

BNSSG CCG Governing Body Meeting

Date: Tuesday 3rd November 2020

Time: 1:30pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

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| Agenda Number : | 9.1 |
| Title: | 6 monthly report for Governing Body |
| Purpose: Decision | |
| Key Points for Discussion: | |
| To provide a summary of quarter 1 and quarter 2 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. | |
| Recommendations: | Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarters 1 and 2 of 2020/2021. Propose the Governing Body receives the report to support its own work plan and decision making. |
| Previously Considered By and feedback : | Contents of this paper have been discussed in open session of PCCC |
| Management of Declared Interest: | Conflicts of Interest are managed at each meeting of the Committee. |
| Risk and Assurance: | The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the September meeting as set out in this report to Governing Body. |
| Financial / Resource Implications: | The financial position year to date of the combined primary care budgets is reporting an overspend of £1.9m. Further detail is included in the report. |



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| Legal, Policy and Regulatory Requirements: | There are no specific legal implications in this paper. |
| How does this reduce Health Inequalities: | Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly. Equality Impact Assessments completed for site closures associated to COVID. |
| How does this impact on Equality & diversity | 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 cell has been completed and monitoring and actions will be overseen by the cell and primary care strategy programme board. |
| Patient and Public Involvement: | 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. |
| Communications and Engagement: | Contents of this paper have been discussed in open session of PCCC |
| Author(s): | David Moss, Head of Primary Care Contracts, Jenny Bowker, Head of Primary care Development, Jacqui Yuill, Lead Quality Manager for Primary Care, Jamie Denton, Head of Finance Community & Primary Care, Tim James, Estates Manager and Kate Davis, Principal Medicines Optimisation Pharmacist |
| Sponsoring Director / Clinical Lead / Lay Member: | Lisa Manson, Director of Commissioning; Martin Jones, Medical Director, Commissioning & Primary Care; Rosi Shepherd, Director of Nursing and Quality |

Agenda item: 9.1

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 GPFV. 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 one and two updates provide a summary of the activities and decisions in 2020/21. This is a 6 month update noting the quarter 1 report was deferred to allow teams to focus on Covid 19 response earlier in the year.

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:-

Vulnerable Groups - During the initial wave of the pandemic we worked with primary care colleagues to validate the lists of vulnerable patients as part of the national shielding programme. GPs reviewed the patients flagged on the system during this process, and reviewed patients who had self-identified via the gov.uk website. We are now developing a pragmatic guide to support risk stratification of patients and support practices to identify people, work and populations; and

what intervention is required (QoF review, flu vaccination, non medical support) as part of our Phase 3 plans to restore activity and continue to support people at greatest risk of ill health.

SitRep – Working with OneCare a daily SitRep of Primary Care was rapidly made available, detailing staffing levels, sickness, PPE etc. In addition, primary care has been reporting on suspected Covid activity via Alamac to support the system-wide response

Staff testing –The primary care cell supported early staff testing and more latterly ensured antibody staff testing available to general practice staff.

PPE –Working with Logistics cell to ensure Primary Care providers receive essentials as quickly as possible, mutual aid system in place. One Care co-ordinated and procured PPE on behalf of practices since 1st June. A PPE distribution and logistics offer has since been secured and the transition managed to the new system for primary care.

Community Phlebotomy – A workflow from acute trusts to primary care is being finalised to support outpatient transformation in response to Covid. An offer to general practice is being worked up and will be shared in October. A wrap around web-based ICE solution is being piloted by two practices facing NBT and UHBW to support returning blood results to acute hospitals which do not follow the new process

111 First - Primary Care involvement is key for this programme. An initial meeting drafted what the pathway could look like, and was tested with a Primary Care design group on the 29th September, including key stakeholders to form a task and finish group to support the programme. We have also agreed the draft Primary Care communications and engagement element within the programme communications plan

Digital response: -

Laptops: Following the distribution of 300 laptops for GP practices at the beginning of April, a further 130 laptops have been configured were distributed.

Headsets and webcams: 1000 USB headsets and 900 USB webcams were ordered for practices in the early months of the pandemic.

Smartcard access expanded: Clinicians can now access the relevant patient records for their own practices and for others when necessary wherever they are.

AccuRX: We have enabled the 'Pathways' function in the text messaging service that practices use with patients which allows scheduling of messaging to patients e.g. for admin purposes along with the 'Florey' function -the ability to send questionnaires e.g. Covid remote monitoring and triaging.

