November 2019, and resources continue to be available and promoted.</p>
<ul style="list-style-type: none"> <li>Social Prescribing, Care Coordination, and Link Workers will continue to support people to identify support and those with the lack confidence or knowledge to get involved with community groups or to approach agencies on their own</li> </ul>	<ul style="list-style-type: none"> <li>A Shropshire Social Prescribing &amp; Community Wellbeing Workshop took place on 12<sup>th</sup> December 2019 with representation from PCN Clinical Directors, Management Leads and C&amp;CCs.</li> <li>A development programme for the SCCG C&amp;CCs in underway, being delivered by PCC. Second workshop to take place on 4<sup>th</sup> March 2020.</li> <li>Public Health's Social Prescribing project continues to be provided in a number of SCCG practices.</li> <li>Discussions around the Link Worker role are ongoing.</li> <li>Interactive social prescription session to be organised for the T&amp;W managers.</li> </ul>
<ul style="list-style-type: none"> <li>GP Practices will be supported to use the new demand and capacity tools to identify how appointments are used and the effect of seasonal variation</li> </ul>	<ul style="list-style-type: none"> <li>Practices have been asked to confirm whether they are utilising the demand and capacity tool within EMIS. Feedback was sought at a Provider Forum meeting and experiences were mixed.</li> <li>Practices encouraged to provide feedback via the NHS England/NHS Digital link</li> <li>NECCS have been contacted to request engagement with STW practices on optimisation of the workload tool.</li> </ul>
<b>Key Activities and Updates from the Last Period showing links with other programmes</b>	
<b>Activity</b>	<b>Link with other Programmes</b>
<ul style="list-style-type: none"> <li>Commencement of PM development programme</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care Networks and Models of Care - aim of the programme is to improve practice resilience to address the challenges and opportunities, and promote further collaborative working</li> </ul>
<ul style="list-style-type: none"> <li>Provision of further training for active signposting / productive workflow</li> </ul>	<ul style="list-style-type: none"> <li>Improving access to Primary Care - aim of the training is to help reduce GP workload as patients should be signposted to the most appropriate place, and GPs should only be seeing patient correspondence when necessary</li> </ul>
<ul style="list-style-type: none"> <li>Continued roll out of e-Consult</li> </ul>	<ul style="list-style-type: none"> <li>Improvements to Technology and Digital Enablers / Improving Access to Primary Care - new consultation types and new routes for patients to access medical advice should move pressure from the system</li> </ul>
<ul style="list-style-type: none"> <li>Expression of interest submitted for Wave 11 of the PGPQS programme</li> </ul>	<ul style="list-style-type: none"> <li>Care Quality and Improvements / Ensuring a workforce fit for the future - depending what</li> </ul>



	area of focus the practice chooses, the programme promotes quality improvement initiatives and supports the practice to review their ways of working		
<b>Key Actions Planned for Next Period showing links with other programmes</b>			
	<b>Activity</b>	<b>Link with other Programmes</b>	
	<ul style="list-style-type: none"> <li>Approval and dissemination of communications resources in relation to primary care roles</li> </ul>	<ul style="list-style-type: none"> <li>Communications and Engagement / Improving access to primary care - raising awareness of the primary care roles with patients should help to promote new ways of working and that the GP isn't always the most appropriate clinician to see</li> </ul>	
	<ul style="list-style-type: none"> <li>Further engagement with practices who have expressed an interest in Wave 11 of the PGPQS programme, subject to the CCGs' expression of interest being accepted by NHSE</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	
	<ul style="list-style-type: none"> <li>Allocation to PCNs of remaining funding to support active signposting / productive workflow</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	
<b>Key issues relating to Care Quality and Improvement</b>			
<ul style="list-style-type: none"> <li>There is a need to consider how to share good practice and learning from those practices who have participated in the PGPQS programme.</li> <li>Communication with patients is a key component to this work, as is the quality of patient experience as they start to experience new ways of working.</li> <li>Outcomes from the PM and C&amp;CC development programmes will be shared.</li> </ul>			
<b>Funding (STP)</b>			
<ul style="list-style-type: none"> <li>The CCGs have allocated £135,000 from the GPFV funding for Practice Resilience (including Practice Manager and C&amp;CCs/Care Navigator training and self-care initiatives) and £78,000 for further Reception and Clerical training.</li> </ul>			
<b>Risks</b>			
<b>No.</b>	<b>Risk</b>	<b>Rating</b>	<b>Mitigation Support Requested</b>
1	Capacity of practices to engage in key elements of the 10 High Impact Actions including projects within the national Time for Care Programme.	6	Information will be provided to practices about those practices that have had positive experiences of the various 10 High Impact Actions and the Time for Care programme. There is an area on TeamNet for this - need to encourage more sharing and for practices to access and make use of this space

<b>Programme 8</b>	<b>Auditing Delegated Statutory Functions and Governance Arrangements</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Corrine Ralph</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated</b>			
Improvements to the full range of delegated statutory functions and governance arrangements via reviews of: <ul style="list-style-type: none"> <li>the current compliance with statutory functions</li> <li>the internal governance processes to ensure we are fully compliant in all aspects</li> <li>the roles and responsibilities of both the CCGs and NHS England in the light of current governance arrangements</li> <li>current governance arrangements</li> <li>arrangements for procurement, financial governance and patient engagement in decision making</li> </ul>			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<b>Anticipated Outcome – improvements to:</b>		<b>Summary Status</b>	
<ul style="list-style-type: none"> <li>Current compliance with statutory functions</li> </ul>		<ul style="list-style-type: none"> <li>In place – audit will identify variation that can be integrated into the organisational development plans</li> </ul>	
<ul style="list-style-type: none"> <li>Internal governance processes to ensure we are fully compliant in all aspects</li> </ul>		<ul style="list-style-type: none"> <li>Review of processes not completed in detail.</li> </ul>	
<ul style="list-style-type: none"> <li>Clarity around the roles and responsibilities of both the CCGs and NHS England in the light of current governance arrangements</li> </ul>		<ul style="list-style-type: none"> <li>Significant changes expected due to the organisational development of NHSE – with the creation of a GP hub for the region.</li> </ul>	
<ul style="list-style-type: none"> <li>Current governance arrangements</li> </ul>		<ul style="list-style-type: none"> <li>Working ongoing</li> </ul>	
<ul style="list-style-type: none"> <li>Arrangements for procurement, financial governance and patient engagement in decision making</li> </ul>		<ul style="list-style-type: none"> <li>Focused work remains outstanding – due to forthcoming organisational changes</li> </ul>	
<b>Key Activities and Updates from the Last Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>Evidence folders collated in line with the terms of reference of the audit.</li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>	
<b>Key Actions Planned for Next Period showing links with other programmes</b>			
<b>Activity</b>		<b>Link with other Programmes</b>	
<ul style="list-style-type: none"> <li>To meet with auditors and plan the delivery of the audit jointly across the two CCGs.</li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>	
<b>Key issues relating to Care Quality and Improvement</b>			
<ul style="list-style-type: none"> <li>The Quality team will work with this programme around the oversight and assurance of governance processes to improve quality.</li> </ul>			
<b>Funding (STP)</b>			
<ul style="list-style-type: none"> <li>None identified</li> </ul>			
<b>Risks</b>			
<b>No.</b>	<b>Risk</b>	<b>Rating</b>	<b>Mitigation Support Requested</b>
	There is the potential for there to be different governance arrangements/interpretation in each of the CCGs.	4	To ensure the involvement in of the corporate governance lead in the developmental work.

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	<p>This may make the audit more difficult to complete consistently.          (this work may be of value as part of the organisational development as the two CCG start the transition into one organisation)</p>		
	<p>Local experts from NHSE have been re-deployed into other functions as part of the NHSE reorganisation with changes in NHSE function. This means that there is lack of a loss of system knowledge. This could delay decision making.</p>	<p align="center">4</p>	<p>Sound transition plans agreed jointly between NHSE and the CCGs.          Good handover of responsibilities          Reproduction of memorandum of understanding that sets out responsibilities</p>

<b>Programme 9</b>	<b>Communications and Engagement</b>	<b>Month covered</b>	<b>December 2019/January 2020</b>
<b>Update by:</b>	<b>Andrea Harper</b>	<b>Progress Status</b>	
<b>Outcomes – Anticipated</b>			
To develop and document communications and engagement activity strategically, and across the work streams, to support the delivery of the Long Term Plan and alignment to the Shropshire Sustainability and Transformation Partnership (STP) Primary Care Strategy 2019-2024.			
<b>Summary Status (update on each Anticipated Outcome)</b>			
<ul style="list-style-type: none"> <li>To initially establish communications and engagement as a standalone work stream.</li> <li>Set a Joint Communications and Engagement Strategy for Primary Care across both CCGs. Continue to roll out the self-care campaign programme to fulfil the target of six campaigns a year.</li> </ul>			
<b>Key Activities and Updates from the Last Period</b>			
<p><b>Corporate</b></p> <ul style="list-style-type: none"> <li>Communications and Engagement Strategy – initial meeting on Nov 5 and proposed amendments shared on Nov 30. Strategy to be revised and further queries clarified. Completion date expected in 2020 due to work commitments and leave.</li> <li>Workforce project - appointment guidance and signposting resource for front line practice staff is now on a final draft and includes key information on roles within practices to lay the foundations for further workplace comms projects.</li> <li>GP video reviewed by the comms team and feedback shared. Comms to share on the Shropshire CCG website once complete.</li> </ul> <p><b>Campaigns</b></p> <p><b>Self-Care programme – Shropshire CCG</b></p> <ul style="list-style-type: none"> <li>The campaign topic for January has been the Common Cold with tailored resources produced to promote self-care techniques and encourage patients to consult their pharmacist for advice. These included an information poster and top tips guide, website copy with further information, as well as social media activity and press release.</li> </ul> <p><b>Medicine Cabinet Campaign – Shropshire CCG</b></p> <ul style="list-style-type: none"> <li>The bus advertising campaign launched on Monday, 6 January and will conclude Sunday, 2 February 2020 and will be monitored continually.</li> <li>The outdoor pillar campaign continues at five locations in Shrewsbury. The campaign will end on Sunday, 23 February with Medicines Management to monitor prescribing rates over the period.</li> <li>Additional pull-up banners have been ordered and delivered to 11 practices at their request. A further four banners have also been ordered for event work and use in waiting areas at SaTH.</li> </ul> <p><b>The Big 6</b></p> <ul style="list-style-type: none"> <li>Gastroenteritis was the second topic covered in the Big 6 campaign and was launched on Friday, 31 December. The resources pack included a press release, website content, and a social media schedule which was shared with all key partners.</li> </ul> <p><b>Flu update</b></p> <ul style="list-style-type: none"> <li>Final push on staff flu vaccinations completed and dedicated information produced for both the Shropshire and Telford and Wrekin websites.</li> <li>Norovirus information also shared via both websites to support national winter comms campaign.</li> <li>Social media work continued during this period on Twitter to support national messaging.</li> </ul>			

**NDPP**

- Second newsletter issue, including the Portcullis PM interview, completed and shared via the Practice Bulletin on Monday, 16 December.
- Patient information slides were also designed and written with key messages for the NDPP campaign. This was approved by commissioners and shared via the Practice Bulletin on Monday, 16 December for practices to use in their waiting areas.

**Extended Access**

- Extended Access for T&W CCG – a further update was completed on additional appointments over the festive season.

**Winter**

- Christmas and New Year opening times and signposting campaign completed. Key messaging included where to get help when your practice is closed and supported the STP work on winter communications.

