NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	1 December 2021
Chair	Mrs Donna Macarthur	**Time**	11.45 p.m.
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Via Microsoft Teams

Reference	Agenda Item	Presenter	Time	Paper
PCCC-21-12.60	Welcome and Introductions	Chair	11.45	Verbal
PCCC-21-12.61	Apologies	Chair	11.45	Verbal
PCCC-21-12.62	Declarations of Interests	Chair	11.45	Verbal
PCCC-21-12.63	Minutes of Previous Meeting and Matters Arising:- • PCCC 6 October 2021 • Action Tracker	Chair		Enc. No. 1 Enc. No. 1A
PCCC-21-12.64	Finance Update	Angus Hughes	11.55	Enc. No. 2
PCCC-21-12.65	Primary Care Report • Workforce • Estates • IT • Contracts	Tom Brettell / Janet Gittins / Jenny Stevenson	12.05	Enc. No. 3
PCCC-21-12.66	Shrewsbury Health & Wellbeing Hub	Steve Ellis	12.15	Enc. No. 4
PCCC-21-12.67	General Practice Nurse Strategy	Jane Sullivan	12.25	Enc. No. 5
PCCC-21-12.68	LDA Health Checks Quarterly Audit	Jane Sullivan	12.35	Enc. No. 6
PCCC-21-12.69	Primary Care Quality Report	Jane Sullivan	12.45	Enc. No. 7
PCCC-21-12.70	Risk Register (For Information Only)	Claire Parker	12.55	Enc. No. 8
PCCC-21-12.71	Any Other Business	Chair	13.00	Verbal
PCCC-21-12.72	Date and Time of Next Meeting: Wednesday 2 February 2022 at 11.00 a.m.			

MINUTES

SHROPSHIRE, TELFORD AND WREKIN PRIMARY CARE COMMISSIONING COMMITTEE
PART 1 MEETING
HELD VIA MICROSOFT TEAMS
AT 12.45 P.M. ON WEDNESDAY 6 OCTOBER 2021

Present

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Dr John Pepper	Chair, STW CCG
Mr Mark Brandreth	STW CCG Interim Accountable Officer & ICS Executive Lead
Mrs Claire Skidmore	Executive Director of Finance
Ms Claire Parker	Director of Partnerships
Mr Steve Ellis	Assistant Director of Primary Care
Mr Meredith Vivian	CCG Lay Member – Patient & Public Involvement
Ms Jane Sullivan	Senior Quality Lead
Dr Andy Watts	Independent GP

In Attendance

Dr Adam Pringle	GP/Healthcare Professional; Governing Body Member
Dr Deborah Shepherd	Interim Medical Director
Dr Julie Davies	Director of Performance
Chris Billingham	Corporate PA; Note Taker

Apologies

Mr Steve Trenchard	Interim Executive Director of Transformation
Mrs Zena Young	Executive Director of Nursing & Quality
Ms Emma Pyrah	Head of Primary Care Commissioning
Mrs Vanessa Barrett	Chair, Healthwatch Shropshire

PCCC 21-10.47 Welcome and Introductions
Mrs Macarthur welcomed everyone present to the meeting.

PCCC 21-10.48 Apologies
Apologies received were as recorded above.

PCCC 21-10.49 Members' Declaration of Interests
Mrs Macarthur requested any further declarations of interests relating to items on the Agenda which were in addition to those already declared.

Dr Pringle advised the meeting that he was working as a Partner at Churchmere Medical Practice and was therefore conflicted on the Agenda item relating to Pauls Moss.

Dr Pepper advised the meeting that he was not part of the Whitchurch Practice or the Pauls Moss development and is not in the same Primary Care Network. However, he is a local GP and believed that there may be a degree of conflict.

PCCC 21-10.50 Estates – Whitchurch Pauls Moss
Ms Parker advised the meeting that this item referred to the Full Business Case for the Pauls Moss development, extra care housing and Medical Centre in Whitchurch. Members who had been involved in the Confidential Part 2 Committee had an opportunity to discuss some of the commercially sensitive information contained in the Full Business Case. This paper is to enable the Committee to make a decision in public following the Confidential Part 2 meeting to enable the Full Business Case to be taken forward.

Ms Parker invited questions but no further questions or observations were received.

Primary Care Commissioning Committee was asked to:

- Confirm the outcome of the decisions made in the earlier confidential session of the meeting with regard to:
    - payment of the recurrent costs outlined in the Business Case for which the CCG will be liable
    - payment of the non-recurrent costs outlined in the Business Case for which the CCG will be liable
    - confirm approval being given by Committee for the project to proceed to the build phase (subject to final approval being given by NHS England)

    All of the above points were confirmed in the Confidential Part 2 meeting and were now formally confirmed in the Part 1 meeting.

- Agree to receiving regular updates as the project progresses (over the period to September 2024).

    Ms Parker confirmed that a regular Project Board is in place and will continue, and regular updates on the progress of the Pauls Moss development will take place as the project moves forward subject to approval by NHS England.

    Ms Parker will report into the Part 1 Public meeting. Any confidential matters will be discussed in Part 2.

Mrs Macarthur reiterated comments made in the Part 2 meeting which formally acknowledged the significant work carried out by all involved to reach the current position. She looked forward to seeing the project develop over the next few years, subject to NHS England approval.

PCCC 21-10.51 Minutes of Previous Meetings and Matters Arising
The minutes of the meeting held on 4 August 2021 were reviewed and members requested that the following amendments should be made in the interests of accuracy:-

Page 5 – GP Practice Survey
The figure quoted in the minutes regarding “Ease of Getting Through” on the telephone stated that in one Practice 80% of people felt they could get through to the Practice. This figure should be 18%.

Page 5 – GP Practice Survey
Dr Shepherd referred to her comments which highlighted the significant achievement of Practices in terms of high scores and the figures relating to use of online services and an increased number of people calling NHS 111.

Her point was that a specific Comms campaign had taken place to encourage people to access 111, so in some ways a higher number of people calling 111 may well reflect the success of that campaign.

The Committee approved the minutes of the meeting which took place on 4 August 2021 as a true and accurate record, provided the above amendments are made.

The Action Tracker was reviewed and updated as appropriate.

PCCC 21-10.52 Finance Update

Mrs Skidmore reported on the Month 5 position and advised that at the point the report was produced, the Finance team were still only working to a half year position.

However, the H2 guidance had now been received and the CCG had been given an allocation for the remainder of the year. The Finance team are currently mapping the CCG's Month 6 position and considering the H2 allocation figure.

The delegated budget is as anticipated, and spend for the first half of the year is forecast to be very close to the allocation.

The Committee were aware from previous discussions of the underlying recurrent position where there is an over-commitment which must be reviewed. With regard to non-delegated spending – mainly the Prescribing budget – the CCG will conclude Month 6 with an under-spend, predominantly driven by the release of accruals provided for last year that do not need to be utilised this year.

Based on the early data received from April and May, the CCG appeared to have a sizeable increase in prescribing spend when year-on-year comparators are utilised. Forecast so far is based on an assumption that this will continue throughout the year. The Finance team are working with Pharmacy colleagues and Medicines Management colleagues to monitor the situation.

The Chair invited questions.

Dr Pepper referred to the QOF underspend of £500k referred to on Page 4 of the report, and requested further details as he believed that QOF was suspended for 2020/21. He also referred to Page 6 Paragraph 13 which stated that the control total had moved, with an increase of £6.77m and requested further details as he believed that control totals were fixed. The report also stated that the unidentified efficiency plan cannot be realistically delivered this year and he queried whether that meant in its totality or in part?

Mrs Skidmore replied to Dr Pepper's questions in reverse order.

In terms of the unidentified efficiency plan that cannot be delivered, the position was reviewed throughout the year. As part of that review, the total efficiency plans across all areas for the year were reviewed and in resetting that recurrent baseline, a reasonable assumption was made about what will not be delivered because we are all in agreement that this does not merely relate to the CCG, but also the providers who were unlikely to deliver recurrently the totality of our efficiency plans for this year. It was likely that the recurrent impact would not manifest until next year and that is the reason for the reference to the control total moving – the figure has been reviewed and updated to keep the CCG at the sustained position.

The explanation is the same for the question relating to QOF. Final adjustments and final payments to the Practices have enabled the CCG to release the balance of that accrual to assist the bottom line this year.

Mrs Macarthur referred to the Role Reimbursement underspend and the discrepancy across PCNs as to how much they have used. She wished to determine whether PCNs are expected to spend all of that resource, or whether it would be lost to the system if they do not.

Ms Parker replied that the ideal scenario is that all of the PCNs recruit to all additional roles and receive reimbursement of the funding. A piece of work has been carried out to review allocations to PCNs and how those allocations are being spent. However, recruitment is difficult.

Mr Morgan confirmed that full numbers of current and proposed recruitment for each of the eight PCNs had been submitted to NHS England, and he awaits a feedback meeting. The CCG's full entitlement was not used last year and this had been noted by NHSE.

The Committee noted the information contained in the report and the need to focus all efforts on delivery of the recurrent efficiency target in order to meet the requirements of the Sustainability Plan.

PCCC 21-10.53 Primary Care Report

The purpose of Mr Brettell's report was to provide the Committee with an overview of the key programmes of work within the Primary Care Team, namely Estates, Contracts, GP IT and Workforce. The report was taken as read, but key points were highlighted as outlined below.

Estates

- Shawbirch:
  Project has commenced on site. Completion 2022.

- Shifnal:
  The land for the project has now been secured and legal documents have been signed. On target to bring Full Business Case to Committee in December.

- Shrewsbury Health & Wellbeing Hub:
  May be timely to submit a full report to the December PCCC.

Estates Strategy

The inputs to the strategy have provided a useful tool that can be utilised by the CCG, the ICS, Practices and PCNs. Full report to be submitted to the December PCCC.

Contracts Update

A Contract Variation has been requested relating to Teldoc Partners joining Shifnal & Priorslee.

Boundary Changes

Work was being done to address the issue of several very small geographical areas having no Practice cover. A further update will be provided to a future meeting.

ACTION: Mr Brettell to submit a full report on Shrewsbury HWB Hub to the December Committee.

Mr Brettell to submit a full report on the Estates Strategy to the December Committee.

Mr Brettell to update a future meeting regarding Practice boundaries.

The Chair invited questions.

Dr Shepherd referred to the information provided regarding the Teldoc Partners joining Shifnal & Priorslee and questioned whether this was a merger. Mr Brettell confirmed that advice had been sought from NHS England. This was not a merger. The existing Teldoc partners had become partners of Shifnal & Priorslee.

Dr Shepherd also referred to the item regarding boundary changes. She was aware that this had not been received well when discussed at the LMC meeting and believed that the reason for this was that it was not clearly understood by Practices what was being asked. She suggested that in future, if such requests were made of Practices, more groundwork was required to help them understand why the question was being asked.

Dr Shepherd then referred to Primary Care Domain implementation and reports of very positive feedback being received and advised that in the two Practices she works in this was definitely not the case. To make even minor changes the assistance of IT must be requested, it creates extra work, and is not very practical.

Dr Pepper referred to pages 11 – 13 of the report relating to the GP Workforce Dashboard and the 13% drop in FTE GPs from a total of 282 to 245 over the past 5 years. This is a stark reduction in FTEs, the impact of which must be recognised.

Mr Morgan advised that he was currently drafting a GP Strategy in order to reassure stakeholders that the CCG knows and understands the position and is working on a range of activities around recruitment and retention, specifically of GPs.

The Committee noted the contents of the report and the work being undertaken by the Primary Care team in relation to the areas identified.

The Committee supplied very positive feedback to Mr Brettell regarding his report and will continue to identify potential improvements going forward.

PCCC 21-10.54 GP Flexible Pools

Mr Morgan provided a brief verbal update and will provide a written report to the December meeting.

The recommendation to the August Committee was that the funding provided by NHSE should be used to procure a digital booking platform, initially for GP Locums. This is not optional – the CCG is required to do this by NHSEI.

The Committee asked for local solutions to be investigated, possibly by discussions with Shropdoc. This was done, and discussions are ongoing with a potential supplier who will be working in partnership with Shropdoc to carry out some of the administrative work that the CCG does not have the capacity to do.

A joint meeting and presentation from the potential supplier will take place later in October, attended by Mr Morgan, Mr Ellis, and possibly several Practice Managers, to look at the functionality of the digital staffing platform. NHSE had made it clear to all systems that a solution must be in place by December.

Mr Morgan fed back to the Regional Workforce Lead that STW CCG almost certainly will not have a solution in place by December, but will have made a decision by then as to how to progress. He anticipated submitting a written report to the December Committee for approval of the recommended course of action.

Ms Parker believed that this was an opportunity to provide Practices with support for winter. She asked the Committee if the decision could be deferred downwards to the Primary Care Operational Group in order to move it forward more quickly and support Practices with some of their workforce challenges.

Dr Pepper agreed with Ms Parker's suggestion, but asked if the funding was recurrent funding.

Mr Morgan replied that the funding is the same as all GP Forward View funding - technically, it is not recurrent but is money that NHSE have confirmed the CCG will also receive next year.

Dr Watts was in support of Ms Parker's proposal.

The Committee agreed that the decision regarding a digital booking platform could be made by Primary Care Operating Group.

ACTION: Mr Morgan to provide a written report on GP Flexible Pools to the November PCOG meeting.

PCCC 21-10.55 eDec

Mrs Williams provided an update on the eDec (Electronic Declaration) that Practices are required to make every year. Responses were analysed and some anomalies were found which were checked with Practice Managers. Some have been confirmed as errors. One slight anomaly existed where a Practice declared that they had not completed a risk assessment. This Practice is on our list of Practices to be visited on the visit programme which is due to start imminently. Support will be offered to Practices if needed.

The Chair invited questions.

Mrs Macarthur referred to the fact that this requirement is self-declaration and asked if the CCG proposed to carry out spot checks as part of the Practice visit.

Mrs Williams advised that spot checks were not in the plan although they had been carried out in the past. She agreed to include spot checks as part of Practice visits.

The Committee received and noted the update provided regarding eDec and the subsequent action taken by the CCG.

PCCC 21-10.56 Rebranding of Stirchley Medical Practice

Mrs Williams was joined by Dr Mike Innes and Ms Tracie Craddock, both from Stirchley Medical Practice, to present this item.

Dr Innes advised that Sutton Hill Medical Practice and Stirchley Medical Practice had merged 18 months previously. The Practice is now in a strong position and is considering how they can expand and improve services further.

One of the limits had been the name, which relates to one neighbourhood covered by the Practice but does not cover all of the neighbourhoods now covered by the merged Practice. The Practice had been keen to change its name for some time but this was delayed because of pressures caused by the pandemic. However, they are now at a point where they would like to change their operating name to Silkin Health, which is a much more inclusive name for the area covered by the Practice.

Dr Innes referred to discussions around Practice boundaries and stated that his Practice would be happy to alter their boundaries to include Orphan Area No. 5, whose boundary was on the edge of Stirchley's southern boundary.

The Chair invited questions.

There were no questions. Several members of the Committee expressed their support for the proposal, and the proposed name of the Practice.

The Committee approved the change of the operating name of the Practice from Stirchley Medical Practice to Silkin Health.

PCCC 21-10.57 Risk Register
Ms Parker confirmed that the Risk Register had been updated and circulated for information.

Further to the discussion regarding Practice boundaries, Ms Parker confirmed that a piece of work would be carried out regarding changes to Practice boundaries. Any identified risks would be added to the Register.

PCCC 21-10.58 Any Other Business
Committee Evaluation Form
As a result of discussions between Dr Pepper and Alison Smith, a Committee Evaluation form was circulated at the request of the Chair which was intended to assist in terms of Committee development and provide a mechanism for Committee members to provide their feedback as to how the meeting was run.

ACTION: All present at the October Committee to complete the Committee Evaluation form and return to Chris Billingham.

GP Access
Ms Parker asked the Committee to consider placing GP Access on the Agenda of the December Committee. She suggested that the Committee should discuss the data collected.

Dr Davies supported this suggestion, advising that she, too, had been focusing on this from a performance perspective and hoped to submit a report to the December Committee. She agreed that there were issues around access and was happy to support a conversation and share the data in her possession.

Mr Vivian supported Ms Parker's suggestion and asked what actions the information would support.

Ms Parker replied that the data linked into many areas. For example it underpins information received via the GP Survey and links to activities such as Practice visits. The whole topic of patient access is part of our delegated responsibilities and links into many elements about improving quality and patient experience, estates, improving telephone systems, and what can be done to support Practices around some of those issues.

