NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

AGENDA

Meeting Title	Primary Care Commissioning Committee – Part 1	**Date**	4 August 2021
Chair	Mrs Donna Macarthur	**Time**	9.30 a.m.
Minute Taker	Mrs Chris Billingham	**Venue/ Location**	Via Microsoft Teams

Reference	Agenda Item	Presenter	Time	Paper
PCCC-21-08.33	Welcome and Introductions	Chair	9.30	Verbal
PCCC-21-08.34	Apologies	Chair	9.30	Verbal
PCCC-21-08.35	Declarations of Interests	Chair	9.30	Verbal
PCCC-21-08.36	Minutes of Previous Meeting and Matters Arising:- • PCCC 2 June 2021 • Action Tracker	Chair	9.35	Enc. No. 1 Enc. No. 1A
PCCC-21-08.37	Finance Update	Laura Clare	9.45	Enc. No. 2
PCCC-21-08.38	Primary Care report • Workforce • Estates • IT • Contracts	Tom Brettell / Janet Gittins / Jenny Stevenson	9.55	Enc. No. 3
PCCC-21-08.39	GP Patient Survey 2021 & Appendix	Jenny Stevenson	10.05	Enc. No. 4 Enc. No. 4A
PCCC-21-08.40	NHSEI Funding Flexible GP Pools	Phil Morgan	10.15	Enc. No. 5
PCCC-21-08.41	Estates • Whitchurch Update	Darren Francis	10.25	Enc. No. 6
PCCC-21-08.42	Primary Care Quarterly Quality Report	Jane Sullivan	10.35	Enc. No. 7
PCCC-21-08.43	2021-22 Funding Proposals to Support PCN Recruitment & Retention	Sara Edwards	10.40	Enc. No. 8
PCCC-21-08.44	Risk Register	Claire Parker	10.50	Enc. No. 9
PCCC-21-08.45	Any Other Business	Chair	10.55	Verbal

PCCC-21-08.46	Date and Time of Next Meeting: Wednesday 6 October 2021 at 9.30 a.m.		11.00	

MINUTES

SHROPSHIRE, TELFORD AND WREKIN PRIMARY CARE COMMISSIONING COMMITTEE
PART 1 MEETING
HELD VIA MICROSOFT TEAMS
AT 9.30 A.M. ON WEDNESDAY 4 AUGUST 2021

Present

Mrs Donna Macarthur	CCG Lay Member – Primary Care (Chair)
Ms Claire Parker	Director of Partnerships
Mrs Zena Young	Executive Director of Nursing & Quality
Mr Steve Trenchard	Interim Executive Director of Transformation
Mrs Laura Clare	Interim Executive Director of Finance
Dr Deborah Shepherd	Interim Medical Director
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
Chris Billingham	Corporate PA; Note Taker

Apologies

Dr John Pepper	Chair, STW CCG
Mrs Claire Skidmore	Interim Accountable Officer
Dr Julie Davies	Director of Performance
Tracey Jones	Deputy Director of Partnerships
Steve Ellis	Assistant Director of Primary Care
Mrs Vanessa Barrett	Chair, Healthwatch Shropshire

PCCC 21-08.33 Welcome and Introductions

Mrs Macarthur welcomed everyone to the meeting.

PCCC 21-08.34 Apologies

Apologies received were as recorded above.

PCCC 21-08.35 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 Shepherd referred to the Agenda item and paper relating to Funding of Flexible GP Pools and asked the Committee to note that she is a member of the Shropshire Sessional GPs Network. She was previously part of their Committee, but has not been for the last 18 months.

The Chair confirmed that Dr Shepherd could take part in discussions, but would not be able to be involved in any decisions regarding this matter.

PCCC 21-08.36 Minutes of Previous Meetings and Matters Arising
The minutes of the meeting held on 2 June 2021 were reviewed and members requested that the following amendments should be made in the interests of accuracy:-

- Dr Shepherd advised that the minutes of the June Committee erroneously made reference throughout to Dr Penney. Dr Penney is not a member of PCCC and the Committee were in agreement that this should have referred to Dr Pepper, not Dr Penney.

- Ms Parker referred to the notes relating to the Risk Register on Page 7 and advised that STW Risk No. 8 should be STW Risk No. 6.

- Mrs Young referred to the item relating to IPMO (Integrating NHS Pharmacy & Medicines Optimisation Programme) and stated that the acronym was incorrectly reflected in the minutes. She had emailed an updated paragraph to Mrs Billingham in order that the minutes were a true reflection of her comments at the meeting.

The Committee approved the minutes of the meeting which took place on 2 June 2021 as a true and accurate record, provided the above amendments are made.

The Action Tracker was reviewed and updated as appropriate.

PCCC 21-08.37 Finance Update
Mrs Clare reported that only six months' worth of budgets had been received for this financial year and the CCG is only reporting nationally on H1. Future reports will include more detailed information around the underlying position and how that relates to system finance planning work currently taking place.

As at Month 3, limited information was available. Currently, as at Month 6, the forecast is that the delegated commissioning budget will overspend against its allocation by £840k. That is offset with a planned reserve in Primary Care. There is an under-spend on prescribing, mainly due to a prior year benefit, and that is non-recurrent. The estimated spend for the end of the last financial year was lower than anticipated.

Next month, the Finance team will focus on how the £840k overspend will be addressed going forward.

The Chair invited questions.

Dr Pringle queried the reason for overspend as most of the figures were as expected.

Mrs Clare replied that the situation was historical. It is not believed that the funding received by the CCG actually covers our requirements in terms of delegated commissioning and work must now be done to establish how to meet the demands of that budget. It may be that enhanced services are aligned more with some of the Big 6 transformation projects to get money from elsewhere in the system, but it is essential that a robust review is carried out.

Mrs Macarthur commented upon the way in which the report was presented, which she found difficult to understand.

Mrs Clare advised that the way in which the report was presented may need to be reviewed. What the CCG had submitted to NHSE was overspend on the delegated budget. However, this was not allowed within the remit of the plan and the CCG was required to show that it was balancing against the allocation, therefore the reserve was placed on Primary Care. Mrs Clare stated that, for the purposes of this Committee, it may be beneficial if the report identified the overspend lines.

The meeting discussed the wording of overspend on QOF (Quality Outcomes Framework) within the report and how it might be negatively interpreted by Practices.

Ms Parker advised that Committee members may be aware of recruitment to the post of Head of Primary Care Commissioning on a fixed contract basis. That individual will be reviewing locally commissioned services. She did not intend to take money out of those services as Primary Care must be properly funded and make sure that the benefits from doing that are seen across the system in terms of the best clinical outcomes. Some of the work required relates to certain Primary Care services that were not well funded historically – Phlebotomy is an excellent example of inconsistent funding across the system.

Dr Watts queried whether there were imbalances between funding of Primary Care across Telford and Wrekin and Shropshire as a result of the merger, and whether balancing that presents a risk to the CCG.

Ms Parker replied that the risk is currently not known, but is a necessary piece of work as there are differences in the funding and the services. That anomaly has been the reason for this fixed term post. This has now become urgent as it is impacting not only on some of the services but also on the Practices.

Dr Pringle suggested that the overspend may relate to population growth. The CCG is funded on historic population but then have to pay QOF and so forth on existing population.

Mrs Clare believed that this was part of the issue. Several years previously a specific adjustment was made to allocations nationally as a result of which the CCG had always argued that it had been under-funded.

Mr Vivian asked if the successful candidate for the Head of Primary Care position would also be picking up the wider Head of Primary Care responsibilities.

Ms Parker confirmed that the person appointed is Emma Pyrah who will be commencing in post at the beginning of September. She will picking up some elements of the Head of Primary Care position and will be line managing some members of the team, but not all of them. There are certain strategic elements that she and Tracey Jones will retain oversight of.

The Committee noted the CCG's financial position as of Month 3.

PCCC 21-08.38 Primary Care Report

Mr Brettell had incorporated into his latest report the positive comments received at the June PCCC regarding the format of the report. However, he would welcome any further feedback or recommendations by Committee members.

The Chair invited questions.

Mrs Macarthur referred to the report template which still referred to “Committees in Common”. She requested that this error was rectified as this is no longer the case.

Mrs Macarthur also referred to the rent reviews being undertaken and asked if there was any indication as to whether this may cause the CCG a cost pressure.

Mr Brettell replied that he and Mr Francis would compile a separate report on this subject. However, he was not conscious of any concerns.

Mrs Macarthur referred to workforce and suggested that it may be useful to have more in-depth information in terms of the numbers. It may be appropriate to have this as a future Agenda item as it was a key issue across the organisation.

ACTION: Mr Morgan to provide the October PCCC with a detailed report on workforce.

Mrs Young left the meeting at 9.58 a.m.

Dr Pringle referred to the housing plans which had been issued by the Local Authorities and suggested re-visiting our existing Primary Care plan to see how that compares with future housing projections.

Mr Brettell confirmed that discussions had taken place with planning Leads, particularly in Shropshire. The draft Primary Care Estates Strategy will be complete in the next month or so and will be submitted to PCCC for input and comment.

Dr Pringle queried Section 106 opportunities. Possible opportunities were the Ironbridge power station development, and also the plans for large housing developments on the outskirts of Bridgnorth and Shifnal. Mr Brettell confirmed that discussions had taken place regarding CIL (Community Infrastructure Levy) which is still emerging but potentially might change again in view of advice received in terms of Government thinking.

Ms Parker commented on the estates work and Dr Pringle’s comments regarding further development of the estates strategy and believed this was particularly important given some of the ongoing developments. She referred to the pilot project in Shrewsbury for the 8 Practices involved in the Cavell Centre. She believed that there is a wider question around estates, not only relating to Primary Care, but also those people who may potentially need referral into Secondary Care. Consideration must be given to this and how we link it much more strongly into the one public estate.

Mr Vivian queried to what extent the work Ms Parker was describing around estates and the interaction with Secondary Care was going to feed into SHiPP and TWiPP.

Ms Parker replied that reviewing how all Primary Care estates and workforce elements fit into Place will become increasingly important. However, we must ensure consistency and fairness as a single health organisation or whatever we become in the future. The CCG must adopt a consistent approach across the two Local Authority areas in order to avoid creating unintended health inequalities.

The Committee noted the contents of Mr Brettell’s report and the work currently being undertaken.

PCCC-21-08.39 GP Patient Survey 2020/21
The purpose of Mrs Stevenson's report was to inform PCCC of the results of the General Practice Patient Survey (GPPS) 2021. Key points of the report which she highlighted to the Committee were:-

- A summary of the overall CCG results, compared against national results. It was not possible to provide year on year comparisons at CCG level due to the establishment of the new CCG.
- Overall, GP Practices in Shropshire, Telford and Wrekin have consistently scored equal to or above national averages.
- Over 60% of Practices consistently scored above the national average, with the majority of Practices achieving excellent patient satisfaction scores.
- Although overall average scores across the CCG met or exceeded the national average, individual Practice scores ranged widely in some areas.
- The Primary Care Team will work with the Practices that scored below the CCG and national average on multiple domains of the GPPS. Practice level data will also be incorporated in to the planning of future Practice visits carried out by the CCG, and will be an area of focus where required.
- Access to online services remains a potential area for improvement for the CCG. The Primary Care Team will undertake further work with regard to online access to services in conjunction with relevant teams within the CCG.

The Chair invited questions.

Dr Shepherd wished to highlight the significant achievement of Practices in terms of high scores, the figures relating to use of online services, and an increase in the number of people calling NHS 111. A specific Comms campaign had taken place to encourage people to access 111, and a higher number of people calling 111 may well reflect the success of that campaign. Access was an issue and people were finding it difficult to access their GPs or understanding how to access their GPs.

The question regarding Ease of Getting Through to the Practice on the Telephone had identified a huge variation in results. In one Practice, only 18% of people felt that they could get through easily. There are definitely lessons to be learned from the Practices that are achieving that well.

Ms Parker agreed with Dr Shepherd's comments around access. Comparison of April 2019 data with April 2021 data, identified that telephone consultations increased considerably. The issue with telephone access is a recurring theme and must be managed going forward.
Ms Parker highlighted the decision taken by the CCG to stop the e-Consult service over the weekend, a decision which was based on clinical quality and in order to reduce risk.

Dr Pringle said Hereford & Worcester CCG had achieved several percentage points higher patient satisfaction than STW CCG but could see no reason why STW should not be performing equally as well. He believed that the CCG should focus on Practices with significantly lower satisfaction scores and ask them to look at reasons why. He questioned whether the CCG should be investing in Practices that are not performing at the same standard as the others if they do not improve.

Dr Pringle believed that, as from October, e-Consult was a contractual requirement.

Both Mrs Macarthur and Mr Vivian supported Dr Pringle's points. Mr Vivian asked:-

- What was being done around communicating these results more widely – for example into the media
- When data collection actually stops
- Whether any Practices had proved to have a surprisingly low performance and whether there were any that responded positively to the historical support provided by Mrs Stevenson and her team.

Mrs Stevenson replied that the results of the survey had not been communicated as yet. She intended to issue information via the Practice Bulletin and was happy to work with the Comms Team around sharing the information more widely. She observed that it seemed to be the same small group of Practices that require more support and believed it was important to see if there were learning points from the very high scoring Practices that could be shared.

Dr Watts agreed with Dr Pringle that the reasons for bad performance by Practices must be understood. If Practices were not performing as expected, the CCG needs to have a response from them as to why that is, together with an improvement plan. He believed that this type of information can be useful internally to a Practice.

Mrs Macarthur agreed and queried how Practices would use this data. Ease of telephone access had been a consistent question in surveys for a considerable period of time. Where Practice performance is poor, she would be interested to know what kind of action plan had been implemented by the Practice to address some of those issues.

Mrs Sullivan believed that the GP Patient Survey is a very important barometer for Practices. However, Practices are also encouraged to carry out their own patient engagement and patient surveys to enable them to have a wider view from the Practice population across the year. This is important because it is one of the areas that the CQC use when reviewing intelligence across the Practice. They also look for information from the Practice itself on any patient engagement undertaken to demonstrate how changes made have affected patient satisfaction.

The Committee noted the results of the GPPS 2020/21 and acknowledged the high scores achieved by the majority of Practices.

The Committee agreed to receive an update from the Primary Care team at a later date on the progress of those Practices. This to be scheduled into the Agenda planning of a future meeting.

ACTION: Mrs Stevenson to schedule an update on the results of the GPPS 2020/21 into the Agenda planning for a future PCCC.

PCCC-21-08.40 NHSEI Funding – Flexible GP Pools

Mr Morgan advised that this is a national pot of funding received by all CCGs. The main purpose is to provide the CCG with an opportunity – should we so wish – to procure and purchase a digital staffing platform. These platforms are an attempt to help improve the way in which Practices and Locums interact in terms of identifying vacant sessions and filling them by doing so online instead of via telephone or email.

The platforms are capable of providing Locums with training education support, financial support, information, etc.

Engagement has taken place with the Shropshire Sessional GP Network and a small working group of Practice Managers to try to identify the best way forward. A survey was undertaken with Practices and Locums, the results of which were contained within his report. The majority of Practices were in favour of purchasing one of these platforms but the feedback from Locums was mixed.

Committee is being asked whether to accept the recommendation within the report that the CCG does, in fact, move forward to procure one of these systems. If the Committee agrees to the purchase of a platform, Mr Morgan will continue to liaise with Practices and Locums to ensure that they are fully involved in the procurement process.

It is proposed that a very small amount of the funding is used to recruit to a one session per month role of "Newly-Qualified GP Locum Champion", details of which were outlined within Appendix 2 of Mr Morgan's report. The expectation is that this role will provide support to that specific cohort of newly-qualified GPs who choose to work as a locum rather than to seek employment at a Practice. Given that the GP Fellowship programme is not open to Locums, this role will provide much needed support for this cohort. The role outline has been developed in consultation with a recently-qualified GP Locum.

PCCC is asked to:

- Agree that the CCG undertakes a procurement exercise to purchase a digital staffing platform.
- Agree that the recruitment process is commenced for the "Newly-Qualified GP Locum Champion".

The Chair invited questions.

Mrs Clare queried the funding, asking if it was recurrent or non-recurrent. Care must be taken that if the CCG is committing to a system, the funding is available every year.

Mr Morgan replied that technically, the funding is not recurrent although it is very likely that similar funding will be received next year. The role is intended to be fixed term for 12 months and Mr Morgan will review his report to make this clear. It will be offered to a Locum on a payment by invoice basis rather than as a post. There is a very clear commitment from NHSEI to continue this funding but there is no document which formally states that it is recurrent.

ACTION: 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.

Mrs Macarthur agreed with Mrs Clare's view and believed that if the platform incurs recurring maintenance costs then it should be identified as a risk.

Dr Watts referred to the mixed feedback received from Locums and asked if purchase of a platform was a national obligation. Mr Morgan replied that purchase of a platform is not a mandatory requirement. However, use of the funding is quite prescriptive and must be around supporting workforce. It is not a generic pot that can easily be utilised for other purposes. The strong recommendation in the guidance is that it is used for this purpose.

Mr Vivian commented upon the pressure on capacity that might arise if the CSU decide to bid for this project, as the CCG would not benefit from their procurement expertise. The work would fall to someone else or it may be necessary for the CCG to purchase procurement expertise. He also wished to highlight that if the CCG enters into a contract it must be established how long for, penalty clauses, etc. He did not believe it was sufficient to merely identify the risk.

Dr Shepherd identified a variety of reasons as to why some GPs choose to work as Locums - most commonly autonomy and flexibility. Some of the platforms attempted to restrict that in terms of the information they seek from Locums. I think it is important that a platform is seen to be very flexible with the minimum amount of compulsory information required to be submitted. There are drawbacks and limitations to the current system in use within the County. However, she believed that any commitment from Locums to use the platform could take time to achieve.

Dr Shepherd was strongly in favour of the Newly Qualified GP Locum Champion role, commenting that working as a GP Locum can be very lonely and people can feel lack of support. There are specific needs attached to working as a Locum that are not taught anywhere. If this role provided an opportunity to provide support with those issues, she was strongly in favour.

Dr Shepherd referred to the Job Description which specified that the role required an individual who themselves was within three years of qualifying and suggested that the experience should be amended to 2 to 5 years. An individual straight out of training may not have sufficient experience to meet the demands of the role.

Mr Morgan agreed with Dr Shepherd's view on the 2 – 5 year period, advising that he had compiled the Job Description after meeting with a newly qualified Locum. Mr Morgan advised that the funding was made available to the CCG, it was not requested, and we are responding to a funding opportunity. However, the CCG would be unable to utilise CSU's procurement expertise as they are a potential bidder and procurement expertise would need to be provided either from another CSU or an external provider.

Mrs Sullivan supported Mr Morgan's paper and believed that any platform would be beneficial if it could be used not only for GP Locums but also for other disciplines.

Mrs Clare referred to points made during the discussion and believed that a caveat should be placed around the funding. If the funding is a non-recurrent allocation no commitment should be made unless confirmation is received in writing from NHSE, or specific sign off is received from the system. Mrs Clare stressed that this must be made clear going forward.

Mrs Macarthur summarised the recommendations within the report that PCCC is asked to:

- Agree that the CCG undertakes a procurement exercise to purchase a digital staffing platform
- Agree commencement of the recruitment process for the "Newly-Qualified GP Locum Champion".

Mrs Macarthur proposed that the Committee should support the recommendations, provided the issues discussed in the meeting were clarified.

Ms Parker agreed with Mrs Clare's point regarding recurrent or non-recurrent funding, but advised that clarification of this funding this would be very difficult as NHSE never confirm

whether funding is recurrent. She suggested that this should be discussed at Primary Care Operational Group in view of today's conversation which had highlighted important factors.

The Committee were in agreement with this course of action. However, Mr Morgan reiterated his earlier comments that the CCG are being scrutinised by NHSEI and asked the Committee to bear in mind that NHSEI must be advised as to how this funding has been spent.

Ms Parker replied that we must make the right decision for our system and, if necessary, may have to advise NHSEI that such a commitment by a system in a financial recovery position is not a decision that can be taken lightly if the funding is not recurrent. We must be able to demonstrate our conversations around the decision making process and the governance, risks and mitigation of that process.

Mrs Clare agreed with the points made by Ms Parker that, in view of the CCG's current financial position, we must be able to demonstrate that these discussions are taking place.

The Committee agreed that the recruitment process should commence for the Newly-Qualified GP Locum Champion.

ACTION: Flexible GP Pools to be discussed at PCOG and be re-submitted to PCCC for a decision.

PCCC-21-08.41 Estates – Whitchurch Project

Mr Brettell advised that the report submitted to PCCC was to provide an update on the work and current status of the project. Key points were:-

- A considerable amount of work was identified following the conclusion of the Judicial Review.
- The Full Business Case is on target to be submitted to October PCCC. A Business Case writer has been engaged.
- Tender discussions are ongoing.
- An exercise has taken place to look at cost reduction and there is considerable activity around legal work, which is quite complex given the various partners involved and their legal representatives.
- The District Valuer is undertaking a review of the report to ensure it is fully up to date.

Mr Brettell referred to the risks highlighted in the report.

- Completion of the legal documentation is crucial.
- Delivery period is tight in relation to the ETTF funding from NHS England which must be drawn down by 31 December 2021.
- Concerns exist around the construction industry which is currently very volatile as a result of the impact of the pandemic.

The Chair invited questions.

Mrs Macarthur expressed concern around the increased construction costs outlined in the report and also requested that a timeline document was produced to indicate when we as a CCG should be making decisions. Ms Parker supported Mrs Macarthur's request for a timelines document, stating that if the Full Business Case was available before the scheduled PCCC in October, an Extra Ordinary PCCC may be required at short notice during September.

ACTION: Mr Brettell to arrange for a timelines document to be produced for the Whitchurch Pauls Moss project.

The Committee noted the ongoing activity on the project and will receive further updates to future meetings as the project progresses.

The Committee noted that an Extra Ordinary meeting may be required during September subject to the timelines for any further decisions.

PCCC-21-08.42 Primary Care Quarterly Quality Report

Mrs Sullivan's report had been shared with the June Quality & Performance Committee for assurance purposes and was shared today with PCCC for information. The report was taken as read and Mrs Sullivan invited questions.

Mrs Macarthur referred to PALS concerns during Q4, which had increased significantly, partly due to a Practice closure, and asked if there were any other factors that would explain the increase.

Mrs Sullivan replied that no particular themes had been identified. However, this is monitored on a monthly basis and emerging trends will be highlighted.

Mrs Macarthur referred to the NHS Choices information and asked if Practices were responding to those comments. Mrs Sullivan did not have that information to hand and will check with a colleague.

ACTION: Mrs Sullivan to check with her colleague, Jane Blay, whether Practices were responding to comments made on NHS Choices.

The Committee noted the key points / concerns / risks raised.
The Committee received this report for information and assurance.

PCCC-21-08.43 2021-22 Funding Proposals to Support PCN Recruitment & Retention

In Ms Edwards' absence, Mrs Sullivan advised the meeting that the report submitted to PCCC had been shared at Training Hub Delivery Group.

Ms Edwards was looking at some of the funding streams coming through to the Training Hub via NHSE/I and HEE. Historically, the Training Hub had not benefited from such a richness of funding. However, recent success with bids means that some of the projects that have been under consideration can now be developed, including General Practice Nurse supervision, support for healthcare support workers, and the new Training Nurse Associates that are part of the ARRS programmes.

Mr Morgan provided reassurance that all of the funding streams are considered at the Training Hub Delivery Group and then submitted to Primary Care Operational Group. Consideration is also given as to whether the funding is used as appropriately as possible, or can be better used to fund a higher priority requirement whilst still meeting the criteria provided to the CCG.

Mr Morgan referred to paragraph 2.1 of the report relating to system development funding of certain staff groups including Admin/Clerical and Practice Managers. Dedicated funding has been received for those groups in the past but none has been received this year. Therefore, some of the generic funding could possibly be used for that cohort of staff.

Mrs Clare asked if the funding was recurrent or non-recurrent and whether the posts it is proposed to fund are recurrent or non-recurrent. As a result of discussions today, she intended to take the subject of recurrent and non-recurrent funding to the system meetings as she believed issues would be experienced across a number of areas where NHSE will only confirm that projects are non-recurrent, but are expecting the CCG to fund recurrent projects. She believed that clarity was required around the allocations being received and how it is proposed to spend them.

Mrs Sullivan reiterated Mr Morgan's comments that no funding is confirmed as recurrent, and this is taken into consideration when the posts are being advertised. They are either for a fixed term or some other means - they are never advertised as permanent positions.

Discussion took place in response to a question from Dr Shepherd as to how the GP Nurse clinical supervision tied in with the Practice Nurse Facilitator role.

Mrs Sullivan replied that the GP Nurse Facilitators had been supporting supervision of Practice Nurses in particular over the Covid period. There is a driver from NHS England to support supervision and this will now provide the ability to focus on supervision for Nurses which will result in capacity issues with Nurses being resolved.

Dr Shepherd believed there was a requirement for effective communications both within Primary Care and the wider system about the way Primary Care has changed and the fact that use is made of many different clinical and non-clinical roles within Primary Care. There is an expectation in some areas that patients will only talk to doctors.

Mr Morgan replied that there is not always a consistent pattern of additional staff in all Practices or in all Primary Care Networks and it is important that we do not raise expectations that this is a universal offer. The balance is shifting, and in particular the number of roles being recruited by Primary Care Networks under the Additional Roles Reimbursement Scheme which is a 100% funded recruitment process.

Mrs Macarthur raised a question as to whether this Committee could make a decision regarding this funding.

Ms Parker replied that it is not a delegated responsibility. If it was delegated it would come to PCCC; if not it would come under the remit of Strategic Commissioning Committee. She was unsure of the scheme of reservation and delegation for the Training Hub Board to make financial decisions.

Mr Morgan advised that some of the funding is provided specifically to the Training Hub by HEE but the majority is provided by NHSEI to the CCG. They are different routes of funding involving different reporting mechanisms back to the funder, which may impact on how decisions are made at this group and PCOG as the origin of the funding must always be borne in mind.

