NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	6 April 2022
Chair	Mrs Donna Macarthur	**Time**	11.00
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Via Microsoft Teams

Reference	Agenda Item	Presenter	Time	Paper
PCCC-22-04.13	Welcome and Introductions	Chair	11.00	Verbal
PCCC-22-04.14	Apologies	Chair	11.00	Verbal
PCCC-22-04.15	Declarations of Interests	Chair	11.05	Verbal
PCCC-22-04.16	Minutes of Previous Meeting and Matters Arising:- • PCCC 2 February 2022 • Action Tracker	Chair	11.10	Enc. No. 1 Enc. No. 1A
PCCC-22-04.17	Finance Update	Angharad Jones	11.20	Enc. No. 2
PCCC-22-04.18	Primary Care Report • Workforce • Estates • IT • Contracts	Tom Brettell / Janet Gittins	11.30	Enc. No. 3
PCCC-22-04.19	Primary Care Practice Visits Update	Janet Gittins / Jane Sullivan	11.50	Enc. No. 4
PCCC-22-04.20	GP Strategy	Phil Morgan	12.00	Enc. No. 5
PCCC-22-04.21	Risk Register	Claire Parker	12.15	Enc. No. 6
PCCC-22-04.22	Winter Access Fund Update	Bernie Williams	12.25	Enc. No. 7
PCCC-22-04.23	Results of GP Patient Survey 2020/21	Emma Pyrah	12.35	Verbal
PCCC-22-02.24	Any Other Business	Chair	12.45	Verbal
PCCC-22-02.25	Date of Next Meeting: Wednesday 4 May 2022			
	To resolve that representatives of the press and other members of the public be excluded from the			

	remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. Section 1(2) Public Bodies (Admission to Meetings) Act 1960.			

MINUTES

SHROPSHIRE, TELFORD AND WREKIN PRIMARY CARE COMMISSIONING COMMITTEE
PART 1 MEETING
HELD VIA MICROSOFT TEAMS
AT 11 A.M. ON WEDNESDAY 6 APRIL 2022

Present

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement
Mrs Claire Skidmore	Executive Director of Finance
Ms Claire Parker	Director of Partnerships

In Attendance

Dr John Pepper	Chair, STW CCG
Dr Adam Pringle	GP/Healthcare Professional; Governing Body Member
Dr Deborah Shepherd	Medical Director
Dr Julie Garside	Director of Performance
Mrs Jane Sullivan	Senior Quality Lead
Mrs Bernie Williams	Primary Care Lead for Contracting & Delegated Commissioning
Mr Tom Brettell	Partnership Manager
Mrs Janet Gittins	Partnership Manager
Mr Phil Morgan	Primary Care Workforce Lead
Chris Billingham	Corporate PA; Note Taker

Apologies

Mrs Zena Young	Executive Director of Nursing & Quality
Ms Emma Pyrah	Associate Director of Primary Care
Ms Angharad Jones	Finance Business Partner
Cllr. Kelly Middleton	Telford Council

PCCC 22-04.13 Welcome and Introductions

Mrs Macarthur welcomed everyone present. She advised the meeting that Mr Vivian would be joining the meeting at approximately 12 Noon. As a consequence, the meeting would not be quorate until Mr Vivian was present.

PCCC 22-04.14 Apologies

Apologies received were as recorded above.

PCCC 22-04.15 Members' Declaration of Interests

Mrs Macarthur requested any further declarations of interests relating to items on the Agenda which were in addition to those already declared.

There were no further declarations of interests.

PCCC 22-04.16 Minutes of Previous Meeting and Matters Arising
Dr Pepper referred to Page 6 of the minutes of the February Committee and the item relating to Practice Boundary Extensions. Reference to Ruyton should read Albrighton.

The Committee approved the minutes of the meeting which took place on 2 February 2022 as a true and accurate record, provided the above amendment is made.

The Action Tracker was reviewed and updated as appropriate.

PCCC 22-04.17 Finance Update
Mrs Skidmore provided an update on the Month 11 finance report, key points of which were:-

- The CCG would be posting underspends for Primary Care for the reasons discussed at previous meetings.
- A plan and a budget for the new financial year has not yet been finalised.

Mrs Skidmore invited questions.

Ms Parker referred to the under-spend figures and in particular the Winter Access Fund. Reasons as to why all the funding was not spent included workforce and access to locums and the £480k of funding that the system had invested in primary care to increase access. Spend was then further restricted by the Covid booster campaign towards the end of the year. Other areas of underspend were around the Additional Roles Reimbursement and similar difficulties experienced with recruitment of workforce.

Dr Pringle asked whether, if the same thing is seen to be occurring this year, the CCG could facilitate conversations and redeployments; for example, whether Pharmacists employed by the CCG could potentially become PCN Pharmacists to use the ring-fenced funding and the CCG could pay for Practices to perform the functions those Pharmacists would have carried out within the CCG.

ACTION: Ms Parker to consider Dr Pringle's suggestion regarding spending of ARRS funding and in particular his suggestions regarding use of CCG Pharmacists as PCN Pharmacists using ring-fenced funding.

Dr Shepherd referred to the reasons relating to the under-spend and asked whether it is lost or goes against baseline. Mrs Skidmore confirmed that where an under-spend is delivered, it contributes to the baseline. Dr Shepherd suggested that perhaps the CCG should anticipate these non-recurrent sums of money and be ready to make better use of any funding that is made available.

Dr Pepper referred to point number 2 on the fourth page of the report and reference to a planned over-spend of the ring-fenced delegated budget set against the non-delegated budget. He was interested in the phrase that it was a "planned" overspend and requested reassurance that the Primary Care budget would not be plundered going forward.

Mrs Skidmore advised that all of the delegated budget is ring-fenced in order to protect it and gave assurance to the Committee that this was a technical adjustment.

Mr Morgan referred to the considerable challenge created by lack of capacity to actively manage recruitment to posts, therefore the funding is lost.

He believed it should be drawn to the attention of the ICB that a more co-ordinated, centralised workforce resource is required. The current situation is disproportionate to staffing levels in other parts of the ICB.

Dr Pepper suggested that capacity should be articulated in some way within the CCG's risks carried over into the new organisation to make the ICB aware of the fact that it is a difficulty for this area and may potentially link into the ICB workforce strategy.

The Committee noted the information contained in the report.

PCCC 22-04.18 Primary Care Report

The Primary Care report was taken as read. Mr Brettell highlighted the following key topics:-

LCS Review Work

A meeting took place on 5 April 2022 with LMC representatives where discussion centred upon the three LCS services under review. A commitment was received from the representatives that they would continue to work with the CCG on those services. Updates will be provided to the Committee when available.

Learning Disability Annual Health Checks

Mrs Gittins provided an update to questions raised at the February Committee regarding the use of video consultations. The national message is that face to face completion of annual health checks is the preferred option, and this is the guidance being sent to Practices. During the early days of the pandemic, national guidance did state that Practices could carry out remote consultations and video consultations, but this is no longer the case.

Mrs Gittins then shared health check data with the Committee. The end of year position for STW CCG is 64.7% which matches the CCG's trajectory in the three year road map but is below the national expectation of 75%. The long term plan asked Practices to improve learning disability annual health checks and reach the expectation of 75%. This has been brought forward to this year.

Cumulative monthly checks were slightly less than last year. Last year the CCG achieved 67% which was above the target of 60%; this year the CCG achieved 65% which was below the national target of 75%.

Ms Parker referred to face to face appointments, advising that STW face to face appointments are 62.5% compared to a national average of 61% and a regional average of 59%. Telephone appointments are less, indicating that more face to face appointments are being carried out than are being done by telephone.

Dr Shepherd referred to face to face appointments and in particular chronic disease health checks. She felt reassured by the data indicating that many people are being seen, and suspected that what may be happening is that people are seen face to face to have their measurements taken but the actual review with the clinician may be virtual. It may be helpful if this was explored in quality visits to make sure that people are receiving the correct checks.

Ukrainian Refugees

The Primary Care team are working alongside the two Local Authorities on the Ukrainian refugee welcome, focusing on Primary Care and ensuring that Practices are supported in terms of accommodating those people.

Workforce
A survey is about to be undertaken of the CCG's current ST3 GP Registrars who will qualify in the next 3-4 months. The survey will help to establish their plans and offer them support to try to encourage them to stay in the area.

In Month 12, an allocation was received from NHSEI for health and wellbeing initiatives which must be spent in Month 12. A survey will be conducted with staff around health and wellbeing initiatives and the results used to compile a plan to ensure the money is spent.

Mr Morgan is working with Dr Priya George, the CCG's Clinical Lead for Equality, Diversity and Inclusion, on an initiative to set up an ethnically diverse Primary Care staff network. An in-person launch event for all staff will take place on 12 May 2022 at the Mytton & Mermaid Hotel, Shrewsbury.

Contracting Update
Further to previous information that PCNs had not been paid for the DES IIF 2020/21, Mrs Williams advised that the calculations have now been made and PCN Managers will be advised of the values in the next few days. The outstanding payments will be made during April.

Ms Parker requested clarification that the payment issues had been investigated and requested assurance that the situation will not happen again as various issues had already been experienced in the past. She requested that the Primary Care team should link in with the Finance team to understand how the errors were occurring.

Mrs Williams confirmed that the necessary steps had been taken to avoid repetition of the issues going forward.

Phlebotomy
Dr Shepherd advised that there is a considerable amount of concern in Primary Care regarding the prime provider model with SaTH leading, and wished to highlight that Primary Care are very keen to make sure that they are part of the discussions.

The Committee noted the contents of the report and the work currently being undertaken by the Primary Care team.

As the result of a change to the running order of the Agenda, the GP Strategy was the next Agenda item.

PCCC 22-04.20 GP Strategy
Mr Morgan had received input to the strategy from GPs, Practice Managers, and colleagues. The main purpose of the strategy was to map the various stages of a GP's career in order to clarify what is currently being done, and to identify gaps in the process. However, this could create much additional work therefore the actions in the action plan needed to be prioritised with a view to commencing delivery of those actions.

Mr Morgan believed that a message from the Board of the CCG would be more effective in canvassing members to join his working group. The work is a long term strategy to ensure that STW CCG have the GPs that they need. His main concern was the next steps.

Dr Pepper quoted figures as follows:-

- Full time equivalent GPs are 12% less than in 2015
- GP Partners are 27% less than in 2015

However, over that time workload had massively increased. He agreed with Mr Morgan's view regarding the manner in which this was communicated and believed it should be highlighted regularly at both a regional and national level. He also suggested that the reasons for GPs leaving should be captured as that information may be helpful to inform strategy for the future.

The meeting discussed the figures quoted by Dr Pepper and agreed that awareness needed to be raised both regionally and nationally, and also within our system.

Ms Parker referred to a paper in her possession that was written by Professor Chris Salisbury at Bristol University which quoted national facts and figures relating to Primary Care and made sobering reading.

- The reduction in the number of GPs per thousand population nationally is 6%; for STW CCG it is greater than that.
- The number of full time equivalent GPs has decreased 4%.
- The number of full time equivalent consultants has increased by 20%.

Professor Salisbury's research also showed that additional roles do not reduce workload for GP and medical capacity, but potentially increase it. The other sobering thought is around the ageing population. The number of QOF indicators that each person within a Practice attributes their long term condition to is likely to double in the next 5-10 years and obviously increase as the population ages.

ACTION: Ms Parker to circulate Professor Salisbury's report to PCCC members for information.

The Committee was asked to approve the STW ICS GP Strategy and agree to the next steps as identified within the report. However, in the absence of Mr Vivian the Committee was not quorate for this Agenda item. The Chair suggested that, subject to confirmation from Mr Vivian that he was supportive of the recommendations contained within the report, the Committee would approve the STW ICS GP Strategy.

PCCC 22-04.19 Primary Care Practice Visits Update

The purpose of the report was to update PCCC on the three Practice visits undertaken last year prior to visits being paused due to the requirement for Primary Care to support the Covid-19 booster programme. The proposal was to recommence visits with the three postponed visits, and undertake six additional visits between April and October 2022.

Learning from the three Practice visits undertaken includes:-

- The visits are an opportunity for information sharing and to provide detail on new opportunities for Practices.
- The visits were shared visit between Medicines Management, the Partnership Manager and Quality Lead as themes can be discussed across all the areas.

- Practices fed back that they found the visits to have been conducted in a supportive manner and it was a positive that they were able to share areas of good practice with the CCG.
- Awareness of pressures on staff time is important to ensure a bespoke agenda to allow the meeting time to be used productively.

A meeting is scheduled to discuss the Practices to be offered a visit in the next six months.

Mr Vivian joined the meeting at 12.08 p.m. The Chair advised that she would update him outside of the meeting as the GP Strategy had already been discussed and approved in his absence as a result of a change to the running order of the Agenda.

The Chair invited questions.

Dr Garside referred to the Quality section of the Appendix to the report and asked if SMI (Serious Mental Illness) and non-Learning Disability health checks could be included to establish what can be done to support Practices. She would welcome this appearing on the Agenda if colleagues felt it was appropriate and hoped that going forward it could be viewed as a continuous improvement topic.

Ms Sullivan confirmed that this was already taken into consideration on a Practice visit. One Practice visited who were above national requirements, shared what they had done to support the uptake of Cytology screening. Ms Sullivan will be sharing that information with other Practices.

Ms Parker suggested that Practices visited could be listed by name in the Primary Care report together with the wider learning that could be shared. She hoped to link some of the quality outcomes into the Education Leads work in order to share good practice and delivery through the education programme.

Primary Care Commissioning Committee:-

- ***Noted the contents of the paper and the learning from the three Practice visits undertaken***
- ***Noted the plan to recommence Practice Visits across Shropshire, Telford and Wrekin from April 2022***

PCCC 22-04.21 Risk Register

The Risk Register had been updated in preparation for being handed over from the CCG to the Primary Care Commissioning Committee for the ICB.

Ms Parker wished it to be noted that the risks will transfer into the new ICB. She suggested that the Terms of Reference for the first Primary Care Commissioning Committee in the new organisation should be reviewed and updated.

The delegated responsibility for primary medical care will continue and a paper will be taken to the ICB to instigate that delegation transfer at the June Board. The ICB Primary Care Commissioning Committee will have the same delegated responsibility although the membership may change slightly. Ms Parker was carrying out transition work with Nicky OConnor and Alison Smith as to the membership.

Dr Shepherd referred to the risk in relation to Highley Medical Practice and queried whether the response of the Practice to the CQC's warning letters was known. She also referred to the risk relating to Covid 19 as several Practices were operating according to their business continuity plan.

Ms Parker advised that the Primary Care team communicate with Practices on a daily basis. The risk may have reduced because mitigations are in place.

Mr Brettell intimated that the feedback in relation to Highley was relatively positive in that the CQC visited the Practice again at the end of February and reported evidence of considerable improvement, although several areas still required further improvement. Members of the Primary Care team continue to meet with the Practice regularly to structure an action plan around the CQC recommendations. Key partners are being kept up to date with the work being done. The picture is an improved one, but the support and scrutiny of the CCG must continue. There is no confirmed date for the follow-up inspection which will take place towards the end of May.

Dr Pepper referred to the risk in relation to workforce and queried whether the GP Strategy should be included as part of the action plan and whether the CCG could feed into that the need to link in with the ICS People Committee, given the previous discussion on GP workforce.

Ms Parker believed that this would have been captured in the CCG BAF. Consideration should start at PCCC, and then a decision made where it should be transferred to - for example whether it should be submitted to the ICB Board as a flagged risk from the PCCC.

Mr Morgan emphasised that when discussions take place with system partners regarding GP workforce it must be made clear that we are referring to General Practitioner workforce, not General Practice workforce.

PCCC 22-04.22 Winter Access Fund Update

Ms Williams updated the Committee regarding the Winter Access Fund which was part of NHS England's plan for improving access and supporting General Practice.

She referred to Section 3 of her report relating to monitoring and assurance which referred to case studies being requested from a selection of Practices and advised that *all* Practices were asked to supply information as NHS England are keen to get feedback as to how the fund has been used. The information is currently being collated.

The Chair invited questions.

Ms Parker believed it would be helpful to consider previous schemes that may have been run by Shropshire or Telford CCGs to review learning from them and establish whether that could be applied to our post-pandemic world. She suggested that this work should commence during the summer ready for October.

Dr Garside suggested that winter planning all year round would be beneficial.

The Committee noted the contents of Mrs Williams' paper.

PCCC 22-04.23 Results of GP Patient Survey 2020/21
In Ms Pyrah's absence, her update on the results of the GP Patient Survey 2020/21 was deferred to the next meeting.

