AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	6 July 2022
Chair	Dr Niti Pall	**Time**	11.00 a.m.
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Virtually via Microsoft Teams

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Reference	Agenda Item	Presenter	Purpose	Paper	Time
PCCC 22-07.01	Introduction and Apologies	Dr Niti Pall	I	Verbal	11.00
PCCC 22-07.02	Declarations of Interest	Dr Niti Pall	S	Verbal	
PCCC 22-07.03	Minutes of the Meeting held on 4 May 2022	Dr Niti Pall	A	Enc. No. 1	
PCCC 22-07.04	Actions Raised from Previous Meetings and Matters Arising	Dr Niti Pall	A & S	Enc. No. 1A	
PCCC 22-07.05	Terms of Reference	Claire Parker	D / I	Enc. No. 2	11.15
PCCC 22-07.06	Finance Update	Angharad Jones	S / I	Enc. No. 3	11.25
PCCC 22-07.07	Primary Care Update Report	Tom Brettell / Janet Gittins	I	Enc. No. 4	11.35
PCCC 22-07.08	Primary Care Appointments – Report to Governing Body June 2022	Emma Pyrah / Bernie Williams	I	Enc. No. 5 - For Info	11.45
PCCC 22-07.09	Update on GPN Strategy	Jane Sullivan	D / I	Enc. No. 6	11.50
PCCC 22-07.10	Ukrainian Support	Tom Brettell	A	Enc. No. 7	12.00
PCCC 22-07.11	Risk Register	Claire Parker	I	Enc. No. 8	12.10
PCCC 22-07.12	PCCC Process	Claire Parker	D / I	Verbal	12.20
PCCC 22-07.13	Date of Next Meeting: 7 September 2022 Time: T.B.C.				12.30
	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
EXTRA ORDINARY PART 1 MEETING
HELD VIA MICROSOFT TEAMS
AT 11 A.M. ON WEDNESDAY 4 MAY 2022

Present

Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement (Deputy Chair)
Ms Claire Parker	Director of Partnerships

In Attendance

Dr John Pepper	Chair, STW CCG
Mr Gareth Robinson	Director of Delivery & Transformation
Dr Adam Pringle	GP/Healthcare Professional; Governing Body Member
Dr Deborah Shepherd	Medical Director
Dr Julie Garside	Director of Performance
Ms Emma Pyrah	Associate Director of Primary Care
Ms Angharad Jones	Finance Business Partner
Mrs Jane Sullivan	Senior Quality Lead
Mrs Bernie Williams	Primary Care Lead for Contracting & Delegated Commissioning
Mrs Vanessa Barrett	Chair, Healthwatch Shropshire
Mrs Janet Gittins	Partnership Manager
Chris Billingham	Corporate PA; Note Taker

Apologies

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Mrs Zena Young	Executive Director of Nursing & Quality
Mrs Claire Skidmore	Executive Director of Finance
Dr Julie Garside	Director of Performance
Mr Tom Brettell	Partnership Manager
Mr Phil Morgan	Primary Care Workforce Lead

PCCC 22-05.26 Welcome and Introductions

Mr Vivian welcomed everyone to the meeting and advised that he was deputising for the Chair - Mrs Macarthur - who was unable attend.

Mr Vivian intimated that the meeting was not quorate due to apologies received from voting members. Items on the Agenda could be discussed, but if decisions were required Mr Vivian and Ms Parker would seek confirmation from Mrs Macarthur and Mrs Skidmore, the two absent voting members, that they were comfortable with any recommendations made.

PCCC 22-05.27 Apologies

Apologies received were as recorded above.

PCCC 22-05.28 Members' Declaration of Interests
The Chair 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 22-05.29 Minutes of Previous Meeting Held On 6 April 2022 and Matters Arising
Page 1: Dr Shepherd referred to her job title which was stated as Interim Medical Director. She is no longer Interim. Her title is Medical Director.

Page 2: Dr Shepherd referred to the second paragraph of the Finance Update and suggested that "restrictions as to why all of the funding was not spent" should read "reasons why all of the funding was not spent".

The Committee approved the minutes of the meeting which took place on 6 April 2022 as a true and accurate record, provided the above amendments are made.

The Action Tracker was reviewed and updated as appropriate.

Mr Vivian confirmed that, following the April PCCC, Mrs Macarthur had advised him of a discussion regarding the GP Strategy which had taken place in his absence as he was only present for part of the meeting. Mr Vivian was in support of the Committee's discussion and the matter can now be closed as a confirmed decision.

ACTION: Ms Parker to email Committee members detailing any outstanding issue regarding the GP Strategy if item is not closed and advise where it will be monitored going forward.

PCCC 22-05.30 Finance Update
Ms Jones' report was taken as read. The Chair invited questions.

Dr Pringle requested further information regarding the Premises Costs Reimbursement figure which showed an under-spend in the report, but an over-spend on the Risk Register.

Ms Jones advised that there are many unknowns in terms of premises. At the end of 2021 a large accrual was submitted as a provision for those unknowns. It became apparent during the year that it was not required and the under-spend figure is the release of the prior year accrual.

Dr Pringle asked whether the overspend discussed in previous meetings was a genuine risk or whether it is a potential risk because of new premises development and queried whether it was appropriate that it appeared on the Risk Register.

Ms Jones advised that it should remain on the Risk Register until the work has been carried out to help identify the underlying position in relation to premises. Ms Parker agreed and believed that a deep dive and a real understanding of the underspend or overspend will assist prioritisation of the Primary Care Estates Strategy.

Dr Shepherd referred to the efficiency schemes in Table 3 within the report. She believed that certain schemes should be reviewed, particularly the Optometry contract which had not delivered as expected. The Wound Incontinence and Self Care schemes should also be reviewed.

Ms Jones advised that implementation of the Optometry contract had been delayed which was why the planned figure was higher than the actual figure. Not all schemes are rolled forward but in 2022/23 a larger amount for Optometry is included.

Dr Pringle referred to the considerable amount of prescription waste and potential benefits if Practices move to the Repeat Dispensing model which should both reduce their workload and mean that the only drugs issued every month are the drugs that people actually need every month as opposed to drugs they request every month.

The Committee noted the contents of the Finance paper.

PCCC 22-05.31 Primary Care Report

On behalf of Mrs Macarthur, Mr Vivian reminded authors of reports that acronyms should only appear after the full meaning of the acronym has been explained. The report was taken as read and Mr Vivian invited questions.

Asthma

Mr Vivian queried reference within the report to "Telford & Wrekin CCG" successfully obtaining funding from NHS England. Mrs Gittins confirmed that this should read "Shropshire Telford & Wrekin CCG".

Workforce

On behalf of Mrs Macarthur, Mr Vivian queried Locum uptake of the Lantum scheme and whether action was being taken to promote it.

Ms Parker replied that during the last few weeks and the increase in Covid cases, up to 10 Practices were in business continuity which had resulted in a degree of uptake. However, the scheme needed to be more widely promoted. As a result of the work carried out by Shrewsbury Health & Wellbeing Hub, the CCG is aware that some Practices experience difficulty recruiting and retaining Partners and GPs. The Strategy needs to be extended and used as a tool to encourage new GPs to remain in the area.

A regular update will be included in the Primary Care report.

IT

On behalf of Mrs Macarthur, Mr Vivian asked whether the CCG had a sense of Practice compliance with cyber security requirements. No information was supplied by attendees.

ACTION: Mrs Gittins to investigate Practice compliance with cyber security requirements.

Blood Pressure Monitoring @ Home Project

Dr Pepper referred to Blood Pressure Monitoring @ Home and requested information as to what the scheme was aiming to deliver.

ACTION: Mr Brettell to provide Dr Pepper with information on the Blood Pressure Monitoring @ Home Project in a format that can be widely circulated.

Dr Shepherd provided a brief update on the scheme:-

- The project is a national programme aiming to increase the diagnosis of hypertension as it is known that there is a large body of people with hypertension who are unrecognised.
- The CCG was provided with a number of home blood pressure monitoring machines for distribution to participating Practices. They will be lent out to patients for home blood pressure monitoring to facilitate diagnosis and monitoring, particularly in terms of saving appointments and allowing patients to monitor themselves.
- It is a national scheme which all our Practices have been invited to sign up to.
- It is being included within the PCN DES as part of the targeting to improve diagnosis and management of cardiovascular disease.

PCCC 22-05.32 Primary Care Practice Visits Update

At the April meeting a full report was provided around quality visits. Since then, Mrs Gittins had met with Jane Sullivan and members of the Business Improvement (BI) team to discuss how the visits would take place over the summer and early autumn. Information relating to patient experience, patient safety, QOF, CQC, etc. had been reviewed and six Practices have been identified for a visit. Those Practices will be advised what the quality visits entail.

Mr Vivian referred to the burden that visits can place on Practices and requested confirmation that the visits arranged are co-ordinated with other parties who carry out visits, for example Healthwatch and the Quality team.

Mrs Sullivan confirmed that co-ordination of visits with other organisations will take place going forward.

Mrs Barrett advised that Healthwatch carry out visits on a theme or for a set purpose and would usually consult with the CCG on that theme. However, they would not be able to link in with CCG visits because it is important that they continue to express their independence.

PCCC 22-05.33 Risk Register

Ms Parker advised that the Register had been circulated to risk owners for review in preparation for it being handed over to the ICB.

She asked the Committee to consider any issues around the risk relating to the Covid Expansion Fund and provide a view as to whether it should be carried over as a risk or closed.

Ms Jones stated that specific Covid funding given to Practices has been non-recurrent in nature. She was not aware of funding during 2022/23. However, it could be a risk if Practices are reliant on that funding. Ms Parker confirmed that Practices were unaffected as it was an incorrect calculation by NHS England.

Ms Jones confirmed that the risk could be removed from the Register.

Dr Pepper referred to Risk No. 3 on the document – 'Support Practice Business Continuity Plans' and presumed that the work had been done prior to several Practices recently having to enact their Business Continuity Plans.
He queried the success of the plans, and whether any of the learning could be shared with all Practices in Shropshire Telford & Wrekin for the future.

Ms Parker advised that the risk was identified during the pandemic. Plans had been severely tested over recent weeks and two Practices remain in Business Continuity. Ms Parker will

instruct Alex Mace to contact Practices who had to implement their Business Continuity Plans in order to establish learning.

The Committee confirmed their agreement that the Risk Register captured all risks and their mitigations appropriately, and were happy to pass it on from this Committee to its successor in its present form.

ACTION: Ms Parker to instruct Alex Mace to contact Practices who were implementing their Business Continuity Plans to establish learning which can then be shared with all Practices.

The Chair welcomed Gareth Robinson, Director of Delivery & Transformation, who joined the meeting late because of another commitment.

PCCC 22-05.34 Draft Caretaking Policy

Mrs Williams informed the meeting that the policy had been rewritten since its submission to the February Committee. She thanked colleagues from the Quality team who had contributed several valuable points which had been incorporated into the document. She proposed the following further amendments:-

- In the Expressions of Interest questionnaire, to ask how the Practice will acknowledge and act upon any patient concerns that may be raised
- What process will be employed to maintain good governance and reduce risk.
- How clinical supervision and support for staff will be ensured.

Mrs Williams invited questions.

Ms Parker thanked Mrs Williams for her work on the Policy and hoped that the suggested amendments could be approved by the Committee in preparation for the new organisation. She suggested that once approved it is used for the CCG now and then included in the transition document pack.

Mr Vivian referred to the Panel membership and suggested that patient representation may be appropriate. However, Ms Parker was unsure whether such representation would be appropriate in a caretaking situation.

Discussion followed, key points of which were:-

- Caretaking is intended to be short term emergency provision to ensure services are maintained in the event of a Practice closing unexpectedly.
- The process needs to be agile and speedy because circumstances can occur very quickly and the Panel must be able to convene very quickly. The more people who are included from a wide range of organisations, the more difficult that becomes.

Dr Pepper referred to the questions Mrs Williams intended to add to the Expressions of Interest and in particular the reference to clinical supervision and support of staff.

Mrs Sullivan advised that this point was designed to take account of the length of time that caretaking may have to continue whilst an alternative solution is considered to gain assurance

that the staff would continue to be supported to maintain their Mandatory Training and any other training whilst the arrangement is in place.

Discussion followed regarding selection criteria in relation to caretaker Practices. Ms Parker confirmed that in the first instance all Practices and PCNs in Shropshire Telford & Wrekin would be approached. If that approach was unsuccessful, then all independent providers would be approached. However, she wished to check whether that course of action is legally possible or whether caretaking opportunities must be offered to all Providers in the first instance.

As the meeting was not quorate, Mr Vivian proposed that:-

- Clarification should be obtained regarding the legal position in relation to caretaking selection criteria.

- The policy should be updated based on the Committee's discussions and then circulated for electronic sign-off by the Committee.

ACTION: Mrs Williams to update the Policy with amendments as discussed for final circulation and electronic sign-off by the Committee.

ACTION: Ms Parker to check the legal position regarding caretaking selection criteria and the appropriate route for offering caretaking opportunities to providers.

PCCC 22-05.35 Results of GP Patient Survey 2020/21

Ms Pyrah intimated that this action originated in August last year, probably because the GP Survey results are issued in July. For a variety of reasons, a report was not submitted to Committee, for which she apologised. She proposed that, given the proximity of the next set of results being issued in July, this should be a carry forward item to the new Committee to which a full report comparing the results this year to the previous year's results could be provided. One of the criteria used for Practice visit prioritisation is the GP Survey results.

The Committee agreed this course of action.

ACTION: Ms Pyrah to prepare a full report regarding the results of this year's GP Patient Survey to take forward to the new Primary Care Commissioning Committee.

PCCC 22-05.36 Any Other Business

The Chair queried whether Committee should keep Wednesday 1 June available for an Extra Ordinary meeting. Ms Parker replied that it was very unlikely that another Extra Ordinary meeting would be required.

Ms Pyrah advised that Darren Francis had expressed concern regarding bids for capital. If there is no Committee meeting for several months it will delay the ability of the CCG to inform Practices.

ACTION: Ms Pyrah to liaise with Mr Francis regarding bids for capital and the possible requirement for an Extra Ordinary PCCC on 1 June.

Ms Parker confirmed that if no meeting takes place in June, one will be required in early July. There will be a sign-off meeting via the new ICB Board very early in July to sign-off the delegation authorising continuation of the business of Primary Care Commissioning Committee.

Dr Shepherd commented that since PCCC was moved to an 11.00 a.m. start it clashes with the System Quality Group. She requested that when the ICB comes into being a review of meeting times takes place to establish what can be done to minimise clashes with other meetings.

PCCC 22-05.37 Date and Time of Next Meeting
The date and time of the next meeting is yet to be confirmed.

