

# BNSSG Primary Care Commissioning Committee (PCCC)

Date: 27<sup>th</sup> April 2021

Time: 9.30am – 11.35am

Location: Meeting to be held virtually, please email [bnssg.corporate@nhs.net](mailto:bnssg.corporate@nhs.net) if you would like to attend.

<b>Agenda Number :</b>	14
<b>Title:</b>	6 monthly report for Governing Body
<b>Purpose: Decision</b>	
<b>Key Points for Discussion:</b>	
To provide a summary of quarter 3 and quarter 4 of the Primary Care Commissioning Committee's activities and decisions in 2020/2021 to the Governing Body and to ensure the full commissioning pathway is presented to Governing Body.	
<b>Recommendations:</b>	<p>Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarters 3 and 4 of 2020/2021.</p> <p>Propose the Governing Body receives the report to support its own work plan and decision making.</p>
<b>Previously Considered By and feedback :</b>	Contents of this paper have been discussed in open session of PCCC
<b>Management of Declared Interest:</b>	Conflicts of Interest are managed at each meeting of the Committee.
<b>Risk and Assurance:</b>	The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the March meeting as set out in this report to Governing Body.
<b>Financial / Resource Implications:</b>	Primary Care Co-Commissioning Committee is asked to note that at Month 12 (March), combined Primary Care budgets are reporting a year end £0.96m surplus.
<b>Legal, Policy and Regulatory Requirements:</b>	There are no specific legal implications in this paper.

<p><b>How does this reduce Health Inequalities:</b></p>	<p>Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly. Primary Care Strategy update on Addressing Health Inequalities presented to PCCC in March – see section 4 of the report.</p>
<p><b>How does this impact on Equality &amp; diversity</b></p>	<p>Monitoring of Primary Care Quality and Performance alongside practice demographic information will help to highlight areas of variation of service which will then be addressed accordingly. Equalities Impact Assessment for the work programme of the Primary Care Locality Development Group has been completed and monitoring and actions will be overseen by the Primary Care Locality Development Group and Primary Care Strategy Board.</p>
<p><b>Patient and Public Involvement:</b></p>	<p>The content of this paper has not required any direct consultation. Implications for public involvement have been drawn out in each of the papers to PCCC. There has been continued communications and engagement to support changes in primary care during the pandemic with listening events and media campaigns to promote changes. A digital inclusion plan has been developed and we are updating the communication and engagement plan for the primary care strategy.</p>
<p><b>Communications and Engagement:</b></p>	<p>Contents of this paper have been discussed in open session of PCCC</p>
<p><b>Author(s):</b></p>	<p>Jenny Bowker, Head of Primary Care Development, Jacci Yuill, Lead Quality Manager for Primary Care, Tim James, Estates Manager, Clare McInerney, Head of Locality - Weston, Worle &amp; Villages, Lisa Rees, Principal Medicines Optimisation Pharmacist, Louisa Darlison, Senior Contract Manager Primary Care, Sukeina Kassam, Interim Head of Primary Care Contracts Jamie Denton, Head of Finance Community &amp; Primary Care, Sophiya Wilson, Programme Officer</p>
<p><b>Sponsoring Director / Clinical Lead / Lay Member:</b></p>	<p>Lisa Manson, Director of Commissioning; David Jarrett, Area Director, Commissioning &amp; Primary Care; Rosi Shepherd, Director of Nursing and Quality</p>

## **Agenda item: 14**

### **Report title: PCCC 6 Monthly Report for Governing Body**

#### **1. Background**

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated commissioning of primary care to NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

The CCG has established the Primary Care Commissioning Committee ('the Committee'). The Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

The Primary Care Operational Group (PCOG or "Operational Group") is established as a sub-group of the Primary Care Commissioning Committee (PCCC) overseeing a programme of work to deliver the BNSSG Primary Care Strategy and General Practice Forward View. The PCOG is the operational arm of the PCCC and executes our responsibilities for delegated commissioning and the procuring of high quality general medical services for the population of BNSSG. The PCOG ensures that demonstrating and securing value for money is a core principle of the group and that budgetary oversight is provided to the PCCC.

It is recognised the PCCC and Governing Body, whilst running parallel decision making processes need to stay aligned. Therefore a PCCC quarterly update to Governing Body will be provided to ensure the full commissioning pathway is presented to Governing Body.

This quarter three and four update provides a summary of the activities and decisions in 2020/21. This is a 6 month update noting the quarter 3 report was deferred to allow teams to focus on the Covid 19 response.

#### **2. COVID-19**

Primary care was required to adapt its service model and services in response to Covid-19. A summary of the considerations and adaptations is provided below:

**Primary Care and Locality Development Group** – The Primary Care Cell and Locality Development Group have been brought together to form a Primary Care Locality Development

Group. This group will develop into operational planning and delivery of primary care with focus on supporting the work plan of the Integrated Care Steering Group as we move into recovery.

**Communications** – There have been continued twice weekly bulletins with ad hoc additional bulletins to mirror the increased need to summarise key information for practices and 3 x weekly Q&A mass vaccination sessions. Work is underway to scope and propose approaches to out-of-hours cascade and notifications to primary care.

**Capacity Planning** – Primary care escalation plan in development supported by Opel status reporting for practices. Escalation plan to support system-wide approach to escalation reporting and to include a focus on action planning.

**Community Phlebotomy** – A workflow from acute trusts to primary care is being done to support outpatient transformation in response to Covid. Virtual consultations and the need for phlebotomy out of hospital has led to increased delegated bloods into general practice. A monthly strategic group and weekly operational group have been set up to progress this project with representation from GPs, Trusts, CCG and One Care. There is a South Bristol Hub pilot and proof of concept to use a web-based ICE system in N&W. Proposals are now in development to support a LES for community phlebotomy.

