

**Shropshire and Telford & Wrekin CCGs Primary Care Commissioning  
Committee**  
**Meetings in Common held in Public**  
**to be held on Wednesday 3 February 2021**  
**at 10.00 a.m. via Microsoft Teams**

**AGENDA – PART 1**

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

Item Number	Agenda Item	Presenter	Purpose	Paper	Time
PCCC-21-02.01	Welcome and Introductions	Chair	I	Verbal	10.00
PCCC-21-02.02	Apologies	Chair	I	Verbal	10.00
PCCC-21-02.03	Members' Declaration of Interests	Chair	I	Verbal	10.05
PCCC-21-02.04	Minutes of Previous Meeting and Matters Arising:- <ul style="list-style-type: none"> <li>• PCCC 2 December 2020</li> <li>• Action Tracker</li> </ul>	Chair	A	Enc.1 Enc.1A	10.10
PCCC-21-02.05	Finance Update	Claire Skidmore	I	Enc. 2	10.25
PCCC-21-02.06	Methodology to Update Primary Care Strategy	Phil Morgan	I	Verbal	10.35
PCCC-21-02.07	Churchmere / Dodington Merger Proposal	Dr Gary Branfield / Janet Gittins	A	Enc. 3	10.40
PCCC-21-02.08	Quality Outcomes Framework	Bernie Williams	I	Enc. 4	10.50
PCCC-21-02.09	Primary Care Quarterly Quality Report	N/A	I	Enc. 5 (Info Only)	11.00
PCCC-21-02.10	Risk Register	Claire Parker	S	Enc. 6	11.10
PCCC-21-02.11	Any Other Business	Chair	I		11.20
PCCC-21-02.12	Date and Time of Next Meeting: Wednesday 7 April 2021 at 10.00 a.m.				

**Shropshire Clinical Commissioning Group**

**MINUTES OF THE PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)**  
**HELD VIA MICROSOFT TEAMS AT 10.15 A.M. ON**  
**WEDNESDAY 2 DECEMBER 2020**

**PART 1 SECTION**

**Present**

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement
Dr Andy Watts	Independent GP, Telford & Wrekin CCG
Dr Colin Stanford	External GP Member
Mrs Claire Skidmore	Executive Director of Finance
Ms Claire Parker	Director of Partnerships

**In Attendance**

Dr Julian Povey	Joint Chair, Shropshire Telford & Wrekin CCGs
Dr Adam Pringle	GP/Healthcare Professional Governing Body Member
Dr Deborah Shepherd	Joint Interim Medical Director
Mrs Vanessa Barrett	Healthwatch Shropshire
Mr Steve Ellis	Head of Primary Care, Shropshire CCG
Mrs Corrine Ralph	Head of Primary Care, Telford & Wrekin CCG
Mrs Chris Billingham	Personal Assistant; Minute Taker

**PCCC-2020-12.17 – Welcome and Introductions**

Mrs Macarthur welcomed everyone to the meeting and introduced Joan Barnett, Auditor, CW Audit, who was in attendance to observe the Committee.

**PCCC-2020-12.18 - Apologies**

Apologies were received from Dave Evans, Julie Davies, Steve Trenchard, Zena Young and Andrea Harper.

**PCCC-2020-12.19 - Members' Declaration of Interests**

Dr Povey referred to an item on the Agenda which was an application from his Practice (Pontesbury) to merge with Worthen Medical Practice. It was intended that he and Izzy Cullis would present the paper and answer any questions.

Mrs Macarthur confirmed that this had been discussed with governance leads outside of the meeting who had agreed that this was an appropriate way forward. However, Dr Povey would be excluded from any discussions and decision making in relation to this item.

Dr Adam Pringle advised that he is a GP Partner of a Practice in both Shropshire and Telford and Wrekin.

**PCCC-2020-12.20 – Minutes of Previous Part 1 Meeting**

The Minutes of the previous Part 1 meeting were reviewed and approved, provided the following amendments were made:-

Mr Vivian referred to the minutes of the October meeting and the reference to him welcoming Mrs Macarthur to the meeting, stating that she “was about to commence employment with the CCG”. He requested that this should be amended to read “who was about to commence her appointment to the role of Lay Member within the CCG”.

The minutes of the previous meeting were approved by the Committee.

The combined Action Tracker was reviewed and updated as appropriate.

#### **PCCC-2020-12.21 – Finance Update**

Mrs Skidmore reported that the Month 7 position had now been closed down. Overall, for the delegated budget, the CCG is forecast to be within the budget allocated for this year. However, anomalies will be seen within the report this month because of issues around fixed phasings in the ledger which the Finance team were unable to move in Month 7, and also coding issues. NHS England has assured Mrs Skidmore that these issues will be resolved by Month 8 reporting. The CCG is on track to meet the forecast position.

The Committee noted the contents of Mrs Skidmore’s report.

#### **PCCC-2020-12.22 – Primary Care Strategy Delivery**

Mr Morgan advised that the Primary Care strategy was in need of revising and updating. However, updating the report for each Committee is becoming more difficult as some of the original outcomes and objectives previously set have become outdated.

As a result of COVID-19 and pressures on the Finance team, the report did not contain a rag rating for the progress status against the 9 programmes. However, for each programme the original anticipated outcome from the strategy in place 18 months ago has been included. Good progress is being made against all 9 programmes in the strategy and there were no significant issues to be drawn to the attention of the Committee.

Mr Morgan’s report was taken as read and questions were invited.

Dr Povey queried risks relating to IT and also commented that some of the risks which were rated as 12 and were identified as amber risks may have been incorrectly coded.

Mr Ellis and Mrs Skidmore confirmed that considerable progress was being made on domains and the Windows 10 rollout, and CSU intend to complete rollout of this in the next quarter. The Windows 10 rollout will be carried out almost immediately. Domains will take longer but the CCG now has a signed off project plan for the first 30 Practices and conversation is ongoing with the CSU as to how the programme will be completed. Practices have been prioritised as to which will be first based on a number of practical and operational issues. FTTP rollout is also moving at significant pace.

Dr Watts referred to the Sustainability and Transformation Plan (STP) and queried how Mr Morgan would ensure that Primary Care is represented both in development of the strategy and also in terms of the integrated care submission for the STP.

Mr Ellis replied that in terms of continuing to develop the strategy key individuals within Primary Care Practices would be involved and this would be done through the PCN (Primary Care Network) route. Priorities are also included in the Long Term Plan.

Ms Parker referred to ICS involvement, advising the meeting that the CCG has been constantly considering how the Primary Care voice is strengthened both through the PCN as providers and via the place based elements.

The Committee noted the contents of Mr Morgan's paper.

**ACTION: Dr Shepherd to liaise with Dr Watts to discuss what is being done on ICS involvement in Herefordshire to help inform what the two CCGs in Shropshire do.**

**PCCC-2020-12.23 – Application for Practice Merger – Pontesbury/Worthen**

The Chair reminded those present that, as identified at the start of the meeting, Dr Povey had a conflict of interest. He would be involved in presenting the paper but would not be taking part in any discussions or decisions.

Jenny Stevenson, Locality Manager for Shrewsbury, introduced the paper which related to an application by Pontesbury and Worthen Medical Practices to merge their Practices with effect from 1 April 2021. Izzy Cullis was project managing the merger and she had joined the meeting to update the Committee on the main points of her paper.

The Practices have worked together for many years and are very similar. Their boundaries adjoin each other and all of the GPs in both Practices are very active within Shrewsbury PCN of which they are both a part.

It is important to note the engagement that has taken place which, during the current pandemic, has been extremely difficult as no face to face or public consultation exercises have taken place. However, a dedicated website was created specifically for the merger, a letter and poster for patients is available in Practices which patients can take away with them, and information has been communicated on social media.

All staff are on the same terms and conditions and no staff issues are anticipated if the merger is approved. Both Practices use the same IT and the intention is to merge the systems and the appointment configuration of both Practices.

Ms Cullis invited questions.

Dr Shepherd asked what conversations had taken place with Westbury, an adjoining Practice. Dr Povey replied that Pontesbury had communicated not only to their own patients, but to all the Practices in the PCN the intention to merge the two Practices. A direct conversation has taken place with Westbury. The main Practice buildings and Practices boundaries will not change. There is a huge overlap between all three Practices and traditionally the Practices work very closely together. No objections or concerns have been raised.

Dr Stanford commented upon the lack of detail regarding transport arrangements between the two sites and also the management of dispensing arrangements for the whole population.

Dr Povey replied that there were no plans to alter the opening hours of either surgery; if anything, access would be improved. The intention is to fully integrate the system to enable the surgeries to be viewed as one Practice. A different partner will cover the Worthen site each day. With regard to dispensing, Worthen are 100% dispensing to 2,000 patients and Pontesbury are dispensing to 65-66% of 4,500 patients. As both Practices are dispensing within the regulations dispensing would continue from both sites. There will be efficiencies over time in twin site dispensing and how that is dealt with. Pontesbury operates a home delivery service three days a week which is funded by the Practice and there are plans to increase that service. There is also a chemist in Pontesbury.

Dr Watts expressed his support for the merger, stating that neither of the Practices was excessively large and resilience would be increased.

Mr Vivian requested that the CCG should ensure that Shropshire Council and Healthwatch Shropshire are aware of the proposed Practice merger.

**ACTION: Mr Ellis to ask Jane Ibbs to contact Healthwatch Shropshire and Shropshire Council to ensure that they are aware of the proposed merger of Pontesbury and Worthen Medical Practices.**

***Dr Povey left the meeting at 11.06 a.m. whilst the Committee discussed the proposal.***

The Committee noted the application and proposal. The Chair advised the Committee that this was a decision for Shropshire CCG and noted that from comments received, it would appear that the Committee were supportive of the recommendation. There was no dissent, on which basis the Committee accepted and approved the recommendation that Pontesbury and Worthen Medical Practices would merge with effect from 1 April 2021.

***Dr Povey rejoined the meeting.***

#### **PCCC-2020-12.24 – EDEC – Primary Care Electronic Declaration**

Bernadette Williams, Commissioning Manager – Primary Care, advised that the Practice Electronic Declaration (eDec) is a mandatory data collection, the information of which is necessary to support CCGs in their delegated functions. Key points of her report were:-

- The General Practice Electronic Declaration (eDec) is an annual contractual requirement in which Practices provide answers to a series of questions with the purpose of providing assurances of contract compliance.
- The return period is usually from the last week of October until the first week of December.
- The eDec is submitted by a senior member of the Practice staff, usually the Practice Manager and/or senior partner.
- The 2019/20 eDec was prepopulated with responses from the 2018/19 collection of information from Practices. A number of questions are voluntary but all Practices were encouraged to provide an answer.
- There were no concerns identified from the Practice submissions albeit a number of anomalies were identified.

The report stated at point 4.1 that this year's submission had not been finalised. However, since preparation of the report, Practices have been sent a link to enable them to start making their submissions. This year there have been eight additional questions relating to Practice opening, Practice procedures and Practice IT. The final submission date is 15 January 2021. The Commissioning team hopes to monitor the submissions via NHS Digital to ensure 100% completion.

Ms Williams invited questions.

Mrs Macarthur noted that no concerns were identified, but as a number of anomalies existed which had not been challenged or corrected she enquired as to the current position.

Ms Williams replied that anomalies are usually a result of questions being overlooked. They will be checked back with the relevant Practices.

Dr Shepherd queried whether advice and support was provided to Practices prior to completion of the questions. It may be that feedback needs to be given to the originator of the questions if wording can be misconstrued as answers cannot be changed after submission and it is important that the information submitted is accurate.

Ms Williams replied that an annual Practice visit normally takes place, but because of the pandemic these visits have not been possible. Issues are usually addressed during those visits, or advice sought from NHS England should further clarification be required.