ACTION: Ms Parker to consider the governance arrangements around PCCC, PCOG and Training Hub Board in relation to financial decisions and confirm back to PCCC.

The Committee was supportive of the proposal as presented in the report and accepted the recommendations as outlined and agreed.

PCCC-21-08.44 Risk Register

Ms Parker confirmed that the error on the numbering of risks on the Register had now been rectified, and also confirmed that she will pick up with Mrs Young the action relating to Medicines Management.

Mrs Macarthur requested that issues highlighted in this morning's discussion should be captured on the Register.

ACTION: Ms Parker to pick up with Mrs Young the action on the Risk Register relating to Medicines Management.

ACTION: Ms Parker to capture on the Risk Register issues highlighted in today's discussion.

PCCC-21-08.45 Any Other Business

Mrs Macarthur advised the meeting that she had already seen the benefit of the Primary Care Operational Group and discussions that took place in that forum.

PCCC-21-08.46 Date of Next Meeting

The next meeting will take place on Wednesday 6 October 2021 at 9.30 a.m. via Microsoft Teams.

Shropshire Telford and Wrekin CCG Primary Care Committee Action Tracker
Part 1 Meeting – 2 June 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
PCCC-2020-2.008	**Quality Report** Mr Ellis to bring a Triangulation Report developed by the Primary Care and Business Improvement teams to the next meeting.	Mr Ellis	April 2021	To be completed – dashboard delayed. This will be picked up again with the BI team. **June Update:** It has been agreed that this will be dealt with by Quality Committee. It will be agreed what topics still need to come to PCCC.
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.	Dr Shepherd	February 2021	**February Update:** Ms Parker to advise Committee when they will be receiving updates. Primary Care under review for single CCG to be presented to PCC in October 2021 once update sections are complete. Current strategy covers 2019-2024.

				June Update: Primary Care Strategy currently being updated in order to reflect recent changes to the guidance. Will be brought to the October meeting for final sign off.
PCCC-2020-12.24	**EDEC** Mrs Ralph to bring a paper to a future PCCC to outline a way in which eDec Practice visits and submissions could be taken forward in the longer term in light of ongoing disruption due to the pandemic.	Mrs Ralph	April 2021	A protocol for practice visits is underway and visits will recommence once the protocol is finalised
PCCC-2021-02.10	**Risk Register** Ms Parker to check whether the allocation funding referred to by Mrs Skidmore in her Finance Update is on the Risk Register.	Ms Parker	April 2021	Risk register on agenda- item was not on register but will be picked up under agenda item
PCCC 21-04.17	**Finance Update** The commitment of Medicines Management staff to the Covid vaccination programme to be reflected on the Risk Register. Investment approval from NHSE to be an Agenda item for a future Committee.	Mrs Jones Mrs Billingham	June 2021 August 2021 t.b.c.	Agenda item
PCCC-21-04.22	**Any Other Business** **Contingency Planning** Contingency planning to be an Agenda item at a future meeting. The one remaining PMS Practice to also be a future Agenda item.	Mrs Billingham Mrs Billingham	t.b.c. t.b.c.	To be picked up by operational group for both items Ongoing

Agenda Item	Action Required	By Whom	By When	Date Completed
PCCC-21-06.27 Minutes of 7 April meeting - governance	Ms Parker to circulate to Committee the diagram which shows how the Primary Care Operational Group links into topics such as workforce and the Training Hub and up to the Governing Body.	Claire Parker	August 2021 Meeting	
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	
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	August 2021 Meeting	
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 / Chris Billingham Zena Young / Claire Parker	August 2021 Meeting August 2021 Meeting	

REPORT TO : **Shropshire, Telford and Wrekin Primary Care Committee held in Public on 4th August 2021**

Item Number:	Agenda Item:
	Month 3 Primary Care Finance Position

Executive Lead (s):	Author(s):
Laura Clare Deputy Director of Finance	Roger Eades- Management Accountant

Action Required (please select): A									
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)**
N/A		

Executive Summary (key points in the report):

- This report provides an update on the Primary Care financial position for the combined STW CCG for the period ending 30th June 2021.
- The M3 financial position reports a total overspend of £420k for the delegated Commissioning budget.
- The M3 financial position reports a total underspend of £1,779k for the non-delegated Commissioning budget.
- At M3 many of the information sources are limited so many costs have been accrued to budget.

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? There is a projected underlying overspend in the primary care co commissioning budget against the specific ring fenced allocation. This contributes to the overall deficit of the CCG. Actions need to be taken to reduce expenditure back to within the ring fenced allocation envelope.	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

Recommendations/Actions Required:

The committee is asked to note the finance position at Month 3 2021/22.

Primary Care Delegated Commissioning

Primary Care Delegated Commissioning	Budget Year To Date M03 £'000	Actual Year To Date £'000	Variance Year To Date £'000	2021/22 M1-6 Budget £'000	Forecast M1-6 £'000	Forecast Variance M1-6 £'000
General Practice - GMS	12,320	12,285	35	24,694	24,653	41
General Practice - PMS	93	95	(2)	187	175	12
Enhanced Services	1,672	1,647	25	3,665	3,585	80
QOF	1,834	1,886	(52)	3,667	3,774	(107)
Premises cost reimbursements	2,192	2,192	0	4,383	4,383	0
Dispensing	721	734	(13)	1,441	1,467	(26)
Other - GP Services	251	244	7	1,063	1,063	0
Net Reserves	(420)	0	(420)	(840)	0	(840)
Co Commissioning Total	**18,663**	**19,083**	**(420)**	**38,260**	**39,100**	**(840)**

In month 3, information is still limited both in respect of current costs and also FOT, so accruals have been applied where we believe expenditure is likely.

Currently, the main area of concern is QOF where we estimate future costs will exceed the set budget, and this will be monitored closely in the coming months.

The overall overspend position is offset on primary care (non delegated below) and shows that in H1 the delegated commissioning budget is set to overspend the ringfenced allocation by £840k. This is offset with a planned reserve shown in primary care. This needs to be addressed in the longer term so that spend is contained within the ringfenced allocation.

Primary Care Non Delegated Commissioning

Primary Care - Non Delegated	Budget Year To Date M03 £'000	Actual Year To Date £'000	Variance Year To Date £'000	2021/22 M1-6 Budget £'000	Forecast M1-6 £'000	Forecast Variance M1-6 £'000
Prescribing	20,231	18,892	1,339	42,239	41,158	1,081
Central Drugs	571	564	7	1,143	1,143	0
Oxygen	227	230	-3	454	454	0
Prescribing Incentive Schemes	93	93	0	186	187	-1
Out of Hours	0	0	0	0	0	0
Enhanced Services	1,543	1,538	5	3,087	3,087	0
Primary Care Pay	559	548	11	1,118	1,147	-29
Primary Care Other	21	21	0	42	42	0
Primary Care IT	473	473	0	947	947	0
GP Forward View	810	810	0	1,620	1,620	0
A& E Streaming	0	0	0	0	0	0
Primary Care Reserves	934	514	420	4,814	3,974	840
Total Other	**25,462**	**23,683**	**1,779**	**55,650**	**53,759**	**1,891**

Prescribing

In month 3 we have realised a £1,245k total benefit from 20/21 relating to costs for M11 and 12 being lower than expected. This non recurrent benefit has been played into the position in M3 and the FOT. Costs currently reflect the same growth in M1 as per 20/21 but it is too early to see any pattern that is likely for the coming year.

Primary Care Other

The main variance relates to Primary Care Pay, and is due to current vacancies.

With regards to the other expenditure, we have applied the same logic as in Co Commissioning noted above and accrued costs to budget where required, due to lack of quality information at this point of the year.

REPORT AND MONITORING

Agenda item	PCCC-21-08-38
Enclosure No	3
Committee:	Primary Care Commissioning Committee
Date:	4th August 2021

Title of report:	Primary Care Update Report
Responsible Director:	Claire Parker
Author of report:	Tom Brettell, Darren Francis, Berni Williams, Antony Armstrong, Phil Morgan
Presenter:	Tom Brettell, Partnership Manager

Purpose of the report:
To provide PCCC with an overview of the key programmes of work within the Primary Care Team, namely Estates, Contracts, GP IT and Workforce. This report highlights where further detail is given in supplementary reports.

Key issues or points to note:

- 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
- The transition to a single commissioning organisation has been largely seamless with work continuing on aligning services and processes
- Highlights in the report to note are:

- This paper highlights work on Estates, IT, Workforce and Contracts however additional reports will be provided to future PCCC meetings to provide members with assurance of the plans and progress of the work of the Partnership Managers.

Actions required by Primary Care Commissioning Committee:
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.

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 Briefly detailed. Individual reports will follow if required on specific implications.	Yes
2	Health inequalities Overall work programme contributes to addressing health inequalities. Any individual impact will be provided at a future meeting as required	Yes / No
3	Human Rights, equality and diversity requirements Overall work programme contributes to addressing this. Any individual impact will be provided at a future meeting as required	Yes / No
4	Clinical engagement Clinical engagement is a key facet of the majority of the team's work. Any specific input or required assistance on specific workstreams will be detailed at a future meeting as required.	Yes / No
5	Patient and public engagement Patient and public engagement is a frequent requirement of the team's work. Any specific input or required assistance on specific workstreams will be detailed at a future meeting as required.	Yes / No
6	Risk to financial and clinical sustainability None specifically identified	Yes / No

There is a wide range of activity underway to support the development of improved Primary Care estates. These are summarised below:

2019/20 Projects

- All schemes formerly approved by Primary Care Commissioning Committee in 2019/2020. One scheme still to be completed to allow the practice to draw down the capital from NHSE. Expected to complete by end August 2021.

2020/2021 Projects

- No capital funding available so no BaU schemes approved in this year
- As reported in detail at the June PCCC, funds were diverted from the Whitchurch Estates & Technology Transformation Fund (ETTF) project to carry out necessary works to support Churchmere with improvements at Ellesmere and Bridgewater premises to accommodate patients from Dodington MP. The works at Ellesmere have now been completed. The works at Bridgewater are still to be completed. Draw down of capital funds from NHSE expected by end August 2021.

2021/2022 Projects

- Schemes were previously approved by PCCC in 2019/2020 and had been put on hold pending allocation of capital funding from NHSE. Schemes are either for IPC/DDA compliance or conversion of former Admin to create Clinical space. Space is existing GMS space so no revenue impact anticipated as a result
- CCG has now received confirmation that 6x of the 8x schemes have been approved and can now go ahead with the proposed works. The other 2x schemes are awaiting a 3rd quote before final approval can be given to proceed with the proposed works
- Works need to be completed by end Jan 2022 at the latest
- Further updates will be made to PCCC on progress

1.1. Key Estates Projects:

Shawbirch New Build (ETTF)

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

Shifnal New Build (ETTF)

- Full Business Case (FBC) previously approved by PCCC was a 3rd Party Developer scheme
- TelDoc now leading on this project (as lead GPs for the TelDoc and Shifnal PCN)
- Revised OBC approved by Primary Care Commissioning Committee in May 2021 for progression to Full Business Case (FBC)
- FBC to be developed and presented to PCCC in October 2021, including full costings, planning approval, new lease finalised and all legal documents in place
- FBC will then go to NHSE for their final approval (likely Nov/Dec 2021)
- Build likely to start Dec 2021/Jan 2022
- Completion is expected Feb/March 2023

Whitchurch Pauls Moss (ETTF)

- See separate update report

Cavell Centre (Shrewsbury)

- See separate update report

1.2. Rent Reviews:

- 38 rent reviews in progress, some at start of the process, others at challenge stage
- Following completion of any rent reviews, any significant impact on revenue, outside existing Primary Care budget, will be highlighted to PCCC, as appropriate
- Where clawbacks are required from practices as a result of a rent review, this will be highlighted to PCCC prior to communication with the practice

1.3. Rates Rebates:

- Working with colleagues in NHSE and GL Hearn to reconcile rates rebates across STW
- Agreed to part-credit previous invoices to release the outstanding balance from 2019
- NHSE and GL Hearn have also now agreed we can invoice for £31k in Q2 2021. There is an additional £144k still to invoice – next meeting with GL Hearn/NHSE is scheduled for 16 September 2021
- Further work to reconcile remaining rebates for Telford premises (Q3/Q4 2021/2022)
- Work to start recovery of rebates due for Shropshire premises (Q3/Q4 2021/2022)

1.4. Estates Strategy Update:

- The two previous CCGs had separate Primary Care Estates Strategies – Shropshire (last updated 2018) and Telford (last updated 2019). With the move to a single organisation, work has been undertaken to produce a combined Primary Care Estates Strategy for the whole of Shropshire Telford & Wrekin
- Various key programmes of work are currently underway to gather relevant information for the update to the strategy, some of which is being supported via national programmes of work, including::
  - National Primary Care Data Gathering programme – this has now been completed and the data is due to be uploaded onto the SHAPE database in early august 2021 – all PMs and PCN CDs to be given access to own data only
  - Housing Allocations – both Local Authorities delayed their original publication of proposed housing data (to support the updates to their respective Local Plans). Both are due to have published the information by end July 2021
  - PCNs – all PCNs are encouraged (not required) as part of their PCN contract to provide an estates strategy. This is an emerging area of work
- We aim to present a first draft of the estates strategy document – for consideration and feedback at PCCC at the meeting in October 2021
- Final version of the document is then expected to be presented to PCCC for final approval (before publication) at the meeting in December 2021

2. Contracts Update

2.1. Contract Status across Shropshire & Telford

- We have 50 GMS contracts and 1 PMS contract

- We have 4 practices that have only one GP Partner holding the contract however all have salaried GPs employed:
    - Court Street
    - Hodnet
    - Shawbury
    - Westbury
- There are no contract expiry issues
- There are no contract terminations
- There are no contract breaches or remedial notices

2.2. Contract variations

- Applications have been received to vary the following contracts during 2021/22:
    - Claremont Bank – addition of partner
    - Churchmere – resignation of partner
    - Churchmere - addition of partner.
    - Marysville – addition of non-clinical partner
    - Severn Fields- addition non-clinical partner
    - Wellington Road – addition of partner.

We are aware that there are additional contract variations in the system.

2.3. Mergers

- There are no mergers in Q2 of 2021/22.

2.4. Boundary changes

- There are no applications for boundary change in Q2 of 2021/22.

2.5. Branch Surgery Closures and changes

- There are none in Shropshire, Telford and Wrekin.

2.6. Enhanced Services

- All of the primary care locally commissioned services from 2020/21 will continue into 2021/22 however these will be reviewed when possible to do so. Monies continue to be paid at the minimum income protected level.

2.7. DES Payments

- Paper xxxx describes an issue with over payments and proposes a solution
- 2 voluntary enhanced services (weight management & long covid) have been offered to all practices in STW with significant interest- a report will be presented at a future meeting to appraise members fully

2.8. Extended Access (GPFV)

- On 7 January 2021, NHSE confirmed that the proposed merging of Extended Hours and Extended Access, scheduled for April 2021 is delayed until April ‘22 at the earliest.
- Extended Hours (PCN DES) some practices have re-purposed these hours to concentrate on delivery of the covid vaccination programme.

2.9. PCN Payments via CQRS

- An issue with CQRS has delayed payments to our PCN's. This is in the process of resolution however the process has been prolonged and frustrating. A paper will be presented to a future PCCC meeting to fully appraise members.

2.10. eDEC

- Practice submissions were completed on 26 February 2021. The CCG hasn't been provided with the access to the responses submitted by all practices to date. We anticipate being able to report on these at the next PCCC meeting.

2.11. QOF

- There have been some issues with three registers that were used in the QOF 2020/21 Achievement calculation. To resolve the issues identified and ensure that GP practices are paid correctly, NHS Digital have re-collected QOF data, working with the GP Clinical System suppliers. On 18th May the CQRS team advised the QOF calculation has been re-run and the final achievement has data has now been calculated. We can confirm that the extraction error has been corrected.

3. GP IT Update

3.1. Windows 10 Implementation:

- All PC's replaced/upgraded within Primary Care to Windows 10.
- Migrating from the Windows 7 Operating system that was end of life in February.

3.2. Docman 10:

- 50 out of 51 sites now live with Docman 10. Awaiting dates from remaining practices (Market Drayton) Have been informed by the site the are looking to be live before the end of August now that Docman is compatible with their clinical system Vision.

3.3. Domains:

- 6 sites are now live - South Hermitage, The Meadows, Bishops Castle, Craven Arms, Church Stretton and on the new GP Domain (Zeus).
- Roll out plan and funding secured for the full implementation in 21/22.
- A further 3 sites are scheduled for go-live in August and early September these are Plas Ffynnon, Alverley and Highly
- Engagement session booked in with 6 surgeries and hope to then move to deployment phase.

3.4. EPS:

- 41/ 51 sites live with EPS. Worthen are due to go-live following the merge with Pontesbury. Westbury are currently engaging internally and with the our CSU colleagues.
- Further work on-going with the CSU and CCIO on promoting the benefits of EPS.

3.5. N365:

- Licensing has been applied on to the national system.
- CSU have identified pilot sites who 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.

3.6. OC/VC Procurement

- NHSE have been holding frequent Webinars on Online Consultation/Video Consultation providers. Providers meeting the required assurances are added every two weeks to the Digital First Primary Care OC/VC Framework.
- A Microsoft Teams Form has now been shared with practices to collate feedback on what practices would like to see in the re-procured product. This will then devise the specification prior to procurement. An expression of interest has gone out to practices asking for a small number of colleagues to be part of the procurement panel.

3.7. Notes Digitisation

The CCG has an allocation for phase 1 of the Notes digitisation project. Unfortunately, NHSE have stated that the project is currently paused whilst they review their internal processes. A further communication on this is expected in September NHSE have reported on the Digital regional call held in July.

4. Workforce:

4.1. The main focus over recent months has been a review of the full suite of projects, programmes and initiatives covering all aspects of training, education, development and support for Primary Care staff.

4.2. Following an online workshop in April to assess, challenge and prioritise the work, two key outputs were agreed:

- A draft Action Plan, covering a wider range of issues, was finalised at the June Training Hub Delivery Group meeting – a task and finish group will be looking in more detail at how the Action Plan can be progressed
- A list of support tools, funding streams etc. which, pending the development of a Training Hub Website, was linked to from the "Professional Resources" section of the STWCCG website . The STW TH Website has now been developed, is due to be launched in late August/early September, and will contain a wide range of information for all PC staff groups around training and development

4.3. The key areas of work being currently addressed by the Training Hub and the PC Workforce Team are:

- Continued management and commissioning of CPD for GPNs and AHPs including HEE programmes
- Delivery of a full Education and Training Plan including leadership development
- Developing and expanding all learner/student placement capacity within primary care to include new roles
- Development of a comprehensive approach to placement capacity delivery for all non-medical roles across practices and PCNs
- Monitoring of the individual SLAs with all 51 practices for use of the 2020/21 GPFV funded GP Retention, Practice Resilience and Reception & Clerical Training
- Ongoing support for the funded GP First 5s leads
- Recruitment of ambassador/leads to embed new ARRS roles
- Continued roll-out of GP/GPN Fellowship Programme for newly-qualified GPs/ GPNs
- Recruitment and Training of GP Mentors, enabling a growth in mentoring

- Refreshing the approach to PLTs
- Ongoing facilitation of the Time for Care programme
- Ongoing work to increase the number of multi-disciplinary educators and assessors, including GP Training Practices
- Initiative in place to address development needs of ACPs across practices
- Working with system partners to increase the take-up of Nursing Degree Apprenticeships and Nursing Associate Apprenticeships. Promoting and supporting practices with the administrative and financial processes.
- Delivery of the GPN 10 Point Plan with STW GPN Strategy (final draft of the Strategy is on the PCCC August agenda)
- Continued management of Covid Testing for practice staff
- Management of the practice reimbursement scheme for costs related to practice staff working at STP-run vaccination hubs
- Continued engagement with PCNs and local providers (ShropCom, MPFT, WMAS, RJAH) re: the recruitment of new ARRS-funded roles
- Engagement with the STW STP Equalities, Diversity and Inclusion group with a view to developing a bespoke Primary Care approach
- Developing approach to Population Health needs and workforce planning
- Ongoing development of the STW Training Hub – infrastructure, website, governance and strategy, finance, comms & engagement

4.4. The CCG has been advised of the NHSE/I 2021/22 funding for the following Workforce/Education/Training programmes:

- Additional Roles Reimbursement Scheme
- GP/GPN Fellowships
- Supporting Mentors
- New to Partnership
- Flexible Staff Pools
- Local GP Retention
- Training Hubs (non-HEE)
- International GP recruitment
- Primary Care Network Development
- Practice Resilience

4.5. Further details of this funding, along with proposals for either continuing with existing programmes (see 4.3) or for developing new programmes, were discussed at the Training Hub Delivery Group at its July meeting and confirmed at the Primary Care Operational Group July meeting. A report on one of the above funding streams – “Flexible Staff Pools” is on the PCCC August agenda.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee
Meeting held on 4 August 2021

Item Number:	Agenda Item:
PCCC-21-08.39	General Practice Patient Survey 2021

Executive Lead (s):	Author(s):
Claire Parker – Director of Partnerships	Jenny Stevenson – Primary Care Partnership Manager

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	28 July 2021	I

Executive Summary (key points in the report):

The purpose of this report is to inform PCCC of the results of the General Practice Patient Survey (GPPS) 2021.

Key issues or points to note:

- The report summarises the overall CCG results, compared against national results. It is not possible to provide year on year comparisons at CCG level due to the establishment of the new CCG.
- Overall, GP Practices in Shropshire, Telford and Wrekin have consistently scored equal to or above national averages.
- Over 60% of practices consistently scored above the national average, with the majority of practices achieving excellent patient satisfaction scores.
- Although overall average scores across the CCG have met or exceeded the national average, individual practice scores ranged widely in some areas.
- The Primary Care Team will work with the practices that scored below the CCG and national average on multiple domains of the GPPS. Practice level data will also be incorporated in to the planning of future practice visits carried out by the CCG, and will

be an area of focus where required.

- Access to online services remains a potential area for improvement for the CCG. The Primary Care Team will undertake further work with regard to online access to services, in conjunction with relevant teams within the CCG.

Recommendations/Actions Required:
PCCC are asked to: • Note the 2021 GPPS results, in particular the very high scores achieved by the majority of practices against the challenges of the preceding 12 months. • Agree to receive an update from the Primary Care Team at a later date on progress with those practices that scored lowest in this year's GPPS.

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).* The GP Patient Survey results (CCG slide pack and link to further data and reports) will be shared with all GP Practices via the Practice Bulletin with a request to review individual practice results.	Yes
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).* Practices will be encouraged to share their practice survey results with their patient participation group.	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).* The overall CCG results from the survey are good, however to ensure consistency and equity of access at individual practice level, further work will be carried out and discussed with relevant practices, to explore where patient satisfaction scores are consistently significantly lower than the national average and what further work and support might be needed.	Yes
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).* The overall CCG results from the survey are good, however to ensure consistency and equity of access at individual practice level, further work will be carried out and discussed with relevant practices, to explore where patient satisfaction scores are consistently significantly lower than the national average and what further work and support might be needed.	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

NHS Shropshire, Telford and Wrekin CCG
General Practice Patient Survey 2021

Background

- Ipsos MORI (on behalf of NHS England) undertakes a national GP Patient Survey (GPPS) which provides data about patients' experiences at their GP Practice. The latest reported data is based on the July GPPS publication, with field work taking place between January and March 2021.

- The 2021 GP Patient Survey measured patients' experiences across a range of topics, including:
    - Your local GP services
    - Making an appointment
    - Your last appointment
    - Overall experience
    - Your health
    - When your GP practice is closed
    - NHS Dentistry*
    - COVID-19*
    - Some questions about you (including relevant protected characteristics and demographics)*

  **The CCG slide pack and this report do not cover these areas.*

- The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time.

CCG Slide Pack

- Due to the CCG being a new organisation, it is not possible to provide year on year comparisons or look at trends at CCG level. This report therefore summarises the overall CCG results, compared against national results.

- The CCG slide pack this report is based on is included as Appendix 1. Further data can be viewed on the GP Patient Survey website[1] (at practice level, CCG level and national level).

- The level of detail at individual practice level may not be statistically significant due to the small numbers of responses from some of the practices, and data accessed at practice level should therefore be viewed with care.

[1] https://gp-patient.co.uk/surveysandreports

Summary

- In Shropshire, Telford and Wrekin CCG, 15,412 questionnaires were sent out, and 7,053 were returned completed. This represents a response rate of 46%. (The total registered patient population across Shropshire, Telford and Wrekin as at 1st January 2021 was 510,884.)

- Overall, GP Practices in Shropshire, Telford and Wrekin have consistently scored equal to or above national averages.

- Over 60% of practices consistently scored above the national average, with the majority of practices achieving excellent patient satisfaction scores.

- The 2021 patient survey showed the overall experience of patients in Shropshire, Telford and Wrekin at an 84% satisfaction level compared to a national average of 83%.

- Although overall average scores across the CCG have met or exceeded the national average, individual practice scores ranged widely in some areas and further work is needed to support those practices consistently scoring at the lower end of the scale.

- Between 13 and 20 of the 53[2] GP practices in Shropshire, Telford and Wrekin scored below the national average for each of the following questions highlighted in the CCG slide pack (appendix 1):

    - Satisfaction with overall experience of GP practice
    - Ease of telephone access
    - Helpfulness of receptionists
    - Ease of use of practice's website to look for information or access services
    - Offered a choice of appointment
    - Satisfaction with appointment offered
    - Satisfaction with overall experience of making an appointment
    - Mental health needs recognised and understood
    - Sufficient support from local services of organisations to manage your condition
    - Satisfaction with appointment times available

- 16 practices scored lower than the national average in 5 or more of the above questions. Of these, 6 practices scored at least 10% lower than the national average in more than 5 of the questions.

- Access to online services remains a potential area for improvement for the CCG with 65% of respondents not having accessed online services in the preceding 12 months,

[2] There were 53 GP practices across Shropshire, Telford and Wrekin at the time the survey was carried out.

compared to a national average of 56%. When their GP practice was closed, a greater proportion of patients accessed NHS111 than accessed online services, compared to the national average.