**111 Direct Booking/111 First** – All practices are configured and receiving direct bookings from CCAS and 111. NHS Digital has promoted BNSSG as the Gold standard approach to implementing 111 Direct Booking. Fortnightly task and finish group meetings continue to oversee 111 Direct Booking utilisation, escalation processes for 111 and the Directory of Services (DoS), The recent focus has been continued Primary Care support for the system, in particular ED redirection to Primary Care and Integrated Urgent Care Direct Booking.

**Remote Consultations** – The current free service to our practices from accuRx for video consultation capability and text services finishes at the end of March 2021. A review of providers has been completed and a proposal was presented to PCCC in order to provide continuity of functionality for our practices and patients.

**GP IT** – Significant work has continued to support provision of essential IT equipment for practices/PCNs for mass vaccinations. Extensive work continues to ensure all IT equipment is fit for purpose with the necessary configurations and upgrades. accuBook, as an appointment booking system for mass vaccinations, has been enabled for all designated vaccination sites.

**Digital Inclusion** – Work is underway to support practices in management of patients with visual impairment including training resources and supporting compliance with the accessible information standard. This work will feed into the Prevention, Health Inequality & PHM steering group for wider system sharing.

**Covid Virtual Wards** – 'COVID Oximetry @home' services have been developed by NHS E/I and Academic Health Science Network (AHSN). The aim of this was to detect earlier deterioration of people with COVID-19, both in the community and in care homes. Key benefits from early diagnosis are shorter and less intensive hospital stays. This work is one of the priority goals for the additional £150 million General Practice COVID Capacity Expansion Fund.

Prior to Christmas 2020, these were deployed across BNSSG care homes, practices, IUC, and SWAST, with plans in place to deploy further into community shortly after this. These services are also being used by the acutes. A new digital remote monitoring system is now in place. Sirona has implemented process to access these results daily, review EMIS notes and proactively contact clinically suitable patients to add to the oximetry@home caseload.

### **Covid Mass Vaccination – Key Updates:**

- All vaccination sites operating to the JCVI (Joint Committee on Vaccination and Immunisation) prioritisation criteria.
- 19 Designated sites across BNSSG mobilised
- 100% sign up across BNSSG for PCN mass vaccination national enhanced service
- 448,990 vaccinations delivered in BNSSG of which 32,837 are second doses as at 21st March recorded in NHSE Foundry.
- 66% vaccines delivered by PCNs and a further 12% by community pharmacies.
- National ambition is to complete vaccination programme by end July – recent messaging indicates 1st dose.
- Reduced vaccine supply in April resulting in consolidation of offer to eligible cohorts in 1-9 before national progression to vaccinating people aged under 50
- Extension of PCN mass vaccination national enhanced service made to support PCNs who wish to continue the vaccination programme for the next cohorts (existing enhanced service is for population aged 50 and over)
- Current methods of delivery include: PCNs, practice based vaccination (directing people back to specific practices), roving teams, AWP, Sirona, and Homeless Health. These are all being supported by a strong communication and engagement plan.

### **Focused Task and Finish Groups to Maximise Uptake:**

- The homeless population
- Non English as a first language, BAME, Somali, African Caribbean, Refugees and Asylum Seekers
- Those living a distance from a vaccine centre, those living in high deprivation areas, rural locations and Gypsy, Roma and Travellers
- Identified patients in acute hospital and P3 beds
- People who are unable to can't get to a vaccination site for various reasons: learning disabilities, severe mental illness, physical disabilities, people with drug and alcohol problems and sensory impairment
- Younger people

### **Vaccination Programme: Next Steps**

- Identify additional 'off grid' groups that we do not know about. Find ways to tap into people who do know and use their expertise to link to these groups – recognising they may not want to be brought into formal systems.
- Exploring a webinar with local influencers to find out what information would support them to share our messages.
- Adapting and flexing the model to meet need and responding to insights.
- Work with Local Authorities and other system partners to maximise uptake of vaccine, using data to identify 'concerned' groups
- Ramp up delivery in all delivery modes.
- 2nd doses commenced including care homes.
- Cohorts 1-9 by mid-April.
- Cohorts 1-10 by end of July (recent messaging indicates 1st doses).
- Further expansion of designated pharmacies as delivery sites – from 7 sites to 9.

**Covid Capacity Expansion Fund and Recovery** – NHSE letter on 19th March announced additional funding to support general practice. £120 million of revenue funding will be allocated to systems, ring-fenced exclusively for general practice to support the expansion of capacity until the end of September. This is an extension to the Covid Capacity Expansion Fund for 2020/2021. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September. It is expected of systems to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater

Systems are expected to use the funding to make further progress on the seven priorities:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 and actions to improve ethnicity data recording in GP records
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

### **Covid Capacity Expansion Fund and Recovery: Next Steps**

- Review year end achievement position in April for key components of the 2020/2021 Covid expansion fund goals and agree payments of second tranche funding – 100% practices signed up and first tranche payments made in December 2020

- Develop a baseline of primary care activity to inform priorities for recovery and capacity planning in primary care
- Develop MOU for extended Covid funding linked to supporting achievement and regular review of outcomes in primary care
- Consider distribution of funds in order to prioritise investment in areas where capacity requirements are greater due to commitment to vaccination programme

### 3. Primary Care Networks

#### a. PCN Organisational and Leadership Development 2020/2021

A paper was brought to January PCCC meeting which focused on the funds available to support PCN organisational development (OD). The paper presented a combined approach of local priorities and national guidance, which would support the following:

- Enhancing the integration and engagement of PCNs in shaping the future of ICPs and developing integrated care.
- The expansion of leadership development opportunities
- Continuing support to the recruitment and retention of additional roles with a focus on establishing supervision arrangements
- Reducing health inequalities through expanding approaches to population health management
- Developing capability along the maturity matrix
- Developing service improvement capability and capacity, investing in clinical leads and PCN managerial transformation leadership. These were non-recurrent funds

These priorities for PCN OD investment and process for allocating funds were approved by the Committee. All bids from PCNs for 2020/2021 have now been received. The Committee will be provided with an update when all have been reviewed.