Mr Vivian referred to engagement with Patient Participation Groups and queried whether the quality of the relationship with these groups was given due consideration. Ms Williams confirmed that this was usually an agenda item during the annual Practice visits. Mr Vivian referred to differences in the approach taken by the two CCGs and suggested that Alison Smith should be involved as the patient and public involvement approach was currently being designed and it would be useful to connect up the PPG relationships with this piece of work.

Mrs Macarthur suggested that this topic should be an item for a future Primary Care Commissioning Committee.

Dr Shepherd asked how the function will be managed going forward as the Covid situation would not be resolved in the short term. She also asked if it was intended to carry out virtual visits in order to assure ourselves of Practice quality in the longer term.

Mrs Ralph replied that Practice visits were completed up to February last year therefore Telford and Wrekin have not missed any. Last year combined visits were carried out with Medicines Management, Quality and Primary Care to try and reduce the demands on Practices. Core indicators were picked up that were considered to be particularly pertinent. There is no reason why this type of approach could not be rolled out.

**ACTION: Mrs Ralph to bring a paper to a future PCCC to outline a way in which eDec Practice visits and submissions could be taken forward in the longer term in the light of ongoing disruption due to the pandemic.**

The Chair drew discussions to a close, confirming that the Committee had considered the content of the report, had received verbal assurance that anomalies had been picked up and that the CCGs are therefore compliant. The CCGs will receive a verbal update now that the new eDec has opened for completion by Practices until January 2021.

The recommendations contained within Ms Williams report were approved by both CCGs.

#### **PCCC-2020-12.25 Quality Outcomes Framework**

Mrs Ralph advised that work on the Quality Outcomes Framework will take longer than anticipated and will be deferred to the February 2021 meeting.

**ACTION: Mrs Ralph to submit a paper on the Quality Outcomes Framework to the February 2021 Committee.**

#### **PCCC-2020-12.26 Risk Register**

Mrs Ralph advised the meeting that feedback had been received from the Board in relation to the risk register. A temporary Board assurance has been compiled that covers the period of time whilst the organisations are working jointly as two CCGs until they become one in April 2021.

Mrs Ralph had therefore aligned the risk registers to create a level of consistency across them all. The register now comprised a spreadsheet for Shropshire, one for Telford and Wrekin which showed no current risks, and a joint spreadsheet. Where possible, the risks have been linked to a shared register.

The Committee's attention was drawn to an item on the Shropshire risk register relating to Practice visits and Jane Sullivan was called upon to provide background relating to risk SO2. Ms Sullivan advised that this is a historic risk that was placed on the register some time ago. Practice visits were being reviewed from a quality perspective and work is being carried out with Locality Managers to instigate a system for doing that. Moving forwards, a consistent approach across both CCGs is required.

The Committee had no questions.

The Chair summarised that no new risks had been identified in this part of the meeting and no items required amendment.

Dr Pringle observed that there was no mention of funding on the risk register. Mrs Macarthur expressed her assumption that funding would appear on risk registers that were submitted to other Committees. There were no replies to this assumption and Ms Parker agreed to pick this up as an action in order to identify that appropriate Committees were advised of funding related risks.

**ACTION: Ms Parker to establish whether funding is identified as a risk on risk registers submitted to other CCG Committees.**

One risk on the Shropshire register had not been rag rated as Mrs Ralph believed that it could be removed. The Out Of Hospital services review – SC01 - was an old risk and the CCG is now in a different arena than when that particular risk was first identified.

Dr Povey commented that this was not part of the delegated responsibility; it *is* a risk but should be sitting within one of the Directorate risks or with Joint Strategic Commissioning Committee.

Mr Ellis commented that the risk dates back to the formation of Primary Care Networks and was linked to what the CCG thought Primary Care Networks might look like. It is not an appropriate risk for the Primary Care team to hold. He believed that the CCG needs to be mindful of it, but agreed that it is no longer the same risk.

**ACTION: Mrs Ralph to transfer Out of Hospital services review to the appropriate register.**

### **PCCC-2020-12.27 Any Other Business**

#### ***Healthwatch Shropshire***

Mrs Barrett provided a verbal update on the activities of Healthwatch Shropshire that were relevant to Primary Care.

Healthwatch plan to extend the discharge survey to end of December to attempt to increase the number of responses. They have now published on their website the report on Telephone, Video and Virtual Appointments. The report can be accessed via the following link:-  
<https://www.healthwatchshropshire.co.uk/>

Healthwatch was asked to develop a survey of Outpatient services and referral processes during COVID-19. They have been unable to make any progress because they do not have the link.

**ACTION: Ms Parker to ask Dr Davies to liaise with Healthwatch Shropshire regarding their survey of Outpatient services and referral processes during the pandemic.**

**PCCC-2020-12.28 Date and Time of Next Meeting**

The next Primary Care Commissioning Committee will take place on Wednesday 3 February 2021 commencing at 9.30 a.m.

DRAFT



Shropshire CCG Primary Care Committee Action Tracker  
Part 1 Meeting – 2 December 2020

Agenda Item	Action Required	By Whom	By When	Date Completed
<p><b>PCCC-2019-10.075</b></p>	<p><b>Estates Strategy</b> Mr Brettell to:- - Amend Point 5 of the recommendations to specifically reflect the Committee's wish to receive assurance that the financial position is fully addressed in the modelling of the Estates Strategy.  - Amend Point 5 of the recommendations to provide an improved explanation of the proposed delivery plan.  - Include reference to proposed large scale developments within the Strategy and their potential impact on GP Practices, and incorporate all other minor amendments suggested by the Committee into his revised report.</p>	<p>Mr Brettell  Mr Brettell  Mr Brettell</p>	<p>June 2021</p>	<p>Work is ongoing on the Estates Strategy to complete these actions. Specifically two key pieces of work have now been commissioned- a detailed utilisation study, and a data dashboard. Both of these are part of regional and national pieces of work and will enable the completion of the actions. <b>An update paper will be presented to December 2020 PCCC.</b>  <b>December Update:</b> Mr Ellis advised that work is ongoing. A meeting has taken place with a regionally commissioned NHSE organisation who are doing much of the data work. That work will not be completed until April 2021 to inform the Estates Strategy. Final Strategy to be submitted to the June 2021 Committee.</p>
<p><b>PCCC-2019-12.097</b></p>	<p><b>Medicines Management Strategy Progress Delivery Report</b> Spend on dressings to be reported to PCCC on a monthly basis.</p>	<p>Claire Parker</p>	<p>February 2021</p>	<p><b>December 2020 Update:</b> Ms Parker to discuss with Mrs Young whether this should be reported to PCCC or Quality Committee.</p>

<b>PCCC-2020-2.008</b>	<b>Quality Report</b> Mr Ellis to bring a Triangulation Report developed by the Primary Care and Business Improvement teams to the next meeting.	Mr Ellis	April	To be completed – dashboard delayed. This will be picked up again with the BI team.  <b>December Update:</b> No progress has been made since COVID-19. It is now proposed that this should be dealt with by Quality Committee. Wider discussion to take place outside of PCCC around topics that still need to come to PCCC.
<b>PCCC-2020-10.08</b>	<b>Primary Care Network Report</b> Mrs Wilde to submit a PCN Update report to the December Committee	Mrs Wilde	December	<b>December Update:</b> The PCN Programme Director left the CCG very quickly and there was no handover. However, there is much PCN work happening as a result of COVID-19. Ms Parker has advised Locality Boards that the Primary Care development work will be picked up again in the New Year. An update report to be submitted to PCCC February 2021 meeting.
<b>PCCC-2020-10.09</b>	<b>Pharmacy Workforce Model</b> Mrs Walker to review the issues, questions and feedback raised by the Committee around Pharmacy workforce and provide an update to a future Committee.	Mrs Walker	Ongoing	<b>December Update:</b> Mr Ellis to pick this up with Liz Walker.
<b>PCCC-20-10.13</b>	<b>GP Patient Survey</b> Mr Ellis to advise the Primary Care team of Mr Vivian's request for more detailed information to be included in the Executive Summary of any report going forward.	Mr Ellis	Ongoing	
<b><u>PCCC-20-10.14</u></b>	<b>Risk Register</b> Mrs Ralph to review and align the PCCC Risk Register and the Restore/Recovery Risk Registers as appropriate in relation to the risk posed by Covid.	Mrs Ralph	December	

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2020-12.22	<p><b>Primary Care Strategy Delivery</b> Dr Shepherd to liaise with Dr Watts to discuss what is being done on ICS involvement in Herefordshire to help inform what the two CCGs in Shropshire will do.</p>	Dr Shepherd	February	
PCCC-2020-12.23	<p><b>Application for Practice Merger – Pontesbury/Worthen</b> Mr Ellis to ask Jane Ibbs to contact Healthwatch Shropshire and Shropshire Council to ensure that they are aware of the proposed merger of Pontesbury and Worthen Medical Practices.</p>	Mr Ellis	ASAP	
PCCC-2020-12.24	<p><b>EDEC</b> Mrs Ralph to bring a paper to a future PCCC to outline a way in which eDec Practice visits ad submissions could be taken forward in the longer term in light of ongoing disruption due to the pandemic.</p>	Mrs Ralph	Ongoing	
PCCC-2020-12.25	<p><b>Quality Outcomes Framework</b> Mrs Ralph to submit a paper on the Quality Outcomes Framework to the February 2021 Committee.</p>	Mrs Ralph	February 2021	
PCCC-2020-12.26	<p><b>Risk Register</b> Ms Parker to establish whether funding is identified as a risk on risk registers submitted to other CCG Committees.</p> <p>Mrs Ralph to transfer Out of Hospital services review to the appropriate register.</p>	<p>Ms Parker</p> <p>Mrs Ralph</p>	<p>February 2021</p> <p>February 2021</p>	

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2020-12.27	<b>Any Other Business</b>  <b>Healthwatch Shropshire</b> Ms Parker to ask Dr Davies to liaise with Healthwatch Shropshire regarding their survey of Outpatient services and referral processes during the pandemic.	Ms Parker	February 2021	

**Telford and Wrekin CCG Action Tracker – Part 1 Meeting**

	Meeting Date	Agenda Item	Action	Actioned By	Date
1.	04.02.20	5.20.3	<p><b>Primary Care Strategy (including Extended Access):</b></p> <p>Mr Eastaugh noted the 130% increase in Junior Doctors since 2015 and suggested more could be done to encourage them to remain local on completion of training.</p> <p>The Committee requested that a paper be produced detailing what the CCG were doing to address the recruitment issue. Mrs Ralph agreed to provide this.</p> <p><b>October 2020 Update:</b> Outstanding. If insufficient information is contained within the Strategy report, Mrs Ralph will provide a more detailed report to the December PCCC.</p>	Corrine Ralph	Ongoing

**REPORT TO :**                    **Shropshire and Telford & Wrekin Primary Care Commissioning Committee Meetings in Common held in Public on 3<sup>rd</sup> February 2020**

<b>Item Number:</b>	<b>Agenda Item:</b>
PCCC-21-02.05	Month 9 Primary Care Finance Position

<b>Executive Lead (s):</b>	<b>Author(s):</b>
Mrs Claire Skidmore	Angharad Jones / Roger Eades

<b>Action Required (please select): A</b>										
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>	x

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

<b>Executive Summary (key points in the report):</b>
<ul style="list-style-type: none"> <li>• This report provides an update on the latest Primary Care financial position for both CCGs for the period ending 31<sup>st</sup> December 2020.</li> <li>• The current Forecast overspend is £1.1m and puts a significant increased burden on the wider CCG.</li> <li>• The CCG Finance team continue to scrutinise all area's of the Delegated budget.</li> </ul>

1.	Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i> There is a risk of overspend in these budgets, this will be mitigated with the review of expenditure forecasts on a regular basis. Appropriate action will be taken where possible in order to achieve a break-even position.	Yes
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

Both CCG committees are asked to note the finance position at Month 9 2020/21.