- The Primary Care Team will work with the practices that scored below the CCG and national average on multiple domains of the GPPS. Practice level data will also be incorporated in to the planning of future practice visits carried out by the CCG, and will be an area of focus where required.

- The Primary Care Team will undertake further work with regard to online access to services, in conjunction with relevant teams within the CCG.

Survey results

- The table below summarises the key information provided within the CCG level report:

Question	CCG average score	National average score	Range of practice scores	No. of practices scoring below national average	Highest CCG score in region
Satisfaction with overall experience of GP practice	84%	83%	53% - 99%	15	87%
Ease of getting through to GP practice on the telephone	69%	68%	18% - 100%	16	75%
Helpfulness of receptionists	90%	89%	67% - 100%	16	92%
Patients who had <u>not</u> accessed GP online services in the past 12 months	65%	56%	*Practice level data not provided in slide pack*		
Ease of practice website for finding information / accessing services	78%	75%	49% - 96%	13	79%
Offered choice of appointment	69%	69%	40% - 92%	20	71%
Satisfaction with appointment offered	82%	82%	63% - 99%	18	85%

Overall experience of making an appointment	71%	71%	36% - 100%	15	75%
Mental health needs recognised and understood	87%	86%	65% - 100%	*Practice level data not provided in slide pack*	89%
Enough support from local services to help manage your condition	74%	74%	47% - 92%	16	78%
Satisfaction with appointment times available	68%	67%	38% - 96%	16	70%

- Scores for patients' perception of care at their last appointment with a healthcare professional are summarised to highlight the percentage of patients giving a negative score - the results of which are in line with the national average, as follows:
    - Giving you enough time - 3% 'poor' (national - 3%)
    - Listening to you - 3% 'poor' (national - 3%)
    - Treating you with care and concern - 3% 'poor' (national - 4%)
    - Felt involved in decisions about care and treatment - 7% 'no, not at all' (national - 7%)
    - Had confidence and trust in the healthcare professional - 4% 'no, not at all' (national - 4%)
    - Felt needs were met - 6% 'no, not at all' (national - 6%)
- Patients were also asked questions about use of NHS services when they wanted to see a GP but their GP practice was closed. Of note, a higher number of patients called an NHS helpline such as NHS111 compared to the national average (62% and 56% respectively). It is noted that patients cannot always distinguish between out of hours services and extended access appointments.
- 76% of patients felt the time taken to receive care or advice on that occasion was 'about right' compared to a national score of 70%. 67% of patients described the overall experience as 'good', compared to 66% nationally.

Conclusion

- The survey report demonstrates that patient satisfaction with access to their GP practice across Shropshire, Telford and Wrekin CCG is, overall, in line with or above national average scores.

- Individual practice scores ranged widely with the majority of practices achieving excellent patient satisfaction ratings, however a number of practices have consistently scored below the national average.

- Further work is needed to support those practices consistently scoring below national average, with extra focus on those where they are scoring significantly lower. Data will be reviewed further at practice level, discussed with the relevant practices and included as part of practice visits where appropriate.

- Online access to services remains an area for improvement for the CCG, and further work will be undertaken with regard to this.

Recommendations

PCCC are asked to:

- Note the 2021 General Practice Patient Survey results, in particular the very high scores achieved by the majority of practices against the challenges of the preceding 12 months.

- Agree to receive an update from the Primary Care Team at a later date on progress with those practices that scored lowest in this year's GPPS.

Appendix 1 - CCG Slide Pack

GP PATIENT SURVEY

NHS SHROPSHIRE, TELFORD AND WREKIN CCG

Latest survey results

2021 survey publication

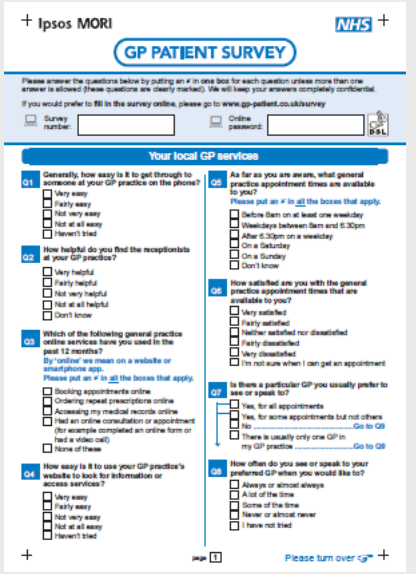
Ipsos MORI
Social Research Institute
 20-066340-01 | Version 1 | Public

Contents

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit https://gp-patient.co.uk/.
- This slide pack presents some of the key results for **NHS SHROPSHIRE, TELFORD AND WREKIN CCG**.
- The data in this slide pack are based on the 2021 GPPS publication.
- In NHS SHROPSHIRE, TELFORD AND WREKIN CCG, **15,412** questionnaires were sent out, and **7,053** were returned completed. This represents a response rate of **46%**.
- The questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic, the effect of which should be taken into account when looking at results over time. In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the GP Forward View. The questionnaire including past versions, and the Technical Annex can be found here: https://gp-patient.co.uk/surveysandreports.


Ipsos MORI

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an x in one box for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to fill in the survey online, please go to www.gp-patient.co.uk/survey

Survey number:

Online password:

BSL

Your local GP services

Q1 Generally, how easy is it to get through to someone at your GP practice on the phone?
Very easy
Fairly easy
Not very easy
Not at all easy
Haven't tried

Q2 How helpful do you find the receptionists at your GP practice?
Very helpful
Fairly helpful
Not very helpful
Not at all helpful
Don't know

Q3 Which of the following general practice online services have you used in the past 12 months?
By 'online' we mean on a website or smartphone app.
Please put an x in all the boxes that apply.
Booking appointments online
Ordering repeat prescriptions online
Accessing my medical records online
Had an online consultation or appointment (for example completed an online form or had a video call)
None of these

Q4 How easy is it to use your GP practice's website to look for information or access services?
Very easy
Fairly easy
Not very easy
Not at all easy
Haven't tried

Q5 As far as you are aware, what general practice appointment times are available to you?
Please put an x in all the boxes that apply.
Before 8am on at least one weekday
Weekdays between 8am and 6.30pm
After 6.30pm on a weekday
On a Saturday
On a Sunday
Don't know

Q6 How satisfied are you with the general practice appointment times that are available to you?
Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
I'm not sure when I can get an appointment

Q7 Is there a particular GP you usually prefer to see or speak to?
Yes, for all appointments
Yes, for some appointments but not others
No ..... Go to Q9
There is usually only one GP in my GP practice ..... Go to Q9

Q8 How often do you see or speak to your preferred GP when you would like to?
Always or almost always
A lot of the time
Some of the time
Never or almost never
I have not tried

page 1

Please turn over

Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Your local GP services
  - Making an appointment
  - Your last appointment
  - Overall experience
  - Your health
  - When your GP practice is closed
  - NHS Dentistry
  - COVID-19
  - Some questions about you (including relevant protected characteristics and demographics)
- The survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data, which limits the detail provided by the results.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Where questions have changed significantly for the 2021 questionnaire, data will not be comparable to previous years.
- Where configurations of CCGs have changed, trend data will not be available for all years.
- All GP practices are aligned to the CCG assigned by the NHS Digital EPRACCUR mapping file published on 8 April 2021, accessed via the Technology Reference data Updated Distribution (TRUD) system. This may not reflect where patients live. For example, GP at Hand is aligned to NHS NORTH WEST LONDON CCG and has registered practices in London and Birmingham.

Guidance on how to use the data

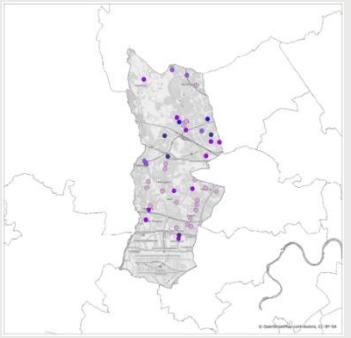
The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

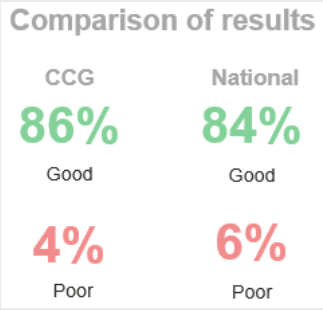
- **Comparison of a CCG's results against the national average**: this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.

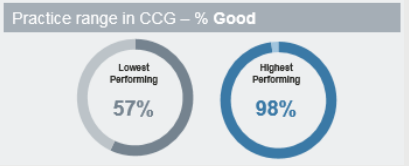
- **Considering questions where there is a larger range in responses among practices or CCGs**: this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.

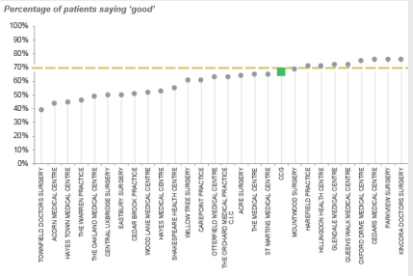
- **Comparison of practices' results within a CCG**: this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

- **Comparison of CCGs' results within a region**: region as described in this report is based on NHS England regions, further information about these regions can be found here: https://england.nhs.uk/about/regional-area-teams/









Images used in this slide are for example purposes only

Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.

- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**

- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.

- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.

- Trends:
  - Latest: refers to the 2021 publication (fieldwork January to March 2021)
  - 2020: refers to the July 2020 publication (fieldwork January to March 2020)
  - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
  - 2018: refers to the August 2018 publication (fieldwork January to March 2018)

- For further information on using the data please refer to the end of this slide pack.

* **More than 0% but less than 0.5%**

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

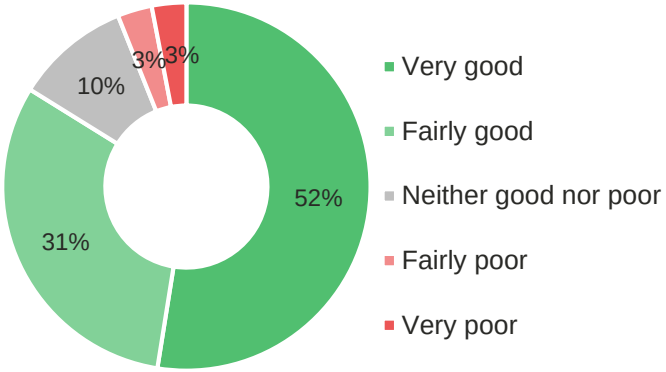
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed**.

Overall experience of GP practice

Overall experience of GP practice

Q30. Overall, how would you describe your experience of your GP practice?

CCG's results

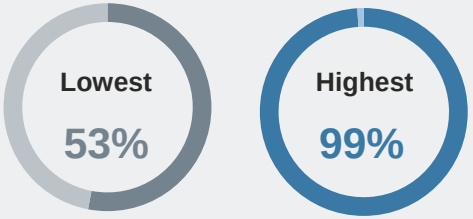


CCG's results over time

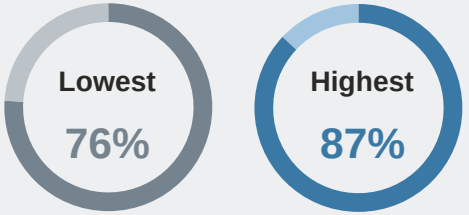
Comparison of results

	CCG	National
	84%	83%
	Good	Good
	6%	7%
	Poor	Poor

Practice range within CCG – % **Good**



CCG range within region – % **Good**



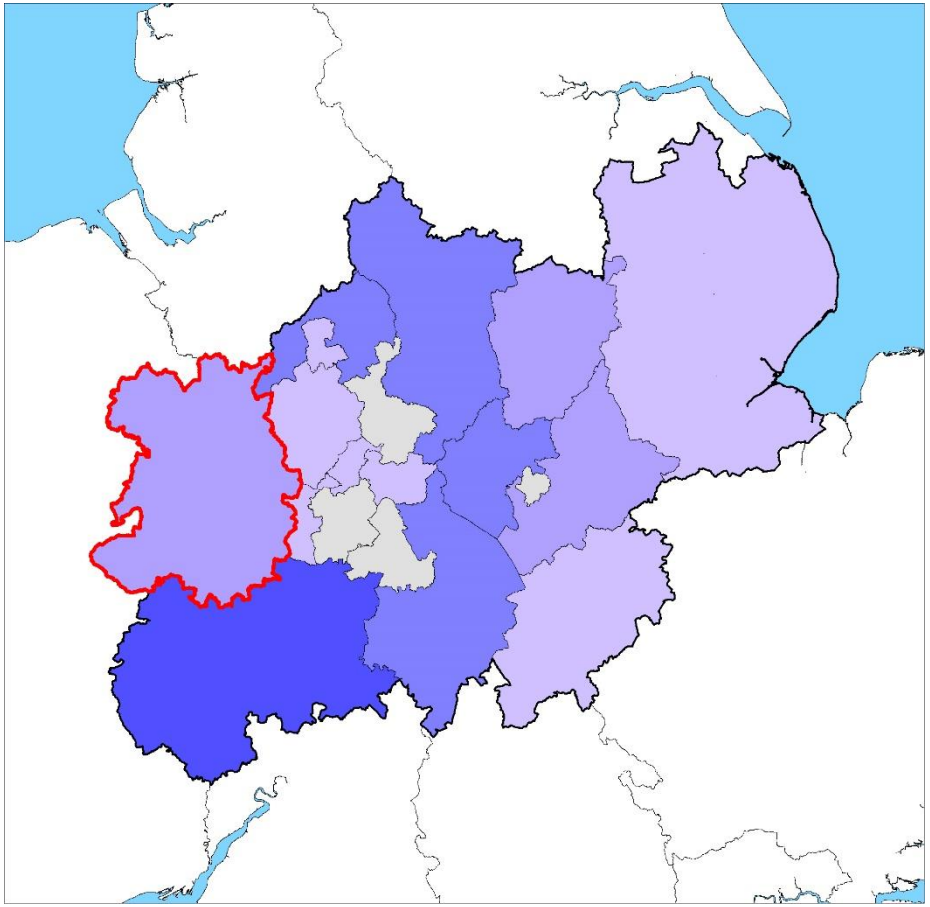
Base: All those completing a questionnaire: National (836,008); CCG 2021 (6,933); Practice bases range from 109 to 150; CCG bases range from 1,857 to 24,824

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Results range from

76%

to

87%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

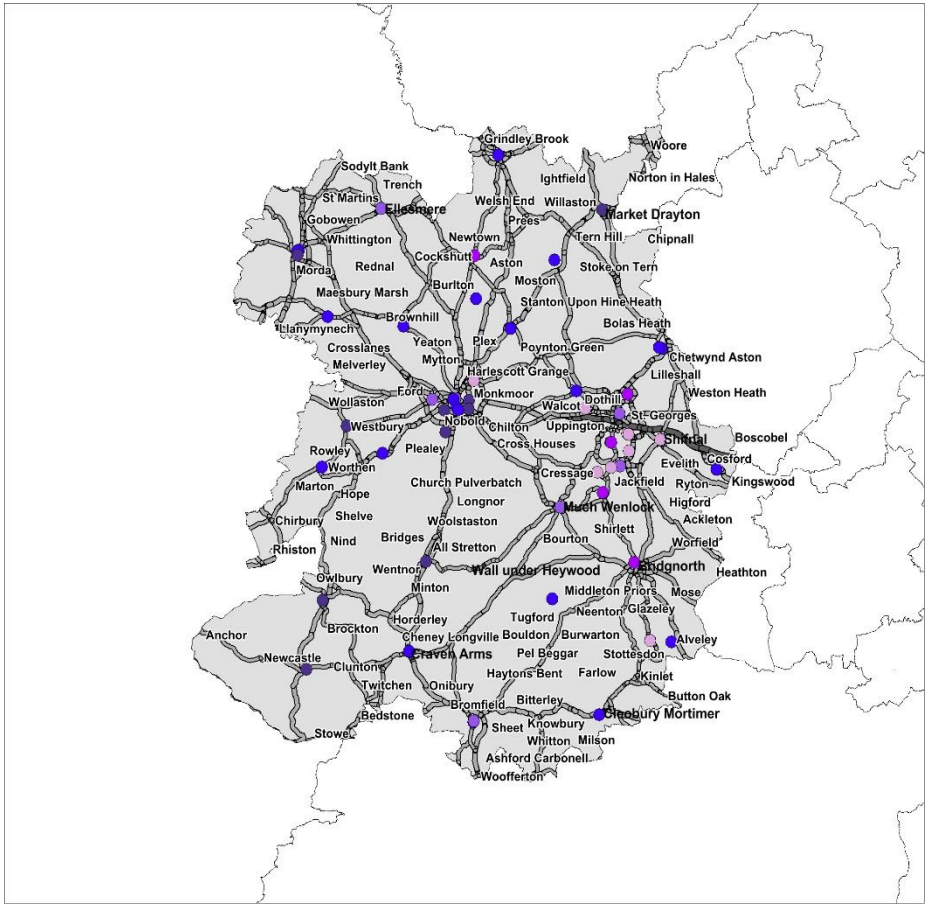
Base: All those completing a questionnaire: CCG bases range from 1,857 to 24,824

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q30. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good

- 91.6 up to 100.0
- 87.3 up to 91.6
- 82.4 up to 87.3
- 76.0 up to 82.4
- 29.6 up to 76.0

Results range from

53%

to

99%

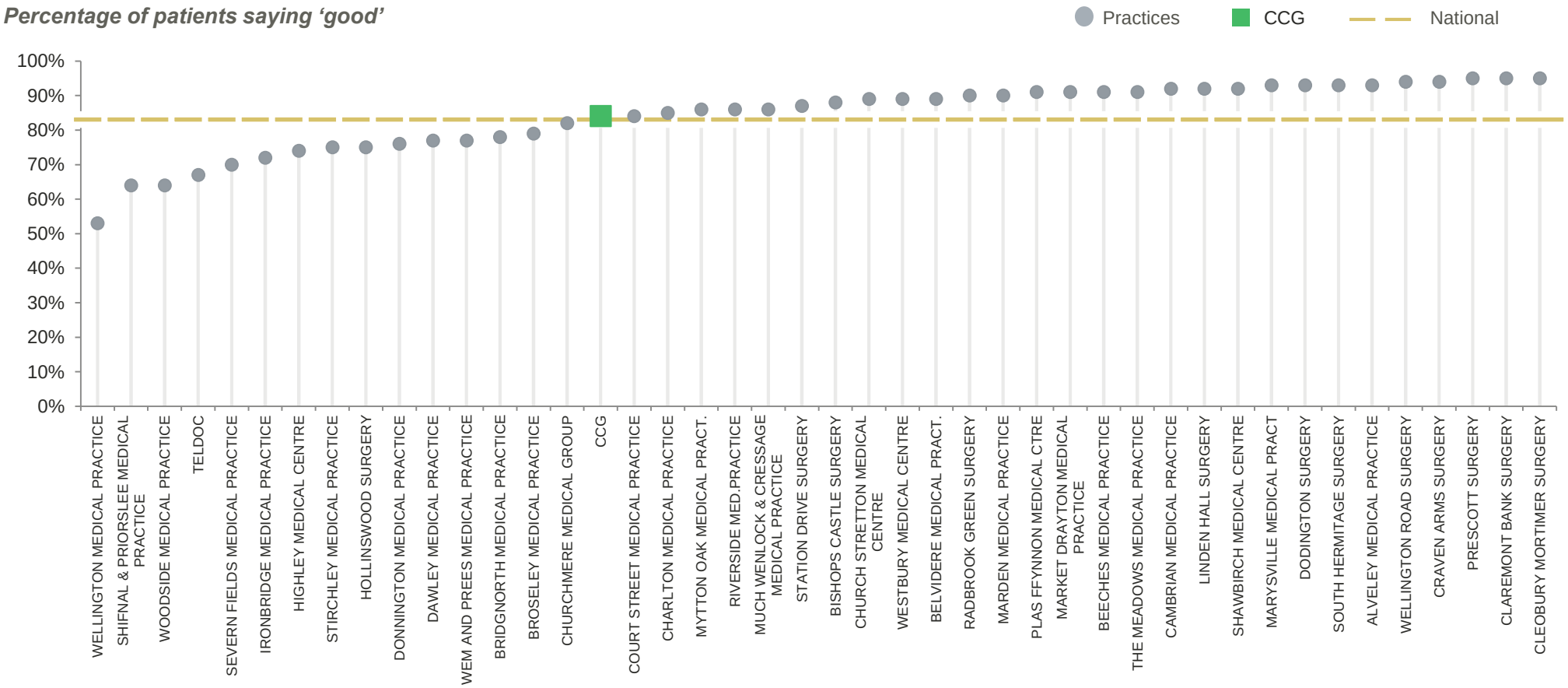
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 109 to 150

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q30. Overall, how would you describe your experience of your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (836,008); CCG 2021 (6,933); Practice bases range from 109 to 150

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q30. Overall, how would you describe your experience of your GP practice?

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (836,008); CCG 2021 (6,933); Practice bases range from 109 to 150

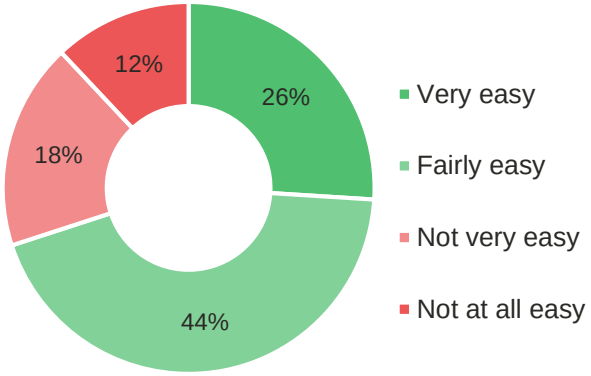
%Good = %Very good + %Fairly good

Local GP services

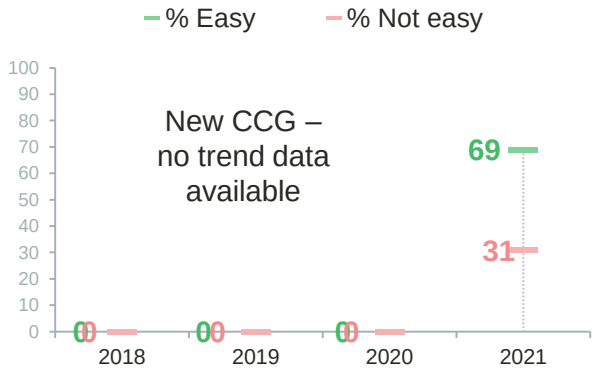
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

CCG's results



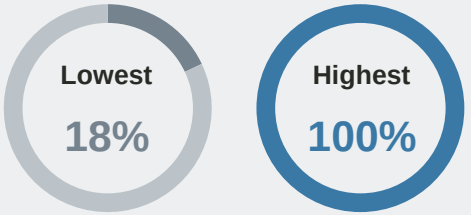
CCG's results over time



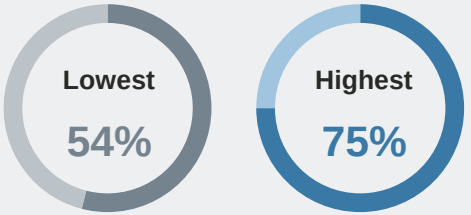
Comparison of results

CCG	National
69%	68%
Easy	Easy
31%	32%
Not easy	Not easy

Practice range within CCG – % Easy



CCG range within region – % Easy



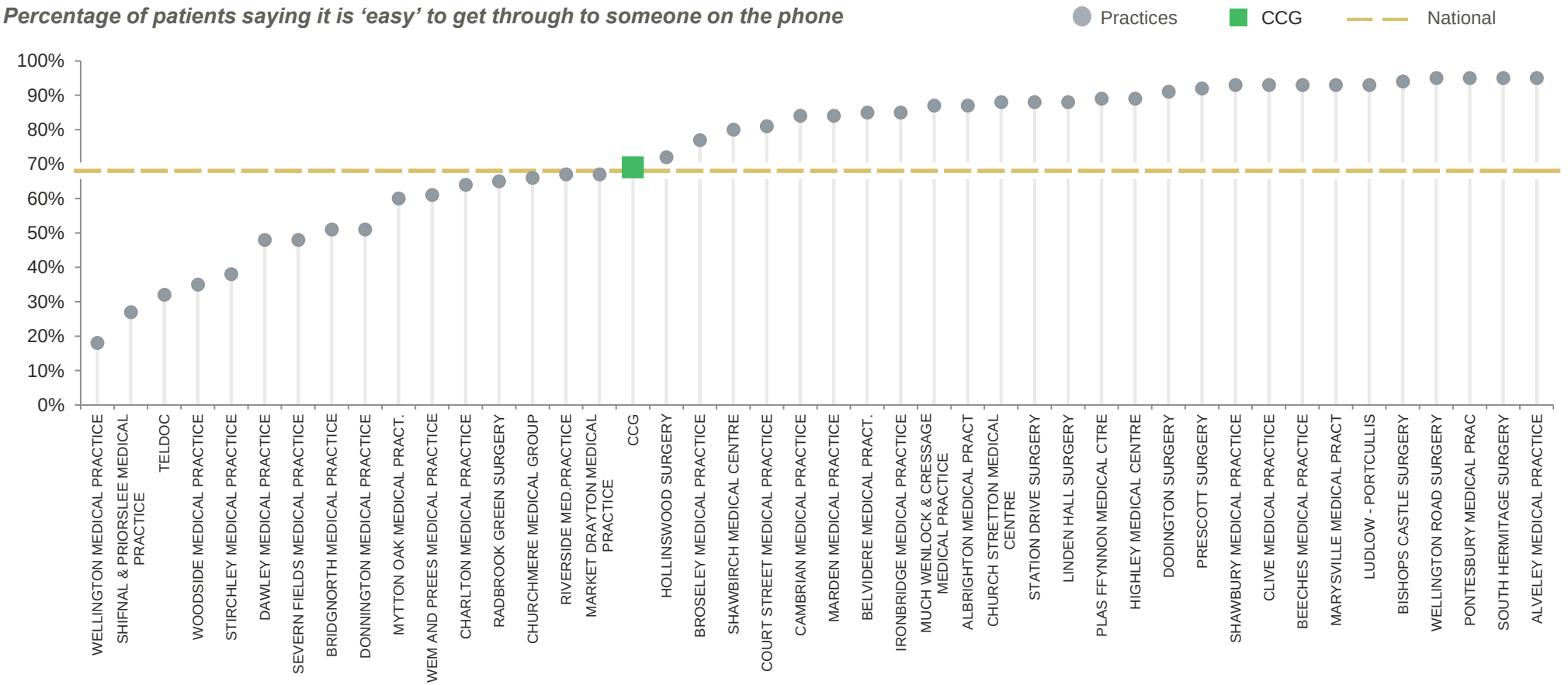
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (6,703); Practice bases range from 106 to 149; CCG bases range from 1,792 to 24,241