#### b. PCN Directed Enhanced Service (DES)

A PCN DES update was given at the March 2021 PCCC meeting.

Key updates:

- National confirmation has been received that the 4 new specifications of cardiovascular disease diagnosis and prevention, tackling inequalities, personalised care and anticipatory care will not be introduced to the Network Contract DES until 1 October at the earliest.
- In recognition of the role of PCN Clinical Director in managing the COVID vaccination response, further funding for PCN Clinical Director support for Q4 and Q1 (Jan-Mar21 and Apr-Jun21) has temporarily been made available - equivalent to an increase from 0.25WTE to 1WTE. Payments are being processed to PCNs to support this commitment.
- National position has reconfirmed that Investment and Impact Fund (IIF) indicators on seasonal flu vaccination (including for over 65s, patients aged 18-64 in a clinical at risk group, and children aged 2-3 years), annual Learning Disability Health Checks and Health

Action Plans, and social prescribing referrals will continue for 2021/22, alongside a further indicator to support the implementation of national appointment categories.

#### **Additional Roles Reimbursement Scheme – new roles for 2021/2022**

- Paramedics in Primary Care –
  - Health Education England (HEE) has developed a Roadmap to practice for First Contact Practitioners (FCP) and Advanced Practitioner (AP) paramedics which sets out competence, qualifications and experience required to work in primary care and to be reimbursable under ARRS.
  - NHSE regional team established fortnightly task and finish group with Southwestern Ambulance Service NHS Foundation Trust (SWASFT) to develop a framework for recruitment of community paramedics — BNSSG PCNs submitted plans to recruit 13.5 WTE next year and 130 across the South West
- Joint Funding Model for Community Mental Health and PCNs –
  - From April 2021, a joint funding model will bring together additional community mental health service funding with PCN funding. These roles will be employed by AWP. A task and finish group had been established to identify the needs of patients presenting in primary care settings and what gap in skills AWP is being asked to support.
- Band 8a Advanced Practitioners introduced for the following roles: clinical pharmacist, pharmacist, physiotherapist, occupational therapist, dietician, podiatrist, and pharmacist. The number of advanced practitioners will initially be limited to 1 WTE per PCN under or at 99,999 registered population; and 2 WTE for PCNs larger than that.

#### **The Committee were informed of the following next steps:**

- Confirm year end position for 2020/2021 ARRS recruitment following processing of year end claims
- Continued promotion of flexibility for ARRS scheme to support vaccination in quarter 1 of 2021/2022 and support resilience of general practice workforce
- Key connections and opportunities for PCN roles to underpin the community mental health framework and support and enable the ambitions of integrated localities as we develop Integrated Care Partnerships.

The Committee noted the update and recommended a continued focus on developing the workforce, recognising that workforce is a key enabler to support the development of ICPs.

## **4. Primary Care Strategy: Addressing Health Inequalities**

In March, the Committee received an update on the Primary Care Strategy regarding work done to address health inequalities, and to identify and support clinically vulnerable populations during winter as part of the Phase 3 response to the COVID-19 pandemic. This work was previously approved by the Committee in September 2020.

#### **Summary of key pieces of work:**

- A RAG rated Primary Care Recovery Prioritisation guide developed in conjunction with GP Clinical Leads and Clinical Cabinet

- A guide for the identification and management of the most clinically vulnerable patients in the prioritisation of planned activity in general practice.
- Supported practices through generated lists to identify patients at risk. Group 1 specified individuals with the highest absolute risk of death from Covid-19, and Group 2 specified those individuals with the highest age-specific relative risk of death from Covid-19
- Actions and tools to support proactive and preventative management of the patients e.g. remote monitoring through eConsult templates, accuRx Florey/Pathways
- Ethnicity Coding support for identification:
  - agreed on a system standard for ethnicity coding
  - developed and deployed a set of tools and culturally competent communications
  - monitor system-wide improvement
- Learning Disabilities (LD)
  - Guide developed for identification of patients with LD
  - Improved coding and reporting to support increased LD annual health checks
- SMI
  - SMI task and finish group established.
  - EMIS coding and template development work for increased numbers of SMI health checks.

### What Has Been Achieved?

- **Identification of Patients: Survey Response** – 65 practices completed the survey. Responses from this demonstrate in the main that practices are good at proactively identifying patients at greater risk of poor health outcomes and reviewing them. The lists both have some high risk patients missed by the other methods and weighted towards BMI and ethnicity more than the shielding list does. The search is very valuable indeed for identifying younger people with very high BMI but no other comorbidity who probably are at high risk. Practices welcomed this more specific approach to analysing an individual's risk factors. This work went some way to flag people who do not come up conventionally. This work identified high risk individuals who remain at risk of poor outcomes, but also patients where the appropriate intervention has not already been tried.
- **Ethnicity Coding** – ethnicity recording has improved from 50% to 75%. This is largely due to reconciling existing codes within records, but work is being done with primary care to improve this further.
- **Learning Disabilities** - The percentage of Learning Disabilities annual health checks completed has been increasing with a number of targeted interventions. The completion rate stands at 69% at the end of 20/21.
- **People with Severe Mental Illness** – addressing health inequalities and improving the physical health of those people with severe mental illness is a priority for our system. There is a dedicated steering group which sits under the Community Mental Health Programme Board driving this work forward. The work is a priority for locality development and ICP progression and the Phase 1 and Phase 2 approaches have been detailed in the NHSE submission. A key enabler has been a data sharing agreement between practices and the CCG locally; there has been the same ask from NHSE. We are working with practices to

ensure the data can be extracted and support offered where needed to improve uptake for the physical health checks and outcomes for our population.