Mrs Gittins assured Committee that the survey results were considered when Practices were being identified for quality visits.

Surveys for this year were issued in January for a three month period. The results will be available later in the summer.

PCCC-22-04.24 Any Other Business
There was no other business.

PCCC-22-04.25 Date and Time of Next Meeting
The next scheduled meeting will take place on Wednesday 4 May 2022 at 11.00 a.m. via Microsoft Teams.

Shropshire Telford and Wrekin CCG Primary Care Committee Action Tracker
Part 1 Meeting – 2 February 2022

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-10.075	**Estates Strategy Update**	Mr Brettell	October 2021	**February Update:** The Primary Care team does not have the capacity to refresh the Estates Strategy in the current circumstances. The Strategy will remain unchanged until 31 March 2022 and will be thoroughly reviewed once the move into the ICS has taken place.
PCCC-2020-12.22	**Primary Care Strategy Delivery**	Phil Morgan	October 2021	**February Update:** The Primary Care team does not have the capacity to refresh the Primary Care Strategy at the present time. The Strategy remains as is until 31 March 2022 and will be thoroughly reviewed once the move into the ICS has taken place.
PCCC-21-06.29 Primary Care Report	**PCN Estate Strategy to be an Agenda item for the October Committee.**	Chris Billingham	October 2021 meeting	**February Update:** As comments above re Primary Care Strategy.

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-21-08.39 GP Patient Survey 2020/21	Mrs Stevenson to schedule an update on the results of the GPPS 2020/21 into the Agenda planning for a future PCCC.	Emma Pyrah	April 2022 meeting	**February Update:** Ms Pyrah will pick this up and provide an update to the April meeting.
PCCC 21-10.53 Primary Care Report	Mr Brettell to update a future meeting regarding Practice boundaries.	Mr Brettell	December 2021 meeting	**February Update:** Agenda item.
PCCC 21-12.64 Finance Update	Mr Hughes to establish the difficulties in recruiting to the Fellowship positions.	Mr Hughes	February 2022 meeting	**February Update**: Funding pot for the GP Fellows is based on the number of GPs on the scheme. Original allocation is spent. Recent top-up received and that allocation will be fully spent by the end of March.
PCCC 21-12.65 Primary Care Report	Mr Ellis to check whether one Practice is not participating in the winter schemes.	Mr Ellis	February 2022 meeting	
PCCC 21-12.66 Shrewsbury Health & Wellbeing Hub	Mr Ellis to raise with the Project Manager of the HWBH the subject of responsibilities and risks attached to an individual signing a lease on behalf of the system.	Mr Ellis	February 2022 meeting	
	Mr Ellis to discuss with the Comms Team provision of communications across the system regarding the HWBH.	Mr Ellis	February 2022 meeting	
PCCC 21-12.69 Primary Care Quarterly Quality Report	Dr Davies and Ms Parker to liaise regarding national performance data for quality and include Dave Ashford in discussions regarding collation of the figures for inclusion in reports to CCG Committees going forward.	Dr Davies / Ms Parker	February 2022 meeting	

PCCC 22-02.06 Primary Care Report	***SMI Healthchecks:*** Primary Care team to work with Jane Williams to forecast the year end position. ***Blood Pressure Monitoring @ Home:*** Ms Pyrah to discuss allocation of hypertension monitors with the Primary Care team. ***Learning Disability Annual Healthchecks:*** Mrs Gittins to update the April meeting regarding LD Annual Healthchecks, taking into account Mrs Barrett's comments regarding video consultations. Mr Brettell to highlight new information contained within the Primary Care Update report.	Mr Brettell / Jane Williams Ms Pyrah Mrs Gittins Mr Brettell	April 2022 meeting April 2022 meeting April 2022 meeting April 2022 meeting	
PCCC-22-02.07 Shifnal Full Business Case	Ms Parker to liaise with the Comms team with a view to issuing a communication to the public regarding the considerable progress made on the Shifnal new build project.	Ms Parker	April 2022 meeting	
PCCC-22-02.08 Draft Caretaking Policy	Mrs Williams to update the Draft Caretaking Policy, taking into account comments and suggestions made during discussions at the February Committee meeting, and provide an updated policy to a future meeting for approval.	Mrs Williams	April meeting	
PCCC-22-02.09 Practice Boundary Extensions	Mrs Williams to review certain numbers within the Practice Boundary report which were queried by the February Committee. Mrs Williams to talk to all Practices about what the request actually is, stressing that it is not about patient numbers.	Mrs Williams Mrs Williams	April meeting April meeting	
PCCC-22-02.11 Any Other Business	***Risk Register:*** Risk Register to be an item for discussion on the April Agenda in order for the document to be reviewed by the Committee in advance of transferring into the ICS. ***Highley Medical Practice:*** Mr Brettell and the Primary Care team to ensure that the action plan in relation to Highley is included in the Primary Care report going forward.	Ms Parker Mr Brettell	April meeting Ongoing	

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee**
Meeting held on 6th April 2022

Item Number:	Agenda Item:
PCCC-22-04.17	2021/22 Month 11 Primary Care Financial Position

Executive Lead (s):	Author(s):
Claire Skidmore Director of Finance claire.skidmore@nhs.net	Angharad Jones Finance Business Partner Angharad.Jones1@nhs.net

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
N/A		

Executive Summary (key points in the report):

The financial performance reported in this paper is for month 11 of 2021/22.

Year to Date:
For Primary Care this is split into two sections. The first is Co-Commissioning (or Delegated) which is currently showing a £3.2m underspend year to date on a budget of £70.8m. The main driver of this underspend is prior year benefits across various spend categories and an underspend on the current year baseline allocation for the Additional Roles Reimbursement Scheme (ARRS). The second section called Primary Care Services (Or Non Delegated) is currently showing a year to date underspend of £2.2m on a budget of £96.8m. The main driver of this underspend is a £1.2m prior year benefit in relation to Prescribing which is non recurrent in nature.

Full Year Forecast:
For the Delegated spending we are currently forecasting an underspend of £3.4m, for Non-Delegated spending we are forecasting an underspend of £2.6m, again these are mainly driven by the prior year benefits.

Efficiency Schemes:
£322k has been achieved in relation to Rates Rebates. Prescribing efficiencies are over performing by £283k year to date, with a forecast over performance of £230k on a full year target of £1.582m, equating to 15% over achievement.

Winter Access Fund:
The CCG was allocated £2.1m of the National £250 million Winter Access Fund towards the end of 2021. A revised plan of £1.749m was submitted at Month 10 to reflect a reduction of planned expenditure. Further

analysis of the schemes has resulted in a reduced forecast of £1.47m, driven by low activity being recorded by the Covid Management Service driving a £279k underspend on plan.

22/23 Planning:
The healthcare system draft financial plan was submitted to NHSEI on the 17th March, this included the CCG financial plan. There is still work to be done to produce a finance plan for the system for 2022/23 that provides an acceptable balance between financial recovery, service improvement and the operational delivery requirements of the NHS Operating Plan. The current draft submission is deemed unacceptable by system partners and is currently subject to challenge and refinement prior to the final plan submission due on the 28th April.

The notified ring fenced delegated budget for 22/23 is £82.9m. Further detailed analysis will be undertaken before the final plan submission in April to test the growth assumptions and the requirements of the new GP contract to ensure that expenditure for 22/23 can be contained within the ring fenced allocation. A further update will be provided at the next committee meeting.

Recommendations/Actions Required:
The committee is asked to: **Note** the information contained in this report

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).* *Yes, financial cost pressures to the CCG are described throughout the report. Overall financial risk is highlighted in the Governing Body Assurance Framework. Sufficient staff resources to identify and deliver the required efficiency plan is crucial to the achievement of the required financial position.*	Yes
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).* *Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report*	Yes
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).*	No
7.	Is there a patient and public engagement requirement? *(If yes,*	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).*	No
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).*	No
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. *(If yes, please provide details of the effect on quality and safety of services).*	No
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. *(If yes, please provide details of joint working).*	No
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).* *The CCG financial position contributes to the System wide performance discussions to ensure that the System sustainability financial plan is monitored. Key variances and risks to the System position are highlighted.*	Yes

Tables included in this report:

2021/22 Month 11 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 11 – February 2022.

Year to Date Position and Full Year FOT

Table 1: M11 YTD & Full Year Position Delegated

Primary Care Delegated	Budget Year To Date M11 £'000	Actual Year To Date M11 £'000	Variance Year To Date M11 £'000	2021/22 Full Year Budget £'000	2021/22 Full Year Forecast £'000	2021/22 Forecast Variance £'000
General Practice - GMS	45,269	45,305	(36)	49,388	49,352	36
General Practice - PMS	344	351	(7)	377	385	(8)
Enhanced Services	6,919	4,751	2,168	8,375	5,596	2,779
QOF	7,022	6,501	521	7,634	7,151	483
Premises cost reimbursements	8,036	6,702	1,334	8,766	7,842	924
Dispensing	2,641	2,538	103	2,882	2,794	88
Other - GP Services	2,110	1,449	661	3,066	2,286	780
Net Reserves	(1,543)	0	(1,543)	(1,680)	0	(1,680)
Total	**70,798**	**67,597**	**3,201**	**78,808**	**75,406**	**3,402**

2. When submitting the H1 & H2 plan we had planned to overspend the ring fenced delegated budget by £1.68m. This is highlighted on the Reserves line above, and offsetting budget sits within the Non Delegated section of CCG reporting.

3. Year to date on the delegated budget we are reporting an under-spend of £3.2m. This is driven mainly by prior year benefit released into the current year position. This includes £500k in relation to QOF payments, and £82k in relation to dispensing charges. This is due to the final data received in 21/22 for these areas being lower than the estimate in the year end accounts. At Month 11 further prior year releases were made in relation to provisions set up for expected premises and Locum costs which have not materialised in year.

4. Additionally £1.4m has been released as it has been confirmed that NHSEI will not claw back unspent monies from the 20/21 Additional Roles Reimbursement Scheme (ARRS). The current year forecast for ARRS has also been reduced to show an in year underspend of c£900k against the £3.5m baseline allocation.

5. The full year forecast is an underspend of £3.4m with the drivers the same as for the year to date position.

6. There is one efficiency scheme associated with the Delegated budget, this is in relation to Premises rates rebates. £322k underspend is reflected in the year to date and forecast position on the Premises cost reimbursement budget line. However this saving is netted off by an additional cost pressure in relation to Phlebotomy which is highlighted within the Non Delegated budget area.

Table 2: M11 YTD & Full Year Position Non Delegated

Primary Care Non Delegated	Budget Year To Date M11 £'000	Actual Year To Date M11 £'000	Variance Year To Date M11 £'000	2021/22 Full Year Budget £'000	2021/22 Full Year Forecast £'000	2021/22 Forecast Variance £'000
Prescribing	75,995	74,827	1,168	83,311	82,056	1,255
Central Drugs	2,121	2,220	(99)	2,323	2,429	(106)
Oxygen	833	839	(6)	908	912	(4)
Prescribing Incentive Schemes	342	285	57	373	316	57
Enhanced Services	6,730	7,367	(637)	7,248	7,836	(588)
Primary Care Pay	2,336	2,385	(49)	2,486	2,369	117
Primary Care Other	132	100	32	263	254	9
Primary Care IT	1,766	1,686	80	1,943	1,943	0
GP Forward View	4,289	4,056	233	5,435	5,235	200
Primary Care Reserves	2,231	743	1,488	2,516	811	1,705
Total	**96,775**	**94,508**	**2,267**	**106,806**	**104,161**	**2,645**

7. Non Delegated budgets are currently showing a year to date underspend of £2.27m. This is driven by a prior year benefit of £1.2m in relation to Prescribing (20/21 final charges were lower than the figure accrued) which is non recurrent in nature, and the £1.6m reserve set up to net off the overspend on the delegated allocation. Partly offset by identified cost pressures including the Phlebotomy Item of Service costs.

8. Full year we are forecasting an underspend of £2.6m, this again is primarily driven by the aforementioned areas.

9. For prescribing, in year we have seen an average growth of 2.54% (Apr-Dec) versus 20/21. The forecast for prescribing expenditure is based on a similar approach to that used last year, using the % growth between the last three months of the previous financial year.

10. We have a number of efficiency schemes in relation to prescribing which are detailed in table 3; we have seen several of the schemes perform better than planned year to date, in spite of a large proportion of the medicines management team supporting the Covid Vaccine programme.

Table 3: M11 YTD and Full Year Efficiency Schemes

QIPP Scheme	M11 YTD Plan £000s	M11 YTD Actual £000s	M11 Variance £000s	Full Year Plan (Net) £000s	Full Year Forecast £000s	Forecast Variance £000s
Drug Switches	210	275	65	216	280	64
Respiratory	24	32	8	28	40	12
Scriptswitch (Shropshire Practices only)	226	262	36	234	267	33
Optimise (Telford Practices only)	129	218	89	145	230	85
Diabetes	50	90	40	55	100	45
Care Homes	149	146	(3)	166	149	(17)
POD	380	570	190	415	601	186
Self Care	8	0	(8)	0	0	0
DOLVC	88	88	0	98	100	2
Wound	12	0	(12)	12	0	(12)
Continence (Urotomy)	31	0	(31)	31	0	(31)
Optum	136	45	(91)	182	45	(137)
Total	**1,443**	**1,726**	**283**	**1,582**	**1,812**	**230**

Table 4: Winter Access Fund

WAF Initiative	Revised Plan Submitted Month 10 21/22 £'000	Forecast Month 11 21/22 £'000	Variance £'000
Funding additional sessions from existing staff	430	430	0
Locum banks / digital booking platforms	215	215	0
Funding Additional Administrative Staff	175	175	0
Increasing the resilience of the urgent care system	50	50	0
Other actions to support the creation of additional appointments	859	580	279
Other actions to support improvements to patient experience of access	20	20	0
Total	**1,749**	**1,470**	**279**

11. The CCG was allocated £2.1m of the National £250 million Winter Access Fund made available by NHSEI to improve access to urgent, same-day primary care and increase the resilience of the NHS urgent care system during winter. A revised plan was submitted at Month 10 to reflect a reduction of planned expenditure due to the delayed implementation of some plans as a result of the Covid vaccine rollout prior to Christmas, and the removal of the GP/ANP at the front door of ED scheme.

12. At Month 11 the forecast has been further reduced, due to the Covid Management Service activity being significantly less than planned.

Planning Update 22/23

13. The healthcare system draft financial plan was submitted to NHSEI on the 17th March, this included the CCG financial plan. There is still work to be done to produce a finance plan for the system for 2022/23 that provides an acceptable balance between financial recovery, service improvement and the operational delivery requirements of the NHS Operating Plan. The current draft submission is deemed unacceptable by system partners and is currently subject to challenge and refinement prior to the final plan submission due on the 28th April.

14. The notified ring fenced delegated budget for 22/23 is £82.9m. Further detailed analysis will be undertaken before the final plan submission in April to test the growth assumptions and the requirements of the new GP contract to ensure that expenditure for 22/23 can be contained within the ring fenced allocation. A further update will be provided at the next committee meeting.

Conclusion

1. We are currently reporting underspends both year to date and full year on Primary Care as a whole. This is primarily down to the release of one off prior year benefits into the finance position.

2. 22/23 planning is underway with final plan submissions due on 28th April 2022. A further update to the 22/23 primary care budget will be presented at the next committee meeting.

Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee

Item Number:	Agenda Item:
PCCC-22-04.18	Primary Care Update Report

Executive Lead (s):	Author(s):
Claire Parker, Director of Partnerships	Tom Brettell, Primary Care Partnerships Manager Janet Gittins, Primary Care Partnerships Manager Phil Morgan, Primary Care Workforce Lead Darren Francis, Primary Care Estates Lead Bernadette Williams, Primary Care Contracts Lead Antony Armstrong, Primary Care IT Lead

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	X

History of the Report)where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Primary Care Operational Group	16.03.2022	D, I

Executive Summary (key points in the report):

- The Primary Care Team continues to manage a complex and demanding workload
- The Team is managing this demand well and is on track/ target across all workstreams - there are currently no significant deliverability concerns.
- This paper highlights work on Estates, IT, Workforce and Contracts however additional reports will be continue to be provided to PCCC meetings to provide members with assurance of the plans and progress of the work of the Partnership Managers and wider Primary Care Team.

Recommendations/Actions Required:

To note the contents of the report and the work currently being undertaken by the Primary Care Team in relation to these areas.