Shropshire Telford and Wrekin CCG Primary Care Committee Action Tracker
Part 1 Meeting – 6 July 2022

Agenda Item	Action Required	By Whom	By When	Date Completed
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	**April Update:** Member of Primary Care team to pick this up. **May Update:** Ongoing. Emma Pyrah to follow up.
PCCC-22-02.11 Any Other Business	***Risk Register:*** Risk Register to be an item for discussion on the Agenda in order for the document to be reviewed by the Committee in advance of transferring into the ICS.	Ms Parker	July 2022 meeting	
PCCC 22-05.29 Minutes of Previous Meeting Held on 6 April 2022	Ms Parker to email Committee members detailing any outstanding issues regarding the GP Strategy if item is not closed and advise where it will be monitored going forward.	Ms Parker	July 2022 meeting	
PCCC 22-05.31 Primary Care Report	Mrs Gittins to investigate Practice compliance with cybersecurity requirements. Mr Brettell to provide Dr Pepper with information on the Blood Pressure Monitoring @ Home project in a format that can be widely circulated.	Mrs Gittins Mr Brettell	July 2022 meeting July 2022 meeting	
PCCC 22-05.33 Risk Register	Ms Parker to instruct Alex Mace to contact Practices who were implementing their Business Continuity Plans to establish learning which can then be shared with all Practices.	Ms Parker	July 2022 meeting	

PCCC 22-05.34 Draft Caretaking Policy	Mrs Williams to update the Caretaking Policy with amendments as discussed for final circulation and electronic sign-off by the Committee. Ms Parker to check the legal position regarding caretaking selection criteria and the appropriate route for offering caretaking opportunities to providers.	Mrs Williams Ms Parker	July 2022 meeting July 2022 meeting	
PCCC 22-05.35 Results of GP Patient Survey 2020/21	Ms Pyrah to prepare a full report regarding the results of this year's GP Patient Survey to take forward to the new Primary Care Commissioning Committee.	Ms Pyrah	July 2022 meeting	
PCCC 22-05.36 Any Other Business	Ms Pyrah to liaise with Mr Francis regarding bids for capital.	Ms Pyrah	July 2022 meeting	

NHS Shropshire, Telford and Wrekin

Primary Care Commissioning Committee (PCCC)

Terms of Reference

1.Introduction

1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England/Improvement has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Shropshire, Telford and Wrekin ICB

The delegation is set out in Schedule 1.

1.2 The ICB has established the NHS Shropshire, Telford and Wrekin ICB Primary Care Commissioning Committee (PCCC) ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

1.3 It is a committee comprising representatives of the following organisations:

- NHS Shropshire, Telford and Wrekin ICB

2 Statutory Framework

2.1 NHS England/Improvement has delegated to the ICB authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

2.1.1 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the ICB.

2.1.2 Arrangements made under section 13Z do not affect the liability of NHS England/Improvement for the exercise of any of its functions. However, the ICB acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

2.2 The ICB will also need to specifically, in respect of the delegated functions from NHS England/Improvement, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.2.1 The Committee is established as a committee of the NHS Shropshire, Telford and Wrekin ICB in accordance with Schedule 1A of the "NHS Act".

2.3 The members acknowledge that the Committee is subject to any directions made by NHS England/Improvement or by the Secretary of State.

3 Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Shropshire, Telford and Wrekin under delegated authority from NHS England/Improvement.

3.1 In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS

England/Improvement and NHS Shropshire, Telford and Wrekin ICB, which will sit alongside the delegation and terms of reference.

3.2 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.2.1 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.3 This includes the following:

- Decisions in relation to the commissioning and management of Primary Medical Services;
- Planning Primary Medical Services in the Area, including carrying out needs assessments;
- Undertaking reviews of Primary Medical Services in respect of the Area;
- Management of the Delegated Funds in the Area;
- Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and
- Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

4 Geographical Coverage

4.1 The Committee will comprise the NHS Shropshire, Telford and Wrekin ICB area.

5 Membership

5.1 The Committee shall be constituted in accordance with the following:

5.2 Voting members:

- Non Executive Director for Digital (who is the Chair of the Primary Care Commissioning Committee)
- A second Non Executive Director for People (who is the Vice Chair of the Primary Care Commissioning Committee)
- Chief Executive
- Chief Finance Director (or deputy)

- Executive Director for Delivery and Transformation (or deputy)
- Chief Nursing Officer (or deputy)
- Chief Medical Officer (or deputy)

5.3 Attendees:

- 2 Primary Care Partner Members of the ICB (one selected from those General Practice contract holders located in Shropshire and one selected from those general practice contract holders located in Telford and Wrekin)
- Director of Planning and Performance (or deputy)
- Director Of Partnerships (or deputy)
- Shropshire Healthwatch representative
- Telford and Wrekin Healthwatch representative
- Shropshire Council Health and Wellbeing Board representative
- Telford and Wrekin Health and Wellbeing Board representative

5.4 The Chair of the Committee shall be a Non-Executive Director of the ICB with a focus for Digital and appointed by the ICB.

5.5 The Vice Chair of the Committee shall be the ICB Chief Medical Officer.

5.6 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.

5.7 Where the Committee considers items of business that due to the confidential nature of the business to be transacted, excludes members of the public, the Chair may invite some internal attendees to remain. The decision of the Chair is final.

5.8 In exceptional circumstances, where urgent action is required, the Chair is authorised to take urgent action with prior discussion with one other committee member. A report should be made to the full committee at the earliest next opportunity.

6 Meetings and Voting

6.1 The Committee will operate in accordance with the ICB's Standing Orders as set out in Standing Order 4.1. The Secretarial support to the Committee will be

responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.1.1 Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7 Quorum

7.1 The Committee's quorum will include 4 of the voting members outlined in section 5.2. above, one of which must be a Non-Executive member and one an Executive member.

7.2 If any Committee member has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

7.3 If the committee is not quorate, the meeting may;

- proceed if those attending agree, but no decisions may be taken; or
- may be postponed at the discretion of the Chair.

7.4.1 Decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.

8. Frequency and notice of meetings

8.1 The Committee will meet as required, but at least 4 times per year and a schedule of meetings will be agreed upon by the Committee at the start of each year.

8.2 Meetings of the Committee shall:

- be held in public, subject to the application of 8.2(b) below;

- the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.3 Draft minutes will be produced by the minute taker within 7 days of the meeting and circulated to the Chair of the committee for comment within 5 days. They will be presented to the next meeting for committee for approval and the chair will then sign them within 5 days.

8.4 Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.

8.5 With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.

9.Conduct of the Committee

9.1 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

6.1 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the ICB's Constitution, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

6.2 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

6.3 Members of the Committee shall respect confidentiality requirements and codes of conduct as set out in the ICB's Constitution

6.4 The ICB will also comply with any reporting requirements set out in its constitution. The Committee will also present its minutes to NHS England /Improvement on bi-monthly basis.

6.5 It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England/Improvement may also issue revised model terms of reference from time to time.

10 Accountability of the Committee

10.1 The budget and resource accountability arrangements and the decision-making scope of the Committee will be agreed pursuant to the delegation and delegation agreement with NHS England/Improvement.

10.2 For the avoidance of doubt, in the event of any conflict between the terms of the Delegation or Delegation agreement and these Terms of Reference, Standing Orders or Scheme of Financial Delegation, the terms of the delegation will prevail.

10.3 The Committee will make allowance for consultation with members of the public and other ICBs.

10.4 The Committee will provide an annual report to the ICB to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.

10.5 The Committee will conduct an annual review of its effectiveness to inform the report.

11 Procurement of Agreed Services

11.1 The detailed arrangements regarding procurement of primary care services will be set out in the delegation agreement entered into between the Group and NHS England/Improvement.

12 Decisions

12.1 The Committee will make decisions within the bounds of its remit.

12.2 The decisions of the Committee shall be binding on NHS England/Improvement and NHS Shropshire, Telford and Wrekin ICB.

12.3 A record of the date and outcome of reviews is kept in the ICB governance handbook

13. Review

13.1 The Committee will review its effectiveness at least annually.

13.2 These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:

Date of review:

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

Item Number:	Agenda Item:
PCCC 22-07.06	2022/23 Month 2 Primary Care Financial Position

Executive Lead (s):	Author(s):
Claire Skidmore Chief Finance Officer 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 2 of 2022/23.

Financial Position:
Co-Commissioning (or Delegated) is currently underspent by £63k with a reported Q1 forecast of £58k underspend. This is in relation to some prior year benefits where expenditure has been slightly less than 21/22 year end estimates.
Primary Care Services (Or Non-Delegated) has a year to date and Q1 forecast underspend of £1.7m. The main driver of this underspend is prior year benefit in relation to Prescribing and Enhanced Services which is non recurrent in nature.

Efficiency Schemes:
£315k planned in relation to Rates Rebates is phased in Q4 of the financial year. Prescribing efficiencies over-achieved by £31k year to date, with a forecast full year overachievement forecast of £185k.

22/23 Planning:
There has been a further submission of the plan made on the 20th June. £600k non recurrent slippage has been identified against non-delegated budgets and has been allocated against the system deficit reduction.

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

20212/23 Month 2 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 2 – May 2022.

Table 1: M2 Position Delegated

Primary Care Delegated	Budget Year To Date M2 £'000	Actual Year To Date M2 £'000	Variance Year To Date M2 £'000	2022/23 Budget M1-M3 £'000	2022/23 Forecast M1-M3 £'000	Forecast Variance M1-M3 £'000
General Practice - GMS	8,658	8,596	62	12,987	12,899	88
Enhanced Services	1,836	1,540	296	2,754	2,521	233
QOF	1,329	1,313	16	1,994	1,970	24
Premises cost reimbursements	1,275	1,738	(463)	1,913	2,611	(698)
Dispensing & Prescribing	493	384	109	739	635	104
Other GP Services	306	331	(25)	459	253	206
Reserves	67	0	67	101	0	101
Total Primary Care Delegated	**13,965**	**13,902**	**63**	**20,947**	**20,889**	**58**

2. The year to date position is a small underspend of £63k, the forecast outturn for Q1 is also a small underspend of £58k. This is in relation to some prior year benefits where expenditure has been slightly less than 21/22 year end estimates.

3. The over and underspends on individual category lines are due to the original alignment of budgets. These will be updated for month 3, to show a more accurate reflection of the budgets required on each category.

4. There is one efficiency scheme associated with the Delegated budget, this is in relation to Premises rates rebates. £315k of savings are phased in the latter part of the financial year and therefore do not form part of the Quarter 1 forecast.

Table 2: M2 Position Non Delegated

Primary Care Non Delegated	Budget Year To Date M2 £'000	Actual Year To Date M2 £'000	Variance Year To Date M2 £'000	2022/23 Budget M1-M3 £'000	2022/23 Forecast M1-M3 £'000	Forecast Variance M1-M3 £'000
Prescribing	14,118	13,280	837	21,177	20,320	857
Central Drugs	406	402	4	609	609	(0)
Oxygen	153	168	(15)	229	229	(0)
Prescribing Incentive Schemes	63	63	0	94	94	(0)
Enhanced Services	864	11	853	1,296	431	865
Primary Care Pay	438	428	10	657	636	21
Primary Care Other	109	74	35	164	149	15
Primary Care IT	349	343	6	523	523	0
GP Forward View	612	615	(3)	917	917	(0)
Primary Care Reserves	0	0	0	0	0	0
Total Primary Care Non Delegated	**17,111**	**15,384**	**1,727**	**25,666**	**23,909**	**1,757**

5. The year to date position is an underspend of £1.7m, this is also reflected in the forecast outturn for Q1. The drivers for the reported underspend are prior year benefits in relation to Prescribing (£840k) and Enhanced services (£850k).

6. The April prescribing data is not released until late June. April and May prescribing expenditure is based on plan.

Table 3: M2 Efficiency Schemes

QIPP Scheme	M2 YTD Plan £000s	M2 YTD Actual £000s	M2 Variance £000s	Full Year Plan £000s	Full Year Forecast £000s	Forecast Variance £000s
DOAC	80	10	(70)	884	884	0
Optum	93	125	32	247	390	143
Prescribing Decision Support	84	100	16	500	500	0
Procurement of Decision Support Tool	0	0	0	0	42	42
Switch Programme	44	97	53	150	150	0
Total	**301**	**332**	**31**	**1,781**	**1,966**	**185**

7. There are a number of efficiency schemes in relation to prescribing which are detailed in table 3; at month 2 an over achievement of £31k is reported, with a forecast full year over achievement of £185k.

Planning Update 22/23

8. A further iteration of the healthcare system financial plan was submitted to NHSEI on the 20th June, this included the CCG financial plan.

9. All budget holders were asked to scrutinise expenditure to identify any slippage within their areas. As a result of this piece of work, £600k was identified within the non delegated budgets to support the reduction of the overall system deficit reported.

10. This is non recurrent slippage based on realistic expenditure to be incurred within the financial year.

Primary Care Commissioning Committee – Wednesday 6th July 2022

Agenda item no.	PCCC 22-07.07								
Meeting date:	Wednesday 6th July 2022								
Paper title	Primary Care Update Report								
Paper presented by:	Janet Gittins & Tom Brettell								
Paper approved by:	Claire Parker								
Paper prepared by:	Rachel Rogers								
Signature:	J Gittins T Brettell								
Committee/Advisory Group paper previously presented:	N/A								
Action Required (please select):									
A=Approval		R=Ratification		S=Assurance		D=Discussion		I=Information	I
Previous considerations:	N/A – this is a monthly update report from the Primary Care team								

1. Executive summary and points for discussion

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 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.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	X
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	

Creating system sustainability	
Workforce	X

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

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

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

This paper is solely to provide the Committee with an update on the work happening in the Primary Care Team. It is for information only; any items which do require decisions to made will be presented to the Committee as a separate paper and this question answered alongside the respective paper.

5. Appendices

Appendix A – "Further information on 2022-23 deliverables"

Appendix B – "GP contract arrangements 2022-23"

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

This paper is solely to provide the Committee with an update on the work happening in the Primary Care Team. It is for information only; any items which do require decisions to made will be presented to the Committee as a separate paper and this question answered alongside the respective paper.

Shropshire, Telford and Wrekin's Residents and Communities	N/A
Quality and Safety	N/A
Equality, Diversity, and Inclusion	N/A
Finances and Use of Resources	N/A
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	N/A

Environmental and Climate Change	N/A
Future Decisions and Policy Making	N/A
Citizen and Stakeholder Engagement	N/A

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Partnership Managers – Janet Gittins & Tom Brettell

Locally Commissioned Services (LCS) Review

Detailed assessment of 3 specific service areas continues, working with CCG colleagues, Practice reps, LMC reps and Local Authority Colleagues.

- C&CC's
- Demand Management and Minor injuries
- Safe Prescribing

The data dashboard developed to assist with this work is proving invaluable, particularly for demand management and minor injuries where we now have key areas of focus to develop towards a business case. A series of conversations are underway with Practice Managers to fully understand the scope of the C&CC roles, their importance and fit with other roles. These will inform any service redesign.

Safe prescribing is ready to implement subject to CCC sign off. Business Cases for C&CC's and Demand Management will be developed and ready for sign off in the autumn of 2022.

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)

Quarter 1 2022/23 has focused on reaching those who are overdue for their LDAHC in line with national directive. Practices have been contacted and asked to prioritise this work.
The MPFT team continue to offer support to practices with this work and undertake home visits on request.
An application for additional funding has been made to the national LD&A team for additional funds to continue to target this work between July and September 2022.
The LDAHC Improvement Plan has been updated for 2022/23 with key actions to focus on the continual improvement of the number and quality of LDAHCs completed with the support from partners.

The 2022/23 quality audits will commence in July.

Practice Visits

Following discussion at the April PCCC meeting, six practices have been identified for visits over the next few months. A structured agenda and template have been formulated to enable a focused but standardised approach.

CVD/ Hypertension delivery plan

A system working group has been established to support PCN's and practices to deliver the requirements of the PCN DES to target cardiovascular disease. A resource pack will be sent out to each GP practice to assist them with their work.
The last update proposed that a more detailed overview will be provided at this meeting, however it is suggested that this be postponed to the next meeting to enable the work of the group to have developed a more comprehensive action plan.