## Next Steps

The Primary Care Strategy Board will continue work to support our population, general practice, and wider Primary Care with decreasing the health inequalities gap and achieving better health outcomes. The key areas for focus in the next period to do this and build the ICP approach are:

- Continue to work closely with public health, PHM, BCHDG and wider system to address health inequalities
- Continue to support our practices, PCNs, and localities with:
  - Restoration of services including Quality and Outcomes Framework (QOF)
  - Work prioritisation, building on the RAG rated Primary Care Recovery Prioritisation guide developed in conjunction with GP Clinical Leads and Clinical Cabinet
  - Developing that comprehensive personalised care model for our ICPs which resonates strongly with system partners

## 5. Quality Report

### Current Issues

- 8 practices are rated 'Red' on the Primary Care Dashboard and 9 are 'Amber'.
- 7 practices have 'requires improvement' overall ratings from Care Quality Commission (CQC) inspections.
- 2 practices with 'Responsive' domain 'inadequate' and in all the Population Groups.
- Incidents being reported onto BNSSG CCG Datix are increasing as practices are being encouraged to report.
- Ongoing risk of COVID-19 outbreaks, infection spread and local/national lockdowns
- Influenza vaccine programme challenges and risks due to COVID-19
- Increased pressures and challenges to workforce regarding business as usual practice work as pandemic continues.
- Improvements required to increase the number and quality of Learning Disability (LD) Health checks being undertaken in Primary Care.

### Actions

- Monthly review at Primary Care Quality, Resilience and Contracting (PQRC) of Quality and Resilience dashboard with Quality Spotlight practice positioning to discuss actions and assurance with red and amber practices.
- Support to practices with 'requires improvement' CQC ratings and 'inadequate' domains which includes pre and post inspection support.
- Monthly meetings with CQC/CCG Quality/Primary Care Development and Contracts to oversee Quality issues with CQC.
- Quality Dashboard Spotlight to provide evidence regarding support to practices rated Red and Amber or with CQC breaches and improvements.

- Primary Care Quality Assurance Process (SOP), Quality Escalation Plan and Quality Stocktake Tool developed and to be taken to April PCCC for review and decision.
- Incidents are shared with providers for information and support with the request to undertake a brief investigation and feedback of findings.
- Incidents are reviewed with Primary Care Quality Lead and Patients Safety Team/Medicines Optimisation Team. Themes for actions to be undertaken are discussed at provider quality assurance monthly meetings and shared with PCCC.
- Incident escalations reported to GP Quality Lead for review and support to take forward concerns into the system.
- Involvement in BNSSG System Flu Planning to manage vaccination programme and outbreaks which is reported to PCCC.
- Support provided to practices with COVID Outbreaks from Public Health England Health Protection Team, Quality and Contracting teams and the Infection Prevention & Control Cell.
- Reinforcement of social distancing when not patient facing, handwashing, car sharing with colleagues/rest room areas, isolation of contacts, cleaning advice and PPE-Donning/Doffing training.
- Quality Learning Disability (LD) Lead working with LD team and GP practices to improve uptake through identification and communication with LD Clinical Leads in each practice
- Raising awareness to support people with a Learning Disability through GP Team Net and Primary Care Bulletins.
- Plan has been developed and being implemented to maximise LD Health checks in Primary Care

### **Assurance**

- During the Covid pandemic CQC were operating a Transitional Regulatory Approach which includes Key Lines of Enquiry (KLOE) to monitor the risks in a service. CQC will also use technology and information on local relationships by contacting people who are using the services, their families and staff. CQC were targeting inspections where there are concerns. <https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect>
- From 1st April 2021 CQC are reinstating their routine inspection programme. Those with RI overall with or without breaches will be inspected in Quarter 1 2021/22. Those with Good overall and RI in a domain will have a desktop review and the single rating can be changed.
- PCOG/PCCC to receive quarterly dashboard reports to closed session to meet data sharing requirements (January/April/July/October).
- Medicines Optimisation Quarterly Quality and Patient Safety report to PCOG/PCCC
- CCG and CQC meet monthly to discuss issues with practices in BNSSG.
- Escalations to be reported to PCOG/PCCC by exception.
- Incident themes and outcomes reported quarterly to PCOG/PCCC (February/ May/ August/ November).

## **Annual Health Checks (AHC) for Adults with a Learning Disability Update January 2021**

### **Completed Actions:**

- Developed a toolkit of Annual Health Check (AHC) resources to support GPs & practices validated by Community Learning Disability Teams (CLDT)
- Launched toolkit with GP's practices in October 2020
- Set up an AHC portal with 30 recommended AHC resources hosted on GP platform – Teamnet/Remedy, including easy read invite letters
- Identified lead Learning Disability GPs in every practice to establish a contact list
- Established a BNSSG Learning Disability lead GP Forum.
- Developed and delivered a multi-agency training webinar for GP's on 3<sup>rd</sup> December – 90 minutes training and discussion attended by 66 GPs.
- Provided guidance on reasonable adjustments, including easy read information, to ensure that health checks are accessible.
- Presented briefing on the importance of AHC to Practice Managers Forum and Locality Leads
- Worked with Healthwatch, service users and carers to develop an easy read 'Get Ready' resource to prepare for AHC for roll out to practices in January

### **Further Planned Actions:**

- Simplified Coding flier for practices to address incorrect coding errors to assist with accurate reporting – distribute January
- Working with One Care to establish a process for weekly reporting.
- From the success of the pilot rollout the LD champions programme to all GP practices across BNSSG supported by CLDT staff
- Develop further specific training sessions for practice nurses & other practice staff involved in AHC
- Learning disability AHCs are included in the Phase 3 primary care prioritisation work and communications sent out to practices
- Ensuring Health Action Plans are produced as a result of the AHC
- Targeted support for practices with high numbers of LD patients
- Targeted support for practices with low AHC compliance
- Engage GP LD Leads and PCN Clinical Directors to support delivery - Work with PCNs to set up local LD forums and 'buddy' practices with high compliance with those who are struggling
- Regular prompts and support calls to practices about progress with annual health checks.
- Provide pertinent information on reasonable adjustments, coronavirus issues, vaccine, Mental Capacity Act, Best Interests and consent etc.
- Linking AHC to various quality improvement projects e.g. STOMP and improving uptake of cancer screening (particularly bowel cancer)
- GPs advise too many AHC templates – BNSSG will develop one agreed easy read AHC template and put on EMIS
- Develop AHC audit tool with LD GPs – auditing 5 AHC per practice
- Quality Audit of AHC planned for April 2021 - Ensuring that health checks are comprehensive and actions following the health check are identified and followed up.