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).*	No
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).*	No
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).*	No
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).*	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).*	No
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).*	No
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. *(If yes, please provide details of the effect on quality and safety of services).*	No
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. *(If yes, please provide details of joint working).*	No
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).*	No

Partnership Managers Update – Janet Gittins & Tom Brettell

Locally Commissioned Services (LCS) Review

Intensive work continues on the LCS review with the overall aim of implementing a fit for purpose, equitable and fairly reimbursed suite of services that fits with wider system priorities. Detailed assessment of 3 specific service areas; C&CC's, Demand Management and Minor injuries and Safe Prescribing is now underway. This work is taking place through a working group which has representation from 5 LMC members which is critically important to successfully implementing this work.
Review/redesign work on specific LCS (phlebotomy, spirometry and ear irrigation) continues and is complementary to this broader work.

Learning Disability Annual Health Checks (LDAHCs)

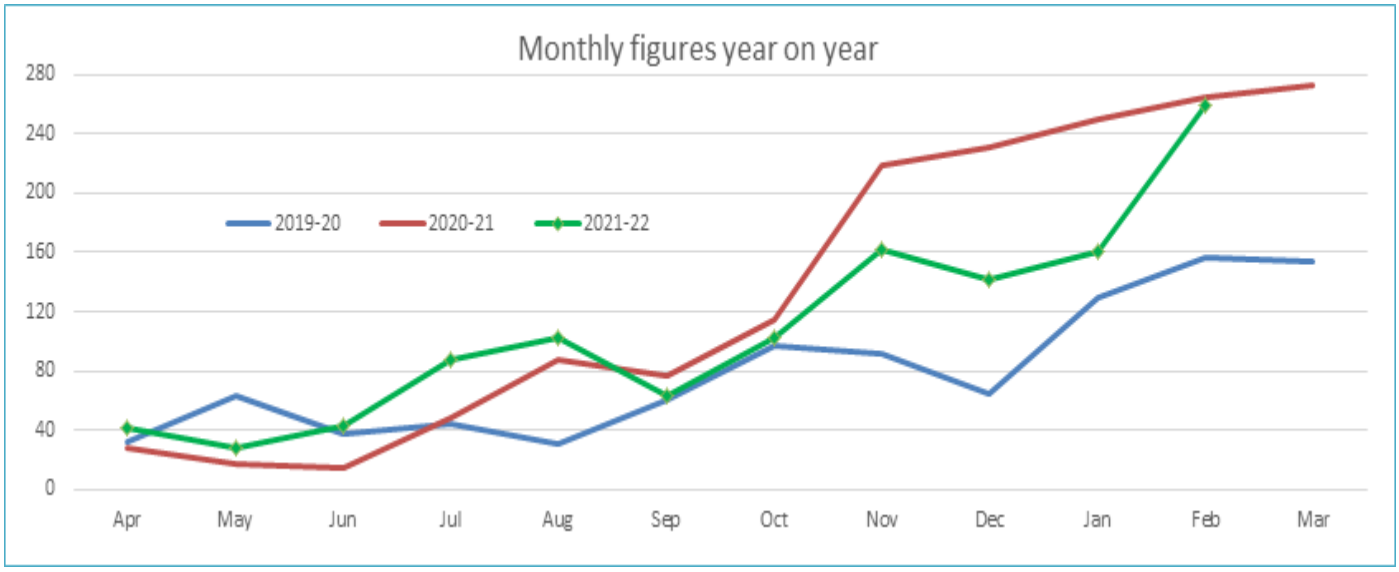
Shropshire, Telford and Wrekin (STW) CCG and partners are continuing work to improve the offer, uptake and quality of Annual Health Checks for people with a Learning Disability. Although practices were asked to prioritise the booster COVID vaccination programme in December and January, practices have continued to complete LDAHCs recognising the importance of this work in addressing health inequalities, however, activity is lower than anticipated and we are now off trajectory. The graph below clearly shows the impact during November, December 2021 and January 2022 but also the efforts that practices are putting in to try and catch up.
Current position: The national target is to achieve completed LDAHCs for 75% of those aged over 14 years on the practice LD register. At the end of February 2022 STW are showing a completion rate of 48.9% compared to 38.4% at the end of January. Low performing practices have been contacted and asked for assurance that they are completing as many LDAHCs as possible in the remaining weeks.

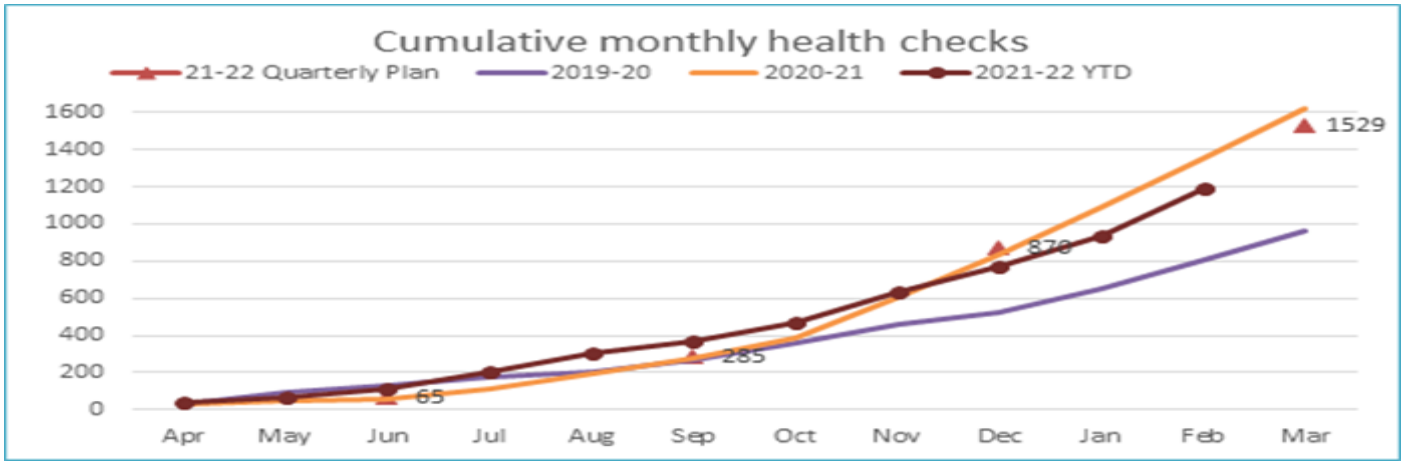
The table below shows the current position against the trajectory in the 3 year Road Map.

Annual Health Checks for those on LD registers aged 14 or over

STW cumulative figures						STW monthly figures		
2020-21	2021-22 YTD	2021-22 plan*	2021-22 %	Latest LD register		2019-20	2020-21	2021-22
28	41		1.80%	2298	Apr	32	28	41
45	69		3.00%	2312	May	63	17	28
60	112	65	4.90%	2304	Jun	37	15	43
109	200		8.60%	2334	Jul	44	49	88
196	303		12.90%	2348	Aug	31	87	103
273	366	285	15.40%	2384	Sep	60	77	63
388	468		19.60%	2388	Oct	97	115	102
606	630		26.20%	2402	Nov	92	218	162
837	772	870	31.90%	2420	Dec	65	231	142
1087	932		38.40%	2430	Jan	130	250	160
1351	1191		48.90%	2438	Feb	157	264	259
1624		1529			Mar	154	273	

*planned trajectory revised to match H2 return with 3-year roadmap, November 2021





Actions to support practices: MPFT are commissioned to provide resource to general practice to support the completion of LDAHCs. The community team are currently giving support to seven practices and have been completing baseline observations and undertaking home visits at the request of practices.
To support with clinical cover in general practice, access to locums through the new Lantum portal from December 2021 has helped to minimise the disruption of staff isolation and illness in general practice.
During this winter we have also seen increased numbers of DNAs to appointments. Although this is understandable, this will be further investigated and will be picked up by the quality audit review work during 2022/23. For February 2022 there were 11 DNAs.

Practice Visits

An initial group of three GP practices were visited in November having been identified by looking at GP Patient Survey results, GP data packs, outcome of CQC inspections, patient feedback and any specific concerns. These have been very productive and have enabled a more focused approach to providing support and keeping track of progress. Visits were suspended to free up capacity for the vaccine programme so we are now developing a programme of visits throughout 2022 that will commence in the spring. A full report on this workstream will be presented to the April PCCC meeting.

Blood Pressure Monitoring @Home Project

Blood Pressure @home aims to increase the availability and access to home blood pressure monitoring for patients with poorly controlled hypertension by providing blood pressure monitors, a remote monitoring pathway, and local implementation support. The CCG has an allocation of 1500 monitors to send out to practices wishing to take forward this project. These have been shared based on hypertension register sizes.
Expressions of interest in this project have been received by the majority of practices, with information and resources being shared with those practices wishing to participate. The team have distributed blood pressure monitors to the majority of practices however further distribution and requests for BP readings has been paused due to the NHS status level 4.

Virtual Ward

A refresh of the governance arrangements for the Virtual Ward is underway in response to the STW CNO's ICS Discharge Improvement Programme, which will incorporate Virtual Ward on behalf of STW ICS.
Virtual wards remain a priority for STW to support achievement of the national ambition within the NHS 2022/23 Priorities & Operational Planning Guidance and respond to population need.
The revised focus for virtual wards is a nurse led approach, working collaboratively with community, acute, primary and mental health members of an MDT, to drive forward the mobilisation of c.250 virtual ward 'beds' in 22/23, to either prevent avoidable admissions into hospital or enable early discharge out of hospital, whilst maintaining quality and safety of staff and patients.

Veteran Friendly Practices

The CCG formally signed the Armed Forces Covenant on 22nd November and made the pledge to support our practices to adopt Veteran Friendly status as soon as possible. Practices continue to become accredited with support from the CCG and the Armed Forces Covenant officers at both local authorities.

Macmillan Community Care Project (MCC)

The Macmillan Community Care (MCC) pilot project aims to improve the quality of and number of Cancer Care Reviews completed within 12 months of a cancer diagnosis. Engaging with practices has proved difficult over the winter months due to the covid booster vaccination programme, winter pressures and ongoing staff absence meaning reduced practice capacity. The Macmillan Community Care Coordinators have now commenced working in 6 practices across Shropshire and Telford and are completing Cancer Care Reviews with patients. Data will be provided in the next update.

Additional Primary Care Funding

In late February 2022, STW CCG was allocated additional programme funding from NHSE. This was to be invested in initiatives that support Primary Care to respond to the NHS Long Term Plan and manifesto commitments. The funding amount (£203,601) is intended to support areas of Primary Care that may not be funded via other routes such as:

1. Easier access to general practice appointments
2. Greater awareness of Extended Access services and availability of appointments – evenings and weekends.
3. Increase in number of practices providing 1:3000 111 appointments
4. Initiatives that support Primary Care to respond to the NHS Long Term Plan and manifesto commitments.

Given the short period of time for development of plans and expenditure in this financial year, practices were asked to put forward plans on proposed action with the flexibility to achieve full delivery by the end of Q1 2022/23.

System Phlebotomy Redesign Project – Emma Pyrah

This project is moving forward to the next phase having halted awaiting key CCG governing body decisions and the covid vaccination booster programme. The Steering Group met on 9th March 2022 and agreed to progress to the next steps and timeline as follows:-

Two service delivery models are to be worked up to assess viability and, subject to confirmation of that, be subject to another period of public engagement to help inform a final preferred option. These options are:-

- Service delivered in each General Practice but service is available to any person (including non-registered) regardless of referrer and service includes hard to bleed
- Service delivered through a number of community hubs with single point of access

Governing Body received an options paper to support decision making on the procurement approach. The paper included a risks and benefits analysis of a formal procurement versus direct award. The Governing Body supported the recommendation to direct award and not undertake formal procurement. The key benefits of direct award are:

- Incumbent providers are known experienced providers
- Enables the CCG to re-engage with all relevant provider partners as subject matter experts to support the commissioners in working up the options in detail – likely to be more accurate than CCG doing it alone and ensures only viable options are included in the next engagement exercise.
- More in line with the collaborative system ethos of ICS.
- Negates the need to build in 6 months procurement timeline, facilitating an earlier mobilisation date
- Shropshire £ stays in Shropshire

In determining the viability of a direct award, Governing Body were provided with an assessment of the risks and benefits of a number of contracting options. Based on the risks and benefits analysis presented to it, Governing Body supported the recommendation that the contract for the new service model is awarded to SATH on a prime contractor basis but with the following caveats:-

- There is a clear expectation that SATH will partner with primary care in the delivery of the service model
- This is a time limited contract which has regular review points and takes into account the wider opportunities to adapt the service model/contracting approach as the wider system landscape develops eg PCNs, community diagnostic hubs;
- Absolute requirement that phlebotomy, as an essential service, will be delivered in the localities of patients

On 28th February 2022, Mark Brandreth Interim CCG AO wrote to SATH CEO to set out the above. A response has been requested by 25th March 2022.

Next Steps

Phase 4 (Proposed timeline – April & May)
The primary focus now is for the work up in detail of the 2 service delivery options to determine viability and if so on which a further period of engagement can be undertaken. It is proposed that this is achieved through:-

- Re-establishment of the Clinical Design Task and Finish Group to be chaired by Dr Ian Chan
- Draft and agree a Phase 2 comms and engagement plan
- Secure in principle agreement from SATH to the proposed prime contractor partnering with primary care. The required partnership arrangements with primary care to be worked up through co-production and dialogue as part of the Clinical Design work above. NB All existing contractual arrangements with individual providers will remain in place until the launch of the new service model. This includes the change in Phlebotomy LCS to item of service payment and expansion to include T&W practices.

Phase 5 – Public Consultation or Engagement Exercise (June & July)

- Paper to JHOSC seeking approval of comms and engagement plan and determination of whether formal consultation is required
- Public consultation or engagement exercise
- Collation and analysis of feedback

Phase 6 – Shortlist to Preferred Option (August)
Phase 7 – Decision Making Business Case Development and Approval (Sept)
Phase 8 – Commission/contract the new model and mobilise (tbc)

These are ambitious timelines given the number of competing priorities in the system but all stakeholder partners on the Steering Group committed to trying to achieve them. The new service model will include community adult and paediatric provision as well as domiciliary provision for hard to bleed.

Estates Update – Darren Francis

Below is a brief update on the ongoing key estates projects and related activity. Where noted, papers are being taken to Primary Care Commissioning Committee and are attached or due to be submitted nearer the date for the next Primary Care Commissioning Committee.

Shawbirch – ETTF New Build

- Build underway and on target for completion around June/July 2022

Whitchurch – ETTF New Build

- Business case and all legal documents now signed
- On site work started in February – completion of Primary Care Centre by September 2024

Shifnal – ETTF New Build

- Full Business Case approved by Primary Care Commissioning Committee in Dec 2021
- Business Case approved by NHSE Regional Team in February 2022
- Awaiting approval by NHSE at National level once practice has provided all required legal documents – expected to have been fully approved/signed/documents sealed by end March 2022 (latest)
- Build scheduled to start Mar 2022 – expected completion due Mar 2023 (latest)

Shrewsbury Health and Wellbeing Hub (formerly Cavell Centre)

- Work progressing on Clinical Modelling and schedule of accommodation
- Initial patient engagement activity now completed and feedback report released – awaiting start of 2nd phase of patient engagement/consultation
- Ongoing discussions with Shropshire Council and developers/landowners on site options
- Business Case Writer appointed
- Cost Consultants appointed
- First stage architectural and design works progressing – initial Schedule of Accommodation being finalised – to be discussed with GPs over coming months
- FBC due to Primary Care Commissioning Committee in August 2023 – completion July 2025

TelDoc Estates Rationalisation

- Outline Business Case for next stage of TelDoc estates rationalisation programme - due to PCCC Apr 2022
- Expected to be some uplift in rent and rates reimbursement which will be an ongoing cost pressure to the CCG – details to be costed in the OBC

Ironbridge Power Station Development

- Original planning application submitted by the site developers was turned down and subsequently resubmitted including improved provision for healthcare and affordable housing

on the site. Resubmitted planning application was approved at the meeting on 20 September 2021
- STW CCG has secured some capital funding from the developers for healthcare provision – although the first instalments of this are not likely to materialise until after stage 2 of the housing development has been completed (estimated by 2028 – full project runs to 2032)
- Discussions to continue with the neighbouring practices (including Ironbridge, Much Wenlock [inc Cressage branch] and Broseley, as well as others) as all will potentially be affected by the development

Capital Funding for Estates Projects
- The call for bids for next years' round of capital funding has gone out to practices
- Bids deadline is end April to allow for prioritisation process and approval at June PCCC
- Bids will then go to NHSE for final approval before go-ahead given to practices to start works

Contracting update – Bernadette Williams

Investment & Impact Fund 2020/21

PCNs have not been paid for the DES IIF 2020/21. The configuration of PCNs was incorrect in CQRS at the time calculations were run therefore a manual calculation needs to be completed. This exercise hasn't been as simple as first thought. The CSU data quality team has been instrumental in supporting this piece of work by running the searches needed (with practices permissions) to calculate the achievement. At the time of this update it is envisaged the final achievement will be known by the end of March 2022.