Dr Pringle believed that there clearly needed to be a review of performance with a view to establishing why people are performing to a different standard.

Ms Parker stated that it is not proposed to single out individual Practices but to have a wider conversation. However, she believed it to be a conversation that should take place in public.

Dr Watts supported the proposal and believed that it would be remiss of the CCG not to consider this question. He did, however, believe that the analysis of the figures should include consideration of the figures relative to last year, and relative to different areas – the data must be considered in a variety of different ways.

The Chair summarised discussions and believed that the Committee were supportive of Ms Parker's proposal. However, she also believed that the Agenda for the December Committee would be lengthy and consideration may need to be given to clashes with other meetings.

ACTION: GP Access to be placed on the Agenda of the December Committee.

Ms Parker and Mrs Macarthur to consider the December Agenda, length of the meeting, and timings.

PCCC 21-10.59 Date and Time of Next Meeting

The next meeting will take place on Wednesday 1 December 2021 at 11.00 a.m. via Microsoft Teams.

Shropshire Telford and Wrekin CCG Primary Care Committee Action Tracker
Part 1 Meeting – 6 October 2021

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-2019-10.075	**Estates Strategy Update**	Mr Brettell	October 2021	Estates Strategy to be submitted to the October 2021 PCCC. **October Update:** Mr Brettell advised of several inter-dependencies in terms of national pieces of work. The intention is to bring the Estates Strategy in full to the December meeting and will hopefully include an update regarding the PCNs and work done on their Estates Strategy.
PCCC-2020-12.22	**Primary Care Strategy Delivery** 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.	Phil Morgan	October 2021	**June Update:** Primary Care Strategy being updated in order to reflect recent changes to the guidance. Will be brought to the October meeting for final sign off. **August Update:** Dr Shepherd spoke with Dr Watts in December. Committee now awaits the Strategy to be submitted to the October meeting. **October Update:** Ms Parker advised that the delay has been around capacity of staff. She was confident that it would be available for the December meeting.

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-21-06.28 Finance Update	Mr Banks to investigate the drivers around unexpected invoices, the prescribing overspend, and clawback of £641k for the Additional Roles Reimbursement Scheme and update the next meeting. Mr Banks to update the next meeting regarding possible actions to reduce the overspend on the co-commissioning budget.	Ben Banks Ben Banks	August 2021 Meeting August 2021 Meeting	**August Update:** Issue around prescribing has been investigated. Was due to additional ordering because of Covid. ARR clawback – still in discussion with NHSEI as to whether clawback will happen. Issue around efficiency plans for Primary Care. Finance Team is reviewing all budgets in order to review efficiency with particular emphasis on value for money and how that may impact on savings in other areas of the budget across the CCG. Future Finance Reports will include updates on this review of efficiency. **October Update:** Agenda item.
PCCC-21-06.29 Primary Care Report	Committee's views on updating of reports to be fed back to Mr Brettell. PCN Estate Strategy to be an Agenda item for the October Committee.	Claire Parker Chris Billingham	August 2021 Meeting October 2021 Meeting	
PCCC-21-06.30 Risk Register	Mrs Young and Ms Parker to discuss with Ms Walker whether Medicines Management risk needs to be reflected on the Risk Register.	Zena Young / Claire Parker	October 2021 Meeting	**August Update:** Mrs Young and Ms Parker discussed and agreed that if Medicines Management was a risk it would be included in the Quality Risk Register. **October Update:** Completed.
PCCC-21-06.31 Any Other Business	Comms representative attendance at Part 1 meetings to be resolved going forward. Mrs Young and Ms Parker to consider current CCG processes around communication.	Claire Parker / Mark Brandreth Zena Young / Claire Parker	December 2021 Meeting August 2021 Meeting	**October Update:** Chris Hudson added to the Part 1 distribution list. Mark Brandreth and Claire Parker to discuss whether this is good use of his time.

PCCC 21-08.38 Primary Care Report	Mr Morgan to provide October PCCC with a detailed report on workforce.	Phil Morgan	October 2021 Meeting	**October Update:** Workforce included in Primary Care Report.
PCCC-21-08.39 GP Patient Survey 2020/21	Mrs Stevenson to schedule an update on the results of the GPPS 2020/21 into the Agenda planning for a future PCCC.	Jenny Stevenson	Specific meeting to be confirmed	**October Update:** Ongoing. Specific meeting not yet confirmed.
PCCC-21-08.40 NHSEI Funding – Flexible GP Pools	Mr Morgan to review his Flexible GP Pools report to highlight the fact that the role of Newly Qualified GP Locum Champion is a fixed term role for 12 months.	Phil Morgan	October 2021 Meeting	**October Update:** Agenda item.
PCCC-21-08.41 Estates – Whitchurch Project	Mr Brettell to arrange for a timelines document to be produced regarding the Whitchurch project.	Tom Brettell	October PCCC	
PCCC-21-08.42 Primary Care Quarterly Quality Report	Mrs Sullivan to check with Jane Blay, whether Practices were responding to comments made on NHS Choices.	Jane Sullivan	October 2021 Meeting	**October Update:** Jane Sullivan advised that not all Practices respond to comments made on NHS Choices, but a considerable number of Practices do respond.
PCCC-21-08.43 2021-22 Funding Proposals to Support PCN Recruitment & Retention	Ms Parker to consider the governance arrangements around PCCC, PCOG and Training Hub Board in relation to financial decisions and confirm back to PCCC.	Claire Parker	October 2021 Meeting	**October Update:** Complete.
PCCC-21-08.44 Risk Register	Ms Parker to pick up with Mrs Young the action on the Risk Register relating to Medicines Management. Ms Parker to capture on the Risk Register issues highlighted in today's discussion.	Ms Parker Ms Parker	October 2021 Meeting October 2021 Meeting	**October Update:** Complete.

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC 21-10.53 Primary Care Report	Mr Brettell to submit a full report on Shrewsbury Health & Wellbeing Hub to the December Committee. Mr Brettell to submit a full report on the Estates Strategy to the December Committee Mr Brettell to update a future meeting regarding Practice boundaries.	Mr Brettell Mr Brettell Mr Brettell	December 2021 meeting December 2021 meeting Meeting to be confirmed	
PCCC 21-10.54 GP Flexible Pools	Mr Morgan to provide a written report on GP Flexible Pools to the November PCOG meeting.	Mr Morgan	November 2021 PCOG meeting	
PCCC 21-10.58 Any Other Business	**Committee Evaluation Form:** All present at the October Committee to complete the Committee Evaluation form and return to Chris Billingham. **GP Access:** GP Access to be placed on the Agenda of the December Committee. Ms Parker and Mrs Macarthur to consider the December Agenda, length of the meeting, and timings.	All present at October 2021 Committee Mrs Billingham Ms Parker / Mrs Macarthur	December 2021 meeting December 2021 meeting	

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee**
Meeting held on 1st December 2021

Item Number:	Agenda Item:
PCCC-21-12.64	2021/22 Month 7 Primary Care Financial Position

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

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

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

Executive Summary (key points in the report):

The financial performance reported in this paper is for month 7 of 2021/22.

Guidance and system financial envelopes for the second half of 2021/22 (H2) were received from NHSEI at the end of September with H2 plans due for submission on 18th November 2021/22. Budgets for the second half of the financial year (H2 2021/22) will be based on those approved H2 plans. Budgets have therefore not been uploaded into the ledger for Month 7. Therefore this Month 7 report will focus on run rate rather than traditional budget variance analysis.

Year to Date at M7:

For Primary Care this is split into two sections.

Co-Commissioning (or Delegated) expenditure which for M7 indicates spend of £6,441k against an average M1-6 run rate of £6,408k.

Primary Care Services (Or Non Delegated) expenditure which for Month 7 indicates spend of £8,707k against an average run rate for Months 1-6 of £9,015k. This is a variance of £307k, this is primarily driven by non-recurrent funding received in H1.

Forecast at M7:

For the Delegated spending we are currently forecasting an outturn of £77,834k. For Non-Delegated spending we are forecasting an outturn of £104,475k. The underlying/recurrent expenditure in primary care remains in line with the system sustainability plan. This expenditure is above the ring fenced allocation for co commissioning and therefore there remains an efficiency challenge.

Recommendations/Actions Required:
The committee is asked to: **Note** the information contained in this report and the need to focus all efforts on delivery of the recurrent efficiency target in order to meet the requirements of the sustainability plan.

Report Monitoring Form

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

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

Tables included in this report:

2021/22 Month 7 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 7 – October 2021.

2. Budgets for the second half of the financial year (H2 2021/22) will be based on approved H2 plans that are due for submission to NHSEI on 18th November 2021. Budgets have therefore not been uploaded into the ledger for Month 7. Therefore this Month 7 report will focus on run rate rather than traditional budget variance analysis.

M7 Actuals

Table 1: M7 YTD Actual

Expenditure Grouping	Expenditure Detail	M7 Actual £000s
Primary Care Services	Prescribing	6,867
Primary Care Services	Central Drugs	233
Primary Care Services	Oxygen	75
Primary Care Services	Prescribing Incentive Schemes	32
Primary Care Services	Enhanced Services	784
Primary Care Services	Primary Care Pay	193
Primary Care Services	Primary Care Other	6
Primary Care Services	Primary Care IT	127
Primary Care Services	GP Forward View	390
Primary Care Services	Primary Care Reserves	1
Co-Commissioning	Co-Commissioning	6,408
	Total	**15,115**

Table 2: M7 Actual against H1 Run Rate

Expenditure Grouping	Expenditure Detail	M1-6 Actuals	M1 -6 Av Run Rate	M7 Actual £000s	Variance
Primary Care Services	Prescribing	40,907	6,818	6,867	-49
Primary Care Services	Central Drugs	1,171	195	233	-38
Primary Care Services	Oxygen	458	76	75	1
Primary Care Services	Prescribing Incentive Schemes	129	22	32	-10
Primary Care Services	Enhanced Services	4,138	690	784	-94
Primary Care Services	Primary Care Pay	1,152	192	193	-1
Primary Care Services	Primary Care Other	2,844	474	6	468
Primary Care Services	Primary Care IT	947	158	127	31
Primary Care Services	GP Forward View	2,342	390	390	0
Primary Care Services	Primary Care Reserves	-	-	1	-1
Co-Commissioning	Co-Commissioning	38,645	6,441	6,408	33
	Total	**92,733**	**15,455**	**15,115**	**341**

3. Table 2 shows the spend incurred in M7 in each category in comparison to the average run rate in M1-6. The main variance in relation to the run rate is in Primary Care other. The reduced expenditure arises from a non-recurrent allocation for the Health & Wellbeing Hub (previously known as the Cavell Centre). Expenditure has been accrued during H1 in line with the allocation received, but nothing further has been

accrued in M7. There is an expectation that some of this funding will be returned to NHSEI over the coming months due to delays in the scheme development.

4. The CCG efficiency plan for 2021/22 includes a £2.3m target made up of medicines management schemes. Table 3 shows that in Month 7 the year to date efficiency plan has been exceeded but the forecast position is a £0.3m shortfall on the target. This is due to the full year effect of last year's efficiency schemes creating a benefit in the first part of the year.

Table 3: M7 YTD and FOT Efficiency Schemes

QIPP Scheme	M7 Plan £000s	M7 Actual £000s	M7 Variance £000s	Annual plan £000s	FOT £000s	Annual Variance £000s
Drug Switches	186	259	-73	280	280	-
Respiratory	5	14	-9	40	40	-
Scriptswitch	194	257	-63	372	275	97
Optimise	63	154	-91	95	202	-107
Diabetes	31	58	-27	70	100	-30
Care Homes	107	143	-36	270	170	100
POD	278	447	-169	335	664	-329
Self Care	8	-	8	15	-	15
DOLVC	48	47	1	75	100	-25
Wound	12	-	12	25	-	25
Continence (Urotomy)	31	-	31	62	-	62
Meds Management Stretch	-	-	-	380	-	380
Optum	-	45	-45	318	182	136
Total	**963**	**1,424**	**-461**	**2,337**	**2,013**	**324**

Table 4: Summary of Primary Care Transformation Funding

Primary Care Schemes	Indicative 21/22 Budget £000s	Forecast 21/22 Spend £000s	Variance £000s
PCT LOCAL GP RETENTION	103	102	1
PCT TRAINING HUBS	103	102	1
PCT FELLOWSHIPS	471	471	-
PCT FLEXIBLE STAFF POOLS	120	120	-
PCT SUPPORTING MENTORS SCHEME	69	70	-1
PCT PRIMARY CARE NETWORKS	250	250	-
PCT PRACTICE RESILIENCE	72	72	-
PCT ONLINE CONSULTATION SYSTEMS	136	135	1
PCT DIGITAL FIRST SUPPORT	557	556	1
PCT INFRASTRUCTURE AND RESILIENCE	111	111	-
Total	**1,992**	**1,989**	**3**

5. At Month 7 we are forecasting to spend the majority of our Primary Care transformation funding however there is risk in particular around the Fellowship scheme. This is due to a lack of applicants for the scheme. Whilst work is underway in the system to maximise this scheme it is an issue that is facing the wider West Midlands region with there not being the number of new GPs in the system to fully utilise the funding.

ARRS Funding

6. As part of the multiyear scheme on the Additional Roles Reimbursement scheme for Primary Care, the Primary Care Networks (PCNs) have submitted plans on how they will spend their notional budgets in 21/22 of which a summary is in table 5 below. As you can see there is currently a notional underspend of £1,351k. All PCNs are currently exploring options for additional staff including Admiral nurses.

Table 5: Summary of expected ARRS expenditure by PCN

PCN	Allocated Funding £000s	Expected Expeniture £000s	Variance £000s
NEWPORT AND CENTRAL PCN	682	650	32
NORTH SHROPSHIRE PCN	1,195	725	470
SE SHROPSHIRE PCN	798	671	127
SHREWSBURY PCN	1,603	1,283	320
SOUTH EAST TELFORD PCN	469	296	173
SW SHROPSHIRE PCN	530	367	163
TELDOC PCN	703	455	248
WREKIN PCN	383	312	71
Total	**6,363**	**4,758**	**1,605**

Sustainability and Underlying Position

7. The CCG is currently working with system partners and NHSEI on the development of the system sustainability plan. Although the system as a whole delivered a £6.5m deficit against the H1 envelope this position remains in line with the system sustainability plan projected expenditure for 2021/22.

8. The full year CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £461.558m. Primary Care expenditure within that total is spend of £177,051k.

9. Table 6 shows for primary care expenditure we believe that overall we are currently forecasting in line with the sustainability plan. However, for co commissioning the sustainability plan shows an underlying overspend of £1.5m compared to the ring fenced allocation of £76.520m, there is therefore a continued efficiency challenge in this area to bring spend in line with the allocation.

Table 6: ***Forecast performance against sustainability for Primary Care Expenditure***

Category	Sustainability £000s	Recurrent FOT £000s	Variance £000s
Prescribing	85,873	85,544	329
Primary Care	13,272	13,508	-236
Co-commissioning	77,906	77,986	-80
Total	**177,051**	**177,038**	**13**

10. There are risks to the underlying position reported which include:

    a. Prescribing growth risk if the average increase seen in April- August continues throughout the year. The level of risk continues to reduce as July/August data was more in line with expectations.
    a. A potential cost pressure in the Phlebotomy service is currently being discussed with the Primary Care Team. Non recurrent funding solutions are available in 20/21 and a number of routes are

currently being explored at the Phlebotomy steering group in order to address the recurrent problem and assess long term service delivery options. Any recurrent pressure will need to be discussed at the system investment task and finish group and go through the system triple lock process.

H2 plan

11. The H2 plan was due for submission to NHSEI on 18th November 2021. The overall deficit plan for H2 submitted by the system shows a planned deficit of £6.4m. When added to the H1 actual system deficit of £6.5m this shows a full year planned deficit of just under £13m.

12. For the CCG the H2 deficit plan is a £5.2m deficit, when added to the £4.6m actual deficit in H1 shows a full year planned deficit of £9.8m.

13. Once the H2 plan is approved H2 budgets will be issued to budget holders Primary care budgets are set out below.

Category	H1 21/22 Budget £000s	H2 21/22 Budget £000s	21/22 Budget £000s
Primary Care Services	56,252	51,122	107,374
Co-Commissioning	38,513	38,260	76,773
Total	**94,765**	**89,382**	**184,147**

Conclusion

14. At M7 expenditure is in line with the previous run rate in H1 excluding the non-recurrent Health and Wellbeing Hub allocation received in H1.