Bandwidth: Practices updated to HSCN to improve bandwidth to operate remote working.

Care Homes: Care homes being encouraged to register for NHS mail and use MS Teams for secure video calls, instant messaging and file sharing, particularly to allow GPs and other primary care clinicians to provide healthcare via secure virtual ward rounds.

GP Connect: Practices have been given guidance on how to switch on GP Connect functionality and set up worklists in appointment books. OneCare have offered support to practices to do this. This functionality enables the CCAS (Covid clinical assessment service) to book patients directly into a GP practice worklist.

111 Direct Booking - Currently BNSSG are number one nationally for the configuration of our practices and number of direct bookings through the Covid Clinical Assessment Service (CCAS) and 111 providers. We continue to monitor demand on a weekly basis, which is key as this is largely small numbers at present. If numbers were at the proposed revised contract levels of 1 per 500 population this would challenge General Practice capacity significantly. The weekly monitoring also includes a risks and issue log to track the challenges our practices are reporting since go-live on 30th June 2020. An escalation process in place for CCAS and 111 along with a change management process with the Directory of Services Team. This is important as effective 111 direct booking is an essential enabler for the wider work on 111 First.

Video Consultations: 100% of practices using video consultations: weekly monitoring of usage in place to inform ongoing guidance and support. AccuRx are the current video provider for our practices, along with additional functionality that support the way practices work. These services are soon to come with a significant charge. A piece of work is being carried out to review our digital providers and ensuring best value for money and best quality outcomes

Online Consultations: 85% of practices implementing online consultations. A decision was made to roll out e-Consult as provider of choice, with a commitment of one year (funded for five years through the CCG Primary Care Transformation Fund), following due process through NHSE and CCG procurement guidance. Practices which chose other providers were supported with equivalent resource to procure this. Practices adopting e-Consult were supported with training sessions and implementation plans.

Integrated locality plans - for Covid-19, were produced by existing Locality Partnership Groups, to deliver clinical models designed by various BNSSG Cells and that require primary care input:

- Home visiting
- Care home 'wraparound' teams and advanced care planning
- End of Life care support to community
- Supporting timely complex discharges
- Virtual frailty MDT working
- Enhanced provision of urgent care minor illness and injury in community settings

Communications Sub-Group was rapidly established to ensure daily communications process in place to discuss and agree one daily bulletin to general practice with CCG, One Care, LMC and

SevernSide contributing content. This has been supported by practice FAQs received by the CCG and One Care jointly answered and updated daily initially and now twice weekly.

Workforce - CCG, One Care Ltd, SevernSide Integrated Urgent Care Service and the BNSSG Training Hub are all represented on the System Workforce Cell which developed a process for prioritisation and coordination of support to practices. The Training Hub also developed a directory of online training resources to support general practice during Covid and is available on TeamNet.

Site Closures - Where practices had multiple sites, some requested to consolidate staffing to main sites, allowing them to streamline processes during staff shortages. At risk staff are encouraged to utilise the closed sites, which allows them to continue providing care, whilst remaining protected. The CCG has approved these applications which affected 7 GP practices.

Income protection: - To further support practices, the CCG shared a letter with all practices to protect income during the Covid-19 pandemic. A process was established to categorise costs in order to identify those suitable for a peer review assessment. A panel was established to discuss such costs and this consisted of representatives from the CCG as well as the LMC and representation from general practice. Claimants were anonymised to ensure impartiality.

3. Primary Care and Community Support to Care Homes

In May and June the Committee was updated on the work to establish the local phase 2 response to primary and community support to care homes.

On 29th April 2020 Sir Simon Stevens formally announced that the NHS was entering phase two of its response to the Covid-19 emergency. Dr Niki Kanani, on behalf of NHS England, wrote out on 1st May 2020 to outline the specific role that primary care will need to take in response to this new phase. The letter outlined several commitments in relation to primary and community health support to care home residents and the proactive action that needs to be taken by the end of May 2020.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-response-primary-care-and-community-health-support-care-home-residents.pdf>

The letter presented the expected care home support model to be implemented across all care homes. It acknowledged that, in many areas, the model is already established. Where there are local arrangements that go beyond the service model presented, these should continue without disruption. Where the model does not exist the letter emphasised the urgent need to establish support working with CCGs, general practice, community service providers, care homes, LMCs (GP and Pharmacy) and wider partners in the area.