Investment & Impact Fund 2021/22

NHSE/I letter dated 8th December (Temporary GP contract changes) advised that due to the acceleration of Covid-19 vaccinations all except three indicators would be suspended and the funding allocated (worth £112.1m) repurposed into two areas; the PCN support payment and a new Binary indicator. The PCN support payment has been paid to PCNs; the new Binary indicator (COV-01) will be paid on the basis all practices within PCN signed up to Phase 3 Vaccination ES @ 31/12/2021, payment based on registered list size payable at end of financial year. The value (£) per patient is yet to be confirmed nationally.

Investment and Impact Fund 2022/23

The IIF will recommence in full in April 2022.
The service specification is yet to be published, however we do know there will be 27 indicators with 888 points in total across five objectives. £228.1m is allocated to this nationally.

STW Contract changes

Hodnet Medical Practice will change from a Personal Medical Services (PMS) to a General Medical Practice (GMS) contract on the 1st April 2022. PMS contracts have been slowly phased out. STW now have all 51 practices with a GMS contract.

PCN DES 2021/22 and 2022/23

Some of the service requirements in the DES were not introduced in full and will be introduced in a phased approach over the coming months.

	Requirements in 2021/22	Requirements in 2022/23
Cardiovascular disease (CVD) prevention and diagnosis	From October 2021, the requirements on PCNs will focus solely on improving hypertension case finding and diagnosis, where the largest undiagnosed prevalence gap remains and where the greatest reductions in premature mortality can be made.	PCNs to increase diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure introduced from April 22.
Tackling Neighbourhood Health Inequalities	By 28th Feb 22, identify a population within the PCN and develop a plan.	By 1 Mar 22, the PCN will deliver the plan.
Anticipatory care	This service has been deferred.	By 30 Sept 22, the PCN will agree a plan for delivery of the service.
Personalised care	This service has been deferred.	From April 22, three areas of focus for personalised care: further expansion of social prescribing to a locally-defined cohort which are unable or unlikely to access through established routes; supporting digitised care and support planning for care home residents; and shared decision making training.

GP contract changes 2022/23

There is an agenda item providing the committee with a summary of the changes.

Community Pharmacy Consultation Service

STW CCG now has six practices actively referring into Community pharmacies; this has generated c200 referrals into the service to date.
All practices have been offered an enhanced local incentive scheme to implement the scheme funded via the Winter Access Fund. 31 practices have indicated they will be implementing the service.
NHSEI have provided the LPC with funding to support with CPCS implementation. The LPC have recruited to one of the two posts recently advertised, the successful candidate will be working across Shropshire and has already linked a practice to two local pharmacies in the North. The LPC will re-advertise for the vacant post.

Afghanistan families – TB screening

Mass TB screening has been undertaken at the two bridging hotels in Telford during March 2022. It involved Nurses from SaTH and RWT, colleagues from the Local Authority, interpreters from MPFT and phlebotomists. The CCG requested the activity data on numbers screened and numbers of positive cases for reporting and monitoring purposes only however at the time of writing the CCG hasn't been provided with the data. The Practice will be informed about the results and positive cases will be referred directly into SaTH clinics.

Winter Access Fund (NHS England, our plan for improving access and supporting general practice)

There is an agenda item providing the committee with an update of the WAF.

GP IT Update – Antony Armstrong

The Digital Leads/Partnership Managers within the CCG meet weekly with the MLCSU IT Project Team, to discuss on-going projects, progress reports and any risks and issues through the Digital Operational Group meeting.

Domains

A single domain across STW will secure the Primary Care estate and mitigate against the very real threat of cyber-attack faced by Primary Care and other health and care sector organisations.
Through a fully Midlands & Lancashire CSU (MLCSU) 'managed' GP domain infrastructure, the IT provider will replace all GP Practice and branch Practices existing standalone configurations. This would include installation of a central core infrastructure at Halesfield and replacement of existing local GP EMIS servers with new servers to provide domain, file/print services and EMIS spoke services. Also, a new perimeter edge firewall device will be installed at each site to provide an enhanced layer of security.
Delays caused by the pandemic and teething issues at the early adopter sites have delayed the project from the originally agreed timescales. Through additional resource the CCG are committed to completing the final phase of the domain project by mid-May.
Further engagement is currently being sought by the CCG to assist the CSU with practices who are yet to engage, highlighting the importance of a fully managed domain, being cyber compliant and providing assurance on the IG DSP Toolkit return.
19 sites are now live on the new Zeus Domain. A further 10 sites have migration dates booked in and engagement is well underway with the T&W practices.
12 sites have a dependency on Docman Share which has been purchased from a Primary Care NHSE allocation. The Data Sharing agreement is being amended currently with the IG team/GP's to review/sign-off.

Electronic Prescription Service (EPS)

43/51 practices live with EPS – a further practice went live 2nd March 2022.

Notes Digitisation

Procurement is now complete and contract award recommendation report signed-off. The standstill period has now also finished, and the CCG are reviewing the 9 practices that are part of this phase. Details from practices will be finalised soon, as well as an engagement Q&A session with the provider and practices.
NHSEI have indicated that future funding streams for the Notes Digitisation Project will be through a 'scan on demand' service whereby all notes are held centrally. At this stage no further update on the 'scan on demand' project or timeframe has been shared.

Digital Dictation

The upgrade to the existing platform has been agreed by practices and the deployment has now commenced with the provider.

Workforce Update – Philip Morgan

GP/GPN Fellowships

The GP Fellowship part of this scheme is well advanced. We have 20 Fellows on the scheme with a few more due to join in the coming months. We are delivering against all 10 components – the highlight being a commissioned Leadership/Quality Improvement Programme – an online suite of development tools which the Fellows can access both in their own time and via action learning sets.
We have appointed a new Clinical lead for this programme; Dr Priya George, who has had a handover meeting with our outgoing lead, Dr Jo Leahy. We would like to thank Dr Leahy for all her work with us over the past 15 months.
We carried out a Survey Monkey of all the Fellows to ensure that we are delivering in a way that provides them with support and development. The results were generally very positive, with a few issues for improvement that we are following up, including providing more support for the PCN project working.
The GPN Fellowship part of this scheme is not yet as fully developed as the GP part. There are significant differences between the two parts of the scheme, which are understood nationally, which have led to challenges to operationalising the GPN scheme. However, we have managed to recruit one GPN to our local scheme
One of the key components of the scheme is to ensure that Fellows are linked up with one of our PCNs to enable them to develop and deliver project/QI work. – we have allocated some additional funding for this work including commissioning PCC to provide bespoke, one-to-one support to individual GP Fellows to develop project plans.

Supporting Mentoring Scheme

Funding is available to:

- Train GPs to be mentors, and
- Pay them for delivering mentoring sessions to other GPs

New processes have been agreed for this scheme and are now being operationalised. The CCG workforce lead has worked closely with the two GP Mentor leads to ensure that a single team of mentors (ten, from April) are fully trained and able to provide mentoring to any local GP.
There is significant scope to expand and publicise this scheme once the new arrangements are embedded.

Local GP Retention

Following an “invitation to bid” document being sent to practices, 29 practices were allocated funding for bespoke projects including training and development opportunities for GPs. Monitoring of this funding will take place in the 22/23 financial year.
Two new GP “Champions” have been recruited and have started work:

- an “Ethnically Diverse GP Champion”, Dr Muhammad Zeb, whose role will be primarily to work with the growing number of BAME and IMG doctors on the VTS to support them in remaining in STW after they qualify, and
- a “Newly-Qualified GP Locum Champion”, Dr Losa Shui, who will mainly work with ST3s and newly-qualified GPs who choose to work as locums to provide them with support and networking (this cohort of newly-qualified GPs are not able to join the GP Fellowship scheme).
- Both of these GP Champions are local GPs who themselves went through our local VTS.

A survey of the ST3s on the STW VTS (around 30) will be carried out in April, which aims to discover the trainees’ post-CCT plans – the results will enable us to provide more bespoke support

Flexible Pools

The Lantum online booking platform went live in December 2021 and is proving very successful, with 42 practices and 30 GP Locums signed up to the Platform to date.
Ongoing communication and engagement with practices and GPs will take place over the next few months in an effort to increase these numbers.
Part of the contract with Lantum includes the purchase of licences for our PCNs to use the platform's functionality to help them roster their ARRS staff and plan vaccination programmes. Ongoing engagement is taking place with PCNs to promote this.
Future development of the platform may include adding all other practice staff groups to the platform and, eventually, working with local trusts across the ICB to encourage them to use the platform.

Practice Resilience

Following the allocation of the 21/22 NHSE/I Practice Resilience funding to practices, reporting on the use and impact of this funding will take place in the 22/23 financial year.

ARRS

Recruitment of staff continues steadily across all eight of our PCNs with around 120 ARRS-funded staff currently in post.
Two facilitators have been recruited to support the individual staff groups (Physician Associates and First Contact Physios) with more facilitators to be recruited soon including Paramedics.

General Practicioner Strategy

A GP (General Practitioner) Strategy has been developed (included on the April PCCC agenda), focusing on the three STW ICS People Plan priorities of Attract, Recruit and Retain.
An implementation group will be set up to prioritise the issues in the Strategy and to finalise the action plan.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT AND MONITORING

Agenda item	PCCC-22-04.19
Enclosure No	4
Committee:	Primary Care Commissioning Committee
Date:	6th April 2022

Title of report:	GP Practice Visits
Responsible Director:	Claire Parker, Director of Partnerships
Author of report:	Janet Gittins, Primary Care Partnership Manager Tom Brettell, Primary Care Partnership Manager Jane Sullivan, Senior Quality Lead
Presenter:	Janet Gittins, Primary Care Partnership Manager Jane Sullivan, Senior Quality Lead

Purpose of the report:
The purpose of the paper is to update PCCC on the 3 Practice visits undertaken last year prior to them being paused due to the requirement of Primary Care to support the Covid-19 booster programme. Proposal is the recommence visits with the 3 postponed ones and 6 additional visits to be undertaken between April and October 2022.

Key issues or points to note:
To date 3 Practices visits have been undertaken and the learning from them includes;

- Opportunity for information sharing and to provide detail on new opportunities for Practices.
- Positive to have a shared visit between Medicines Management, Partnership Manager and Quality Lead as themes can be discussed across all the areas.
- Practices fed back that they found the visits to have been conducted in a supportive manner and was positive that they were able to share areas of good practice with the CCG.
- Awareness of pressures on staff time important to ensure a bespoke agenda to allow for the meeting time to be used productively.

Actions required by Primary Care Commissioning Committee:
Primary Care Commissioning Committee are asked to:

- Note the contents of the paper and the learning from the 3 Practice visits undertaken
- Note the plan to recommence Practice Visits across Shropshire, Telford and Wrekin from April 2022

Monitoring Form

Agenda item: Enclosure Number

Does this report and its recommendations have implications and impact with regards to the following:

1	Additional staffing or financial resources implications Resource would be from existing teams.	No
2	Health inequalities No implications identified.	No
3	Human Rights, equality and diversity requirements No implications identified.	No
4	Clinical engagement Consultation will be required with Primary Care GPs and Practice Staff.	Yes
5	Patient and public engagement No implications identified.	No
6	Risk to financial and clinical sustainability No implications identified.	No

Shropshire, Telford and Wrekin Primary Care Practice Visits - update for 2021/22 and proposal for 2022/23

1.0 Introduction

1.1 PCCC received a paper April 2021 with a proposal to restart the Primary Care Practice Visits which had been paused the previous year due to the Covid 19 pandemic. The paper highlighted that previously the visits had been undertaken in different ways across Shropshire, Telford and Wrekin but this was an opportunity to review and identify the strengths from both and consolidate them into a consistent approach across the CCG.

2.0 Practice Visits 2021

2.1 Following the agreement of the recommendations by PCCC a small task and finish group was arranged to agree terms of reference for the Practice Visits and devise a template for the collection of data prior to the visit which would guide the agenda to make optimum use of the Practice's time by focusing on areas relevant for them.

2.2 Terms of reference identified that the aim of the visit was to provide support and assistance to practices with gaining assurance in quality and care improvement. This can then be used as evidence by the practice to support any CQC review or inspection. The majority of visits were to be planned practice support visits which would take into account any recent external visits to avoid unnecessary duplication.
Other reasons for visiting a practice could include:

- List closure application
- CQC report
- New contractor visit
- Investigation of concerns raised
- Annual review of provider
- Contractual concerns
- Practice mergers
- Performer concerns that may be impacting on contract

2.3 The Practice visit template was used to gather information prior to the Practice visit to enable a focused discussion to take place. The agenda (see Appendix A) was circulated to the Practice prior to the visit so they could identify key people to be available for the visit. The date and time was jointly agreed with the Practice at a mutually convenient time.

2.4 Practice Visits commenced in Autumn 2021 with the plan being for a continuous rolling programme with an agreed number of Practices to be visited each year. During October and November 2021 3 Practices were visited with dates arranged for visits to 3 additional Practices. Due to the national initiatives for Primary Care to support the delivery of the Covid 19 booster vaccination programme during December and January it was decided to pause all visits.

2.5 Learning from the 3 Practice visits completed was that;

- Opportunity for information sharing and to provide detail on new opportunities for Practices.
- Positive to have a shared visit between Medicines Management, Partnership Manager and Quality Lead as themes can be discussed across all the areas.
- Practices fed back that they found the visits to have been conducted in a supportive manner and was positive that they were able to share areas of good practice with the CCG.
- Awareness of pressures on staff time important to ensure a bespoke agenda to allow for the meeting time to be used productively.

3.0 Next Steps

3.1 Following the decision from NHSE/I that Practices are no longer required to support the intensive Covid 19 booster programme it was felt appropriate to recommence Practice visits although being mindful of the continued increased demands on Practices. Those 3 Practice who had previously been scheduled a visit previously have been contacted to rearrange the visit as soon as conveniently possible and plan that these should be undertaken during April 2022.

3.2 Following the completion of the 3 Practice visits discussed above proposal is the conduct a further 6 Practice visit between May and October 2022. The 6 Practices will be identified using the same criteria as previously used and will all be contacted prior to the visit to arrange a convenient date. The plan is that Practice visits will continue to be undertaken on a rolling basis being mindful of potential need to pause during specific times due to Primary care demands.

4.0 Recommendations

Primary Care Commissioning Committee are asked to:

- Note the contents of the paper and the learning from the 3 Practice visits undertaken
- Note the plan to recommence Practice Visits across Shropshire, Telford and Wrekin from April 2022

Appendix A – Practice Visit Sample Agenda (amended as required to provide a focused visit)

GP Practice Visit

Practice Name
Date and Time of Visit

1.	Welcome and Introductions	
2.	Quality	• Quality assurance (e.g. surveys, audits) • Quality improvements (e.g. incidents and learning) • LTC management and prevention of ill health
3.	Patient Experience	• Annual GP Patient Survey • PPG integration • Management of complaints and feedback • Compliments
4.	Contracts and Access	• Consultation data • Extended access • NHS111 and A&E • Telephone access • Business Continuity • LCS / Enhanced Services
5.	Medicines Management	• Safe prescribing of medicines – High risk drug monitoring, MHRA alerts, Eclipse, incident reporting, prescribing oversight • Repeat prescribing, SMRs • Safe use of medicines LCS • Controlled drugs • Care homes
6.	Areas of good practice	• Any achievements or areas of good practice that the practice would like to share
7.	Any other business and next steps	

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee

Item Number:	Agenda Item:
PCCC-22-04.20	STW ICS General Practitioner (GP) Strategy

Executive Lead (s):	Author(s):
Claire Parker, Director of Partnerships	Phil Morgan, Primary Care Workforce Lead

Action Required (please select):									
A=Approval	x	R=Ratification		S=Assurance		D=Discussion		I=Information	

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Primary Care Operational Group	16 March 2022	A

Executive Summary (key points in the report):

- Despite the funding and implementation of a number of projects and initiatives designed to attract, recruit and retain GPs in the 51 STW practices, there is no strategic, coordinated approach to this work.
- The STW ICS GP Strategy has been developed, in consultation with a number of local stakeholders including GPs and Practice Managers, with a view to:
  - Setting out key national and local challenges to the attraction, recruitment and retention of GPs
  - Mapping out current projects and initiatives which seek to address these challenges
  - Identifying gaps in the current suite of projects and initiatives
  - Proposing a number of prioritised, specific actions designed to address these gaps and strengthen relevant current projects and initiatives
- It is clear that the potential scope of the work identified in the action plan is very large and, therefore, needs to be prioritised and placed within a well-resourced work programme.
- The Primary Care Workforce lead will set-up a working group of GPs, PMs and other stakeholders, to undertake this task
- Implementation reports will be provided to the relevant STW ICB committees

Recommendations/Actions Required:

PCCC are requested to approve the STW ICS GP Strategy and agree to the next steps identified above.