# 1. Executive Summary

This report provides an update on NHS Shropshire CCG and NHS Telford and Wrekin CCG's primary care Co Commissioning financial position to 31<sup>st</sup> December 2020. A summary of performance against overall financial objectives is shown in the table below:-

Objective	SCCG RAG	SCCG In Month Change	TWCCG RAG	TWCCG In Month Change	Comments
Year to date position is in line with the plan trajectory	<span style="background-color: green; width: 20px; height: 20px; display: inline-block;"></span>	<span style="background-color: lightblue; width: 20px; height: 20px; display: inline-block; text-align: center;">➡</span>	<span style="background-color: green; width: 20px; height: 20px; display: inline-block;"></span>	<span style="background-color: lightblue; width: 20px; height: 20px; display: inline-block; text-align: center;">➡</span>	The combined year to date position is £38K underspent.
Year end forecast is in line with the plan trajectory	<span style="background-color: red; width: 20px; height: 20px; display: inline-block;"></span>	<span style="background-color: lightblue; width: 20px; height: 20px; display: inline-block; text-align: center;">⬇</span>	<span style="background-color: red; width: 20px; height: 20px; display: inline-block;"></span>	<span style="background-color: lightblue; width: 20px; height: 20px; display: inline-block; text-align: center;">⬇</span>	<ul style="list-style-type: none"> <li>The joint forecast position shows an overspend for the year of £1.1m. This over spend directly relates to the current shortfall in allocation relating to the Covid Expansion Fund. Discussions are currently on-going with NHSEI as to if this gap will be covered.</li> <li>An overall CCG finance strategy has been submitted as part of the application to become a single commissioner, and work is currently underway with NSHEI on the plan for 21/22 and future years.</li> <li>The finance team plan to share the detailed plans for Primary Care as soon as confirmation around future year planning guidance is received. However based on current information the plans do present a deficit within Co-Commissioning budgets.</li> <li>The majority of expenditure within the Co-Commissioning budget is mandated by national contracts and directions which make it difficult for the CCGs to influence the expenditure. Benchmarking is currently underway to highlight areas where there could be scope to influence the expenditure and reduce the future years' projected overspend. The finance and primary care teams are working together to review any discretionary spend that can be reduced.</li> </ul>

## Key



On Track  
Improvement



Moderately Off Track  
No Change



Materially Off Track  
Deterioration



# 2a Primary Care Delegated Commissioning – Telford and Wrekin CCG

	M9 Budget Year to Date	M9 Actual Year to Date	M9 Variance Year to Date	2021/21 M1-12 Budget	Forecast M1-12	Forecast Variance M1-12
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Primary Care Delegated Commissioning</b>						
GMS	12,817	12,817	(0)	17,089	17,089	0
Enhanced Services	1,406	1,405	(1)	1,887	1,884	(3)
QOF	1,826	1,826	0	2,435	2,435	0
Premises Costs Reimbursements	1,713	1,693	(20)	2,267	2,257	(10)
Dispensing/Prescribing Drs	209	231	21	279	308	29
Other GP Services	248	227	(21)	323	716	393
Reserves	0	0	0	157	157	0
<b>Total Primary Care Delegated Commissioning</b>	<b>18,219</b>	<b>18,199</b>	<b>(20)</b>	<b>24,438</b>	<b>24,846</b>	<b>408</b>

The Month 9 year to date position is an underspend of £20k

Year to Date Variances:

- Premises: The reason for this £20k variance is due to the reducing monthly values seen in the invoices received in relation to Clinical Waste and Water Rates.
- Other GP Services: The year to date variance here is in relation to the movement of some costs that were incorrectly allocated to delegated budgets, when the funding sat within the core CCG budget.
- Dispensing/Prescribing Doctors: There was a slight increase in trend of expenditure within this area which has also been reflected in the slight increase in forecast.

The Forecast Outturn at Month 9 is £24.8m, which is an overspend of 408k.

Forecast Variances:

- Premises: As per the year to date variance this is due to the decrease in costs seen in the monthly invoices for clinical waste and water rates.
- Dispensing/Prescribing Doctors: This 29k forecast overspend is due to the slight increase in expenditure trend.
- Other GP Services. The overspend in this area of the budget is in relation to the cost pressure of 413k which has materialised in regards to the Covid Expansion Fund. The STP was originally allocated £2.4m which was then allocated based on population across both CCG's. However the CCG was later notified that there was an error in the original allocation calculation and the £2.4m was then reduced to £1.28m which has therefore caused a potential cost pressure in both CCG's. Further discussions are taking place with NHSE/I both Regionally and Nationally to agree a solution.

# 2b Primary Care Delegated Commissioning – Shropshire CCG

## Key Messages :

### **Primary Care - Delegated Commissioning**

The delegated commissioning budget currently shows an overall £18k underspend YTD and a £737k overspend position.

### **YTD Main Issues :**

- Dispensing (£59k) - This saving has reduced in M8 by £40K and is the first upward movement in recent months so we are very uncertain as to if the accumulated savings pattern will continue
- Other – GP Services. This cost pressure relates to Locum charges, where we have seen a significant increase in M9, possibly linked to the Covid situation

### **FOT Position :**

- The Current FOT is in line with the plan submitted at M7, with three exceptions, those being:
  - G.P. GMS £358K. This is partly due to a one off sum for practice merger support, the remainder is due to the allocation of the budget. The corresponding underspend is sat within the reserves line, and the budget will be realigned at Month 10 to reflect this.
  - Enhanced Services £737k which is connected to a potential funding gap regarding the Covid Expansion Fund (reduced allocation that is being discussed with NHSEI),
  - Other – GP Services. £295k. which is linked to Locum Charges which have increased significantly in M9.

Primary Care Delegated Commissioning	2020/21			2020/21		
	M9 YTD Budget	M9 YTD Actual	M9 YTD Variance	Budget	M12 FOT	Var Budget V M12 FOT
	£'000	£'000	£'000	£'000	£'000	£'000
General Practice - GMS	23,070	23,088	18	30,874	31,232	358
General Practice - PMS	279	273	- 6	385	385	-
Enhanced Services	3,030	3,030	-	4,973	6,005	737
QOF	3,421	3,421	-	4,557	4,557	-
Premises cost reimbursements	4,228	4,204	- 24	5,992	5,992	-
Dispensing	1,773	1,714	- 59	2,663	2,663	-
Other - GP Services	525	578	53	735	735	295
Net Reserves	-	-	-	653	-	653
<b>Co Commissioning Total</b>	<b>36,326</b>	<b>36,308</b>	<b>- 18</b>	<b>50,832</b>	<b>51,569</b>	<b>737</b>

# Appendices

Appendix 1	Non Delegated Primary Care budget information for T&WCCG
Appendix 2	Non Delegated Primary Care budget information for SCCG

These appendices are included for information to inform the committee of financial performance in the non delegated primary care budgets of the CCGs.

# Appendix 1 - Non Delegated Primary Care budget information for T&WCCG

## Prescribing

The Month 9 full year spend forecast for prescribing is £29.1m. The year to date position is an underspend of £164k with a forecast overspend of £104k. The forecast is based on the latest PMD forecast, adjusted to include a 2% risk reserve to cover possible effects of the pandemic and Brexit on prescribing trends and costs. This risk reserve will be reviewed on a monthly basis. The PMD forecast increased by over £100k from the previous month forecast.

The reason for the year to date underspend is due to the value of the flu and pneumococcal recharge to NHSE/I. The budget was not phased to take into account the recharges expected in Qtr 3. Due to the nature of the timing of the flu vaccines, the level of recharge will decrease in Qtr 4 and it is expected that expenditure will come back in line with the PMD forecast.

## Out of Hours

The full budget for this contract has now been moved from Community Services and is therefore showing breakeven year to date and forecast.

## Enhanced Services

The Month 9 position is showing a slight underspend of £9k, this is due to some GP covid claims not being approved which has previously prudently been included in the position. The forecast outturn remains breakeven as there have been some increased costs seen in other areas within this budget line which suggests that the £9k year to date underspend will be spent over the last quarter.

## Primary Care Other

The Month 9 year to date variance for the areas within Primary Care Other is an underspend of £73k. The full year forecast outturn is an underspend of £115k. The main reasons for the individual year to date variances are explained below

- Commissioning Schemes: This underspend is in relation to the PEARS schemes, for Qtr 1 and 2 activity, however this trend is not set to continue and the position is expected to come back in line with forecast by year end.
- Oxygen: Both the year to date and forecast positions have been updated to reflect the continuing trend of expenditure which is on average 32% lower than 1920 levels. This is believed to be due to the re-negotiation of the regional contract with the supplier.
- Primary Care Other: This slight underspend is spread over a few lines and expenditure is expected to come back in line with the breakeven forecast.
- Primary Care Pay: This underspend is in relation to a member of staff who is on secondment. The post will not be backfilled due to the management of change process that is currently underway.

	M9 Budget Year to Date	M9 Actual Year to Date	M9 Variance Year to Date	2021/21 M1-12 Budget	Forecast M1-12	Forecast Variance M1-12
<b>Primary Care Non Delegated Commissioning</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Prescribing	21,700	21,537	(164)	29,046	29,150	104
Out of Hours	1,650	1,650	(0)	2,200	2,200	0
Enhanced Services	1,886	1,876	(9)	2,917	2,917	0
<b>Primary Care Other</b>						
- Commissioning Schemes	194	153	(41)	266	265	(1)
- Oxygen	313	290	(23)	472	376	(97)
- Central Drugs	653	657	4	871	871	0
- Prescribing Incentive Scheme	37	37	0	49	49	0
- GP Forward View	785	792	7	1,045	1,050	5
- Primary Care Other	527	508	(19)	774	774	(0)
- A&E Streaming	583	583	0	778	778	(0)
- Primary Care IT	459	464	5	1,050	1,050	(0)
- Primary Care Pay	616	611	(6)	796	774	(23)
<b>Primary Care Other Total</b>	<b>4,169</b>	<b>4,096</b>	<b>(73)</b>	<b>6,102</b>	<b>5,987</b>	<b>(115)</b>
<b>Total Non Delegated Commissioning</b>	<b>29,404</b>	<b>29,158</b>	<b>(246)</b>	<b>40,264</b>	<b>40,253</b>	<b>(11)</b>

# Appendix 2 - Non Delegated Primary Care budget information for SCCG

## Key Messages :

### **Prescribing :**

The YTD and FOT position reflect reductions in spend experienced since the plan was set in M7. Our modelling assumption includes adding 2% to the current EPACT forecast as experience tells us that it may be low and we are yet to see if COVID will have a further impact on activity. This will be reviewed on a regular basis.

### **Primary Care Other :**

The main change relates to Central Drugs, where we have seen an unexpected increase in recent months.