## 6. Estates

### a. Schedule of BNSSG Capital Projects Supported by NHS Grant Funding

The following table sets out the current portfolio of primary care estate development projects that are supported by NHS grant funding.

Programme	Project	Funding Source	NHS Grant Investment	OBC / Concept Approval	FBC / Project Approval	Building Works Completion	Comments
Little Stokes PCN	Bradley Stoke	ETTF & GPs	£37,856	May 2019	Dec 2019	April 2020	Works Complete and building fully operational.
	Coniston	ETTF & GPs	£176,307	May 2019	Mar 2020	Jul 2020	Works Complete and building fully operational.
Pioneer Medical Group	Lawrence Weston	ETTF	£2,181,654	Jan 2020	Jul 2020	Jul 2021	Construction progressing well and is on track.
	Avonmouth	ETTF & GPs	£534,745	Sep 2018	Jan 2020	Dec 2020	Works Complete and building fully operational.
	Bradgate	ETTF & GPs	TBC	Sep 2018	June 2021	Jul 2021	As Lawrence Weston now underway, design and planning for Bradgate can begin. Works won't commence until Lawrence Weston and Avonmouth completed and operational.
Glos Road Corridor	Glos Road MC	ETTF	£2,022,745	Nov 2019	Aug 2020	Sep 2021	Construction progressing well and is on track.
	Monks Park	ETTF & GPs	£718,037	Nov 2019	Oct 2020	Jul 2021	Construction progressing well and is on track.
	Falldon Way	ETTF & GPs	£260,000	Nov 2019	TBC	TBC	Work is progressing well on FBC and planning permission has now been secured. At present, no source of capital has been identified, so proposals are being developed to deliver the scheme via GP funding and in turn, CCG notional rent. The Glos Road Corridor programme has a revenue envelope resulting from closure of Nevill Road and

							Northville practices, so the team are working to contain cost within this envelope. A proposal will be brought forward to PCOG & PCCC when ready (likely to be in May/June 2021).
	Conygre	ETTF & GPs	TBC	Nov 2019	May 2021	Sep 2021	Planning permission is now secured and tender pack is being developed. Additional ETTF capital has been secured to deliver the enlarged proposal and NHSE have approved the scheme. Internal CCG approvals now being sought.
Tyntesfield PCN	Tower House	ETTF & GPs	TBC	May 2019	May 2021	Mar 2022	Practice is now designing and planning internal reconfiguration of the building to increase operational efficiency and new ways of working. Involvement in the mass vaccination programme has delayed the practice in developing and finalising plans.
	Admin Hub	ETTF & GPs	N/A	May 2019	N/A	N/A	Practice has now aborted this project as economic fragility associated to Covid means they cannot secure the value they need from the sale of a of their Brockway site that is necessary to enable this project to progress.
Healthy Weston	Parklands Village	ETTF & S106	£4,780,000	Dec 2018	Dec 2020	May 2022	Full Business Case (FBC) approved by PCCC in November 2020. Signed off by NHSE CFO in January 2021. Detailed design and specification now completed and final details of contract agreements now concluded between NSC and GPs. NSC to sign and seal contracts week commencing 19 <sup>th</sup> April with a view to construction getting underway in May 2021.
	Central Weston	STP Wave 4	£3,200,000	Jul 2020	November 2021	Jun 2023	Outline Business Case approved by PCCC in July 2021. Formal submission to NHSE not required to progress to FBC, but informal review took place



							and feedback was positive. Interdependencies with the wider development's planning application have caused some delay in the last reporting period, though progress on the design of the building and internal layouts has been progressing well.
Thornbury	Thornbury	STP Wave 4	TBC	TBC	TBC	TBC	Bid submitted to NHSE in Oct 2020. Currently with DHSC for review. Outcome will determine next steps.

Black Dates = Achieved previously

Green Dates = Achieved during reporting period

Grey Dates = Planned in future

## **b. Minor Improvement Grants (MIGs)**

As the Minor Improvement Grants (MIGs) process was put on hold due to the COVID-19 Pandemic, the Capital funding from NHSE has been carried over into 2021/22 to ensure any schemes that were not completed before the 31st March 2021 were still able to be completed.

Following successful due diligence checks, 22 schemes have been approved to complete MIGs works. To date 4 schemes have completed works, a further 18 are due to complete works by the end of Q2 and 3 schemes remain working through due diligence.

## **c. Rent Reviews**

Following review of the rent review process by Estates and contracting team rent reviews have now recommenced, however due to Covid-19 the District Valuer is only carrying out Desk Top Reviews.

**Reviews in Progress** – There are currently 10 rent reviews in progress and an additional 4 reviews being appealed by practices.

**Upcoming Reviews** – There is 1 review due to be carried out in Q1.

**Reviews Delayed** – 13 reviews were carried over as incomplete from delegation. 24 reviews have been delayed due to Covid-19. There are a further 16 reviews that are being actively followed up by the Contracting Team.