**Key Actions Planned for Next Period**

**Corporate**

- Estates programme to be reviewed to develop a standalone comms plan to fulfil a key objective of making it publically accessible – this has now been deferred to February 2020 for comms activity.
- Communications and Engagement Strategy to be revised.
- Workforce project to launch as soon as sign-off.
- Influenza vaccination programme – pending further details from T&W.
- Marketing Group pending feedback from the STP on a generic local recruitment pack focussing on benefits of the region.
- Investigate the option of BMJ advertising opportunity and prepare a brief –pending.
- Promotion of video from recent GP training session, pending completion of additional filming – to be cascaded and shared through GP newsletters/web sites etc.
- GP Retention Fund – comms work to be scheduled pending further information.
- GP video - NHS award entry discussed with further work planned. Survey to be completed via Survey Monkey to share with attendees of the NB Medical course. Content shared with the comms team and work to progress.

**Campaigns**

**Self-Care campaigns – Shropshire CCG**

- A design brief is currently in draft for a Dry Eyes poster and top tips guide to support the February self-care campaign. As usual, this will be accompanied by a media and social media campaign and will conclude the six month campaign.
- Comms team to discuss further campaign work with Medicines Management to continue momentum and further support the department's QIPP targets.

**NDPP**

- Communications plan currently in draft to support commissioners and Primary Care colleagues during the NDPP provider transition.
- January's NDPP issue currently in draft which will include an interview with Kerry Wooton from Bishops Castle Medical Practice on programme implementation and boosting referral rates.
- Local case studies to be used in campaign work supported by NHSE and programme providers and as preparation ahead of Diabetes Week 2020.

**The Big 6**

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<ul style="list-style-type: none"> <li>The third topic of the Big 6t campaign will be on Fever/Sepsis Gastroenteritis and will be launched January/February. Work on a press release, website content, and a social media schedule to begin shortly.</li> </ul>			
<b>Funding (STP)</b>			
<ul style="list-style-type: none"> <li>None</li> </ul>			
<b>Links with other Programmes</b>			
<b>Programme</b>		<b>Key aspects of linkages</b>	
<ul style="list-style-type: none"> <li>Prevention and addressing health inequalities</li> </ul>		<ul style="list-style-type: none"> <li></li> </ul>	
<b>Risks</b>			
<b>No.</b>	<b>Risk</b>	<b>Rating</b>	<b>Mitigation Support Requested</b>

Risk Scoring Key	
<b>Probability</b>	
1. Rare	The event may only occur in exceptional circumstances (<1%)
2. Unlikely	The event could occur at some time (1-5%)
3. Possible	Reasonable chance of occurring at some time (6-20%)
4. Likely	The event will occur in most circumstances (21-50%)
5. Almost certain	More likely to occur than not (>50%)
<b>Impact</b>	
1. Insignificant	No impact on PC Strategy outcomes, insignificant cost or financial loss, no media interest
2. Minor	Limited impact on PC Strategy , moderate financial loss, potential local short-term media interest
3. Moderate	Moderate impact on PC Strategy outcomes, moderate loss of reputation, moderate business interruption, high financial loss, potential local long-term media interest
4. Major	Significant impact on PC Strategy , major loss of reputation, major business interruption, major financial loss, potential national media interest
5. Severe	Severe impact on patient outcomes, far reaching environmental implications, permanent loss of service or facility, catastrophic loss of reputation, multiple claims, parliamentary questions, prosecutions, highly significant financial loss

IMPACT	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		Probability				

**Appendix 1 – Detailed Update on Workforce Data and Activity**

**1. Introduction/Approach**

- The two CCGs work together via a monthly Workforce Working Group
- Each CCG has a GP Workforce lead
- We work closely with the Training Hub which is due for significant expansion from April 2020 after which time it will be hosted by the CCG.
- We work closely with the STP Workforce team on a number of cross-STP issues with relevance for General Practice including enabling practices to bid for unused Apprenticeship Levy funds

**2. Workforce Data**

- All of our practices are registered on the National Workforce Reporting System
- As a result of detailed guidance and support we now have a very good level of data accuracy
- The detailed workforce data, as at Q2 2019/20, can be found at the end of this document.
- The key, high-level messages are as follows:

**GPs**

- Although the number of GPs has increased from 320 to 337 between Sept 15 and Sept 19, the fte number has dropped significantly from 281 to 250. This trend is the same across both CCGs.
- There has been a significant drop in the number of GP partners between Sept 15 and Sept 19. This trend is the same across both CCGs.
- There has been an increase in the number of salaried GPs from 72 to 85 between Sept 15 and Sept 19 and a slight increase in the fte number. This trend is more marked at SCCG – at TWCCG there has been a slight decrease in the fte number of salaried GPs.
- There has been a significant increase in the number of registrars.

**Nurses**

- There has been a steady increase in the number of Nurses between Sept 2015 and Sept 2019. This trend is more marked at SCCG – at TWCCG the number of Nurses has remained steady.
- There has been a large increase in the number of ANPs (over 50%) between Sept 15 and Sept 19. This trend is more marked at SCCG – at TWCCG there has only been a slight increase.

**Direct Patient Care Staff**

- There has been a significant increase the number of Direct Patient Staff between Sept 15 and Sept 19. This trend is the same across both CCGs.
- There has been a slight, overall increase in the number of HCAs between Sept 15 and Sept 19. This trend is more marked at SCCG – at TWCCG the number of HCAs has remained steady.
- Although there has been a significant rise in the number of Paramedics/UCPs between Sept 15 and Sept 19, these are still only employed by a small number of practices
- The significant rise in the number of CP between Sept 15 and Sept 19 has mainly been due to the NHS funded scheme

**Admin/Total Staff**



- There has been a slight increase in the number of admin staff. This trend is the same across both CCGs.
- There has been a slight increase in the total number of staff working in general practice between Sept 15 and Sept 19. This trend is the same across both CCGs.

### 3. Recruiting and retaining GPs

- Using the 2018/19 funding we commissioned NB Medical to run a series of courses for GPs – these took place during 2019/20 and included three, bespoke resilience courses, two GP update courses and a Women’s Health course. In total around over 100 GPs from across the STP attended these courses and they have all been received really well. A video has been produced to celebrate the success of the resilience courses. Three local GPs (all experienced partners) appear on the video describing how they found the courses beneficial.
- In addition we commissioned NB Medical to deliver a bespoke all-day session for the VTS registrars on resilience and the transition into becoming a fully-qualified GP.
- The 2018/19 funding was also used to commission Keele University to run two GP Supervision skills courses which were attended by around 40 GPs.
- We have liaised closely with the three VTS TPDs and have attended, along with the STP GP Workforce leads, a number of VTS training sessions where we have talked about our overall support offer for newly-qualified GPs.
- The majority of the 2019/20 GPFV GP Retention funding has been used, in Shropshire CCG, to fund 11 specific projects which were bid for by PCNs, practices and individual GPs/trainees. These projects include:
  - The provision of support for registrars struggling with their final exams
  - The setting up of a network for newly-qualified/First5s GPs
  - The creation of a number of videos, by GPs, containing self-care information for patients
  - Significant funding for the Shropshire Sessional GP Network to both improve their administration and to provide bespoke training and development sessions for SSGPN members
  - Bespoke training for groups of GPs in PCNs and groups of practices
  - Support for GPs returning to work
  - Funding for further training and development for individual GPs/Registrars with a view to their skills being used across their PCNs
  - Improvements to websites/digital information for patients and linked training for GPs
- In Telford CCG this funding has been provided to PCNs via a detailed specification to deliver a range of retention and resilience initiatives.
- The NHS England “New to Practice/Fellowships” funding is being used to provide bespoke tailored support to 7 newly-qualified GPs across the STP.
- Working with colleagues from NHS England there has been a good take up in practices registering as Tier 2 sponsoring practices which means that they are able to recruit newly-qualified GPs who are still on a Tier 2 visa and need a sponsoring employer prior to being granted settled status.
- Telford & Wrekin CCG used GP retention funding to commission RCGP to deliver a bespoke workshop for 60+ GPs which focussed on creating a ‘happy workplace’. Some of the aims of the programme were; 1. Raising your performance and confidence levels. 2. Empowering the individual

to be more confident and less stressed whilst improving professional and working relationships. 3  
Enabling the individual to manage time more effectively”

- Ten TWCCG clinicians are taking part in a clinical leadership programme. The programme is aimed at healthcare professionals who are seriously considering leaving general practice or who are considering changing their role or working hours. One of the key factors of the programme is to focus on real projects linked to the STP/Forward view and to study root causes of clinicians stopping leading.

#### 4. Recruiting and retaining Nurses and HCAs

- The STP’s Training Hub has continued to commission a range of training and development opportunities for HCAs and Nurses, using Health Education England funding.
- These opportunities include the Fundamentals course for newly-qualified GPNs, prescribing courses for experienced Nurses and bespoke training for HCAs to increase their skills and competencies.
- The Training Hub is developing a package of support for newly-qualified GPNs with funding from the NHS England “New to Practice/Fellowships” programme (see above).
- The two STP GPN Facilitators continue to liaise closely with local HEIs and practices to increase the number of practices taking student nurses and an increase in the number of practices keen to employ newly-qualified GPNs.
- Work continues to explore the use of Nursing associates in general practice
- Awareness raised with practices re the new NHS jobs portal specifically for practice nurse recruitment

#### 5. Recruiting and retaining other “direct patient care” staff

- The CCGs are aware that, given the pressures on GP numbers, it is vital to move quickly towards developing a Multi-Disciplinary Team approach to the general practice workforce.
- Additional funding from NHS England is being used to provide bespoke training and development opportunities for other “direct patient care” staff across the STP – these include Clinical Pharmacists, Mental Nurse Practitioners and Urgent Care Practitioners.
- Following the success in 2018/19 in securing funding for two Physician Associates (PAs) on the Staffs/Shrops PA Internship scheme, funding for a further 5 PAs has been secured. These PAs will be working two days a week in secondary care and three days a week in general practice (including a half-day training session with all of the PAs on the scheme).
- The CCGs have worked closely with the PCN CDs over the past six months to ensure that the funding provided by NHS England under the Additional Roles Reimbursement Scheme (ARRS) can be utilised effectively.
- This work, which has so far resulted in four Clinical Pharmacists being funded under the ARRS, will continue into 2020/21.
- The CCGs have worked with NHS England to secure funding for a Clinical Pharmacist Ambassador which, it is anticipated, will be hosted in one of the Shrewsbury practices and will be available to support Clinical Pharmacists across the STP.

#### 6. Training and development for other practice staff

- Using NHS England GPFV funding the two CCGs have continued to provide training and development opportunities for Practice Managers. In Shropshire a training needs analysis was carried out with PMs and the results of this used to commission a bespoke set of support and training.
- A similar approach was taken with Shropshire CCG's Community and Care Coordinators and all of the Clerical and Administrative staff in practices. Training has been provided for these groups of staff that are designed to reduce the workload pressures on clinical staff in practice.
- In addition to the above both CCGs have continued to encourage practices to participate in the national NHS England Time for Care programme. More specifically around half of the practices have taken part in one more projects under this programme, resulting in demonstrable improvements to the efficiency and effectiveness of practice processes and arrangements.