15. H2 plans have been submitted and budgets will be issued to budget holders in line with the plan.

16. The committee is asked to:
    - **Note** the information contained in this report and the need to focus all efforts on delivery of the recurrent efficiency target in order to meet the requirements of the sustainability plan.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

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

Item Number:	Agenda Item:
PCCC-21-12.65	Primary Care Update Report

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

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

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Primary Care Operational Group	16 October 2021	I

Executive Summary (key points in the report):

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

Recommendations/Actions Required:

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

Report Monitoring Form

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

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

Partnership Managers Update:

Locally Commissioned Services (LCS) Review
Work has now commenced on the LCS review with the overall aim of implementing a fit for purpose, equitable and fairly reimbursed suite of services by 1st April 2022. The work is currently focusing on pulling together a comprehensive picture of existing services to enable a thorough assessment of each service, which will be undertaken by an appropriately represented task and finish group. Appropriate involvement of practices, the LMC and other stakeholders is critically important to successfully implementing this work.

Review/ redesign work on specific LCS (phlebotomy, spirometry and ear irrigation) continues and is complementary to this broader work.

Macmillan Community Care Project (MCC)
The Macmillan Community Care (MCC) pilot project is funded for 18 months and aims to improve the quality of and number of cancer care reviews completed within 12 months of a cancer diagnosis. The new MCC Team consists of 5 Macmillan Community Care Coordinators a project manager and a clinical lead.

The pilot project is focused where areas of inequality have been identified. As such the following practices are currently being contacted to invite them to engage in this work: Stirchley, Teldoc, Dawley, Donnington, Woodside, Portcullis, Station Drive, Riverside and Severn Fields.

Learning Disability Annual Health Checks
Shropshire, Telford and Wrekin (STW) CCG and partners are continuing work to improve the offer of, uptake of and quality of Annual Health Checks for people with a Learning Disability. A system wide approach through the 3 Year Road Map is in place to ensure buy-in to improve this area of work and to expand its reach.

The national team have brought forward the Long Term Plan aim of achieving Learning Disability Annual Health Checks (LDAHCs) completed for 75% of those aged over 14 years on the practice LD register. STW CCG are committed to the aspiration of offering 100% of people with a learning disability an annual health check with clear reasons recorded and reviewed if an individual chooses not to attend or DNAs. High performing practices are encouraged to share good practices across their Primary Care Network (PCN).

For 2021/22 the LDAHC focus is on the 14-18 year age group, working jointly with SEND Teams, specialist schools, the Local Authority and Parent & Carer groups to ensure LDAHCs are embedded within services i.e. Education Health Care Plans and that young people are captured on the GP LD register and offered a LDAHC. Joint work to identify young people eligible for Covid vaccination has helped to move this work forward.

Work is also taking place to identify and understand local variation, review and improve quality and to give ethnicity breakdown of data. A pilot project is currently underway to test the newly developed local quality audit tool. Four practices are engaging in this work and a report will be presented at PCCC in December to review the learning and to agree the next steps.

Dementia
Work is underway locally on a Dementia recovery plan and data is extracted from Emis and monitored on a monthly basis. The focus with general practices is to discuss diagnosis rates and prevalence. Currently STW CCG is falling below the national dementia diagnosis target

set at 66.67%, with a rate of 62.61%. National guidance also suggests that dementia prevalence should be above 4% of a practice population of those over 65 years. Twelve local practices are not currently meeting the above standards.

Severe Mental Illness (SMI)
To help to address health inequalities, there is a national target to provide a comprehensive annual health check to above 60% of people with severe mental illnesses (SMI). Work is underway on an SMI recovery plan to improve local rates and data is extracted from EMIS on a monthly basis to enable monitoring. A locally commissioned service is also in place to support this work.

PCN Health inequalities work
To support with the DES requirements for the PCNs and to meet the NHSE requirement for us to pull together an ICS plan that articulates all the work we are doing across the system to address health inequalities, we will be working through a template with the PCNs to fully collate information and understand their support needs. The Partnership Managers will be working with their individual PCNs to collate this information over the next 2 weeks.

Winter Capacity Plans
£440k was allocated to GP practices / Primary Care Networks to fund additional same day capacity in primary care between October 2021 and March 2022. An implementation plan is in place, with 49 practices having submitted their plans of how many additional appointments will be offered each month (one practice still to submit, one has decided not to participate).

Monthly monitoring is taking place to track the number of appointments being offered and the uptake of those appointments. This will now link in with the wider GP access work.

Winter Access Fund (NHS England, our plan for improving access and supporting general practice)
STW CCG submitted a high-level plan for funding (£2.14m indicative) for system and practice level initiatives:

- To set up a digital GP Locum booking platform. These Locums will provide remote consultation sessions for practices.
- Acute Visiting Service – four GPs (and cars) will undertake home visits in urban/deprived areas (10 practices across STW) - this will potentially release time in practice and reduce acute admissions.
- Paediatric pulse oximeters – the aim is to reduce hospital admissions due to being able to monitor saturations in the community.
- Additional appointments – all practices will increase appointments according to submitted plans.
- Communications campaign – clear and regular messages to patients to explain ‘other healthcare professionals’ in GP practices; to make clear a phone call is a consultation and that face-to-face appointments are available if needed.
- Additional admin staff to support practices with the high volume of calls for repeat prescriptions.
- Additional admin staff to support practices to contact patients with Long Term Conditions (LTC) to request information as part of LTC reviews.
- Additional call handlers for the Prescription Ordering Direct (POD) service so that patients do not call their practice, therefore reducing the number of phone calls in to the practice.
- Docman Share software for all practices; this supports primary care at scale working.
- Utilising GP/ANP expertise to support re-direction of patients away from A&E.

Practice Visits
The process has now been agreed for an ongoing schedule of practice visits, which will focus on quality and contracts. Visits are currently being arranged for a small number of GP practices, with the ongoing process and schedule likely to get underway in Spring 2022. The first group of GP practices to be visited has been identified by looking at GP Patient Survey results, GP data packs, outcome of CQC inspections, patient feedback and any specific concerns. A visit template has been developed, with common areas to be discussed, however the focus of the visit agenda and visiting team will be tailored for each visit.

The first visit has taken place, and visits have been diarised for an initial cohort of seven practices.

Blood Pressure Monitoring @Home Project
Blood Pressure @home aims to increase the availability and access to home blood pressure monitoring for patients with poorly controlled hypertension by providing blood pressure monitors, a remote monitoring pathway, and local implementation support. The CCG has an allocation of 1500 monitors to send out to GP practices wishing to take forward this project. These have been shared out based on hypertension register sizes.

Expressions of interest in this project have been received by the majority of practices, with information and resources being shared with those practices wishing to participate. The team will start to distribute blood pressure monitors over the next couple of weeks.

Virtual Ward
Work continues to confirm the operating model for a secondary care led Virtual Ward that will focus on respiratory illness including COVID-19. There is ongoing discussion around referral routes and whether to enable primary care to refer into the virtual ward at this early stage or to build this in at a later stage. We are required to have a step-down VW up and running w/c 22nd November.

General Practice Boundaries
At the last PCCC meeting it was reported that the Primary Care Team had identified that there are 11 small geographical areas of the STW CCG boundary which currently have no practice coverage. This is mainly due to these pockets being very rural or close to the border of Wales or neighbouring CCGs. For completeness and to offer patient choice, the Primary Care Team are currently contacting the practices whose current boundaries are closest to these areas and asking them to consider the proposal of expanding their current boundary to include these areas. If a practice declines this proposal, the second nearest practice will then be approached. The team does not anticipate that these boundary changes will bring an influx in patients as patients will continue to register with their closest practice. This will however give STW CCG full primary care coverage and offer patients living in those areas a STW choice going forward.

Practices have agreed to adopt three areas to date and STW CCG are working with NHSE to update GMS contract maps to reflect this. This work links to the developing STW CCG Policy for Out of Area Patients whereby practices will be offered a payment for assigned patients that reside outside their inner practice boundary.

Veteran Friendly Practices
The CCG will formally sign the Armed Forces Covenant on 22nd November within which we have made the pledge to support our practices to adopt Veteran Friendly status as soon as possible with the aspiration that all our practices will achieve this accreditation over the

coming months. A range of communications will be generated from the signing including an internal push with our practices.

Estates Update:

Introduction

This paper provides a brief update on the ongoing key estates projects and related activity. Where noted, papers are being taken to Primary Care Commissioning Committee and are attached or due to be submitted nearer the date for the next Primary Care Commissioning Committee (December 2021).

Shawbirch – ETTF New Build

- Full Business Case approved by Primary Care Commissioning Committee in Feb 2021
- Build has commenced – completion due by July 2022

Whitchurch – ETTF New Build

- Full Business Case approved at Primary Care Commissioning Committee in October 2021
- FBC and Grant Agreements approved by NHSE 26 October 2021
- Legal documents to be signed and sealed (by Shropshire Council, GP Partners and Wrekin Housing Group) in November 2021
- Build due to start by February 2022 – completion of Primary Care Centre by September 2024

Shifnal – ETTF New Build

- Full Business Case going to Primary Care Commissioning Committee in Dec 2021
- Significant revenue impact from uplift expected in rent and rates reimbursements – details in FBC
- Build scheduled to start Feb 2022 – expected completion due Feb 2023

Shrewsbury Health and Wellbeing Hub (formerly Cavell Centre)

- CCG Project Officer now recruited to provide project support until March 2023
- Work progressing on Clinical Modelling
- Initial patient engagement activity now completed and feedback report released – awaiting confirmation from practices on ongoing involvement in project before confirming if need to carry out a full consultation exercise
- First meetings of project Service Integration and Delivery Groups have taken place
- Awaiting confirmation of CCG Clinical Modelling Lead, MPFT Clinical Lead and ShropCom Lead
- Ongoing discussions with Shropshire Council on site options
- Specification for Business Writer released – expect appointment in early November 2021
- First stage architectural and design works progressing
- FBC due to Primary Care Commissioning Committee in April 2023 – build completion Nov 2024

TelDoc Estates Rationalisation

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

Ironbridge Power Station Development

- Original planning application submitted by the site developers was turned down and subsequently resubmitted including improved provision for healthcare and affordable housing on the site
- Resubmitted planning application was approved at the meeting on 20 September 2021
- CCG has secured some capital funding from the developers for healthcare provision – although the first instalments of this are not likely to materialise until after stage 2 of the housing development has been completed (estimated by 2026 – full project runs to 2032)
- Discussions to continue with the neighbouring practices (including Ironbridge, Much Wenlock [Cressage branch] and Broseley, as well as others) as all will be affected by the development

Estates Strategy Revision

- Current estates strategies are now out of date (despite latest updates being in 2018/2019)
- Data gathering, SHAPE updates and housing information activity now completed
- Data now being realigned to current PCN structures - NHSE has commissioned support for PCNs to produce estates and workforce plans by end Dec 2021 – 6x PCNs covered under NHSE criteria but funding has been identified to support the remaining two PCNs
- Plan to produce first draft in March 2022 – in time for transition to ICS from April 2022 onwards

Contracting update:

Investment & Impact Fund 2020/21

PCNs have not been paid for the DES IIF 2020/21. The configuration of PCNs was not correct in CQRS at the time the calculations were run therefore a manual calculation needs to be completed. This exercise hasn't been as simple as first thought. The CSU have re-run the searches as the numerator, denominator and exceptions needed to be re-checked. The PCN configuration is now correct for 2021/22.

Investment & Impact Fund 2021/22 ACC-01

All PCNs have completed the indicator ACC-01 (GP appointment mapping to national categories) the finance spreadsheet has been completed with values to pay the PCNs and NHS England has been informed of the achievement.

Community Pharmacy Consultation Service

Despite a number of interested practices, STW do not have any practices that have implemented the scheme and commenced with referrals. NHS England are keen for STW to implement before the Winter period really takes hold. NHS E are being asked by the national team for trajectories on numbers of referrals hence keen for STW to have some referring practices. Participation in CPCS is also a prerequisite of Winter Access Funding. NHS E transformation team have organised a webinar for all STW practices at lunchtime on 23rd November; this is one of the methods to assist practices with implementation. Funding has been allocated to pay for the EMIS CPCS integrated licence (this will support practices with electronic referrals directly via from the clinical system).

Afghanistan families – TB screening

It has recently become apparent the TB screening element of the heath check on arrival has not been undertaken. Working with partners a plan is being produced to undertake an outreach type model for the screening process. The registered practice has advised that they are concerned about the number of DNA appointment for this cohort of patients. This is having a significant effect on their QOF achievement. The issue has been escalated to GMAST – we await advice. The practice is working on the assumption that all children requiring childhood vaccinations and immunisations have not been vaccinated prior to arrival in the UK.

GP IT Update:

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

Windows 10 Implementation:

- All PCs replaced/upgraded within Primary Care to Windows 10.
- Migrating from the Windows 7 Operating system that was end of life in February.
  A review has been carried out by our IT provider identifying the computer hardware that is 3+ years old, which has identified 110 PC's. A project plan and proposal will be shared and look to commence the replacements early next financial year.

Docman 10:

- 50 out of 51 sites now live with Docman 10. Date scheduled in November for Market Drayton now to go-live. Practice constraints have meant the date has been pushed back.

Domains:

- 15 sites are now live on the Primary Care Domain (Zeus); a further 6 practices have dates scheduled in to go live. The original proposal has been revised by the MLCSU. In phased 1&2 a total of 21 practices are to be completed. The remaining phase 3 proposal has been shared with the CCG and has a completion date of May 2022.
- Engagement session booked in with additional surgeries in the current phase to then progress to deployment phase.
- A full comprehensive communication is in draft form for all future practices, taking on-board feedback from sites that have gone live. Providing full details and highlighting the risks and requirements for being compliant on the DSPT toolkit.

Electronic Prescription Service (EPS):

- Westbury are now live with EPS. Further work on-going with the CSU and CCIO on promoting the benefits of EPS.
- 41/51 sites are now completed. Plas Ffynnon have a go-live date scheduled for the 30th November.

N365: Microsoft Office 365 tailored for the NHS.

- Licensing has been applied on to the national system.
- CSU have identified pilot sites that are now on the GP domain. Delays in the deployment due to IG concerns with the data that sits in OneDrive. This is being looking into by the CSU IG team currently. A DPIA will need to be completed by the practice identifying how they plan to use the data held within the secure storage.
  N365 licensing cannot be applied until GP practices migrate to the Zeus domain, this is due to the requirement of individual login accounts on to their system.

Online Consultation /Video Consultation (OC/VC) Procurement:

- NHSE have been holding frequent Webinars on OC/VC providers. Providers meeting the required assurances are added every two weeks to the Digital First Primary Care OC/VC Framework.
- The CCG are reviewing the options with the procurement hub on how we can align the current solutions post March. The centrally funded video solution ends in December and the CCG have identified a budget for the continuation of this service whilst a full review of the current and potential providers is carried out.

Notes Digitisation:

- The CCG have completed all pre-requisites requested from NHSE and now await their next steps with regards to the specification and procurement.
- The Primary Care IT Lead has met with the Partnership Managers and Estates Manager to go over the questionnaire that went out to practices earlier in the year to apply scoring/weighting on the priority practices.
- NHSE have indicated the process outside of this wave of funding is also going to be amended, however the pilots are to carry on as normal.
- The process is going to move to a 'scan on demand' service whereby all notes are collected and stored centrally and scanned into the system on demand.
- This is in the very early stages at present and has raised a few concerns with the regional Digital group. We await more information on the future proposal and how particular challenges will be handled.

VDI Azure Platform:

- In September the VDI provider migrated the VDI platform across Microsoft Azure along with Windows 10. This has improved the overall experience of VDI. The CCG are currently reviewing the contract post March 2022 as a remote access solution for Primary Care users.

<u>Workforce Update:</u>

- The main areas of work relate to the following six, funded NHSE/I workforce programmes:
  - GP/GPN Fellowships
  - Supporting Mentors Scheme
  - Local GP Retention
  - Flexible Pools
  - Practice Resilience
  - ARRS

Delivery Plans/NHSE monitoring

- For the first four of the above funded schemes, the CCG submitted updated delivery plans at the end of September
- The feedback from NHSE/I was generally positive. There were concerns about our relative slow progress to implement the Flexible Pools and Local GP Retention funding streams, but they accepted our mitigation (see below).
- We continue to report, via the Primary Care Monitoring Survey, progress on these schemes

GP/GPN Fellowships

- The GP Fellowship part of this scheme is well advanced. We have 20 Fellows on the scheme with a few more due to join in the next few months. We are delivering against all of the 10 components – the highlight being a commissioned Leadership/Quality Improvement

Programme – an online suite of development tools which the Fellows can access both in their own time and via action learning sets.
- We have advertised for a new Clinical lead for this programme, to all GPs in STW.
- We are carrying out a Survey Monkey of all the Fellows to ensure that we are delivering in a way that provides them with support and development.
- The GPN Fellowship part of this scheme is not yet as fully developed as the GP part. There are significant differences between the two parts of the scheme, which are understood nationally, which have led to challenges to operationalising the GPN scheme.