## **d. Requests for Additional GMS Reimbursable Premises/Space**

**Thornbury Health Centre** – This is an NHS Property building occupied by Sirona and two practices, Severn View Family Practice and Streamside. There are currently multiple vacant rooms available in the premises and both practices have submitted requests to occupy additional space. The practices have discussed their respective proposals with one another and agreed which party would occupy each of the available rooms applied for.

In both cases the practices have demonstrated the additional space would support changing workforce needs and service delivery. The application would be a cost neutral addition, as the CCG currently pays for the void space that the practices intend to use. The applications have been supported by the South Gloucestershire Locality Team and approved in principle by the Primary Care Estates and IM&T sub group.

A meeting is being scheduled for the CCG to meet with both practices to confirm the arrangements for allocation of the additional space and to discuss any associated requirements, such as IT.



## **e. Branch Closures**

The approach that was agreed at the October 2020 meeting noted that closures had been in place for several months. It was recognised that more formal arrangements needed to be considered to support reopening branch sites in a Covid-19 safe way. Thereafter in December 2020 it was agreed to allow Practices to concentrate on the mobilisation work related to Covid-19 Mass Vaccinations and to approach these Practices once mobilisation had completed.

In March '21 three of the four Practices were contacted regarding their intention for reopening their branch sites. The fourth site is currently being supported with formal branch closure process, including engagement and impact assessments

## **f. Stafford Branch Closure**

In October 2021, PCCC received the formal branch closure application from The Stafford Medical Group based in Weston Super-Mare serving a list size of 11,495 patients. The practice was operating from two sites; the main site was located in Locking Castle Medical Centre from a purpose-built site with modern, scalable facilities for a large GP practice. There is provision for disabled and staff parking on site, with ample parking in the adjacent retail park. There is a large pharmacy in the retail park with well-established public transport links.

The branch surgery site was based in a converted house and was known as the Stafford Place branch. The building is owned by a partner who retired from Stafford Medical Group some years ago, and Dr M Leonard who retired from the practice at the end September 2020. These two partners had given notice on the practice's lease to enable them to take back control of the building from 1st November 2020.

The Practice had concluded a period of consultation with the support of OneCare, and considered the feedback as part of this application. A communication plan was in place in order to support the branch closure if approved.

The Practice in their application stated that they were not asking patients to re-register with another practice and had plans to accommodate all clinical and administrative capacity at their Locking Castle site; so there is no loss of service delivery as a result of the proposed branch site closure.

The PCCC approved this branch closure application.

## **g. Weston Parklands Village – Full Business Case**

In November 2020 PCCC gave approval to begin construction for the proposed new GP practice building at Weston Parklands Village.

The FBC had been approved by the regional NHSEI ETTF panel (09/11/2020), but still required approval from the National ETTF Panel (24/11/2020) and NHSEI Chief Financial Officer (16/12/2020) and North Somerset Council delegated officer approval. These approvals have now been received.

The purpose of this scheme is to deliver a new GP practice building for between 12,000 and 16,000 patients on the major new housing developments collectively called Weston Villages where circa 6,500 new homes are being built. There is currently no GP provision in these new developments and the existing practices in the surrounding area do not have sufficient capacity to register all of the new residents. The scheme is being delivered under the One Public Estate agenda, working with the local authority as the developer and ultimate owner of the building through an innovative “Section 2” contract agreement. A plot of land for the building and circa £1.7 million is available to the scheme via Section 106 funding, in addition to circa £3.7 million of NHS Estates & Technology Transformation Funding (ETTF).

## **h. Communications and Engagement Plan - Proposed relocation of Graham Road Surgery**

In 2018, the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the CCG) was successful in securing £3.2 million of Wave 4 NHS Strategic Transformation (STP) capital to develop a new primary care facility in central Weston, for relocation of GP services currently provided at Graham Road Surgery by Pier Health Group Ltd (PHGL). In addition this would improve access to primary and community healthcare, supportive of the growth in the central Weston population.

The Central Weston Estates Steering Group was launched in June 2019 with the purpose of identifying a suitable site in Weston town centre and progression towards a Full Business Case (FBC) for a primary care centre of c.1,100m<sup>2</sup>. The new facility would accommodate the relocation of Graham Road Surgery patients with room for list growth and the co-location of community health and care services to deliver new, joined up health and care services for the population of Weston.

Initially, the timeline for accessing the STP capital was set as no later than 31st March 2022; however this deadline has subsequently been revised by NHS England and NHS Improvement (NHSEI), due to the inevitable disruption caused by Covid-19. Co-produced with patients and a range of local providers and stakeholders, an evaluation and scoring criteria was defined. 17 site options in and around the centre of Weston were considered between June 2019 and June 2020 that could be suitable for the development of a FBC for a preferred site that was achievable, accessible and affordable.

In June 2020, the final evaluation process was completed with clinical and managerial representation from PHGL, patients registered with Graham Road Surgery and representatives from Sirona Health and Care, North Somerset Council (NSC) and the CCG. From a shortlist of three viable sites, the Weston Rugby Club (the Rugby Club) was the highest scoring option overall. Working with the developer, Studio Hive, an Outline Business Case (OBC) was developed with the Rugby Club as the preferred site option and was approved by the CCG's Primary Care Commissioning Committee (PCCC) in July 2020.

The intention to develop a new primary care facility on the Rugby Club site was announced publically in December 2020. The next stages of the project include engagement and public consultation on relocation of the Graham Road Surgery services to a new facility at the Rugby Club, and the completion of a FBC by November 2021, with full planning permission in place for the new building. Subject to approval of the FBC by NHSEI and the Department of Health & Social Care, construction is planned to commence in early 2022 with completion anticipated in spring 2023 (following current programme projections).