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).*	No
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).*	No
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).* Successful implementation of the GP Strategy should improve the experiences of female GPs, older GPs and GPs from minority ethnic backgrounds (including GP trainees)	Yes
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).* Successful implementation of the GP Strategy will require ongoing engagement with GPs and other clinical stakeholders	Yes
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).* Successful implementation of the GP Strategy will require engagement with Patient Participation Groups	Yes

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).* A more diverse GP workforce should lead to an improved focus on health inequalities	Yes
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).* A better supported and developed GP workforce should lead to improved health outcomes for our local population	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. *(If yes, please provide details of the effect on quality and safety of services).* A better supported and developed GP workforce should lead to improvements in the quality of services provided to our local population	Yes
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. *(If yes, please provide details of joint working).* Successful implementation of the GP Strategy should improve integration across the ICS	Yes
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).*	No

Shropshire, Telford & Wrekin ICS General Practitioner (GP) Strategy

1. Introduction

- Why do we need a GP Strategy?
- The National Picture
- Local Context
- Key Stakeholders

2. The Three Main Elements of the Strategy

- Attracting
- Recruiting
- Retaining

3. Key Attraction, Recruitment and Retention Themes for a GP Strategy

- Marketing the Role of the GP
- Supporting the Recruitment of GPs
- Engaging and Networking
- Ensuring that Professional Development is available
- Ensuring that Personal Support is available
- Developing Career Opportunities/New Ways of Working

4. The Eight Key Intervention Stages – Current Position and Challenges

- Sixth-form students choosing medicine courses at universities
- Medical Students
- Foundation Year Doctors
- GP Trainees on the STW VTS
- Newly-Qualified GPs
- First5 GPs
- Mid-Career GPs
- Late-Career GPs

5. Action Plan

- Key actions
- Links to Intervention Stages
- Priorities
- Responsibilities
- Timescales
- Measures

6. Governance

- Monitoring progress against the Action Plan
- Reporting progress against the Action Plan

7. Other resources

1. Introduction

Why do we need a GP Strategy?

Like most parts of the country, Shropshire, Telford & Wrekin (STW) has struggled over recent years to increase the number of GPs across our practices.

For the most part, unlike some of the other roles in General Practice, there has not been a strategic approach to the attraction, recruitment and retention of GPs to our local area. Many individual projects, initiatives and workstreams are in place, including strong links with our local medical school, Keele University, and a thriving GP Vocational Training Schemes (VTS), but these are not yet sufficiently integrated and resourced.

Decisions about recruitment and retention have, for the most part, been taken by each of the individual General Practice businesses meaning that, traditionally, the ICS has not had a specific role in this area. However, a more pro-active approach should now be taken, working with various stakeholders (see list below) to, among other things, further increase the profile of the GP role among local schools and colleges by engaging with all forms of local media.

Despite some focused, national funding streams which have been managed by the ICS, many practices and GPs will not have benefited from these funded initiatives.

Although there is a growth in the number of other clinical roles across our practices and PCNs, there will always be a need for a significant GP cohort to provide both direct care to patients and to supervise the other clinical roles. This is particularly the case in a system like STW where the traditional model of relatively small, partner-led practices, still predominates.

One of the key issues facing our local area is the need to ensure that the GP workforce is, as far as possible, as diverse as possible in terms of ethnicity, age and gender. There has not, until recently, been a focus on these issues across our system.

The National Picture`

Since the launch of the GP Forward View in 2016 there has been a strong, central government push for an increase in the number of GPs – with a target of 5,000 additional GPs by 2021, being set.

In order to assist with meeting this target additional places have been funded on the local GP Vocational Training Schemes (VTS), including for a significant number of overseas doctors. One positive outcome of this is that it has led to over 60% of our current VTS doctors being International Medical Graduates (IMGs). However, this increases the challenge of encouraging and enabling these doctors to remain in STW once they have qualified (see below for current work around the Skilled Worker Visa scheme).

The development of Primary Care Networks (PCNs) in 2019 has had a positive impact on the number of additional clinical roles employed in General Practice – but at the same time it has put more pressure on GPs to ensure that these roles are properly supervised and managed.

Local Context

There are a wide range of current initiatives and projects across STW aimed at addressing some of the national and local challenges of attracting, recruiting and retaining GPs. Many of these are coordinated by the ICS in partnership with different local stakeholders (see below) but others have not, to date, been integrated into a strategic approach. The key local projects and initiatives include the following:

Project/Initiative	Funding/Description	Impact to Date
Outreach work with local Schools	A number of senior, local GPs work with some of our secondary schools and further education colleges to raise the profile of the role of the GP.	Although this work has good, local impact, it is not coordinated across the ICS.

Project/Initiative	Funding/Description	Impact to Date
Local clinical leadership at Keele University Medical school	A number of senior, local GPs work as lecturers at Keele University Medical school and lead on the placement of medical students in STW practices. This work includes encouraging medical students to consider GP as a career choice.	Many of our practices accept medical student placements, but there are increasing challenges around space in practices, supervision time and, for the students themselves, issues around accommodation and transport.
GP Fellowship Scheme	Back-fill for Fellows plus Development Funding Provides support, networking and development for newly-qualified salaried/partner GPs	20 GP Fellows on STW scheme, with 5 in year 2. Generally positive feedback, but further improvements needed
Supporting Mentors Scheme	Funding to train GPs to be mentors and then to provide mentoring to local GPs	Ten trained Mentors providing mentoring mainly, at present, to GP Fellows
Local GP Retention Fund	Funding available to practices to provide bespoke support to individual GPs/groups of practice GPs to increase the likelihood of their staying in the profession	29 bespoke training and development projects/initiatives funded for 22/23 totalling £100k.
GP Locum Bank	An online digital booking platform to assist local locum/sessional GPs to identify and book sessions in practices	More than 40 practices have signed up, along with nearly 30 GPs.
Newly-Qualified GP Locum Champion	A funded GP, providing networking and support to those newly-qualified GPs who choose to work as a locum	This is a new role which started in February 2022
Ethnically Diverse GP Champion	A funded GP, providing networking and support to GP Trainees, and qualified GPs, from a BAME and/or overseas background – with specific focus on the issues around Skilled Worker Visas	This is a new role which started in February 2022
New to Partnership	A nationally run scheme to support clinicians, including GPs, who wish to become a partner	The ICS does not manage this scheme – analysis of the data is needed.

As can be seen from the graphs below these initiatives are beginning to have a positive impact on the number of GPs in our local system with a slight, if inconsistent, increase in both the number of GPs and the wte GPs over the past 18 months. However, there is a worrying, steady decrease in the number of GP Partners.

GP Workforce Dashboard

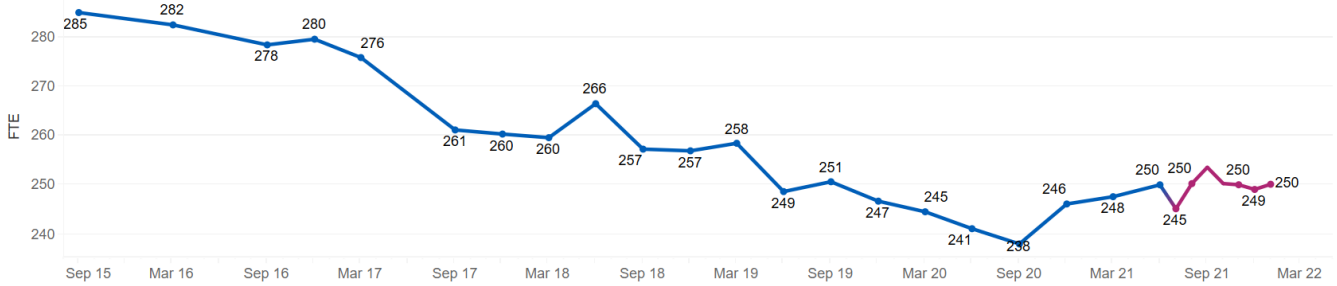
Staff Group Trend

Health Education England

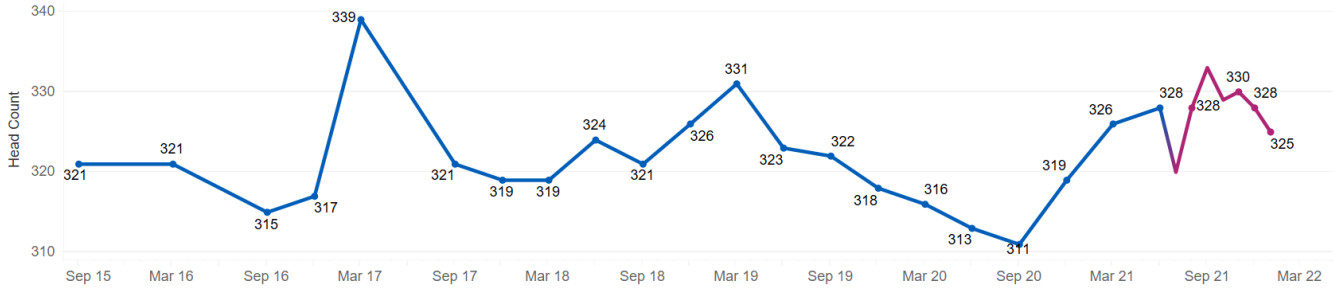
Clear All

Region Name	ICS Name	CCG Name	Staff Group	Staff Role
Midlands	Shropshire, Telford and Wrekin	All	GP (excl Registrars)	All

FTE - GP (excl Registrars) - All - January 2022



Headcount - GP (excl Registrars) - All - January 2022



Change in colour denotes move from quarterly to monthly publications by NHS Digital
Please note that selecting all Staff Group options will result in an incomplete time series due to NHS Digital limiting historic publications for some Staff Groups before September 2017

GP Workforce Dashboard

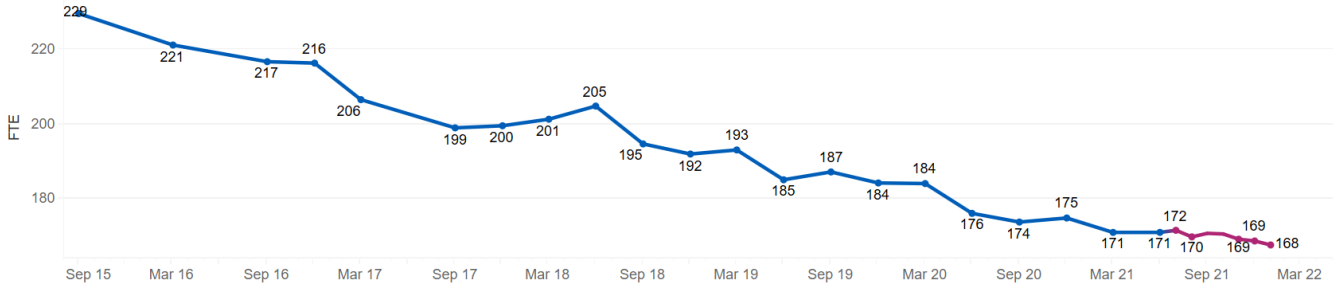
Staff Group Trend

Health Education England

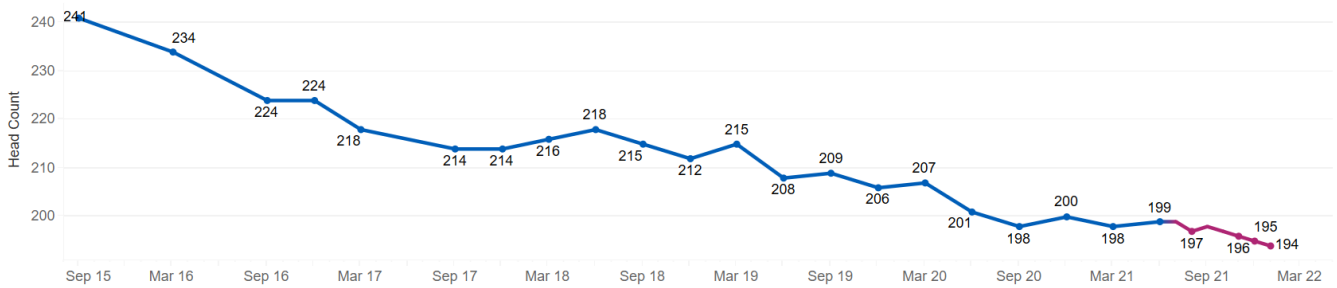
Clear All

Region Name	ICS Name	CCG Name	Staff Group	Staff Role
Midlands	Shropshire, Telford and Wrekin	All	GP (excl Registrars)	GP Partners

FTE - GP (excl Registrars) - GP Partners - January 2022



Headcount - GP (excl Registrars) - GP Partners - January 2022



Change in colour denotes move from quarterly to monthly publications by NHS Digital
Please note that selecting all Staff Group options will result in an incomplete time series due to NHS Digital limiting historic publications for some Staff Groups before September 2017

Diversity of the GP workforce*

- The percentage of STW GPs who are aged 55 or over is slightly higher than the national average – 23.6% compared with 23.4%
- The gender mix of GPs in STW is fairly even with slightly more female GPs than males.
- The latest data (January 2022) on ethnicity shows that GPs are by far the most ethnically diverse group of staff in STW practices, with 11.3% declaring their ethnicity as "Asian/Asian British", 7.2% as "Black/African/Caribbean/Black British, 3.9% as from other minority ethnic groups and 64% as "white". However, 14.2% of GPs did not have their ethnicity recorded (a higher percentage than the other staff groups), which could alter the balance of these figures. To put the GP data into context, 82% of the full Primary Care workforce is white.
  *these figures only include qualified GPs, not Registrars/Trainees – definitions are those used by NHS Digital
- The proportion of international medical graduate (IMG) doctors on the STW VTS is over 60%.

Key Stakeholders

The following list comprises of those local, regional and national organisations and individuals who are key to STW ICS being able to implement the actions under-pinning this strategy.

In most cases there are already good engagement and communication channels, but these are often not sufficiently strategic, nor are they always adequately joined-up.

Where relevant, these stakeholders are referred to in the Action Plan below.

- Local Secondary schools careers advisors and work experience leads
- Sixth Form Colleges, including leads for mature students
- Local Universities/HEIs
- STW GPVTS – both the Trainees and the TPDs
- STW Local GP Practices
- Health Education England – GP Deans etc.
- Royal College of GPs
- NHSE/I Regional Medical Directorate, Workforce leads etc.
- Shropshire Sessional GP Network
- Shropshire Doctors Cooperative
- The Local Medical Committee
- STW CCG/ICS Medical Director and Clinical Leads
- STW CCG/ICS GP Education Leads
- STW CCG/ICS GP Mentor Leads
- STW CCG/ICS Ethnically Diverse GP Champion
- STW CCG/ICS Newly-Qualified GP Locum Champion
- Secondary Care consultants
- Retired GPs (with experience and knowledge of STW General Practice)
- Local MPs
- Local press and media
- Patient Participation Groups

2. The Three Main Elements of this Strategy

In line with the STW ICS People Plan, and workforce strategies in other systems, this Strategy is based around three, main elements:

- **Attracting** – encouraging/persuading people to become GPs
- **Recruiting** – enabling the recruitment of qualified GPs across STW
- **Retaining** – ensuring that those GPs who are recruited, choose to stay

Although the issues in this Strategy relate specifically to GPs (who are one of the few clinical groups to be almost exclusively found only in General Practice) there are a number of Attracting, Recruiting and Retaining projects and initiatives being carried out by the ICS People Team which are relevant to GPs. These include:

- International Recruitment
- An STW Employment/Recruitment Brand
- Collaborative Recruitment, and
- A Retention Strategy

The ICS's Primary Care Team is represented on the People Team working groups and the linkages and relevant responsibilities are detailed in the Action Plan below.

As can be seen in the Governance section below, progress against the Action Plan in this Strategy will be reported, among other ways, to the ICS People Board, as part of wider reporting on the implementation of the STW ICS People Plan.