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

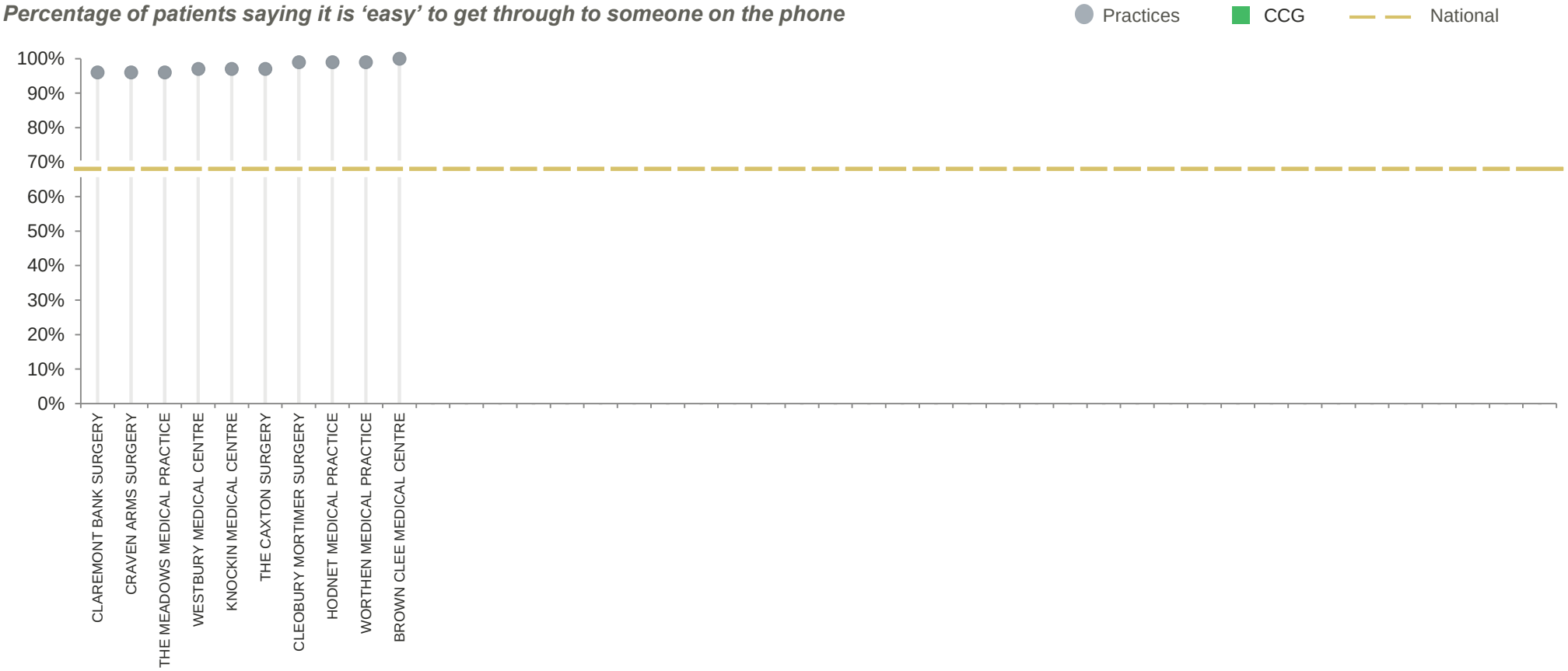
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (6,703); Practice bases range from 106 to 149

%Easy = %Very easy + %Fairly easy

Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

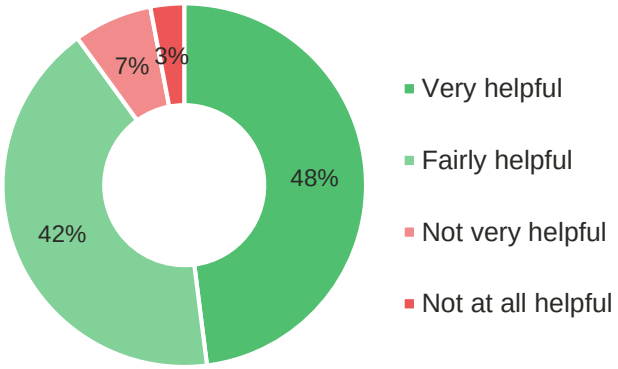
Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (6,703); Practice bases range from 106 to 149

%Easy = %Very easy + %Fairly easy

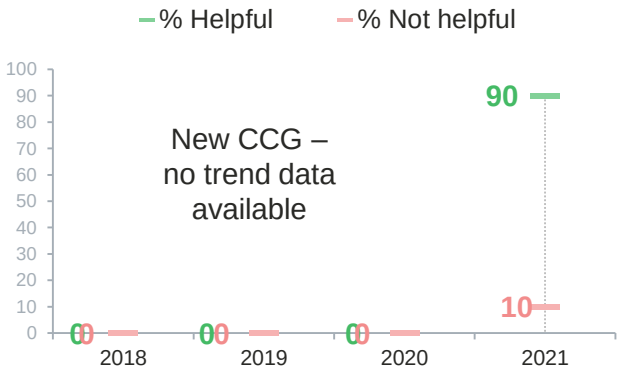
Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?

CCG's results



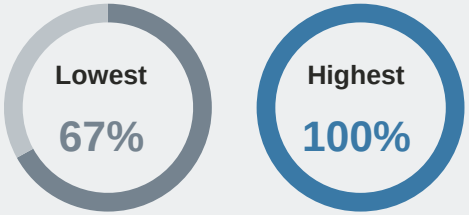
CCG's results over time



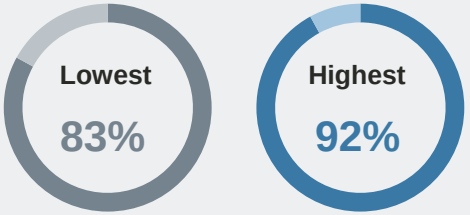
Comparison of results

CCG	National
90%	89%
Helpful	Helpful
10%	11%
Not helpful	Not helpful

Practice range within CCG – % **Helpful**



CCG range within region – % **Helpful**



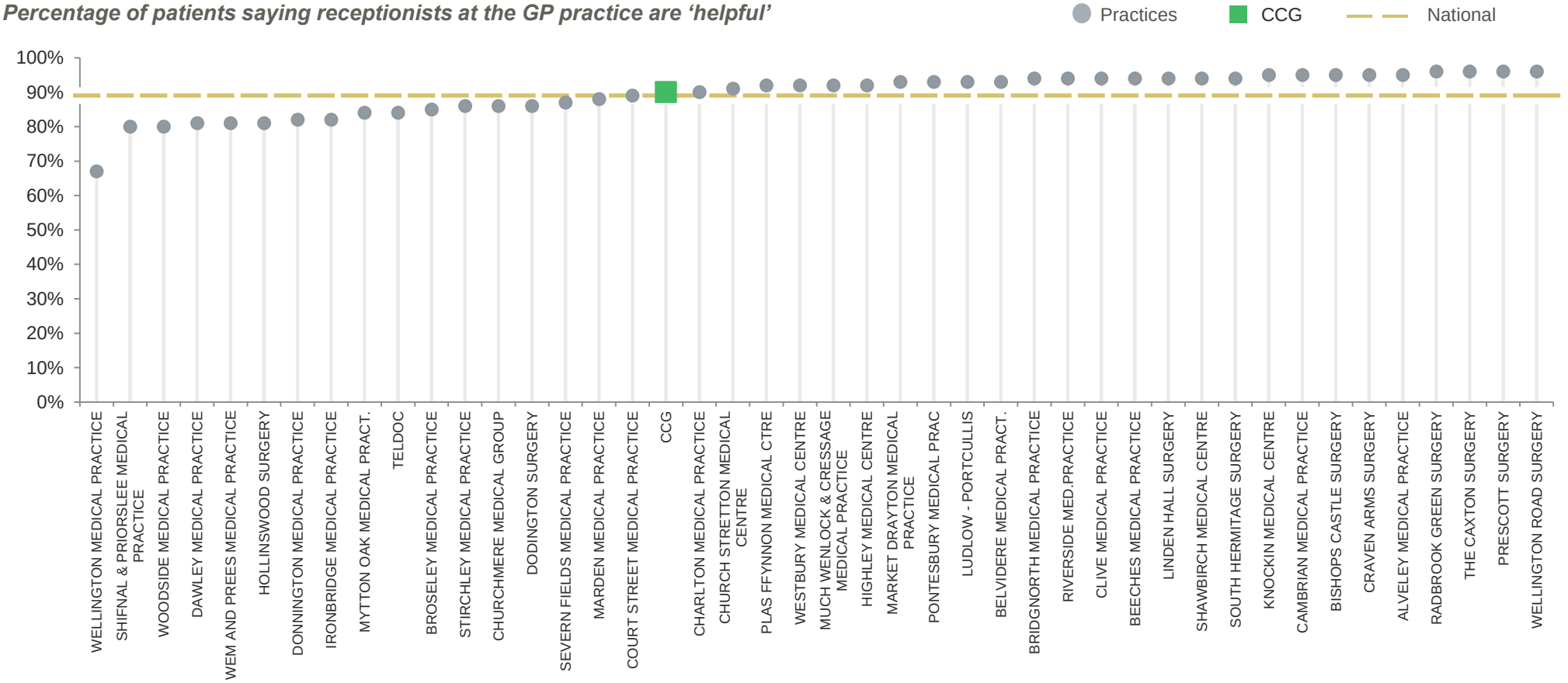
Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (6,727); Practice bases range from 103 to 149; CCG bases range from 1,808 to 24,318

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are 'helpful'



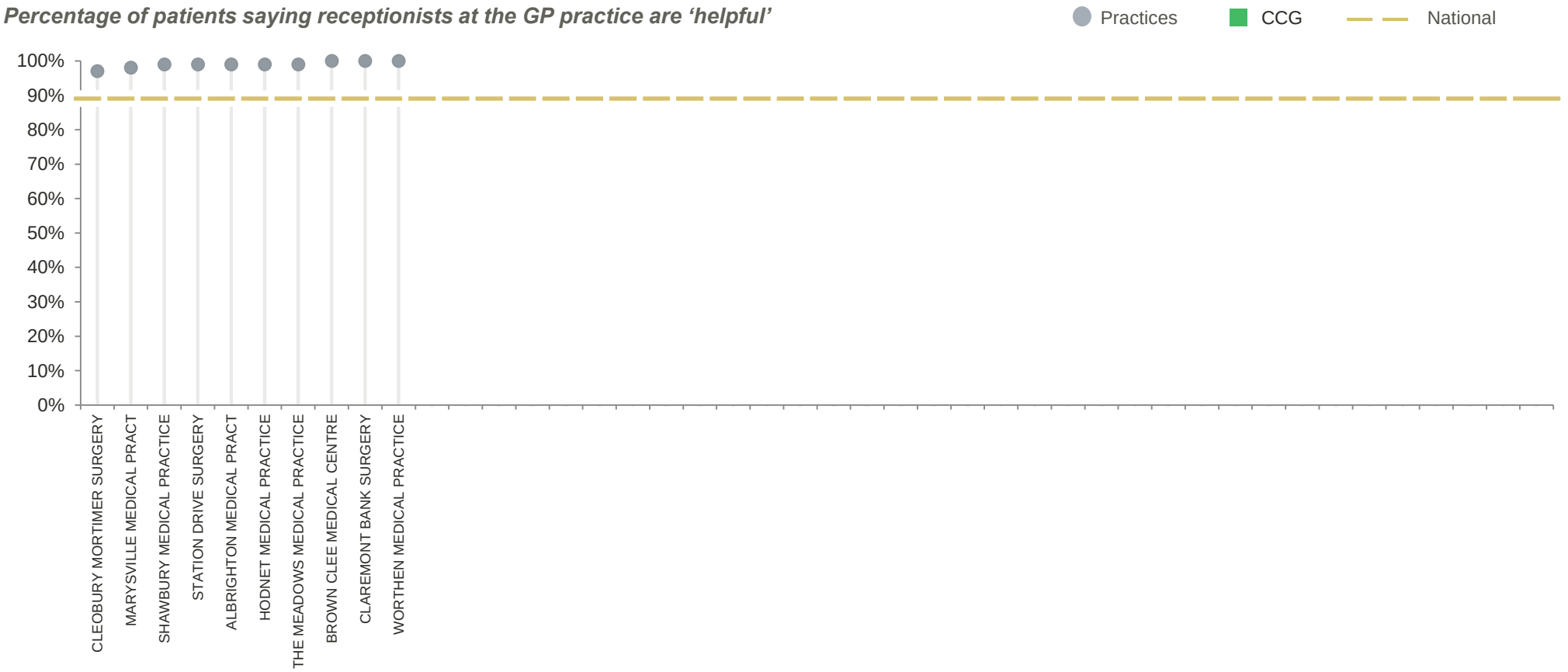
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (6,727); Practice bases range from 103 to 149

%Helpful = %Very helpful + %Fairly helpful

Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?



Comparisons are indicative only: differences may not be statistically significant

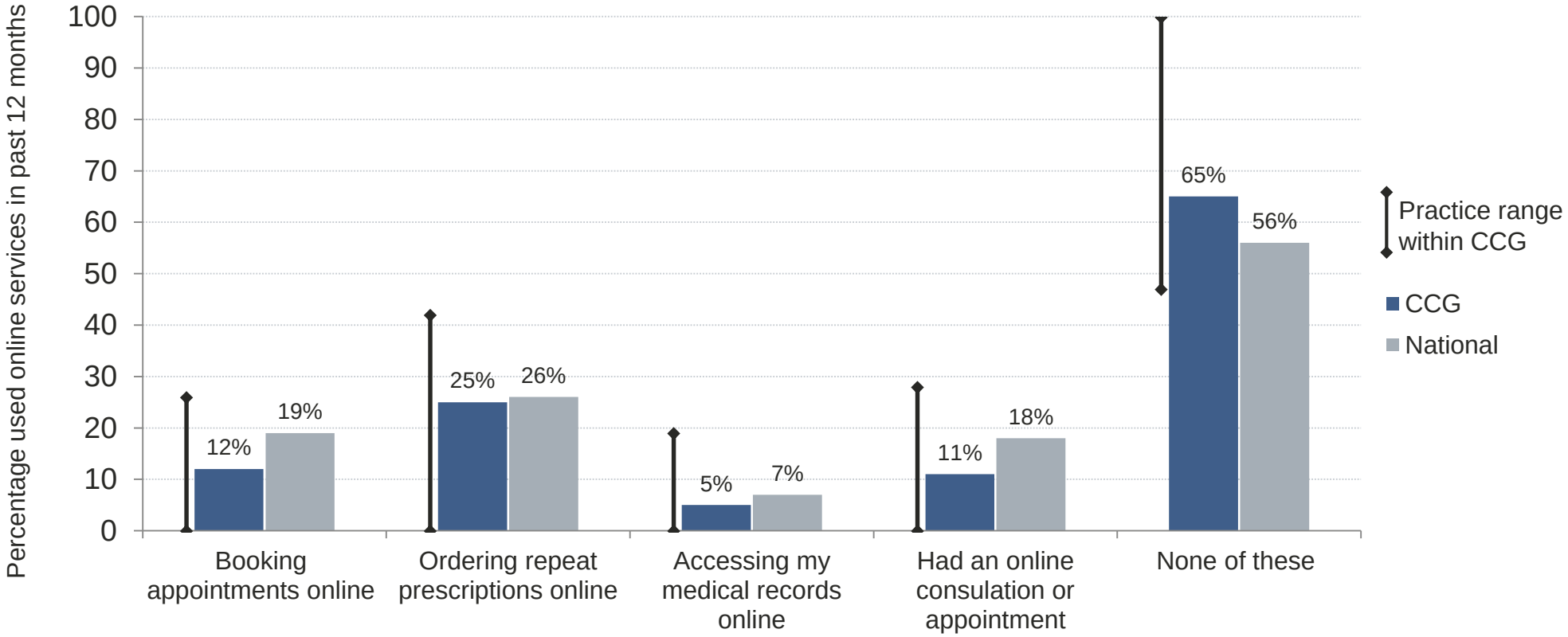
Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (6,727); Practice bases range from 103 to 149

%Helpful = %Very helpful + %Fairly helpful

Access to online services

Online service use

Q3. Which of the following general practice online services have you used in the past 12 months?



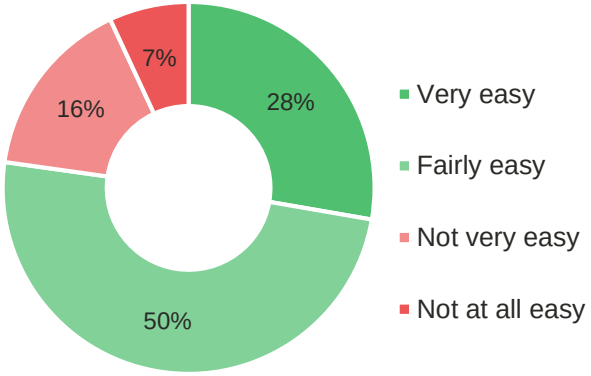
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (832,291); CCG 2021 (6,887); Practice bases range from 10 to 152

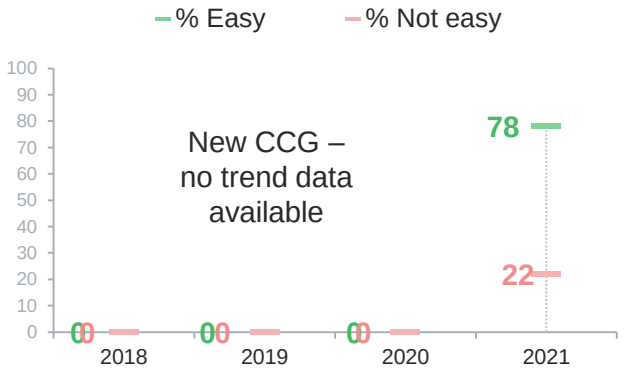
Ease of use of online services

Q4. How easy is it to use your GP practice's website to look for information or access services? [1]

CCG's results



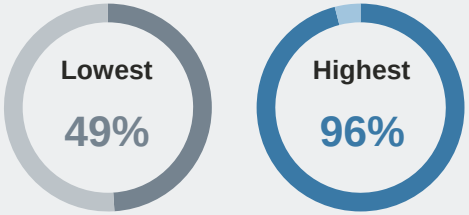
CCG's results over time



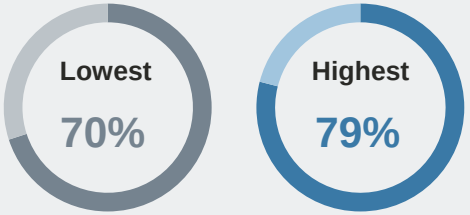
Comparison of results

CCG	National
78%	75%
Easy	Easy
22%	25%
Not easy	Not easy

Practice range within CCG – % Easy



CCG range within region – % Easy



[1] Those who say 'Haven't tried' (59%) have been excluded from these results.

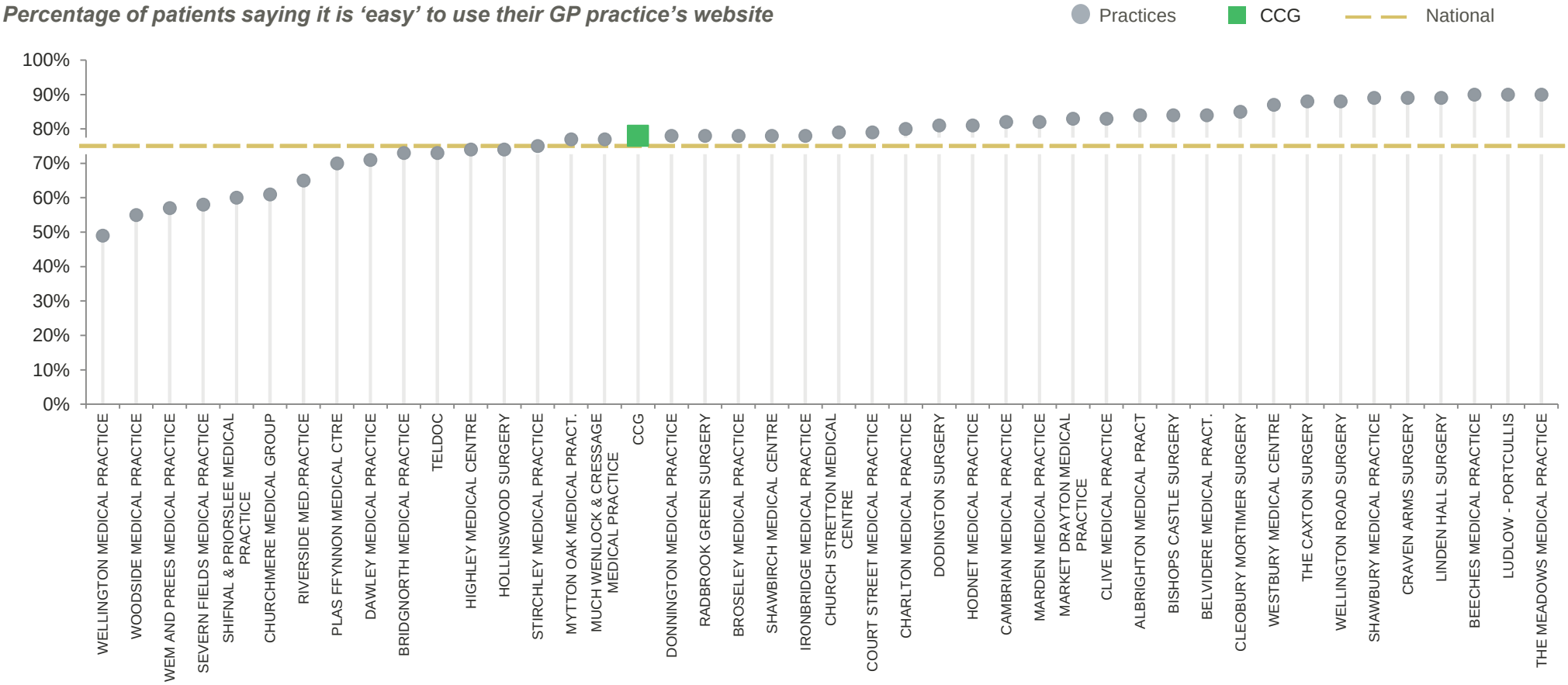
Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (2,734); Practice bases range from 26 to 79; CCG bases range from 746 to 9,453

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of use of online services: how the CCG's practices compare

Q4. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (2,734); Practice bases range from 26 to 79

%Easy = %Very easy + %Fairly easy

Ease of use of online services: how the CCG's practices compare

Q4. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (2,734); Practice bases range from 26 to 79

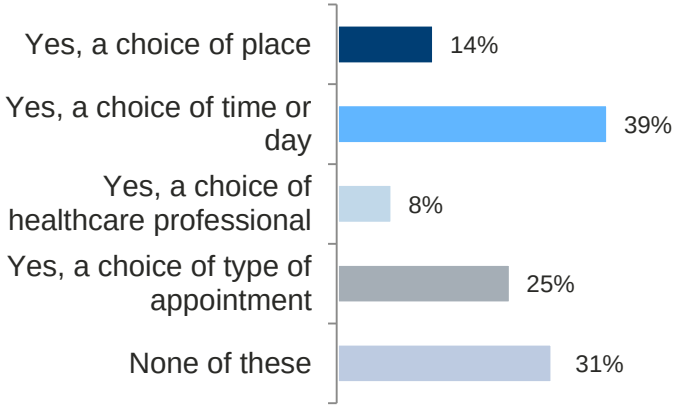
%Easy = %Very easy + %Fairly easy

Making an appointment

Choice of appointment

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

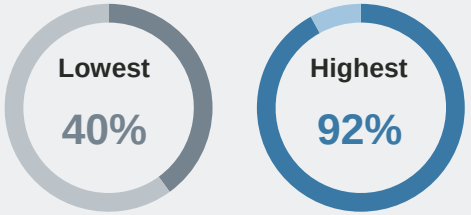
CCG's results



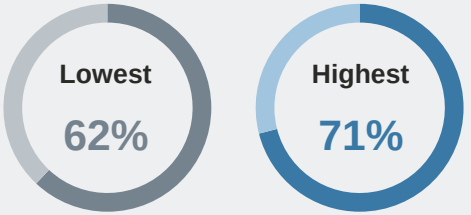
Comparison of results

	CCG	National
Yes	69%	69%
None of these	31%	31%

Practice range within CCG – % Yes



CCG range within region – % Yes



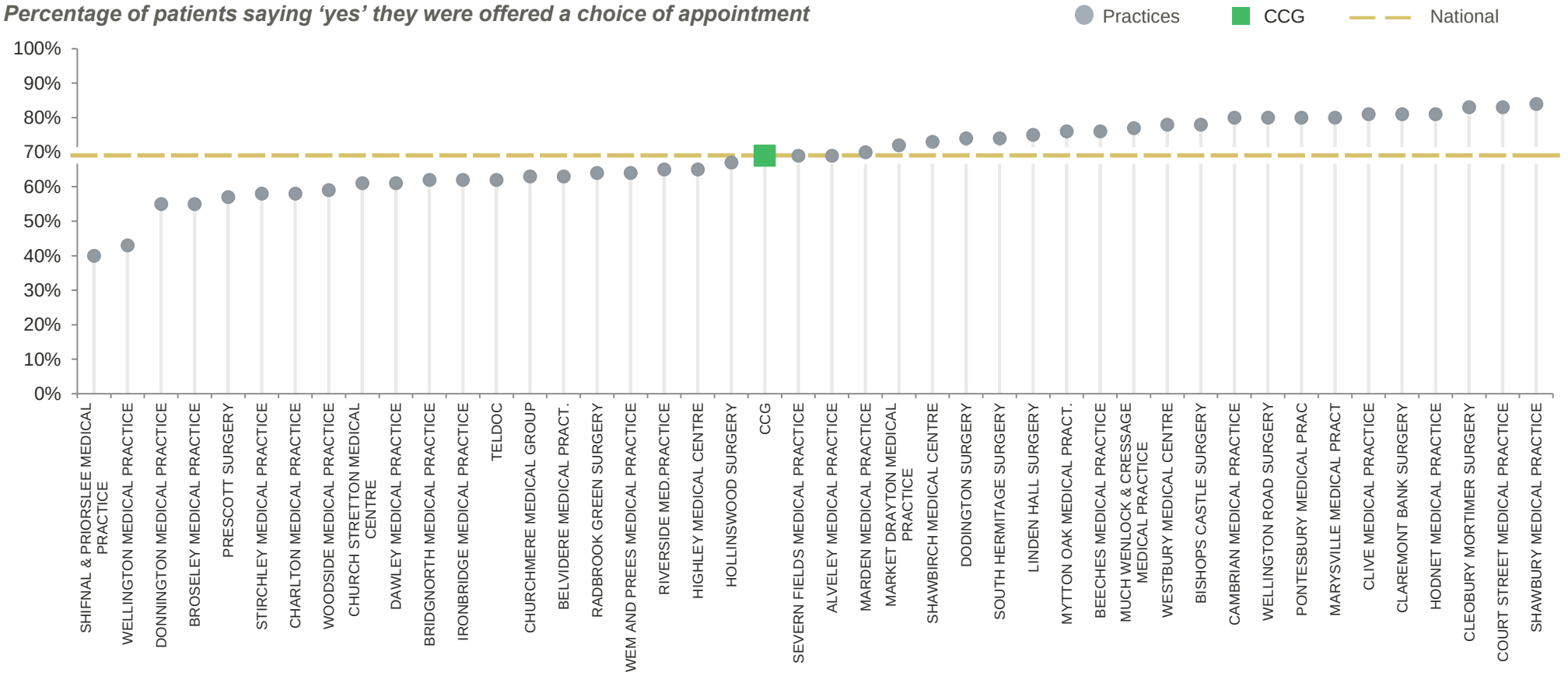
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (4,733); Practice bases range from 71 to 113; CCG bases range from 1,266 to 17,361