Supporting Mentoring Scheme
- Funding is available to:
  - train GPs to be mentors, and
  - pay them for delivering mentoring sessions to other GPs.
- New processes have been agreed for this scheme and now need to be operationalised. This will require additional administrative and managerial input from the two GP Mentor leads, the CCG PC team and the TH.
- There is significant scope to expand and publicise this scheme once the administrative arrangements are embedded.

Local GP Retention
- Following engagement with a number of leading GPs, we sent out an "invitation to bid" document to practices with a number of example projects/initiatives. The closing date for this was Friday 19th November and resulted in a large number of bids being submitted. Decisions on the allocation of the funding will be taken asap in December.
- In addition, this funding stream may be used to provide funding for additional training and support for "struggling" ST3s, and to continue to fund the STW First 5 GP Network.
- In addition to this funding, a key piece of work designed to "retain" GPs in our system is the speed-dating being arranged in December for current ST3s who are soon to qualify, and practices interested in recruiting newly-qualified GPs. An important sub-set of these ST3s are those currently on a Tier 2 Visa who need to work at a sponsoring practice. Currently 13 ST3s are coming to the events and 8 practices, some of which are sponsoring practices.
- A GP (General Practitioner) Strategy is being developed, focusing on the three STW ICS People Plan priorities of Attract, Recruit and Retain. A reference group has been established which will be meeting in December – this group will produce a draft GP Strategy which will them be subject to consultation with all key stakeholders. A draft of this strategy will be presented to PCCC at the earliest possibility.

Flexible Pools
- This funding stream will be used for the creation of an online bank of primary care staff, from all staff groups and providers, which can be used by providers and staff themselves for a range of purposes from filling shifts at practices to supporting wider delivery programmes
- Following the decision at August's and October's PCCCs to authorise the CCG to work with Shropdoc and Lantum (one of the NHSE/I approved providers of online staff banks) a draft MoU has been drafted and operational issues are now being discussed. It is anticipated that the Lantum online booking platform will go live in December, or January at the latest.

Practice Resilience
- Following engagement with practices about the potential use of this funding, the decision was made to allocate the money to practices, on a fair-shares basis, but with encouragement to pool the money across their PCN.
- Although the funding can be used for a range of projects and initiatives, a number of examples of potential uses was provided to Practices.
- Practices will be asked to report on the use and impact of this funding later in the year.

ARRS

- All eight of our PCNs produced a workforce plan by the contractual date (end of August), indicating their recruitment intentions for the rest of 21/22.
- These plans were submitted to NHSE/I for their assessment and were very positively received
- Further plans, for 22/23 and 23/24 have been submitted to NHSE/I with feedback awaited
- The potential number of staff (fte) to be recruited by the eight PCNs by 31st March 2022 is 172. Given the supply challenges across all of the ARRS roles, it is very unlikely that the actual number will exceed 100 – however, this would still be a significant recruitment outcome.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

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

Item Number:	Agenda Item:
PCCC-21-12.66	Shrewsbury Health and Well-Being Hub Development

Executive Lead (s):	Author(s):
Claire Parker, Director of Partnerships	Steve Ellis, Associate Director of Primary Care

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

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Shropshire Integrated Place Partnership Board	18 Nov 2021	D, I

Executive Summary (key points in the report):

This report introduces the work to date around the development of a Shrewsbury Health and Well-Being Hub. It describes the background of Primary Care estates, the case for change, outline proposals and the public engagement undertaken so far. This development is being led by Primary Care as part of a national pilot but involves all parts of the system in identifying potential service delivery. The project is in very early stages and is an iterative process involving the following key partners:

- Shrewsbury Primary Care Network
- GP Practices (Belvidere Medical Practice, Claremont Bank Surgery, Marden Medical Practice, Marysville Medical Practice, Mytton Oak Surgery, Radbrook Green Surgery, South Hermitage Surgery and The Beeches Medical Practice)
- Midlands Partnership Foundation Trust
- Robert Jones and Agnes Hunt Hospital
- Shrewsbury and Telford Hospitals Trust
- Shropshire Community Health Trust
- Shropshire Council
- Healthwatch Shropshire
- Representatives from the Voluntary Sector

Recommendations/Actions Required:

PCCC is asked to note the report and receive future reports during the lifetime of the project

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).* GP Partners within the practices involved or part of Shrewsbury PCN	Yes
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).* Although at an early stage, there are likely to be financial implications which will be identified at Business Case stage	Yes
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).*	No
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).*	No
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).* This paper describes the first stage of public engagement which will continue through the lifetime of the project	Yes

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

1. Introduction

Shropshire, Telford and Wrekin CCG are working closely with national NHSE&I Estates leads to develop a new vision for Health Care estates. The Shrewsbury site has been chosen as one of six pilot sites across the country to benefit from project development funding and potential capital funding to build the hub. Whilst the model is Primary Care led, it will house a wide variety of health related services from many health and social care system partners.

This report is the first of many as we progress the project through to an expected completion date of late 2024 or early 2025.

2. The changing face of Primary Care

- 90% of all patient contact is within Primary Care. It is the first point of contact in the healthcare system and is referred to as the 'front door of the NHS'.
- Alongside increasing life expectancy rates, GP patient lists have also increased since the NHS first opened. In 1948, the average GP patient list was 2,461. Today, the figure is closer to 9,000. This means there is a lot more demand for Primary Care services.
- The role of Primary Care has also changed. Back in the early days of the NHS, most treatment involved single physical 'care and repair' appointments. Today there is a much greater focus on mental health, preventative care and managing long-term conditions such as diabetes, obesity and musculoskeletal diseases associated with an ageing population.

3. The case for change

- The ambition for Primary Care now is to increase levels of care in the community and to deliver suitable services closer to patients' homes.
- There are 9,500 Primary Care buildings in England; half of these are owned by GPs themselves – typically in converted residential accommodation. Approximately 35% are provided by private landlords whilst the remaining 15% are owned by one of the two NHS property companies. These buildings cost the NHS approximately £940 million a year.
- The current buildings do not allow for different health and care services under one roof or different services being available at different times. Because of ownership arrangements, NHS Commissioners aren't able to influence this so it means that in many parts of the country we aren't making best use of our Primary Care buildings or therefore of taxpayer's money.
- As part of the GP Premises Review in 2019, 50% of GP owner-occupier respondents felt that their practices are not suitable for present or future service delivery needs. This equates to 25% of Primary Care buildings in England.
- The GP Partnership Review 2019 highlighted a strong link between the reducing number of GP partners and the personal liability associated with Primary Care building ownership.

4. The proposal for a Shrewsbury Health and Wellbeing Hub:

- Working in partnership with local authorities, community services and charity organisations, the Shrewsbury Health and Wellbeing Hub will pioneer a new joined-up way of working that will bring multiple services under one roof, reducing the need for patients to move to different places for different healthcare appointments.
- The Hub is part of a vision to ensure that future investment is made in a clearer and more planned way. The investment would be made into a professionally managed estate that is purpose-built to deal with increased pressures and to improve Primary Care services for patients.

- A new model of Primary Care premises ownership is proposed. This would be known as the Local System Controlled model and would enable fully flexible occupation of services, give better value to the taxpayer, and would enable the co-location of NHS and non-NHS services to improve patient experience and population health.
- The Local System Controlled model would also allow for rapid transformation and modernisation of the Primary Care Estate ensuring the retention of assets and value. It would streamline currently complex reimbursement processes and lower the annual cost of occupying the estate.
- Another advantage would be removing estate management responsibilities for GPs which would enable them to focus more on delivering medical care and promoting health and wellbeing for patients. It would also help to improve recruitment and retention of GPs and other clinical staff, which would benefit patients.
- There are eight practices involved in this proposal although the number and type of services that may be moved to this building are not yet confirmed.

5. Listening Exercise and Future Engagement

- The CCG recently undertook a Listening Exercise to understand the needs and wants of local people when looking at the types of services that could be delivered from any new Health and Well-Being Hub
- This was the first step in an ongoing extensive engagement exercise and will inform the next steps in the project
- The full report is published at https://www.shropshiretelfordandwrekinccg.nhs.uk/your-health/health-advice/self-care/get-involved/past-conversations/shrewsbury-health-and-wellbeing-hub/
- A full Integrated Impact Assessment is underway and will be included in a future report
- The practices involved will be supported in engagement with their patients via their Patient Participation Groups and other means. This will begin once the proposals around the type and number of services they plan to deliver from the hub are finalised.

6. Financial implications

- Funding has been forthcoming from NHSE/I to support development of the Project Initiation Document, Outline Business Case (OBC) and Full Business Case (FBC). It is expected that the OBC will be published in Q2 2022/3 and the FBC in Q1 2023/24.
- The development is subject to capital funding from NHSE/I which is yet to be confirmed. As soon as this is confirmed and the Outline Business Case completed, details will be brought to this meeting.

7. Conclusion

- This development will provide fit for purpose premises for the delivery of high-quality healthcare, led by Primary Care but used by all system partners. This is a rare opportunity that our system has to benefit from national capital funding to enhance partnership working and delivery.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee Meeting held on 1st December 2021**

Item Number:	Agenda Item:
PCCC-21-12.67	General Practice Nurse Strategy

Executive Lead (s):	Author(s):
Zena Young, Executive Director of Nursing and Quality	Jane Sullivan, Senior Quality Lead, STW CCG Sara Edwards STW Training Hub Programme Manager

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

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Draft STW GPN Strategy to Part 2 PCCC	04.08.2021	D

Executive Summary (key points in the report):

Purpose of the report:

STW ICS General Practice Nurse Task and Finish Group (GPNTFG) which are aligned to the Training Hub Delivery Group have with support from Executive Director of Nursing and Quality and Practice Nurses created a General Practice Nurse Strategy which aligns with the ICS People Plan and focuses on the key deliverables to support General Practice Nurse workforce development for the next 2 years.

Key issues or points to note:

General Practice Nurse development has been seen by Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS) as an area of focus in order to retain an agile workforce to support the needs of the population. The strategy covers all grades of nursing staff and looks to support and develop Health Care Assistants and the new roles such as Nursing Associates.

This strategy is based on the 3 overarching principles from the GPN 10 Point Action Plan – Recruitment, Retention, and Reform, and explores local opportunities to achieve these ambitions. It also reflects the need to ensure the nursing workforce has opportunities to continue with professional development and is able to deliver safe, harm free care.

Taking inspiration from national drivers the authors have identified local needs and how they can best be achieved and supported over the next 3 years with consideration that reviews will need to be regularly completed to ensure the strategy continues to meet the local service needs as we move to an ICS and beyond.

The aims of the strategy have been consolidated into a key deliverables plan which will give more granular detail on how the ambitions are to be achieved which is embedded in the strategy and also detailed in appendix 1.

As well as co-authors of the strategy being practicing ANPs further validation was sort from STW General Practice Nurses and some of their comments can be seen in the strategy.

Appendix A provides an update against the key deliverables identified within the STW GPN strategy.

Recommendations/Actions Required:
The committee are asked to; • Review STW ICS General Practice Nurse Strategy 2021 - 2023 • Note the key deliverables and time frames • Agree how progress towards achievements will be shared with committee

Report Monitoring Form

Implications – does this report and its recommendations have implications and impact with regard to the following:		
1.	Is there a potential/actual conflict of interest? *(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).*	No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).* This Strategy supports the recruitment and retention of General Practice Nurses and also looks towards new roles such as Nursing Associates within Primary Care. Financial support for development through HEE and NHSE/I funding streams.	Yes
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).* The Strategy has been written to support mitigating the identified risks to maintaining a strong workforce locally within Primary care and offers deliverables to recruit, retain and reform the profession.	Yes

4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).* The Strategy will support EDI across the nursing profession	Yes
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).* Engagement with General Practice Nurses was undertaken when writing the strategy	Yes
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).*	No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).* Developing the General practice Nurse workforce highlights the need to support the agenda of population health management and reducing health inequalities	No
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).* Developing the General practice Nurse workforce highlights the need to support the agenda of improving health outcomes and reducing health inequalities	Yes
3.	To ensure the health services we commission are **high quality**, safe, sustainable and value for money. *(If yes, please provide details of the effect on quality and safety of services).* The Strategy has been written to support mitigating the identified risks to maintaining a strong workforce locally within Primary care and offers deliverables to recruit, retain and reform the profession. The Strategy has been written to support mitigating the identified risks to maintaining a strong workforce locally within Primary care and offers deliverables to recruit, retain and reform the profession. The Strategy supports the development of a clinically skilled nursing workforce embracing new ways of working and enhancing lifelong learning, leadership and career progression to support the 3 NHSE pillars of 'recruitment, reform and retention'.	Yes
4.	To improve **joint working** with our local partners, leading the way as we become an Integrated Care System. *(If yes, please provide details of joint working).* GPN Strategy to be shared with ICS partners and will link to ICS People Plan	Yes

5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).* Not specifically but development of new roles and ways of working will support more effective working.	No

Shropshire, Telford & Wrekin
Integrated Care System

General Practice Nurse Strategy 2021 - 2023

Shropshire, Telford & Wrekin
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Clinical Commissioning Group

Shropshire, Telford and Wrekin GPN Strategy

CPD Programmes accessible to all	**Standardised approach to Advanced clinical practice education and mentorship**	**Leadership and Management Programmes**
Embedding prevention in clinical practice	**Peer support networks and clinical supervision**	**Preceptorship Programmes for newly-qualified nurses and nurses new to General Practice**
Increasing Student Nurse and Return to Practice Placements in Primary Care **Supporting Supervisor and Assessor roles**	**Digital Nursing Development**	**Nursing Apprenticeships and HCA development**

Version	Date	Amendment History
Final Draft July 2021	10/08/2021	Updated following PCCC, STW ICS People Board
GPN Strategy Final version	26/10/2021	Updated following final comments and corrections by authors

Reviewers

This document has been reviewed by:

Name	Title/Responsibility	Date	Version
Zena Young	Executive Director of Nursing & Quality	17/06/2021 04/08/2021 15/10/2021	GPN Strategy Draft 20210617 GPN Strategy Final Draft July 2021 GPN Strategy 2021 2023
Claire Parker	Director of Partnerships	04/08/2021	GPN Strategy Final Draft July 2021
Victoria Rankin	ICS Workforce Lead	09/08/2021	GPN Strategy Final Draft July 2021
Heidi Davis	HEE GPN Lead WM	09/09/2021	GPN Strategy Final Draft July 2021
Helen Abbott	ICS AP Lead Primary Care	30/03/2021	GPN Strategy Draft 20210325

Approvals

This document has been approved by:

Group/Committee	Date	Version
STW CCG Primary Care Commissioning Committee	04/08/2021	GPN Strategy Final Draft July 2021
STW ICS Training Hub Delivery Group and Board	21/07/2021	GPN Strategy Final Draft July 2021
STW ICS Transformation Board and People Board	09/08/2021	GPN Strategy Final Draft July 2021

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Shropshire, Telford & Wrekin
Primary Care Training Hub

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CONTENTS

INTRODUCTION TO THE STRATEGY FROM SHROPSHIRE, TELFORD AND WREKIN CCG EXECUTIVE DIRECTOR FOR QUALITY

General Practice Nurse development has been seen by Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS) as an area of focus in order to retain an agile workforce to support the needs of the population.
Investment from Health Education England and NHS England/Improvement has enabled us to begin our journey of GPN development and this strategy builds on this over the next 2 years whilst locally the landscape evolves to encompass Primary Care Networks and Integrated Care Systems.
This strategy is based on the 3 overarching principles from the GPN 10 Point Action Plan – Recruit, Retain, Reform and explores local opportunities to achieve these ambitions. It also reflects the need to ensure the nursing workforce has opportunities to continue with professional development and is able to deliver safe, harm free care.
We are all conscious of the increasing demands on all health care sectors and this has been shown more clearly in 2020 with the added pressures the Covid-19 pandemic has brought. Primary Care has always been at the forefront of delivery of healthcare to the population and nurses and Health care Assistants are key to this delivery as they continue to take on more varied and challenging roles. The shortfall of nurses coming into the NHS needs to be addressed so this strategy aims to map out career opportunities for nurses to join Primary Care including those who have had a career break, how we can ensure they remain, and how nurses can be at the forefront of new innovations such as the use of digital technology.
It is an exciting program of work to develop the skills of our nurses working in primary care, whilst addressing healthcare priorities and needs of our system and we look forward to implementing this over the next 2 years

Zena Young
Executive Director of Nursing & Quality, Shropshire, Telford and Wrekin CCG

CONTEXT

General Practice Nursing has been steadily emerging in primary care since 1960s. With big changes in the General Practice contracts both in 1990 and 2004 leading to the role of General Practice Nurse (GPN) developing and growing and GPNs taking on more responsibility for the management of patients living with long term conditions. As the diversity of the role develops to include new emerging roles such as Nursing associates and continued increase in nurses using advanced clinical skills this continues to highlight that additional training and support is required to maximise opportunities for nurses to work beyond traditional treatment room tasks.