#### **7. Summary/Next Steps**

- The CCGs have been awarded around £350k from NHS England for 2020/21 for further workforce transformation. In order to understand how best to prioritise this funding the two CCGs will soon be carrying out a comprehensive engagement exercise with all practices (including PCN CDs) to identify their key priorities.
- Although the funding covers broadly the same topics as set out above one new area of funding is around retaining general practice nurses.
- In addition to the GPFV funding it is likely that further funding will be available to extend some of the other programmes listed above. These include the new-to-practice programme and the PA internship scheme
- The focus of the CCGs' workforce transformation work will increasingly be on working with the PCNs to further develop MDTs and to enable the PCNs to deliver the services in the PCN DES
- Finally, one area where further work will be developed is around promoting the STP as an area to work for general practice staff

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### Detailed Workforce Data: GPs

Role		Headcount			Full-time equivalent (FTE)			Comments
		Sept 2015	Q1 2019	Q2 2019	Sept 2015	Q1 2019	Q2 2019	
All GPs excluding Registrars	STP	320	325	337	281	246	250	Although the number of GPs has increased from 320 to 337 between Sept 15 and Sept 19, the fte number has dropped significantly from 281 to 250. The "participation rate" (i.e. the ratio of full-time to part-time) has fallen from 88% to 74% between Sept 15 and Sept 19.
	SCCG	220	227	241	173	164	167	
	TWCCG	100	100	99	108	82	83	
Partners	STP	240	209	209	229	182	184	There has been a significant drop in the number of GP partners between Sept 15 and Sept 19 from 229 (fte) to 184 (fte).
	SCCG	165	141	142	143	119	120	
	TWCCG	75	68	67	86	63	64	
Salaried GPs	STP	72	88	85	49	53	51	There has been an increase in the number of salaried GPs from 72 to 85 between Sept 15 and Sept 19 and a slight increase in the fte number.
	SCCG	48	64	62	28	37	36	
	TWCCG	24	25	24	21	16	15	
Registrars*	STP	23	48	49	20	46	47	*Although there has been a marked increase in the number of Registrars between Sept 15 and Sept 19 this figure is not entirely reliable due to the way in which many practices include Registrars in the National Workforce Reporting System. Registrars are not split between CCGs as they tend to work across the STP.
Ratio of GPs to 100,000 Population	STP	72	74	76	63	58	59	Data for each CCG is not available before Q2 2019. The national average fte is 57. The overall STP ratio is just above average with TWCCG's ratio being much lower.
	SCCG						64	
	TWCCG						48	

**Shropshire CCG Primary Care Commissioning Committee**

**Agenda Item: PCCC-2020-2.006**  
**Enclosure Number: 3A**

**Detailed Workforce Data: Nurses and Other Direct Patient Care Staff**

Role		Headcount			Full-time equivalent (FTE)			Comments
		Sept 2015	Q1 2019	Q2 2019	Sept 2015	Q1 2019	Q2 2019	
All Nurses	STP	217	224	231	142	148	152	There has been a steady increase in the number of Nurses between Sept 2015 and Sept 2019. The participation rate has stayed roughly the same at 65%.
	SCCG	147	154	159	90	97	99	
	TWCCG	71	70	72	52	51	53	
ANPs	STP	30	47	51	24	36	39	There has been a large increase in the number of ANPs (over 50%) between Sept 15 and Sept 19. Given that these staff are able to prescribe, this increase should, for individual practices who employ ANPs, go some way to mitigating the loss in the number of GPs.
	SCCG	15	32	33	11	24	25	
	TWCCG	15	15	18	12	11	14	

(NB – the list below does not include all staff groups, e.g. Dispensers and Phlebotomists)

Role		Headcount			Full-time equivalent (FTE)			Comments
		Sept 2015	Q1 2019	Q2 2019	Sept 2015	Q1 2019	Q2 2019	
All Direct Patient Care	STP	163	200	217	102	129	138	There has been a significant increase the number of Direct Patient Staff between Sept 15 and Sept 19 (approx. 33%).
	SCCG	129	161	176	77	98	105	
	TWCCG	34	39	41	25	31	33	
HCAs	STP	85	93	89	55	62	60	There has been a slight, overall increase in the number of HCAs between Sept 15 and Sept 19.
	SCCG	56	67	64	34	41	40	
	TWCCG	29	26	25	21	21	20	
Paramedics	STP	1	6	9	1	6	9	Although there has been a significant rise in the number of Paramedics/UCPs between Sept 15 and Sept 19, these are still only employed by a small number of practices.
	SCCG	1	3	4	1	3	4	
	TWCCG	0	3	5	0	3	5	
Clinical Pharmacists	STP	1	12	14	1	8	9	The significant rise in the number of CP between Sept 15 and Sept 19 has mainly been due to the NHS funded scheme and is likely to increase further
	SCCG	1	9	10	1	6	6	

**Shropshire CCG Primary Care Commissioning Committee**

**Agenda Item: PCCC-2020-2.006**  
**Enclosure Number: 3A**

	TWCCG	0	3	4	0	2	3	with the ARRS funding.
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**Detailed Workforce Data: Admin/Total Staff**

Role		Headcount			Full-time equivalent (FTE)			Comments
		Sept 2015	Q1 2019	Q2 2019	Sept 2015	Q1 2019	Q2 2019	
All Admin	STP	766	829	828	541	591	591	There has been a slight increase in the number of admin staff
	SCCG	523	561	555	355	387	383	
	TWCCG	244	268	273	187	205	208	
Total General Practice Staff	STP	1,488	1,625	1,660	1,086	1,161	1,178	There has been a slight increase in the total number of staff working in general practice between Sept 15 and Sept 19.
	SCCG	1,034	1,140	1,165	710	782	788	
	TWCCG	454	485	495	376	379	390	

Title of the report:	Primary Care Financial Plan 2019/20-2023/24
Responsible Director:	Claire Skidmore
Author of the report:	Roger Eades
Presenter:	Claire Skidmore
<b>Purpose of the report:</b> To update the Primary Care Committee on the latest financial plan for Delegated Co-Commissioning Primary Care.	
<b>Key issues or points to note:</b> <ul style="list-style-type: none"><li>This Report contains the projected spend and notes the growing financial risk over the period if no corrective action is taken.</li></ul>	
<b>Actions required by Committee Members:</b> <ul style="list-style-type: none"><li>To note the current projections regarding Five year spend and agree to continue to receive periodic updates through the existing Finance report.</li></ul>	

**Monitoring form**  
**Agenda Item:** Enclosure Number

<b>Does this report and its recommendations have implications and impact with regard to the following:</b>		
1	<b>Additional staffing or financial resource implications</b>	No
	<i>If yes, please provide details of additional resources required</i>	
2	<b>Health inequalities</b>	No
	<i>If yes, please provide details of the effect upon health inequalities</i>	
3	<b>Human Rights, equality and diversity requirements</b>	No
	<i>If yes, please provide details of the effect upon these requirements</i>	
4	<b>Clinical engagement</b>	No
	<i>If yes, please provide details of the clinical engagement</i>	
5	<b>Patient and public engagement</b>	No
	<i>If yes, please provide details of the patient and public engagement</i>	
6	<b>Risk to financial and clinical sustainability</b>	Yes
	<i>If yes how will this be mitigated – Review expenditure forecasts on regular basis and take appropriate action in order to maintain a break-even position</i>	



## Introduction:

1. This report provides an update on the latest five year financial plan for delegated co commissioning. It is intended that this plan will continue to be updated periodically and presented to Committee on a regular basis with the latest Indicators/Movements highlighted in the Finance report.

## Current Position:

2. In 2019/20 the CCG plan suggested that there would be a £1.5m overspend in primary care co commissioning compared to the received allocation. The latest forecast shows that this has reduced to a £0.3m overspend in year as the recurrent overspend has been offset with non recurrent benefits in year.

3. The plan shown in Table 1 below is based on current information available. Key assumptions made for each section are detailed in the table and throughout this report.

**Table 1: Five Year Financial Plan – Primary Care Delegated Co Commissioning**

### Summary of Primary Care Commissioning Financial position - Five Year Plan.

Dec-19	19/20 Forecast as per M9	19/20 Recurrent Expenditure	20/21 Budget	21/22 Budget	22/23 Budget	23/24 Budget	% Uplift	Notes
	£	£	£	£	£	£		
NHSE Allocation	- 44,570,000	- 44,570,000	- 46,299,000	- 48,176,000	- 50,301,000	- 52,810,000		
Allocation Increase			3.88%	4.05%	4.41%	4.99%		
<b>Expense Category</b>								
Dispensing	2,762,415	2,762,415	2,817,663	2,874,017	2,931,497	2,990,127	2%	Replicates increase in 19/20 FOT
Enhanced Services	1,819,000	2,303,000	3,064,249	3,978,097	5,232,292	6,699,029	1-2%	PCN posts Inc by 2%, in line with NHSE guidelines, and 1% with regards to other Categories, in line with curr exps profile
General Practice APMS	1,060,127	1,060,127						
General Practice GMS	28,526,000	28,931,476	29,505,549	30,234,167	30,838,850	31,455,627	2%	Replicates increase in curr year expenditure
General Practice PMS	375,306	375,306	382,624				2%	Replicates increase in curr year expenditure
Other GP Services	948,604	1,020,604	1,031,249	771,462	782,758	794,245	1-2%	Locum costs Inc by in line with recent profile, and 1% Inc for other exp categories
Premises Costs Reimbursements	4,911,000	5,284,000	5,991,769	6,392,792	6,755,015	7,182,453	1-8%	Rent has been uplifted by 8% pa and Rates by 2% to replicate current trends, whilst 1% has been provisioned for Water Rates and Clinical Waste as per current year profile
QOF	4,456,000	4,456,000	4,545,120	4,636,022	4,728,743	4,823,318	2%	Reflects growth in recent years
0.50% Contingency	230,700	230,700	231,495	240,880	251,505	264,050	0.50%	Reflects growth in allocation
QIPP	- 216,000	- 216,000						
<b>Total Spend</b>	<b>44,873,152</b>	<b>46,207,628</b>	<b>47,569,717</b>	<b>49,127,437</b>	<b>51,520,660</b>	<b>54,208,850</b>		
(Deficit) / Surplus - Before funding additional 5Yr P.C. Plan Requirements	<b>(303,151)</b>	<b>(1,637,628)</b>	<b>(1,270,717)</b>	<b>(951,437)</b>	<b>(1,219,660)</b>	<b>(1,398,850)</b>		

## Budget Allocation

4. The allocation figures used in the summary above, are based on the latest notified allocations from NHSEI and are consistent with those used in the CCG and STP Long Term Financial Plan.

## **Dispensing**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
Dispensing						
Forecast - Jun 19	2,508,415	2,533,499	2,558,834	2,584,422	2,610,267	
Forecast - Dec 19	2,762,415	2,817,663	2,874,017	2,931,497	2,990,127	379,860

5. An assumption of 2% growth has been applied based on dispensing expenditure trends in previous years.

## **Enhanced Services**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
Enhanced Services						
Forecast - Jun 19	1,779,976	1,815,576	1,851,887	1,888,925	1,926,703	
Forecast - Dec 19	1,819,000	3,186,803	3,355,034	3,926,929	4,010,367	2,083,664

6. The minor Injuries and Learning Disability payments have been increased by 1% year on year, as per the current profile.

With regards to the new DES schemes they are reflected accordingly:

- The 19/20 PCN posts have been uplifted by 2% per annum and the Clinical posts re Director/Pharmacist have been adjusted to reflect full year effect, as the payments in 19/20 were from July – Mar.
- A Provision has been allocated for the additional PCN posts to be introduced in 20/21 and subsequent years (re Physiotherapists, Physician Associates and Paramedics).based on recent guidance from NHSE on the Role reimbursement, and maximum funding available per PCN.
- We are currently not aware of any additional funding for the new DES schemes to be introduced in 20/21 and Committee will be updated as soon as any clarification is available from NHSE with regards to this issue.

## **General Practice APMS**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
General Practice APMS						
Forecast - Jun 19	1,216,127	333,146	339,809	346,605	353,537	
Forecast - Dec 19	1,060,127	-	-	-	-	- 353,537

7. Now that the APMS practice has closed (Whitehall), no charges are projected for future years. The 'Walk-in' element costs will be covered elsewhere within the SCCG position through the development of an Urgent Treatment Centre.