The Communications and Engagement plan approved at PCCC in March 2021 set out activities to support the progression to a Full Business Case for the preferred location for a new primary care facility at Weston Rugby Club. The plan includes:

- Pre-consultation engagement period (April – May 2021)
- Consultation on the relocation of Graham Road Surgery services to a new primary care facility located at the Rugby Club development, led by Pier Health Group Ltd (PHGL) for an indicative 12 week period (June – September 2021)

## 7. Contract Backlog Update

- BNSSG Primary Care Contracting have issued 81 2021/22 Contract Variations covering all GMS, PMS and APMS services across the locality. This includes issuing individually tailored contract variations for each of the services, communication with practices and collection of all appropriate documentation.
- Ongoing maintenance of Primary Care contacts details.
- Successful completion of 38 PCSE requests
- Development of local Primary Care contract register in line with the directorate contract register

### a. SFE Locum reimbursement Q3-Q4 summary

Over Q3 and Q4, 945 weeks of cover were reimbursed, at a total value of £1,270,343.84 split into

	<b>Weeks</b>	<b>Reimbursed</b>
<b>Contemporary</b>	416	£552,430.05
<b>Historic</b>	530	£717,913.78
<b>Total</b>	946	£1,270,343.84

During the pandemic, contemporary claims were prioritised over historic claims. However, to ensure balance at year end a significant effort was made to clear the backlog. Looking at the average weeks of claims reimbursed per month:

	<b>Average weeks reimbursed per month</b>
<b>Before lockdown</b>	160
<b>During lockdown</b>	140
<b>March 2021</b>	380

#### **b. Covid-19 Costs/Claims processed**

For Q3-Q4, the bulk of Covid support was provided via the Covid Expansion Fund, paid directly to practices. Despite this, the peer-review panel continued to meet and processed 583 claim items to a total value of £359,337.34.

#### **c. Other Costs/Claims processed**

The team have also been process the following claims;

- Designated Site mobilisation
- ARRS claims
- Housebound premium
- GP retainer scheme
- Seasonal flu vaccination support
- LD Health check DES payments
- PCN DES payments

## **8. Influenza Planning Update**

In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme was important to protect vulnerable people and support the resilience of the health and care system.

System wide flu groups were established with membership from all stakeholders and clear governance arrangements put in place.

Regular monitoring of flu vaccine uptake across BNSSG was undertaken to try to ensure a proactive approach to increasing uptake. A particular focus this year aimed at improving uptake in areas with health inequalities specifically Black, Asian & Minority Ethnic (BAME) Groups via community clinic pilots in Southmead and Easton as well as targeted communications. Monthly highlight reports were written throughout the influenza season and shared with PCCC.

An end of year flu report will be presented at the April PCCC and will show the final flu vaccine uptake position along with lessons learnt and recommendations to be taken forward into the 2021/22 flu season. It is anticipated that the flu vaccination programme will link closely with the Covid booster vaccination programme.

## 9. Medicines Optimisation Quarterly Report

The medicines optimisation quality report is regularly presented on a quarterly basis to PCCC and provides an overview of the key medicines and safety work including outcomes from the following meetings; Area Prescribing Medicines Optimisation Committee (APMOC), Medicines Quality and Safety meeting and the BNSSG Joint Formulary meeting.

The latest report (October – December 2020) presented at the January PCCC provided an update on the community pharmacy Patient Group Direction (PGD) pilot which is showing positive results with 129 pharmacies offering the service, resulting in 1,631 appointments being avoided in other parts of the health system. Further work is ongoing with the Avon Local Pharmaceutical Committee to encourage more pharmacies to offer this service.

Work is being undertaken to ensure safe prescribing in relation to valproate in women of child bearing age in line with MHRA safety alerts including completion of a short practice based audit to gain reassurance that patients are being reviewed or were in the process of being referred for review with secondary care. Further work is ongoing to review those patients not yet reviewed and the results have been shared with the trusts. Updates will be provided to future PCCC meetings.

National antibiotic prescribing measures continue to be monitored and the impact of Covid-19 on prescribing levels can be seen. All localities are meeting both targets although there has been an increase in the percentage of antibiotics that are cephalosporins, quinolones and co-amoxiclav. Covid-19 has had an impact on antibiotic prescribing. Overall antibiotic prescribing has significantly reduced. Antibiotics used to treat upper respiratory tract infections have seen the largest reduction whereas prescribing for UTIs (except in the 10-19 year age group) and skin infections has been mostly unchanged.

PCCC was informed of the results of the 2019-20 BNSSG Prescribing Quality Scheme PINCER medicines safety project. PINCER is a pharmacist-led, IT based intervention to reduce medication errors in primary care. Results showed reductions across 12 of the 14 PINCER indicators in terms of the number of patients identified as being at risk which was positive. To maintain and build upon the improvements seen with this project as well as to support improvements, the Medicines Optimisation team asked practices to continue focusing on the 14 indicators using the Eclipse Live prescribing safety tool.

Eclipse-Radar is a tool designed to improve patient safety. Radar identifies patients who are at potential risk of adverse events or harm from their prescribed medication, and stratifies this risk in

blue, amber or red, allowing you to prioritise those who are at the highest risk of harm for a review. As of the end of October 20, 39 practices were fully live with Eclipse Radar, with another 37 in progress. 211 patients were reviewed with a red alert which could potentially have led to a harm that could have resulted in a hospital admission.

Lifestyle prescriptions are leaflets that are used as an alternative or adjunct to prescribing. A local project aimed to promote lifestyle interventions and encourage patient empowerment to self-care first line. Locally leaflets were developed for gut health and mental wellbeing. Feedback on the project was reported to be positive for both patients and clinicians. Further updates will be given to PCCC as the next steps are developed.

## 10. LES Update and Supplementary Services Review

A working group was established to review the current suite of enhanced services. Membership includes representation across Primary care development, quality, Business Intelligence, finance, medicines optimisation and the LMC.