Following on from this, the GPNs role has progressed and developed far beyond those early days to become autonomous professionals, able to diagnose, treat and refer where required. With the introduction of the Advanced Nurse Practitioner along with development of Health Care Assistant roles and the introduction of the new role of Nursing Associate, GPNs continue to play a vital role in driving innovation to meet the changing needs of people in their communities.

Investment in support and development of GPNs remains central to the provision of high-quality care within Primary Care.

The general practice nursing workforce continue to hold a place at the forefront, leading change by delivering better health outcomes in primary care, and by making primary care ‘the place to be’ for ambitious nurses who deliver quality care and empower our population to live well.

The more recent creations of Primary Care Networks have led to opportunities for working and resourcing training at scale, giving GPNs and Primary Care even more opportunities to develop, diversify and grow as professionals and as a speciality.

GPNs across the ICS were given an opportunity to review this document and as a result of this consultation the Strategy was endorsed and the following quotes were given as feedback.

Makes me enthusiastic for the future of GPNs in STW

Love the themes

Good accessible document

I feel like GPNs should be recognised more and this strategy really reinforces our position in Primary Care and our role in its future

This strategy highlights that our profession's future depends on students and our own professional development and really builds on these themes

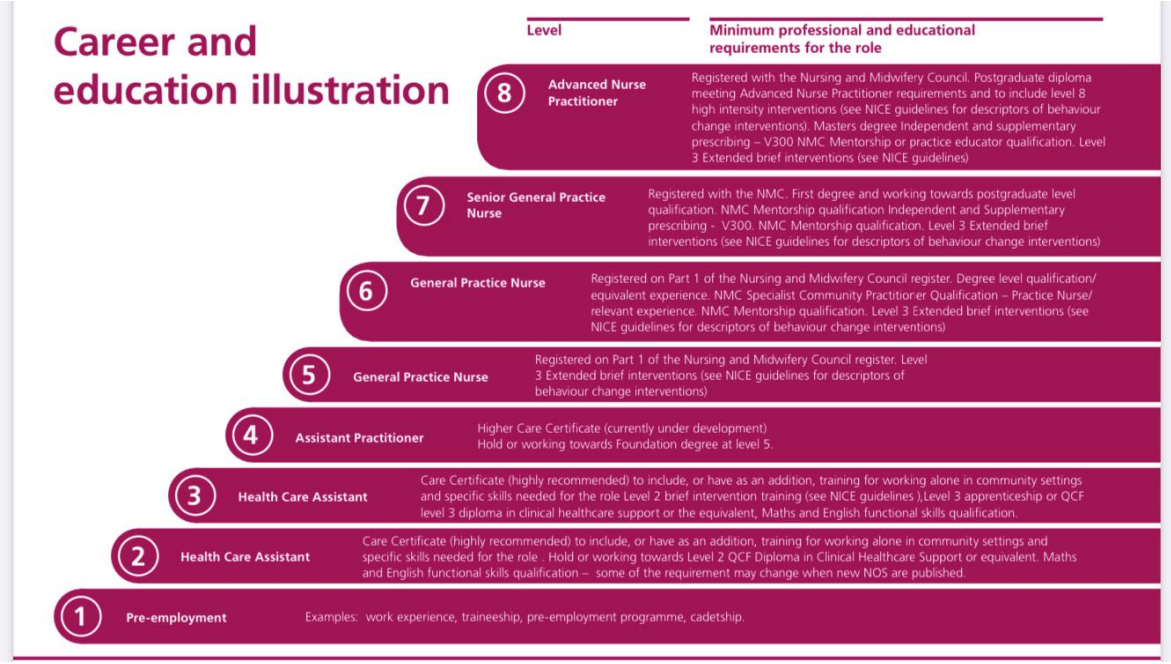
POLICIES AND DRIVERS

The strategy has aligned the content to reflect and support the actions within national and ICS documents such as;

- GPN 10 Point Action Plan
- NHS Long Term Plan
- NMC Standards of Proficiency for Registered Nurses
- HEE District Nursing and General Practice Nursing Services Education and Career Framework
- RCGP GPN Competency Framework
- RCGP General Practice Advanced Nurse Practitioner Competencies
- QNI Transition to General Practice Nursing Resource
- ICS People Strategy

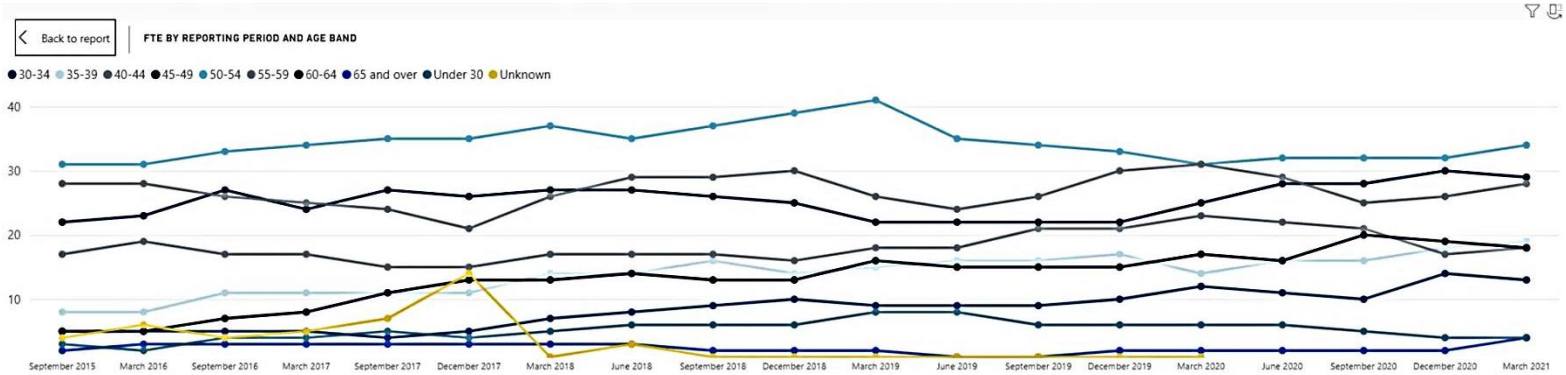
"The Future of Primary Care – Creating Teams for Tomorrow" (Primary Care Workforce Commission, July 2015) identified that community and general practice nurses often did not have the same career structures or training development opportunities as Medical staff within Primary Care. This was quickly followed by the publication "District Nursing and General Practice Nursing Service – Education and Career Framework (HEE, October 2015) which outlines a clear framework to start building nursing careers in primary care, which considered pre-registration entry requirements and pathways, considering alternatives to traditional routes, such as Nursing Apprenticeships and shaping the future nursing workforce.

General Practice – Developing confidence, capability and capacity. A ten-point action plan for General Practice **Nursing (**NHSE 2017) described the nursing element of the GPFV and supports nurses and health care support workers to focus on the 3 gaps outlined in the FYFV. These being Health and Wellbeing, Care and Quality and Funding and Efficiency.



The 2015 Queen's Nursing Institute Practice Nurse survey findings indicated that 33.4% of General Practice Nurses (GPNs) were due to retire by 2020 and 43.1% did not feel their nursing team had the appropriately qualified and trained staff to meet the needs of patients. In terms of support for education only 53% reported their employer supported their professional development and 27%

of employers offered placements for pre-registration nursing students, compared to 61.5% offering placements to medical students. Only 35% felt that their salary reflected their role (which varied widely) within the practice as did employment terms and conditions. Locally across the STW GPN workforce age demographics as of March 2021 (and relating to FTEs) are:



Display_Census_Date	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and over	Under 30	Unknown
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March 2016	5	8	19	23	31	28	5	3	2	6
September 2016	5	11	17	27	33	26	7	3	4	4
March 2017	5	11	17	24	34	25	8	3	4	5
September 2017	4	11	15	27	35	24	11	3	5	7
December 2017	5	11	15	26	35	21	13	3	4	14
March 2018	7	14	17	27	37	26	13	3	5	1
June 2018	8	14	17	27	35	29	14	3	6	3
September 2018	9	16	17	26	37	29	13	2	6	1
December 2018	10	14	16	25	39	30	13	2	6	1
March 2019	9	15	18	22	41	26	16	2	8	1
June 2019	9	16	18	22	35	24	15	1	8	1
September 2019	9	16	21	22	34	26	15	1	6	1
December 2019	10	17	21	22	33	30	15	2	6	1
March 2020	12	14	23	25	31	31	17	2	6	1
June 2020	11	16	22	28	32	29	16	2	6	
September 2020	10	16	21	28	32	25	20	2	5	
December 2020	14	18	17	30	32	26	19	2	4	
March 2021	13	19	18	29	34	28	18	4	4	

The NHS Long Term Plan and the GP Framework Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan, both published in 2019, strengthened the work to date of General Practice Nursing and supports future developments in line with this strategy.

OUR VISION

This strategy is a response to the “General Practice-Developing confidence, capability and capacity: A ten point plan for General Practice Nursing” (NHSE 2017) and the success is dependent on working collaboratively with stakeholders and becomes part of the wider ICS strategy. It will give direction for General Practice Nurse development across Shropshire, Telford and Wrekin CCG to become confident and skilled Nurses, drawing on their already existing skills to achieve their potential whilst responding to the needs of the local workforce.

This strategy will support a consistent and visionary response to challenges faced by the General Practice Nursing workforce and support implementation of the national GPN 10 Point Plan

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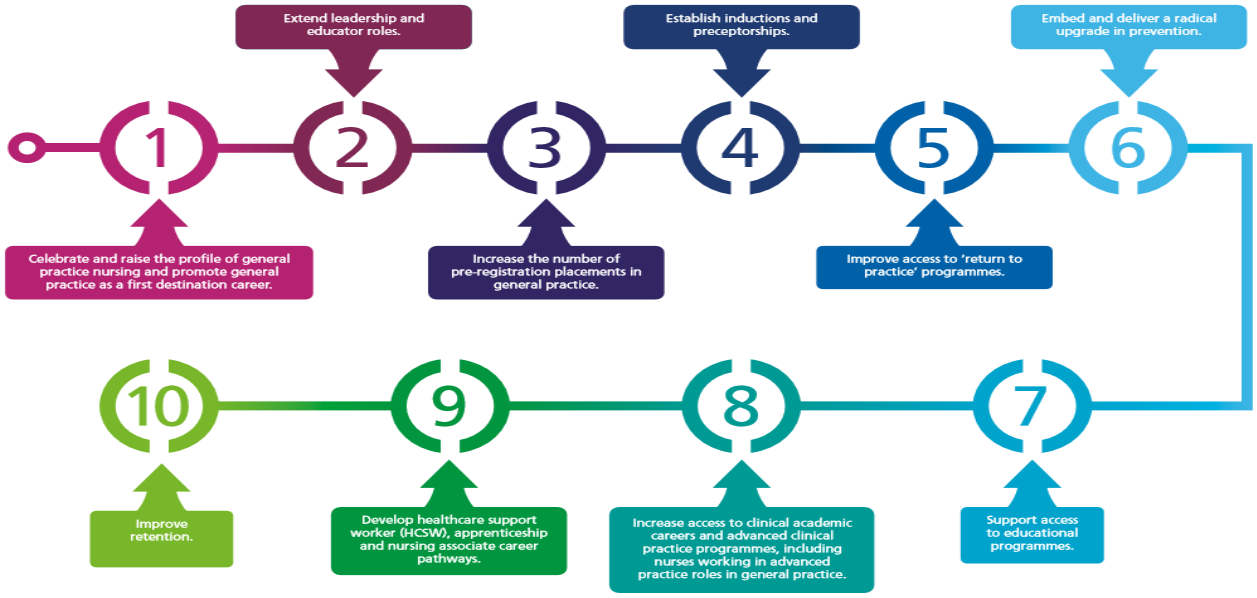
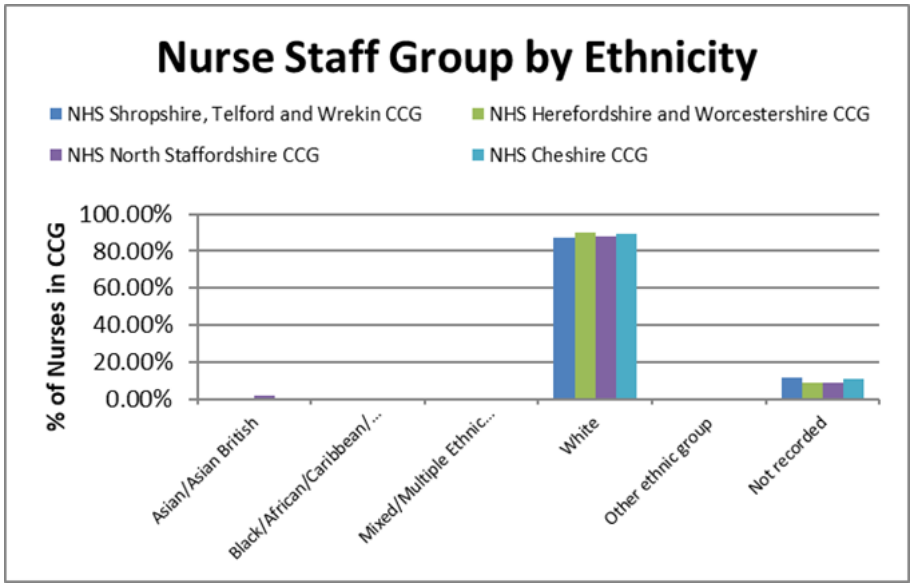
Ten point action plan



Equality, Diversity and Inclusion (EDI)

GPN Strategy acknowledges the continued need to support both the local statement of intent and pledges and national commitment to EDI within the nursing workforce which across Shropshire, Telford and Wrekin is made up as illustrated below for all Providers within the ICS area:



https://stwics.org.uk/key-documents/248-racial-equality-pledges-for-stw-ics/file

We will continue to work with local system partners, via the ICS Equality, Diversity and Inclusion Group, to explore ways of increasing the diversity of our GPN workforce. We see this as an important step to making our workforce more representative of the

communities which we serve. One development which may assist in this, and which is being launched in October 2021, is the launch of the STW Primary Care Ethnically Diverse Network. This new group should provide all Primary Care staff, including GPNs, with an opportunity to consider and address some of the challenges to increasing the diversity of the workforce.

LINKS TO OTHER STRATEGIES

Although the overall focus of this document to define key deliverables to achieve the ambition to recruit, retain and reform General Practice Nursing across Shropshire, Telford and Wrekin it is acknowledged that this cannot be achieved alone and the strategy is linked to other local initiatives including:

Shropshire, Telford and Wrekin ICS People Plan – The GPN Strategy aligns with the ambitions of the ICS People plan including their focus on;

- Nursing Programmes
    - UCS offer Nurse Degree
    - Develop nursing offer with Wolverhampton University @ Priorslee
    - Increase numbers of Nurse Associates
    - Introduce Nursing Apprentices (Health and Care)
- ARR
    - Joint recruitment processes – ensuring system offer and EDI
    - Retention action plan
    - Development
    - Nursing development and leadership offer improvement.

ICS Nursing and Health care Support Worker Council
The purpose of the ICS Nursing & Health Care Support Workers Council (N&HCSWC) is to:

- Work in partnership to provide strategic leadership and accountability to develop and deliver in year priorities as set out in the approved ICS people plan - ‘’focus on nursing ‘
- Proactively lead, influence, shape and advise on nursing, HCSW and other related aspects of the ICS clinical and workforce strategies and transformation agenda.

Allied Health Professional (AHP) Strategy
The purpose of the AHP Strategy is to:

- Provide a simple and clear framework for all AHPs to align and contribute to the work of STW ICS and its ambition.
- Maximise the impact AHPs have in delivering on the NHS Long Term Plan (LTP), People Plan (PP), the STW 6 ticket item transformation themes strategic workforce priorities, and implementation of new National AHP Strategy AHPs Listen.
- Provide a workforce that meets the needs of service users by ensuring there is a sustainable supply of AHP registered and unregistered workforce.