## **General Practice GMS**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
General Practice GMS						
Forecast - Jun 19	29,280,332	29,813,900	30,690,768	31,305,078	31,931,843	
Forecast - Dec 19	28,526,000	29,792,585	30,822,591	31,747,269	32,699,687	767,844

8. The main expense type movements are as follows:

- The GMS global sum, has been increased by 2% per annum to reflect recent trends.
- The removal of the PMS category costs has also been reflected in 21/22 to 23/24, as these costs will then transfer to GMS status.
- MPIG Payment costs have been removed after 20/21 as they will cease after that date
- FDR (Funding Differential Review) Payment costs have been removed after 20/21 as they will also cease after that date.

## **General Practice PMS**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
General Practice PMS						
Forecast - Jun 19	375,306	382,812	-	-	-	
Forecast - Dec 19	375,306	382,812	-	-	-	-

9. The charges for PMS are in line with those previously reported. As noted above in GMS, this status is being removed in 21/22 onwards, so the costs have been transferred accordingly for those years.

## **Other GP Services**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
Other GP Services						
Forecast - Jun 19	1,070,604	969,000	775,000	788,000	801,000	
Forecast - Dec 19	948,604	1,031,249	771,462	782,758	794,245	- 6,755

10. The main change year on year relates to Locum charges which have been increased by 2% per annum to reflect the policy change in 17/18 which enables a greater scope of circumstances for claims to be made. Otherwise other costs within this category have been uplifted by 1% per annum with the exception of the Seniority payments which cease from 20/21.

## **Premises Costs Reimbursements**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
Premises Costs Reimbursements						
Forecast - Jun 19	5,420,148	6,070,758	6,422,817	6,675,072	6,939,358	
Forecast - Dec 19	4,911,000	5,991,769	6,392,792	6,755,015	7,182,453	243,095

11. Premises charges, specifically rent are currently one of the more volatile areas of expenditure. We are continuing to work closely with NHSE colleagues to review the current costs by practice and to gain a better understanding of future costs. As part of

the forecast we have included provision for known future developments, these include Whitchurch, Riverside and Shifnal Practices.

The forecast is broken down into four cost categories as noted below:

- Rent – The overall assumption reflects an 8% growth in charges for the five years, and also any Abatement's currently known. As more reliable information becomes known, we aim to profile this expense type at a practice level. The profile will also change to reflect any Practice amalgamations as they become known.
- Rates – The current year expenditure is lower than budget, linked to several rebates we have received, however these are non-recurrent and future years have been profiled on our current known position, with a 2% inflation increase applied each year. We have not factored in any further non recurrent rebates at this stage.
- Water Rates – The 19/20 forecast figure has been used to project future years with a 1% inflation increase applied each year.
- Clinical Waste - The 19/20 forecast figure has been used to project future years with a 1% inflation increase applied each year.

### **QOF**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
QOF						
Forecast - Jun 19	4,438,582	4,527,354	4,617,901	4,710,259	4,804,464	
Forecast - Dec 19	4,456,000	4,533,345	4,624,012	4,716,492	4,810,822	6,358

12. The forecast is reflective of a 2% growth assumption per annum as seen in the last couple of years. QOF is inherently difficult to predict due to the constantly changing framework.

### **0.50% Contingency**

	Forecast Spend 19/20	Budget Amount 20/21	Budget Amount 21/22	Budget Amount 22/23	Budget Amount 23/24	23/24 Variance
0.50% Contingency						
Forecast - Jun 19	230,510	231,735	243,370	252,510	262,360	
Forecast - Dec 19	230,700	231,495	240,880	251,505	264,050	1,690

13. The CCG continues to uphold the guidelines on national business rules for primary care budgets and so a 0.50 % Contingency is included in the forecast plan.

### **Conclusion**

14. Based on the assumptions described throughout this report, the CCG would continue to have a significant cost pressure against its Primary Care Delegated Co commissioning allocation. Whilst current future years expenditure forecasts fall close to allocation, the underlying cost pressure initially experienced in 2019/20 remains throughout the period. As discussed at previous meetings, it is extremely difficult to initiate savings from within the Delegated budget. These figures have been factored into the current system long term financial plan that is currently being discussed with NHSEI.

15. Detailed planning guidance and the outcome of the GP contract negotiation is currently awaited from NHSEI and any implications of this on the figures shown in this report will be reported back to committee on a regular basis.

**Schedule of Subject Description definitions**

Appendix 1

<b>Subject Description</b>	<b>Definition of Budget</b>
Premises Costs Reimbursements	Practice Rates, Rent, Water rates, and Clinical Waste charges
General Practice GMS	Global Sum, and Minimum Practice Income Guarantee (MPIG) payments
Enhanced Services	Minor Surgery, Extended Hours Access, & Learning Disability Health Check payments
QOF	Achievement and Aspiration Payments
Dispensing & Prescribing	Professional and Dispensing fees, plus Quality Scheme payments
General Practice PMS	Practice Contract Value
General Practice APMS	Practice Contract Value
Other GP Services	Seniority, Locum Fees, Doctor Retention payments, and P.C. Reserves

**Shropshire CCG Primary Care Committee: 5 February 2020**

**Agenda item: PCCC-2020-2.007**

**Enclosure Number: 4A**

Title of the report:	Primary Care Committee Finance Report
Responsible Director:	Claire Skidmore, Executive Director of Finance
Author of the report:	Roger Eades, Management Accountant
Presenter:	Claire Skidmore, Executive Director of Finance
<p><b>Purpose of the report:</b> To inform the Primary Care Committee of the financial position of the Delegated Co-Commissioning Primary Care services to month 9, December 2019.</p>	
<p><b>Key issues or points to note:</b></p> <ul style="list-style-type: none"> <li>• At Month 9 spend to date for 19/20 is reported as £1,079k under budget.</li> <li>• The forecast underspend position for the co commissioning budget is £1,231k.</li> <li>• The co-commissioning budget was £1.5m higher than the ring fenced allocation received, therefore the forecast underspend anticipated greatly reduces the in-year burden placed on the wider CCG position.</li> <li>• The forecast underspend comprises the benefit of the reversal of old year accruals not required (est £150k); and some net in year benefits (for example PCN Pharmacist saving (£400k), Rates rebates (£361k) and the release of the PMS investment fund (405k).</li> </ul>	
<p><b>Actions required by Primary Care Committee Members:</b></p> <ul style="list-style-type: none"> <li>• Note the financial position reported in M9.</li> </ul>	

**Monitoring form**  
**Agenda item:**  
**Enclosure Number: TBC**

**Shropshire CCG Primary Care Committee meeting: 5 February 2020**

<b>Does this report and its recommendations have implications and impact with regard to the following:</b>		
1	<b>Additional staffing or financial resource implications</b> <i>If yes, please provide details of additional resources required</i>	Yes/ <u>No</u>
2	<b>Health inequalities</b> <i>If yes, please provide details of the effect upon health inequalities</i>	Yes/ <u>No</u>
3	<b>Human Rights, equality and diversity requirements</b> <i>If yes, please provide details of the effect upon these requirements</i>	Yes/ <u>No</u>
4	<b>Clinical engagement</b> <i>If yes, please provide details of the clinical engagement</i>	Yes/ <u>No</u>
5	<b>Patient and public engagement</b> <i>If yes, please provide details of the patient and public engagement</i>	Yes/ <u>No</u>
6	<b>Risk to financial and clinical sustainability</b> <i>If yes how will this be mitigated</i>	Yes/ <u>No</u>

**NHS Shropshire CCG  
Primary Care Commissioning Committee  
Financial Report Month 9 – 2019/20**

**Introduction**

This report outlines the month 9 (October 2019) financial position for Shropshire Primary Care Delegated Co Commissioning budgets. The reported position shows a £1,079k year to date underspend against a budget of £33,564k.

Appendix 1 has been included in this report which shares information on the broader Primary Care Portfolio.

**Table 1: 2019/20 Summary of M9 financial position**

Month 9 December 19

Subjective Description	YTD Budget (£)	YTD Actual (£)	YTD Variance (£)	Annual Budget (£)	Forecast spend M9 (£)	Forecast Variance (£)
Dispensing	1,771,078	1,912,753	141,675	2,508,415	2,762,415	254,000
Enhanced Services	1,695,645	1,251,796	- 443,849	2,368,017	1,819,000	(549,017)
General Practice APMS	912,089	828,997	- 83,092	1,216,127	1,060,127	(156,000)
General Practice GMS	21,518,824	21,366,149	- 152,675	28,692,101	28,526,000	(166,101)
General Practice PMS	281,469	281,834	365	375,306	375,306	0
Other GP Services	849,513	732,865	- 116,648	1,070,604	948,604	(122,000)
Premises Costs Reimbursements	4,194,052	3,763,991	- 430,061	5,420,148	4,911,000	(509,148)
QOF	2,330,137	2,346,477	16,340	4,438,582	4,456,000	17,418
0.50 Contingency	173,025	0	- 173,025	230,700	14,700	(216,000)
QIPP	(162,000)	0	162,000	(216,000)	0	216,000
Local Reserves	0	0	-	0	0	0
<b>TOTAL</b>	<b>33,563,832</b>	<b>32,484,861</b>	<b>(1,078,971)</b>	<b>46,104,000</b>	<b>44,873,152</b>	<b>(1,230,848)</b>

\* For further information on the contents of the subjective descriptions above, see Appendix 2

Noted below is additional information on the Subjective Descriptions in the above chart.

**Dispensing**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
1,771,078	1,912,753	141,675	2,508,415	2,762,415	254,000

1. Costs continue to accrue above budget, but the rate of growth is falling from that recorded earlier in the year.



## **Enhanced Services**

Budget Category	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast M9	Forecast Variance
Existing DES Enhanced Services	738,047	595,601	(142,446)	1,005,119	856,102	(149,017)
PCN DES Clinical Pharmacist	409,614	109,614	(300,000)	614,421	214,421	(400,000)
PCN DES Network Participation	441,028	439,652	(1,376)	588,041	588,041	0
PCN DES Clinical Director	106,956	106,929	(27)	160,436	160,436	0
Total	1,695,645	1,251,796	(443,849)	2,368,017	1,819,000	(549,017)

2. Savings noted above are linked to:

- Savings in respect of PCN Clinical Pharmacist posts, where recruitment has been later than planned in the budget process.
- Learning Disabilities payments (£84k ytd) relating to savings against year-end accruals, as payments have been lower than expected.
- Minor Injuries current year savings against budget (£47k ytd) as current charges are lower than expected, however this saving may change in future months depending on winter pressures.
- Extended Hours current year savings (£12k ytd) received in the first Quarter of the year, linked to the old DES contract where practices were not providing the service.

All of the new DES schemes have now commenced. The forecast for these lines is set to break even, with the exception of the Clinical Pharmacist DES, where delayed recruitment has generated YTD savings, which are expected to continue for the remainder of the financial year.

## **General Practice APMS**

YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast M9	Forecast Variance
912,089	828,997	(83,092)	1,216,127	1,060,127	(156,000)

3. The one APMS contract that the CCG held ceased on the 30<sup>th</sup> September 2019 (Whitehall). Part of the subsequent savings recorded on this budget line fund the new contract agreed for providing the walk in element of the old contract for the remaining part of the year.

The remaining budget generates a 'saving' on this line that offsets spend on the GMS row where patient list costs will now be incurred.

## **General Practice GMS**

YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast M9	Forecast Variance
21,518,824	21,366,149	-152,675	28,692,101	28,526,100	(166,001)

4. The current YTD variance is explained below:

- Savings of £332k which are generated by holding PMS re-investment funding. The funds exist on a recurrent basis however in the absence of a spend plan to date, funds will remain unspent this year in order to offset the in year Co commissioning budget pressure.
- A cost pressure of £180k associated with practice list size growth. This is in part due to the closure of the Whitehall Practice as noted above and therefore the underspend on the APMS row offsets the cost.