Blood Pressure Monitoring @Home Project

See above.

Virtual Ward

No update for this meeting.

Veteran Friendly Practices

Progress continues on supporting practices to become Veteran Friendly. A more detailed report on the number of practices and some qualitative feedback will be provided later in the year.

Macmillan Community Care Project (MCC)

The Macmillan Team are currently working with seven STW practices to deliver holistic Cancer Care Reviews. alongside the clinical element completed by practices, to people living with cancer within 12 months of their diagnosis.
Over 130 CCRs have been completed to date.
As the patient lists provided by the existing practices are nearly complete, phase two of the pilot has been initiated.
This sees the pilot being opened to all the PCNs with the invite to engage in this project. The team are currently in conversations with two PCNs and will begin working with these more closely from July 2022.

Ukrainian Refugee support

A separate report will be given at the meeting.

Diabetes

The team are currently working alongside Transformation & Commissioning on a review and redesign of all Diabetes pathways into a more simple, integrated package across Shropshire, Telford & Wrekin. The review begins at a workshop on Tuesday 5th July 2022 at SECC with representation from STW CCG, SaTH, SCHT and Primary Care.

NHSEI have now merged funding streams for Diabetes and Diabetes Prevention to allow for more streamlined planning. Appendix A provides detail from NHSEI on the key deliverables for 2022-23.

Further updates will be provided following the initial workshop.

Digital Weight Management Programme - Enhanced Service (DWMP ES)

The DWMP was launched in Summer 2021 and is committed to the continued delivery of the NHS Long Term Plan commitment to 'provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted for ethnicity)'.

STW Position at 2021/22

- NHSE launched the DWMP ES in July 2021
- 45/51 practices (34 Shropshire and 11 Telford & Wrekin) joined the programme with referrals being made from October 2021
- At the end of the year, 37 practices had made 1095 referrals against the target of 2241 achieving 49%

2022/2023

- There are currently 45/51 practices (35 Shropshire and 10 Telford & Wrekin) signed up to the DWMP ES for 2022/23
- The referral volume STW target for 2022/23 is reduced to **1332** people (4.7% allocation of total referral target)

Asthma

No update for this meeting.

Remote monitoring Programme

No update for this meeting.

Estates – Darren Francis

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

Shawbirch – ETTF New Build

- Build underway and still on target for completion in mid 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 PCCC in Dec 2021
- Business Case approved by NHSE Regional Team in February 2022
- NHSE National approval given, and all legal documentation signed in March 2022
- Build scheduled to start July 2022 – expected completion due July 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 – discussions with GPs on room allocations continue
- Outline Business Case (OBC) due for completion in Sept/Oct 2022 – for local ICS approval
- Full Business Case (FBC) due to PCCC in August 2023
- Building completion by Sept 2025

Teldoc Estate Rationalisation Programme

- Teldoc have now expanded their Call Centre and Admin Hub into Towergate House in a move to increase capacity and improve access for patients (following negative feedback they had received over recent months)
- Costs were approved at May PCCC meeting but additional costs for IT hardware and installation have been identified. Paper going to PCCC in July 2022 to gain approval for the additional IT costs
- Practice have moved into new premises at risk and have agreed to pay the additional costs if not approved by PCCC
- Paper for wider estates rationalisation now expected to come to PCCC in Sept/Oct as a new business case writer has been appointed by the practice. This will align with the PCN work being completed by Community Health Partnerships over the next 12 weeks

Capital Funding for Estates Projects

- Bids received from practices by end of April deadline – 6x compliant bids received
- Bids are with NHSE awaiting approval – expected in mid-July 2022
- Paper at PCCC July 2022 for final approval of bids
- Once all approvals received practices will then be notified so they can commence with proposed works
- All proposed works need to be completed by end March 2023

Contracting – Bernadette Williams

PCN DES 2022/23

NHSE/I published the service specification - https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-Network-Contract-Directed-Enhanced-Service-contract-specification-2022-23-primary-care-network-requireme.pdf

There are 9 service requirements:

- Extended Hours (combined Extended Hours and Extended Access service from 1st October 22)
- Medication Review and Medicines Optimisation
- Enhanced Health in Care homes
- Early Cancer Diagnosis
- Social prescribing service
- CVD prevention and diagnosis
- Tackling Neighbourhood Health Inequalities
- Anticipatory Care
- Personalised Care

Investment and Impact Fund 2022/23

The IIF has recommenced in full in April 2022. The service specification has been published; https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-investment-and-impact-fund-2022-23-updated-guidance-march-2022.pdf
There are 27 indicators with 888 points in total across five objectives. £228.1m is allocated to this nationally.
A one-page summary provides more detail: https://www.england.nhs.uk/wp-content/uploads/2022/03/IIF-2022-23-summary.pdf

STW Contract Changes

Contract variations have been requested for:

- Portcullis – addition of a new partner on to the contract
- Shifnal/Teldoc – partner retiring from Shifnal and partners from Teldoc added to Shifnal contract
- South Hermitage – partner retiring
- Marden – partner leaving

These are being processed by General Medical Advice & Support Team (GMAST).

GP contract changes 2022/23

Key points

- The contract proposals for 2022/23 seek to maintain stability and limit change for general practice, whilst bolstering investment for the workforce and leadership, supporting our communities to recover, and ensuring patients continue to receive timely, high-quality care
- Many of the proposals are not new, rather have been set out in the January 2019 five-year framework for general practice
- The Additional Role Reimbursement Scheme (ARRS) has been increased to 15 roles with funding for up to 100% reimbursable amount
- 'Enhanced Access' has been further delayed to October 2022 and PCNs should be preparing for the transition
- £178m will be available for PCNs and their Clinical Directors in 2022-23
- There are changes to the Primary Care Network Service Specifications, including Early Cancer Diagnosis and Personalised Care
- Three new Investment and Impact Fund (IIF) indicators with additional funding of £34.6m will be introduced in 2022-23
- For Vaccinations and Immunisations there will be some minor changes in 2022-23 to the HPV, MMR and MenACWY Freshers programme
- There will be no new additional indicators added to QOF in 2022-23 when the temporary income protection arrangements come to an end in March 2022
- There are some digital changes, including the ability for patients to register with a GP digitally
- The DWMP ES will continue in 2022-23 with GP practices receiving a referral fee of £11.50 for each referral to weight management services

Please refer to Appendix B for further detail.

Workforce – Philip Morgan

GP/GPN Fellowships

The GP Fellowship part of this scheme is well advanced. We have 23 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.
Our Clinical lead for this programme, Dr Priya George, is working with us on all aspects of the programme, but particularly in supporting those Fellows who will be leaving the scheme later this year.
Following feedback from the Fellows, we are providing more support for those Fellows working on projects with our local PCNs.
The GPN Fellowship part of this scheme is not yet as 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 and have a good level of interest from practices to recruit newly qualified Nurses later this year

Supporting Mentoring Scheme

Funding is available to:

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

From April 2022 we have 10 trained mentors who are providing mentoring to GPs across our system, mainly focusing on the GP Fellows (see above).
There is significant scope to expand and publicise this scheme once the new arrangements are embedded.

Local GP Retention

29 practices were allocated funding in late 21/22 for bespoke projects including training and development opportunities for GPs. Monitoring of this funding has taken place in Q1 of the 22/23 financial year with nearly all practices concerned providing detailed updates on the impact the funding has made. It's clear from the monitoring exercise that the 21/22 funding has significantly assisted in the retention of local GPs.

The two STW GP "Champions" who were recruited using this funding continue with their work:

- Dr Muhammad Zeb the "Ethnically Diverse GP Champion" is working with the growing number of BAME and IMG doctors on the VTS to support them in remaining in STW after they qualify, and
- Dr Losa Shui the "Newly-Qualified GP Locum Champion" is working with ST3s and newly qualified GPs who choose to work as locums to provide them with support and networking (this cohort of newlyqualified GPs are not able to join the GP Fellowship scheme)
- Both GP Champions are local GPs who themselves went through our local VTS

A survey of the ST3s on the STW VTS (around 30) was carried out in April, with the aim of discovering the trainees' post-CCT plans – the results enabled us to provide bespoke presentations and information (including by Dr George and Dr Shui) at the VTS leavers event in June.

Online Staff Booking Platform

The Lantum online booking platform went live in December 2021 and is proving very popular with practices (46 practices have signed up). The number of GPs continues to grow with around 36 sessional/locum GPs signed up to the Platform to date.
Continuing communication and engagement with practices and GPs will take place over the next few months, including with Shropdoc GP members, in an effort to increase these numbers.
Part of the contract with Lantum includes the purchase of licenses for our PCNs to use the platform's functionality to help them roster their ARRS staff and plan vaccination programmes. Two PCNs are working with Lantum to utilize this functionality.

Other practice staff groups are gradually being added to the platform including Nurses/ANPs and HCAs.

ARRS

Recruitment of staff continues steadily across all eight of our PCNs with around 130 ARRS-funded staff currently in post.
Three facilitators have been recruited to support the individual staff groups (Physician Associates, First Contact Physios and Paramedics) with a plan for more facilitators to be recruited soon including Clinical Pharmacists and the three "Personal Care" roles (recruitment for these roles is subject to NHSE/I 22/23 funding decisions).
The CCG and the PCNs have commissioned the King's Fund to work on issues of governance and organizational development with individual PCNs – a report on this work is due later in the summer.

General Practitioner Strategy

Following the signing off of the GP (General Practitioner) Strategy by the CCG's PCCC a small reference group has been formed of GPs and PMs. This group will prioritise the issues in the Strategy, finalise the action plan and advise on implementation.

Health and Wellbeing Survey

The CCG has been working with all four local Primary Care contractor groups, and colleagues from the ICS People Team, to discover the current level of provision, and the level of interest in future provision, of health and wellbeing initiatives. The findings from a survey of staff have been analysed and will be used to inform decisions on how best to utilise a bespoke NHSE/I funding allocation for health and wellbeing.

National GP Retention Scheme

There are currently six GPs on the NHSE/I National GP Retention Scheme, working in STW practices. The CCG has just received a further application and has been informed of another one that will be made very shortly.
Unlike all other workforce initiatives listed above, there is no dedicated NHSE/I funding allocation for this scheme – all costs have to be met from the CCG's bottom line. The average cost to the CCG for the six GPs currently on the scheme is just under £14k per annum, with GPs remaining on the scheme for five years.
The CCG has tried in the past to challenge applications to join the scheme but, following discussions with NHSE/I, it became clear that this was not sustainable and that any application approved by NHSE/I would have to be subsequently approved by the CCG. However, it should be noted that this scheme, if it continues in its current format, will put further pressure on the CCGs/ICB's finances.

GP IT – Antony Armstrong

The Digital Lead/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.

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. These practices have been contacted by the locality managers and good progress is being made.
27 sites are now live on the new Zeus Domain. A further 28 sites have migration dates booked in and engagement is well underway with the T&W practices.
All 55 firewalls have now been installed for this final phase in preparation for domain migration.

The host sites for the Extended Access service have a dependency on Docman Share which has been purchased from a Primary Care NHSE allocation. The existing Extended Access Data Sharing Agreement has been brought up to date with the inclusion of Docman Share. it has also been reviewed and approved by the MLCSU IG team. The DSA’s have been cascaded out to the Extended Access Hosts in the first instance for sign-off and will then be shared with all practices and collated by the CCG.
A pilot practice was enabled week commencing 20th June and we await feedback post the weekend’s Extended Access.

Notes Digitisation

Following a successful procurement for the note’s digitisation process, final contract amendments are being finalised and provider will be mobilised to work with the practices shortly.

Digital Dictation

The provider has been engaging with practices and our MLCSU IT team on pre-requisites regarding the software installs and has recently commenced deployment of the cloud-based dictation solution. 12 sites are now live, and several other sites have migration dates in July/Aug.

Comms Cabinet Refresh

The CCG recognise that there has been an increase in the network/IT infrastructure going into general practice. With hardware relating to the phone system, practice Wi-Fi, HSCN taking up significant space. The CCG have commissioned a third-party to carry out surveys within our practices to identify the current cabinets size, the potential for a new larger cabinet and cable management. This is for the CCG to now take forward and consider whether this can be prioritised within the existing funding envelopes.

N365 (Office 365) Pilot

Pilot phase of the N365 deployment commenced mid-April to replace the existing version of Microsoft Office with the new Apps for Enterprise and was successful.
22 sites are now live with N365 Apps for Enterprise, a further 3 sites are imminent post their Zeus domain migration.

GP Futures

There is a requirement as part of GP Futures to extend the existing clinical systems that are centrally funded via a ‘bridging agreement’ that NHSE/I have put in place through the pandemic. The extension will be for up to 18-months prior to a full procurement process taking place. This task has been completed for the Vision site and work is soon to commence for EMIS, Advanced Docman, Informatica and Prescribing Services.

2022/23 ICS Funding & Deliverables Letter

Annex A – Further information on key deliverables

This information will be published on the Future NHS Collaboration Hub. Any updates or amendments will be reflected in the published version and annotated, with a notification sent out via regions.

Funding must be used to support the following 2 priority areas in the first instance:

A1: Restore diabetes identification and routine monitoring and management

- Systems should aim to restore diabetes identification and routine management to pre-pandemic levels, to support more people to meet NICE recommended treatment targets. This means increasing the number of people with diabetes receiving the 8 care processes - HbA1C, blood pressure, cholesterol, serum creatinine, urine albumin, foot surveillance, BMI and smoking.
- Systems should utilise the Diabetes Data Hub for NDA data on 8 care processes. This includes a recovery dashboard (which shows the extent of the decline of care process delivery during COVID19) and risk stratification dashboard (which shows the extent to which those that did not previously meet the treatment targets are being prioritised for care process delivery).
- Systems must include baseline data for all eight care processes at PCN level in their plans and refer to what activity will take place to support recovery.
- Projects started under the Recovery Innovation Fund (RIF) in 2021/22 should continue through 2022/23. Other systems may wish to replicate RIF projects with 2022/23 funding. Projects are largely delivering primary care incentive schemes, workforce schemes (upskilling and additional capacity) and digital initiatives. A series of case studies will be published on the Future NHS Workspace as schemes progress.

A2: Increase primary care referrals to the NHS Diabetes Prevention Programme and Low Calorie Diet pilots

- A self-referral pathway is available using the Diabetes UK Know Your Risk Tool and via Providers who are marketing self-referrals online.
- A new national marketing campaign linked to Better Health will begin in early 2022 to promote referrals across all risk groups
- Framework 3 of the programme is now in place to widen access to the programme by offering a choice of digital and face to face services as well as a new cross-ICS tailored remote service for certain groups less likely to join or retain on the programme.
- GPs and local health systems should prioritise referrals based on an eligible blood reading as the most effective way to ensure those at greatest risk of Type 2 diabetes are offered the service.
- Ways to use funding to support DPP referrals are outlined on the Future NHS workspace

- The Low Calorie Diet programme has been expanded to a further 11 ICS areas.

- Participating systems should work to increase the number of primary care referrals made into the programme (target of 500 patients over the two-year referral window)
- Based on the mobilisation funding issued to the first 10 ICSs in 2019/20, it is estimated that participating systems will require £20-25k per year to support effective implementation of the pilots, and this should be funded from diabetes system allocations in 2022/23 and 2023/24.