	2020/21			2020/21		
Primary Care Non Delegated Commissioning	M9 YTD Budget	M9 YTD Actual	M9 YTD Variance	Budget	M12 FOT	Var Budget V M12 FOT
	£'000	£'000	£'000	£'000	£'000	£'000
Prescribing	39,234	38,557	- 678	52,900	51,282	- 1,618
Out Of Hours	2,379	2,379	-	3,173	3,172	- 1
Enhanced Services	5,685	5,684	- 1	7,743	7,743	-
Primary Care Other						
- Central Drugs	955	991	36	1,263	1,322	59
- Oxygen	400	380	- 20	536	493	- 43
- Primary Care Comm Schemes	32	32	-	43	43	-
- Hospice Drugs	58	54	- 4	78	78	-
- Prescribing Incentives	231	231	-	302	302	-
- Care Home Advanced Scheme	198	198	-	249	249	-
- Primary Care Team	1,289	1,295	6	1,686	1,709	23
- Primary Care IT	1,545	1,545	-	2,139	2,139	-
- Primary Care Reserves	-	-	-	-	-	-
Primary Care Other Total	4,708	4,726	18	6,296	6,335	39
Total Other P.C.Commissioning	52,006	51,346	- 661	70,112	68,532	- 1,580

**REPORT TO: Shropshire, Telford and Wrekin CCGs Primary Care Commissioning Committee**  
**Meetings in Common held in Public on 3 February 2021**

Item Number:	Agenda Item:
PCCC-21-02.07	Application by Churchmere Medical Group and Dodington Surgery to merge

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships <a href="mailto:claire.parker2@nhs.net">claire.parker2@nhs.net</a>	Jenny Davies – Managing Partner, Churchmere Medical Group <a href="mailto:jdavies12@nhs.net">jdavies12@nhs.net</a> Janet Gittins – Primary Care Partnership Manager <a href="mailto:janetgittins@nhs.net">janetgittins@nhs.net</a>

Action Required (please select):				
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance
				D=Discussion
				I=Information

History of the Report (where has the paper been presented):		
Committee	Date	Purpose (A,R,S,D,I)
Initial options paper presented at PCCC	7 October	I

Executive Summary (key points in the report):
<p>The purpose of this paper is to provide Primary Care Commissioning Committee with the background and information on why Churchmere and Dodington Practices' are required to merge, and to ratify and confirm the steps and processes undertaken so far.</p> <p>Churchmere Medical Group will be the continuing practice if the merger is approved. The merged practice will continue to operate from the three sites operated by Churchmere (two sites are in Whichchurch) with Dodington premises closing its doors on 31<sup>st</sup> March 2021.</p> <p>Initial discussions have taken place with staff and will begin to take place with patients once this merger is approved by the PCCC.</p> <p>In line with guidance, support has been given by the Primary Care Team confirming that this paper was to be presented at PCCC before any formal NHSE or CQC forms were completed and submitted.</p> <p>Maps are included that provide detail of current and proposed practice boundaries.</p>

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? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i>	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> TUPE will apply to existing staff employed at Dodington Surgery, however redundancy notices have been issued to some staff in line with employment law.	Yes

	Recruitment of additional clinical staff for the new practice.	
3.	<p>Is there a risk to financial and clinical sustainability?  <i>(If yes, how will this be mitigated).</i></p> <p>Additional pressure on Churchmere Medical Group as they take on more patients.  Financial implications for SCCG to support the merger.  If the merger is refused by the CCG and NHSE then there would be a risk of patients being left without access to GP services from 1 April 2021.</p>	Yes
4.	<p>Is there a legal impact to the organisation?  <i>(If yes, how will this be mitigated).</i></p> <p>Only in terms of ensuring legal documents are duly processed and signed in accordance with a GP practice legal and professional structure.</p>	Yes
5.	<p>Are there human rights, equality and diversity requirements?  <i>(If yes, please provide details of the effect upon these requirements).</i></p>	No
6.	<p>Is there a clinical engagement requirement?  <i>(If yes, please provide details of the clinical engagement).</i></p>	No
7.	<p>Is there a patient and public engagement requirement?  <i>(If yes, please provide details of the patient and public engagement).</i></p> <p>A patient and public engagement process will be followed. In the absence of being able to hold open engagement meetings as would have been “the norm” pre Covid-19 other forms of engagement will be followed. This is detailed in the communications plan – Appendix 1.</p>	Yes

#### Recommendations/Actions Required:

Primary Care Commissioning Committee is asked to:

- Note the detail of the application in the attached paper
- To review the boundary maps and plan proposed
- To approve the application to merge Churchmere Medical Group and Dodington Surgery with effect from 1<sup>st</sup> April 2021.

\*PCCC Chairs action was given on 13<sup>th</sup> January in support of this merger.

# **Application by Churchmere Medical Group and Dodington Surgery to merge**

## **1. Introduction**

- 1.1 In October 2020 the partners at Dodington Surgery notified NHSE and the CCG of their intention to retire and resign their contract. Churchmere and Dodington practices have agreed to merge their practices to ensure there is continued care for the patients of Whitchurch, with a view of securing a single site for Whitchurch patients.
- 1.2 The continuing practice will be Churchmere Medical Group from 1<sup>st</sup> April 2021. The current Churchmere sites and dispensary will remain open, with the current Dodington premises being closed. For the purposes of ODS code, CQC registration, PAYE/Tax registration, VAT registration, and Pension registration the current Dodington Surgery will be absorbed into Churchmere Medical Group.
- 1.3 Any required paperwork and applications will be processed once PCCC have reviewed and approved this paper.
- 1.4 To enable the merger to progress a Chairs Action was given in support of this merger on 13<sup>th</sup> January 2021.

## **2. Context**

- 2.1 In 2020 the partners at Dodington made the decision to retire and resign their contract, with effect from 31<sup>st</sup> March 2021, due to many factors including further delays to the new premises developed in Whitchurch.
- 2.2 The long term intention was that Churchmere and Dodington would consider merging; however this has been bought forward due to the GPs forthcoming retirements.
- 2.3 As Dodington will be legally merging into Churchmere Medical Group, TUPE principles will be followed for all existing members of staff at Dodington Surgery. The exception to this is where redundancy notices have already had to be served in early January following employment law guidance. All 6 staff concerned have been offered the withdrawal of this notice.
- 2.4 Churchmere Medical Group will continue to work with the CCG, the PCN and their combined patient participation groups to develop a service that is safe and meets the needs of their patients.
- 2.5 A project plan is now in place to clarify the tasks and actions needed to facilitate a smooth merger. Weekly meetings are in the diary between the Practice Managers from both practices and the Primary Care Team to move this forward.
- 2.6 Churchmere Medical Group aim to move to the new planned Health Facility in Whitchurch – The Pauls Moss Development as soon as this is built. This will provide modern facilities fit for the future and solve the complexities of managing services across several sites. The recent Judicial Review announcement in favour of this development is a positive result, however the opposing group have already appealed against this decision which may continue to delay the scheme and put the project at risk.

## **3. Communication and Engagement**

- 3.1 Staff and patient engagement will have to be considered and planned carefully to ensure everyone has the opportunity to raise any concerns virtually in the absence of actual face to face events. All staff were informed of the plans to merge on 18.01.2021.
- 3.2 With assistance from HR and legal teams throughout this period meetings will be held and staff will have the opportunity to raise questions, under TUPE regulations. Churchmere have recent experience of TUPE in relation to the 1<sup>st</sup> April 2018 merger of Bridgewater and Ellesmere.
- 3.3 There will also be sessions for Dodington staff to meet Churchmere staff, to understand ways of working and integrate themselves into the Churchmere team.
- 3.4 A communications and engagement plan has been developed (Appendix 1). Support will be given by the CCG Communications and Engagement Team to deliver key messages to patients, the public and key stakeholders through various communication channels.



3.5 A letter will be sent to all Dodington Patients as soon as possible following PCCC via NHSE to confirm the merger and give reassurance that patient details will be safely transferred to Churchmere Medical Group from 1<sup>st</sup> April 2021.

3.6 Communication with patients will also take place in a variety of ways:

- A patient information leaflet giving details of the changes
- Information on practice websites /social media pages
- A text message to patients with a link to the practice websites /information leaflet
- Information on noticeboards in practices informing patients of the changes
- Short information on letters already going out to patients informing them of the merger and directing them to the practice websites for further information
- Local Press

For patients that request a paper copy of the leaflet then this will be sent to them via post.

3.7 A FAQ document was originally created to help manage consistency in messaging when it was announced that Dodington Surgery would close. This will be updated to include any comments or queries raised by patients about the merger. PALS, local partners as well as neighbouring practices will also receive this information to ensure consistency in messaging.

#### 4. IT and Infrastructure

4.1 Both practices currently use EMIS Web, Docman 10 and intend to merge their systems.

4.2 Final discussions are being held with EMIS to agree a date for merging systems with a provision date of 13<sup>th</sup> April 2021 being put forward by the practices.

4.3 The Churchmere Medical Group website will continue as the website for the merged practices.

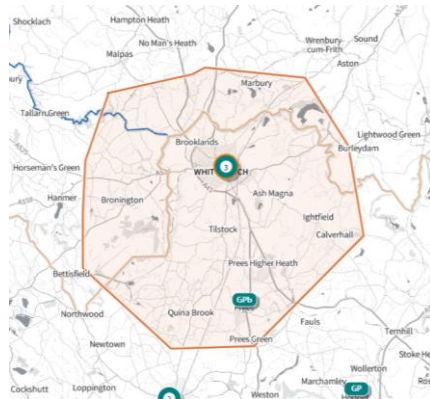
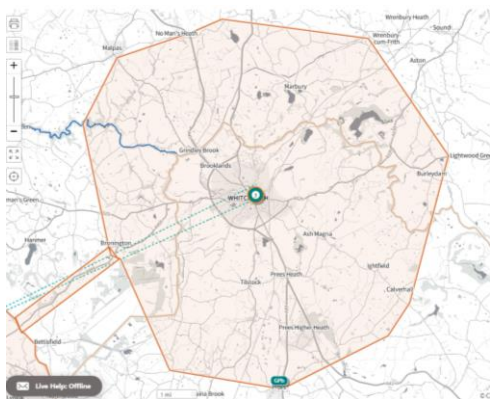
4.4 Redcentric currently provided the telephony system for Churchmere across all three sites and this will continue post 1<sup>st</sup> April 2021.

4.5 For all other infrastructure areas Churchmere Medical Groups systems and contracts in place will continue e.g. intranet, staff online training system.

#### 5. Practice Boundary

5.1 Geographically the practices' current boundary areas are very similar. Churchmere Medical Group will amend its practice boundary where necessary to include areas that are currently within Dodington's boundary. Patients will be able to choose where they are seen, subject to clinical need and appointment availability, and the intention is that there will be a good clinical mix across all sites so as to not compromise patient care.

The current practice boundaries can be seen below;



The proposed merged practice boundary is shown here, encompassing the entire area both practices previously covered. On current patient figures the combined patient population will be just over 21,000.



## 6. Conclusion

- 6.1 The long term intention was that eventually Churchmere and Dodington practices would consider merging, and despite this coming earlier than envisaged it is the best outcome for the patients of Whitchurch.
- 6.2 Practices have already taken steps to start the process towards merging following confirmation of the Chairs Action.

## 7. Actions & Recommendations

Primary Care Commissioning Committee is asked to:

- Note the detail of the application
- To review the boundary maps and plan proposed
- To approve the application to merge Churchmere and Dodington Practices with effect from 1<sup>st</sup> April 2021



# Communications and Engagement Plan

## Dodington and Churchmere Merger

### October 2020 to April 2021

#### Context

The Dodington Surgery in Whitchurch will be closing at the end of March 2021 following the retirement of GP Partners, Dr Ruth Clayton and Dr Andrew Rogers.

It has been agreed that Churchmere Medical Group and Dodington Surgery will merge as a result of this and the patient list at Dodington will be transferred to Churchmere. This is seen by the CCG as the best solution to the situation and will hopefully ensure minimum disruption to the patients involved.

The current Primary Care provision in Whitchurch is precarious as Churchmere is the only GP practice available within the town once Dodington Surgery closes. There is also considerable controversy surrounding plans to redevelop the Pauls Moss site within the town into a new healthcare centre.

NB. The Churchmere Medical Group was formed following the merger of Bridgewater Family Medical Practice, Claypit Street Medical Practice, and Ellesmere Medical Practice.

#### Challenge

The communications will primarily aim to reassure patients and update them of the CCGs plans and actions as and when they happen.

It will be imperative to keep key stakeholders in the loop; including councillors, the Whitchurch mayor and local MPs, as the situation is politically sensitive.

Support and protection for Dodington Surgery and Churchmere Medical Group will be provided by the CCG's Communications and Engagement Team in terms of managing any press attention and providing communication materials for use via social media channels and within practice, if necessary.

It will also be important to keep astride of the Pauls Moss Judicial Review and how this could impact on the communication messages.