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Choice of appointment: how the CCG's practices compare

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



Comparisons are indicative only: differences may not be statistically significant

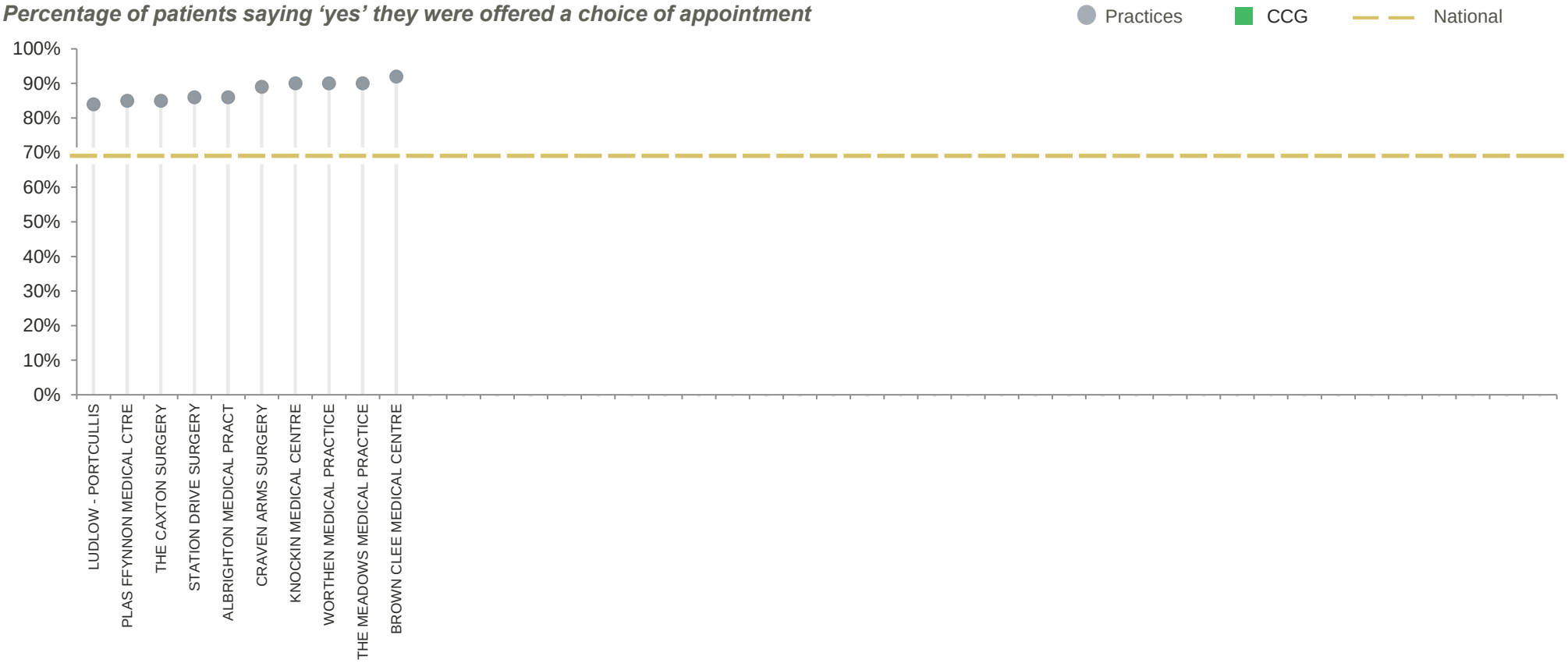
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (4,733); Practice bases range from 71 to 113

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Choice of appointment: how the CCG's practices compare

Q14. On this occasion (when you last tried to make a general practice appointment), were you offered any of the following choices of appointment?

Percentage of patients saying 'yes' they were offered a choice of appointment



Comparisons are indicative only: differences may not be statistically significant

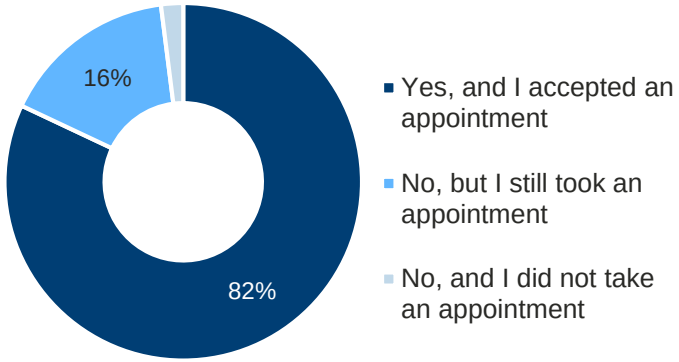
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'I did not need a choice': National (582,756); CCG 2021 (4,733); Practice bases range from 71 to 113

%Yes = 'a choice of place', 'a choice of time or day', 'a choice of healthcare professional', 'a choice of type of appointment'

Satisfaction with appointment offered

Q15. Were you satisfied with the appointment (or appointments) you were offered? [1]

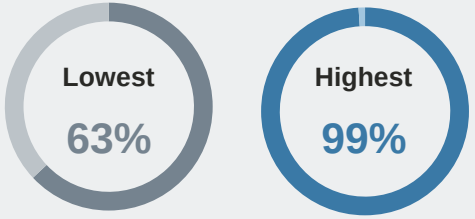
CCG's results



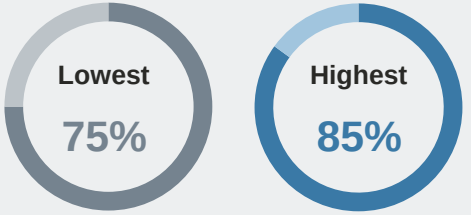
Comparison of results

	CCG	National
Yes, took appt	82%	82%
No, took appt	16%	16%
No, didn't take appt	2%	2%

Practice range within CCG – % Yes



CCG range within region – % Yes



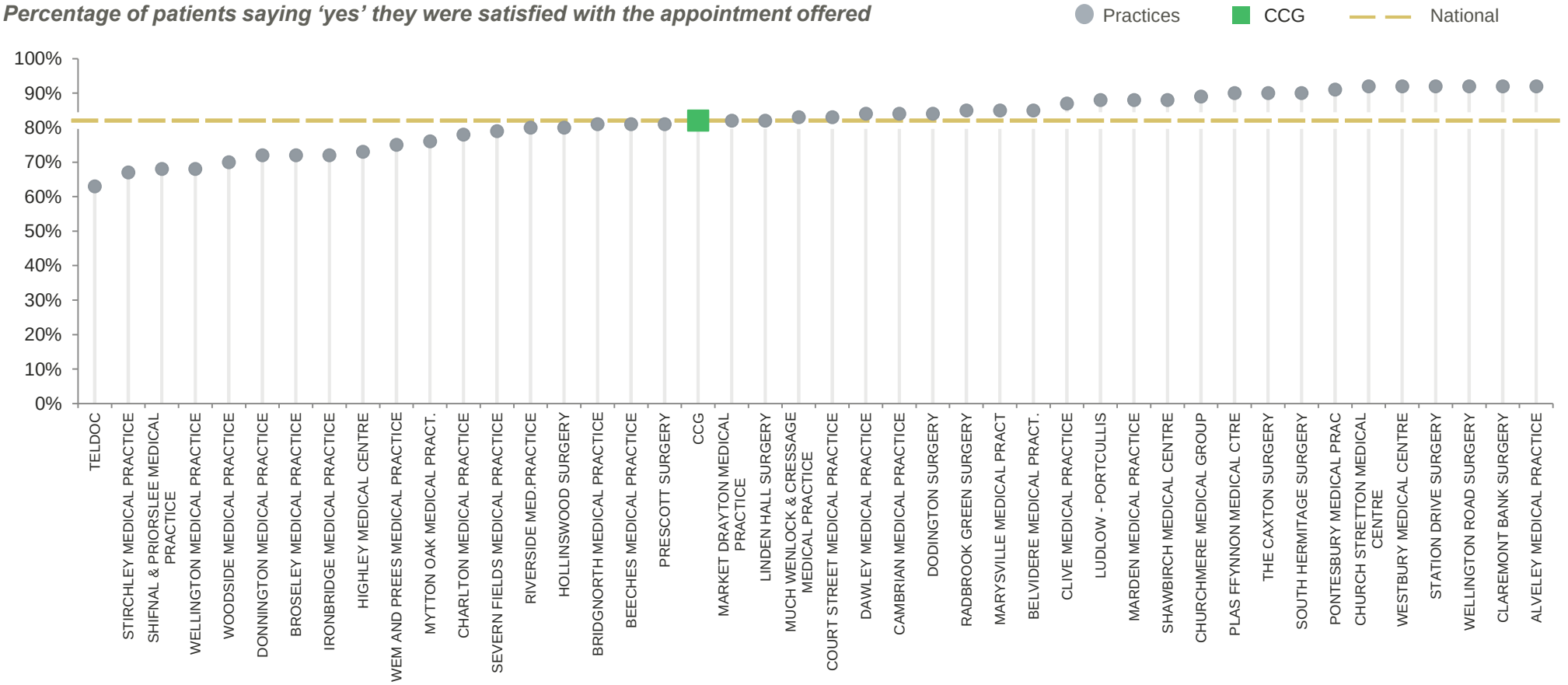
[1] Those who say 'I was not offered an appointment' (8%) have been excluded from these results.

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (5,928); Practice bases range from 82 to 138; CCG bases range from 1,597 to 20,365

Satisfaction with appointment offered: how the CCG's practices compare

Q15. Were you satisfied with the appointment (or appointments) you were offered?

Percentage of patients saying 'yes' they were satisfied with the appointment offered



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (5,928); Practice bases range from 82 to 138

Satisfaction with appointment offered: how the CCG's practices compare

Q15. Were you satisfied with the appointment (or appointments) you were offered?

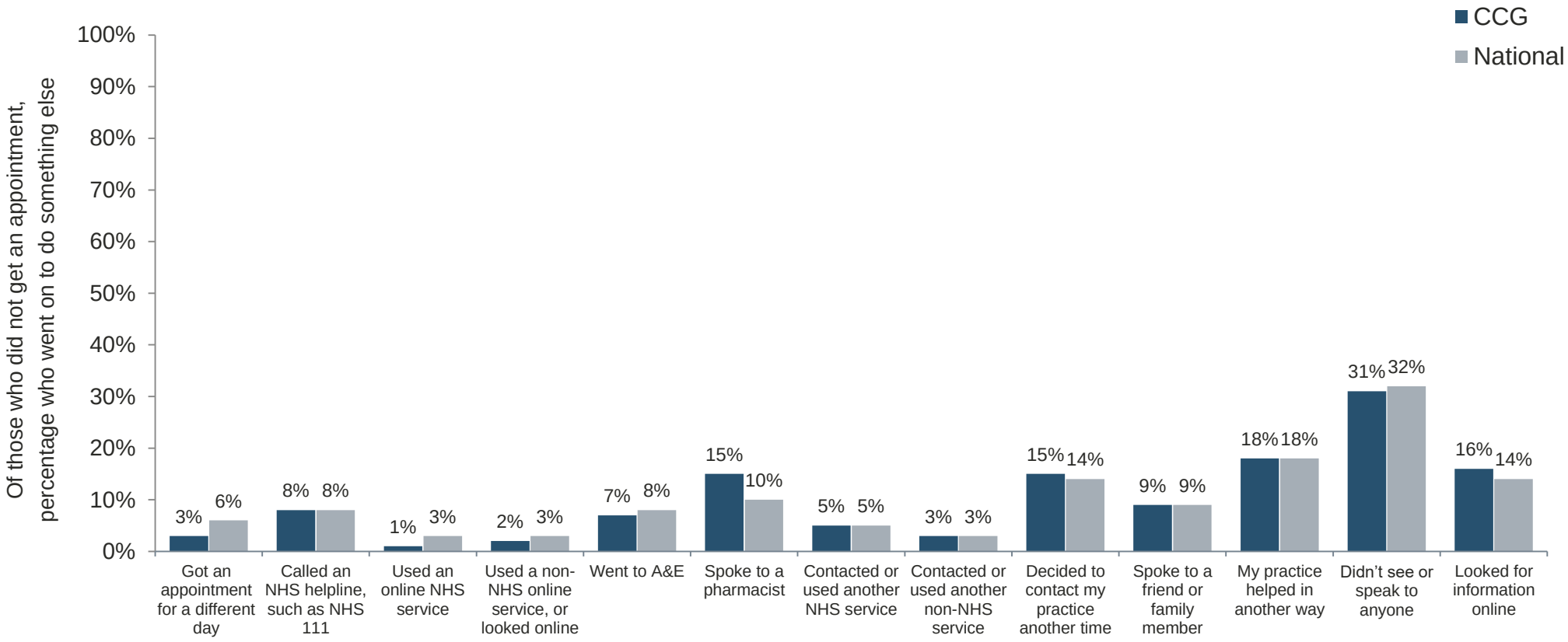
Percentage of patients saying 'yes' they were satisfied with the appointment offered

Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (5,928); Practice bases range from 82 to 138

What patients do when they did not get an appointment

Q17. What did you do when you did not get an appointment?



Comparisons are indicative only: differences may not be statistically significant

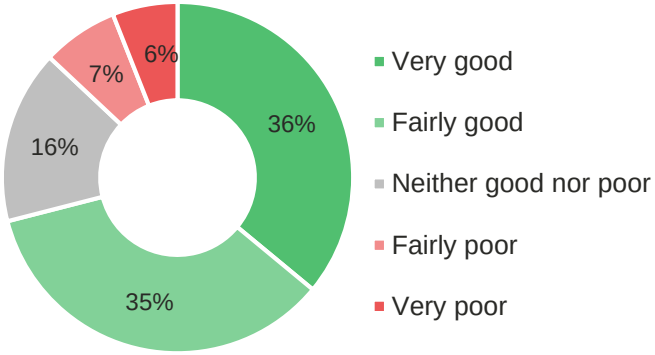
Looked for information online asked of online respondents only

Base: All who did not get an appointment (excluding those who haven't tried to make one since being registered): National (69,437); CCG 2021 (501)

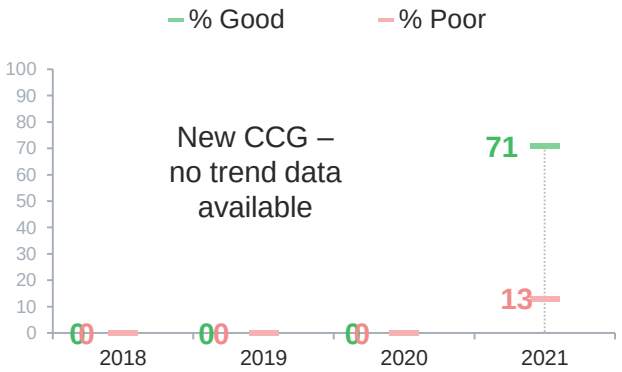
Overall experience of making an appointment

Q20. Overall, how would you describe your experience of making an appointment?

CCG's results



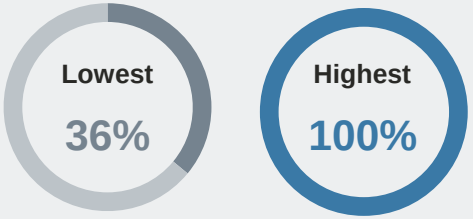
CCG's results over time



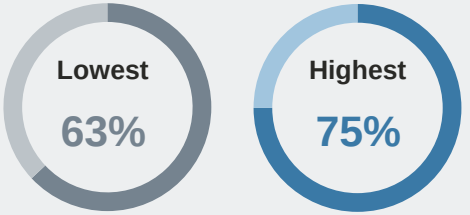
Comparison of results

	CCG	National
% Good	71%	71%
	Good	Good
% Poor	13%	14%
	Poor	Poor

Practice range within CCG – % Good



CCG range within region – % Good



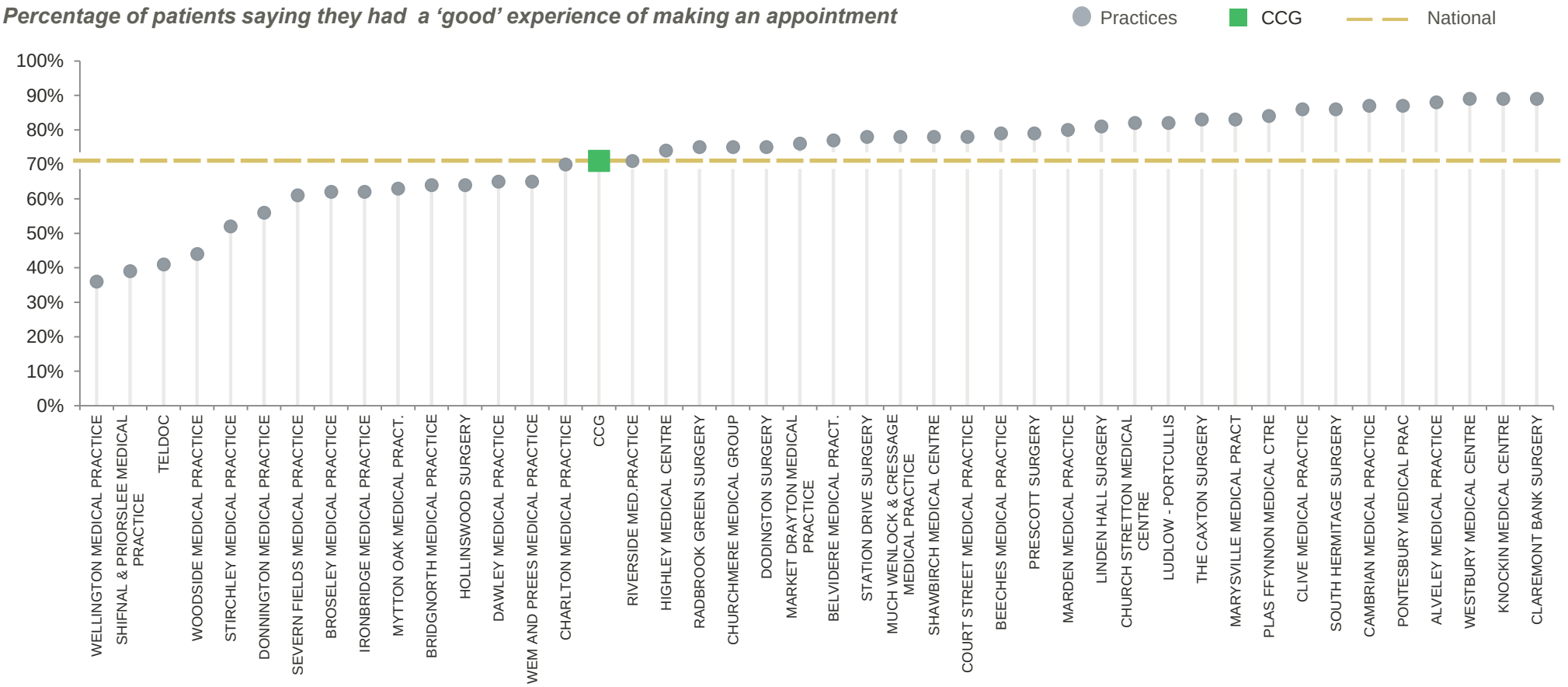
Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (6,388); Practice bases range from 101 to 138; CCG bases range from 1,725 to 22,774

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience of making an appointment: how the CCG's practices compare

Q20. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

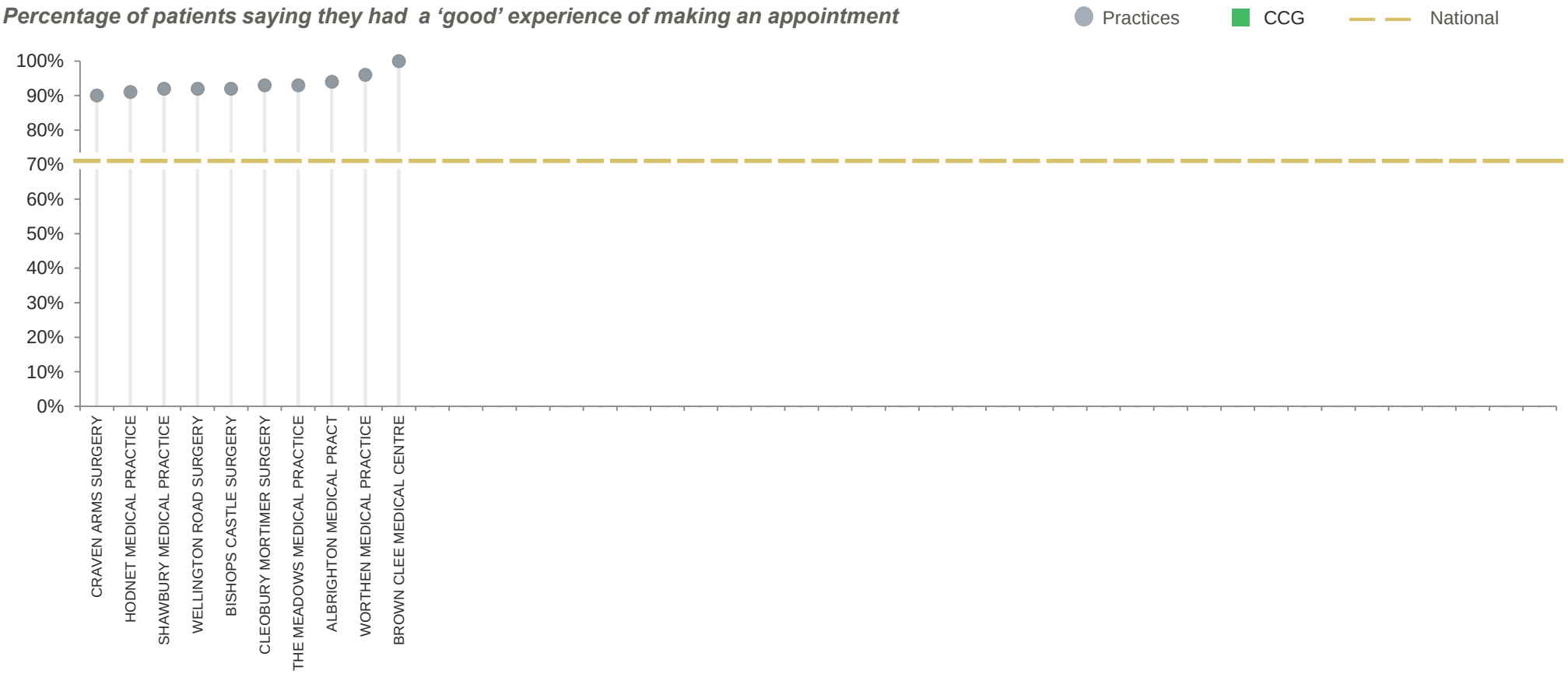
Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (6,388); Practice bases range from 101 to 138

%Good = %Very good + %Fairly good

Overall experience of making an appointment: how the CCG's practices compare

Q20. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



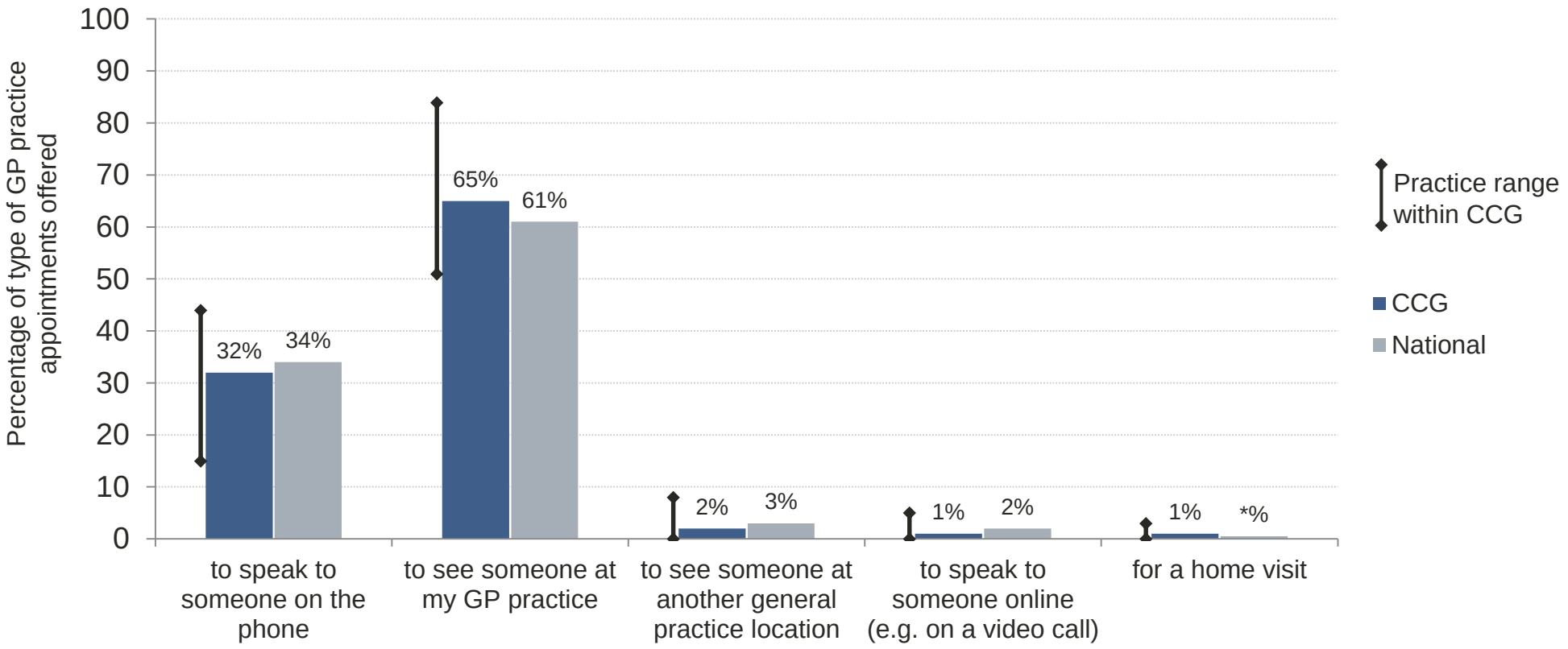
Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (6,388); Practice bases range from 101 to 138

%Good = %Very good + %Fairly good

Type of appointment

Q22. What type of appointment was your last general practice appointment? An appointment...