A3: Interdependencies between national Diabetes, CVD & Prevention Programmes

- People are more at risk of having cardiovascular disease (CVD) if they have atrial fibrillation, high blood pressure, high cholesterol, or diabetes. Evidence suggests that substantial health benefits would accrue if all individuals with conditions that increase CVD risk could be diagnosed, with detection of undiagnosed diabetes producing greatest benefits[1]. Given the interdependencies, it is important that system plans indicate how resources from the national CVD and diabetes programmes for recovery of routine care will be deployed as part of a coordinated approach.

- Similarly, there are a range of services to support people to lose weight and reduce their risk of diabetes delivered by the national Prevention and Diabetes Programmes. This includes; the NHS Diabetes Prevention Programme (for adults with non-diabetic hyperglycaemia or with normoglycaemia and a history of gestational diabetes); the Digital Weight Management Service (for adults with diabetes or hypertension or both) and the Low-Calorie Diets programme (for adults with a diagnosis of diabetes within the last 6 years and within a specified BMI range). Systems should set out how individuals will be directed to the most appropriate lifestyle service. This could be detailed in either diabetes or prevention plans, providing regional teams are appropriately signposted for plan assurance.

- The national programmes have developed aligned assurance templates for regions to reflect the interdependencies.

Systems should also use 2022/23 funding to deliver the following:

A4: Structured education, diabetes Inpatient Specialise Nurse (DISN) services and Multidisciplinary Footcare Teams (MDFTs)

- Systems should make best use of nationally commissioned digital structured education programmes such as My Type 1 Diabetes, Digibete and Healthy Living
- Evidence based programmes should continue to be commissioned as required to offer a range of options for people.
- Promotional resources are available on the Future NHS Collaboration platform.

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[1] Thomas C, Brennan A, Goka E, *et al.* What are the cost-savings and health benefits of improving detection and management for six high cardiovascular risk conditions in England? An economic evaluation

BMJ Open 2020;**10:**e037486. doi: 10.1136/bmjopen-2020-037486

- Systems must ensure that all trusts have a diabetes inpatient specialist nurse service and all people with diabetes have access to a multidisciplinary footcare team (if required) by March 2023.
- Local sustainability plans should be in place to ensure that DISN and MDFT services are locally funded from April 2023, and this should form a key part of regional oversight work in 2022/23.

The following should not be funded via the allocation, but details should be included in system plans:

A5: Flash Glucose Monitoring for adults with Type 1 diabetes

- Systems should develop plans for provision of flash glucose monitoring for people with diabetes in line with forthcoming NICE guidance.
- Previous NHSE funding for flash is now built into commissioning baselines.

A6: Continuous Glucose Monitoring (CGM) offer for all pregnant women with Type 1 diabetes

- Funding is released to a lead CCG for each system as nominated by Local Maternity Systems (LMS), who are responsible for delivery in partnership with diabetes teams.
- Funding will be released at Month 4 (July) and in Month 9 or 10 (Dec/Jan).
- LMS will be asked to report on prescribing rates quarterly.
- Funding has been modelled on the actual Q1 to Q3 2021/22 activity reported by Local Maternity Systems or the Type 1 diabetes population and predicted rate of pregnancies and based on an anticipated 65% uptake rate, whichever is the higher.
- Should quarterly reporting identify that rates of uptake exceed this, allocations will be adjusted in-year and costs covered within the second payment.
- Systems should therefore offer CGM to all pregnant women living with Type 1 diabetes. An FAQ document has been shared with systems. The latest version is available upon request.

A7: Children and Young Adults with diabetes

- Funding will be made available in 2022/23 to NHSEI regions to establish dedicated and sustainable clinical leadership, develop regional infrastructure and governance and to review local data. Regions will be asked to return a financial template to set out staffing plans. Funding intended for this purpose should not be used on local projects without the prior approval of the CYA Oversight Group
- Funding will be made available to support guided evaluated pilots in improving transition care – with a principal of having at least one pilot per region. Expressions of interest are expected to be invited from regions on behalf of relevant systems in March / April.
- There will also be funding made available to each region to support a regional plan (approved by the national CYA Oversight Group) to address inequalities in access to treatment technology (please note – the purpose of the funding will be to address causes of variation rather than to fund technology).

A8: Type 1 Disordered Eating (T1DE) pilots

- Following positive evaluation findings, the national team are developing a longer-term strategy for expanding the availability of these services from 2022/23. Bids for further pilot sites will be accepted via a regionally led process.

A9: Monogenic diabetes

- The aim of this national project is to support an improvement in referral rates for genomic testing for monogenic diabetes and address significant variation in referrals and identification across trusts, such that the expected number of cases are identified (8 per 100,000 population).
- In 2022/23 NHSEI will again fund an expert team at Exeter University to deliver free virtual training to a nominated medical (consultant or SpR) and nursing lead in each trust.
- Trusts are asked to ensure that a medical and nursing champion receives the training and utilise the local support offer from nationally funded regional Genetic Diabetes Nurses (GDNs) working in partnership with Genomic Medicine Service Alliances (GMSAs).
- The costs of the genetic testing are centrally funded by the NHSEI Genomics Programme.
- For more information go to https://www.diabetesgenes.org/

A10: Use of data to inform improvement

- Key programme metrics based on national data will be discussed at regional oversight groups, to support oversight and accountability.
- Systems should use additional national / local diabetes data to support improvement. This may be in the form of a system diabetes data dashboard, or diabetes metrics included in an existing / broader system dashboard.
- A visual aide to show where different types of diabetes data can be sourced from is in development and will be added to the Diabetes Futures site.
- Clinical improvement programmes should be embedded throughout regions and systems and should be data driven. Nationally provided programmes and resources to support this include Getting It Right First Time, Rightcare and the Best Practice Library are available on the Treatment and Care Future NHS workspace.

GP contract arrangements in 2022/23

Dr Ursula Montgomery Director of Primary Care

Dr Nikki Kanani Medical Director for Primary Care

3 March 2022

Context

- In January 2019, NHS England and the BMA's General Practitioners Committee (GPC England) agreed to the most ambitious GP contract in recent years to transform General Practice between 2019/20 and 2023/24.
- The resulting five-year framework for GP contract reform, Investment and Evolution, implements the commitments set out in the NHS Long Term Plan. The contract invested £8.412m into primary care in 2019/20, rising to £10,784m in 2023/24

Funding as announced in Investment and Evolution in January 2019 (£m)					
	19/20	20/21	21/22	22/23	23/24
Core	8,1 6	8,303	8,532	8,748	8,985
Network contract	296	552	1,153	1,457	1,799
Total	8,412	8,855	9,686	10,205	10,784

Context (continued)

- As the NHS focuses on tackling the covid-19 backlogs that have inevitably built up over the pandemic, our focus is now on recovering services, particularly on long-term condition management and chronic disease control, ensuring timely access for patients with urgent care needs, and regaining momentum on the wider prevention agenda.
- General practice has shown time and again its ability to respond to new challenges raised by Covid-19 with agility and responsiveness. Therefore the contract proposals for 2022/23 seek to maintain stability and limit change for general practice, whilst bolstering investment for the workforce and leadership, supporting our communities to recover, and ensuring patients continue to receive timely, high quality care.
- The vast majority of the proposals are not new. Some are policies which were agreed in principle with GPC England in 19/20 with technical details to be determined; others presented opportunities to provide general practice with increased funding. We have invested a further £402m into the contract this year.

Additional funding since Investment and Evolution in 2019 (£m) excluding Covid-related funding					
	19/20	20/21	21/22	22/23	23/24
Core	-	20	44	64	44
Network Contract	-	166	19	338	654
Total	-	186	63	402	698
Total (cumulative)	-	186	249	651	1,349

Additional Roles Reimbursement Scheme (ARRS): Context

- Investment and Evolution set out the agreement to expand the multi-disciplinary through the ARRS within the Network Contract DES
- The ARRS originally included 5 roles, funded at 70% of a maximum reimbursable amount
- This has been tripled to 15 roles, with funding for 100% of the maximum reimbursable amount
- The roles can be used in ways which suit the needs of your local populations e.g., employing Care Coordinators with a focus on cancer, or Nursing Associates with a focus Sever Mental Illness and Learning Disabilities
- £746M available in 2021/22 to fund 15,500 FTE in post by April 2022. This target has already been met: analysis of ARRS claims and workforce statistics shows over 16,000 FTE recruited by January 2022
- ARRS funding is rising to just over £1 billion in 2022/23 to recruit 21,000 FTE, with flexibility to recruit from 15 roles

Additional Roles Reimbursement Scheme (ARRS): Updates

- As outlined in the Supporting General Practice in 2021/22, from April PCNs will now be able to recruit an additional mental health provider (MHP) where they are able to agree the role with their Community Mental Health Provider
- Additional flexibility to help support recruitment will also be introduced:
  - Broadening of the role to include non-clinical support for patients
  - Inclusion of band 4 in the eligibility
  - Community Mental Health Providers will also be able to engage the MHP from another provider (i.e., the voluntary sector)
- To support you with recruitment, role outlines and job descriptions, interview questions, model job adverts and case studies are available for each role; as well as support for managing estate constraints at https://future.nhs.uk/P_C_N

Enhanced Access: Context

Currently, "extended" access is provided in three ways:

- PCNs deliver extended hours access under the Network Contract DES (£1.44pp) delivered mostly by member practices; and
- CCGs commission extended access services locally, across 7 days a week (£6pp).Majority of these services are currently delivered by federations and other at scale providers, , with large variation across the country
- Practices also receive £30m in global sum (approx. £0.50 pwp) to support 100% coverage of extended access

- In Investment and Evolution (2019), GPC England and NHS England agreed to bring together current extended access services and funding streams under one, single funding stream under the Network Contract DES, to support delivery of a new model of "Enhanced Access"
- This was meant to happen in April 2021, but it was agreed with GPC England in Supporting General Practice in 2021/22 that this would be delayed until April 2022 due to the pandemic
- Service commencement was further delayed until October 2022 to support core general practice capacity and to avoid any disruption over Winter
- Commissioners were strongly encouraged to make local arrangements for a transition of services and funding to PCNs before the national transfer, where this has been agreed with the PCN locally and providers were ready.
- As set out in the plans for PCNs for 2021/22 and 2022/23 in August 2021, commissioners should ensure that PCNs are preparing for this transition, and that they have undertaken good engagement with existing providers

Enhanced Access: New Opportunities

- The changes will allow PCNs greater ability to utilise Enhanced Access capacity, in a way which best meets their patient need

- The new arrangements aim to remove variability across the country, help improve patient understanding of the service, and address inequalities. They will bring the ARRS workforce more consistently into the offer, and support PCNs to use the EA capacity for delivering routine services. The requirements are based on PCNs:
  - providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays
  - utilising the full multi-disciplinary team
  - offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need, with PCNs having control over how the EA capacity is used to manage the demand on practices

- PCNs are able to choose to deliver the service themselves or sub-contract delivery to another provider. This could be by taking on the arrangements already in place with CCGs. Commissioners will help to support any transition of arrangements and planning.

- PCNs have flexibility to use the EA capacity where it is most needed. They will be able to provide a proportion of Enhanced Access outside of EA hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner

- An aim of the changes is to help PCNs to have greater control and flexibility over how EA capacity can support them in caring for their patients. These changes are not about existing workforce needing to work more - extended access services are already being provided. These changes aim to maximise the benefit of this capacity.

Primary Care Networks: Clinical Director and Leadership and Management funding

Core PCN funding	Clinical Director funding	Additional funding for 22/23 and 23/24
• Since 2019/20 • £1.50 per registered patient	• Since 2019/20 • Based on 0.25 FTE per average PCN • £0.736 per registered patient (£44m nationally) • In 2021/22, where one practice in a PCN Grouping is signed up to deliver the COVID-19 vaccination programme, there has been an increase in the CD payment to 1FTE (this has applied from April 21-September 21, and December 21-March 22)	• Confirmed additional £43m funding for leadership and management • For next 2 years to provide stability for PCNs • At discretion of CD

In total, £178m will be available for PCNs and their Clinical Directors to support core running, leadership and management of PCNs in 2022/23.

Primary Care Networks: Service Specifications

- As agreed between NHS England and GPC England, Investment and Evolution laid out the plans for gp-contract-2019.pdf (england.nhs.uk) by 2021.

- Structured Medication Reviews, Early Cancer Diagnosis and Enhanced Health in Care Homes were included in the DES from April 2020.

- In recognition of the impact of the pandemic and PCN capacity, the remaining services have been introduced at a slower place than planned. The publication of the plans for PCNs for 2021/22 and 2022/23 (August 2021) confirmed that remaining services would be gradually introduced in a phased approach.

- Further changes have been made from published plans to recognise PCN capacity:
  - The Early Cancer Diagnosis service has been simplified following feedback from the profession
  - Elements of the Anticipatory Care and Personalised Care services have been further deferred

Primary Care Networks: Service Specifications

Early Cancer Diagnosis	• Service simplified to focus on link to system priorities to address recovery of lower than expected rates of prostate cancer referrals, use of FIT tests and tele dermatology (where pathway has been implemented), and work with local system partners.
Cardiovascular Disease Prevention and Diagnosis service	• Limited expansion to include a focus on atrial fibrillation, familial hypercholesteremia and heart failure
Anticipatory Care	• Extension of the period that PCNs have to develop their anticipatory care plans until December 2022. The Anticipatory Care service itself, which will be ICS led, will start in 2023/24.
Personalised Care	• There will be a limited expansion of the service to support delivery of social prescribing to a locally-defined cohort, and a focus on shared decision making training. • The requirement to implement digitally enabled personalised care and support planning for care homes residents has been delayed until 2024,with 2022/23 now a preparatory year.

Primary Care Networks: Investment and Impact Fund (IIF)

- Three new IIF indicators with additional funding of £34.6m will be introduced in 2022/23 and support recovery initiatives set out in 22/23 System Planning Guidance:
  - Direct Oral Anticoagulants (DOAC) prescribing: ensuring that a greater number of patients with Atrial Fibrillation receive anticoagulation therapy where clinically appropriate
  - FIT testing for cancer referrals: to ensure that more patients with suspected lower gastrointestinal cancer will have their two week wait referral accompanied by a faecal immunochemical test result.
- Funding for these indicators amounts to £34.6m and is additional to the existing £225m funding envelope for the scheme.
- The new indicators are:
  - CVD-05: Percentage of patients on the QOF Atrial Fibrillation register and with a CHA_2DS_2-VASc score of 2 or more (1 or more for patients that are not female), who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist
  - CVD-06: Number of patients who were prescribed Edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register with a CHA_2DS_2-VASc score of 2 or more (1 or more for patients that are not female) and who were prescribed a direct-acting oral anticoagulant (DOAC)
  - CAN-01: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the seven days leading up to the referral, or in the fourteen days after the referral

Core GP Contract: Vaccinations and Immunisations

There will be some minor changes in 2022/23 to the HPV, MMR and MenACWY Freshers programme:

- HPV - The key changes to the HPV vaccination programme are to reflect JCVI advice:
    - A transition from Gardasil 4 to Gardasil 9 during 2022/23. There will be no changes to the way in which practices order Gardasil and a bipartite letter has been published outlining transition and usage of both vaccines.
    - A move from a three-dose schedule to a two-dose schedule (with doses given at least six months apart), for both those aged 15 and over, and for the national HPV MSM vaccination programme. This will align HPV vaccine doses across age groups, as well as aligning school, sexual health and general practice provision.
    - The change will not apply to those who are HIV positive or those who are immunocompromised. Where a three-dose schedule has been started prior to April 2022 this schedule should be adhered to and three doses given
- Measles, Mumps and Rubella (MMR) – the changes are:
    - cessation of the 10 and 1 -year-old catch-up programme.
    - practice participation in a national MMR campaign as per the current contractual requirement for practices to take part in one catch up campaign per year
- The Men ACWY Freshers programme will come to an end on 31 March 2022. This is due to all those eligible having now been offered vaccination either through general practice or school delivery.