STRATEGIC AIMS

Domain 1: Recruitment

Workforce; Having the right staff in the right place at the right time

Practice Nursing is a core profession within Primary care and has evolved to provide diverse and highly skilled roles. As Primary Care continues to change in the services offered and a workforce which is multidisciplinary to meet these new requirements there is a need to continue to offer developmental opportunities across all grades of staff, ensuring we 'grow our own' workforce from pre-registration interest in nursing through to highly specialist roles.

To achieve these aims the ICS and CCG will;	**Aligns to:**
• Develop and implement a workforce plan which focuses on recruitment and retention. • Embed Preceptorship programmes across Practices and Primary Care Networks. • Continue to develop workforce review and training needs analysis to ensure effective management of nursing resources and the development and placement of existing and new roles. • Promote the GPN role via marketing and engagement with local school, colleges and universities. • Develop and promote student placements to practices including placements for those on Return to Practice programmes. Encouraging the role of Practice Nurse to routinely include Practice Supervisor and Assessor functions. • Develop and promote opportunities for nurses to advance in their role at all levels. • Support the development of Health Care Support Workers, including the promotion of level	GPN 10 Point Action Plan – 1; 3; 4; 5; 7; 8; 9; 10

2 and level 3 Nursing Associate and Registered Nurse apprenticeships. • Identify how to support the EDI local and national drivers and intentions – see above	

Domain 2: Retention

Education, Development and Support

As the pace of change in Primary care accelerates and the pressures on Practice Nurses increase there is a need to ensure a robust support system is in place to maintain a sense of belonging and ensure retention of staff. In these particularly difficult times during a pandemic alternative to face-to-face contact needs to be sought to ensure Practice nurses maintain their clinical and professional development and have opportunities to share their thoughts, ideas and concerns with others.

Leadership

With the changes to Practice nurse structures with increased opportunities to move to advanced roles nurses need to continue to develop their roles within the workforce to ensure they have the skills to become leaders within Primary care. With the advent of Primary care Networks (PCNs), nurses need to be equipped to seek out and move into leadership roles when opportunities arise.

Excellence in care

Facilitating provision of the best care possible is central to everything the ICS does. Continual improvement requires care to be underpinned by best practice evidence, research with measurable outcomes, ensuring right thing is done at the right time. This domain should be considered in conjunction with ICS and CCG patient and carer engagement programmes and local work around patient safety and improvement.

To achieve these aims the ICS and CCG will;	Aligns to:
• Develop and support local GPN education forums. • Develop mentors and increase student placement opportunities in primary care taking into account capacity. • Invest in the future workforce through engagement with apprenticeships at all levels from HCA to Registered Nurse. • Support access to HEE sponsored programmes in advanced clinical practice and specialist nursing. • Ensure that nurses at all levels receive a strong induction, with on-going preceptorship where possible and have the support and opportunity to develop their careers. This will be implemented via the Induction Framework and the Retention Programme • Develop new ways of working to help nurses to develop within the profession and retain nurses in general practice. • Maintain strong collaborative working with the Shropshire, Telford and Wrekin Training Hub to ensure wider provision of free and accessible training to nurses at all levels. • Support the implementation of clinical supervision within general practice by a variety of means. • For all GPNs to feel they have a collective voice and can contribute to the future of health care across Shropshire and Telford & Wrekin CCG. • Create opportunities for GPNs to maintain clinical and professional development and share good practice or learning when incidents occur. • Facilitate access to formal leadership programmes via the Training Hub. • Promote and encourage applications to the Queens Nursing programmes to lead in projects locally in primary care. • Supporting GPNs to identify and unlock their leadership potential.	GPN 10 Point Action Plan – 2; 4; 6; 7; 8; 9

• Support GPNs to work at different organisational levels. • Listen to, value and learn from patient opinions and their experiences. • Encourage nurses and HCAs to be actively involved in programmes that promote the patient and carer voice e.g. Friends and Family Test, Patient Participation Groups, “Friends of” groups. • Continually listen and involve patients to help inform our own learning needs e.g. via patient testimonial for revalidation. • Encourage engagement with local and national guidelines e.g. NICE as examples of best practice. • Promote engagement with research and development in primary care to improve services and care. • Ensure that all patients have their communication needs met appropriately.	

Domain 3: Reform

Communication including use of digital technology

Due to the pandemic, we have seen significant changes in the way Primary care communicates both with patients and with staff with some opportunities to work at home. Although the changes were made due to necessity it is now opportune to reflect and consider how these alternative communications can be used in the future to improve patient experience and support staff work-life balance.

To achieve these aims the ICS and CCG will;	Aligns To:
• Encourage engagement with digital platforms to connect with peers. • Encourage nurses to engage with digital technology and to become Digital Champions enabling them to promote patient focused technologies to deliver nursing care that enhance quality care delivery. • Develop and maintain communication methods such as intranet web and global communication e mails. • Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers. • Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG. • Support and promote Video Group Consultation and Triage Training. • Personalised Care.	GPN 10 Point Action Plan – All action points

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KEY DELIVERABLES

Domain	2021/2022				2022/2023				Ongoing
Recruitment	Continue to develop workforce review and training needs analysis.	Increase number of Newly-qualified nurses: Linking Year 3 students to practices looking to recruit and with Fundamentals Programme in Q3.	Implement a workforce plan which focuses on recruitment and retention.	Develop and promote student placements to practices including placements for those on Return to Practice programmes.	Embed Preceptorship programmes across Primary Care Networks.	Encourage Student Placements to be shared across PCN footprint.	Employ lead for TNA/NA and HCA development.		Promote the GPN role via marketing and engagement with local school, colleges and universities.
Retention	Supporting GPNs to identify and unlock their leadership potential.	Develop and promote opportunities for nurses to advance in their role at all levels.	Support the development of Health Care Support Workers.	Support/ Promote increasing the number of Assessors and supervisors.	Support GPNs and HCAs across PCN footprints to work at different organisational levels.	Promote a range of support for GPNs such as Motivational interviewing, coaching and managing	Promote engagement with research and development in primary care to improve services	Promoting and encouraging staff to attended MECC courses.	Explore the development of a GPN Nurse bank in conjunction with local GP locum bank. .....

						change.	and care.		
Retention	Support the implementation of clinical supervision within general practice either face to face or electronic means.	Create opportunities for GPNs to maintain clinical and professional development and share good practice or learning when incidents occur.							Develop and support local GPN education forums.
Reform	Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers.	Encourage nurses to engage with digital technology and to become Digital Champions.	Ensure prevention is embedded within GPN / HCA role. Link into personalised care programme.	Promote the use of Video Group Consultations in service delivery for the management of Long-Term Conditions.	Promotion of ANP role and work to dispel the myths associated to underutilisation of ANPs.	Triage training programme.			Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG.

GPN STRATEGY OPERATIONAL DELIVERY PLAN

A separate document has been created to allow the monitoring of the key deliverables identified in the GPN strategy (see appendix A)

REFERENCES

GPN 10 Point Action Plan
https://www.england.nhs.uk/publication/general-practice-developing-confidence-capability-and-capacity/

NHS Long Term Plan
https://www.longtermplan.nhs.uk/

NMC Standards of Proficiency for Registered Nurses
https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

HEE District Nursing and General Practice Nursing Services Education and Career Framework
https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

RCGP GPN Competency Framework

https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2015/RCGP-General-Practice-Nurse-competencies-2015.ashx?la=en

RCGP General Practice Advanced Nurse Practitioner Competencies
https://sybwg.files.wordpress.com/2017/02/rcgp-np-competencies.pdf

QNI Transition to General Practice Nursing Resource
https://www.qni.org.uk/wp-content/uploads/2017/01/Transition-to-General-Practice-Nursing.pdf

STW ICS Local People Plan 20-21

STW ICS commitment to Equality, Diversity and Inclusion Statement of Intent
https://stwics.org.uk/key-documents/248-racial-equality-pledges-for-stw-ics/file

Shropshire, Telford & Wrekin
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Zena Young – Executive Director of Nursing & Quality, Shropshire, Telford and Wrekin CCG

Patricia Clifton – Shropshire, Telford and Wrekin Practice Nurse Facilitator

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Appendix A

Upated Key Deliverables

GENERAL PRACTICE NURSE STRATEGY OPERATIONAL PLAN 2021/2022.

Update history

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

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

2021/2022						
Objective	**Aligns to in GPN 10 Point Plan**	**Milestones**	**By when**	**Lead role**	**Progress/evidence**	**RAG status**
Continue to develop workforce review and training needs analysis	2, 4, 7, 8, 9, 10,	Creation of a spreadsheet with information on each practice and number and grade of nursing staff/HCA utilising local knowledge and NHS digital and HEE	July 2021	Training Hub	Spreadsheet developed with each Practice Master rolls information spreadsheet Spreadsheet collated for nurse CPD requirements	

		workforce observatory information. Complete TNA of all PN staffing and HCAs and use this to identify training required for Q2-4 2021/22			Movement of staff across Primary Care has hampered maintaining the lists Master Distribution list compiled PLAN: to email PMs to review and update distribution list as required. Refresh TNA	
Supporting GPN's to identify and unlock their leadership potential.	2, 4, 7, 8, 10	Promotion of National Leadership Programmes. Procurement of local Leadership Programmes. At least one ANP/PN from each PCN to have signed up to Leadership development course.	October 2021	Training Hub	Acredited programme for nurses – institute of Leadership and Management Leadership academy to be uploaded onto new website with promotion of courses once a fortnight Advanced Practice Programme promotes Leadership	
Support the implementation of clinical supervision within general practice either face to face or	4, 9, 10	Completion of questionnaire to gain baseline for current clinical supervision and ascertain preferred method of supervision.	July 2021	PCNFs	Clinical supervision strategy required Funding agreed to recruit a GPN clinical supervisor	

electronic means.		Creation of local best practice guidance/SOP for PN clinical supervision			PNF cytology supervisor role Delayed due to capacity issues within primary care and recruitment	
Develop a CCG wide GPN Newsletter and promote the responsible use of social media to facilitate communication by peers.	1, 7, 10	First Newsletter circulated thereafter every quarter to all PNs/HCAs	July 2021 and ongoing	PCNFs	Quarterly newsletter in place	
Develop and promote opportunities for nurses to advance in their role at all levels.	1, 4, 5, 7, 8, 9, 10	Actively bidding for funding streams which support PN / HCA development Work collectively across the LHE to promote nursing roles and opportunities in Primary Care	September 2021	Training Hub	Appointed AP facilitator lead Bi-monthly AP forums Link to HEE AP faculty Promoting TNAs – recruitment sessions for March cohort HCA facilitator to be appointed to support PNF to develop HCAs and TNA	

					apprenticeships PLAN: delivery plan to develop HCAs	
Create opportunities for GPNs to maintain clinical and professional developm ent and share good practice or learning when incidents occur.	2, 4, 6, 7, 8, 9, 10	Ongoing weekly evening CPD events arranged by PCNFs CPD TNA shared and common areas of learning identified – training courses to be commissioned to reflect these needs Identify opportunities to share practice/learning across Primary Care	ongoing September 2021 September 2021	PCNF Training Hub Quality Lead CCG	Weekly online CPD meetings ongoing with survey to ask PNs what they want going forwards Development of website to promote training Ongoing support for PNs to identify learning opportunities and funding PLAN: review of PLTs	
Encourage nurses to engage with digital technology and to become Digital Champions	2, 6, 7,	6 practices across STW have received the training for remote video consultations 6 practices are undertaking remote video consultations	August 2021 September 2021	Quality Lead CCG	Promoting virtual group consultations New PCNF role to include digital nurse champion	
Implement a workforce plan which focuses on recruitment and retention.	1, 2, 3, 4, 5, 9, 10	Use STP wide initiatives such as People Plan to direct Primary Care specific initiatives	December 2021	Training Hub Quality Lead CCG	PLAN: understand nurses coming up for retirement Identify vacancies across PCN Support for Practices in	

					recruitment of new nursing staff	
Support the development of Health Care Support Workers,	7, 9, 10	Identify funding streams for HCAs Work across LHE to identify Nursing Associate and Nursing Apprenticeship courses	December 21	Training Hub	HCA facilitator to be appointed to support PNF to develop HCAs and TNA apprenticeships PLAN: delivery plan to develop HCAs	
Ensure prevention is embedded within GPN / HCA role	6	GPN / HCA are able to utilise a variety of tools such as health promotion apps. Patient self-monitoring, group consultations to embed prevention within their work	December 21	PCNFs Training Hub	Management of personalised care plans training offered to all practices. MECC and motivational interviewing offered to all practices. Prevention part of HCA award	
Develop and promote student placements to practices including placements for those on Return to Practice programmes.	2, 3, 5, 9, 10	Compete audit identify practices currently supporting student and RTP placements and those who are looking to support in the future. Ongoing training for placement assessors. Number of practices	November 2021	Training Hub, PCNFs	Student Placement Facilitators contact practices. Quarterly marketing event to promote student placement Joint placement expansion meetings with HCI	

		supporting placements to increase by 20%	March 2022		System bid for supporting Practices to have student nurse placements Pandemic has influence ability for Practices to take student nurses	
Support/ Promote Mentorship training and increase the number of Assessors and supervisors	1, 2, 3, 5, 10	Benchmark current number of assessors and supervisors and identify PCNs/Practices where gaps. Target PCNs/Practices where no placements to provide information of benefits to having students. Ensure opportunities for assessor training.	November 2021	PCNF Training Hub	Promotion of HEI training to PNs PLAN: develop list of supervisors	
Promote the use of Virtual Group Consultations in service delivery for the management of Long-Term Conditions	6, 10	Delivery of a local programme to train primary care staff in virtual group consultations. Aim for at least one practice per PCN initially. Utilise local digital nurse champions to support roll out.	March 2022	PCNF Training hub Quality Lead CCG	3 Practices signed up, continuing to promote	
Promote the GPN role via marketing and engagement with local	1, 3	Attendance at local career events Promotion directly with local	ongoing	PCNFs	On hold due to pandemic PNF are invited to virtual	

school, colleges and universities		schools and colleges			events but not frequent PLAN: explore how to engage with soon to quality nurses on primary care opportunities	
Develop and support local GPN education forums.	1, 7	Review PN PLTs after April 2021 when new CCG created to ensure conformity across STW Weekly informal CPD evening events	ongoing	Quality Lead CCG PCNFs	Weekly online CPD meetings ongoing with survey to ask PNs what they want going forwards Development of website to promote training Ongoing support for PNs to identify learning opportunities and funding PLAN: review of PLTs	
Develop and facilitate working relationships for GPN's across Primary Care Networks and the CCG.	1, 3	Weekly informal CPD evening events Use of PLTs to facilitate working across PCNs Work with board ANPs to promote CCG and how PNs can become involved	ongoing	PCNF and Quality lead CCG	Weekly online CPD meetings ongoing with survey to ask PNs what they want going forwards AP forum ongoing	
Explore the development of a GPN Nurse bank in	10	Work with CCG Primary Care workforce lead to explore opportunity for	ongoing	PCNF Primary Care	TH website re: recruitment and locum support	

conjunction with local GP locum bank		creation of local GPN bank alongside work to establish a local GP locum bank.		workforce lead CCG Quality Lead CCG	Being undertaken by Primary care Team in conjunction with GP locum bank PLAN: Website to promote opportunities to become a locum nurse	

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REPORT AND MONITORING

Agenda item	PCCC-21-12.68
Enclosure No	6
Committee:	Primary Care Commissioning Committee
Date:	1st December 2021

Title of report:	Learning Disabilities and Autism update – focusing on a pilot scheme to support the completion of Annual Health Checks quality reviews
Responsible Director:	Claire Parker, Director of Partnerships Zena Young, Executive Director of Nursing and Quality
Author of report:	Jane Sullivan, Senior Quality Lead, STW CCG Janet Gittins, Partnership Manager, STW CCG
Presenter:	Jane Sullivan, Senior Quality Lead, STW CCG

Purpose of the report:

Locally, both the LeDeR action plan and annual health check improvement plan have identified the need to review the quality of the Annual Health checks across Shropshire Telford & Wrekin. Purpose of the report is the provide Primary Care Commissioning Committee with an update of Learning Disability Annual Health Checks (LDAHC) quality audit pilot undertaken between August and November 2021.