#### Considerations and Implications

Although the result of the judicial review was in support of the Pauls Moss development, the opposition group are now appealing against this decision which may further delay and put the project at risk. A large single-site health and care facility is essential in providing quality Primary Care services going forward for the town.

*NB. Please see the Pauls Moss Communications and Engagement Plan for more details.*

## Objectives

Our communications need to reach the patients of both Dodington Surgery and Churchmere Medical Group to inform them of progress and next steps. Initial focus will be on the patients of Dodington Surgery who need to feel reassured that the CCG has the situation under control and that it is doing all it can to ease the transition for patients.

This will help to deflect negative opinion in the town which is already invested in GP provision.

## Communications and Engagement Delivery

The aim of this campaign, which will run until April 2021, will support patients and the GP practices throughout this transition. This will mean providing regular, accurate information to ensure that patients are aware of what is going on and what they may need to do.

This will involve dedicated communications which will be drafted, approved and issued as progress is made. These will include:

- A media campaign (including press releases, website updates and Q&A documents)
- A social media campaign (including regular social updates on Facebook and Twitter, for both the CCG and practice accounts)
- Stakeholder letters (including briefings addressed from the CCG's AO to local councillors/Whitchurch Town Council/Whitchurch Mayor and local MPs)

## Key Messages

The following key messages will be used throughout communications to ensure a consistent and reassuring message reaches our target audience:

- Shropshire CCG is currently working with practices and partners and remains committed to the continuation of high quality healthcare in Whitchurch.
- Churchmere Medical Group will merge with Dodington Surgery. This will mean that the patient list from Dodington will be transferred to the GP register at Churchmere. This is the best outcome from discussions as it will mean minimum disruption to those patients affected.
- Drs Clayton and Rogers, along with the staff at Dodington, will continue to provide all GP services to their patients until 31 March, 2021, when the practice will officially close.
- Following the closure of Dodington Surgery there will be two General Practice sites in Whitchurch. These are Bridgwater and Claypit Street.
- Shropshire CCG has been in regular contact with practices in the area since the closure announcement and will be ensuring that support is provided at this time.
- Help and advice is available through the Patient Advice Liaison Service (PALS) for anyone who has queries or concerns relating to the closure. Patients should call 0800 0320897 or e-mail [SHRCCG.CustomerCare@nhs.net](mailto:SHRCCG.CustomerCare@nhs.net).

## Activity Log

<b>Governance Meetings</b>		
<b>Date</b>	<b>Title</b>	<b>Date Issued</b>
November 2020	CCG Primary Care Committee (confidential). Papers and attendance at meeting.	4.11.2020
December 2020	CCG Primary Care Committee (confidential). Papers and attendance at meeting.	2.12.2020
<b>Patient Letters</b>		
<b>Date</b>	<b>Title</b>	<b>Date Issued</b>
February 2021	Letter to registered patients at Dodington advising of practice merger and that records will be transferred to Churchmere Medical Group.	
<b>Press Releases</b>		
<b>Date</b>	<b>Title</b>	<b>Date Issued</b>
October 2020	<a href="#">Dodington Surgery in Whitchurch to Close Its Doors Next Year</a> <i>Provide PALS support, guidance and opportunities to feedback to the CCG.</i>	2.10.2020
October 2020	<a href="#">No-one Will Be Left without Access to a GP Following Dodington Surgery Closure</a> <i>Provide PALS support, guidance and opportunities to feedback to the CCG.</i>	19.10.2020
February 2021	Decision on the merger and any actions to be taken following the outcome of the PCCC. Letter to all Dodington patients through NHSE. Reassurance comms through practices social media. Press release to all stakeholders. <i>Provide PALS support, guidance and opportunities to feedback to the CCG.</i>	
March 2021	Update for patients of Dodington Surgery - Reminder to all patients advising of closure and details of their new practice. <i>Provide PALS support, guidance and opportunities to feedback to the CCG.</i>	
<b>Social Media</b>		
<b>Date</b>	<b>Title</b>	<b>Date Issued</b>
October 2020	CCG Twitter: Reassurance messaging	19.10.2020
October 2020	Dodington Surgery FB: Reassurance messaging directly to patients of the practice	19.10.2020
February 2021	CCG and Dodington Surgery social: Positive news on the merger	
February 2021	Dodington Surgery Social: No action needed message. Automatic transfer to your new practice.	

<b>Additional Material</b>		
<b>Date</b>	<b>Title</b>	<b>Date Issued</b>
February 2021	A3/A4 poster in both Dodington and Churchmere practices with date of closure and information on the merger and transfer process (if necessary).	
February 2021	Patient information slide to be used on both practices information screens (where possible) reiterating the message shared on the poster.	
February 2021	MP/stakeholder briefing/Q&A to include Healthwatch/HOSC/CCG staff/practice network.	
February 2021	Dodington/Churchmere patient text system to send message to those patients effected (if possible). Formal letter to all Dodington patients	

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

**Meetings in Common held in Public on**

Item Number:	Agenda Item:
PCCC-21-02.08	<b>Quality and Outcomes Framework 2019-20</b>

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships Ext: 2492 <a href="mailto:claire.parker2@nhs.net">claire.parker2@nhs.net</a>	Bernadette Williams – Primary Care Lead for Contracting. Ext: 2402 <a href="mailto:bernadette.williams@nhs.net">bernadette.williams@nhs.net</a>

Action Required (please select):									
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input type="checkbox"/>

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

Executive Summary (key points in the report):
<p>Quality and Outcomes Framework (QOF) 2019/20 results were published in September 2020. This report provides the national and local position on achievement.</p> <p>The end of the 2019/20 QOF year was also the start of the Covid-19 pandemic therefore consideration needs to be given to the impact this had on practice achievement.</p> <p>Recommendations made through the report are marked with the caveat that these areas will be considered as we are able to return to business as usual.</p>

**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? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i> -	No
2.	Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i>	No
3.	Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i>  There is an allocation for QOF made as part of delegated commissioning.	No
4.	Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i>	No
5.	Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i>	No
6.	Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i>	No
7.	Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i>	No

**Recommendations/Actions Required:**

Primary Care Commissioning Committee is asked to:

- Receive this progress report.
- To note the achievement for 2019-20 across the CCG footprint.
- To consider reporting at PCN level for future reports.
- To receive further analysis when we have returned to business as usual.



## 1. Introduction

- 1.1 This report is to provide an update to the Primary Care Commissioning Committee on the performance of Shropshire, Telford & Wrekin GP practices against the Quality and Outcomes Framework (QOF) for 2019-20.
- 1.2 QOF contains four main components known as domains. The four domains are: Clinical, Public Health, Public Health – Additional Services, and Quality Improvement. Each domain consists of a set of achievement measures known as indicators, against which practices score points according to their level of achievement.





## 2. Background




- 2.1 QOF is a voluntary scheme within the General Medical Services (GMS) contract. It aims to support contractors to deliver good quality care. Changes to QOF are agreed as part of wider changes to the GMS contract which are negotiated by NHS England and the British Medical Association's (BMA) General Practitioners Committee (GPC) England.
- 2.2 NHS Employers and the GPC agreed that there were no changes to the existing indicators and no new indicators for 2019-20. There are 559 points across the clinical and public health domains. The national average practice population figure for 2019-20 QOF year is taken from the Calculating Quality Reporting Service system (CQRS) on 1 January 2019 and is 8,479. The value of a QOF point is £187.74. At the end of the financial year the total number of points achieved by a practice is collated which then converts the points total into a payment amount for the practice.
- 2.3 From 1<sup>st</sup> April 2019 QOF replaced exception reporting with Personalised Care Adjustments (PCAs). These are designed to enable Practices to differentiate between the reason for adjusting patient care outside of the QOF parameters and removing them from the indicator denominator (see appendix 1).

## 3. Achievement for 2019-2020

- 3.1 QOF data is published annually in October by NHS Digital however the 2019-20 data was made available earlier, in September 2020. As both CCGs are reported separately by NHS Digital they are so here. Table one sets out key facts nationally.

Table 1

<b>Key Facts:</b>	<b>National figures:</b>
	<b>6,720 practices included in the 2019-20 publication</b>  Participation in QOF is voluntary, though participation rates are very high, with coverage of 96.2 per cent this year.
	<b>QOF recorded prevalence rates</b>  The highest rates were for hypertension (14.1 per cent), depression (11.6 per cent) and obesity (10.5 per cent)
	<b>Changes in QOF recorded prevalence</b>  The greatest change in QOF recorded prevalence was for depression, which was 0.8 percentage points higher than in 2018-19. (Note - 2018-19 prevalence rates have been recalculated using data for practices included in QOF 2019-20 only)
	<b>Average practice achievement score</b>  The average practice achievement score was 533.9 (95.51%) out of a maximum of 559.

	<p><b>Proportion of practices achieving maximum score</b></p> <p>7.3 per cent of practices achieved a maximum score of 559 points, compared with 13.0 per cent of practices in 2018-19</p>
	<p><b>Value of a QOF point</b></p> <p>Each QOF point had a value of £187.74 - an increase of 4.7 per cent compared to 2018-19.</p>
	<p><b>Personalised care adjustment rates</b></p> <p>The cardiovascular disease - primary prevention indicator group had the highest personalised care adjustment (PCA) rate at 31.4 per cent. Blood pressure had the lowest PCA rate at 0.7 per cent.</p>

- 3.2 There needs to be consideration that the end of this QOF year was also the start of the Covid-19 pandemic. During March 2020, the final month of QOF; practices would have been unable to undertake routine appointments booked for patient reviews/monitoring and this affected some practices. Therefore this should be taken into account when comparing this year with the previous year achievements.
- 3.3 Table two sets out Telford & Wrekin practices achievement compared to 2018-19. The national average for achievement is 95.51% across all indicators. There are three practices below the national average. There are two Telford & Wrekin practices who achieved 100%, this achievement has been maintained year on year.
- 3.4 The remainder of the practices (9) all achieved between the range of 95% to 99%.
- 3.5 There has been a noticeable decline (12.11%) in overall achievement for Stirchley Medical Practice (11.38%) and for Wellington Medical Practice.
- 3.6 Despite the below average achievement Donnington Medical Practice has the most improved achievement (1.6%) compared to the previous year.

Table 2

Practice name	2018-19		2019-20		Year on year change in percentage of points achieved (% points)
	Achievement score (559 max)	Points achieved/ max. QOF points available (%)	Achievement score (559 max)	Points achieved/ max. QOF points available (%)	
Charlton Medical Practice	559.00	100.00	559.00	100.00	0.00
Court Street Medical Practice	542.97	97.13	548.42	98.11	0.97
Dawley Medical Practice	536.67	96.01	534.17	95.56	-0.45
Donnington Medical Practice	523.44	93.64	532.40	95.24	1.60
Hollinswood Surgery	553.60	99.03	538.67	96.36	-2.67
Ironbridge Medical Practice	553.84	99.08	551.15	98.60	-0.48
Linden Hall Surgery	556.42	99.54	536.33	95.94	-3.59
Shawbirch Medical Centre	556.30	99.52	546.69	97.80	-1.72
Stirchley Medical Practice	535.72	95.84	468.05	83.73	-12.11
Teldoc	550.82	98.54	543.45	97.22	-1.32

Wellington Medical Practice	550.14	98.42	486.51	87.03	-11.38
Wellington Road Surgery	557.93	99.81	552.86	98.90	-0.91
Woodside Medical Practice	559.00	100.00	559.00	100.00	0.00

3.7 Table three sets out Shropshire CCG achievement compared to 2018-19. There are 16 practices highlighted as below the national average. One practice in Shropshire achieved 100%, the same as the previous year.