3. Key Attraction, Recruitment and Retention Themes for a GP Strategy

In order to make the Attract, Recruit and Retain elements relevant for General Practice, and General Practitioners more specifically, the following themes will be used in this Strategy to provide more detail around intended actions:

- **Marketing the Role of the GP**
- **Supporting the Recruitment and Deployment of GPs**
- **Engaging and Networking**
- **Ensuring that Professional Development is available**
- **Ensuring that Personal Support is available**
- **Developing Career Opportunities/New Ways of Working**

The Action Plan set out later in this document contains a series of actions, grouped around these themes. For each action the plan identifies:

- which of the **Intervention Stages** the action is addressing (see section 4 below)
- the **Priority** of the action
- which person or organisation has overall **Responsibility** for delivering the action
- the ideal **Timescale** for the action to be delivered
- how success in delivering the action is to be **Measured**

4. The Eight Key Intervention Stages

In order to understand what specific actions are needed against each of the themes listed above, this Strategy identifies eight "Key Intervention Stages" within the lifecycle of a GP's career.

1. **School/sixth-form students choosing medicine courses at universities**
2. **Medical Students**
3. **Foundation Year Doctors**
4. **GP Trainees on the STW VTS**
5. **Newly-Qualified GPs**
6. **First5 GPs**

7. **Mid-Career GPs**
8. **Late-Career GPs**

The following table provides a summary of current ARR activities, projects and interventions in each of the eight intervention stages and identifies some challenges. The Action Plan in section 5 sets out a number of specific actions designed to address these challenges.

Intervention Stage	Summary of Current STW Position	Challenges/Comments
1. School/sixth-form students choosing medicine courses at universities	• A number of senior, local GPs work with some of our secondary schools and further education colleges to raise the profile of the role of the GP. • However, there is no coordinated, strategic approach to working with these institutions to promote the GP role in our local area.	• Work in this area is ongoing, but not coordinated across the ICS • Schools/colleges may need convincing of the merit of further engagement • However, this would require a significant time input which would need to be assessed against the potential impact of the work • Working with careers advisors in secondary schools may be helpful to ensure that GCSE and A level choices enable students to apply to medical school
2. Medical Students	• Promotion of the GP role in our local area with medical students is carried out by a number of senior, local GPs who work as lecturers at Keele University. • These GPs work with practices to increase the number of practices willing and able to take medical students – most of our practices are currently accepting students • There are no formal links with other, local medical schools	• Although the work at Keele, including the placement of medical students, is effective in raising the profile of the role of the GP for students, similar work with other medical schools may be beneficial. • However, this would require a significant time input which would need to be assessed against the potential impact of the work • A further cohort to consider are those mature students who choose to study medicine later in their lives/careers
3. Foundation Year Doctors	• A large number of local practices take Foundation Year placements (FY2). • However, there is no coordinated, local approach to liaising with the FY doctors and practices to understand their experience and discuss their career choices.	• This is a new area of work for the ICS • There would need to be engagement with both the Foundation Year doctors, the relevant HEE stakeholders, and their placement practices • However, this would require a significant time input which would need to be assessed against the potential impact of the work
4. GP Trainees on the STW VTS	• A large number of local practices take GP Trainee placements (ST1, ST2 and ST3). • Although these Trainees have individual supervisors, and link with the TPDs, there is no coordinated, local approach to liaising with the GP Trainees and practices to understand their experience and discuss their career choices.	• This is a new area of work • There would need to be engagement with both the GP Trainees, and their placement practices • It would require a significant time input, but the impact would almost certainly be consistent with the potential impact in terms of retaining the trainees in STW practices • A specific challenge would be to understand more about trainees' placement in secondary care – i.e. what are they learning about General Practice when they are on placement

Intervention Stage	Summary of Current STW Position	Challenges/Comments
5. Newly-Qualified GPs	• STW have had in place, since January 2021, a nationally-funded GP Fellowship Scheme. • This scheme is currently supporting 20 newly-qualified GPs who are receiving support and training across a number of areas	• The challenge with this scheme is to maintain the momentum built up over the past 12 months • Further liaison with the VTS, specifically with ST3s, should help to maintain the comparatively high number of GPs joining this scheme • An area not well developed to date is an assessment of specific skills that new GPs need which might not be adequately covered on the VTS – e.g. time management, risk management, and continuity of care
6. First5 GPs	• The ICS is funding the STW First 5 GP Network, led by two local GPs • The network has around 40 members and, among other things, is commissioning training for its members	• Maintaining the funding of this network • Growing the network
7. Mid-Career GPs	• Practices have been invited to bid for funding against a series of example projects/initiatives that are aimed at retaining mid-career GPs • However, there has not been a specific focus, to date, on this cohort of GPs	• Given the limited funding available, the challenge is to maximise the impact for those GPs who request support • This cohort of GPs is less able than others to access structured funding streams • National data suggests that many GPs in this cohort, particularly female GPs, choose either to reduce their hours and/or leave the profession entirely
8. Late-Career GPs	• Practices have been invited to bid for funding against a series of example projects/initiatives that are aimed at retaining late-career GPs • However, there has not been a specific focus, to date, on this cohort of GPs	• Given the limited funding available, the challenge is to maximise the impact for those GPs who request support • This cohort of GPs is less able than others to access structured funding streams • Key challenges in supporting this group of GPs includes pre-retirement advice and developing initiatives to retain the extensive knowledge and experience they have built up over many years in the profession.

Other Generic Issues

In addition to the specific issues linked to the eight Intervention Stages above, there are a number of other generic, cross-cutting issues that should be addressed via inclusion in the Action Plan:

- Workforce Planning – more specifically, working with individual practices/PCNs to identify current pressures on the numbers of GPs, likely retirements, the need for recruitment etc.
- Cross-sector working – developing the linkages, formal and informal, between general practice and the other three contractor groups within Primary Care, and between general practice and local NHS Trusts
- Raising the profile of GPs via working with local media and politicians

5. Action Plan

Strategy Theme	Actions	Intervention Stage(s)	Priority H/M/L	Lead Responsibility	Timescale	How measured
Marketing the Role of the Shropshire, Telford & Wrekin GP	Identifying and contacting key leaders in local schools and colleges to provide information on the GP career to students considering studying medicine at university	1				
	Identifying and contacting key leaders in local medical schools other than Keele University to provide information on the GP career to medical students	2				
	Working with relevant HEE colleagues to ensure that all Foundation Year doctors are provided with information on the GP career, with a view to encouraging and incentivising them to join the STW VTS, including the TERS scheme	3				
	Liaising with local VTS programmes to learn from their strengths, initiatives and approaches	4				
	Working with local media, MPs and other "influencers" to increase the profile of the GP career	1, 2, 3				
	Working across the ICS to ensure that all STW ICS marketing approaches include references to GPs, and that they take account of the specific issues affecting potential GP recruits from minority ethnic communities, different ages and genders.	3, 4, 5				
	Providing information and guidance to secondary care clinicians on the opportunities of joining the STW VTS	4				
	Working with colleagues in secondary care to ensure that the specific challenges and issues faced by GPs are fully understood	3 to 8				
Supporting the Recruitment and Deployment of GPs	Developing regular, structured "speed-dating" events for GP Trainees and local practices who are interested in recruiting newly-qualified GPs	4				
	Increasing the number of Training Practices and GP trainers via a coordinated campaign, in conjunction with the WM Deanery	4 to 8				
	Developing a suite of Marketing copy/tools to use with local media in support of recruitment campaigns	4 to 8				

Strategy Theme	Actions	Intervention Stage(s)	Priority H/M/L	Lead Responsibility	Timescale	How measured
	Increasing the number of GP "locums" registered on the Lantum platform	5 to 8				
	Working with the SSGPN, and other relevant stakeholders, to identify what further support is needed to ensure that local practices have access to GP locums	5 to 8				
	Developing a series of support tools and/or training to enable practices to plan ahead for GP recruitment	4 to 8				
	Using Population Health data to assist practices in planning the recruitment of GPs	5 to 8				
	Providing information, support and guidance to GP trainees on Skilled Worker (Tier 2) visas and to practices who wish to recruit this cohort of trainees following their CCT.	4 & 5				
	Ensuring that the specific estates/property challenges linked to an increased GP workforce are taken account of in ICS estates strategies	4 to 8				
Engaging and Networking	Developing the role of the STW First 5 GP Network by maintaining funding and identifying further support opportunities	5 & 6				
	Further engaging with SSGPN to ensure a joined-up and coordinated approach to comms for sessional/locum GPs	5 to 8				
	Further engaging with Shropdoc to ensure a joined-up and coordinated approach to comms for sessional/locum GPs	5 to 8				
	Scoping possible additional GP networks via engagement with GPs and practices – for example "older/late career GPs" and "women mid-career GPs"	5 to 8				
	Reviewing and strengthening existing liaison and networking with the other three Primary Care contractor groups	5 to 8				
Ensuring Professional Development Opportunities are available	Providing further support to doctors on the VTS, especially ST3s, to assist both in their qualification and to ensure that they are prepared for life as a qualified GP	4				
	Ensuring that all GPs are aware of all development opportunities provided by the RCGP	4 to 8				

Strategy Theme	Actions	Intervention Stage(s)	Priority H/M/L	Lead Responsibility	Timescale	How measured
	Working with the VTS, the Training Hub and GP Trainees to develop training around Supervision skills	4 to 8				
	Developing/commissioning training for GPs to enable them to strengthen their focus on public health – e.g. to better understand the social determinants of health, health inequalities and the use of community assets	4 to 8				
	Encouraging salaried/sessional GPs to consider becoming a partner – for example by promoting the national NHSE/I "New to Partnership" scheme	5 to 8				
	Ensure GPs are sufficiently trained and able to meet the challenges of remote consultations	4 to 8				
	Continuing to provide GPs with relevant education opportunities via the PLT sessions	4 to 8				
	Ensuring that GPs are aware of the "direction of travel" for the STW ICS	4 to 8				
Ensuring Personal Support is available	Providing information and, where needed, support to GPs around the Appraisal/Revalidation processes	5 to 8				
	Ensuring that all STW GPs are aware of, and able to access, the local GP Mentoring offer, as well as other mentoring opportunities e.g. from the RCGP	4 to 8				
	Ensure that all GPs are aware of, and can access, the National PC Coaching Offer – "Looking after you too" and "Looking after your Team"	4 to 8				
	Ensure that GPs are aware of the support available to them to address issues relating to their ethnicity, gender, age, disability or any other protected characteristic	4 to 8				
	Providing a more structured approach to information and support for GPs nearing/considering retirement – possibly by the creation of an "older GP Champion"	8				
Developing Career Opportunities/New Ways of Working	Training on working in and/or supervising an MDT	5 to 8				
	Developing a more structured approach to career breaks for mid to late career GPs	7 & 8				

Strategy Theme	Actions	Intervention Stage(s)	Priority H/M/L	Lead Responsibility	Timescale	How measured
	Working with local community and acute health providers to develop exchange programmes for GPs and consultants – i.e. developing a more structured approach to Portfolio careers	5 to 8				
	Working with neighbouring ICBs/systems to develop exchange programmes for GPs	5 to 8				
	Encouraging mid to late career GPs to train as mentors and/or coaches	7 & 8				

6. Governance

Overall arrangements

- This Strategy will, initially, be reviewed and approved by the STW ICS Primary Care Commissioning Committee.
- Further reviews of the Strategy, together with approvals of changes/developments in content, will be the responsibility of the relevant ICB committee
- Operational responsibility for delivering the action plan will rest with the STW ICS Primary Care Team, led by the Primary Care lead for Workforce, working with colleagues on the Training Hub Delivery Group.

Monitoring the Action Plan

- Monitoring reports will go to the Training Hub Delivery Group

Reporting progress against the Action Plan

- Progress reports will be provided to the ICS Primary Care Commissioning Committee and the relevant committee following the transition to the ICB.

7. Other Resources

A range of other resources, information and support is available to STW GPs, including:

- The STW Training Hub
- NHSE Futures GP Career Support Hub
- The Royal College of GPs
- HEE WM GP School
- NHS Digital Workforce Data
- Shropshire Sessional GP Network

Primary Care Risk Register (Public) - Shropshire, Telford and Wrekin CCG

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Risk ID	**Objective**	**Opened / added by**	**Risk and description**	**Opportunity**	**Existing key controls**	**Existing sources of assurance**	**Gaps in controls or assurances**	**Risk score (consequences x likelihood)**	**Action plan / cost / action lead /(target date) /sufficient mitigation**	**Target risk score for end of financial year**	**Executive Lead and Risk Owner**	**Amendments: name and date**	**Status**
Active Risks													
STW-02		Shrop 19/01/19 T+W 18/05/19	**Workforce** There is a risk that the system fails to recruit and retain workforce clinical staff, reflecting the challenge nationally. This will impact on local GP workload and the delivery of transformational primary care in Shropshire.	1. Primary Care Transformation monies enables practices to create new creative roles 2. The Training Hub is providing a pivotal training service to primary care medical and other health professionals 3. ARRS funding is enabling additional roles to support PCN's	1. Primary care workforce funding projects are in place. 2. Delivery board and operational groups in place to support delivery in line with practice priorities. 3. Workforce and training hub are reported to system People Board to give system oversight and to ensure that primary care is looped into the workforce issues	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope 4. Training hub board and group reporting to People Board fro system	1. PCN Workforce plans do not use full resource envelope.	3x3=9 Moderate	1. Promote PCNs to have staff responsible for workforce. 2. Integration of clincial staff/representation on the operational workforce groups 3. Attendance at regioanl workfoce groups to share learning. 4. Report to people board and ensure understanding of primary care workforce issues	3x3=9 Moderate	Exec: C.Parker Owner: C Parker	26/11/2020 C.Ralph Reviewed 1 04 21 T Jones Amended C Parker june 2021 Updates by Phil Morgan 24.01.22	Open
STW-03		07/10/20 C.Ralph	**COVID-19** There is a risk that the COVID-19 pandemic will increase the demand on practices and may also increase the levels of sickness. This means that practices may not be able to maintain access to their services/or to deliver high quality clinical care. This iuncludes ability to manage the backlog and manage staff shortages either throu positive tests or self isolation	1. Pressures promote practices and the system to collaborate more effectively.	1. Changes in contractual requirements to relieve practices/support service delivery 2. Additional investment	1. information through newsletters and locality meetings, contact with partnership managers 2. refresh of weekly calls to be undertaken to get information to practice managers 3. Support for the national guidance on the return to work processes	1.Limited formal SITREP reporting 2. Demand and activity modelling needs to be done to show system pressure 3. electronic locum support service including all professions	4x4=16 High	1. Support practices to review business continuity plans 2. Support practices to link plans together/buddy practices 3. Commence work to develop SITREP 4. CCG to identify thresholds and triggers for system response 5. ensure access to IPC and public health support 6. ensure IMT under new national return to work guidelines are in place	3x3=9 Moderate	Exec: C.Parker Owner: C Parker	26/11/2020 C.Ralph Reviewed 1.04.21 TJones Amended C Parker June 21	Open
STW 05 (Previously S-03)		PCCC 04/19	**Forecasted Expenditure** 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	1. To ensure the financial stability of practices by ensuring rent reviews and completed on time 2. to ensure that opportunties for pilots such as the 'Cavell' project is used to the benfit of the population in the CCG	1. Premises Cost Directions 2. Scheduled programmes of rent reviews 3. Clear approvals process for new business cases 4. Project boards with risk management and mitigation for each of the projects held at least monthly	1. Accurate record keeping 2. Regular contact/liaison with NHSE (GMAS team) 3. Project board oversight for each of the new builds	1. Changes in the primary care team at NHSE 2. Triple lock process for CCG 3. Links to One Public estate	3x4=12 High	1. Ensure the completion of a review of estates and the completion of estates strategy 2. Ensure business cases in development contain innovation to change models of care to deliver a return on investment. 3. Ensure pro-active record keeping/review of rent reviews. 4. To have clear records and monitoring systems that set out when abatements are ending predicting the impact on budgets.	3x4=12 High	Exec: C. Skidmore Owner: C Parker	1 04 21 Risk reviewed TJones Ameded C Parker June 21	Open
STW 07		PCCC 06/21 C Parker	**Covid Expansion Fund** Allocation of practice covid expansion fund was incorrectly calculted in the national guidance and left a shortfall of 1.2m for the allocation received which was absorbed into the CCG baseline		1. Funding not utilised as part of the pulseoximetry service was put back into the baseline circa £200k		1. In ability to take any funding from primary care to ensure services are funded appropriately	3x3=9 Moderate		3x3=9 Moderate	Exec: C Parker & C Skidmore	New risk added June 2021	Open