In particular it was highlighted that practices and community providers will want to ensure:

- timely access to clinical advice for care home staff and residents

- proactive support for people living in care homes, including through personalised care and support planning as appropriate
- care home residents with suspected or confirmed Covid-19 are supported through remote monitoring – and face-to-face assessment where clinically appropriate – by a multidisciplinary team (MDT) where practically possible (including those for whom monitoring is needed following discharge from either an acute or step-down bed) and
- sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit

Primary Care Networks have been identified as the level for which primary care delivery should be organised. The letter confirmed the intention that from 1st October 2020, the model will be adapted to support the service specification already set out in the Network Contract DES.

In order to implement the clinical service model presented in the letter, the following steps will need to be implemented

- Delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care (to be delivered remotely where appropriate)
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

To deliver this support it is requested that CCGs take immediate steps to:

- Support individual practices and community health services teams to organise themselves according to their local areas or networks.
- Ensure that clear and consistent out of hours provision is in place for each care home
- Work with secondary care providers to ensure they will accept referrals and admissions from care home residents where clinically appropriate (considering individual care and support plans)

In regards to scope and timescales, the letter confirmed that:

- Support should be delivered for all care homes (CQC registered with or without nursing)
- Model to be established as soon as possible within a fortnight at the least in order to support residents as quickly as possible (15th May 2020)
- Additional costs for general practices and community health services providers, which cannot be met from their existing resources may be eligible for reimbursement

A local working group was established to oversee the implementation of the local response. Practices and PCNs were asked to support alignment to all care homes to ensure full coverage and to provide named clinical leads. This was supported through extension of the existing LES to all care homes. This work also enabled us to achieve the first requirements of the PCN DES specification for Enhanced Health for Care Homes.

4. Primary Care Networks

April PCCC was updated on the General Practice Response to Covid-19' Letter from NHS England dated 19th March 2020 confirming: -

- Investment and Impact Fund deferred until at least second half of 2020/21 and recycled into PCN Support Fund
- Funding for network DES 2020/21 will continue to be available
- DES Specifications –Structured Medication Review and Medicines Optimisation Service postponed until at least October 2020
- Early Cancer Diagnosis specification should continue as planned unless Covid-19 response intervenes
- GP Support to Care Home Specification to continue as planned
- Workforce under ARRS considered critical to Covid-19 response, recognising PCNs may need more time to consider workforce needs, delay to planning templates from June to 31st August 2020. CCG requirement to redistribute unused funding deferred until September 2020.

In July all PCNs submitted returns to support Care Home alignment and named clinical leads:

- PCNs developing SOPs/pilots for supporting care homes – support for shared these across at the CCG PCN CD meeting held 21st July
- Transition options between LES/Covid 19 response to Care Homes and PCN EHCH specification to be shared with PCCC and further engagement with PCN CDs in August
- First draft of communications to support care homes and residents developed and being refined to support PCNs in communicating the benefits of the offer
- Process for allocation of pulse oximeters to support outbreaks in care homes agreed at Clinical Cabinet and shared with membership
- Meetings held with PCNs with regards to clinical pharmacy support to care homes. Training of CCG pharmacists to support care home outbreak completed

Primary Care Networks Directed Enhanced Service (DES) – Workforce returns and Next Steps

The investment for the Additional Roles Scheme in 2020/2021 for BNSSG totals a maximum of £6,976,000, £4,167,000 of which is held with the CCG and £2,809,000 of which is held by NHSE&I and is subject to draw down once the CCG allocation is committed.

There are 10 roles which PCNs can recruit to in 2020/2021. These are:

- social prescribing link workers
- clinical pharmacists
- occupational therapists
- physician associates
- first contact physiotherapists
- dieticians
- podiatrists
- health and wellbeing coaches
- care co-ordinators
- pharmacy technicians

In addition, from October 2020, two new additional roles have recently been introduced. These are nurse associates and trainee nursing associates. From April 2021 the scheme will expand to include community paramedics and mental health workers.

As part of the process to maximise investment in the ARRS scheme this year the DES specification set out a timeline and a process for forecasting spend against the budget and setting out a subsequent redistribution process. The key steps in the process were for PCNs to submit their workforce plans for 2020/2021 to the CCG by 31st August 2020. This was then aggregated and submitted to NHSE by 9th September 2020. PCNs must then submit their indicative workforce intentions for 2021/2022 through to 2023/2024 to the CCG by the end of October.