### **General Practice PMS**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
281,469	281,834	365	375,306	375,306	0

5. This budget reflects the one PMS practice we have and costs are currently in line with budget.

### **Other GP Services**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
849,513	732,865	(116,648)	1,070,604	948,604	(122,000)

6. The components of this variance to budget are as follows:

- A prior year saving linked to Locum costs, where it has been established that some of the accrued charges will not be required, so have been released to the position (£72k).
- A reduction in the current year Seniority payments to reflect the gradual withdrawal of the scheme (£44k), which exceeds the estimated impact used for budget setting, and the continuation of some additional savings.

### **Premises Costs Reimbursements**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
4,194,052	3,763,991	(430,061)	5,420,148	4,911,000	(509,148)

7. This saving reflects the following:

- Savings (£361k) linked to the Rates review work being undertaken by GL Hearn, on behalf of the CCG and continued from previous years. Meetings are continuing with the company to monitor future savings potential and these will be reported to committee when known.
- Prior year rent review savings of £12k and current year savings of £57k. As noted in previous finance papers, uncertainty still remains specifically with regards to rent charges; therefore a prudent view has been taken in forecasting a year end position.

The forecast position reflects current known savings and those anticipated with the closure of the Whitehall practice.

### **QOF**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
2,330,137	2,346,477	16,340	4,438,582	4,456,000	17,418

8. The QOF budget ytd overspend reflects the 18/19 achievement payments, which were slightly above the accrued position at year end, and the forecast reflects this position.

### **0.5% Contingency**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
173,025	0	-173,025	230,700	14,700	(216,000)

9. This budget is the 0.5% contingency allocation for 19/20 that the CCG is required to set aside, and in 19/20 this is currently being released to support the bottom line position.

### **QIPP**

<u>YTD Budget</u>	<u>YTD Actual</u>	<u>YTD Variance</u>	<u>Annual Budget</u>	<u>Forecast M9</u>	<u>Forecast Variance</u>
(126,000)	0	126,000	(216,000)	0	216,000

10. A QIPP has been assigned to the Co Commissioning budget, as noted above. It is unlikely that the CCG will find a savings scheme to offset this sum therefore the FOT assumes that this will be covered by the contingency reserve.

### **Risk**

11. As noted in the previous committee papers, we are aware from discussions with the Primary Care Team and our NHSE colleagues that there are potential cost pressures to delegated budgets. The position reported reflects a 'most likely' view of spend as it is felt that any small changes to outturn this stage of the year could be accommodated within the position.

### **Conclusion**

12. As previously discussed at Primary Care Committee, the Co Commissioning Budget has been set £1.5m higher than the allocation received. The budget therefore, if delivered on plan, would contribute £1.5m to the overall in year deficit of the CCG.

At month 9, the CCG is forecasting a £1,231k underspend against budget and therefore the in-year call upon the wider CCG budget is a net £303k. Currently we are of a view that the forecast as noted above is a fair reflection of the end of year position. We will continue to review figures, particularly to support the development of the 2020/21 budget.

Appendix 1 – Extract from December 19 Finance and Performance Committee Paper

Primary Care Delegated Commissioning	Budget 19/20	Annual Budget	M9 YTD Budget	M9 YTD Actual	M9 YTD Variance	Forecast Outturn	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
General Practice - GMS	29,237	28,692	21,519	21,366	(153)	28,526	(166)
General Practice - PMS	375	375	281	281	0	375	0
General Practice - APMS	1,216	1,216	912	829	(83)	1,060	(156)
Enhanced Services	1,782	2,368	1,696	1,252	(444)	1,819	(549)
QOF	4,439	4,439	2,330	2,347	17	4,456	17
Premises cost reimbursemen	5,420	5,420	4,195	3,764	(431)	4,911	(509)
Dispensing	2,508	2,508	1,771	1,913	142	2,762	254
Other - GP Services	1,071	1,071	849	733	(116)	949	(122)
Net Reserves	56	15	11	0	(11)	15	0
<b>Co Commissioning Total</b>	<b>46,104</b>	<b>46,104</b>	<b>33,564</b>	<b>32,485</b>	<b>(1,079)</b>	<b>44,873</b>	<b>(1,231)</b>
<b>Other Primary Care Commissioning</b>							
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Prescribing	49,603	48,859	36,663	37,434	771	49,990	1,131
Out Of Hours	3,150	3,150	2,363	2,363	0	3,150	0
Enhanced Services	2,696	5,640	4,253	4,253	0	5,590	(50)
Primary Care Other							
- Central Drugs	1,257	1,257	943	1,015	72	1,349	92
- Oxygen	605	605	453	452	(1)	574	(31)
- Primary Care Comm Scheme	1,414	54	40	40	0	54	0
- Hospice Drugs	75	75	56	56	0	75	0
- Prescribing Incentives	315	315	236	181	(55)	260	(55)
- Care Home Advanced Schen	230	230	172	150	(22)	200	(30)
- Primary Care Team	1,935	2,039	1,512	1,375	(137)	1,845	(194)
- Primary Care IT	978	1,235	871	871	0	1,372	137
- Primary Care Reserves	242	0	0	0	0	0	0
<b>Primary Care Other Total</b>	<b>7,051</b>	<b>5,810</b>	<b>4,283</b>	<b>4,140</b>	<b>(143)</b>	<b>5,729</b>	<b>(81)</b>
<b>Total Other P.C.Commissioning</b>	<b>62,500</b>	<b>63,459</b>	<b>47,562</b>	<b>48,190</b>	<b>628</b>	<b>64,459</b>	<b>1,000</b>
<b>GRAND TOTAL</b>	<b>108,604</b>	<b>109,563</b>	<b>81,126</b>	<b>80,675</b>	<b>(452)</b>	<b>109,332</b>	<b>(231)</b>

## Schedule of Subject Description definitions

## Appendix 2

<b>Subject Description</b>	<b>Definition of Budget</b>
Premises Costs Reimbursements	Practice Rates,Rent,Water rates, and Clinical Waste charges
General Practice GMS	Global Sum,and Minimum Practice Income Guarantee (MPIG) payments
Enhanced Services	Minor Surgery, Extended Hours Access, Learning Disability Health Check, & PCN payments
QOF	Achievement and Aspiration Payments
Dispensing	Professional and Dispensing fees,plus Quality Scheme payments
General Practice PMS	Practice Contract Value
General Practice APMS	Practice Contract Value
Other GP Services	Seniority, Locum Fees, Doctor Retention payments, and P.C. Reserves

## Primary Care Commissioning Committee

Agenda item: PCCC-2020-2.008  
Enclosure No. 5

Title of the report:	Primary Care Quality Exception Report
Responsible Directors:	Mrs Christine Morris, Chief Nurse working across NHS Shropshire and NHS Telford and Wrekin CCGs
Author of the report:	Mrs Jennifer Bate, Senior Quality Nurse for Primary Care
Contributors:	Jane Blay, Quality, Patient Safety, and Experience Commissioning Lead Charlotte Dunn, Quality Assurance Officer Paul Cooper, Head of Safeguarding Adults David Coan, Designated Nurse for Safeguarding Children Phil Stredwick, Patient Insight Officer
Presenter:	Mr. Joe Allan, Head of Quality
<b>Purpose of the report:</b> The purpose of this report is to provide the Primary Care Commissioning Committee with current, relevant information and assurance regarding the quality and safety in Primary Care.	
<b>Key issues or points to note:</b> <ul style="list-style-type: none"><li>• Summary of CQC inspection findings</li><li>• Significant events reported</li><li>• Friends and Family Test (FFT) submission</li><li>• NHS to NHS Concerns</li></ul>	
<b>Actions required by Primary Care Commissioning Committee Members:</b> <ul style="list-style-type: none"><li>• To receive and note the content of the quality exception report.</li></ul>	

**Monitoring form**  
**Agenda Item: Enclosure Number**

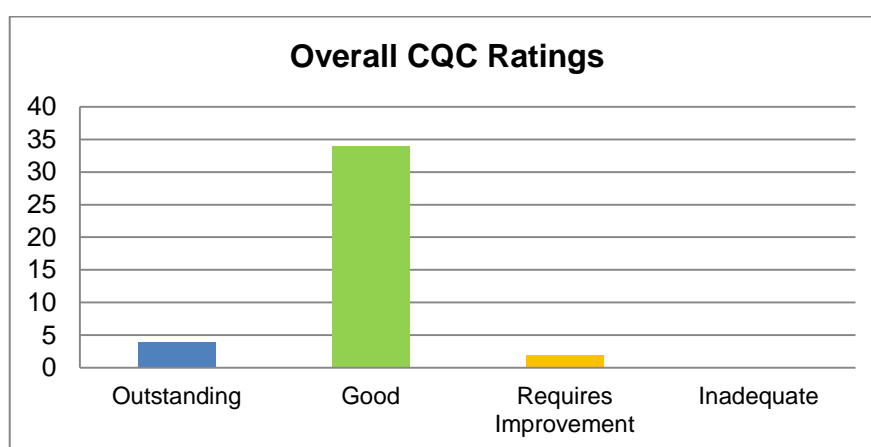
<b>Does this report and its recommendations have implications and impact with regard to the following:</b>		
1	Additional staffing or financial resource implications	No
2	Health inequalities Variation in performance may be indicative of inequality of access	Yes
3	Human Rights, equality and diversity requirements	No
4	Clinical engagement Through quality assurance visits	Yes
5	Patient and public engagement Not specifically for the compiling of this report	No
6	Risk to financial and clinical sustainability	No

## Introduction

1. The purpose of this report is to provide the Primary Care Commissioning Committee with current, relevant information and assurance regarding the quality and safety in Primary Care.

## Care Quality Commission (CQC) Inspections

2. The CQC are independent regulators of health and adult social care in England. They are charged to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. This is a key indicator of quality and safety and will assist in programming visits by CCG quality team.
3. The graph below provides the overall CQC ratings for all Shropshire practices:



4. CCG Locality Managers and CCG Quality Nurse offer quality assurance visits to practices to support with implementation of their CQC action plan.
5. The following table highlights the last three practices most recently inspected within Shropshire:

Practice Name	Overall CQC rating	Safe	Effective	Caring	Responsive	Well-Led	Date of CQC Report
Bridgnorth	Good					Good	23/12/2019
Broseley	Good	Good					24/12/2019
Bishops Castle	Good	Good	Good	Good	Good	Good	10/01/2020

6. CQC previously carried out an announced comprehensive inspection at Bridgnorth Medical Practice on 7 November 2018. The overall rating for the practice was good with requires improvement for providing a well-led service. A further focussed visit was undertaken on 26 November 2019 to follow up on areas for improvement identified at the previous inspection and found improvements had been made in providing a well-led service. The rating for the follow up visit in November 2019 resulted in a good rating overall.
7. CQC previously carried out an announced comprehensive inspection at Broseley Medical Practice on 11 December 2018. The overall rating for the practice was good with requires



improvement for providing a safe service. A subsequent focussed visit found improvements had been made in providing a safe service. However, further recommendations were made; to consider sharing current evidence-based guidance in clinical meetings and to undertake a risk assessment to record the processes non-clinical staff follow to protect themselves and patients in the absence of immunisation against Hepatitis B.

8. There were no breaches of regulations identified at Bishops Castle; however they were advised to ensure all works identified within the Legionella risk assessments are completed and to ensure that the practice records the action taken to address any outstanding actions within the electronic document managements system.