It was agreed during the initial stages of the review that Supplementary services and the South Gloucestershire Basket would not be in scope for review during 2020/21. It was agreed that this review would be delayed to the first half of 21/22 to ensure a thorough approach could be taken.

Each specification was subject to a desktop exercise and to date the review has concluded that the majority of enhanced services will continue with no or minimal changes from 1 April 2021. This includes:

Anticoagulation (advanced and basic), DVT, Dementia, ADHD. Specialised Medicines Monitoring to continue with the addition of cinacalcet a new level 2 drug monitored 2-3 times a year.

The flu outbreak management service was passed to Sirona across winter 2020/21. No outbreaks occurred. All Primary Care Networks will be given the opportunity to express an interest in delivery of the service for the 2021/22 flu season. This will include avian flu.

In response to NHS England 'Freeing up General Practices' letter on 7 January it was agreed that all LES income was to be protected until the end of Quarter 1 2021. All services were reviewed clinically to identify if any relaxation could be safely implemented to free up capacity. Upon review the dementia annual review and the care home quarterly meeting were stood down. All other requirements were deemed required to continue as clinically necessary.

A proposal for the Care Home LES funding was developed in March 2021. This proposed that the distinction between nursing and residential bed tariffs be removed and a single tariff be applied equally across all care home beds. This change would support membership feedback that residential home workload is equal to that of nursing. The proposal will be shared with

membership in April and further work to continue to develop the rationale behind a flat tariff and develop a set of outcomes that the care home LES funding will support.

A community Phlebotomy LES has been identified as a system wide priority. The specification and financial proposal is in the final stages of development. It is anticipated this will be funded on a block basis for quarter 1 21/22.

## 11. Financial Resource Implications

The financial position at the year end, of the combined primary care budgets is reporting an underspend of £0.9m, of which;

- £2.1m relates to prescribing as a result of reduced product costs and volumes during Q4. The Primary Care position,
- £1.2m Overspend (needs to be read net of Primary Care (Delegated) & Other Primary Care) represents the late processing of Locum claims (£915k) and an increase to LES costs as a result of prior year costs and a correction of activity reporting for some schemes savings targets set for 2020/21.

The table below illustrates the position at 31<sup>st</sup> March 2021 (Month 12).

	2020/21 Annual Budget (£ '000)	Year to Date Budget (£ '000)	Year to date Expenditure (£ '000)	COVID-19 Costs (£ '000)	TOTAL Expenditure (£ '000)	Year to Date Variance (£ '000)
Primary Care (Delegated)	£142,270	£142,270	£138,778	£4,732	£143,510	(£1,241)
Medicines Management*	£146,213	£146,213	£132,296	£11,767	£144,063	£2,150
Other Primary Care	£19,597	£19,597	£19,240	£308	£19,548	£49
<b>Totals</b>	<b>£308,080</b>	<b>£308,080</b>	<b>£290,314</b>	<b>£16,807</b>	<b>£307,121</b>	<b>£959</b>

\*Medicines Mgmt is not reported nationally as a COVID cost

The NHS has had to make a number of changes to the financial framework in 2020/21 as it has responded to the Covid pandemic. Of particular note:

- The impact of the additional funding allocations have, on the whole continued to support a stable financial position year to date when compared to budget, but will highlight some unintended variation at the summary, annual level.
- The current financial regime has funded all overspend to budget, April 2020 – September 2020 (M1-6), further, the allocations for October 2020 – March 2021 have funded a favourable position for the 2020/21 financial year.
- The CCG is continuing to plan on the basis that, the NHS Long Term Plan such as PCN Investment & impact funding, and Primary Care Transformation Plans (SDF) will be received.

## **12. Legal Implications**

No legal implications applicable.

## **13. Risk Implications**

The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the March meeting.

## **14. Implications for Health Inequalities**

Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly. Primary Care Strategy update on Addressing Health Inequalities presented to PCCC in March – see section 4 of the report for details in full.

## **15. Implications for Equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

Equalities Impact Assessment for the work programme of the Primary Care Locality Development Group has been completed and monitoring and actions will be overseen by this group and the Primary Care Strategy Board.

## **16. Consultation and Communication including Public Involvement**

Implications for public involvement have been drawn out in each of the papers to PCCC. There has been continued communications and engagement to support changes in primary care during the pandemic with listening events and media campaigns to promote changes. A digital inclusion plan has been developed and we are updating the communication and engagement plan for the primary care strategy.

## **17. Recommendations**

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarters three and four in 2020/21.

Propose the Governing Body receives the report to support its own work plan and decision making.

## Report Authors:

Jenny Bowker, Head of Primary Care Development, Jacqui Yuill, Lead Quality Manager for Primary Care, Tim James, Estates Manager, Clare McInerney, Head of Locality - Weston, Worle & Villages, Lisa Rees, Principal Medicines Optimisation Pharmacist, Louisa Darlison, Senior Contract Manager Primary Care, Sukeina Kassam, Interim Head of Primary Care Contracts Jamie Denton, Head of Finance Community & Primary Care, Sophiya Wilson, Programme Officer

## Report Sponsor:

Lisa Manson, Director of Commissioning, David Jarrett, Area Director, Commissioning & Primary Care, Rosi Shepherd, Director of Nursing and Quality

## Glossary of terms and abbreviations

<b>PCCC</b>	Primary Care Commissioning Committee
<b>ICP</b>	Integrated Care Partnership
<b>PCN</b>	A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.
<b>Local Enhanced Services</b>	These are locally commissioned primary care services that recognise services delivered above the core contract for general practices.
<b>CQC</b>	Care Quality Commission – regulatory body for health and social care services
<b>DVT</b>	Deep Vein Thrombosis – a blood clot in a vein
<b>DHSC</b>	Department of Health and Social Care

**ETTF**

Estates and Technology Transformation Fund – multi-million pound investment in general practice facilities and technology between 2015/16 and 2019/20