3.8 There has been a significant decline in achievement for Knockin (12.98%) and Market Drayton (10.78%).

3.9 The most improved is Churchmere (0.86%).

3.10 We need to understand, why some practices are able to maintain 100% year on year and what do these practices do that others don't.\*

Table 3

Practice name	2018-19		2019-20		Year on year change in percentage of points achieved (percentage points)
	Achievement score (559 max)	Points achieved/ max. QOF points available (%)	Achievement score (559 max)	Points achieved/ max. QOF points available (%)	
Albrighton Medical Practice	557.04	99.65	533.47	95.43	-4.22
Alveley Medical Practice	548.00	98.03	549.79	98.35	0.32
Beeches Medical Practice	556.53	99.56	556.67	99.58	0.03
Belvidere Medical Practice	558.73	99.95	549.72	98.34	-1.61
Bishops Castle Surgery	555.97	99.46	553.54	99.02	-0.43
Bridgnorth Medical Practice	556.69	99.59	545.24	97.54	-2.05
Broseley Medical Practice	553.46	99.01	553.39	99.00	-0.01
Brown Clee Medical Centre	537.78	96.20	503.44	90.06	-6.14
Cambrian Medical Practice	550.93	98.56	541.37	96.85	-1.71
Church Stretton Medical Centre	557.58	99.75	524.74	93.87	-5.87
Churchmere Medical Group	547.40	97.92	552.23	98.79	0.86
Claremont Bank Surgery	559.00	100.00	533.93	95.52	-4.48
Cleobury Mortimer Surgery	544.90	97.48	539.10	96.44	-1.04
Clive Medical Practice	559.00	100.00	545.15	97.52	-2.48
Craven Arms Surgery	554.87	99.26	544.56	97.42	-1.84
Dodington Surgery	558.31	99.88	556.41	99.54	-0.34
Highley Medical Centre	545.58	97.60	499.98	89.44	-8.16
Hodnet Medical Practice	557.20	99.68	550.55	98.49	-1.19
Knockin Medical Centre	553.25	98.97	480.67	85.99	-12.98
Ludlow - Portcullis	542.57	97.06	522.83	93.53	-3.53
Marden Medical Practice	555.34	99.35	552.91	98.91	-0.43
Market Drayton Medical Practice	550.97	98.56	490.70	87.78	-10.78
Marysville Medical Practice	557.67	99.76	555.47	99.37	-0.39
Much Wenlock & Cressage Medical Practice	549.01	98.21	514.34	92.01	-6.20
Mytton Oak Medical Practice	544.24	97.36	513.54	91.87	-5.49
Plas Ffynnon Medical Ctre	550.14	98.42	532.88	95.33	-3.09
Pontesbury Medical Practice	558.92	99.99	546.30	97.73	-2.26
Prescott Surgery	547.63	97.97	532.32	95.23	-2.74

Radbrook Green Surgery	556.28	99.51	536.25	95.93	-3.58
Riverside Med.Practice	559.00	100.00	553.20	98.96	-1.04
Severn Fields Medical Practice	521.57	93.30	517.57	92.59	-0.72
Shawbury Medical Practice	556.50	99.55	546.41	97.75	-1.81
Shifnal & Priorslee Medical Practice	482.43	86.30	474.02	84.80	-1.50
South Hermitage Surgery	559.00	100.00	553.48	99.01	-0.99
Station Drive Surgery	559.00	100.00	559.00	100.00	0.00
The Caxton Surgery	549.91	98.37	507.82	90.84	-7.53
The Meadows Medical Practice	555.27	99.33	535.61	95.82	-3.52
Wem And Prees Medical Practice	544.62	97.43	520.14	93.05	-4.38
Westbury Medical Centre	480.76	86.00	435.93	77.98	-8.02
Worthen Medical Practice	546.43	97.75	541.53	96.87	-0.88

#### 4. Indicator detail and analysis

4.1 Tables 4 and 5 compare the clinical indicator achievement to the previous year. In Telford & Wrekin there has been a decline in Hypertension, Mental Health and Diabetes Mellitus. In Shropshire there has also been a decline in these indicators as well as CVD Primary Prevention. Hypertension (HYP) is the indicator that stands out as having the biggest decrease of nearly 11% in Telford & Wrekin and 13% in Shropshire.

4.2 We need to understand why the decline in achievement is consistent across the same indicators across the county.\*

Table 4

#### Telford & Wrekin CCG achievement by indicator

INDICATOR	2019-20	2018-19	Change (%)	NHSE Average
Asthma	96.25%	99.83%	-3.56%	98.03%
Chronic obstructive pulmonary disease	94.58%	95.76%	-0.86%	94.35%
Atrial fibrillation	99.89%	100%	-0.11%	99.25%
Heart failure	98.77%	99.65%	-0.85%	97.34%
Hypertension	88.62%	98.77%	-10.80%	91.00%
Peripheral arterial disease	100%	98.96%	1.12%	99.70%
Secondary prevention of coronary heart disease	94.40%	98.16%	-3.62%	96.08%
Stroke and transient ischaemic attack	94.51%	98.90%	-4.31%	95.35%
Dementia	100%	99.88%	0.13%	96.89%
Mental health	92.06%	98.80%	-6.65%	90.13%
Depression	95.67%	98.99%	-3.24%	91.87%
Learning Disability	100%	100%	-	99.87%
Rheumatoid arthritis	96.62%	100%	-3.38%	94.68%
Osteoporosis: secondary prevention of fragility fractures	100%	100%	-	98.24%
Cancer	99.62%	100%	-0.38%	96.86%
Diabetes mellitus	87.75%	93.14%	-5.65%	88.41%

Epilepsy	100%	100%	-	99.85%
Palliative care	100%	100%	-	99.48%
Chronic kidney disease	100%	100%	-	99.87%
Blood pressure	95.91%	97.05%	-1.12%	97.38%
Cardiovascular disease primary prevention	97.98%	100%	-2.02%	88.04%
Cervical screening	91.78%	98.71%	-6.84%	91.65%
Obesity	100%	100%	-	99.96%
Smoking	95.95%	99.56%	-3.58%	96.41%

Table 5

### Shropshire CCG achievement by indicator

INDICATOR	2019-20	2018-19	Change (%)	NHSE Average
Asthma	97.27%	99.46%	-2.19%	98.03%
Chronic obstructive pulmonary disease	92.0%	98.82%	-6.86%	94.35%
Atrial fibrillation	99.0%	100%	-1.01%	99.25%
Heart failure	95.7%	99.88%	-4.20%	97.34%
Hypertension	85.5%	98.35%	-12.89%	91.00%
Peripheral arterial disease	97.6%	98.88%	-1.32%	99.70%
Secondary prevention of coronary heart disease	94.42%	97.28%	-2.86%	96.08%
Stroke and transient ischaemic attack	92.92%	98.96%	-6.03%	95.35%
Dementia	93.21%	99.69%	-6.48%	96.89%
Mental health	86.10%	96.75%	-10.65%	90.13%
Depression	94.47%	99.43%	-4.96%	91.87%
Learning Disability	100%	100%	-	99.87%
Rheumatoid arthritis	92.57%	98.25%	-5.68%	94.68%
Osteoporosis: secondary prevention of fragility fractures	97.56%	99.04%	-1.48%	98.24%
Cancer	97.57%	98.00%	-0.43%	96.86%
Diabetes mellitus	83.58%	94.32%	-10.75%	88.41%
Epilepsy	97.56%	100%	-2.44%	99.85%
Palliative care	97.56%	98.78%	-1.22%	99.48%
Chronic kidney disease	100%	100%	-	99.87%
Blood pressure	97.54%	99.39%	-1.85%	97.38%
Cardiovascular disease primary prevention	83.93%	100%	-16.07%	88.04%
Cervical screening	96.26%	99.3%	-3.01%	91.65%
Obesity	100%	100%	-	99.96%
Smoking	94.06%	97.75%	-3.69%	96.41%

4.3 In May 2020, the CCG received notification from NHS England and NHS Improvement (NHSE/I) that nationally 95% of practices had a change in QOF points with 5% of practices seeing a significant change in performance. This included a number of practices in Shropshire, Telford and Wrekin. The instructions were that CCGs should interrogate the results to ensure that no GP practice was paid less than in the previous financial year. It also advised how to understand if the fall in practice income had

occurred directly as a result of covid-19 activities or whether this would have happened independently of the pandemic.

- 4.4 Commissioners were asked to focus validation activity upon practices which were outliers and who had seen a significant fall in QOF points. The analysis was completed and the shortfall in income was paid to the relevant practices; 24 in Shropshire and two in Telford & Wrekin.
- 4.5 After conducting the analysis as NHSE/I advised, it became apparent that Personalised Care Adjustment reporting remains high in some practices. Therefore we should have discussions during practice quality visits to establish how practices are interpreting and applying the PCA criteria. Encourage conversations about causes of variation and whether or not it is warranted or not. The primary care team would need some clinical support with these discussions.\*

## **5. Finances**

- 5.1 The amount paid to Telford & Wrekin CCG practices for their achievement equated to £2,316,760 – the forecast for 2020-21 is £2,438,223.
- 5.2 The amount paid to Shropshire CCG practices for their achievement equated to £4,368,521 – the forecast for 2021-21 is £4,712,331.

## **6. Current QOF year 2020-2021**

- 6.1 In September 2020 NHS E/I published revised QOF guidance<sup>1</sup> advising the changes in order to support the ongoing response to Covid-19 and the need to proactively target and support the most vulnerable patients during this period. Some of the indicators will continue to be paid on performance. These are;  
The four flu indicators targeted on patients with coronary heart disease, COPD, stroke/TIA and diabetes – these indicators will have the number of points attached to them doubled;  
The two cervical screening indicators, which will also have the number of points attached to them doubled.  
Register indicators and eight indicators related to optimal prescribing of medications to manage long term conditions.
- 6.2 The requirements of the Quality Improvement (QI) domain have been amended to focus upon care delivery and restoration of service using QI tools.<sup>2</sup>
- 6.3 The remaining 310 points will be subject to income protection based upon historical practice performance and subject to practices agreeing an approach to QOF population stratification with their commissioner. To be eligible for protection the CCGs have asked practices to submit their plans for stratifying their population. They were asked to identify and prioritise the highest risk patients for proactive review including:
  - a. Those most vulnerable to harm from Covid-19; evidence suggests that this includes patients from BAME groups and those from the 20% most deprived neighbourhoods nationally (LSOAs);
  - b. those at risk from poorly controlled long-term condition parameters;
  - c. those with a history of missing reviews.Practices will also be asked to confirm their approach to this via the General Practice Annual electronic declaration (eDEC).
- 6.4 The value of the QOF point has risen from £187.74 to £194.83 and the national average practice population figure has changed from 8,479 to 8,799.
- 6.5 Future reports on QOF achievement can be reported by Primary Care Network (PCN) if preferred.

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<sup>1</sup> <https://www.england.nhs.uk/publication/changes-to-the-general-medical-services-contract-for-2020-21/>

<sup>2</sup> The QI domain has now been protected as stated in the 7<sup>th</sup> January 2021 letter from NHS England.

## **7. Conclusion**

- 7.1 Nearly half of the Shropshire and Telford & Wrekin GP practices were below the national average of 95% in the 2019/20 QOF year.
- 7.2 The CCG is following the guidance in the NHS England letter dated 7<sup>th</sup> January 2021<sup>3</sup> 'Freeing up practices to support COVID vaccination', which includes taking a supportive and pragmatic approach to minimise contract enforcement across routine care.
- 7.3 Note the caveat\* at points 3.10, 4.2 and 4.5. In future when normal business activities resume the CCG will be able to continue to support practices and to understand the variation across the footprint.

## **8. Recommendations**

The Primary Care Commissioning Committee is asked to:-

- Receive this progress report.
- To note the achievement for 2019-20 across the CCG footprint.
- To consider reporting at PCN level for future reports.
- To receive further analysis when we have returned to business as usual.