### **Quality Improvement Support**

9. Quality improvement support visits continue in collaboration with the locality manager and medicine management team to practices highlighted through triangulation of soft intelligence and by review of quality indicators.
10. Practices have been encouraged to utilise the CCG quality improvement support template as a form of self-assessment in preparation for their upcoming CQC visit.
11. In November 2019 an educational session was delivered to the primary care nurse forum, focusing on sepsis awareness and key messages to reduce E.coli blood stream infection.
12. In December 2019 an IPC governance workshop was delivered to a small group of practice managers and lead nurses from the North Primary Care Network.

### **Safeguarding General Practice Reporting**

13. As mentioned in the last report the enhanced GP service contract for payment to contribute as per statutory Guidance has now been sent to all GP practice managers in Shropshire. Whilst the main area pertains to the requirement for reports regarding children's safeguarding meetings, the process does also include remuneration for reports pertaining to adult safeguarding as well.
14. The Public Health service has relaunched the Measles campaign and introduced the Measles Mumps and Rubella (MMR) Elimination Strategy. GP's have been commissioned to undertake a catch-up programme for MMR immunisation. This includes checking and updating the immunisation status of individual children and invites them to attend an appointment where one or more doses of the immunisations are missing.

### **Significant Event Reporting**

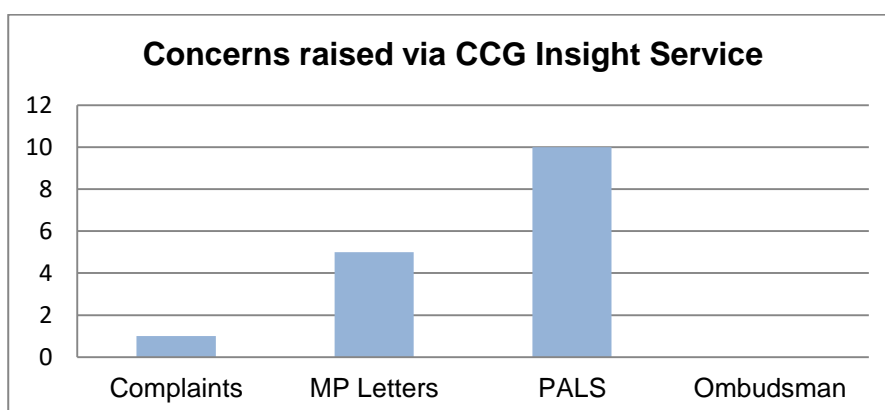
15. One significant event has been highlighted to the CCG regarding an information governance breach related to cervical screening. The practice has reviewed internal processes to prevent further occurrence and this will be reviewed by the CCG as part of the ongoing assurance processes.

## Healthwatch

16. Two 'Enter and View' visit were undertaken in December 2019 at Station Drive Surgery, Ludlow and Cambrian Medical Centre, Oswestry. The purpose of the visits were to ascertain if the practices were meeting national requirements around services advertised to patients and ease of patient access in general practice.
17. There were no recommendations made for improvement at Station Drive Surgery. This practice was noted as an example of a well-run practice that meets its patients' needs efficiently and professionally.
18. Cambrian medical centre received recommendations to look at different ways to promote the availability of extended access appointments as the layout of the surgery could make the effective use of posters difficult and to review website information on extended access appointments to see if this could be made more prominent.

## Insight

19. An Insight report is produced for the CCG's Quality Committee on a quarterly basis, which summarises the patient issues, concerns and complaints received during that timeframe directly by the CCG including any relating to Primary Care. The graph below shows the routes in which feedback has been received during quarter 3, to which there were no overarching themes to highlight.



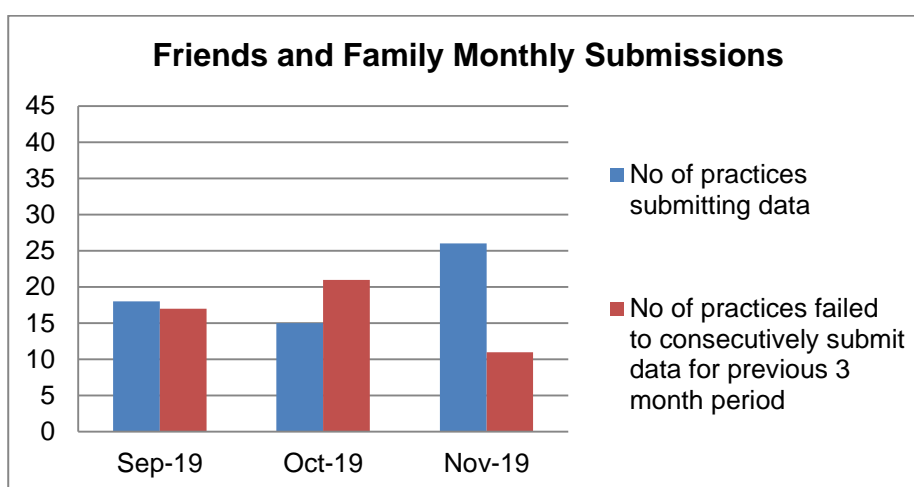
20. Areas of concern are shared with primary care locality managers where appropriate for their advice and assistance to escalate via established routes.
21. Practices are however encouraged to use formal reporting mechanisms so that issues can be recorded, investigated and learning can be shared.
22. Whilst patient complaints will also be received and processed at practice level, it is acknowledged that there is no requirement for these to be shared with Shropshire CCG.
23. Complainants are routinely signposted to NHS England for the processing of their complaints, for which we have monthly updates provided as outlined below.

Month	No of Complaints	Complaint Detail
Sept 2019	4	Very long wait for minor in-house surgery Two patients dissatisfied with quality of care at different practices

		Issues around appointments
Oct 2019	4	Inaccurate records Failure to Diagnose Registration Issues Mis-diagnosis
Nov 2019	3	Mis-diagnosis Registration Issues Clinical Care and Treatment

### Friends and Family Test

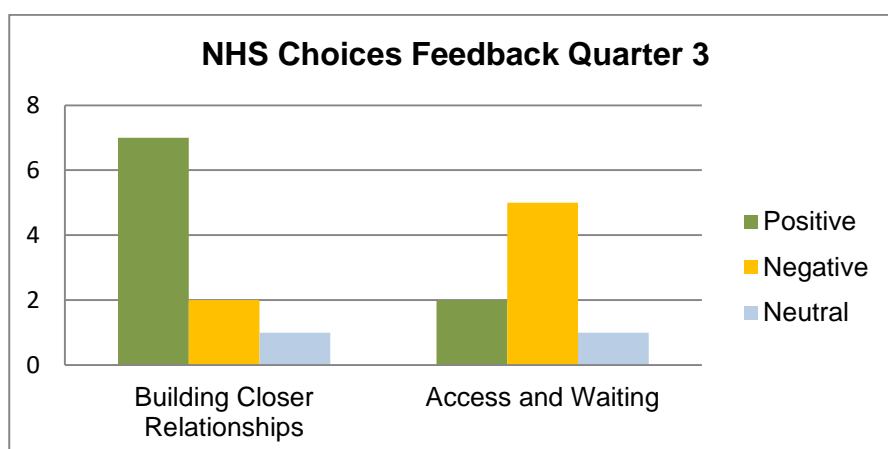
24. Practices are mandated to submit monthly data even if the number of responses is low. The graph below represents submissions in the previous three months. The response rates are not weighted to practice size. Any comparison needs to be viewed in association with response rates.



25. Practices identified as consecutively failing to provide data over the previous three month period have been reminded of this requirement.

### NHS Choices

26. The graph represents data relating to fourteen of forty practices.



### **NHS to NHS concerns**

- 27.** Two concerns were raised in December 2019 via 111 services regarding communication around admission avoidance and end of life care. The clinical lead from 111 is liaising directly with the practices involved and awaiting a response.
- 28.** Five concerns from a range of providers were raised in October 2019 which relates to patient referral pathways, all have been shared with practices and learning acknowledged.

### **Recommendation**

- 29.** To note the key points / concerns / risks raised.
- 30.** To receive this report for information and assurance regarding the steps being taken to improve and monitor the quality, safety and patient experience in Primary Care.

**Shropshire CCG Primary Care Commissioning Committee**

**Agenda Item: PCCC-2020-2.009**  
**Enclosure Number: 6**

Title of the report:	NHS England Primary Care Policy and Guidance Manual
Responsible Director:	Nicky Wilde, Director of Primary Care
Author of the report:	Nicky Wilde, Director of Primary Care
Presenter:	Nicky Wilde, Director of Primary Care
<p><b>Purpose of the report:</b></p> <ul style="list-style-type: none"> <li>To ensure that Primary Care Committee members are fully aware of the NHSE Primary Care Policy and Guidance manual and its contents.</li> </ul>	
<p><b>Key issues or points to note:</b></p> <ul style="list-style-type: none"> <li>The CCG has delegated commissioning arrangements in place with NHSE and as part of this arrangement; the CCG is directed to follow the NHSE Primary Care Policy and Guidance Manual.</li> </ul>	
<p><b>Actions required by Primary Care Commissioning Committee Members:</b></p> <p>Primary Care Commissioning Committee are asked to:</p> <ul style="list-style-type: none"> <li>PCCC are asked to formally note the contents of the Primary Care Policy and Guidance manual and agree to adhere to its contents.</li> </ul>	

**NHS Shropshire CCG**  
**Primary Care Commissioning Committee February 2020**  
**NHSE Primary Care Policy and Guidance Manual**  
**Nicky Wilde, Director of Primary Care**

**Executive Summary**

1. The CCG has delegated commissioning arrangements in place with NHSE and as part of this arrangement; the CCG is directed to follow the NHSE Primary Care Policy and Guidance Manual.
2. This paper provides Committee members with a reminder of the content of the Policy and Guidance Manual to support decision making.
3. A full copy of the manual can be accessed at:  
[www.england.nhs.uk/publications/primary-medical-care-policy-and-guidance-manual-pgm](http://www.england.nhs.uk/publications/primary-medical-care-policy-and-guidance-manual-pgm)

**Key Points to note**

4. The CCG was awarded delegated commissioning status in April 2015. This meant that the CCG took on greater responsibility for general practice commissioning.
5. At a time when the CCG is entering a period of change it is good practice to remind Committee members of the requirement to follow Policy and Guidance Manual to ensure that commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties.
6. The manual is in 4 parts:
  - Excellent commissioning and partnership working
  - General Contract management
  - When things go wrong
  - General
7. The contents page of the manual is attached at appendix one to provide further information on each section of the manual

**Recommendations**

- PCCC are asked to formally note the contents of the Primary Care Policy and Guidance manual and agree to adhere to its contents.