Core GP Contract: Vaccinations and Immunisations (continued)

Childhood immunisation catch-up – all routine childhood programmes

- A wider childhood immunisation campaign will take place during 2022 to support recovery of these programmes. This will primarily be aimed at capturing children that have missed these immunisations due to the COVID-19 pandemic and the reduction in uptake over the last two years.
- Practices will be asked to support uptake of routine childhood immunisations for 0 to 5-year olds and will receive the IOS payment of £10.06 per dose

All other programmes continue unchanged

Core GP Contract: Quality and Outcomes Framework (QOF)

- There will be no new additional indicators added to QOF in 2022/23 when the temporary income protection arrangements come to an end in March 2022.
- In 2020/21 and 21/22 the QI modules were repeated in their original format – Learning disabilities and Supporting Early cancer diagnosis due to the impact of the pandemic.
- 2022/23 will see two new QI modules focusing on:
  - optimising patients' access to general practice
  - prescription drug dependency.
- As has been the case since 2019, implementation support will continue to be provided to practices undertaking QOF quality improvement projects.

Digitalisation and reduced bureaucracy

The pandemic has given us new ways to access general practice and to reflect this there will be a changes to:

- require that all appointments which don't require triage are able to be booked online as well as in person or via the telephone. This is to replace the existing contractual requirement that at least 25% of appointments are available for online booking. Guidance will be issued on what type of appointments are expected to be made available for online booking.
- clarify that of the ability for patients can register for a GP practice digitally
- remove the requirement for practices to always print and send copies of the electronic record of deceased patients to Primary Care Support England (PCSE) and require GP practices to respond to Access to Health Records Act (AHRA) requests for deceased patients. It is expected that the savings from not having to print and send the electronic record will far outweigh the additional burden of managing a small number of AHRA requests.
- There will be a continuation of funding in Global Sum (£20M) for one additional year (2022/23) to reflect workload for practices from Subject Access Requests (SARs).

Weight Management Enhanced Service

- The Weight Management Services Enhanced Service will continue in 2022/23 with GP practices receiving a referral fee of £11.50 for each referral to weight management services.
- 97% of practices signed up to the Weight Management Enhanced Service in 2021/22
- Funding will be available in 2022/23 for 1 million referrals
- The service specification will remain largely as it is for 2021/22, although it will be made clearer that:
  - practices should not automatically refer all patients on their obesity register
  - referrals should be made with the explicit agreement of the individual patient.
- The specification will also include references to further helpful materials, such as the Healthy Weight Coach training programme

Beyond Investment and Evolution

- The current five-year GP contract framework agreed by the British Medical Association's General Practitioners Committee (GPC England) concludes at the end of 2023/24. The default position is that the existing GMS contract will automatically roll forwards unless it is changed.
- NHS England and Improvement and DHSC will engage with a range of NHS organisations including the new Integrated Care Boards who will be responsible for commissioning primary care services, patient and professional representative groups.
- This will be to understand views and perspectives, including the extent to which further changes to national contractual arrangements, as opposed to additional local support and commissioning, are required to:
  - support high quality and accessible general practice services
  - support the general practice workforce, and enable primary care to work at the heart of Integrated Care Systems
- Taking account of Dr Claire Fuller's stocktake, this will include looking at how PCNs will further develop and support both practices and the wider systems in which they operate

Q&A

3 March 2022

Closing Comments

3 March 2022

REPORT TO: Governing Body Meeting held on 8th June 2022

Item Number:	**Agenda Item:**
PCCC 22-07.08	Primary Care Appointments - Shropshire, Telford & Wrekin

Executive Lead (s):	**Author(s):**
Claire Parker Director of Partnerships	Emma Pyrah – Associate Director of Primary Care Berni Williams – Contracting and Delegated Commissioning 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)**
First presentation		

Executive Summary (key points in the report):
The purpose of this report is to provide Governing Body with the latest position on the restoration of access to primary care. As with the majority of other NHS services, the pandemic required GP practices to rapidly modify the way patients access services to ensure they met national guidelines issued by NHS England to help manage the spread of Covid 19 infection amongst the primary care workforce and their patients and protect the most vulnerable. Planned restoration of services began across the NHS in spring 2021 with the lifting of 'lock down' in March 2021. However, it was recognised that full restoration would only be achieved over time as the pandemic, the vaccination programme and subsequent surges in infection rates, which culminated in the vaccination booster programme in December 2021, continued to impact. This report provides an analysis of the key primary care access indicators comparing the latest data in March 2022 with pre covid 2019. General practice has worked tirelessly throughout the pandemic to maintain service provision and keep patients safe. There has been some media criticism of primary care that they are not working as hard as the rest of the NHS and are providing less capacity than before the pandemic. The data in this report provides evidence that this is not the case locally. However, this achievement in part is offset by an increase in demand. Managing covid has become business as usual in 2022 but it leaves primary care with a legacy of additional demands on their resources, not least managing the impact on patients from the significant elective backlog and managing the backlog from within the practice from routine work which was paused during the pandemic to concentrate on urgent primary care. The CCG is acutely aware that some patients continue to experience issues accessing their GP practice. Long waits to get through on the telephone and to an appointment are not acceptable.

All practices identified with access issues are targeted by the team for a practice visit and offered support to improve.

Recommendations/Actions Required:
The Committee are asked to note the 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).*	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).* *Some patients continue to experience issues with timely access to their practice,*	Yes
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).* *Health outcomes are adversely impacted where there are access issues to General Practice*	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).*	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).*	No
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).*	No

	Functional Sign off MATRIX		
	Function	Relevance to Paper	Sign Off/Comments
1.	Finance	N/a	For information item
2.	Quality		Quality team aware of any practice with access issues and are supporting
3.	Contracting	N/a	For information item
4.	Performance	N/a	
5.	Medicines Management	N/a	For information item

6.	Primary Care	N/a	Primary Care report
7.	Programme/Commissioning	N/a	For information item

Primary Care Appointments - Shropshire, Telford and Wrekin

Purpose of the Report

The purpose of this report is to provide Governing Body with the latest position on the restoration of access to primary care.

Background

As with the majority of other NHS services, the pandemic required practices to rapidly modify the way patients access services to ensure they met national guidelines issued by NHS England to help manage the spread of Covid 19 infection amongst the primary care workforce and their patients and protect the most vulnerable.

Practices introduced telephone clinical triage and telephone consultations to ensure only those that required face to face appointments based on clinical need attended the practice premises and promoted alternative access options such as online consultations. Same day/urgent needs were prioritised with routine and long term condition management largely stood down from 2020. Planned restoration of services began across the NHS in spring 2021 with the lifting of 'lock down' in March 2021. However, it was recognised that full restoration would only be achieved over time as the pandemic, the vaccination programme and subsequent surges in infection rates which culminated in the vaccination booster programme in December 2021 continued to impact on primary care's ability to return to a new 'normal'.

The information below provides an analysis of the key primary care access indicators comparing the latest available data in March 2022 with pre covid March 2019. The report concludes with a summary of the ongoing challenges facing primary care.

General practice has worked tirelessly throughout the pandemic to maintain service provision and keep patients safe. There has been some media criticism of primary care that they are not working as hard as the rest of the NHS and are providing less capacity than before the pandemic. The data in this report provides evidence that this is not the case locally.

Appointment capacity

The most recent available data[1] on general practice appointments for March 2022 across all Shropshire Telford & Wrekin (STW) CCG practices shows:-

- the STW population accessed 256,176 appointments compared to 220,544 appointments in April 2019 (pre-pandemic) (Figure 1).
- This is 35,632 more appointments in March 2022 (+13.91%).
- The above significant achievement should be viewed in the context that March 2022 was the month that the Government lifted all covid restrictions and this resulted in a spike in covid cases across the country. The GP workforce did not escape being impacted and a number of practices had to enact their business continuity plans and operate on skeleton workforce due to covid sickness/isolation rates amongst staff. Despite this primary care still increased appointment availability.

[1] Source is NHS Digital GPAD - https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/appointments-in-general-practice

- 92.3% of the total number of appointments made were attended by patients. This is is slightly higher than both the regional (91.02%) and national rate (91.8%). (Figure 2)

Figure 1 – April 2019 to March 2022 - Total All Appointments

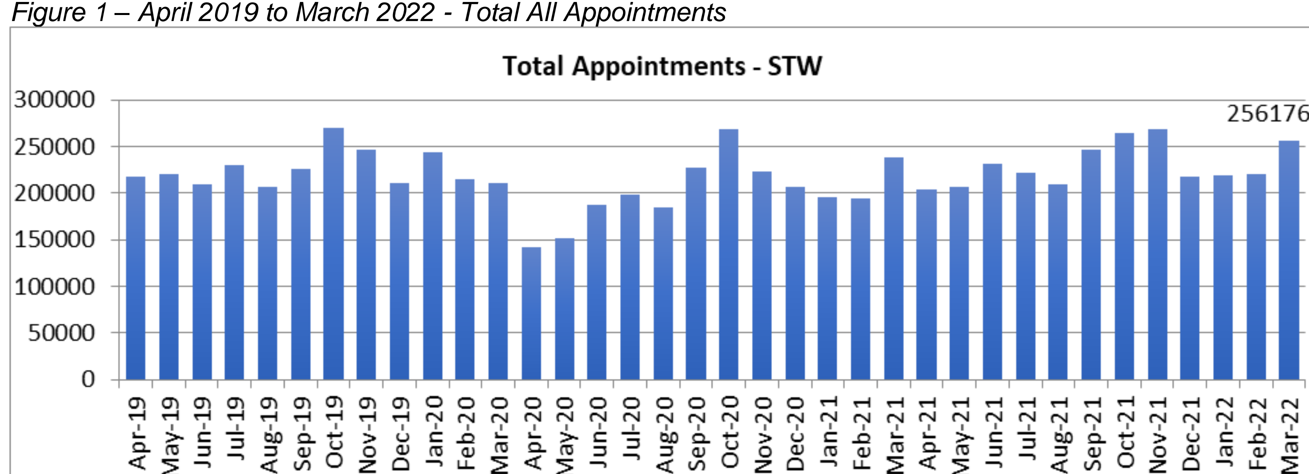
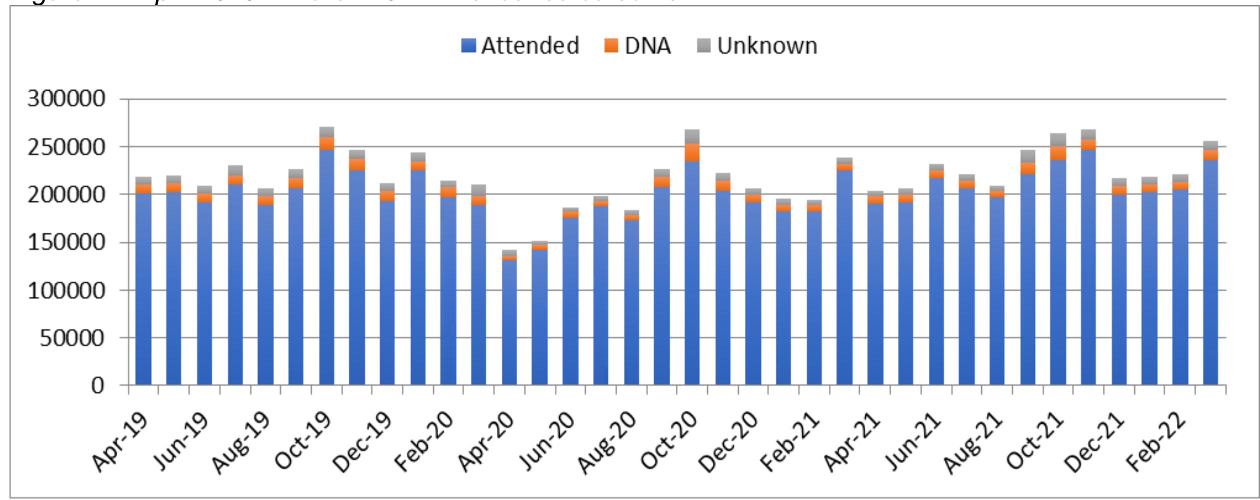


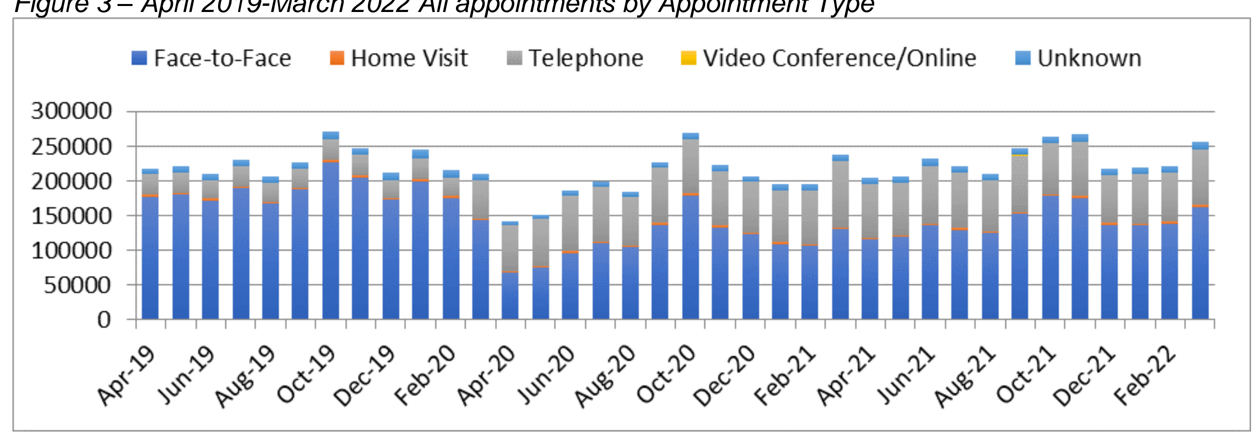
Figure 2 – April 2019 – March 2022 Attendance outcome



<u>Appointment Types</u>

As mentioned previously, one of the key changes resulting from the pandemic has been the mode by which patient consultations are undertaken with a decrease in face to face and a corresponding increase in telephone. Figure 3 below shows the proportional split and trend for appointments by type from April 2019 to March 2022.