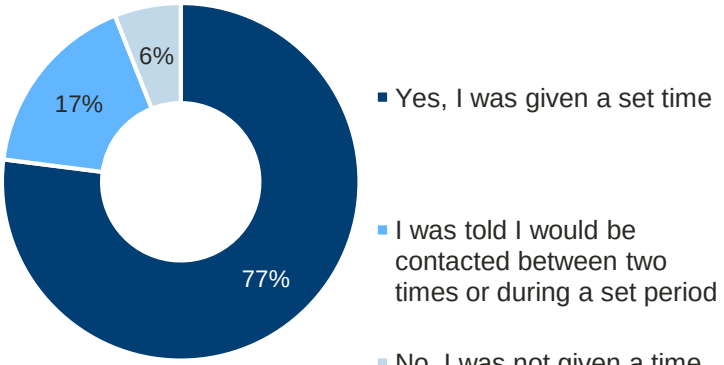
Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice: National (769,876); CCG 2021 (6,379); Practice bases range from 101 to 142

Given a time for appointment

Q23. Were you given a time for the appointment?

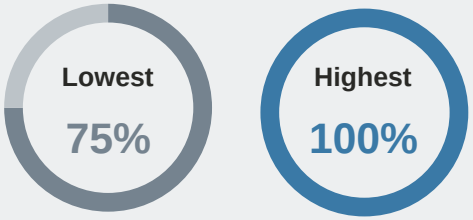
CCG's results



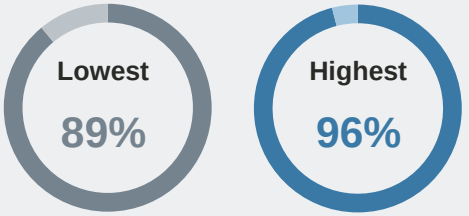
Comparison of results

	CCG	National
	94%	91%
	Yes	Yes
	6%	9%
	No	No

Practice range within CCG – % **Yes**



CCG range within region – % **Yes**



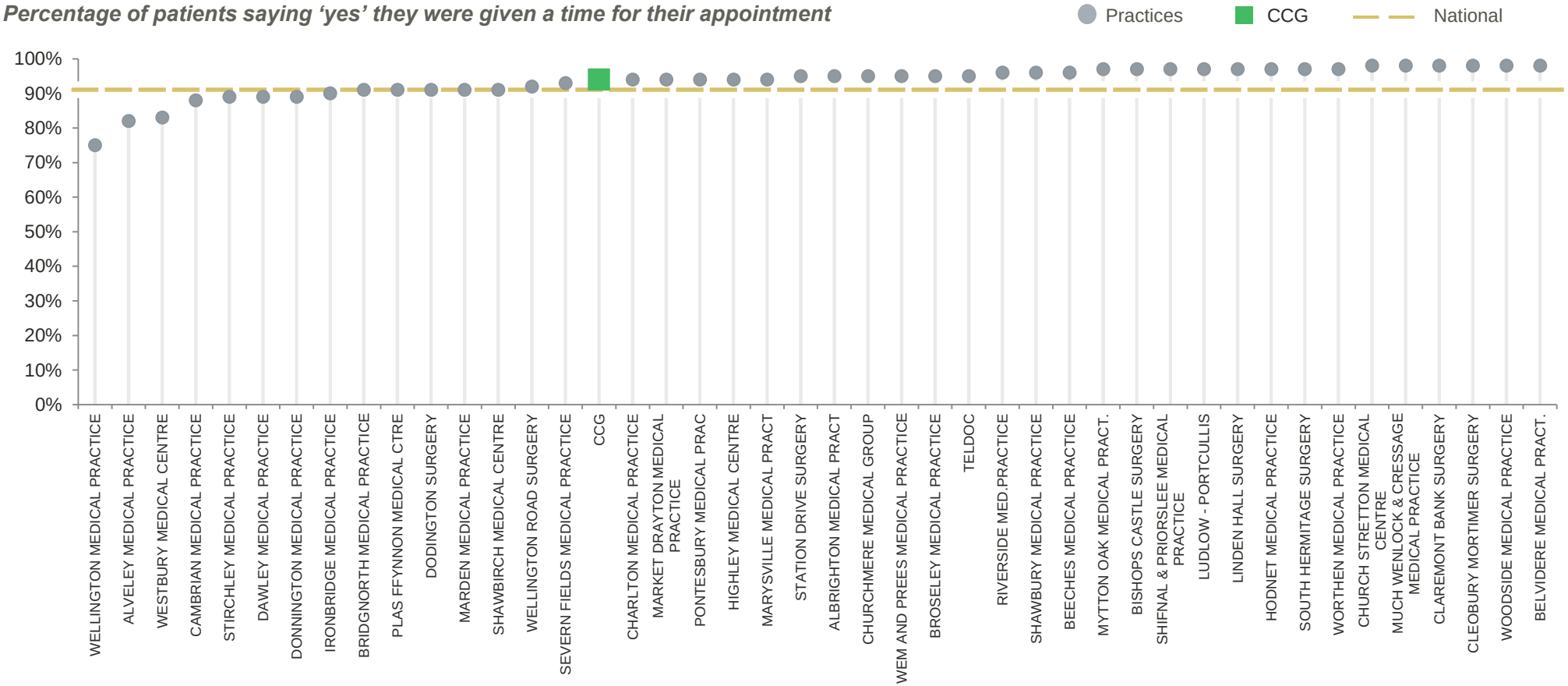
Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (6,182); Practice bases range from 96 to 140; CCG bases range from 1,677 to 21,650

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

Given a time for appointment: how the CCG's practices compare

Q23. Were you given a time for the appointment?

Percentage of patients saying 'yes' they were given a time for their appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (6,182); Practice bases range from 96 to 140

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

Given a time for appointment: how the CCG's practices compare

Q23. Were you given a time for the appointment?

Percentage of patients saying 'yes' they were given a time for their appointment

Comparisons are indicative only: differences may not be statistically significant

Base: All who had an appointment since being registered with current GP practice excluding 'Can't remember / don't know': National (742,249); CCG 2021 (6,182); Practice bases range from 96 to 140

%Yes = %Yes, I was given a set time + %I was told I would be contacted between two times or during a set period

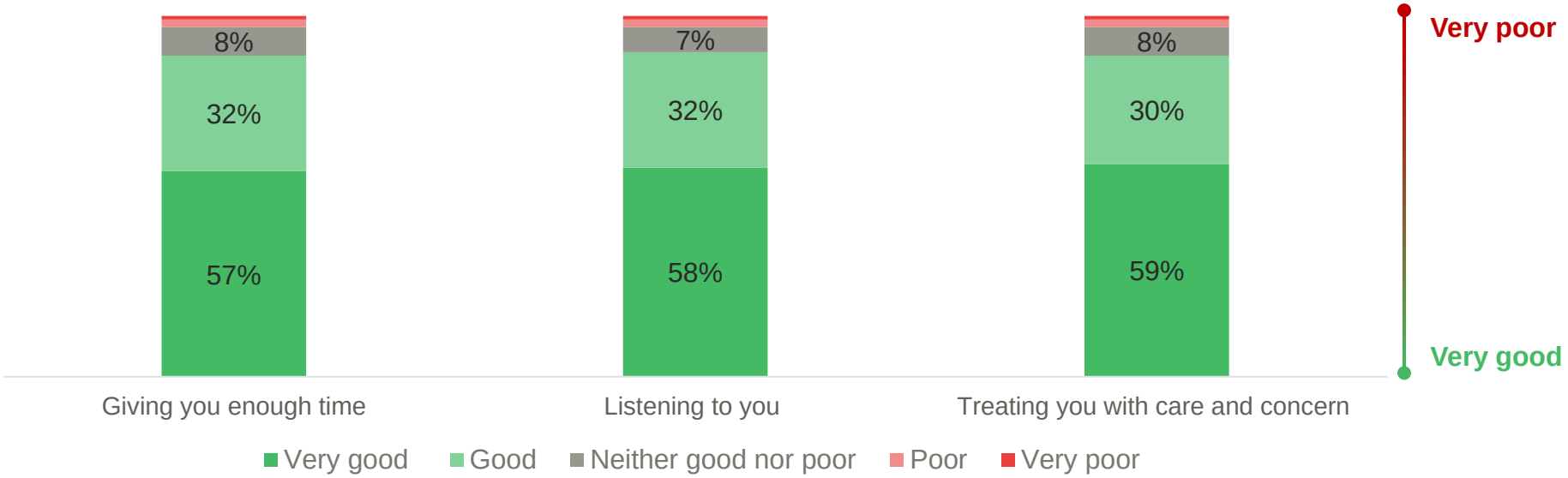
Perceptions of care at patients' last appointment

Perceptions of care at patients' last appointment with a healthcare professional

Q25. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

	Giving you enough time	Listening to you	Treating you with care and concern
National results % 'Poor' (total)	3%	3%	4%
CCG results % 'Poor' (total)	3%	3%	3%



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (772,283; 756,619; 764,243); CCG 2021 (6,404; 6,261; 6,347)

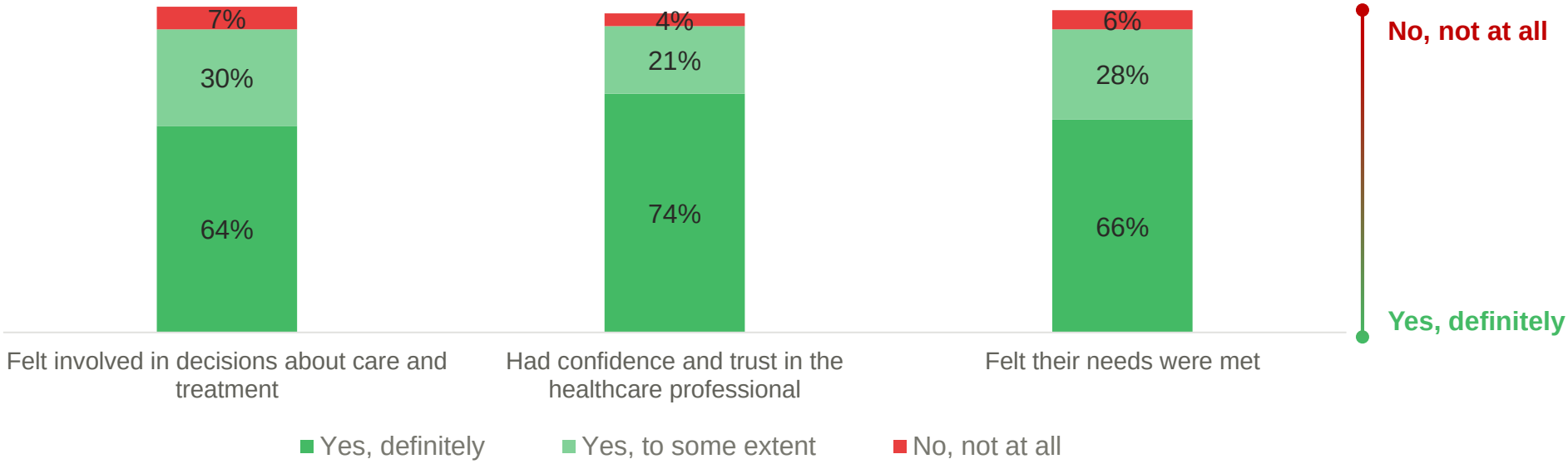
%Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q27-29. During your last general practice appointment…

CCG's results

	Felt involved in decisions about care and treatment	Had confidence and trust in the healthcare professional	Felt their needs were met
National results % 'No, not at all'	7%	4%	6%
CCG results % 'No, not at all'	7%	4%	6%

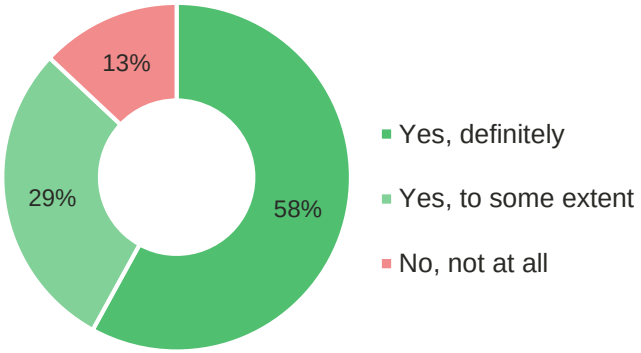


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (681,926; 759,144; 760,663); CCG 2021 (5,712; 6,322; 6,370)

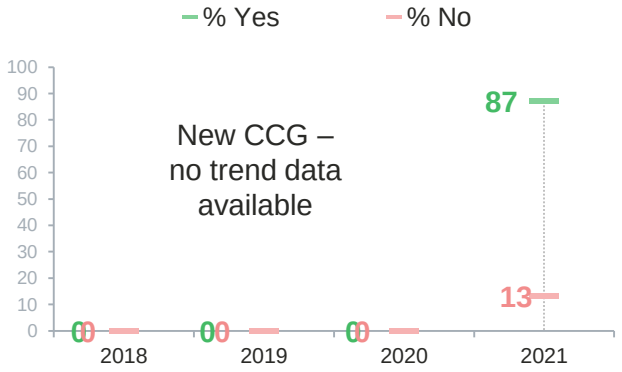
Mental health needs recognised and understood

Q26. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

CCG's results



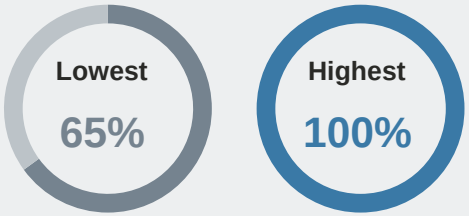
CCG's results over time



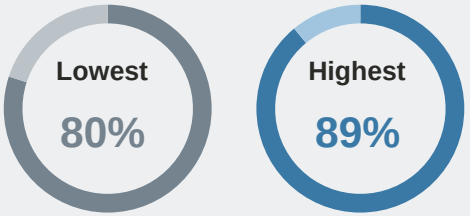
Comparison of results

CCG	National
87%	86%
Yes	Yes
13%	14%
No	No

Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (344,371); CCG 2021 (2,611); Practice bases range from 35 to 68; CCG bases range from 697 to 10,974

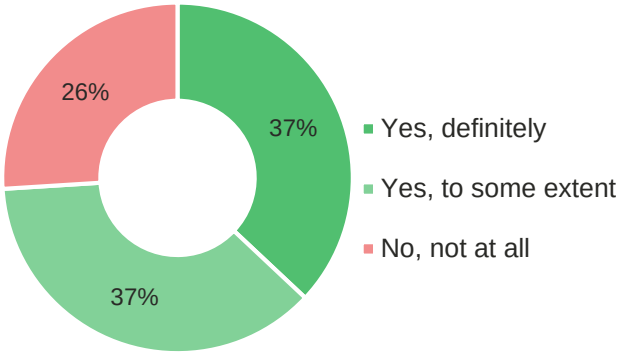
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

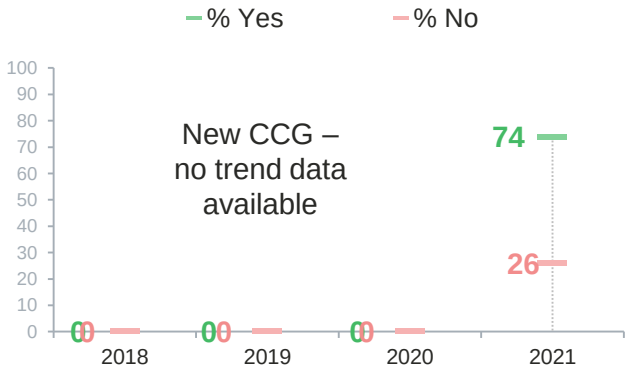
Support with managing long-term conditions, disabilities, or illnesses

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

CCG's results



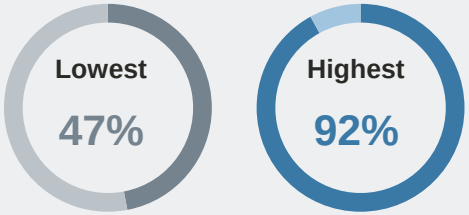
CCG's results over time



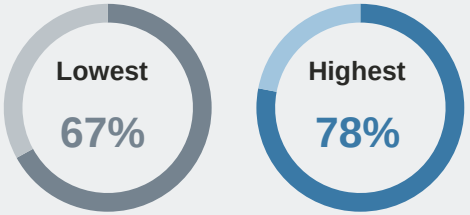
Comparison of results

CCG	National
74%	74%
Yes	Yes
26%	26%
No	No

Practice range within CCG – % **Yes**



CCG range within region – % **Yes**



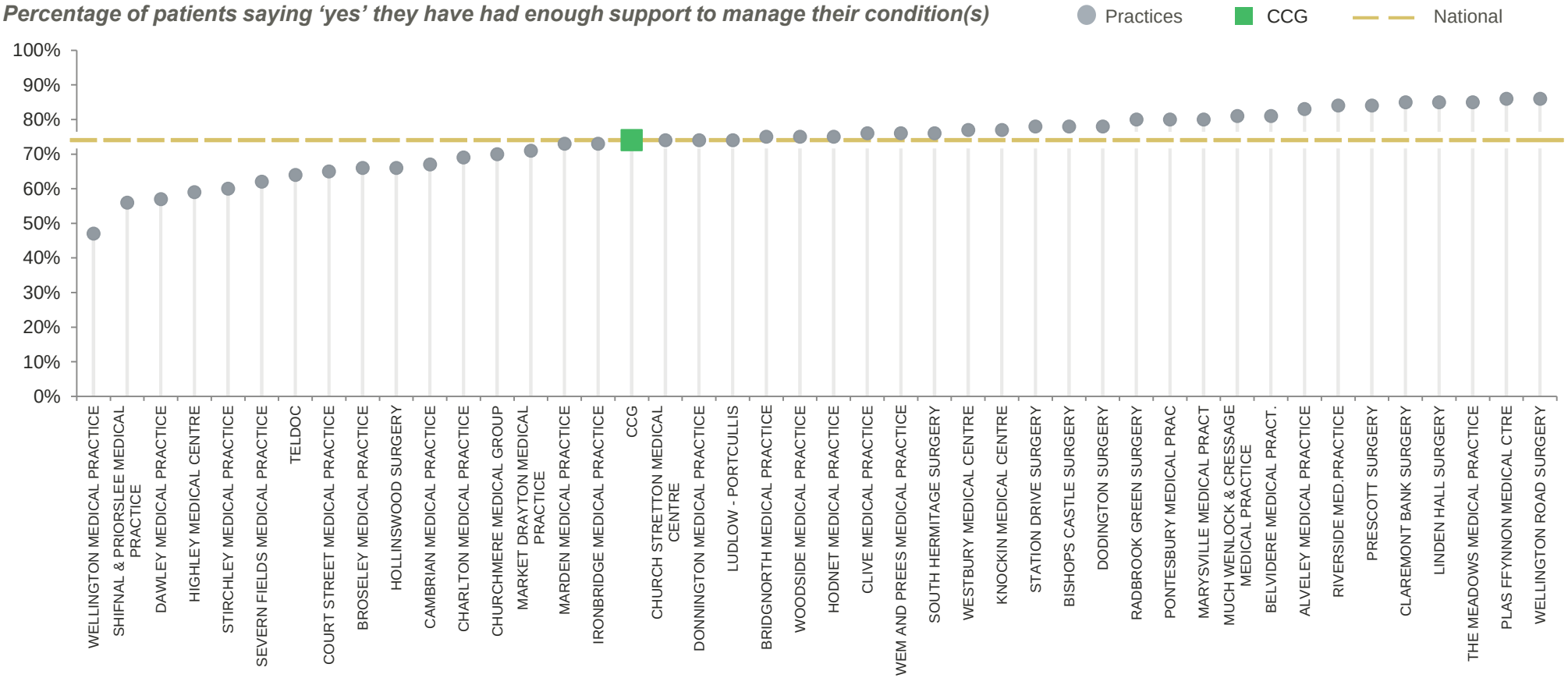
Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (2,591); Practice bases range from 32 to 69; CCG bases range from 670 to 9,452

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (2,591); Practice bases range from 32 to 69

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q36. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (305,097); CCG 2021 (2,591); Practice bases range from 32 to 69

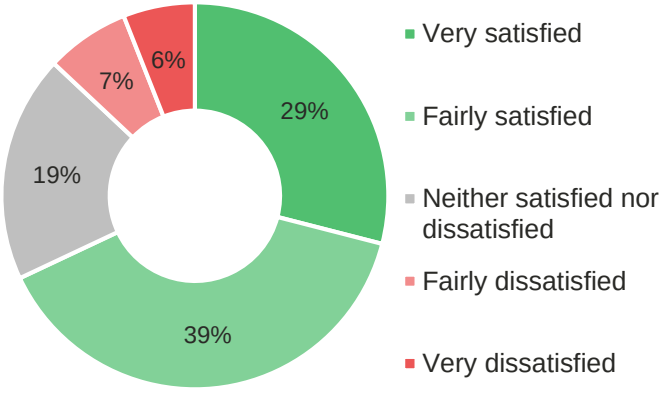
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

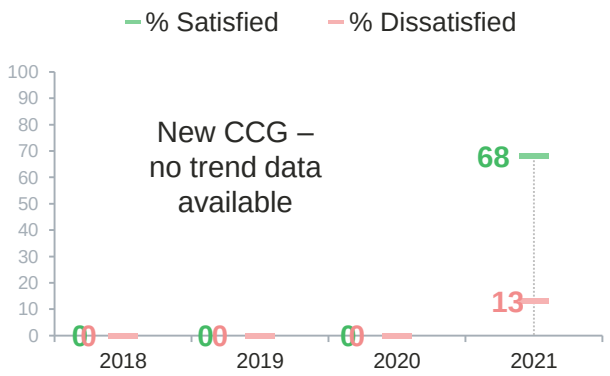
Satisfaction with appointment times

Q6. How satisfied are you with the general practice appointment times that are available to you? [1]

CCG's results



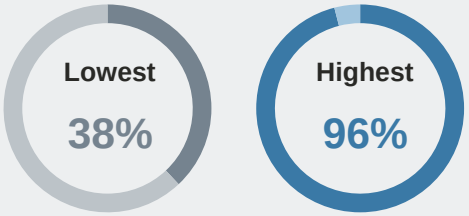
CCG's results over time



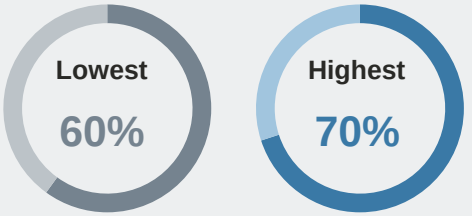
Comparison of results

	CCG	National
	68%	67%
	Satisfied	Satisfied
	13%	13%
	Dissatisfied	Dissatisfied

Practice range within CCG – % **Satisfied**



CCG range within region – % **Satisfied**



[1] Those who say 'I'm not sure when I can get an appointment' (6%) have been excluded from these results.