STW 08		Tom Brettell 26/01/22, Update 25/03/22	**Highley Practice CQC Rating** Risk to delivery of continuity of care to due adverse CQC rating for Highley Medical Practice. If CQC registration is revoked this will result in termination of GMS contract therefore options need to be worked through. Patient concern likely to lead to significant number of representations and the potential for patients to seek registration elswhere.	1. an improved / safe service for patients (if actions addressed). 2. review of contingency planning. 3, PCN pilot opportunity	1 - CCG primary care, Quality and Meds man teams supporting the practice to address the actions required to support improvement. 2 - Formal action plan agreed with practice and CQC- meeting weekly to monitor and provide assistance	1 - Action plan 2 - Regular contact with practice 3 - Weekly visits to practice 4 - Feeding back progress to CQC 5- CQC visit to review actions taken to address 2 warning notices has confirmed improvement 6- Feedback on improvement work to key partners, patients and wider community	If the CQC registration is revoked the CCG will need to consider options such as; caretaking arrangements; procurement; list dispersal. Options appraisal complete and ready for deployment.	C = 4 L = 2 TOTAL: 8 Moderate risk	1) Develop a contingency plan to ensure arrangements are in place should redistribution of practice care be required. In place	C = 4 L = 1 TOTAL: 4 Low risk	Exec: C Parker Lead: C Parker	Following detailed support work as outlined in column 6 the CQC has reviewed actions relating to the 2 warning notices served and has confirmed improvements made and areas for further action in advance of full inspection in June/ July. The inspection rating of Inadequate remains in place until the full inspection. 25/3/ 22	Open
Closed Risks													
S-02		PCCC 03/19	There is not an agreed process for the completion of practice visits. There is a risk therefore that there may be emerging issues affecting quality that the CCG is not aware of/cannot support improvement. This means that there is a potential for variation/poor quailty of care or ineffeicient systems and processes.	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Maintain and build relationships with GP practices to monitor quality standards. 2. Update quality dashboard regularly. 3. Primary Care to develop a dashboard and process for more effective monitoring of Primary Care Quality.	1. CQC reports and regular meetings with CQC. Regular liaison with NHSe. 2. Quality dashboard updated and presented to PCCC quarterly. 3. Regular reporting to Quality and Audit Committee on risks and achievements	1. Infrequent opportunities to review/work with practices 2. Inconsistent opportunities - levels of engagement with practices	3x3=9 Moderate	1. Maintain focus to identify triggers/early signs of issues 2. Triangulate data from multiple sources 3. Close liason with other professionals/agencies 4. Review complaints/GPPS 5. Work to standardise practice visit approach across the emerging new CCG	3x3=9 Moderate	Exec: Z. Young Owner: S.Ellis/C.Ralph	26/11/20 Actions updated Request for this to be closed with new risk identifed for Practice visits which incorporates work across STW CCG.	Closed
STW-01	T+W 4+5 Shrop	C/F Telford 24/06/19 C.Ralph	**Primary Care Networks (PCN)** These new organisations will have to establish how they will work together as a network and share resources. There is a risk of potential delay and/or conflict as the new roles and the new ways of working are established. This would mean that their is inconsistent development of PCNs across the CCG which may affect service provision and access to our patients.	1. There is a potential opportunity for PCNs to create additional competition in the market for services traditionally provided by acute/community services. 2.Opportunity to increase the resilience of practices by sharing resources and effort overtime	1. National guidance for PCN development and the associated network agreements signed by all practices 2. Clinical leadership identified by members of each PCN PCNs to follow guidance from NHSE in regards to their establishment. 3. Guidance on the delivery of DES' for 2020 released 4. 8 PCNs now exist within STW CCG - only one practice remains as an orphan practice but patients are allocated	Notes of PCN meetings/assurance meetings - PCN Development meetings re-established, PCN delivering vaccination programme through existing Enhanced services, PCN development feeding into refreshed single CCG governance. Regular formal and informal meetings in place to engage, collaborate and deliver shared working arrangements. PCN's engaged at place	None	3x3=9 Moderate	1. Take opportunities to seek out the views of practices on the PCN development processes (ongoing) 2. Establish regular meetings with CDs to enable monitoring of progress by August 2020 3. Support PCNs to complete/re-visit baseline assessments as part of the developmental programme by September 2020	1x3=3 Low	Exec: C.Parker Owner: S.Ellis/C.Ralph	Reviewed 1 4 21 Tjones Covid has impacted upon planned development work however risk remians low as new ways of working togetehr arising form covid opportunitiesAgreed CLOSE at PCCC June 2021	Closed
STW 06 Previously S-04		PCCC 12/20	Primary Care Services in Whitchurch are under increased pressures due to difficulty in recruiting staff and managing services across several unsuitable small sites. There is a risk that Churchmere Medical Group hand back their contract if the situation continues. The planned closure of Dodington Surgery at end March 2021 adds to this pressure.	To secure the future of Primary Care services in Whitchurch by building a purpose built health care facility - The Pauls Moss Development proposal..	1. GMS Contract in place. 2. Pauls Moss programme proposals in place, although currently awaiting judicial review decision. 3. CCG agreed a transformational funding package to support Churchmere Medical Group to merge with Dodington Surgery and to manage services across 3 sites.	1. Regular contact with Churchmere senior partners. 2. NHSE support with merger and ETTF monies for expansion space costs. 3. Flexible use of new ARRS roles to increase clinical capacity, 4. Judicial review against Pauls Moss development was not uphed there fore the build will now go ahead		2x1=2 Very low	1. Ensure regular contact with CMG to identify issues early. 2. Ensure close liason with Pauls Moss Development partners to be alerted to judicial review decision and any further appeals. 3. Explore CCG options should a new contract holder be needed	2x1=2 Moderate	Exec: C.Parker Owner: C Parker	Reviewed 1 4 21 Tjones Amended C Parker June 21 Recommend for closure as further risks incorporated into financial risks	Closed

STW - 04		Jane Sullivan 04/21	**Quality Visits** Due to covid 19 pandemic scheduled Practice Quality Visits have been paused since March 2020. Although remote monitoring has continued a Practice Quality Visit allows for further exploration of subjects and conversations between CCG and Practice to gain assurance and understanding. There is a risk that practices not receiving quality visits may be rated inadequate or RI by CQC without the support of the quality and primary care team as part of the practice visit programme due to Covid-19 outbreaks	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Primary care and Quality Lead continue to meet quarterly with CQC to share intelligence. 2. Continue to monitor Practice performance using exisiting sources of assurance and speak to Practices individually if concerns identified.	1. CQC intelligence 2. Significant event reporting to CCG by Practices 3. Monitoring of Patient experience - PALs/Healthwatch/MP letters/ complaints shared with CCG by NHSE/GP Patient Survey/FFT/N2N 4. Quarterly Quality report submitted to Quality and Performace committee 5. EDEC	1. Missed opportunities during visits to explore specific areas with Practices in further depth. 2. Missed opportunties to share good practice and learning with CCG which discussions during a visit can generate.	3x2= 6 low	1. Proposal to establish a Task and Finish Group to reestablish Practice Quality Visits from Autumn 2021 with identified agenda and terms of reference to provide a unified approach across the CCG. 2. Data and intelligence will be reviewed prior to visit to ensure that they are individual to each Practice and target areas for assurance.	3 x 2 = 6 Low	Claire Parker Zena Young	Newly added 1 4 21 T Jones Amended C Parker June 21 Recommended for closure. A Task & Finish Group was arranged to agree visits to concerning areas. Visits have taken place with only January's planned visits postponed due to system level 4.	Closed

Audit Committee Meeting - Appendix B

RISK MANAGEMENT MATRIX

	Likelihood				
Consequence	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
1 Negligible	**1 VERY LOW**	**2 VERY LOW**	**3 VERY LOW**	**4 LOW**	**5 LOW**
2 Minor	**2 VERY LOW**	**4 LOW**	**6 LOW**	**8 MODERATE**	**10 MODERATE**
3 Moderate	**3 VERY LOW**	**6 LOW**	**9 MODERATE**	**12 HIGH**	**15 HIGH**
4 Major	**4 LOW**	**8 MODERATE**	**12 HIGH**	**16 HIGH**	**20 EXTREME**
5 Catastrophic	**5 LOW**	**10 MODERATE**	**15 HIGH**	**20 EXTREME**	**25 EXTREME**

	1 – 3	Very Low risk
	4 – 6	Low risk
	8 – 10	Moderate risk
	12 – 16	High risk
	20 – 25	Extreme risk

	Consequence score (severity levels) and examples of descriptions				
Domains	**1. Negligible**	**2. Minor**	**3. Moderate**	**4.Major**	**5. Extreme**
Impact on the safety of patients, staff or public (physical/psychological harm).	**Minimal injury or illness, requiring no/minimal intervention or treatment. No time off work.**	**Minor injury or illness, requiring minor intervention.** **Requiring time off work for >3 days.** **Increase in length of hospital stay by 1-3 days.**	**Moderate injury requiring professional intervention.** **Requiring time off work.** **Increase in length of hospital stay by 4-15 days.** **RIDDOR/agency reportable incident.** **An event which impacts on a small number of patients.**	**Major injury leading to long-term incapacity/disability.** **Requiring time off work for >14 days.** **Increase in length of hospital stay by >15 days.** **Mismanagement of patient care with long-term effects.**	**Incident leading to death.** **Multiple permanent injuries or irreversible health effects.** **An event which impacts on a large number of patients.**
Quality/complaints/audit	**Peripheral element of treatment or service suboptimal.** **Informal complain/injury.**	**Overall treatment or service suboptimal.** **Formal complaint.** **Local resolution.** **Single failure to meet standards.** **Minor implications for patient safety unresolved.** **Reduced performance rating if unresolved.**	**Treatment or service has significantly reduced effectiveness.** **Formal complaint.** **Local resolution (with potential to go to independent review).** **Repeated failure to meet internal standards.** **Major patient safety implications if findings are not acted on.**	**Non compliance with national standards with significant risk to patient if unresolved.** **Multiple complaints/independent review.** **Low performance rating.** **Critical report.**	**totally unacceptable level or quality of treatment/ services.** **Gross failure of patient safety if findings not acted upon.** **Inquest/ombudsman inquiry.** **Gross failure to meet national standards.**

Human resources/organisational/ development/staffing/ competence	Short term low staffing that temporary reduces services quality (1< day).	Low staffing level that reduces the services quality.	Late delivery of key objectives/service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/key training.	Non-delivery of key objectives/service due to lack to staff. On-going unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an on-going basis.
Statutory duty/inspections	No or minimal impact or breach or guidance/statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	single breach in statutory duty. Challenging external recommendation/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severity critical report.
Adverse publicity	Rumours. Potential for public concern.	Local media coverage. Short term reduction in public confidence. Elements of public expectation not being met.	Local media coverage - long-term reduction in public confidence.	National media coverage with >3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions raised in the House). Total loss of public confidence.
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget. Schedule slippage.	5-10 per cent over project budget. Schedule slippage.	Non-compliance with national 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including claims	Small loss. Risk of claim remote.	Loss of 0.1 - 0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25-0.5 per cent of budget. Claim (s) between £10,000 and £100,000.	Uncertain delivery of key objective/loss of .5 - 1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objectives/loss of >1 per cent of budget. Failure to meet specification/slip page. Loss of contract/payment by results. Claim(s) > £1 million.
Service/business interruption/environmental impact	Loss/interruption of >1 hour. Minimal or no impact on the environment.	Loss/interruption of >8 hours. Minor impact on environment.	Loss/interruption of >1 day. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Catastrophic impact on environment.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG**
Primary Care Commissioning Committee
Meeting held on 6 April 2022

Item Number:	**Agenda Item:**
PCCC-22-04.22	Winter Access Fund – Implementation Progress Report

Executive Lead (s):	**Author(s):**
Claire Parker Director of Partnerships	Bernadette Williams, Primary Care Lead for Contracting and Delegated Commissioning Emma Pyrah, Associate Director of Primary Care

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	**x**

History of the Report :		
Committee	**Date**	**Purpose (A,R,S,D,I)**
First presentation		

Executive Summary :

NHSEI released their plan for improving[1]access and supporting general practice in October 2021. The plan set out steps to increase and optimize capacity, address variation, encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.

From November 2021 to March 2022, a £250m national Winter Access Fund (WAF) was made available to help patients with urgent care needs, to get seen when they need to. The two mains uses of the fund were;

- to drive improved access to urgent, same day primary care
- to increase the resilience of the NHS urgent care system

Shropshire, Telford and Wrekin (STW) CCG were allocated £2.4m of funding to invest in initiatives that would support the two uses. The purpose of this report is to provide PCCC with an update on progress with implementation of the plan and the impact of such schemes on achieving the forecast outcomes including key risks and mitigations.

Recommendations/Actions Required:

Primary Care Commissioning Committee is recommended to note the contents of the paper

[1] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest?	No
2.	Is there a financial or additional staffing resource implication?	No
3.	Is there a risk to financial and clinical sustainability?	No
4.	Is there a legal impact to the organisation?	No
5.	Are there human rights, equality and diversity requirements?	No
6.	Is there a clinical engagement requirement?	No
7.	Is there a patient and public engagement requirement?	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *Enhanced support practices chosen according to high levels of deprivation*	Yes
2.	To identify and improve **health outcomes** for our local population. *Will generate in excess of 32,000 additional primary care appointments improving access to timely care for patients who need it*	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money.	No
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System.	No
5.	To achieve **financial balance** by working more efficiently	No

1. STW Winter Access Fund (WAF) Overview

NHSEI released their plan for improving[2]access and supporting general practice in October 2021. The plan set out steps to increase and optimize capacity, address variation, encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.

From November 2021 to March 2022, a £250m national WAF was made available to help patients with urgent care needs, to get seen when they need to. The two mains uses of the fund were;

- to drive improved access to urgent, same day primary care
- to increase the resilience of the NHS urgent care system

Shropshire, Telford and Wrekin (STW) CCG were allocated £2.4m of funding to invest in initiatives that would support the two uses. Schemes could only be included in the WAF if they met certain NHSEI criteria (see table 1 below).

Table 1

Winter Access Criteria
a. Funding additional sessions from existing staff
b. Locum banks/digital booking
c. Expanding extended hours capacity
d. Funding additional administrative staff
e. Employing other physicians in surgeries
f. Increasing the resilience of the urgent care system
g. Using / developing primary care hubs
h. Other actions to support the creation of additional appointments
i. Other actions to support improvements to patient experience of access

Unfortunately the WAF was not received well by General Practice both nationally and locally including the Local Medical Committee (LMC). This made any meaningful engagement with practices in developing and agreeing the proposed schemes in our plan very difficult. Therefore several assumptions were made about how the funding would support GPs to increase capacity and support the urgent care system and a number of schemes were submitted to NHSEI at the end of October.

Systems were also only given a very short turnaround time of 2 weeks by NHSEI to submit the WAF plan by 28th October 2021. STW were required to make revisions to our original submission following feedback from NHSEI. The announcement of the vaccination booster campaign delayed NHSEI providing approval of our revised plan and allocation of the funding which was not received until 16th December. At this point PCNs and practices were prioritizing the vaccination programme and therefore practices were notified of their allocation at the end of December and asked to submit plans for its use by the third week in January. This meant that in reality the schemes were to be implemented and the funding spent over a 3 month period January to March rather than the original 5 months of November to March.

It should be noted that the £2.4m available WAF investment was in addition to the system winter monies investment to increase primary care capacity of £400,000. This was winter monies investment was forecast to generate 15,700 additional appointments from October 2021 to March 2022 inclusive.

[2] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf

2. Implementation of WAF schemes

A summary of the schemes in our plan and progress with implementation is provided in table 2 below. They are separated into system schemes and enhanced support practice schemes.

Ten practices were identified for enhanced support in addition to having access to the system schemes, selection was based on levels of deprivation. These practices were asked to submit separate plans detailing how the funds would be used. One of the ten practices was unable to utilise the funds therefore another two practices were approached and took up the offer and submitted plans. Enhanced support practice initiatives include;

- the purchase of equipment e.g. centrifuge to enable more blood taking appointments in practice, health monitors.
- additional appointments using various healthcare professionals
- funding used to prove a concept; whole practice team training for Docabo (remote monitoring)

Table 2

Scheme	£	Number of planned appts.	Number of appts delivered (at beg Mar 22)	Forecast position end of Mar 22	Comments
System schemes					
Additional GP Locum	£215k	7,840	7,295	9,952	
Additional capacity from existing staff	£430k	8,730	4,961	10,956	
ICS communications campaign.	£50k	N/A	N/A	N/A	Enabler
Additional practice admin staff	£100k	3,820	1,340	3,820	
Additional call handlers in POD	£75k	N/A	N/A	N/A	Enabler
More effective use of practice telephony systems	£20k	N/A	N/A	N/A	Enabler
Community Pharmacy Consultation Service, Local Incentive scheme	£32k	750	115	250	31 of 51 signed up but only 6 referring
Covid Management Service/Pulse Oximetry at Home	£318k	1,008	85	140	Unable to mobilise full scope of service due to workforce issues and demand for service less than predicted
Utilising GP/ANP expertise to support the re-direction of patients away from ED front door (RSH & PRH)	£200k	NA	NA	NA	Did not progress as unable to secure the necessary workforce
Enhanced support schemes					

Enhanced support practices.	£507k	7,320	4,551	7,626	
TOTALS		**20,738**	**18,347**	**32,744**	

Of the original £2.4m WAF funding available to STW, schemes were identified and progressed to spend £1.74m generating an additional estimated 32,744 primary care appointments. As mentioned previously this figure is additional to the 15,700 appointments generated via system winter monies invested in primary care.