Key issues or points to note:

People with a learning disability often have poorer physical and mental health and are four times more likely to die of preventable illnesses than the general population (Disability Rights Commission, 2006). Groups who already experience disproportionately poor health outcomes have also been seen to have additional risks from COVID-19. An annual health check can help to improve the health of people with a learning disability by identifying health concerns at an early stage and to ensure the appropriateness of ongoing treatments and establish trust and continuity of care. The importance of LDAHCs remains a national and local priority as a way to address inequalities in health.

The Local Picture is:

- The Learning Disability & Autism board (LD & A Board) has new leadership and an improved governance framework and responsibility for delivering the 3 Year roadmap to improve services
- In-patient target remains a challenge and covid restrictions have put more pressure on hospital discharges

- Learning Disability Annual Health Checks (LDAHCs) are continuing during the pandemic restrictions and Shropshire, Telford and Wrekin are broadly on track to meet the trajectory and targets.
- Autism pathways both for child and adult are under significant pressures with long waiting lists. A plan is in place for the children and young people pathway and one is in preparation for the adult

Actions required by Primary Care Commissioning Committee
The committee are asked to;

- Note update on LDAHC quality audit pilot
- Consider proposal for next steps

Monitoring Form
Agenda item: Enclosure Number

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

1	Additional staffing or financial resources implications	Yes /
	Implications for staff time both CCGs, MPFT and Primary care to enable audit to take place over a significant period up to approx. 2 years.	
2	Health inequalities	Yes /
	This cohort of patients have high levels of inequalities' which leads to reduced life expectancy.	
3	Human Rights, equality and diversity requirements	Yes /
	This cohort of patients have high levels of inequalities' which leads to reduced life expectancy.	
4	Clinical engagement	Yes /
	Clinical engagement will be undertaken in developing the quality audit	
5	Patient and public engagement	Yes /
	Service user feedback has been shared with LDAHC quality audit team which has been used when considering audit requirements.	
6	Risk to financial and clinical sustainability	/ No

Learning Disabilities and Autism update – focusing on a pilot scheme to support the completion of Annual Health Checks quality reviews

1

1.1 Introduction

This paper provides a brief update regarding Quality Reviews pilot of the LDAHC's carried out locally across 4 General Practices and proposals for future audits for all Practices. The audit has been developed through collaborative working between the Primary Care Team, Quality Team and MPFT.

The annual health check has the potential to be a powerful tool as part of this partnership working and in making a significant impact on improving health outcomes and reducing inequalities.

Annual health checks are available to all people over 14 years of age who are on the general practice learning disability register. They prompt a review of existing conditions or risks associated to specific diagnoses, so these can be monitored proactively.

2

2.1 Background

The NHS long-term 10 year plan (2019), stated: "Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives." The plan went further in saying: "Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people" and "the whole NHS will improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing".

The latest version of the Learning Disabilities Mortality Review (LeDeR) 2019, has been published by the University of Bristol and highlights the many health inequalities faced by people with learning disabilities. Key facts:

- 44% of people with learning disabilities who died in 2019 died from an avoidable medical cause, and were twice as likely to as people in the general population who died in 2019 (22%). This refers to causes of death that could have been prevented by timely public health interventions to prevent an injury or illness in the first place, or by medical interventions that could prevent a person from dying from an injury or illness.
- 34% of people with learning disabilities who died in 2019 died from a cause that is considered treatable with access to timely and effective healthcare, compared to just 8% of the general population. People with learning disabilities are four times as likely to die from treatable causes as people without learning disabilities.

Practices who have signed up to the Quality Outcomes Framework (QOF) are expected

to maintain a register of all patients on their Practice list who have a learning disability.

The LDAHC Directed Enhanced Service (DES) requires practices from October 2021 to;

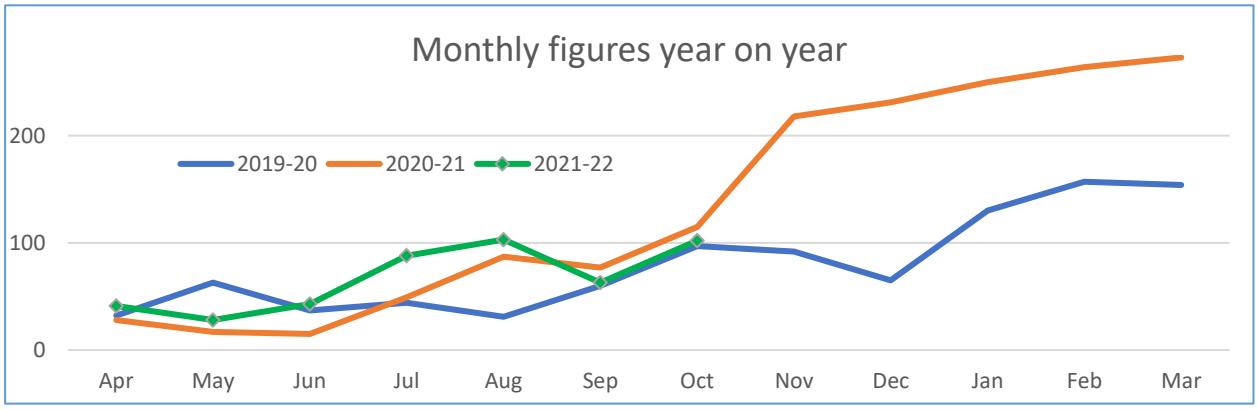
- identify and include all patients with a learning disability on the learning disability register, and make all reasonable efforts to deliver an annual learning disability health check and health action plan for at least 75% of these patients who are aged over 14;

There is also an Investment and Impact Fund (IIF) indicator that supplements the item of service payment for annual Learning Disability health checks, which is paid as an Enhanced Service and complements the 2021/22 QOF Quality Improvement Module Supporting people with Learning Disabilities which is focused on the quality of care that General Practices deliver for patients with a learning disability.
HI-01: Percentage of patients on the Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and a completed Health Action Plan

Local systems are in place to support the completion of LDAHC's and the numbers completed reflect an increase in uptake over the last year. CCG acknowledge that Practices have been adhering to the National Guidance regarding taking an individualised approach, however feel it is important to gain assurance that people with a learning disability have received a personalised health check and that the individual health plan and any actions associated with the plan are implemented.

3 **3.1 Learning Disability Annual health checks Current Local Update**

Practices across Shropshire Telford and Wrekin made a marked improvement in the number of LDAHCs completed during 2020– 2021 as shown below, reaching above the 67% national target. The chart below also shows that the majority of LDAHCs are completed during quarter 3 and quarter 4 each year.



The Long Term Plan target of providing a LDAHC to above 75% of those aged over 14 years on practice LD registers has been brought forward to 2021/22 as part of the PCN DES.

		STW cumulative figures				
Quarter	Month	2019-20	2020-21	2021-22	2021-22	2021-22

		completed	completed	YTD	plan	%
	Apr	32	28	41		1.8%
Q1	May	95	45	69		3.0%
	Jun	132	60	112	65	4.9%
	Jul	176	109	200		8.6%
Q2	Aug	207	196	303		12.9%
	Sep	267	273	366	285	15.4%
	Oct	364	388	468		19.6%
Q3	Nov	456	606			
	Dec	521	837		885	
	Jan	651	1087			
Q4	Feb	808	1351			
	Mar	962	1624		1728	

The local monthly data above shows that at end October 2021 STW practices have completed 19.6% of LDAHCs and is on trajectory.

4 **Quality Reviews of Annual Health Checks update on pilot audit**

4.1 Representatives from STW CCG and MPFT met to decide on the requirements for a pilot of the LDAHC audit and set terms of reference and agree an audit template based on areas highlighted by NHSE/I that should be included in the check (see Appendix A). It was decided that 4 Practices would be part of the pilot and 4 AHCs would be reviewed at each Practice.

Communications were sent out to all Practices providing details of the audit and asking for volunteers to participate in the pilot. To ensure 4 Practices participated individual Practices were also approached, all agreed to support the pilot and a mutually convenient time were identified with 3, in discussion with 4th Practice to secure a time.

Pilot audit was undertaken by MPFT Learning Disability Team Leader and STW CCG Senior Quality Lead. Practice records were reviewed and discussions with staff were undertaken to gain further insight/clarification as to how LDAHCs are completed in the Practice.

Following the audit both verbal and written feedback is given to the Practice with any actions defined. Notes in regards to undertaking the audit are also kept so a review can be made at the end of the pilot.

4.2 Findings from Pilot to date

All Practices in the pilot demonstrated a holistic approach to AHC and took into account the needs of the individuals for example booking longer appointments or at quieter times of the day. Due to Covid 19 restrictions some checks took place via video link. Practices used a template for the AHC but these varied and some captured more of the information required for the AHC. All Practices discussed with the person or their carer next steps/actions but not all were given an action plan in writing.

	It is invaluable to spend time with the lead health professional for learning disabilities in the Practice to gain that overall knowledge of how the AHC is planned and conducted. Feedback has been received from Practice audited reporting they found it very useful, it has highlighted areas of learning that they will change in future. They would like a tool to allow them to self-audit in future. **4.3 Recommendations following pilot** • Support update training for staff • Use of easy read format templates for letters, pre appointment questionnaires and action plans • Recommendation to Practices of templates which support capture of all areas of the LDAHC and how these are saved/recorded onto Practice patient records • Modification of audit template to reflect areas identified in pilot PCCC are asked to consider options for continuing quality audits for LDAHC following completion of the pilot: • Identify 25 practices a year to visit and audit based on local intelligence, data and geography. Aiming to visit all 51 practices over the next 24 months. • Develop an audit tool for use by practices and ask for annual feedback in May each year commencing in May 2022. **4.3 Assurance** The Learning Disabilities & Autism board oversees this programme and has been redefined and has director level attendees for all partners. The SRO is Claire Parker and the deputy SRO is the Director of adult social services Shropshire. The board has parent carer and adult advocacy attendance as well as representation from NHSEI regional team. The board holds a risk register which is reviewed monthly. Recommendations following the pilot will be presented to the LD&A Board.
5	**5.1 Recommendation** The committee are asked to; • Note update on LDAHC pilot quality audit • Consider options for continuation of quality audits with all Practices following pilot

Appendix A – LDAHC Pilot Quality Audit Tool

AHC Audit Monitoring Form

GP Practice:

Name of HCP conducting AHC:

Section 1 Preparation for AHC / Arranging for People to attend		
1.	Has Practice staff attended any training to support completion of LDAHC?	
2.	Does the Practice utilise available resources to provide general information regarding LDAHC ie videos	
3.	Is date of last review recorded?	
4.	Has the person been asked if they would like a carer/supporter to attend?	
5.	Have reasonable adjustments to the environment been considered and actioned	
6.	Is the information on the AHC including invitation been in a format accessible for the person (AIS)	
7.	Is a pre-health check questionnaire sent to person/carer?	
8.	Is there evidence of a capacity assessment (MCA)? Is this linked with consideration in respect to consent / best interests documentation	
9.	Is the appointment of duration to meet the needs of the person? Is it at a time best for the person?	
10.	Have any communication needs been identified and support in place	
Section 2 AHC		
11.	Physical observation check ie- Height/Weight/BP/BMI been completed?	
12.	Date of medication review Accuracy and appropriateness of prescribed medications	

13.	Vaccinations checked and age/sex appropriate screening programs up to date	
14.	A review of Physical and Mental Health (referral through the usual practice routes if health problems are identified)	
15.	Review of coordination arrangements with secondary care	
16.	***If appropriate*** Review of transition or a review of any transitional arrangements which took place on patient reaching age of 18	
17.	A review of family carer needs	
18.	Support for the patient to manage their own health and make decisions about their health and healthcare (including providing through information in a format they can understand)	
	Following AHC	
19.	Was a health action plan completed (required for all people over age of 14 years) and shared	
20.	Evidence Practice are arranging for and supporting the uptake of follow up actions?	
21.	Was it documented if an opportunity was given for person to discuss any concerns in terms of safeguarding and if any were raised these were flagged with appropriate agencies.	
22.	Practices have a 'system for follow up' in place	

Signed
Date

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee Meeting held on 1st December 2021**

Item Number:	Agenda Item:
PCCC-21-12.69	Primary Care Quarterly Quality Report

Executive Lead (s):	Author(s):
Zena Young, Executive Director of Nursing and Quality, STW CCG	Jane Sullivan, Senior Quality lead, STW CCG Jane Blay, Quality Lead, STW CCG

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

History of the Report (where has the paper been presented):		
Committee	**Date**	**Purpose (A,R,S,D,I)**
Quality and Performance Committee	29/09/2021	S

Executive Summary (key points in the report):

Purpose of the report:

The purpose of this report is to provide the Primary Care Commissioning Committee with current, relevant information regarding the quality and safety in Primary Care. This report was presented at Quality and Performance Committee (QPC) September 2021 for assurance purposes.

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

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

Key issues or points to note:

Since Q4 report 2 Practices have been inspected by CQC, Severn Fields, Shrewsbury and Brown Clee, Ditton Priors. Severn Fields was rated as Requires Improvement overall with requires improvement for safe, effective, responsive and well led domains and good in the caring domain.

Since the report was presented at QPC the inspection report for Brown Clee Practice has also been published on the CQC website with an overall rating of Good.

During Q1 there were 2 NHS to NHS concerns raised in relation to care provided by Primary Care across Shropshire and Telford and Wrekin.

The number of complaints for Quarter 1 was 1 whilst the number of PALs remained similar as for Q4 at 131. The main concerns raised by patients via the PALs process were in regards to access and communication.

Q 2 – 4 2020/21, Q1 2021/22	Q 2 20/21	Q 3 20/21	Q 4 20/21	Q1 21/22
Complaints	3	0	1	1
PALS concerns	42	41	135	131
MP Letters	3	5	5	3

NHS Choices - 17 pieces of soft intelligence were noted via NHS Choices. A total of 12 Negative comments regarding Access (10), registration issue (1) and Staff Attitude (1). There were 5 Positive comments regarding Staff and service provided.

Recommendations/Actions Required:

Primary Care Commissioning Committee are asked;

- To note the key points / concerns / risks raised.
- To receive this report for information following presentation at Quality and Performance Committee September 2021.

Report Monitoring Form

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

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

QUALITY AND CARE IMPROVEMENT TEAM
PRIMARY CARE QUARTERLY QUALITY REPORT
September 2021

1.0 Introduction

1.1 The purpose of this report is to provide the Primary Care Commissioning Committee with current, relevant information regarding the quality and safety in Primary Care. This report was presented at Quality and Performance Committee September 2021 for assurance purposes.

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

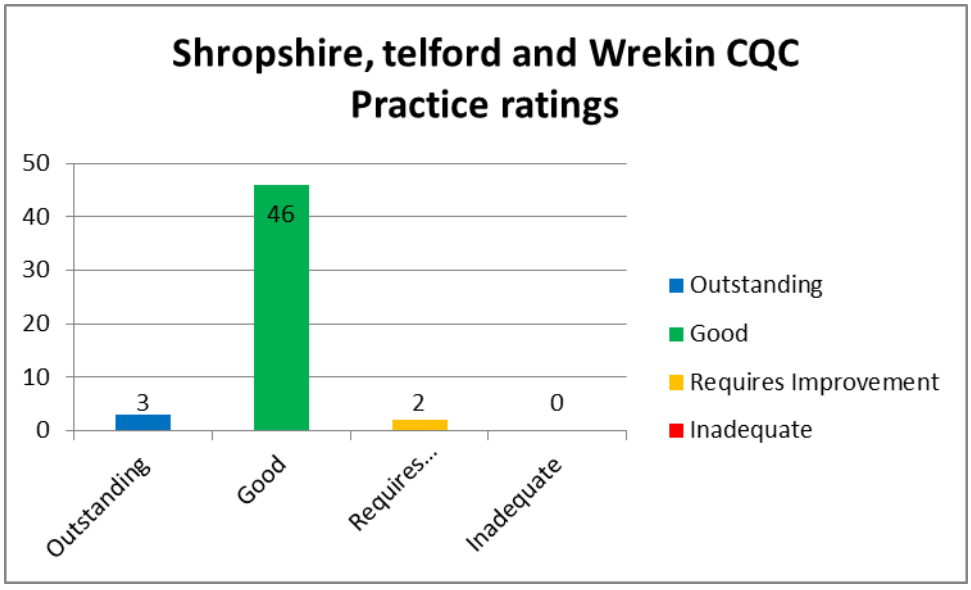
- Patient Insight Team
- Quality and Safeguarding Team
- Primary Care Team

PATIENT SAFETY

2.0 Care Quality Commission (CQC) Inspections

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.