### Contents

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7.2	<u>Types of Contract Variation</u> .....	<b>Error! Bookmark not defined.</b>
7.3	<u>Legislation / Regulatory Changes</u> .....	<b>Error! Bookmark not defined.</b>
7.4	<u>Changes to the Contracting Party</u> .....	<b>Error! Bookmark not defined.</b>
7.5	<u>Partnership Changes</u> .....	<b>Error! Bookmark not defined.</b>
7.6	<u>Retirement of a Contractor – Single Handed</u> .....	<b>Error! Bookmark not defined.</b>
7.7	<u>Retirement of a Contractor – Two or More Partners/Individuals</u> ..	<b>Error! Bookmark not defined.</b>
7.8	<u>Twenty-Four Hour Retirement</u> .....	<b>Error! Bookmark not defined.</b>
7.9	<u>Variation Provisions Specific to a Contract with a Company Limited by Shares (GMS) or a Qualifying Body (PMS)</u> .....	<b>Error! Bookmark not defined.</b>
7.10	<u>Contracts and Incorporation/Dis-incorporation</u> .....	<b>Error! Bookmark not defined.</b>

7.11	<u>Practice Mergers and/or Contractual Mergers</u>	.....	<b>Error! Bookmark not defined.</b>
7.12	<u>Changes to Services</u>	.....	<b>Error! Bookmark not defined.</b>
7.13	<u>Open and Closed Lists</u>	.....	<b>Error! Bookmark not defined.</b>
7.14	<u>Boundary Changes</u>	.....	<b>Error! Bookmark not defined.</b>
7.15	<u>Premises</u>	.....	<b>Error! Bookmark not defined.</b>
7.16	<u>Opt Outs</u>	.....	<b>Error! Bookmark not defined.</b>
7.17	<u>Financial Changes – Statement of Financial Entitlements</u>	.....	<b>Error! Bookmark not defined.</b>
7.18	<u>Annexes</u>	.....	<b>Error! Bookmark not defined.</b>
8	<u>Managing a PMS Contractor’s Right to a GMS Contract</u>	.....	<b>Error! Bookmark not defined.</b>
8.1	<u>Introduction</u>	.....	<b>Error! Bookmark not defined.</b>
8.2	<u>Roles and Responsibilities</u>	.....	<b>Error! Bookmark not defined.</b>
8.3	<u>Background</u>	.....	<b>Error! Bookmark not defined.</b>
8.4	<u>Notification from a Contractor</u>	.....	<b>Error! Bookmark not defined.</b>
8.5	<u>Process for PMS Agreements</u>	.....	<b>Error! Bookmark not defined.</b>
8.6	<u>Disputes</u>	.....	<b>Error! Bookmark not defined.</b>
9	<u>Practice Closedown (Planned / Scheduled)</u>	.....	<b>Error! Bookmark not defined.</b>
9.1	<u>Introduction</u>	.....	<b>Error! Bookmark not defined.</b>
9.2	<u>Scope</u>	.....	<b>Error! Bookmark not defined.</b>
9.3	<u>Timetable for Managing Contracts Coming to an End</u>	.....	<b>Error! Bookmark not defined.</b>
9.4	<u>Summary of Key Stages</u>	.....	<b>Error! Bookmark not defined.</b>
9.5	<u>Stage 1 – 9 – 15 Months before Contract End</u>	.....	<b>Error! Bookmark not defined.</b>
9.6	<u>Stage 2 - 12 Months before Contract End</u>	.....	<b>Error! Bookmark not defined.</b>
9.7	<u>Stage 3 – At Contract End</u>	.....	<b>Error! Bookmark not defined.</b>
10	<u>Discretionary Payments (made under Section 96)</u>	.....	<b>Error! Bookmark not defined.</b>
10.1	<u>Introduction</u>	.....	<b>Error! Bookmark not defined.</b>
10.2	<u>Key Principles</u>	.....	<b>Error! Bookmark not defined.</b>
10.3	<u>Programme and Non Programme Financial Assistance</u>	.....	<b>Error! Bookmark not defined.</b>
10.4	<u>Process for Financial Assistance for individual Provider Financial Assistance</u>	.....	<b>Error! Bookmark not defined.</b>
10.5	<u>Process for CCG and NHS England Proposed Financial Assistance Programmes</u>	.....	<b>Error! Bookmark not defined.</b>
10.6	<u>Reporting</u>	.....	<b>Error! Bookmark not defined.</b>
10.7	<u>Maintaining Records</u>	.....	<b>Error! Bookmark not defined.</b>
10.8	<u>Addendums</u>	.....	<b>Error! Bookmark not defined.</b>
11	<u>NHS England Procurement Support Contract</u>	.....	<b>Error! Bookmark not defined.</b>
11.1	<u>Background</u>	.....	<b>Error! Bookmark not defined.</b>
11.2	<u>The Offer</u>	.....	<b>Error! Bookmark not defined.</b>

11.3	<u>Contacts</u> .....	<b>Error! Bookmark not defined.</b>
12	<u>Premises Running Costs and Service Charges</u> .....	<b>Error! Bookmark not defined.</b>
12.1	<u>Introduction</u> .....	<b>Error! Bookmark not defined.</b>
12.2	<u>Principles</u> .....	<b>Error! Bookmark not defined.</b>
12.3	<u>The Model</u> .....	<b>Error! Bookmark not defined.</b>
12.4	<u>Process flowchart</u> .....	<b>Error! Bookmark not defined.</b>
12.5	<u>Annexes</u> .....	<b>Error! Bookmark not defined.</b>
	<u>Part C – When things go wrong</u> .....	<b>Error! Bookmark not defined.</b>
1	<u>Contract Breaches, Sanctions and Terminations</u> .....	<b>Error! Bookmark not defined.</b>
1.1	<u>Introduction</u> .....	<b>Error! Bookmark not defined.</b>
1.2	<u>Contract Breaches</u> .....	<b>Error! Bookmark not defined.</b>
1.3	<u>Remedial Notices and Breach Notices</u> .....	<b>Error! Bookmark not defined.</b>
1.4	<u>Contract sanctions</u> .....	<b>Error! Bookmark not defined.</b>
1.5	<u>Termination</u> .....	<b>Error! Bookmark not defined.</b>
1.6	<u>Key Considerations on Termination</u> .....	<b>Error! Bookmark not defined.</b>
1.7	<u>Rights of Termination</u> .....	<b>Error! Bookmark not defined.</b>
1.8	<u>Consequences of Termination</u> .....	<b>Error! Bookmark not defined.</b>
1.9	<u>Dealing with CQC issues</u> .....	<b>Error! Bookmark not defined.</b>
1.10	<u>Annex 1 Remedial Notice Flowchart</u> .....	<b>Error! Bookmark not defined.</b>
1.11	<u>Annex 2 Template Remedial Notice</u> .....	<b>Error! Bookmark not defined.</b>
1.12	<u>Annex 3 Template Notice Receipt</u> .....	<b>Error! Bookmark not defined.</b>
1.13	<u>Annex 4 Template Remedial Notice Satisfaction Letter</u> .....	<b>Error! Bookmark not defined.</b>
1.14	<u>Annex 5 Breach Notice Flowchart</u> .....	<b>Error! Bookmark not defined.</b>
1.15	<u>Annex 6 Template Breach Notice</u> .....	<b>Error! Bookmark not defined.</b>
1.16	<u>Annex 7 Calculating a Financial Contract Sanction</u> .....	<b>Error! Bookmark not defined.</b>
1.17	<u>Annex 8 Template Contract Sanction Notice</u> .....	<b>Error! Bookmark not defined.</b>
1.18	<u>Annex 9 Template Termination Notice</u> .....	<b>Error! Bookmark not defined.</b>
1.19	<u>Annex 10 Termination Flowchart</u> .....	<b>Error! Bookmark not defined.</b>
1.20	<u>Annex 11 Fitness to Practice Matters (Part A GMS Contracts)</u> ...	<b>Error! Bookmark not defined.</b>
1.21	<u>Annex 11 Fitness to Practice Matters (Part B PMS Agreement)</u> .	<b>Error! Bookmark not defined.</b>
1.22	<u>Annex 11 Fitness to Practice Matters (Part C APMS Contracts)</u> .	<b>Error! Bookmark not defined.</b>
1.23	<u>Annex 12 Termination due to breach of Regulation 4</u> .....	<b>Error! Bookmark not defined.</b>
1.24	<u>Annex 13 Template Notice Return</u> .....	<b>Error! Bookmark not defined.</b>
2	<u>Unplanned / Unscheduled and Unavoidable Practice Closedown</u> .	<b>Error! Bookmark not defined.</b>
2.1	<u>Introduction</u> .....	<b>Error! Bookmark not defined.</b>

2.2	<u>Scope</u> .....	<b>Error! Bookmark not defined.</b>
2.3	<u>Roles and Responsibilities</u> .....	<b>Error! Bookmark not defined.</b>
2.4	<u>The Process</u> .....	<b>Error! Bookmark not defined.</b>
2.5	<u>Key Steps (in the case of a list dispersal)</u> .....	<b>Error! Bookmark not defined.</b>
2.6	<u>Engagement and re-procurement</u> .....	<b>Error! Bookmark not defined.</b>
3	<u>Death of a Contractor (excluding single handers – see adverse events)</u>	<b>Error! Bookmark not defined.</b>
3.1	<u>Introduction</u> .....	<b>Error! Bookmark not defined.</b>
3.2	<u>Individual - GMS Contract</u> .....	<b>Error! Bookmark not defined.</b>
3.3	<u>Individual - PMS or APMS Contract</u> .....	<b>Error! Bookmark not defined.</b>
3.4	<u>Partnership - GMS Contract</u> .....	<b>Error! Bookmark not defined.</b>
3.5	<u>Two or More Signatories - PMS Agreement</u> .....	<b>Error! Bookmark not defined.</b>
3.6	<u>Two or More Signatories - APMS Contract</u> .....	<b>Error! Bookmark not defined.</b>
3.7	<u>Practical Issues Arising from Death of a Contractor</u> .....	<b>Error! Bookmark not defined.</b>
3.8	<u>Introduction</u> .....	<b>Error! Bookmark not defined.</b>
3.9	<u>Background</u> .....	<b>Error! Bookmark not defined.</b>
3.10	<u>Managing Disputes – Informal Process</u> .....	<b>Error! Bookmark not defined.</b>
3.11	<u>Managing Disputes – Stage 1 (Local Dispute Resolution)</u> .....	<b>Error! Bookmark not defined.</b>
3.12	<u>Managing Disputes – Stage 2 (NHS Dispute Resolution Procedure)</u>	<b>Error! Bookmark not defined.</b>
	<u>Co-commissioning - delegated commissioning arrangements</u> .....	<b>Error! Bookmark not defined.</b>
3.13	<u>Other Dispute Resolution Procedures</u> .....	<b>Error! Bookmark not defined.</b>
3.14	<u>Assignment of Patients to Lists: Procedure Relating to Determinations of the Assessment Panel</u>	<b>Error! Bookmark not defined.</b>
3.15	<u>Annexes</u> .....	<b>Error! Bookmark not defined.</b>
4	<u>Adverse Events (e.g. flood fire)</u> .....	<b>Error! Bookmark not defined.</b>
4.1	<u>Background</u> .....	<b>Error! Bookmark not defined.</b>
4.2	<u>Contract Wording</u> .....	<b>Error! Bookmark not defined.</b>
4.3	<u>Contract Compliance</u> .....	<b>Error! Bookmark not defined.</b>
4.4	<u>Clinical Governance &amp; Risk Management/Termination</u> .....	<b>Error! Bookmark not defined.</b>
4.5	<u>Appeals</u> .....	<b>Error! Bookmark not defined.</b>
4.6	<u>Payment and Contract System</u> .....	<b>Error! Bookmark not defined.</b>
	<u>Part D – General</u> .....	<b>Error! Bookmark not defined.</b>
1	<u>GP IT Operating Model: Data and Cyber Security Arrangements</u>	<b>Error! Bookmark not defined.</b>
1.1	<u>Introduction:</u> .....	<b>Error! Bookmark not defined.</b>
1.2	<u>Background:</u> .....	<b>Error! Bookmark not defined.</b>
1.3	<u>Review of Data Security, Consent and Opt-Outs (National Data Guardian, July 2016):</u>	<b>Error! Bookmark not defined.</b>
1.4	<u>Ten Data Security Standards:</u> .....	<b>Error! Bookmark not defined.</b>