## **Appendices:**

### **Appendix 1**

Personalised Care Adjustment criteria (this has replaced exception reporting in 2019-20);

- The investigative service or secondary care service is unavailable (where relevant to the indicator)
- Intervention described in the indicator is clinically unsuitable
- The patient has chosen not to receive the intervention described in the indicator
- The patient has not responded to invitations for the intervention described in the indicator (a minimum of two invitations for the intervention in the preceding 12 months, except for the cervical screening indicators where women should receive a total of three invitations for screening)
- The patient has registered with the practice or has been newly diagnosed with the condition of interest in the preceding 3 months and has not received the defined clinical measurements e.g. blood pressure measurement
- The patient has registered with the practice or has been newly diagnosed with the condition of interest in the preceding 9 months and has not achieved the defined clinical standards e.g. blood pressure control within target levels.

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<sup>3</sup> [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1026-Freeing-up-GP-practices-letter\\_070121.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1026-Freeing-up-GP-practices-letter_070121.pdf)



<b>Item Number:</b>	<b>Agenda Item:</b>
PCCC-21-02.09	Quality and Care Improvement Team (QCIT) Primary Care Quarterly Quality Report

<b>Executive Lead (s):</b>	<b>Author(s):</b>
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<b>Action Required (please select):</b>					
A=Approval	R=Ratification	S=Assurance	X	D=Discussion	I=Information

<b>History of the Report (where has the paper been presented):</b>		
<b>Committee</b>	<b>Date</b>	<b>Purpose (A,R,S,D,I)</b>
Quality and Performance Committee	23 <sup>rd</sup> December 2020	S

<b>Executive Summary (key points in the report):</b>
<p>1.0 The purpose of this report is to provide the Quality and Performance Committee with current, relevant information and assurance regarding the quality and safety in Primary Care.</p> <p>1.1 This report has been compiled with data, information and narrative from Shropshire, Telford and Wrekin:</p> <ul style="list-style-type: none"> <li>• Patient Insight Teams</li> <li>• Quality and Safeguarding Team</li> <li>• Primary Care Teams</li> </ul> <p>1.2 Key areas to highlight;</p> <p>1.2.1 CQC has set out plans to implement a transitional regulatory approach which replaces the emergency support framework which has been in place during the pandemic. CQC identified key components of the new approach;</p> <ul style="list-style-type: none"> <li>• A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs), to enable CQC to continually monitor risk in a service.</li> <li>• Use of technology and local relationships to have better direct contact with people who are using services, their families and staff in services.</li> <li>• Inspection activity that is more targeted and focused on where CQC have concerns, without returning to a routine programme of planned inspections.</li> <li>• The CQC will be consulting on a new inspection approach in early 2021</li> </ul>



1.2.2 Quality Outcome Framework (QOF) – 2019/20 QOF data was published November 2020. From April 1<sup>st</sup> 2019 QOF replaced exception reporting with Personalised Care Adjustments (PCAs).

For 2019/20 out of a total of 559 Points;

NHS England average 533.88 points – 95.4%

Shropshire – 523.17 points – 93.4%

Telford and Wrekin – 535.13 points – 95.7%

1.2.3 When comparing feedback received in Quarter 2 to that in Quarter 1, it is noticeable that the number of queries received via the CCG PALs route has increased. Whilst the main issue raised in Q1 related to Registration, it is not possible to identify a clear theme in Q2 due to the wide and diverse range of issues. An assumption could be made due to the nature of the type of queries that the increase is a direct response to Covid-19 which has negatively impacted on patient confidence and awareness.

2020/21	Quarter 1	Quarter 2
Complaints	1	3
PALS concerns	27	42
MP Letters	1	3

The Patient Insight Teams contact the Practice when the concern is raised and document any feedback received.

1.2.4 Telford and Wrekin CCG are working with Patient Representative and Extended Access Providers to conduct a survey of patients to be open from December 2020 to February 2021 (with option to extend) who have used the Extended Access service. Feedback gained from the survey will then be used to inform commissioning of the new service in 2021. The proposal has been discussed at Telford and Wrekin CCG Assuring Involvement Committee. Finalised survey will be shared with Shropshire CCG.

1.2.5 Quality Lead working with STP Training Hub has secured additional funding from NHS England/Improvement until March 2021 to support the ongoing Practice Nurse development via the General Practice Nurse 10 Point Plan. This has allowed for 2 projects to be identified;

- Development of Primary Care Network and portfolio careers within fellowships
- Digital nurse champions to support digital consultations and digital group consultations

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

**Recommendations/Actions Required:**

Quality and Performance Committee are asked;

- To note the key points / concerns / risks raised.
- To receive this report for information and assurance.

**QUALITY AND CARE IMPROVEMENT TEAM**  
**PRIMARY CARE QUARTERLY QUALITY REPORT**  
**December 2020**

**1.0 Introduction**

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

1.2 This report has been compiled with data, information and narrative from Shropshire, Telford and Wrekin:

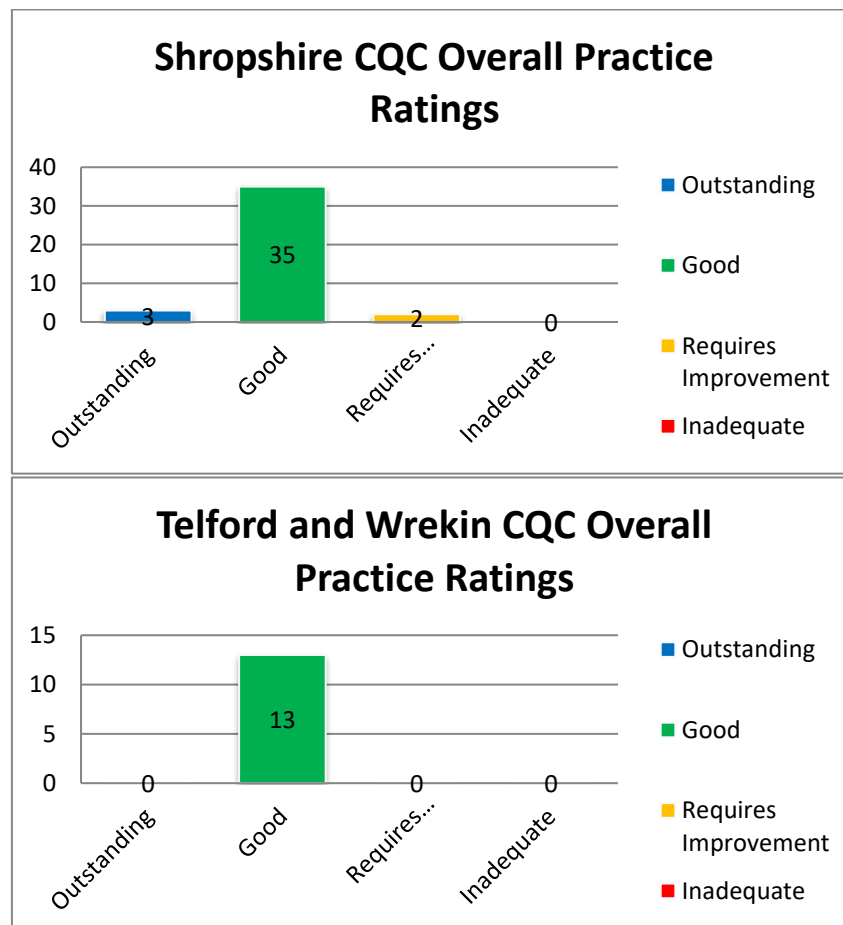
- Patient Insight Teams
- Quality and Safeguarding Team
- Primary Care Teams

**PATIENT SAFETY**

**2.0 Care Quality Commission (CQC) Inspections**

2.1 The CQC are independent regulators of health and adult social care in England. They are charged to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

2.2 The graphs below provide the overall CQC ratings for all Shropshire / Telford and Wrekin practices:



2.3 Due to Covid-19 the CQC have paused practice inspections but continue to monitor practices for compliance. During the pandemic they have continued to engage with the CCGs at quarterly information sharing meetings.

2.4 CQC has set out plans to implement a transitional regulatory approach which replaces the emergency support framework which has been in place during the pandemic. CQC identified key components of the new approach;

- A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs), to enable CQC to continually monitor risk in a service.
- Use of technology and local relationships to have better direct contact with people who are using services, their families and staff in services.
- Inspection activity that is more targeted and focused on where CQC have concerns, without returning to a routine programme of planned inspections.

CQC plan to engage with all stakeholders on longer-term changes with plan for a strategy to be in place for launch May 2021, <https://cqc.citizenlab.co/en-GB/folders/strategy-2021-share-your-views>

### **3.0 Significant Event and Incident Reporting**

3.1 As in Quarter 1, the CCG has not been made aware of any Significant Events during Q2.

It is acknowledged that whilst Significant Events will be identified and investigated at individual practice level, there is no requirement for this information to be shared with the CCG. However, the CCG does encourage Practices to use formal reporting mechanisms via Ulysses so that any patient safety issues can be duly recorded, together with any learning outcomes following investigation and shared to influence wider primary care learning. QCIT are currently reviewing the reporting of significant events to agree a more uniformed process to support this.

### **3.2 NHS to NHS Concerns**

During Q2 there were 4 NHS to NHS concerns compared to 3 reported in Q1 raised across Shropshire and Telford and Wrekin regarding Primary Care (1 for Telford and Wrekin and 3 for Shropshire). These are outlined below;

<b>Detail</b>	<b>Immediate Actions being taken</b>
SaTH Consultant raised concerns in relation to GP prescribing	Feedback sought from GP Practice and shared with SaTH colleagues
Wrexham Maelor seeking clarification around medication for ITU patient	GP contacted directly to ensure immediate communication to facilitate ongoing care.
SaTH sought GP feedback on the management of patient given conflicting prescribing advice provided by ENT and Ophthalmology	GP Practice investigated providing a comprehensive timeline of care provided which was duly shared with SaTH colleagues
Potential delayed diagnosis of patient fracture	Shared with GP practice for their review of patient care - no act or omission in care identified.

All concerns raised via NHS to NHS route are sent to the Practice to request an investigation and feedback is provided

## **4.0 Monitoring**

### **4.1 Quality Outcome Framework (QOF)**

2019/20 QOF data was published November 2020. QOF contains four main components, known as domains. The four domains are: Clinical; Public Health and Public Health – Additional Services and Quality Improvement. Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement.

Table below provides information on Practice achievement overall by CCG this year and for comparison previous years. From April 1<sup>st</sup> 2019 QOF replaced exception reporting with Personalised Care Adjustments

(PCAs). These are designed to enable Practices to differentiate between the reason for adjusting patient care outside of QOF parameters and removing them from the indicator denominator. The maximum points available 2019/20 was 559.

It should be noted that the Covid-19 pandemic in the last quarter of 2019/20 may have impacted on the QOF data received. Comparisons with previous year's data need to be viewed with this in mind.

Full QOF information for CCGs can be found at;

<https://app.powerbi.com/view?r=eyJrljoiMDZiMmI2MzEtMmVjZC00YTUVlWl5NjEtMTNkODM3M2M0NDk3IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9>

QOF Year	2017/18	2018/19	2019/20	
	Achievement (out of 559)	Achievement (out of 559)	Achievement (out of 559)	PCA rate
NHS England	538 96.2%	539 96.4%	533.88 95.4%	4.02%
Shropshire CCG	549 98.2%	549 98.2%	523.17 93.4%	3.34%
Telford and Wrekin CCG	545 97.5%	549 98.2%	535.13 95.7%	3.60%

For 2020/21 NHS England and BMA have released a joint guidance document detailing changes to QOF in recognition of the need to target most vulnerable patients during the Covid-19 pandemic and the impact this has had on the new ways of working in Primary Care.