Practices claim the majority of their funding via a national online portal uploading evidence to support their claims. At the time of writing this report however only 27% of the total funding allocation has been claimed by practices, however, the portal will remain open for six weeks after the end of March 22 to enable practices further time to claim their full allocations. The Primary Care Team is in regular contact with the practices to encourage timely claims via the portal.

3. WAF Monitoring & Assurance

STW CCG has been providing NHSEI with monthly updates on the status of the schemes. The current activity and forecast of end of year position is included in table 2. Case study examples have been requested from a selection of practices and shared with NHSEI as part of the regional assurance to the national team.

4. Risks and Issues

Key Issues/Risks	Mitigation
Practices may be unable to the secure staff (workforce) to deliver the extra capacity	Lantum platform enables access to a wider pool of workforce. Increased flexibility in the use of funds to allow practices to maximise use of available funding
Delay due to booster campaign has hindered planning with tight timescales to mobilse and spend funding	PC team offered support to any practices that needed to develop plans
Existing funding (£400k) already allocated to practices in October 2021	Flexiblity in the use of funds to allow practices to maximise use of available funding
Poor reception from practices, LMC etc to the WAF has hindered meaningful engagement and buy-in	PC team offered support to any practices that needed to develop plans.

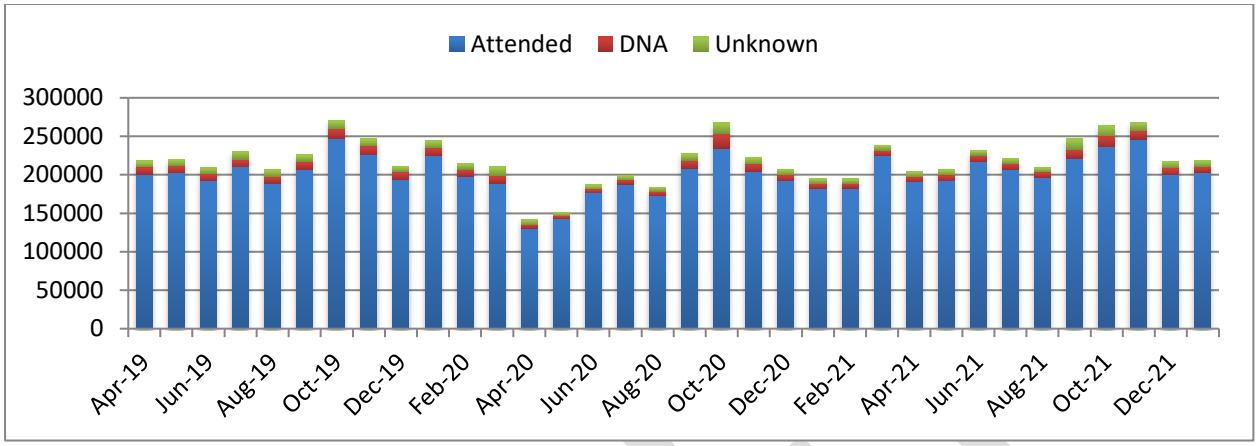
5. GP access

The December 2021 GP appointment data shows only 2 (of 51) practices provided lower than 20% for face to face appointments, this is an improvement on 5 practices in September 2021. Primary care team has worked with the 2 practices and further strengthened with GP Access Winter funding.

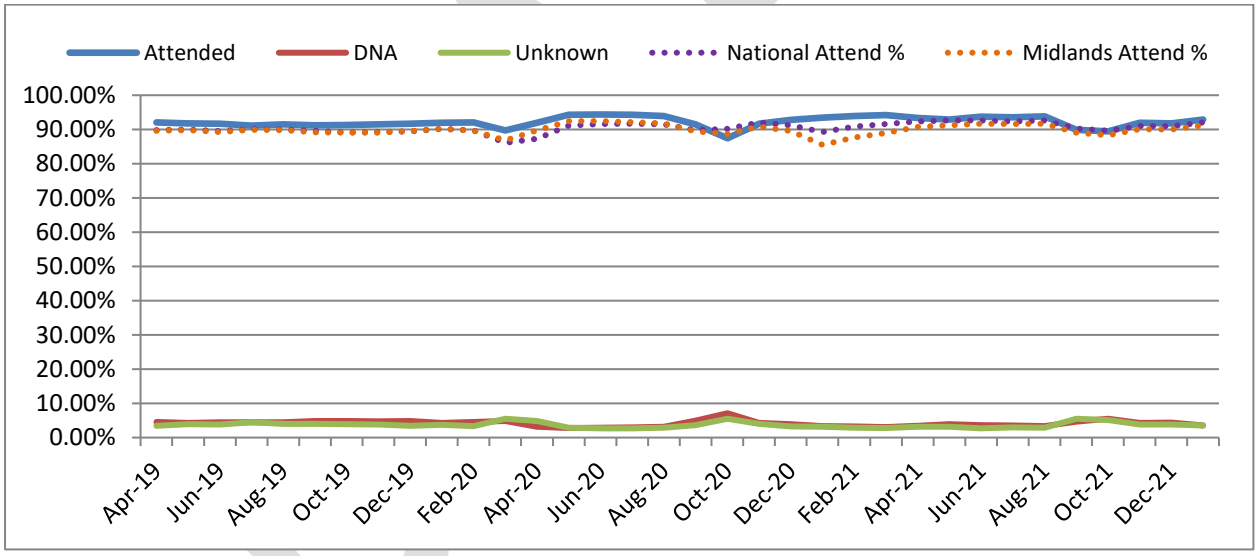
Data comparing December 2019 to December 2021 shows that 85% of practices have increased the number of appointments for patients by an average of 22%. This is an improvement on 70% of practices reported in September 2021.

Data for January is not currently available and therefore it is not possible to track the impact the WAF has had on primary care capacity. PCCC are provided below with a selection of graphs showing primary care appointment data from April 2019 to December 2021 which shows that prior to the WAF primary care had already made significant progress to restore to pre covid levels and that STW is generally in line with the national rates.

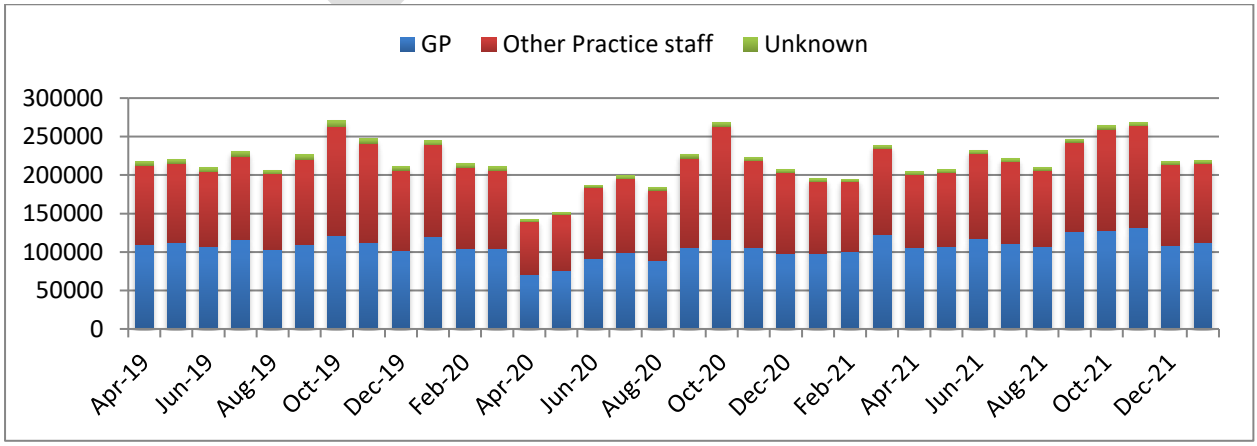
All appointments including home visits



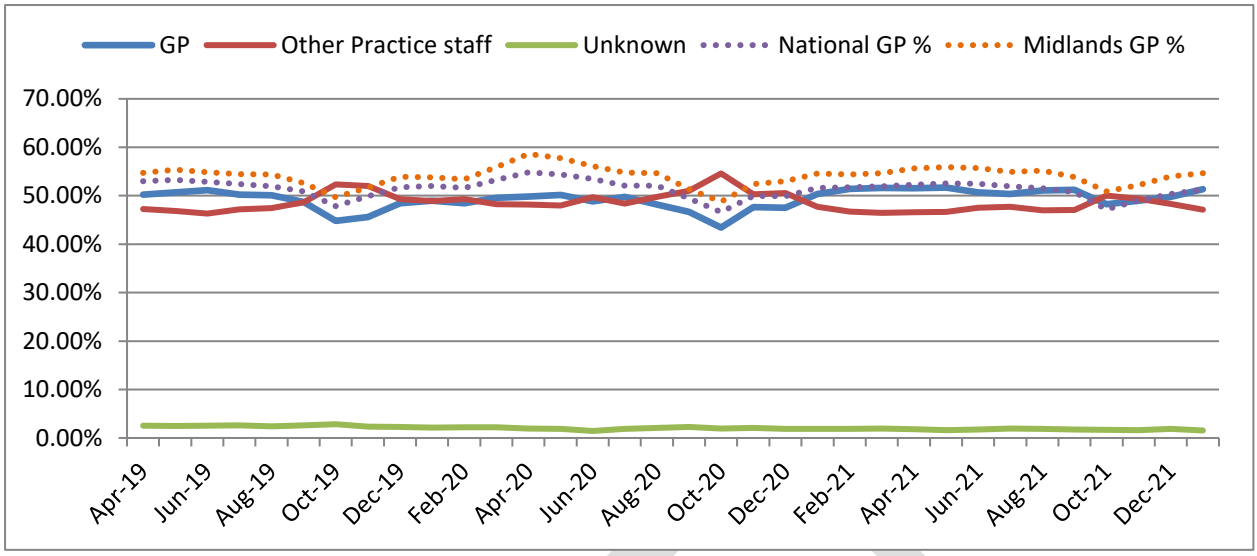
Plotted against the national attendance rate



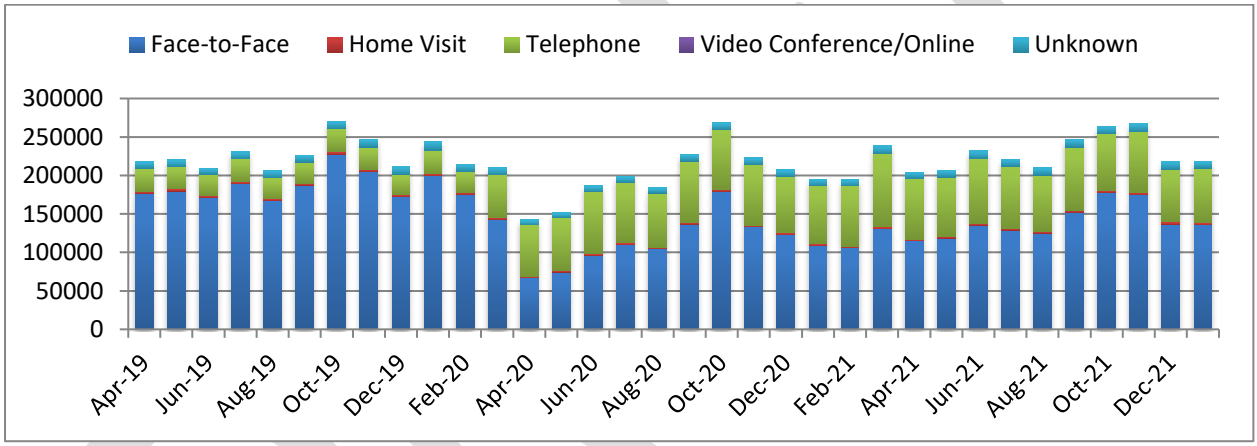
Appointment professional



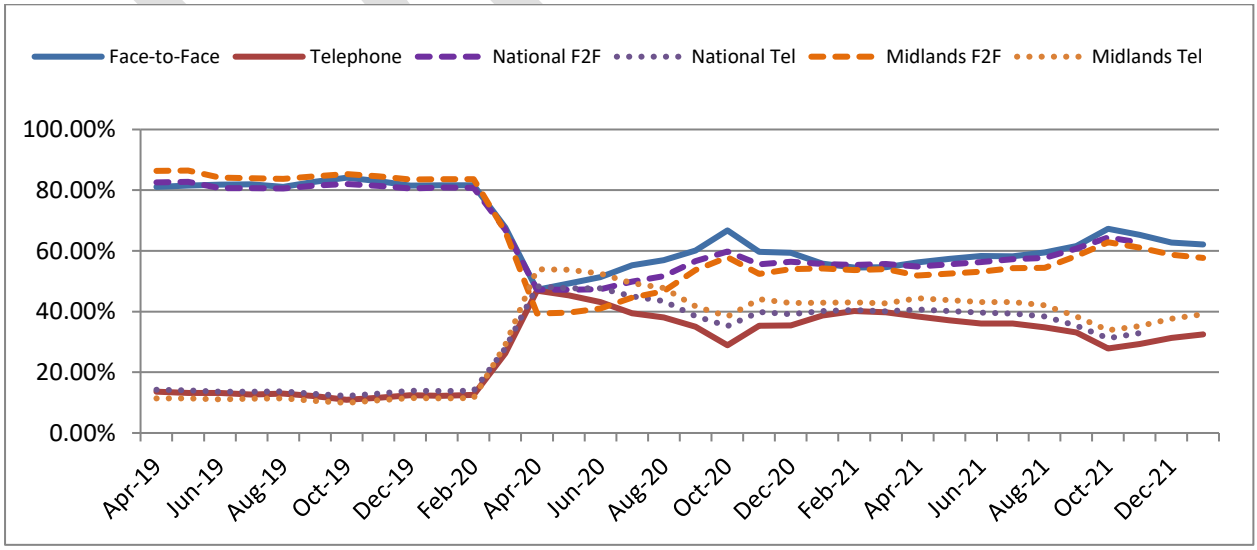
Plotted against the national average seen by GP



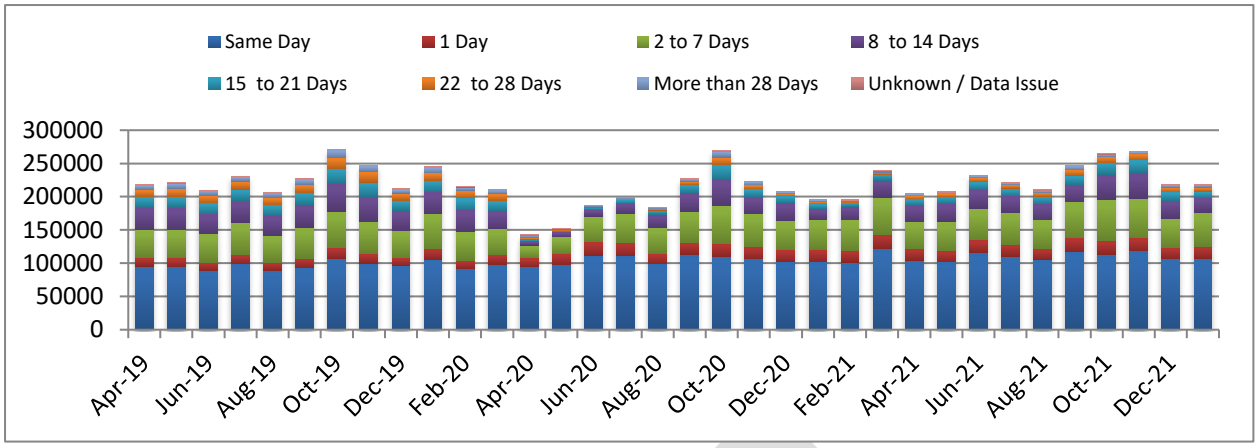
Appointment type



Plotted against the national average seen face to face and by telephone consultation



Appointment wait



Recommendation

PCCC are recommended to note the contents of this report.