Figure 3 – April 2019-March 2022 All appointments by Appointment Type



Key points from the data are:-

Telephone

- 80,366 telephone appointments were delivered in March 2022 compared to 29,643 in April 2019 (+171%)

Face to Face

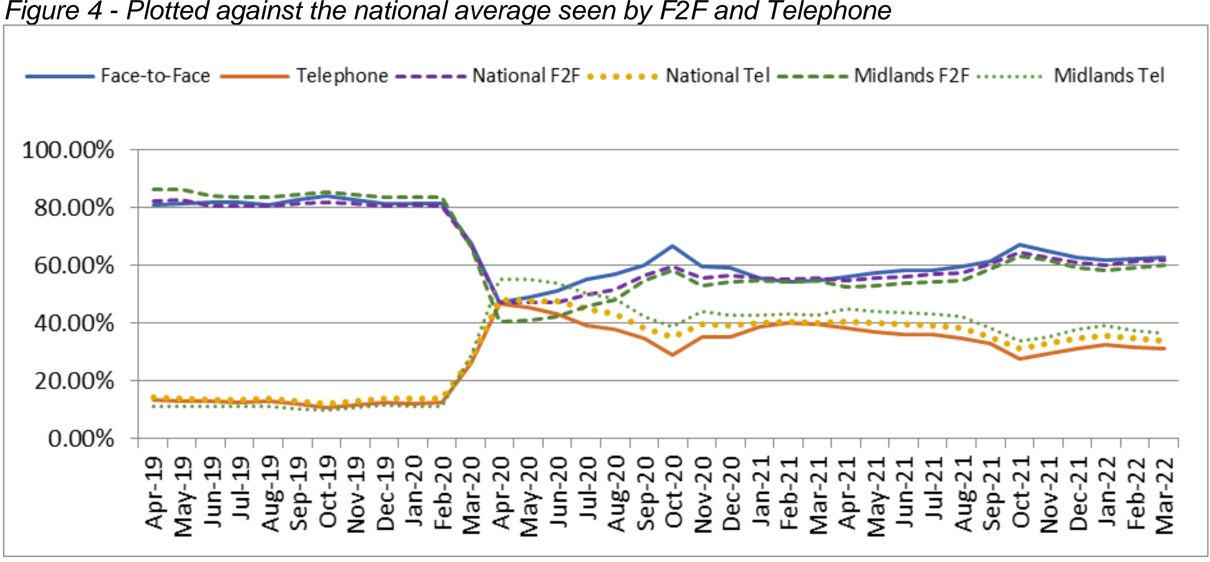
- From April 20 – Dec 21 57% of appointments were face to face.

- In March 2022, 161,391 face to face appointments were delivered compared to 176,657 in April 2019 (-9%).   In STW 6 out of 10 patients are being seen face to face (63%), this is slightly higher than the Midlands regional average of 60%. (Figure 4)

Home Visits

- Home visits have remained stable over the period with an average of 2,700 (1.24%) each month.

Figure 4 - Plotted against the national average seen by F2F and Telephone



Online consultations

This mode enables patients to access an online triage service that allows them to easily seek support and self- help advice. It is accessed via the practice website. Patients can use

the service to request a sick/fit note and are able to access resources that can help them manage and understand their own health.

This mode of consultation is underutilised as STW usage is 1.8 per 1,000 patients, currently the lowest in the West Midlands region compared to the highest area in the region which is 18.3 per 1,000 patients. NHS England regional digital team will be working with STW Primary Care Team to support improvement in these ratios.

The NHS Long-term plan states; *a digital-first primary care will become a new option for every patient improving fast access to convenient primary care. In other walks of life mobile phones and apps have already transformed services.*

The aim with digital access solutions is to provide patients with a menu of options for accessing their practice as face to face is not always clinically required or convenient to the patient. It is acknowledged however that for some patients face to face is their preferred way of accessing their GP and this will only change over time as patient confidence in and experience of other modes of accessing services develops. Practices are aware that for some STW populations over reliance on digital solutions poses the risk of digital exclusion for patients where access to mobile network coverage/wifi is limited.

Appointment professional

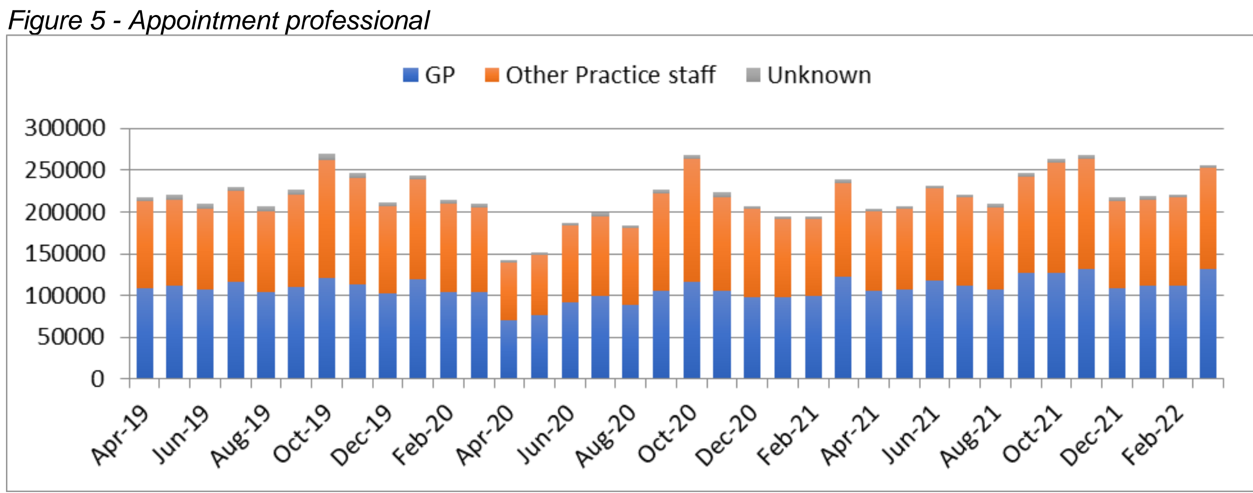
The range of staff available within GP practices to manage patient needs has increased in recent years, particularly with the introduction of Primary Care Network Additional Roles Reimbursement Scheme (ARRS). Alongside GPs there are other practice staff including, Advanced Nurse Practitioners (ANPs), Health Care Assistants (HCAs) and PCN ARRS roles including mental health practitioners, clinical pharmacists, paramedics, care co-ordinators, social prescribers and health and wellbeing coaches.

ARRS are centrally-funded roles which allow Primary Care Networks (PCNs) to establish multi-disciplinary teams (MDT) to provide more integrated health and social care services locally. They enable patients to access preventative care such as health and wellbeing support and medication reviews more easily, while reducing pressure on GPs. At the end of April 2022 there are 126 ARRS staff across the 8 PCNs in STW.

- 131,049 GP appointments were delivered in March 2022 compared with 109,453 in April 2019. (figure 5) This is a 20% increase.

- In March 2022, 47% of primary care appointments were delivered by a GP.

Figure 5 - Appointment professional

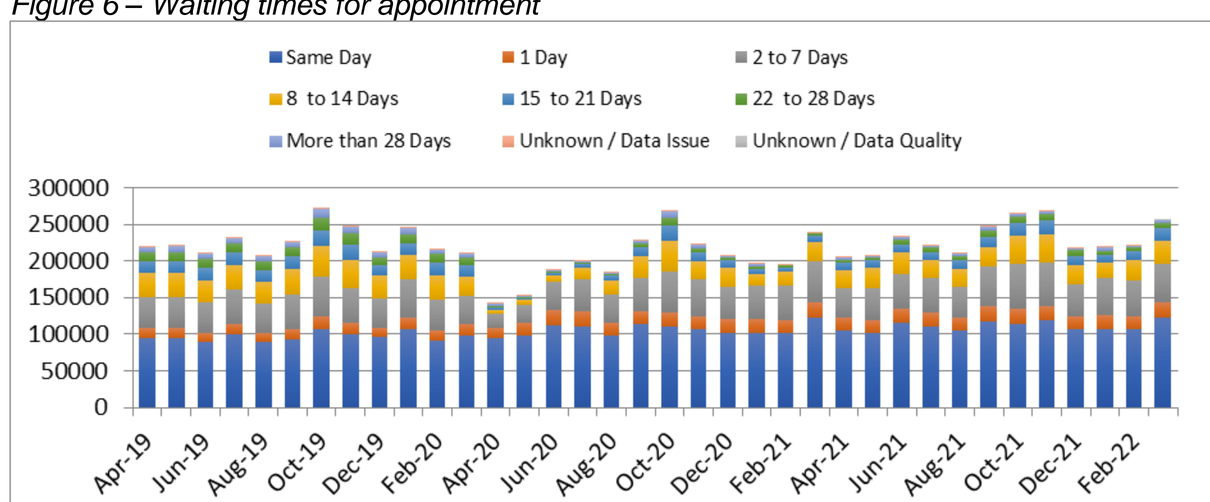


Appointment Waits
Analysis of average waiting times for appointment indicates:-

- In March 2022, there has been a significant increase in shorter waits for appointments and a corresponding decrease in long waits (8 days and over) compared to April 2019.

	April 2019	March 2022	Variance 22 vs 19 (number)	Variance 22 vs 19 (%)
Same day	95,370	123,406	+28,036	+29%
1 day	13,490	20,658	+7918	+53%
2-7	41,723	51,242	+9,519	+22%
8-14	33,340	32,842	-498	-1.5%
22-28	16,295	7,501	-8,794	-53%
+28 days	6991	4,325	-2,666	-38%

Figure 6 – Waiting times for appointment



Challenges for Primary Care

Covid additional requirements
As well as routine appointments, practices are required to provide more services to support the pandemic response including:

- Supporting the delivery of the ongoing Covid Vaccination programme
- Providing care for patients with symptoms of Long Covid
- Ensuring clinically vulnerable patients continue to receive the care they need in a safe environment

Managing the backlog

- Managing additional demand created by the elective backlog where patients turn to their practice for support because their elective treatment is significantly delayed.
- Deploying primary care resources to catch up with backlog primary care work:
  - childhood vaccinations and immunisations
  - screening appointments
  - reviews for long term conditions

Examples of Initiatives to support GP Access

- **Community Pharmacy Consultation Service**

This national initiative enables practices to make a direct referral for appropriate patients to a same day minor illness appointment with a trained community pharmacy. This improves access to timely care and frees up a practice appointment. There are currently 19 practices that have implemented this service and are referring patients to the service. Support is available to practices to set up and increase referrals including the ability to make e-referrals.

- **Enhanced telephony**

Feedback from patients is that it is not just access to timely appointments that has caused a poor patient experience of primary care. They have also experienced significant problems getting through to the practice on the telephone in the first place. This has largely been down to the functionality of the practice telephone systems to deal with the volume of calls.

The majority of STW practices utilise one telephone system provider. In order to help with the issues, the CCG has commissioned the company to provide an enhanced telephony support package for practices to have an improved understanding of their phone systems. It will provide the practices with the tools to understand call flows and how to record relevant messages (comfort messages); to review patient excessive queue lengths, average call handling times. Two practices have sessions booked this month with the remainder scheduled over the summer months.

Conclusion

- Access to GP services has changed significantly over the last 2 years as a direct result of the pandemic.

- GP services are extremely busy, demand continues to increase, but despite this General Practice is offering more appointments now than prior to the pandemic.

- The mode of appointment delivery has seen the largest shift with a larger reliance on telephone consultation and digital/online options as opposed to face to face. Whilst face to face numbers have increased in the last 6 months, this mixed model of delivery modes is the 'new normal' and is in line with the national direction to transform primary care services.

- Face to face appointments constitute the majority of appointments – 6 in 10 STW appointments are face to face.

- There has been an increase in appointments delivered same day, 1 day and 2-7 days and reduction in appointment waits of 8 days and over.

- A significant proportion of appointments continue to be delivered by a GP, however, there is an increasing range of staff employed by primary care which means patients have access to a wider range of skilled clinicians and non clinicians to meet their needs.

- Some patients continue to experience issues accessing their GP practice. All practices identified with access issues are targeted by the team for a practice visit and offered support to improve.

- Covid has become business as usual but it leaves primary care with a legacy of additional demands on their resources, not least the impact from the significant

elective backlog and the backlog from practice routine work being stood down to concentrate on urgent primary care.

Recommendation

The Governing Body are recommended to note the contents of this report.

Primary Care Commissioning Committee – 6 July 2022

Agenda item no.	PCCC 22-07.09
Meeting date:	**6 July 2022**
Paper title	STW General Practice Nurse Strategy 2021 2023 update for 2021/22 key deliverables
Paper presented by:	Jane Sullivan, Senior Quality Lead, NHS STW
Paper approved by:	Zena Young Executive Director of Nursing and Quality STW CCG
Paper prepared by:	Jane Sullivan, Senior Quality Lead, NHS STW Sara Edwards STW Training Hub Programme Manager
Signature:	
Committee/Advisory Group paper previously presented:	STW Training Hub Delivery Group

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

Previous considerations:	

1. Executive summary and points for discussion

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	X
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	X

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

- Note the update of the achievements of the key deliverables with targets within 2021/22
- Note continued plans for next year which have been identified to utilise the available resources

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

NA

5. Appendices

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	The strategy identifies key areas of work to support GPNs to develop skills to meet population needs and provide a high quality service.
Equality, Diversity, and Inclusion	
Finances and Use of Resources	The strategy identifies key deliverables to structure the spending of GPN funding from HEE and NHSE/I
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Request of Paper:		**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Shropshire Telford and Wrekin ICS General Practice Nurse Strategy 2021 – 2023
Update on Key deliverables 2021/22

Purpose of the report:
This report provides an update on the work undertaken to meet the identified key deliverables identified for 2021/2022 as part of the STW General Practice Nurse Strategy. The full strategy can be found on the STW Training Hub website:
https://www.stwics.org.uk/training-hub/documents/297-gpn-strategy-final/file

It has been acknowledged that 2021/2022 has been a challenging year throughout the local health economy including Primary Care which has had both increased demand for appointments but also supported the Covid-19 vaccination programmes. As with all services they have had reduced staffing levels due to sickness absence and required self-isolations. This has had an impact on staff being able to participate in offered training opportunities. There has also been an impact on Training Hub resources to deliver on the objectives as some of the opportunities to lead on an area (such as supervision) by becoming a nurse champion were not recruited to due to lack of applications.

Despite the challenges there has been significant progress to meet the objectives and all grades of nursing staff and HCAs within Primary care have received ongoing support during this time. Novel ways of delivering training and CPD have been utilised including on-line opportunities which can be viewed at different times to meet needs and virtual evening forums with speakers.

The STW GPN Strategy was developed with the support of Practices Nurses and the objectives and training offered continue to be shaped through consultation with them via the forums to see what matters to them. The tables below provide an update on achievement of deliverables 2021/22 and the proposed Key Deliverables for 2022/2023.

Key issues or points to note:

- Training hub website now provides a single point for all Primary Care staff to access training
- Remote support for ANPs, Practice Nurses and HCAs is ongoing via forums, meetings, CPD and training opportunities
- Training Hub has supported new to Practice nurses through the fellowship scheme and provided opportunities for HCAs to undertake the Nursing Associate apprenticeship as well as accessing upskilling opportunities such as The HCA Award.
- 6 x TNAs supported in 21/22. 3 fully qualified NAs employed and trailblazing through attending the GPN Fundamentals programme.
- Continued work needs to be undertaken to support;
    - Clinical supervision – being mindful of developing Professional Nurse Advocate role alongside and to compliment GPN Clinical Supervision
    - Creating a digital ready workforce – roll out of virtual group consultations
    - Work with system to look at workforce recruitment and retention plans
    - Development of GPN bank through the current GP locum system

GENERAL PRACTICE NURSE STRATEGY OPERATIONAL PLAN 2021/2022.