Summary of changes are;

- Some indicators will continue to be paid on the basis of practice performance. These are:
  - The four flu indicators targeted on patients with coronary heart disease, COPD, stroke/TIA and diabetes – these indicators will have the number of points attached to them doubled;
  - The two cervical screening indicators, which will also have the number of points attached to them doubled.
  - Register indicators and eight indicators related to optimal prescribing of medications to manage long-term conditions.
- The requirements of the Quality Improvement (QI) domain have been amended to focus upon care delivery and restoration of services using QI tools;
- The remaining 310 points will be subject to income protection based upon historical practice performance and subject to practices agreeing an approach to QOF population stratification with their commissioner. To date commissioners are awaiting further guidance to be published by NHSE/I and will be contacting Practices to discuss population stratification once received.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf>

## 4.2 E-declarations

The General Practice Electronic Declaration (eDec) is an annual contractual requirement in which practices provide answers to a series of questions with the purpose of providing assurances of contract compliance.

The return period is usually from the last week of October until the first week of December however NHS Digital have advised that the dates for the 2020/21 submission have not been finalised and there are still some changes being made to the eDec.

For 2019/20 13 practices in Telford and Wrekin submitted the declaration and 39 practices in Shropshire. Once information is released responses are scrutinized by Primary Care Team and any anomalies raised with the Practice.

## SAFEGUARDING

### 5.0 Safeguarding

5.1 As a consequence of the COVID-19 pandemic face to face safeguarding training is now virtual. The CCG's designated safeguarding professionals continue to offer safeguarding advice, supervision and support. The surgeries have provided feedback that they appreciate the opportunity to discuss complex cases. The Shropshire GP safeguarding forum united with Telford and Wrekin GP Forum with a joint meeting that took place in October 2020 with over 40+ attendees. There is another Shropshire specific training session to address the issue of GPs attendance at rapid review meetings and is to take place in January 2021.

5.2 There has been concern raised by the Safeguarding board over GP attendance and reports presented to the rapid review process for Shropshire. The CCG safeguarding team have been very proactive in looking at providing support for GPs, a Standard operating procedure is being developed along with a training day in December to support GPs with this process.

### 5.3 Looked After Children (LAC)

5.4 Further to the Regional workshop on improving access to mental health services for Children and Young People in Care, Our CCG Children's and CAMHS commissioners have provided feedback to the Clinical Networks' survey for the East and West midlands region. This information will used to (a) develop a report on the current position; and (b) inform the development of a regional protocol to improve out-of-area arrangements. Numbers of children that are coming into care continues to rise. We currently have 924 LAC pan Shropshire, in addition our hosted LAC population is 785 which continues to have a significant impact on services. In September 2020 - The completion of LAC health assessment were removed from the 0-19 contract in Shropshire and are now completed by the LAC health team SCHAT as part of their contract. A Band 6 Nurse Advisor for LAC post has been recruited to and commenced to support the transfer of these health assessments.

## PATIENT EXPERIENCE

6.0 A separate report is submitted to Quality and Performance Committee providing detail of patient experience across the Local Health Economy including Primary Care.

### 6.1 Patient Voice

The Patient Insight Teams at both CCGs provide signposting and advice where possible to assist those making direct contact with the CCG. All concerns related to direct patient care are escalated to the provider concerned for investigation and response.

It should be noted that NHS E process all Primary Care related complaints and as a consequence, the CCG is not routinely informed of any learning outcomes for those complaints which are upheld.

Breakdown of Primary care feedback for Shropshire, Telford and Wrekin for Quarter 1 and 2 2020/21

## Shropshire, Telford and Wrekin Feedback Q1 and Q2 2020/21

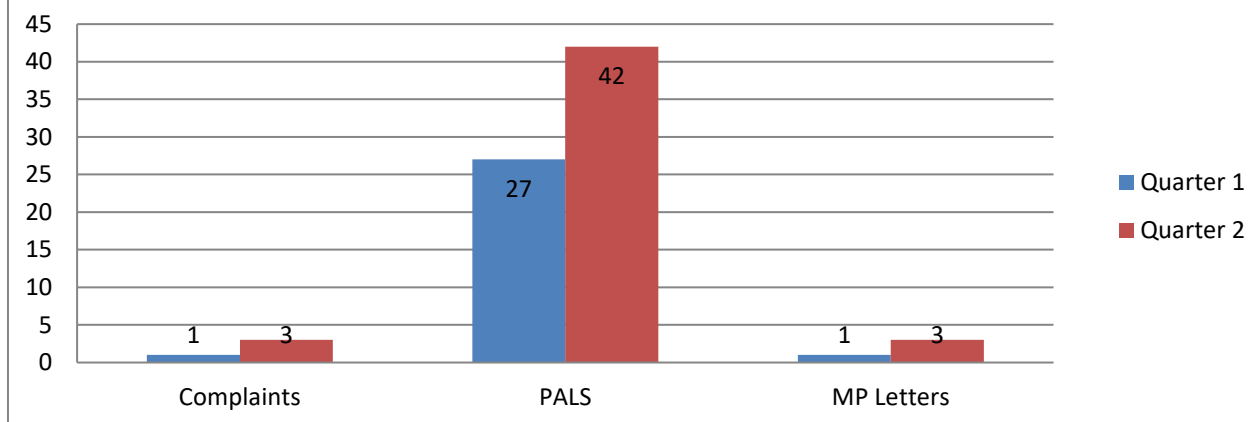


Table below shows Quarter 2 update in further detail;

Mode of Feedback	Details	Feedback Received
3 Complaints	1 x Medication	Referred to Public Health as related to prescribing for smoking cessation.
	1 x Clinical Care	Multiagency complaint – still ongoing.
	1 x E&D Concern	GP dealt with directly and resolved issue.
3 MP Letters	1 x Primary Care Cost for Exemption Certificate	Investigation ongoing
	2 x Access to GP Face to Face Appointment CV-19 related	Concerns not upheld as Practices provided communication about other ways to access care in line with NHS E Guidance
42 PALS	Themes: Access to Ear Irrigation Service General Access Clinical Care	Commissioners currently reviewing provision of Ear Irrigation services offered in Primary Care. Patients being given advice about alternative access  Insight team provide advice and signposting in response to all individual concerns.

Quarter 1 themes were similar to Quarter 2, in particular concerning access to services, changes to services due to Covid-19 pandemic and medication. In Quarter 1 there were also concerns raised regarding staff attitude and advice regarding registration which have not been recorded in Quarter 2.

Areas of concern are shared with primary care locality managers where appropriate for their advice and assistance to escalate via established routes.

Complainants are routinely signposted to NHS England for the processing of their complaints. Currently the reporting of complaints to CCGs by NHSE/I has been paused during the Covid-19 pandemic. NHSE/I have informed the Patient Insight team that they have recommenced processing of complaints from July 2020. An update will be provided once available.

Whilst patient complaints will also be received and processed at practice level, it is acknowledged that there is no requirement for these to be shared with the CCGs. Practices are however encouraged to use formal reporting mechanisms so that issues can be recorded, investigated and learning can be shared.

## 6.2 Healthwatch

An Insight report is produced for the CCG's Quality and Performance Committee on a quarterly basis, which summarises the patient issues, concerns and complaints received during that timeframe directly by the CCG including any relating to Primary Care.

## 6.3 Friends and Family Test

National Pause due to COVID-19 Pandemic with a relaunch scheduled for January 2021.

Providers are all being encouraged and supported to seek innovative ways to continue to capture patient experience feedback particularly in relation to new ways of providing GP care with more reliance on virtual and telephone communication. Staff feedback will be very important to consider too, given the need to ensure their confidence around clinical risk management.

Telford and Wrekin CCG are working with Patient Representative and Extended Access Providers to conduct a survey of patients who have used the Extended Access service with a focus on the following areas;

- Patient satisfaction with the access to the service
- Patient satisfaction with the appointment
- Patient choice to use the service as opposed to in hours appointment
- Types of appointments offered following initial telephone triage
- Demographics of patients who use the service
- Reasons for using the service
- Observations on improvements which could enhance the service when re-commissioned.

Feedback gained from the survey will then be used to inform commissioning of the new service in 2021. The proposal has been discussed at Telford and Wrekin CCG Assuring Involvement Committee. Finalised survey will be shared with Shropshire CCG.

## 6.4 NHS Choices

A total of 7 comments were received across Shropshire, Telford and Wrekin, and did not show a particular theme from the comments posted. It was, however, pleasing to note there were 2 positive comments received one regarding Extended Hours service offered by Teldoc.

## RESILIANCE

7.0 Primary care Commissioning Committee receive separate reports on Primary Care Networks and workforce development

### 7.1 Primary Care Practice Nurse

Quality Lead working with STP Training Hub has secured additional funding from NHS England/Improvement until March 2021 to support the ongoing Practice Nurse development via the General Practice Nurse 10 Point Plan. This has allowed for 2 projects to be identified;

- Development of PCN and portfolio careers within fellowships
- Digital nurse champions to support digital consultations and digital group consultations

Work is also being undertaken to produce a General Practice Nurse Strategy for the STP.

## 8.0 Recommendations

8.1 Quality and Performance Committee are asked to;

- To note the key points / concerns / risks raised.
- To receive this report for information and assurance.



Primary care risk register - Shropshire CCG

1 Risk ID	2 Objective	3 Opened / added by	4 Risk and description	5 Opportunity	6 Existing key controls	7 Existing sources of assurance	8 Gaps in controls or assurances	9 Risk score (consequences x likelihood)	10 Action plan / cost / action lead / (target date) /sufficient mitigation	11 Target risk score for end of financial year	12 Executive Lead and Risk Owner	13 Amendments: name and date
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. 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
S-03		PCCC 04/19	There is a risk that forecasted expenditure in relation to estates and other delegated functions will adversely affect the CCGs ability to deliver financial balance within the primary care directorate in the medium term	1. To ensure the financial stability of practices by ensuring rent reviews and completed on time	1. Premises Cost Directions 2. Scheduled programmes of rent reviews 3. Clear approvals process for new business cases	1. Accurate record keeping 2. Regular contact/liaison with NHSE (GMAS team)	1. Changes in the primary care team at NHSE	3x3=9 Moderate	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.	3x3=9 Moderate	Exec: C. Skidmore Owner: R. Eades/S.Ellis	26/11/20 Risk updated
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,	1. Judicial review decision on Pauls Moss development - further appeals expected if a positive decision.	3x3=9 Moderate	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?	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis	

**Primary care risk register - Telford CCG**

1	2	3	4	5	6	7	8	9	10	11	12	13
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

Primary care risk register - shared risks (Shropshire, Telford and Wrekin CCGs)

1 Risk ID	2 Objective	3 Opened / added by	4 Risk and description	5 Opportunity	6 Existing key controls	7 Existing sources of assurance	8 Gaps in controls or assurances	9 Risk score (consequences x likelihood)	10 Action plan / cost / action lead / (target date) / sufficient mitigation	11 Target risk score for end of financial year	12 Executive Lead and Risk Owner	13 Amendments: name and date
STW-01	T+W 4+5 Shrop	C/F Telford 24/06/19 C.Ralph	<b>Primary Care Networks (PCN)</b> Seven PCNs established July 2020. 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	Notes of PCN meetings/assurance meetings	1. Knowledge of the level of engagement between partners within PCNs. 2. Formal assurance process under development.	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	26/11/2020 C.Ralph
STW-02		Shrop 19/01/19 T+W 18/05/19	<b>Workforce</b> 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. GPFV monies enables practices to create new creative roles 2. The emerging training hub can prioritise additional training to upskill training	1. Primary care workforce plan is in place. 2. Delivery board and operational groups in place to support delivery in line with practice priorities.	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope	1. 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.	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis/C.Ralph	26/11/2020 C.Ralph
STW-03		07/10/20 C.Ralph	<b>COVID-19</b> 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.	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. Regular engagement with practices through weekly calls.	Limited formal SITREP reporting	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 4.	3x3=9 Moderate	Exec: C.Parker Owner: S.Ellis/C.Ralph	26/11/2020 C.Ralph

# 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

Domains	Consequence score (severity levels) and examples of descriptions				
	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.
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