1.5	<u>Cyber Incident Lessons Learned:</u> .....	<b>Error! Bookmark not defined.</b>
1.6	<u>GP IT Operating Model: Cyber and Data Security Updates:</u> .....	<b>Error! Bookmark not defined.</b>
1.7	<u>Locally Procured 3<sup>rd</sup> Party Digital Systems, Services and Architecture:</u>	<b>Error! Bookmark not defined.</b>
1.8	<u>Disaster Recovery and Business Continuity (DR/BC)</u> .....	<b>Error! Bookmark not defined.</b>
1.9	<u>Further Information:</u> .....	<b>Error! Bookmark not defined.</b>
2	<u>Protocol in respect of locum cover or GP performer payments for parental and sickness leave</u>	<b>Error! Bookmark not defined.</b>
2.1	<u>Background</u> .....	<b>Error! Bookmark not defined.</b>
2.2	<u>Parental and sickness leave payments</u> .....	<b>Error! Bookmark not defined.</b>
2.3	<u>Parental leave</u> .....	<b>Error! Bookmark not defined.</b>
2.4	<u>Sickness leave</u> .....	<b>Error! Bookmark not defined.</b>
2.5	<u>Sickness leave and phased return to work</u> .....	<b>Error! Bookmark not defined.</b>
2.6	<u>Further discretionary payments</u> .....	<b>Error! Bookmark not defined.</b>
2.7	<u>Discretionary powers in respect of cover for parental and sickness leave</u>	<b>Error! Bookmark not defined.</b>
2.8	<u>Discretionary payments in respect of cover for employed GP performers on phased return or adjusted hours arrangement following sickness absence</u> .....	<b>Error! Bookmark not defined.</b>
2.9	<u>Circumstances where it is likely payments will be less than the maximum amount payable</u>	<b>Error! Bookmark not defined.</b>
2.10	<u>Payments for locum cover provided by nurses or other healthcare professionals</u>	<b>Error! Bookmark not defined.</b>
2.11	<u>Payments to a partner or employee who is providing cover</u> .....	<b>Error! Bookmark not defined.</b>
2.12	<u>Discretionary payments in respect of long term sickness leave exceeding 52 weeks</u>	<b>Error! Bookmark not defined.</b>
2.13	<u>Claims and payments</u> .....	<b>Error! Bookmark not defined.</b>
2.14	<u>Annexes</u> .....	<b>Error! Bookmark not defined.</b>
3	<u>Guidance Note: GP Practices serving Atypical Populations</u> .....	<b>Error! Bookmark not defined.</b>
3.1	<u>Introduction</u> .....	<b>Error! Bookmark not defined.</b>
3.2	<u>Context: General Medical Services (GMS) Funding Formula Review</u>	<b>Error! Bookmark not defined.</b>
3.3	<u>Background to developing this document</u> .....	<b>Error! Bookmark not defined.</b>
3.4	<u>Identifying ‘Atypical’ populations locally</u> .....	<b>Error! Bookmark not defined.</b>
3.5	<u>Unavoidably small and isolated</u> .....	<b>Error! Bookmark not defined.</b>
3.6	<u>University populations</u> .....	<b>Error! Bookmark not defined.</b>
3.7	<u>Practices with a high number of patients who do not speak English</u>	<b>Error! Bookmark not defined.</b>
3.8	<u>Conclusion</u> .....	<b>Error! Bookmark not defined.</b>
3.9	<u>Notes for NHS England commissioners</u> .....	<b>Error! Bookmark not defined.</b>
3.10	<u>Scheduled update</u> .....	<b>Error! Bookmark not defined.</b>

**Shropshire CCG Primary Care Commissioning Committee**

**Agenda Item: PCCC-2020-2.011**  
**Enclosure Number: 7**

Title of the report:	Primary Care Committee Risk Register
Responsible Director:	Nicky Wilde, Director of Primary Care
Author of the report:	Nicky Wilde, Director of Primary Care
Presenter:	Nicky Wilde, Director of Primary Care
<b>Purpose of the report:</b>  To provide Primary Care Committee with an update to the Risk Register for discussion and approval	
<b>Key issues or points to note:</b>  <ul style="list-style-type: none"><li>• There are currently 7 identified risks, five rated as amber and 2 as green.</li><li>• The two green risks are recommended for removal 9/19 and 10/19</li><li>• Details on the risks are contained in the report and in Appendix 1</li></ul>	
<b>Actions required by Primary Care Commissioning Committee Members:</b>  Primary Care Commissioning Committee are asked to:  <ul style="list-style-type: none"><li>• Consider and accept the risk register as an accurate assessment of Primary Care Risks</li><li>• Agree to the removal of risks 9 /19 and 10 /19</li></ul>	

## **NHS Shropshire CCG**

### **Primary Care Commissioning Committee February 2020**

#### **Primary Care Committee Risk Register**

**Nicky Wilde, Director of Primary Car**

#### **Executive Summary**

1. To ensure that all the risks identified by Primary Care Commissioning Committee (PCCC) are recorded and mitigated appropriately, a PCCC Risk Register has been produced.
2. The risk register currently consists of 7 risks, 5 amber and 2 green.
3. Primary Care Committee is asked to consider the content of the risk register and agree to the removal of 9/19 and 10/19.

#### **Introduction**

4. A risk register is an important component of the overall risk management framework and records all identified risks of a project or programme of work.
5. There are currently 7 risks highlighted on the PCCC Risk Register which have identified control, levels of assurance and key actions to provide mitigation.

#### **Key Points to note**

6. Out of the 7 risks highlighted on the PCCC Risk Register, some have been on-going for some time.
7. Risk 9/19 is now recommended for removal as the remaining list at Whitehall continues to reduce and is now considered to be "Business as usual" rather than a formal risk. The list will continue to be monitored until all patients have been removed.
8. Risk 10/19 is also recommended for removal as the CCG has now secured cover in accordance with NHSE requirements.
9. There are 5 other risks currently logged as Amber which have mitigations actions in progress.

#### **Recommendations**

PCCC are asked to

- Consider and accept the risk register as an accurate assessment of Primary Care Risks
- Agree to the removal of risks 9 /19 and 10 /19

### Appendix 1 - Primary Care Risk Register

Principle Risk	Key Controls  'What controls / systems are in place to manage the risk'	Source of Assurance  Where can we gain evidence (internal or external) that our controls / systems on which we are placing our reliance are effective?	Current Assessment L= Likelihood I = Impact			Assessment of risk level - Low / Medium / High / Extreme Risk	Action / Lead Name / Timescale  'Action to be taken'	Residual Target Risk Score (after actions completed)			Assessment of risk level - Low / Medium / High / Extreme Risk
			L	I	Rating			L	I	Rating	
PCCC 1/19 Failure to recruit and retain GPs and nurses in Shropshire which is mirrored nationally. This will impact on local GP workload and the delivery of transformational primary care in Shropshire.	Primary Care workforce plan has been written, there is a regular internal Workforce group meeting and a wider delivery group planned. Practice group level Workforce delivery plans due at end of July. A Clinical Workforce Lead has now been recruited at 1 session per week.	Minutes of STP Workforce Meetings (both Primary Care focused and System wide) Reviewed Workforce Plans	3	3	9	Medium	Regular workforce meetings now being held and detailed plans are being developed. Formal paper to PCCC in October Lead Phil Morgan	2	3	9	Medium
PCCC 2/19 Failure to develop neighbourhood working/integrated models of care across Shropshire will affect delivery of new services following the Out of Hospital services review.	Part of GPFV programme and also connected with the STP out of hospital programme Closer working between commissioning team and Primary care team is enabling a plan to deliver integrated primary care networks. This workstream is a key part of the NHS Long Term Plan and the new STP Primary Care Strategy will have specific actions and plans around Network development.	Minutes of Shropshire Care Closer to Home Programme Board and Working Group. Minutes of GPFV Umbrella Group (NHSE Region) and Checkpoint (STP Area) meetings with CCG, NHSE and PMO representatives.	3	3	9	Medium	Lead is Steve Ellis. Ongoing development of the network plan within the Primary Care Strategy	2	3	6	Medium
PCCC 3/19 A lack of Quality Assurance of primary care medical services could lead to the CCG being unaware that practices may be failing to deliver services correctly	Maintain and build relationships with GP practices to monitor quality standards. Update quality dashboard regularly. 14/01/2019 - Following the recent PCCC development session on Quality Reporting, further meetings have taken place with the Heads of Quality & Safety; Planning Performance & Contracting; and Primary Care to develop a dashboard and process for more effective monitoring of Primary Care Quality.	CQC reports and regular meetings with CQC. Regular liaison with NHSE. Quality dashboard updated and presented to PCCC quarterly. Annual practice Support/quality visits to be scheduled. Regular reporting to Quality and Audit Committee on risks and achievements	2	2	4	Medium	Lead is Chris Morris. Practice quality visits to be undertaken by Primary Care Quality Lead, supported by Locality Managers and prioritised utilising a new quality dashboard.	1	2	2	Low
PCCC 4/19 Risks associated with premises development affecting several practices in Shropshire for various reasons (the individual practices are not named in this register). If appropriate premises are not secured, there is a risk that the affected practices may hand back their GMS contracts	Conversations are ongoing with practices, NHSE and NHSPS. Routine reporting to Primary Care Commissioning Committee. Two projects have moved had Full Business Case approval, with a third FBC expected in October 2019. A full review of the CCG Primary Care Estates Strategy is under way with a report presented to PCCC in October 2019. Further update report presented to February 2020 PCCC.	Minutes of various project boards. Publication of Business Cases.	2	2	4	Medium	Lead is Steve Ellis. Continue to progress the existing developments. Work to finalise the strategic estates review.	2	2	4	Medium
PCCC 7/19 There is a risk that forecasted expenditure in relation to estates and other delegated functions will adversely affect the CCGs ability to deliver Financial balance within the primary care directorate in the medium term	Regular and formal meetings between CCG finance and the Primary Care Directorate continually reviewing budgets, updating the medium term financial plan.	Minutes and notes of meetings. Detail of the Medium Term Financial Plan Updated budget approvals.	2	3	6	Medium	Lead is Steve Ellis/Roger Eades. Continue to review the medium term financial plan and populate known developments as they become known.	2	2	4	Medium



### Appendix 1 - Primary Care Risk Register

Principle Risk	Key Controls  'What controls / systems are in place to manage the risk'	Source of Assurance  Where can we gain evidence (internal or external) that our controls / systems on which we are placing our reliance are effective?	Current Assessment L= Likelihood I = Impact			Assessment of risk level - Low / Medium / High / Extreme Risk	Action / Lead Name / Timescale  'Action to be taken'	Residual Target Risk Score (after actions completed)			Assessment of risk level - Low / Medium / High / Extreme Risk
			L	I	Rating			L	I	Rating	
PCCC 9/19 The dispersal of the remaining patients from Whitehall, although they have been allocated, may still lead to some instability in some local practices <b>RECOMMENDED FOR REMOVAL</b>	Practices that are taking large numbers of patients have been offered support from the Primary Care team and the Medicines Management team at the CCG. Their locality manager is in regular contact with individual Practice Managers to address issues that may arise. The remaining list at Whitehall continues to reduce and is now considered to be "Business as usual" rather than a formal risk. The list will continue to be monitored until all patients have been removed.	Reports to executive team Notes, emails and records of discussions between practices and the CCG	1	3	3	Low	Lead is Steve Ellis & Locality Managers. Continue regular communications with practices as patients move. Work with NHSE to monitor the transfer of patients.	1	3	3	Low
PCCC 10/19 Delivery of the full amount of extended access/extended hours following the withdrawal of weekend/Bank Holiday provision by Shropdoc/Shropcom. <b>RECOMMENDED FOR REMOVAL</b>	Discussions are ongoing with existing hub providers with a plan to commission all of them to complete their fair share of additional appointments (approximately one additional clinical session per week per hub). The CCG has now secured cover in accordance with NHSE requirements.	Reports to NHSE/I Checkpoint meetings and regional delivery boards. Notes, emails and records of discussions between practices/networks and the CCG	1	3	3	Low	Lead is Steve Ellis supported by the Primary Care Project Manager. Continue regular communications with hubs.	1	3	3	Low