The graphs below provide the overall CQC ratings for all Shropshire / Telford and Wrekin practices for Quarter 1 2021/22:



Since Q4 report 2 Practices have been inspected by CQC, Severn Fields, Shrewsbury and Brown Clee, Ditton Priors. CCG are contacted prior to the visits to allow an opportunity to share any intelligence with inspectors.

Severn Fields Medical Practice was inspected on 14th June 2021 with the report published on the CQC website on 30th August 2021. The Practice is rated Requires Improvement overall.

Domain	Overall	Safe	Effective	Caring	Responsive	Well-led
Rating	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

https://www.cqc.org.uk/location/1-551004062 links to the full report on the CQC website.

CCG Actions:
Medicines management have been and continue to work closely to support the Practice Partnership Manager and Senior Quality Lead to offer a joint proposal of support for action plan following inspection.

Following changes to Portcullis Medical Practice Management through Our Health Partnership (OHP) they now appear on the CQC website as not having been inspected yet, however the website still references the previous inspection which was overall Good.

Since reporting to QPC in September the CQC Report has been published for Brown Clee Medical Practice. The overall rating is good with good for safe and effective domains, outstanding for caring and responsive domains and requires improvement for well-led domain. https://api.cqc.org.uk/public/v1/reports/34f96c89-173f-4db3-86d6-a91d13207cfe?20211005070043

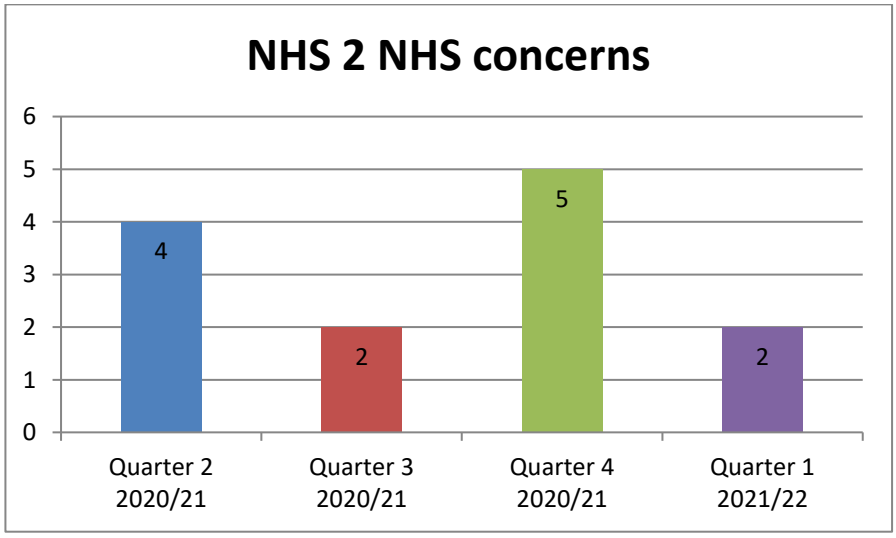
3.0 Significant Event and Incident Reporting

3.1 In Q1 2021/22 there were no significant events reported to the CCG by Primary Care. There were no significant events reported Q1, Q2, Q4 and 2 were reported in Q3 2020/21.

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 Quality Management System 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. During Q1 QCIT have continued to provide information to Practices regarding use of Ulysses and additional Practices are participating in a pilot to fully understand the benefits and any revisions required. QCIT met with LMC 7th September 2021 to present findings from the pilot and give additional information to members, plan is to continue to encourage all Practices to adopt the system.

3.2 NHS to NHS Concerns

During Q1 there were 2 NHS to NHS concerns raised in relation to care provided by Primary Care across Shropshire and Telford and Wrekin.



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 E-declarations

Commissioners have a statutory duty to conduct a routine annual review of every primary care medical contract it holds. This is covered through the annual GP Practice e-declaration (eDEC) collection which NHS England and NHS Improvement (NHSE/I) has established. In Shropshire, Telford and Wrekin, this has been undertaken by the primary care team.

All practices were required to submit their eDec electronically through the NHS Digital Strategic Data Collection Service (SDCS); this is usually during a six week period ending January 2021 however due to the exceptionally difficult and busy times for General Practice it was extended to February 2021

Following the review 5 queries were raised with Practices in regards to the declarations, these included;

- Saying no to having a Freedom to Speak Up Guardian
- Saying no to having a Vulnerable Adults lead
- Not confirming that Practice was not advertising the provision of private GP services

On all occasions Practices provided assurances that required leads were in place or that services were not advertised and that the reporting was in error.
There is system work commencing to support practices to implement the Freedom to Speak up Guardian role; this is led by the ICS Workforce Lead.

SAFEGUARDING

5.0 Safeguarding

Adult and children lead has continued to provide ad hoc support, advice and supervision to primary care colleagues on request, with the adult lead recently completing MCA training. The ongoing programme of GP Safeguarding Forums has continued to be led by the CCGs named GPs. Participation remains high. The safeguarding team met in June and August 2021 to review the role of the CCG in supporting Primary Care Safeguarding training. Whilst each of the GP Practices are responsible for ensuring all staff participate in safeguarding training the CCG safeguarding team recognises the role it can play in contributing to this via advice, support and supervision. The meeting established the key priority topics for the GP Safeguarding Forum and set dates for the year. The CCG has enlisted the assistance of the Public Health suicide prevention leads to come and present at the September meeting and the full list of GP Safeguarding Forum priority topics are in the table below [Fig. 1]

A survey has also been sent out to GP Practices seeking information about safeguarding arrangements which included questions on areas of development that Practices would wish to receive advice and support. The responses so far have been limited and the safeguarding team led by the Named GPs are reviewing how best to build this into the engagement work with primary care colleagues.

Fig. 1

GP Safeguarding Forum Topics 2021-2022
• Suicide prevention
• Domestic Abuse
• Self-neglect
• Learning Disabilities and safeguarding
• Drugs and alcohol
• MCA
• Think Family Model
• Child Criminal Exploitation

The GP primary care safeguarding resource pack is being updated by the safeguarding team to provide end of training information.

5.2 Looked After Children (LAC)

LAC service provides an overall update via the monthly Quality Exception Report. No specific LAC areas to note in regards to Primary Care to report.

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 the CCG provide signposting and advice where possible to assist those making direct contact. All concerns related to direct patient care are escalated to the provider concerned for investigation and response.

It should be noted that NHSE/I process all Primary Care related complaints and as a consequence, the CCG is informed following the investigation and learning is not routinely shared. During Covid-19 Pandemic due to redeployment the sharing of complaints received by NHSE/I had been paused, this has now recommenced.

Table below provides details of Quarter 1 (April – June) 2021/22 complaints which were upheld or partially upheld;

Subject	Status
Clinical Treatment	Upheld x2 Partially Upheld x1
Care Planning	Upheld x2

Breakdown of Primary care feedback for Shropshire, Telford and Wrekin for Quarter 2, 3 and 4 2020/21 and Quarter 1 2021/22

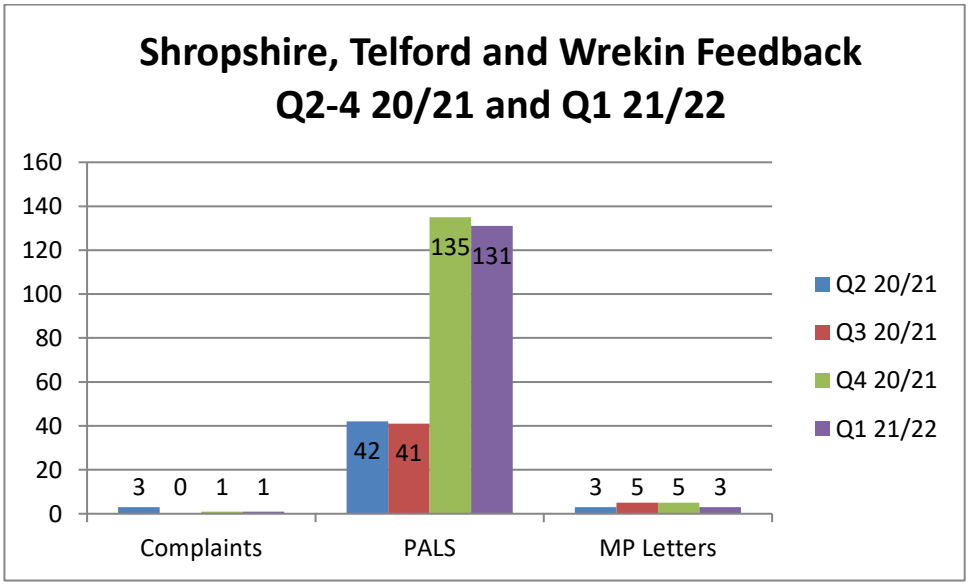


Table below shows Quarter 1 (April to June) 2021/22 in further detail;

Category	Detail

1 Complaint	Concern about accessing second dose of Covid-19 vaccination following relocation from Wales to Shropshire
3 MP Letters	Concerns about difficulties in telephone access
131 PALS	The main areas of concern as follows: 59 Access to Services (19 C-19 vaccination related) 13 Access to Appointments 7 GP Registration 7 Attitude 7 Poor Communication 5 Access to Medical Records 5 Clinical Treatment 4 Changes in service provision 3 General Enquiry 5 Compliments

Quarter 1 themes continue to reflect the trends noted in previous quarters 2020/21;

- Access to services
- Staff attitude
- Communication

Areas of concern are shared with primary care Partnership 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.

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 (FFT)

Following the national pause due to COVID-19 Pandemic, FFT was relaunched in February 2021 for acute and community providers, but continues to be paused for GP Practices. NHS England reports it will make a further announcement in due course.

6.4 NHS Choices

17 pieces of soft intelligence were noted via NHS Choices. A total of 12 Negative comments regarding Access (10), registration issue (1) and Staff Attitude (1). There were 5 Positive comments regarding Staff and service provided.

RESILIANCE

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

7.1 **General Practice Nurse Strategy for Shropshire, Telford and Wrekin ICS**

Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS) General Practice Nurse Task and Finish Group (GPNTFG) which are aligned to the Training Hub Delivery Group have been working to

complete a General Practice Nurse Strategy which aligns with the ICS People Plan. The Strategy focuses on the key deliverables to support General Practice Nurse workforce development for the next 2 years.

General Practice Nurse development has been seen by as an area of focus in order to retain an agile workforce to support the needs of the population. The strategy covers all grades of nursing staff and Health Care Assistants and looks at the new roles such as Nursing Associates and their role within Primary Care. This strategy is based on the 3 overarching principles from the GPN 10 Point Action Plan – Recruitment, Retention, Reform and explores local opportunities to achieve these ambitions. It also reflects the need to ensure the nursing workforce has opportunities to continue with professional development and is able to deliver safe, harm free care.

The aims of the strategy have been consolidated into a key deliverables plan which will give more granular detail on how the ambitions are to be achieved which is embedded in the strategy. Once finalised the strategy will be published on ICS website with links circulated across the LHE.

Please note separate paper to PCCC with updated information on GPN Strategy

8.0 Recommendations

8.1 Primary Care Commissioning Committee are asked

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

Primary care risk register - Shropshire , Telford and Wrekin 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**
Active Risks 1.04.21												
STW-02		Shrop 19/01/19 T+W 18/05/19	**Workforce** There is a risk that the system fails to recruit and retain workforce clinical staff, reflecting the challenge nationally. This will impact on local GP workload and the delivery of transformational primary care in Shropshire.	1. GPFV monies enables practices to create new creative roles 2. The Training Hub is providing a pivotal training service to primary care medical and other health professionals 3. ARRS funding is enabling additional roles to support PCN's	1. Primary care workforce plan is in place. 2. Delivery board and operational groups in place to support delivery in line with practice priorities. 3. Workforce and training hub are reported to system People Board to give system oversight and to ensure that primary care is looped into the workforce issues	1. PCN assurance meetings 2. PCN workforce plans aligned to priorities 3. Recruitment in line with ARRS financial envelope 4. Training hub board and group reporting to People Board fro system	1. Workforce plans do not use full resource envelope.	3x3=9 Moderate	1. Promote PCNs to have staff responsible for workforce. 2. Integration of clincial staff/representation on the operational workforce groups 3. Attendance at regioanl workfoce groups to share learning. 4. Report to people board and ensure understanding of primary care workforce issues	3x3=9 Moderate	Exec: C.Parker Owner: C Parker	26/11/2020 C.Ralph Reviewed 1 04 21 T Jones Amended C Parker june 2021
STW-03		07/10/20 C.Ralph	**COVID-19** There is a risk that the COVID-19 pandemic will increase the demand on practices and may also increase the levels of sickness. This means that practices may not be able to maintain access to their services/or to deliver high quality clinical care. This iuncludes ability to manage the backlog and manage staff shortages either throu positive tests or self isolation	1. Pressures promote practices and the system to collaborate more effectively.	1. Changes in contractual requirements to relieve practices/support service delivery 2. Additional investment	1. information through newsletters and locality meetings, contact with partnership managers 2. refresh of weekly calls to be undertaken to get information to practice managers 3. Support for the national guidance on the return to work processes	1.Limited formal SITREP reporting 2. Demand and activity modelling needs to be done to show system pressure 3. electronic locum support service including all professions	4x4=16 High	1. Support practices to review business continuity plans 2. Support practices to link plans together/buddy practices 3. Commence work to develop SITREP 4. CCG to identify thresholds and triggers for system response 5. ensure access to IPC and public health support 6. ensure IMT under new national return to work guidelines are in place	3x3=9 Moderate	Exec: C.Parker Owner: C Parker	26/11/2020 C.Ralph Reviewed 1.04.21 TJones Amended C Parker June 21
STW - 04		Jane Sullivan 04/21	Due to covid 19 pandemic scheduled Practice Quality Visits have been paused since March 2020. Although remote monitoring has continued a Practice Quality Visit allows for further exploration of subjects and conversations between CCG and Practice to gain assurance and understanding.	1. Potential to share good practice across the system. 2. Potential to save process improvements and reduce hand-offs/inefficiencies in practices	1. Primary care and Quality Lead continue to meet quarterly with CQC to share intelligence. 2. Continue to monitor Practice performance using exisiting sources of assurance and speak to Practices individually if concerns identified.	1. CQC intelligence 2. Significant event reporting to CCG by Practices 3. Monitoring of Patient experience - PALs/Healthwatch/MP letters/ complaints shared with CCG by NHSE/GP Patient Survey/FFT/N2N 4. Quarterly Quality report submitted to Quality and Performace committee 5. EDEC	1. Missed opportunities during visits to explore specific areas with Practices in further depth. 2. Missed opportunties to share good practice and learning with CCG which discussions during a visit can generate.	3x2= 6 low	1. Proposal to establish a Task and Finish Group to reestablish Practice Quality Visits from Autumn 2021 with identified agenda and terms of reference to provide a unified approach across the CCG. 2. Data and intelligence will be reviewed prior to visit to ensure that they are individual to each Practice and target areas for assurance.	3 x 2 = 6 Low	Claire Parker Zena Young	Newly added 1 4 21 T Jones Amended C Parker June 21
STW 05 Previous 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	1. To ensure the financial stability of practices by ensuring rent reviews and completed on time 2. to ensure that opportunties for pilots such as the 'Cavell' project is used to the benfit of the population in the CCG	1. Premises Cost Directions 2. Scheduled programmes of rent reviews 3. Clear approvals process for new business cases 4. Project boards with risk management and mitigation for each of the projects held at least monthly	1. Accurate record keeping 2. Regular contact/liaison with NHSE (GMAS team) 3. Project board oversight for each of the new builds	1. Changes in the primary care team at NHSE 2. Triple lock process for CCG 3. Links to One Public estate	3x4=12 High	1. Ensure the completion of a review of estates and the completion of estates strategy 2. Ensure business cases in development contain innovation to change models of care to deliver a return on investment. 3. Ensure pro-active record keeping/review of rent reviews. 4. To have clear records and monitoring systems that set out when abatements are ending predicting the impact on budgets.	3x4=12 High	Exec: C. Skidmore Owner: C Parker	1 04 21 Risk reviewed TJones Ameded C Parker June 21
STW 07		PCCC 06/21 C Parker	Allocation of practice covid expansion fund was incorrectly calculted in the national guidance and left a shortfall of 1.2m for the allocation received which was absorbed into the CCG baseline		1. Funding not utilised as part of the pulseoximetry service was put back into the baseline circa £200k		1. In ability to take any funding from primary care to ensure services are funded appropriately	3x3=9 Moderate		3x3=9 Moderate	Exec: C Parker & C Skidmore	New risk added June 2021

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