Update history

Date	Update completed by
28/10/2021	TH, GPNs, Quality Lead
27/04/2022	TH, GPNs, Quality Lead

Key:	
Green- achieved	Amber: In progress, on track
Red: Delayed and mitigating actions agreed	Blue: Not due

<u>2021/2022</u>						
Objective	**Aligns to in GPN 10 Point Plan**	**Milestones**	**By when**	**Lead role**	**Progress/evidence**	**RAG status**
Continue to develop workforce review and training needs analysis	2, 4, 7, 8, 9, 10,	Creation of a spreadsheet with information on each practice and number and grade of nursing staff/HCA utilising local knowledge and NHS digital and HEE workforce observatory information. Complete TNA of all PN staffing and HCAs and use this to identify training required for Q2-4 2021/22	July 2021	Training Hub	**28/10/21** Spreadsheet developed with each Practice Master rolls information spreadsheet Spreadsheet collated for nurse CPD requirements Movement of staff across Primary Care has hampered maintaining the lists Master Distribution list compiled PLAN: to email PMs to review and update distribution list as required. Refresh TNA **27/04/22** TNA completed and updated as required	

Supporting GPN's to identify and unlock their leadership potential.	2, 4, 7, 8, 10	Promotion of National Leadership Programmes. Procurement of local Leadership Programmes. At least one ANP/PN from each PCN to have signed up to Leadership development course.	October 2021	Training Hub	**28/10/21** Accredited programme for nurses – institute of Leadership and Management Leadership academy to be uploaded onto new website with promotion of courses once a fortnight Advanced Practice Programme promotes Leadership **27/04/2022** Ongoing now, completed for last year	
Support the implementation of clinical supervision within general practice either face to face or electronic means.	4, 9, 10	Completion of questionnaire to gain baseline for current clinical supervision and ascertain preferred method of supervision. Creation of local best practice guidance/SOP for PN clinical supervision	July 2021	PCNFs	**28/10/21** Clinical supervision strategy required Funding agreed to recruit a GPN clinical supervisor PNF cytology supervisor role	

					Delayed due to capacity issues within primary care and recruitment **27/04/2022** Delayed due to Covid Identified outside facilitator to lead the creation of a strategy and provision of MDT training which is in development. To be carried forward to 2022/23. Investigation of role of PNA in primary care	
Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers.	1, 7, 10	First Newsletter circulated thereafter every quarter to all PNs/HCAs	July 2021 and ongoing	PCNFs	**28/10/21** Quarterly newsletter in place **27/04/2022** Completed, superseded by TH website for information sharing	
Develop and promote opportunities for nurses to advance in their role at all levels.	1, 4, 5, 7, 8, 9, 10	Actively bidding for funding streams which support PN / HCA development Work collectively across the LHE to promote nursing roles and	September 2021	Training Hub	**28/10/21** Appointed AP facilitator lead Bi-monthly AP forums Link to HEE AP faculty	

		opportunities in Primary Care			Promoting TNAs – recruitment sessions for March cohort HCA facilitator to be appointed to support PNF to develop HCAs and TNA apprenticeships PLAN: delivery plan to develop HCAs **27/04/2022** AP facilitator lead in place, bimonthly forum. Training identified and delivered including post MSc updates. Training identified for HCAs, promotion of HCA award – funded 6 x TNAs from 21/22, 3 of which are trailblazing attending the GPN fundamentals course. Completed and ongoing	

Create opportunities for GPNs to maintain clinical and professional develop ment and share good practice or learning when incidents occur.	2, 4, 6, 7, 8, 9, 10	Ongoing weekly evening CPD events arranged by PCNFs CPD TNA shared and common areas of learning identified – training courses to be commissioned to reflect these needs Identify opportunities to share practice/learning across Primary Care	ongoing September 2021 September 2021	PCNF Training Hub Quality Lead CCG	**28/10/21** Weekly online CPD meetings ongoing with survey to ask PNs what they want going forwards Development of website to promote training Ongoing support for PNs to identify learning opportunities and funding PLAN: review of PLTs **27/04/2022** Nurse forums continue for good practice sharing and peer support WhatsApp group AP forum Training and development opportunities to enhance skills	
Encourage nurses to engage with digital technology and to become Digital Champions	2, 6, 7,	6 practices across STW have received the training for remote video consultations 6 practices are undertaking remote video consultations	August 2021 September 2021	Quality Lead CCG	**28/10/21** Promoting virtual group consultations New PCNF role to include digital nurse champion **27/04/2022**	

					Refreshed VGC intensive support and 3 Practices have taken up offer. This has been affected by ongoing Covid pandemic and capacity of practices.	
Implement a workforce plan which focuses on recruitment and retention.	1, 2, 3, 4, 5, 9, 10	Use STP wide initiatives such as People Plan to direct Primary Care specific initiatives	December 2021	Training Hub Quality Lead CCG	**28/10/21** PLAN: understand nurses coming up for retirement Identify vacancies across PCN Support for Practices in recruitment of new nursing staff **27/04/2022** Part of strategy Training and development for specific roles such as HCA/TNA and fellowship programme for newly qualified PNs	
Support the development of Health Care Support Workers,	7, 9, 10	Identify funding streams for HCAs Work across LHE to identify Nursing Associate and Nursing Apprenticeship courses	December 21	Training Hub	**28/10/21** HCA facilitator to be appointed to support PNF to develop HCAs and TNA apprenticeships	

					PLAN: delivery plan to develop HCAs **27/04/2022** HCA facilitated not appointed HCA support offer, HCA award offer, Leadership programme for HCAs and aspiring TNAs HCAs moving to become TNAs. Bespoke short courses available.	
Ensure prevention is embedded within GPN / HCA role	6	GPN / HCA are able to utilise a variety of tools such as health promotion apps. Patient self-monitoring, group consultations to embed prevention within their work	December 21	PCNFs Training Hub	**28/10/21** Management of personalised care plans training offered to all practices. MECC and motivational interviewing offered to all practices. Prevention part of HCA award **27/04/2022** Embedded in all courses offered Personalised care programme offer	

					MECC completed	
Develop and promote student placements to practices including placements for those on Return to Practice programmes.	2, 3, 5, 9, 10	Compete audit identify practices currently supporting student and RTP placements and those who are looking to support in the future. Ongoing training for placement assessors. Number of practices supporting placements to increase by 20%	November 2021 March 2022	Training Hub, PCNFs	**28/10/21** Student Placement Facilitators contact practices. Quarterly marketing event to promote student placement Joint placement expansion meetings with HCI System bid for supporting Practices to have student nurse placements Pandemic has influence ability for Practices to take student nurses **27/04/2022** 2 days of placement facilitator in place who is leading this work.	

					Monthly joint TH and university meeting Student placements increasing slowly due to pandemic	
Support/ Promote Mentorship training and increase the number of Assessors and supervisors	1, 2, 3, 5, 10	Benchmark current number of assessors and supervisors and identify PCNs/Practices where gaps. Target PCNs/Practices where no placements to provide information of benefits to having students. Ensure opportunities for assessor training.	November 2021	PCNF Training Hub	**28/10/21** Promotion of HEI training to PNs PLAN: develop list of supervisors **27/04/2022** Assessor and supervision training offered to Practices as they agree to take students List of supervisors held by universities	
Promote the use of Virtual Group Consultations in service delivery for the management of Long-Term Conditions	6, 10	Delivery of a local programme to train primary care staff in virtual group consultations. Aim for at least one practice per PCN initially. Utilise local digital nurse champions to support roll out.	March 2022	PCNF Training hub Quality Lead CCG	**28/10/21** 3 Practices signed up, continuing to promote **27/04/2022** 3 Practices signed up for intensive package for VGC Delayed due to pandemic	
Promote the GPN role via marketing and engagement	1, 3	Attendance at local career events	ongoing	PCNFs	**28/10/21** On hold due to pandemic	

with local school, colleges and universities		Promotion directly with local schools and colleges			PNF are invited to virtual events but not frequent PLAN: explore how to engage with soon to quality nurses on primary care opportunities **27/04/2022** ICS careers fair for secondary schools Career fair – Walsall ongoing	
Develop and support local GPN education forums.	1, 7	Review PN PLTs after April 2021 when new CCG created to ensure conformity across STW Weekly informal CPD evening events	ongoing	Quality Lead CCG PCNFs	**28/10/21** Weekly online CPD meetings ongoing with survey to ask PNs what they want going forwards Development of website to promote training Ongoing support for PNs to identify learning opportunities and funding PLAN: review of PLTs	

					27/04/2022 PLTs paused apart from internal ones AP/PN forums ongoing which include training WhatsApp group Individual support	
Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG.	1, 3	Weekly informal CPD evening events Use of PLTs to facilitate working across PCNs Work with board ANPs to promote CCG and how PNs can become involved	ongoing	PCNF and Quality lead CCG	**28/10/21** Weekly online CPD meetings ongoing with survey to ask PNs what they want going forwards AP forum ongoing **27/04/2022** AP/PN forums ongoing which include training WhatsApp group Individual support	
Explore the development of a GPN Nurse bank in conjunction with local GP locum bank	10	Work with CCG Primary Care workforce lead to explore opportunity for creation of local GPN bank alongside work to establish a local GP locum bank.	ongoing	PCNF Primary Care workforce lead CCG Quality Lead CCG	**28/10/21** TH website re: recruitment and locum support Being undertaken by Primary care Team in conjunction with GP locum bank	

					PLAN: Website to promote opportunities to become a locum nurse **27/04/2022** Being investigated as part of the GP Lantern Locum platform	

GENERAL PRACTICE NURSE STRATEGY OPERATIONAL PLAN 2022/2023

Update history

Date	Update completed by

Key:	
Green- achieved	Amber: In progress, on track
Red: Delayed and mitigating actions agreed	Blue: Not due

2022/2023					
Objective	**Milestones**	**By when**	**Lead role**	**Progress/evidence**	**RAG status**
Embed Preceptorship programmes across Primary Care Networks	Continued attraction of newly qualified nurses to Primary Care Continued offer of fellowships programme and fundamentals courses	ongoing	TH		
Encourage Student Placements to be shared across PCN footprint	Increase in number of Practices hosting student nurses	April 23	Practice placement facilitators		

	PN placements shared across PCN which could attract more Practices				
Employ lead for TNA/NA and HCA development	Recruitment into the lead roles	December 22		**28/04/2022** Post had been advertised but no applications, to readvertise	
Support GPN's and HCA across PCN footprints to work at different organisational levels.	Support for HCA award programme Appointment of HCA lead Continue support for leadership programmes and masters courses for ANP Consideration of a lead nurse for each PCN	April 23	TH PCNF HCA Lead AP Lead		
Promote engagement with research and development in primary care to improve services and care.	Nurses involved in research programmes	April 23	PNCF AP Lead		
Promotion of ANP role and work to dispel the myths associated to underutilisation of ANPs		ongoing	AP lead		
Promote the GPN role via marketing and engagement with local school, colleges and universities.	Attendance at local career events Promotion directly with local schools and colleges	ongoing	PCNFs		

Explore the development of a GPN Nurse bank in conjunction with local GP locum bank	Work with ICB Primary Care workforce lead to explore opportunity for creation of local GPN bank alongside work to establish a local GP locum bank.	December 22	TH	**28/04/2022** Being investigated as part of the GP Lantern Locum platform Locum PN to be added to Lantern as a pilot	
Develop and support local GPN education forums.	Ongoing forums continuing External PLTs for PNs	ongoing	TH QL PCNF		
Investigate the role of a lead GPN's for Primary Care Networks If achievable to support funding for the role	Engage with ANPs/PNs to see what they envisage a role might entail Scope role of lead GPN for PCNs Share with Primary care for comments Create JD/PS Look at funding opportunities	April 23	TH QL AP Lead PCNF		
Encourage nurses to engage with digital technology and to become Digital Champions Promote the use of Virtual Group Consultations in service delivery for the management of Long-Term Conditions	Delivery of a local programme to train primary care staff in virtual group consultations. Aim for at least one practice per PCN initially. Utilise local digital nurse champions to support roll out.	March 2023	PCNF Training hub Quality Lead CCG	**28/10/21** 3 Practices signed up, continuing to promote **27/04/2022** 3 Practices signed up for intensive package for VGC Delayed due to pandemic	

Support the implementation of clinical supervision within general practice either face to face or electronic means. PNA model	Completion of questionnaire to gain baseline for current clinical supervision and ascertain preferred method of supervision. Creation of local best practice guidance/SOP for PN clinical supervision Explore PNA model			**27/04/2022** Delayed due to Covid Identified outside facilitator to lead the creation of a strategy and provision of MDT training which is in development. To be carried forward to 2022/23. Investigation of role of PNA in primary care	
Implement a workforce plan which focuses on recruitment and retention.	Use STP wide initiatives such as People Plan to direct Primary Care specific initiatives	March 23	Training Hub Quality Lead CCG	**28/10/21** PLAN: understand nurses coming up for retirement Identify vacancies across PCN Support for Practices in recruitment of new nursing staff **27/04/2022** Part of strategy Training and development for specific roles such as HCA/TNA and fellowship programme for newly qualified PNs	

Primary Care Commissioning Committee – 6 July 2022

<table>
<tr><td colspan="2">Agenda item no.</td><td colspan="8">PCCC 22-07.10</td></tr>
<tr><td colspan="2">Meeting date:</td><td colspan="8">6th July 2022</td></tr>
<tr><td colspan="2">Paper title</td><td colspan="8">Ukrainian Refugee Support- Update and proposed Local Enhanced Service (LES)</td></tr>
<tr><td colspan="2">Paper presented by:</td><td colspan="8">Tom Brettell Partnership Manager
Berni Williams Primary Care Lead - Contracting</td></tr>
<tr><td colspan="2">Paper approved by:</td><td colspan="8">Claire Parker</td></tr>
<tr><td colspan="2">Paper prepared by:</td><td colspan="8">Tom Brettell Partnership Manager
Berni Williams</td></tr>
<tr><td colspan="2">Signature:</td><td colspan="8"></td></tr>
<tr><td colspan="2">Committee/Advisory Group paper previously presented:</td><td colspan="8">Not previously presented</td></tr>
<tr><td colspan="10">Action Required (please select):</td></tr>
<tr><td>A=Approval</td><td>X</td><td>R=Ratification</td><td></td><td>S=Assurance</td><td></td><td>D=Discussion</td><td></td><td>I=Information</td><td></td></tr>
<tr><td colspan="2">Previous considerations:</td><td colspan="8"></td></tr>
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1. Executive summary and points for discussion

NHS Shropshire Telford and Wrekin Integrated Care System (STW ICS) is a key partner in the local response for providing support to refugees entering Shropshire. This work is led by the two local authorities and is predominantly focussed on the “Homes for Ukraine” scheme that supports host families to accommodate refugees.

On 14th June NHSE/i wrote to all ICSs with further guidance and instruction on the expected approach to supporting this programme and specifically requested ICSs to commission additional capacity for delivering robust initial health assessments.

This paper provides PCCC with an overview of the work undertaken and ongoing to support the programme and a proposes a Locally Enhanced Service (LES) for implementation in Shropshire, Telford and Wrekin for which approval is requested from members.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Primary Care Commissioning Committee is asked to:

Consider the content of the report and in particular the detail of the proposed LES for agreement at the meeting so that immediate implementation can follow.

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

5. Appendices

LES service specification.

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	Provides direct support to practices to enable them to promote the health and wellbeing of Ukrainian refugees and their host families.
Quality and Safety	

Equality, Diversity, and Inclusion	Ensures that the refugees are appropriately screened and given a comprehensive health check and have access to appropriate services and support.
Finances and Use of Resources	There is no additional funding to support this service therefore may result in increased costs to the ICS (Commissioners are expected to meet any additional costs arising from these services within the inflationary uplifts already provided in allocations)
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Request of Paper:	To approve LES	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	27th June 2022

Background

STW ICS input to the local response:
Since the end of March 2022, STW ICS has been a key partner in the local response to supporting refugees from Ukraine and their host families. This work is being led by the two Local Authorities via focussed working groups with membership from key departments across various organisations including the Shropshire Supports Refugees Charity.