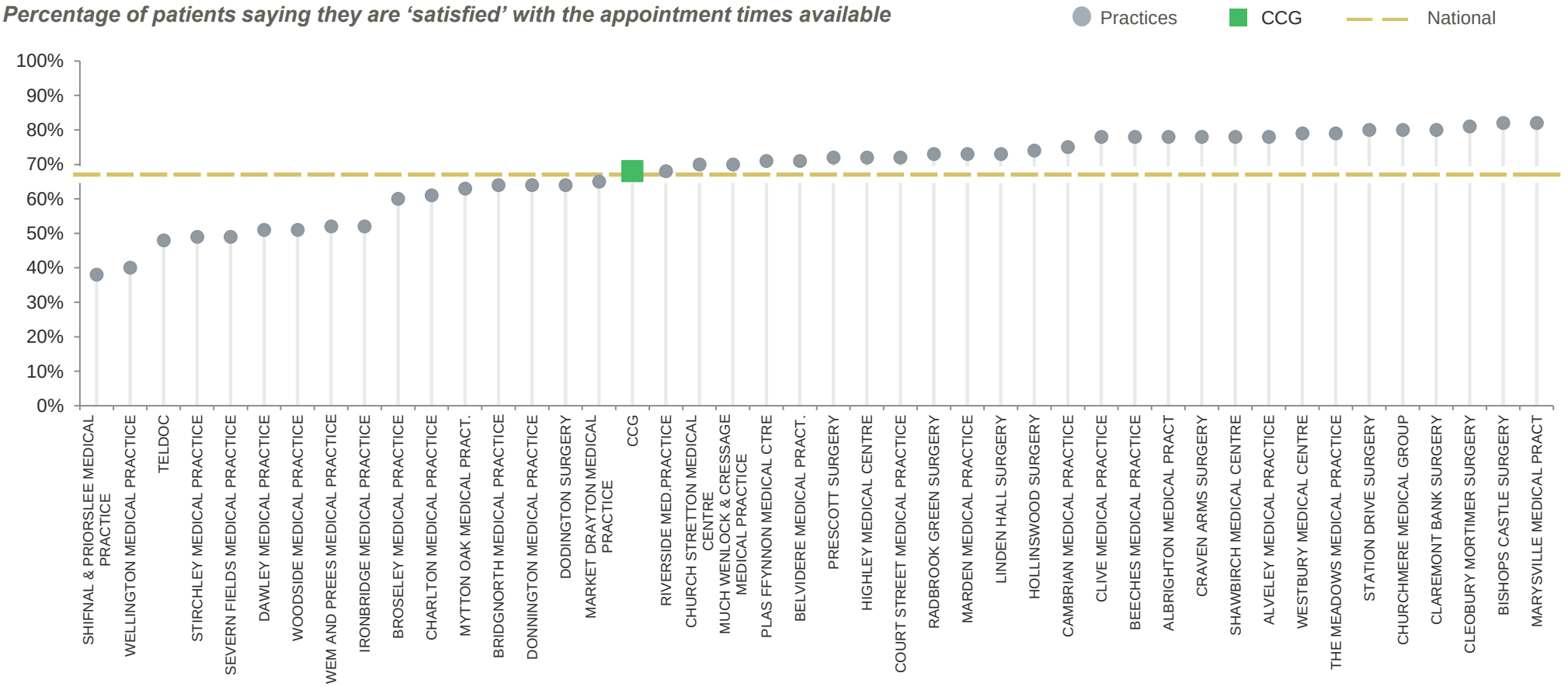
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (6,014); Practice bases range from 75 to 150; CCG bases range from 1,580 to 21,531

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q6. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (6,014); Practice bases range from 75 to 150

%Satisfied = %Very satisfied + %Fairly satisfied

Satisfaction with appointment times: how the CCG's practices compare

Q6. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (6,014); Practice bases range from 75 to 150

%Satisfied = %Very satisfied + %Fairly satisfied

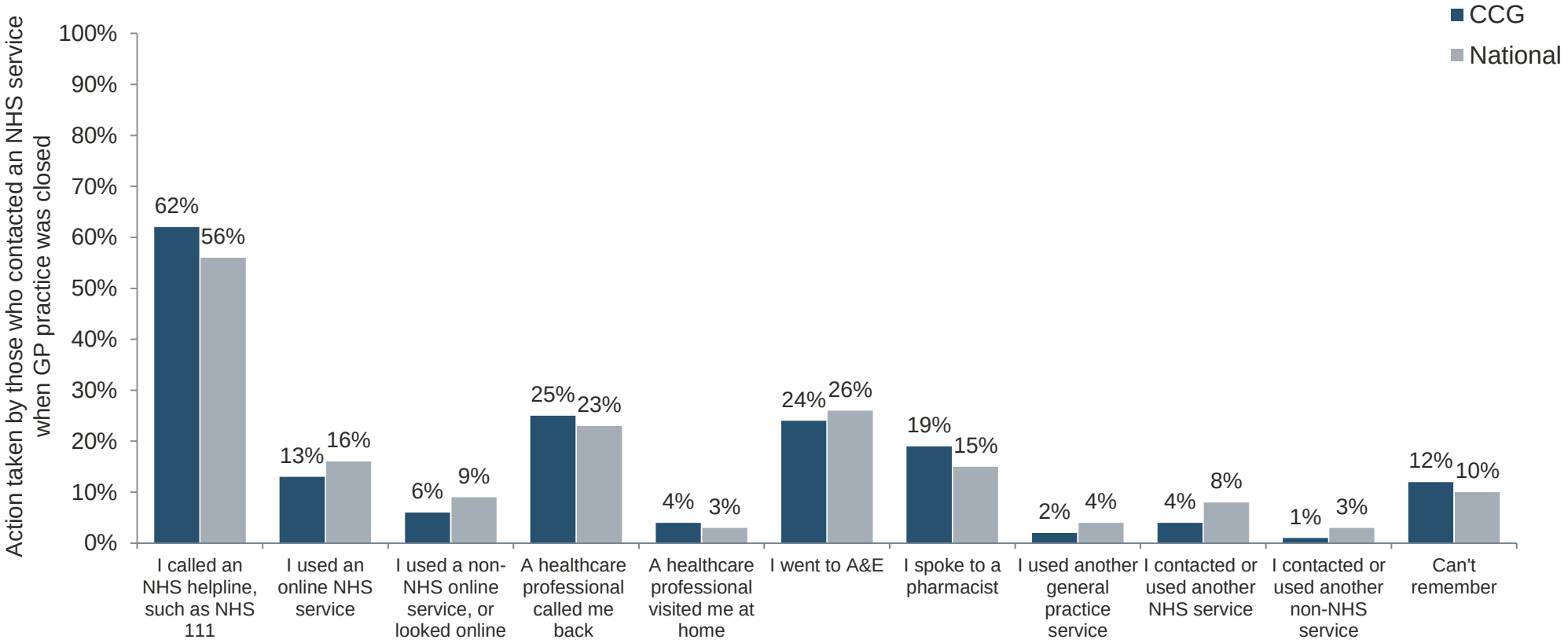
Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*

- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q41. Considering all of the services you contacted, which of the following happened on that occasion?



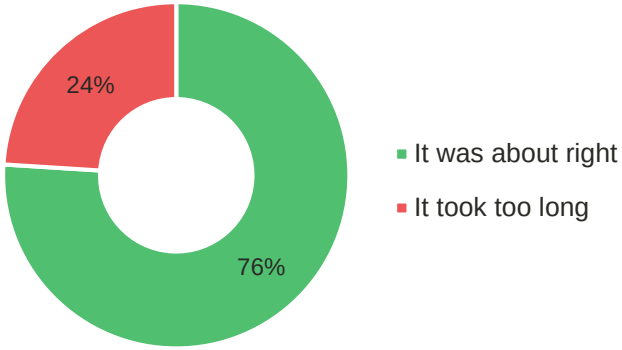
Comparisons are indicative only: differences may not be statistically significant

Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (145,830); CCG 2021 (1,002)

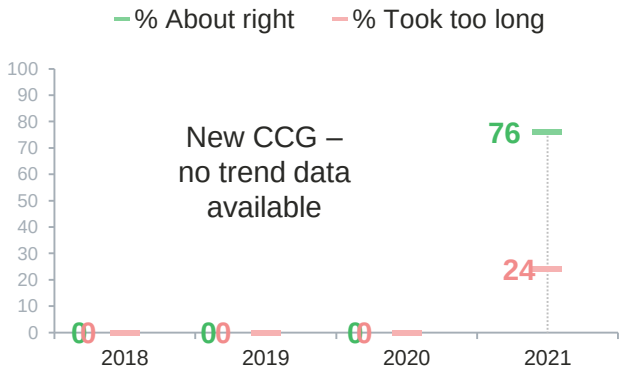
Time taken to receive care or advice when GP practice is closed

Q42. How do you feel about how quickly you received care or advice on that occasion?

CCG's results



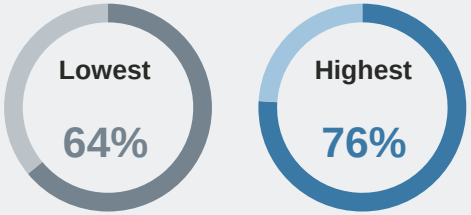
CCG's results over time



Comparison of results

	CCG	National
About right	76%	70%
Took too long	24%	30%

CCG range within region – % **About right**

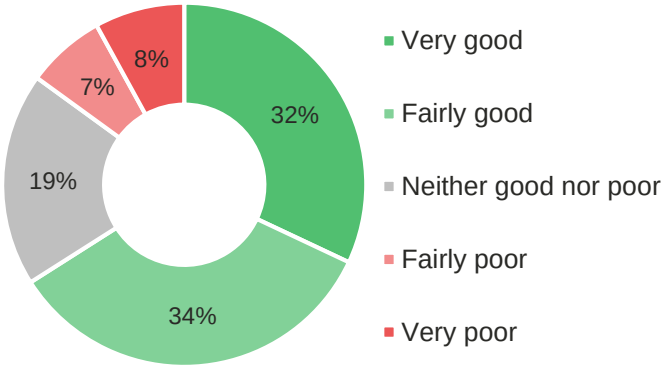


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (131,528); CCG 2021 (923); CCG bases range from 272 to 4,720

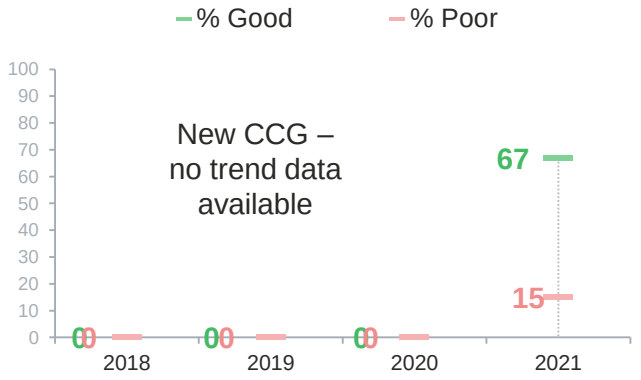
Overall experience of services when GP practice is closed

Q43. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

CCG's results



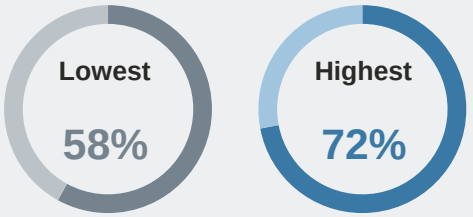
CCG's results over time



Comparison of results

	CCG	National
	67%	66%
	Good	Good
	15%	17%
	Poor	Poor

CCG range within region – % **Good**



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (138,020); CCG 2021 (948); CCG bases range from 286 to 5,038

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part ("true values"). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the "95% confidence interval").

The table below gives examples of what the confidence intervals look like for an 'average' practice and CCG, as well as the confidence intervals at the national level.

An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question "Overall, how would you describe your experience of your GP practice?"

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	*Level 2: 30% or 70%*	*Level 3: 50%*
		+/-	+/-	+/-
National	850,206	0.09	0.14	0.15
CCG	8,021	0.93	1.42	1.55
Practice	128	6.24	9.24	10.04

For example, taking a CCG where 8,021 people responded and where 30% answered 'Very good' in response to 'Overall, how would you describe your experience of making an appointment', there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.42 percentage points from that question's result (i.e. between 28.58% and 31.42%).

When results are compared between separate groups within a sample, the difference may be "real" or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when the results for a group are based on smaller numbers i.e. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.4 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit https://gp-patient.co.uk/.
- The overall response rate to the survey is **35.3%**, based on **850,206** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who returned a completed questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: https://gp-patient.co.uk/surveysandreports.

c.2.4m
Surveys to adults registered with an English GP practice

850,206
Completed surveys in the 2021 publication

35.3%
National response rate

Where to go to do further analysis …

- For reports which show the National results broken down by CCG and Practice, go to https://gp-patient.co.uk/surveysandreports - you can also see previous years' results here.

- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to https://gp-patient.co.uk/analysistool/2021.

- To look at results over time, and filter on a specific participant group, go to https://gp-patient.co.uk/analysistool/trends.

- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/faq.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at gppatientsurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee Meeting held on 4th August 2021**

Item Number:	Agenda Item:
PCCC-21-08.40	NHSE/I Funding "Flexible GP Pools"

Executive Lead (s):	Author(s):
Claire Parker	Phil Morgan

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

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

Executive Summary (key points in the report):

This report is to provide the Primary Care Commissioning Committee (PCCC) with an update of the work carried out to date on the NHSE/I funding stream "Flexible GP Pools" aka "Flexible staffing pools and digital staffing platforms". The content of this report is based on previous consideration of the issues at the July 2021 Training Hub Delivery Group (THDG) meeting and at the July Primary Care Operational Group (PCOG) meeting.

1. The "Flexible staffing pools and digital staffing platforms" funding is part of a suite of funding provided to ICSs by NHSE/I. The guidance describes the concept of "Primary Care flexible staffing pools" which, it says, are designed to
   - Support capacity in general practice
   - Allow for better visibility of locally available resource to optimize deployment
   - Create a new offer and provide greater structure for local GPs wanting to work flexibly
   - The guidance recommends to ICSs/CCGs that the best tool to deliver the above is a "Digital Staffing Platform" – i.e., an online booking facility for practices and locums to use to advertise, and fill, clinical sessions.

2. Although the guidance for the use of this funding was published at the end of 2020, it has taken some time for our system to develop an approach on how best to utilise the funding. This is mainly due to the fact that, unlike other systems that have previously purchased and used digital staffing platforms, the approach in STW has been more traditional – i.e., with individual practices contacting individual locums (mainly GPs) to arrange cover for vacant sessions.

3. The rest of this report sets out the work we have carried out to date to enable a decision to be made on whether to purchase a digital staffing platform and how else locums can be supported in our local area.

4. Although this funding, and the ability of the CCG to purchase a digital staffing platform, is a recent development, there has been previous discussions in the STW system about the need to review the arrangements for both booking, and supporting, GP locums. Some funding from a previous NHSE/I pot was allocated to carry out a review of this area, but this work was halted due to Covid. In addition, around 2 years ago, a number of GP locums and the CCG attended a presentation by one of the

organisations developing such platforms – "Find me a Locum" where the functionality of the platform was discussed.

5. Part of the package of support, provided by NHSE/I around this funding stream, was the development of a framework contract with six national providers of such platforms, including MLCSU who developed the "Find me a Locum" platform. Systems were able to either "call off" a supplier from this contract or develop a bespoke procurement exercise.

6. The initial work, over the past few months, has taken the form of engagement with two key groups of stakeholders – practice managers and partners, and GP locums. Following a request for volunteers from practices a small group was formed consisting of two PMs and a GP partner. In terms of locums, engagement took place with committee members from the Shropshire Sessional GP Network (SSGPN).

7. This engagement identified a number of concerns and challenges around this topic, which resulted in a desire to carry out further engagement, via a survey, rather than directly moving to using the "call-off" process referred to above. Stakeholders felt that a bespoke procurement exercise, informed by the findings of a survey, would lead to the best outcome for practices and locums. Therefore, a survey was developed, with input from all stakeholders, aimed at both practices and GP locums. The purpose of the survey was to gauge the level of interest in purchasing a digital staffing platform and, if such a purchase should take place, what the platform's functionality should be.

8. The survey was launched in June 2021 and advertised widely to both practices and GP locums (including on the SSGPN website). The closing date was 14th July 2021 with, by that date, a total of 36 responses from practices (71%) and 27 responses from individual GP locums.

9. The key findings from the survey are set out in Appendix A. As can be seen, there was strong support for the principle of purchasing a digital staff platform from practices, with a more balanced view from GP locums. One of the specific aspects of functionality that practices were in favour of, was the ability to include other staff groups, including PCN employed staff, in the digital staffing platform.

10. Some of the concerns raised both in the early stages of the engagement, and via the survey, were about whether both practices and locums would be required to use such a platform and also around the functionality of such a platform. The stakeholder group (both practices and the SSGPN) are clear that:

    - should such a platform be purchased, it should be an ***optional tool*** for both practices and locums, and
    - that, if preferred, the previous approach for advertising and filling vacant sessions should be continued, and
    - as part of a bespoke procurement exercise, as much functionality as possible of any purchased platform should be optional for both practices and locums, with the overall aim of supporting/enhancing the process of booking locums.

11. Given the more balanced views of locums, and the concerns expressed above, it's clear that further engagement should take place with locums if/once a digital staffing platform is purchased to encourage take-up of the platform and/or provide assurances over its use.

12. If PCCC decides that the CCG should undertake a procurement exercise for the purchase of a digital staffing platform, a key consideration will be identifying procurement expertise to support the exercise. Given that the CCG's normal procurement advice is provided by MLCSU who are a potential supplier of a platform, the CCG is not able to use MLCSU as a procurement partner.

13. One key factor in any decision is that the CCG will be required by NHSE/I to monitor activity and impact against this funding stream. For example, the CCG will need to be able to quantify the number of staff accessing the digital platform and, ideally, the impact this has for practices.

14. In order to further support locums in our system, PCOG discussed, and agreed, the use of a small amount of this funding (£5k) to fund a new role "Newly-Qualified GP Locum Champion" – the role outline can be found at Appendix 2. The expectation is that this role will provide support to that specific cohort of newly-qualified GPs who, after their CCT, choose to work as a locum rather than to seek employment at a practice. Given that the GP Fellowship programme is not open to locums, this role

will provide much needed support for this cohort. The role outline has been developed in consultation with a recently-qualified GP locum.

Conclusion

15. The results of the survey show that there is a good level of support for the CCG purchasing a digital staffing platform. The detail of the survey findings, around the functionality of such a platform, should be used to inform a bespoke tender specification for the procurement exercise. Any procurement should recognise the issues set out in para 10 above.

16. In addition to the issues in para 10 any procurement should include a requirement from providers that the digital staff platform covers all practice and PCN staff, not just GPs.

17. The provision of additional support for newly-qualified GPs who choose to work as locums should assist with the retention of these GPs in our system

Recommendations/Actions Required:

PCCC is asked to:

- Agree that the CCG undertakes a procurement exercise to purchase a digital staffing platform
- Agree that the recruitment process for the “Newly-Qualified GP Locum Champion” starts

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).* The costs of this procurement will be covered by NHSE/I allocations	No
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).* See the detail of the report for the cost to the CCG	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).* A digital staffing platform could be open/available to clinicians across the ICS	Yes
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).*	No

Appendix 1 Summary of key issues from the Survey

Survey of Locums:

Total number of responses: 27

Overall result: a mixed view on the benefits of a digital booking platform:

- 14 respondents agreed with the statement "I do not believe that the CCG should purchase an online platform – the current process for filling GP locum slots should continue as it is".
- 13 respondents agreed with the statement "An online booking platform for filling GP locum slots would be an improvement on the current process".

Of the 14 above, all said that, if a digital platform was purchased they would want to be able to opt out of using it and book shifts directly with a practice.

Of the 13 above, nearly all indicated that the following aspects/functionality of a digital booking platform would be good:

- uploading information concerning safeguarding status
- uploading information concerning GMC registration/status
- providing the above information once (subject to regular updates)
- the provision of regular communication, via the platform, on relevant topics
- processes to make it easy to submit invoices to practices
- access to CPD training and ongoing support
- the ability to negotiate reimbursement rates with individual practices
- the ability to access all the online information via a mobile app
- the ability to distinguish shifts that are suitable/not suitable for vulnerable locum staff
- the ability to distinguish between face-to-face shifts and those that are provided by telephone and/or video consultation.
- the ability to provide onboarding advice for all Locums
- access to advice during the working week to respond to any queries about functionality
- regular feedback surveys from users in order to improve functionality

Of the 13 above, there was a mixed view about the following aspects/functionality of a digital booking platform (although none of these had clear, negative scores)

- uploading relevant, up-to-date personal training information
- help with professional finances including income, expenses and mileage
- payment for locums work to be made by the platform, rather than by the practice

Free-text comments

Comment	Response
• Information on pension should be provided	• The CCG could include functionality around information on pensions in the tender specification
• Why change something that seems to be working satisfactorily • Would be a total disaster and remove any last shreds of independence, control of workload, autonomy from sessional GPs. The threat of this has hastened my search for an exit. • The main motive behind this whole exercise is to worsen conditions and pay for locums and enhance the monopsony situation that already allows principals in practices to be bullied into working unsustainably.	• The overall responses indicate that, although the current system is not working badly, improvements could be made. • There is no reason why the introduction of a digital platform would remove any independence of control of workload – the CCG's strong encouragement to practices to continue with current booking processes where this is preferred by individual locums, should mitigate against any such risks. • The introduction of a digital booking platform is not linked in any way to worsening conditions or pay for locums

Comment	Response
• I have experienced no problems at all with booking work/ declaring my t and c's/ liaising with practices using locumdeck and my local knowledge and contacts. I am happy to continue using that as my own method. • I'm not sure why another system needs to be introduced. There is no shortage of locums available to work in Shropshire. • I'm sure the money for this project could more usefully benefit other aspects of patient care e.g. mental health services	• As indicated above, it is recommended that, if a digital booking platform is purchased, practices should be strongly encouraged, by the CCG, to continue with current booking processes where this is preferred by individual locums • The funding for this initiative is ring-fenced and is not therefore available for other uses
• Dreadful idea. It will only reduce the availability of locums as they will be put off and either reduce their sessions or work elsewhere. It will be practices that DO NOT use this system that will benefit.	• See above responses on the flexibility and non-prescriptive nature of this initiative
• This would remove a great deal of the personal relationship I have worked hard to build up with the practices I work for	• There is no reason why personal relationships between practices and individual locums should be negatively affected by the introduction of a digital booking platform.
• I feel very strongly that I don't want to use an online locum booking system. The current system already works very well, and I do not want to change.	• See above comments
• Have a look at Lantum	• Lantum is one of the providers already quality approved by NHSE/I – they will be included in the invitation to tender

<u>Survey of Practices:</u>

Total number of responses: 36

Overall result: a clear positive view about the benefits of a digital booking platform:

- 9 respondents agreed with the statement "I do not believe that the CCG should purchase an online platform – the current process for filling GP locum slots should continue as it is".
- 27 respondents agreed with the statement "An online booking platform for filling GP locum slots would be an improvement on the current process".

Of the 9 above, all said that, if a digital platform was purchased they would want to be able to opt out of using it and book shifts directly with a practice.

Of the 27 above, nearly all indicated that the following aspects/functionality of a digital booking platform would be good:

- using the platform's functionality for other clinical staff
- using the platform's functionality for PCN ARRS-funded staff.
- enabling all pre-employment check information to be pre-loaded onto the platform meaning that practices could be confident about governance issues
- the provision of regular communication, via the platform, on relevant topics
- making it easy to manage invoices from Locums, including pension issues.
- a direct link between the platform and EMIS
- the ability to negotiate reimbursement rates with individual locums
- the ability to access all the online information via a mobile app
- functionality that provides management information on Locum usage.
- the ability to distinguish shifts that are suitable/not suitable for vulnerable locum staff
- the ability to distinguish between face-to-face shifts and those that are provided by telephone and/or video consultation.

- the ability to provide onboarding advice for all Locums
- access to advice during the working week to respond to any queries about functionality
- regular feedback surveys from users in order to improve functionality

Of the 27 above, the only potential aspect of functionality that was not supported was the ability for practices to pay locums via the platform. There was a clear preference for practices to manage all payment issues directly with the relevant Locum.

Free-text comments

Comment	Response
• Only concern is if you have had a negative experience with a particular locum and don't want them to book again with you.	• Practices will be able, via any digital booking platform, to decide whether they wish to book a particular locum. There would be no change in this aspect from the current position.
• Any platform should be simple and easy to use	• Part of the procurement process should include user testing.
• It would be really useful to have an 'available' at short notice - as in within 24hrs, which would help with emergency cover	• This aspect of functionality should be included in the tender specification
• Not found one that works at the moment	• The tender process will be designed to ensure that any platform that is purchased works in a way that provides benefits for practices and locums.
• If the locum is prepared to do home visits or not. Specialist services. i.e. coil fitting/implants etc	• This aspect of functionality should be included in the tender specification

Appendix 2 Role Outline for the Newly-Qualified GP Locum Champion

ROLE TITLE: Newly-Qualified GP Locum Champion

HOURS: 12 sessions per year

RESPONSIBLE TO: Associate Director of Primary Care

ACCOUNTABLE TO: Director of Partnerships

TERM Fixed term for 12 months

SESSIONAL RATE £300 per session

1. ROLE PURPOSE

The key focus for this role is to provide professional support and leadership to the cohort of newly-qualified GPs who choose to work as GP locums following their CCT.

The wider purpose of the role is, together with other initiatives, to increase the retention of newly-qualified GPs in the Shropshire, Telford and Wrekin system.

2. KEY WORKING RELATIONSHIPS (in addition to the cohort)

- Shropshire, Telford & Wrekin VTS – TPDs and Administrators
- GP Practices (Partners, Clinicians and Managers)
- Shropshire, Telford & Wrekin CCG Primary Care Team
- CCG Clinical Leads, particularly the GP Workforce Lead, GP Mentoring leads and the GP Education leads
- Shropshire Sessional GP Network
- Shropdoc
- Shropshire, Telford and Wrekin GP First 5s Network
- Primary Care Commissioning Committee
- Health Education England
- Regional and Local Workforce groups

3. THE ROLE HOLDER IS REQUIRED TO:

3.1. Liaise with newly-qualified GP locums to understand the specific and particular challenges, needs and barriers they may face.

3.2. Working with newly-qualified GP locums to develop bespoke, local solutions and support strategies to meet these challenges, needs and barriers.

3.3. Provide professional and, where necessary, pastoral support to newly-qualified GP locums to increase the personal resilience of individual GPs, enabling them to deliver their role more effectively.

3.4. Liaise with doctors on the STW VTS to provide them with information and advice on working as a GP locum after they qualify

3.5. Liaise with other, existing networks and Champions to ensure that the specific needs, challenges and barriers faced by newly-qualified GP locums are understood more widely. These existing networks and Champions should include:

- Shropshire Sessional GP Network
- Shropshire, Telford & Wrekin GP First 5s Network
- STW Ethnically Diverse GP Champion

3.6. Ensure that newly-qualified GP locums are aware of local, regional and national sources of support including accessing free mentoring from STW GPs

3.7. Liaising with the STWCCG GP Education leads to ensure that newly-qualified locums are aware of, and included in, ongoing education programmes for GPs

3.8. Organise listening and action events with newly-qualified GP locums and key stakeholders, to inform the system of progress made, and yet to be made.

3.9. Make a positive difference in the career and personal experiences of newly-qualified GP locums, working in primary care.

3.10. Liaise with local, regional and national colleagues to raise local issues and to identify potential initiatives, projects and programmes aimed at improving the experiences of newly-qualified GP locums. This might include, for example, the development of locum welcome packs, information sheets and website content.

4. COMMUNICATION

4.1. Maintain constructive relationships with a broad range of internal and external stakeholders, as indicated in section 2 above.

4.2. Ensure that all Practices in Shropshire CCG are aware of the support available to newly-qualified GP locums.

5. EDUCATION AND RESEARCH

5.1. The role holder will maintain and be aware of current/up to date evidence/research from a variety of credible sources to inform appropriate actions and initiatives.

5.2. Contribute to Shropshire, Telford & Wrekin CCG's overall approach to developing its workforce strategy.

5.3. Attend relevant training sessions to maintain own mandatory and professional knowledge and skills.

6. MONITORING AND REPORTING

6.1. The role holder will provide written feedback to the CCG, on a bi-monthly basis, on the activities and work undertaken in the previous period. This feedback should, where possible, include an assessment of the impact of the role.

7. ORGANISATIONAL RESPONSIBILITIES

7.1. Confidentiality – the role-holder must maintain confidentiality of information relating to patients, staff and other Health Service business.

7.2. Health and Safety – the role-holder must have a general awareness of their responsibilities under relevant health and safety legislation

7.3. Risk Management – the role-holder is responsible to report all clinical and non-clinical accidents that they come across in the course of carrying out their role

7.4. Equal Opportunities – the role-holder should comply with both statutory equal opportunities legislation and the specific policies of STWCCG.

7.5. Conflict of Interest – the role-holder is required to declare any relevant conflicts of interest that relate to this role

7.6. Variation – this role outline is not intended to be a complete list of duties and responsibilities but as a guide for information to the role and may be reviewed in the light of changed needs and as part of an individual's personal development plan. Any changes will be made following discussion with the role holder.

Newly-Qualified GP Locum Champion

Person Specification

Supporting Evidence

In your expression of interest, you must demonstrate your experiences by giving specific examples for the criteria within the role outline.

Factors	Description	Essential	Assessment
Knowledge, Training and Experience	A General Practitioner on the current National Performers List and working as a locum in the Shropshire, Telford & Wrekin area	√	A/I
	Recently qualified as a GP (ideally within the past 3 years)	√	A/I
	A good awareness and knowledge of the challenges facing General Practice in Shropshire and newly-qualified GP locums in particular	√	A/I
	An interest in and understanding of issues and challenges facing newly-qualified GP locums	√	A/I
	Experience in communications and stakeholder management	√	A/I
	A good understanding of the health and social care environment and roles and responsibilities within it	√	A/I
Communication skills	Clear communicator with excellent writing, report writing and presentation skills; capable of constructing and delivering clear ideas and concepts concisely and accurately for diverse audiences	√	A/I
	Demonstrable facilitation and presentation skills	√	A/I
	Skills for communication on complex matters and difficult situations, requiring persuasion and influence.	√	A/I
	Skills for nurturing key relationships and maintaining networks	√	A/I
Analytical	Ability to analyse and interpret information, pre-empt and evaluate issues, and recommend an appropriate course of action to address the issues	√	A/I
Management Skills	Ability to engender trust and confidence and demonstrate integrity in the provision of advice and support	√	A/I
Autonomy	Ability to work on own initiative and organise own workload without	√	A/I

Factors	Description	Essential	Assessment
	supervision working to tight and often changing timescales		
Equality and Diversity	Understanding of and commitment to equality of opportunity and good working relationships	√	A/I
Other	An ability to maintain confidentiality and trust	√	A/I
	Used to working in a busy environment	√	A/I
	Adaptability, flexibility and ability to cope with uncertainty and change	√	A/I
	Commitment to continuing professional development	√	A/I
	Professional calm and efficient manner	√	A/I
	Effective organiser	√	A/I
	Demonstrate a strong desire to improve performance and make a difference by focusing on goals.	√	A/I

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee Meeting held on 04 August 2021**

Item Number:	Agenda Item:
PCCC-21-08.41	Primary Care Estates – Whitchurch Project Update

Executive Lead (s):	Author(s):
Claire Parker Director of Partnerships	Darren Francis Primary Care Lead – Estates Presenter: Tom Brettell Primary Care Partnership Manager

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)**

Executive Summary (key points in the report):

The purpose of the report is to give PCCC a brief update – for information only – on the ongoing activity for the Whitchurch (Pauls Moss) Development project.

Key issues or points to note:

- Tender discussions are on-going with an exercise to look at reducing costs being nearly concluded
- Legal work on the contracts has progressed, however there remains a substantial amount to do
- Round table meetings have been held with the legal teams and progress has been made this way
- The drafting of the contracts is now targeted for completion at the beginning of September
- The district valuer is currently reviewing and updating the previous DV report on the project
- Business Case writer AA Projects have been working on the production of the FBC and this is progressing well. The target for completion of this work is the beginning of September
- Once the legals are concluded and the business case completed a report will be delivered to the PCCC for final approval and following this the business case will go to NHSE/I for sign off
- The current key risks relate are:
    - The time for completion of the legal documentation – critical path
    - Delivery period impacting on the security of the ETTF Grant as this has to be drawn down by 31st December 2021.
    - Increased construction costs – costs in the construction industry are currently very volatile and costs are increasing – ETTF capital funds recently increased to £1.14m

Recommendations/Actions Required:

Primary Care Commissioning Committee is asked to:

- note the ongoing activity on the project
- note that further updates will be provided at future PCCC meetings as the project progresses

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).* Any GP or member of an STW GP practice may have a conflict of interest with this paper	Yes
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).* None anticipated. NHSE has provided around £1.4m of ETTF (Estates and Technology Transformation Fund) funds: to support the project. This has been increased recently to take account of rising costs of materials. £275k revenue has been drawn down to the CCG already. Remaining £1.14m capital will be drawn down following approval by both PCCC and NHSE once the Full Business Case has been signed off.	No
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).* None anticipated	No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).* None anticipated - Updated EQIA is being prepared currently	No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).* Engagement has already been completed on this project. Any further engagement will be undertaken, as required	No
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).* Engagement has already been completed on this project. Any further engagement will be undertaken, as required	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).* See report	Yes
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).* See report	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).* See 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).* See report	Yes
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).* See report	Yes

Item Number:	Agenda Item:
	PC Estates – Whitchurch Project Update

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Briefing Paper

Overview

The Whitchurch (Pauls Moss) project focuses on the development of a primary care offer for the Whitchurch area of Shropshire and sits within the context of the development of longer term plans to future proof primary care provision in Whitchurch and responds to increasing pressures on delivery, emerging new models of care, collaborating and options for delivery at scale.

The primary care landscape in Whitchurch is changing due to the closure of practices and this scheme focuses on the merger of the remaining two practices into one purpose built primary care centre in collaboration with Wrekin Housing Trust and Shropshire Council to provide services to the patients of Whitchurch in one location. The proposed development is in line with the national strategy to modernise the NHS and has the potential to enable some services, currently based in hospitals, to be delivered in a primary care setting.

Following the conclusion of a recent Judicial Review, the project is now progressing at pace. The Final Business Case is currently being written and is due to be presented to PCCC in October 2021.

Following approval by PCCC and NHSE (as the project is part funded with £1.4m of ETTF funds), construction is expected to start in December 2021 and compete in late 2024.

Progress Update and Next Steps

- Tender discussions are on-going with an exercise to look at reducing costs being nearly concluded.
- Legal work on the contracts has progressed, however there remains a substantial amount to do.
- Round table meetings have been held with the legal teams and progress has been made this way.
- The drafting of the contracts is now targeted for completion at the beginning of September
- The district valuer is currently reviewing and updating the previous DV report on the project
- Business Case writer AA Projects have been working on the production of the FBC and this is progressing well. The target for completion of this work is the beginning of September
- Once the legals are concluded and the business case completed a report will be delivered to the PCCC for final approval and following this the business case will go to NHSE/I for sign off
- The current key risks relate are:
    - The time for completion of the legal documentation – critical path
    - Delivery period impacting on the security of the ETTF Grant as this has to be drawn down by 31st December 2021.
    - Increased construction costs – costs in the construction industry are currently very volatile and costs are increasing

Financial Implications

- The full costings for the project cannot be estimated until after the full tender process has been completed – due by end September 2021
- Of the £1.4m ETTF funds, only £275k revenue has been drawn down
- The remaining £1.14m capital funding will be drawn down once the FBC has been approved by both PCCC and NHSE

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee Meeting held on 4th August 2021**

Item Number:	Agenda Item:
PCCC-21-08.42	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	23/06/2021	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 and assurance regarding the quality and safety in Primary Care. This report was presented at Quality and Performance Committee June 2021 for assurance purposes.

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

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

Key issues or points to note:

During Q4 there were 5 NHS to NHS concerns raised in relation to care provided by Primary Care across Shropshire, Telford and Wrekin.

The number of complaints for Quarter 4 was 1 whilst the number of PALs rose to 135.

2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complaints	1	3	0	1
PALS concerns	27	42	41	135
MP Letters	1	3	5	5

NHS Choices - 28 pieces of soft intelligence were noted via NHS Choices. A total of 12 Negative comments regarding Access (5) /Standard of Care (4) and Staff Attitude (3). There were16 Positive comments regarding General Care and Support.

Recommendations/Actions Required:
Quality and Performance Committee are asked; • To note the key points / concerns / risks raised. • To receive this report for information following presentation at Quality and Performance Committee June 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
June 2021

1.0 Introduction

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

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

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

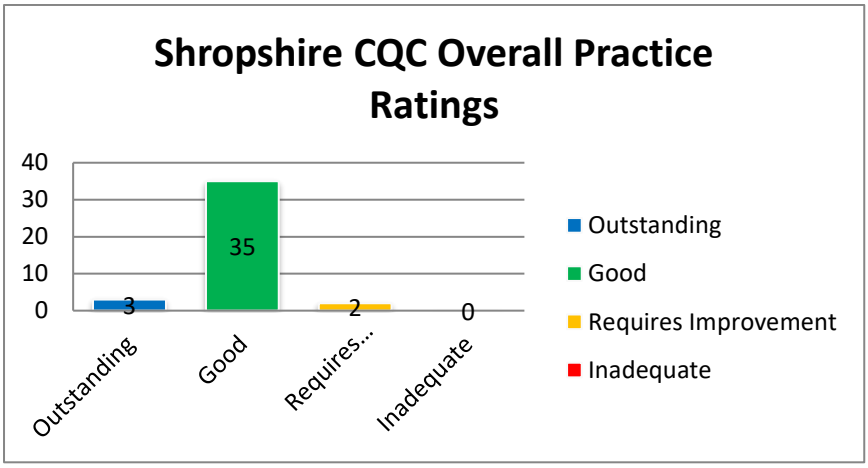
As data within the report is for quarter 4 2020/21 where possible it will be provided separately for Shropshire and Telford and Wrekin. Future reports will combine the data to reflect the single CCG.

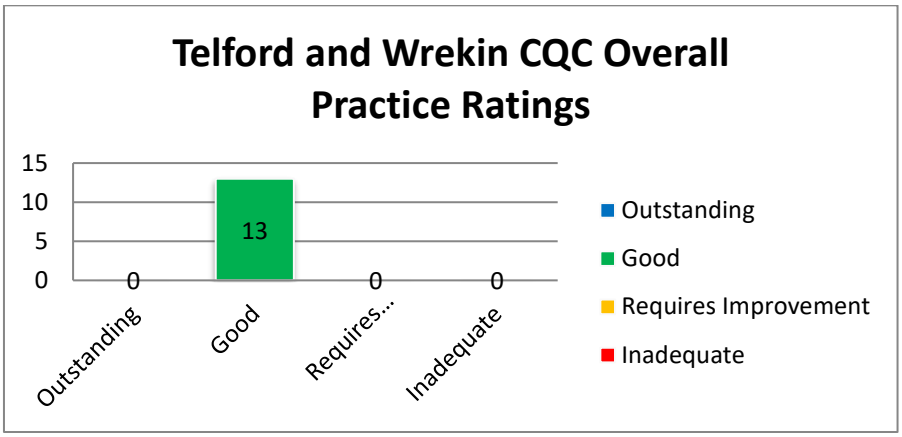
PATIENT SAFETY

2.0 Care Quality Commission (CQC) Inspections

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

2.2 The graphs below provide the overall CQC ratings for all Shropshire / Telford and Wrekin practices for Quarter 4 2020/21:





2.3 Regular quarterly CQC and CCG meeting was held in May 2021. CQC outlined their new approach to inspecting Practices. They will continue to decide Practices to inspect based on risk assessments and nationally from April 2021 have been prioritising Practices who have a rating of Inadequate, are in Special measures or have not been inspected before. They will then move to Practices with a rating of Requires Improvement. This will allow Practices to demonstrate they have made the required changes/improvements and as the inspections will be on the premises the rating can be changed if appropriate to do so (legally CQC can only change a rating if an inspection is in person on the premises). Practices in STW who are identified by CQC that they are to be inspected will be contacted by Quality Team and offered support as 'critical friend' when preparing for the inspection.

To ensure inspectors are only on site for the shortest time necessary to complete the inspection CQC will request as much data and information to be sent to them prior to the date so it can be reviewed separately. If Practice provides permission CQC would be able to extract parts of the data remotely via clinical system searches to reduce burden on Practices.

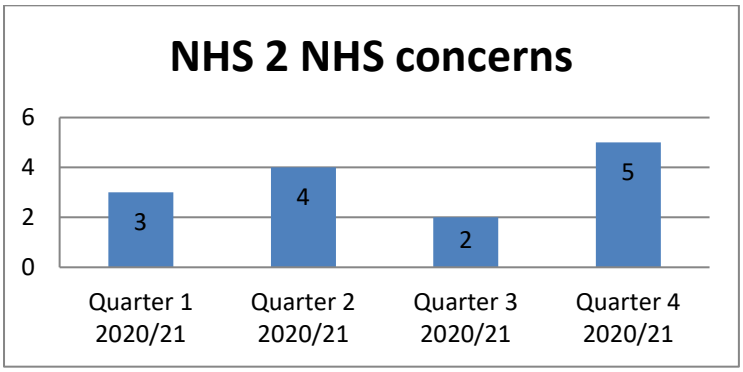
3.0 Significant Event and Incident Reporting

3.1 In Q4 there were no significant events reported to the CCG by Primary care. There were no significant events reported Q1, Q2 and 2 were reported in Q3.

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 Incident 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. QCIT have provided information to Practices regarding use of Ulysses reporting system and a number of Practices are participating in a pilot to fully understand the benefits and any revisions required before supporting all Practices to adopt the system.

3.2 NHS to NHS Concerns

During Q4 there were 5 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

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

The return period is usually from the last week of October until the first week of December however NHS Digital advised Practices that due to the pandemic submissions were permitted until 26th February 2021.

Due to the extension of the submission deadline the data has yet to be made available for CCGs to review. It had been anticipated that it would be available in quarter 4 but enquires to NHS Digital have confirmed that it has yet to be published.

SAFEGUARDING

5.0 Safeguarding

5.1 The adult safeguarding lead has continued to provide ad hoc support, advice and supervision to primary care colleagues on request and has recently completed some MCA and Safeguarding training for a specific practice and has been invited to organise a similar session for another Practice.

The CCG received a national NHSE letter in respect of alerts concerning children who are not registered with an adult at a GP surgery.

The Royal College of General Practitioner (RCGP) and British Medical Association (BMA) felt this is not contracted activity for GPs and therefore needs funding if GPs are expected to take responsibility for this follow up. The RCGP and BMA have escalated this issue back to NHSE who have approached Capita to take on this role. They will write to the individual practices involved to send a reminder to update their list. If 3 reminders are sent and the practice does not respond, Capita may contact the CCG to support via the Named GP.

Locally this work is currently on hold according to regional safeguarding GP leads. Shropshire, Telford and Wrekin were not listed as locations on the 'Top 10' FP69 alerts list. The CCG Named GPs are in contact with national and regional peer groups regarding this significant issue.

5.2 Looked After Children (LAC)

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

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

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

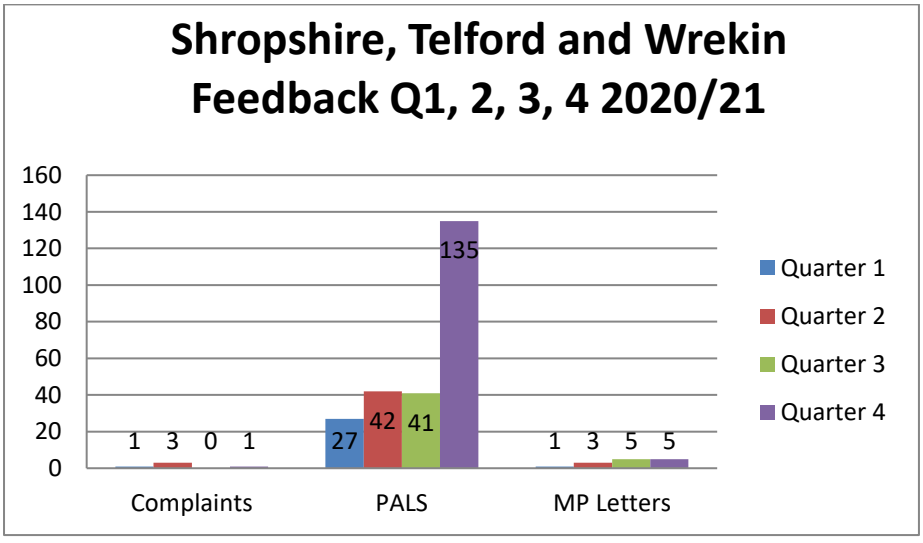


Table below shows Quarter 4 update in further detail;

Category	Detail
5 MP Letters	No further information received
1 Complaint	Patient raised concern about Medication
135 Enquiries via CCG PALS' Service	The service received a significant number of enquiries in relation to a number of differing GP Practices, with no identified outlier with the exception of one Shropshire Medical Practice with 42 enquiries received regarding the closure of the practice. A number of these enquiries were from patients, in regards to

	details in relation to their new GP Practice options.
1 Compliment	Care provided by a Shropshire Medical Practice
Complaints formally received by NHS England	A total of 5 complaints were closed during the Quarter, with 4 cases not being upheld. The Complaint which was upheld related to a patient's concern regarding exemption from mask wearing with learning outlined as follows: *There is no medical criteria per se – one person with anxiety will be able to wear a mask where another cannot, one with trigeminal neuralgia will be able to tolerate one where another cannot, and so the assessment is not made by a medic but by the individual -hence there being no requirement to have exemption proof within the government guidance.*

Quarter 4 themes continue to reflect the trends noted in previous quarters 2020/21;

- Access to services
- Staff attitude

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. Unfortunately for Q4 no current data is accessible via NHS E/I

6.4 NHS Choices

28 pieces of soft intelligence were noted via NHS Choices. A total of 12 Negative comments regarding Access (5) /Standard of Care (4) and Staff Attitude (3). There were 16 Positive comments regarding General Care and Support.

RESILIANCE

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

NHSE/I have released their funding proposals for schemes within Primary Care. These include;

- Primary Care Network Additional Roles Reimbursement Scheme (ARRs)
- Newly qualified GPs and nurses starting in General Practice (fellowships)

- Practice resilience
- Supporting mentors
- Primary Care Network development
- New to Partnership support

8.0 Recommendations

8.1 Quality and Performance Committee are asked

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

NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Primary Care Commissioning Committee held on 4 August 2021**

Item Number:	Agenda Item:
PCCC-21-08.43	2021-22 Funding Proposals to Support PCN Recruitment and Retention

Executive Lead (s):	Author(s):
Claire Parker	Sara Edwards

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

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

Executive Summary (key points in the report):

Purpose of the report:

This report is to provide the Primary Care Commissioning Committee with an overview of proposals for use of 2021/22 specific NHSE/I and Health Education England (HEE) funding for primary care workforce initiatives to address system priority areas of recruitment and retention.

Key issues or points to note:

- **Funding proposal for NHSE/I Training Hubs allocation £103,000**
  - The key issues for PCNs around recruitment and retention
  - Staff groups currently not funded for training and development
  - A more robust approach to support supervision and mentoring requirements.

- **Funding proposal for HEE Workforce Development Funding (WDF) allocation £50,319**
  - The gap in current provision to support HCA development and Nurse Associate Apprenticeships
  - Lack of a robust GPN Clinical Supervision resource
  - Routes to achieve Advanced Practice status for First Contact Practitioners (FCPs) and funding for advancing practice.

Recommendations/Actions Required:

The Primary Care Commissioning Committee is asked to approve the decisions of the Training Hub Delivery Group and the Primary Care Operational Group where more detailed funding proposals in relation to the above have been agreed.

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).*	Yes/No
2.	Is there a financial or additional staffing resource implication? *(If yes, please provide details of additional resources required).*	Yes/No
3.	Is there a risk to financial and clinical sustainability? *(If yes, how will this be mitigated).*	Yes/No
4.	Is there a legal impact to the organisation? *(If yes, how will this be mitigated).*	Yes/No
5.	Are there human rights, equality and diversity requirements? *(If yes, please provide details of the effect upon these requirements).*	Yes/No
6.	Is there a clinical engagement requirement? *(If yes, please provide details of the clinical engagement).*	Yes/No
7.	Is there a patient and public engagement requirement? *(If yes, please provide details of the patient and public engagement).*	Yes/No

Strategic Priorities – does this report address the CCG's strategic priorities, please provide details:		
1.	To reduce **health inequalities** by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. *(If yes, please provide details of how health inequalities have been reduced).*	Yes/No
2.	To identify and improve **health outcomes** for our local population. *(If yes, please provide details of the improved health outcomes).*	Yes/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).*	Yes/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).*	Yes/No
5.	To achieve **financial balance** by working more efficiently. *(If yes, please provide details of how financial balance will be achieved).*	Yes/No

1. Introduction

1.1 This is the third year that systems have received **NHSE/I Training Hub funding**. Previous years funding has supported upskilling for non-medical staff, a Physician Associate Internship scheme and Facilitator roles.

1.2 The HEE **WDF investment** is in addition to HEE CPD funding. This is the second year the systems have received WDF for primary care. The investment proposal aligns with a menu of activities stipulated by HEE.

2. Report detail

2.1 Funding proposal for NHSE/I Training Hubs allocation £103,000

- PCNs are facing challenges **recruiting to ARRS roles**. This element of the proposal aims to support recruitment through providing role specific Training and Support Packages which can be referred to as part of the recruitment literature. Evidence suggests that when going out to recruitment advertising a full support package on appointment attracts more interest and specifically for the new roles entering primary care and in their first year.
- System development funding omits certain **staff groups.** This element of the proposal is to allocate a sum to be used against training and development requests for Admin/Clerical, Practice Managers, Clinical Pharmacy, Pharmacy Technician and others.
- The right level of **supervision and mentorship** are significant elements in successfully embedding new roles into primary care multi-disciplinary teams and enabling new roles to achieve competencies required to perform. This element of the proposal aims to support the recruitment of ARRS roles through building in internal and external supervision costs.

2.2 Funding proposal for HEE Workforce Development Funding (WDF) allocation £50,319

- **Healthcare Support Workers/HCAs** as a staff group have not had a dedicated development strategy or structured education and training programme. HCAs who are upskilled contribute to enabling new ways of working through creating the capacity within practices for other clinicians to broaden their own practice. With the increased PCN interest in Nurse Associates under ARRS as part of multi-disciplinary teams and alongside individual practices wanting to develop existing HCA staff through the Trainee Nurse Associate Apprenticeship route, there is a need for a HCA Facilitator to work alongside existing GPN Facilitators to support this agenda and support delivery of the GPN Development Strategy.

- **GPN Clinical Supervision** - General practice nurses require a level of autonomous work often working in isolation and therefore the need for robust clinical supervision is essential. The recruitment of a lead facilitator would support the development of an operational clinical supervision strategy, develop and implement monitoring mechanisms to understand and implement the spread of Clinical Supervision, identify, recruit and train supervisors supported by HEE GPN Clinical Supervision training programmes.

- **First Contact Practitioners (FCP)** – creating sustainability for multi-professional FCP roles, there is a need to locally support the national Primary Care training pathway for clinicians moving into FCP roles and onto Advanced Practice to provide a pipeline of professionals at the right level of practice. There are two routes to achieve the required level one of which is a taught level 7 Module as opposed to a portfolio route. There is a demand to access this module for those new to primary care and facilitating access to this through funding will help to recruit and retain them in Primary Care alongside other support available in their first year. This element of the proposal will also support advancing practice enabling access to Non-Medical Prescribing Modules.

3. Conclusion

All of the above proposals aim to support the workforce challenges PCNs are facing and will form a support framework for recruitment and retention. More detail on each of the elements is available should the Primary Care Commissioning Committee wish to view the individual reports in relation to each funding proposal.

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

Audit Committee Meeting - Appendix B

RISK MANAGEMENT MATRIX

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

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

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

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