The primary care team has led on ensuring that there is appropriate and structured health and wellbeing support for the refugees and their host families with a focus on Primary Care as the main point of access.

A series of actions have been implemented to achieve this:

- Creation of a resource pack for Practices that acts as a single point of access to information, guidance and resources to support them in working with refugees and their host families. Specifically this consists of:
  - Core guidance on what the "ask" is of practices
  - Promotional media in appropriate languages
  - Key contacts for assistance locally

- Creation of webpages on the ICS website for refugees and their host families https://www.shropshiretelfordandwrekinccg.nhs.uk/your-health/local-services/information-for-ukrainian-refugees/

- Regular messaging on health and wellbeing to refugees and host families via Whatsapp groups

- Established a strong working relationship with Dr Viktoryia Gabinet, a GP at South Hermitage who is of Ukrainian origin:
  - Providing insight into any specific cultural needs/ behaviours
  - Offer of support to fellow clinicians
  - Support and face of local promotional campaign including radio
  - Development of a health drop in event

- Ensuring that refugees have registered with practices and that practices are aware of the number of refugees in their catchment area using pseudonymised data from the local authorities

Further guidance from NHSE/I

NHS England and NHS Improvement issued a letter to Primary Care on 14th June 2022 further setting out expectations and support for GP registration and the management of the initial health needs for individuals and families coming to England fleeing the conflict in Ukraine.

This letter reiterated the importance of refugees registering permanently with their local GP, as the main way for them to access NHS services and additionally instructed ICSs to support delivery of a healthcare assessment in Primary Care via a Locally Enhanced Service.

Key points

GP registration should be managed sensitively. Proof of ID and address documentation are not required for registration, although will be needed for access to online services. The inability of anyone to present such information is not a reason to refuse registration. Confirmation of immigration is not required and should not be requested.
GP practices are required to offer a new patient consultation in the first six months of registration.

The letter asks Primary Care to ensure there is a robust approach to identifying individual health needs (for current and future arrivals) to locally commission additional capacity for delivering robust initial health assessments.

As people coming to the UK from Ukraine will be widely dispersed and the delivery of the initial health assessment from patients own registered GP practice therefore a local enhanced service pathway would be the most appropriate pathway. The letter states the expectation is that the contract value would not exceed £150 per patient for the initial health assessment.

Actions taken
Using the model template provided by NHSEI a service specification has been drafted and is ready to be issued to all practices - Appendix A

Claims and payments will be managed via CQRS local[1]

The draft service specification has been shared with the Local Medical Committee (LMC) for their review and comments.

Next steps
Subject to approval from PCCC, the service specification will be sent to all GP practices.

Any practices that have registered patients from the Ukraine are able to submit a retrospective claim.

Recommendation

Primary Care Commissioning Committee is asked to consider the report and in particular the content of the service specification for the LES and in particular the need to draw on existing resources to reimburse practices.

[1] https://welcome.cqrs.nhs.uk/cqrs-local

Appendix A: Proposed Services Specification for LES

Service Specification No.	
Service	Enhanced health check and support for practices registering people fleeing the conflict in Ukraine.
Commissioner Lead	NHS Shropshire, Telford and Wrekin.
Provider Lead	GP Practices
Period	1st April 2022 – 31st March 2023
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

People fleeing from the conflict in Ukraine and arriving in the UK under the Ukraine Family Scheme[2] or the Ukraine sponsorship (Homes for Ukraine[3]) Scheme have the same entitlements to NHS care as UK residents. However, while many individuals will face many of the same health problems as the UK population, they will likely in addition have:

- Suffered health impacts as a consequence of the war in Ukraine and their journey to the UK.
- Been separated from family and friends, including possible recent bereavement within members of their family or friendship circle due to conflict
- Increased risk of communicable and vaccine preventable diseases (Ukraine has one of the lowest rates of routine immunisation in the world)
- Have low awareness of the NHS and their entitlements to access NHS services
- Face language barriers in accessing the care they need and
- Arrive with no health record.

2. Outcomes

[2] Apply for a Ukraine Family Scheme visa - GOV.UK (www.gov.uk)

[3] Apply for a visa under the Ukraine Sponsorship Scheme (Homes for Ukraine) - GOV.UK (www.gov.uk)

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

The additional funding for this local enhanced service is for GP practices to plan or update their workforce set up, training needs and infrastructure in order to support the registration of newly arrived Ukrainian residents a robust and timely health assessment of their initial health and care needs.
This is in addition to the funding already available to GP practices under their contractual responsibilities to newly registered patients and the provision of all necessary essential, additional and commissioned enhanced services as may apply in the circumstances.
General practice plays a key part in assessing and managing the health needs of people fleeing the conflict from Ukraine and arriving in the UK, with patients' health needs generally considered in the same way as any other patients but with an uplift in service provision so that these are comprehensively captured recognising, they are new to the NHS, the circumstances of their arrival and the health impacts of this, including public health requirements.

3. Scope

3.1 Aim

This specification has been put in place in recognition the additional administrative pressures placed on practices, given the complexity of the people fleeing the war in Ukraine.

GP practices participating in this local enhanced service will:

3.1.1 Requirements

- Permanently register all people fleeing the conflict in Ukraine who settle in the practice area who request registration (or may be assigned by the commissioner)
- Support those individuals (and their sponsors as appropriate) with the registration process, whether online via the practice website or via paper registration form, using translation and interpretation services as required. Some patients may not have ID documents and not being able to provide ID is not a reason for refusing registration.

- Ensure all patients in this cohort have access to locally commissioned interpretation services as appropriate to their language needs
- Administer an appropriate new patient questionnaire for all newly registered patients in this cohort to help establish prior medical history and identify any immediate health needs in advance of initial health assessment. NHS England is expecting to make by early July 2022 a new (dual language) patient questionnaire, accessible for both patients and practices.
- Support collaborative working across local agencies to ensure patients in this cohort are provided with the services they need or are entitled to e.g. Local authority services (especially children and adult social care and public health in particular)
- Engagement with local safeguarding pathways and practice as appropriate to any identified child or adult safeguarding concerns including trafficking, modern slavery, sexual exploitation, female genital mutilation (FGM) and previous torture
- Signpost patients in this cohort to additional support services such as those for Rape Crisis or support following torture or for victims of trafficking
- Provide information/advice on access to free healthcare through the NHS, care pathways and self-care e.g. health costs exemption applications.

3.2 Service description/care pathway

This local enhanced service requires GP practices to:

1. Invite all newly registered patients in scope to attend an initial health assessment consultation. The mode of consultation (face to face, remote or telephone) to be agreed with the patient in advance.
2. To ensure the timing of that invite and the subsequent date of the initial health assessment consultation are as follows:
   a) Invites issued: within 10 calendar days of the date the patient was first accepted on to the practice patient list.
   b) Initial health assessment consultation: scheduled for within 30 calendar days of the date the patient was first accepted on to the practice patient list (unless the patient otherwise requests a later date or declines the offer).
3. Use the patients completed health questionnaire to prioritise such enquiries and examination as appropriate in that initial health assessment consultation.
4. Ensure all appropriate heath checks, enquiries, treatments and referrals are made and completed as recommended by the UK Health Security Agency Guidance “Arrivals from Ukraine: advice for primary care” for each individual patient. The guidance is available at: Arrivals from Ukraine: advice for primary care - GOV.UK (www.gov.uk)
5. Relevant supporting checklists are available to download or are in the pipeline for development on GP clinical systems.
6. Incorporate the principles of psychological first aid into clinical interviewing skills to sensitively engage with patients. Use trauma-informed approaches to care provision (use Useful links section below)
7. Ensure the outcome of the initial health assessment is recorded as appropriate within the patient’s clinical record.

3.3 Population covered

This local enhanced service applies to people fleeing the conflict in Ukraine who arrive in England under the under the Government’s Ukraine Family Scheme or the Ukraine Sponsorship (Homes for Ukraine). This local enhanced service does not apply to destitute asylum seekers from Ukraine who are in temporary Home Office

accommodation (as separate arrangements will apply to support their initial health needs.)

3.4 Any acceptance and exclusion criteria and thresholds
N/A
3.5 Interdependence with other services/providers

The service may access appropriate specialist support and input for patients through wider system services such as:

- Community and voluntary sector
- TB services
- Maternity services
- Safeguarding Teams
- Mental Health services
- Local Drug and Alcohol services
- Community Pharmacy
- Housing Departments
- Benefits Advisors
- Charitable and Voluntary Groups
- Disease Specific Nurses
- Disease Specific Therapists
- Community Nursing & Therapy teams
- Palliative Care
- Public Health Departments
- Adult Social Care Departments
- Sexual Health Services
- Lifestyle services i.e. smoking, weight management etc.
- Secondary care
- OUT of Hours- 111

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)
To ensure the practice is demonstrating adherence to safeguarding adults and children legislation and policies in this area and completion of relevant training.
To ensure the practice is demonstrating adherence to safeguarding adults and children legislation and policies in this area and completion of relevant training.
Compliance with:

- The Care Act 2014 and accompanying Statutory Guidance
- Children Working Together to Safeguard Children 2018
- The NHS Safeguarding Accountability and Assurance Framework 2019

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Homeless and Inclusion Health standards for commissioners and service providers
CQC - Registration and treatment of asylum seekers, refugees and other migrants

Follow the guidance in the NHS England leaflet for asylum seekers and refugees; How to Register with a Doctor (GP) – Gateway Reference 06277

Advisory Council on the Misuse of Drugs Report 2019

4.3 Applicable local standards

The Provider is required to assure the Commissioner of performance against the below:

- The Provider is CQC registered with no conditions.
- That all CQC quality outcomes and registration requirements are met and maintained
- The Provider will comply fully with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Be fully compliant with all requirements of their Primary Medical Services contract
- Practices are to report any incidents (including near misses, significant events, incidents and Serious Incidents (SIs), complaints and patient feedback relating to this service to NHS STW Quality Team. SIs must be reported within 24 hours following identification.
- Have a named lead clinician for the service
- Have a named safeguarding lead (who can be the clinical lead too)
- Ensure staff and clinicians participate in the appropriate training and education to improve knowledge and understanding of the needs of asylum seekers, refugees and the homeless. Doctors of the world, a third sector medical charity offer free 1-1.5 hour training sessions for GP practices accessible at: https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/resources-for-medics/safe-surgeries-peer-to-peer-training/

4.3.1 IT

- The provider must use its existing clinical templates available within its clinical systems.

4.3.2 Data standards

- The provider must have in place appropriate data sharing protocols which meet the DPA 2018 and GPDR
- Sharing data by fax, even a secure fax, is prohibited

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

- Patients are treated with privacy, dignity and respect at all times, all aspects of their service comply with the ten key components of 'The Dignity Challenge.' (Dept of Health, 2007).

- Patient information is treated confidentially by all staff and in strict accordance with Caldicott and Data Protection policies.

- The provider conforms to legislation prohibiting discrimination and the service should be open to all patient groups including housebound and hard to reach groups.

- The provider operates a complaints procedure in line with current guidelines. All complaints should be monitored, audited and appropriate action taken as required. The CCG is to be informed of any complaint made in relation to the service provided.

- All relevant employees are trained in and comply with relevant infection control techniques and in accordance with best practice and local policies.

- The provider has a contingency plan for failure of or breakdown in the Service as part of its overall Business Continuity plans.

5.2 Applicable CQUIN goals

Not applicable for this service or associated contract

6. Location of Provider Premises

The service provider's delivery points should be from sites where GMS/PMS/APMS services are delivered and/or remote or telephone consultations should be available for the patients, as appropriate.

7.Finance

The practice will receive payment based on the amount advised by NHS England and NHS Improvement; £150 per patient for the initial healthcare assessment.

8. Reporting and Monitoring Arrangements

Contract Management

The contract for the provision of the above service will be issued and managed by NHS Shropshire, Telford and Wrekin (NHS STW).

Management and monitoring of the contract will also be led by NHS STW.

Claims are expected to be submitted on a quarterly basis for the patients newly with the practice in the previous quarter. Payment will be made subsequent to relevant checks/audit as detailed below.

No **SNOMED** code currently exists for identifying a person fleeing the conflict in Ukraine so we recommend use of (Refugee(person)) **446654005** but acknowledge refugee status does not apply. The following code may additionally support or be of use:

- (Born in Ukraine (finding)) **315552001**

- (Ukrainian language interpreter needed (finding)) **20420100000010**
- (Russian language interpreter needed (finding)) **203971000000105**
- (New patient screening (procedure), New Patient Screening, New Patient Health Check) **171324002]**

Data extraction from clinical system will be required for any validation required.
CQRS LOCAL

Appeals about the awards made and any penalties taken can be made subject to the normal appeals process. NHS STW's decision is final.

Useful links

- Advice and guidance on the health needs of migrant patients for healthcare practitioners:
  - https://www.gov.uk/government/collections/migrant-health-guide
- All Our Health e-learning programme:
  - Vulnerability and Trauma Informed Practice Session:
    - https://www.e-lfh.org.uk/new-vulnerabilities-and-trauma-informed- practice-session-added-to-all-our-health-programme/
  - Inclusion Health Session:
    - https://www.e-lfh.org.uk/new-inclusion-health-session-added-to-all- our-health-programme/
- Psychological first aid principles:
  - https://www.who.int/publications/i/item/psychological-first-aid
- Refugee Council information, facts and guides:
  - https://www.refugeecouncil.org.uk/
- Doctors of the World resources including toolkits and translated resources:
  - https://www.doctorsoftheworld.org.uk/
  - https://www.doctorsoftheworld.org.uk/translated-health-information/
- BMA Refugee and Asylum Seeker Patient Health Toolkit:
  - https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit
- Sexual and gender-based violence in the refugee crisis: from displacement to arrival (SEREDA) - University of Birmingham:
  - https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx
- Maternal Health: exploring the lived experiences of pregnant women seeking asylum - Maternity Action
  - https://maternityaction.org.uk/lived-experiences-of-pregnant-women-seeking-asylum/

- Modern Slavery Helpline (24 hr, 365 days) on 08000 121 700. Trained Advisors can help support with all types of exploitation linked to modern slavery including domestic servitude:
    - https://www.modernslaveryhelpline.org/
- National Referral Mechanism | Every Child Protected Against Trafficking UK
    - https://www.ecpat.org.uk/national-referral-mechanism
- NHS England Safeguarding App:
    - https://www.england.nhs.uk/safeguarding/nhs-england- safeguarding-app/

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 clinical staff/representation on the operational workforce groups 3. Attendance at regional workforce 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 includes ability to manage the backlog and manage staff shortages either through 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 T Jones 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 opportunities for pilots such as the 'Cavell' project is used to the benefit 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 T Jones Amended C Parker June 21	Open
STW 07		PCCC 06/21 C Parker	**Covid Expansion Fund** Allocation of practice Covid expansion fund was incorrectly calculated 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 pulse oximetry 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 elsewhere.	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 quality of care or inefficient 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/I. 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 liaison 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 identified 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 remains low as new ways of working together arising form Covid opportunities Agreed 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 upheld 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 liaison 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 existing 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 Performance committee 5. EDEC	1. Missed opportunities during visits to explore specific areas with Practices in further depth. 2. Missed opportunities 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 re-establish 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.