The workforce plans received showed a clear weighting to clinical pharmacists, social prescribing link workers and First Contact Physiotherapists with more limited intentions with regards to other therapist roles. It should be noted that at the time of completion the NHSE workforce template had not been adapted to accommodate the addition of the nurse associate and trainee nurse associate roles and PCNs were advised to add this to the care co-ordinator line in order to demonstrate a claim on the funding.

This leaves £1,134,846 of unclaimed funding which can be made available for PCNs to bid for, which forms part of the investment held with NHSE. The CCG team are validating these forecasts against existing rates of claims to assess local confidence levels.

The NHSE position is clear that unclaimed funding must be used to support the roles currently available in the scheme in 2020/2021 and should not be used for roles outside the scheme or to support early recruitment to the roles being introduced from April 2021. The Committee was presented with a process for managing expressions of interest for unclaimed funding in September. The Committee supported additional weighting for bids in areas of deprivation that might find it harder to recruit and approved the process.

5. Primary Care Strategy

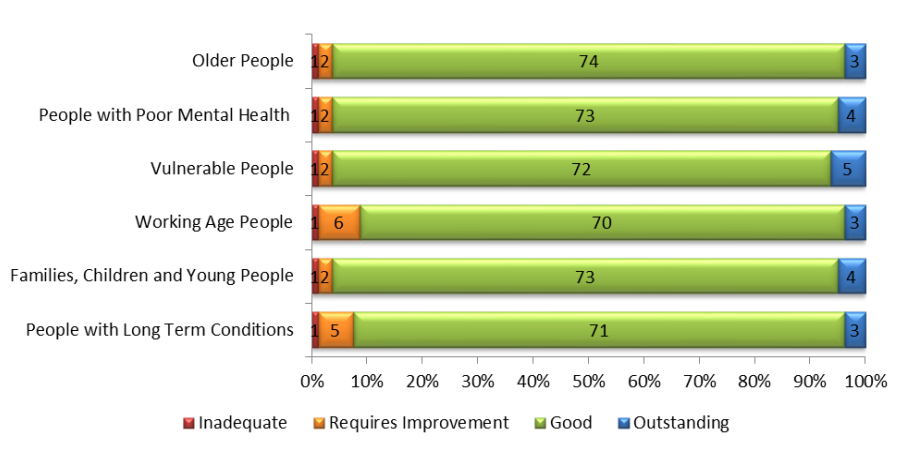
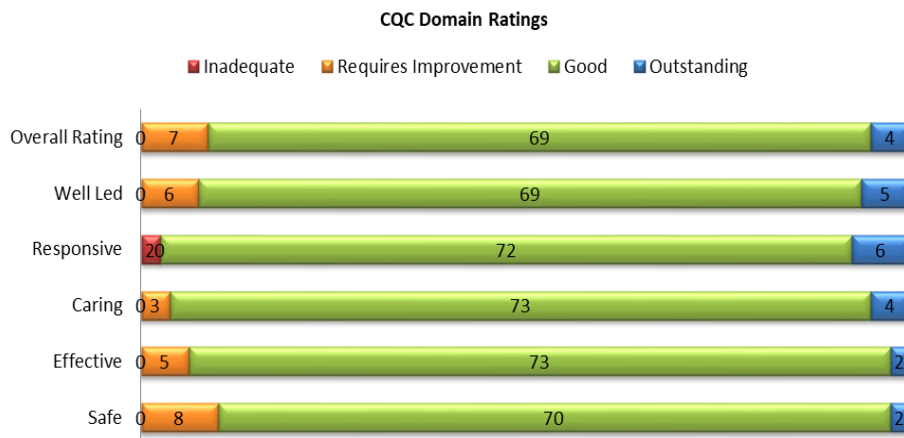
In September the Committee received an update on the Primary Care Strategy. This highlighted progress in the priority areas of Models of Care, Quality and Resilience and Digital. It also set out key future areas of focus including:

- ICP/ICS Development
- Primary Care Capacity Modelling and Primary Care Access
- 111 First
- Phase 3
- Health Inequalities
 - Prevention
 - Vulnerable and shielded
 - Digital inclusion
- PCN Maturity, Additional Roles and OD
- Full roll out of Community Pharmacist Consultation Service
- Care Homes Support
- Mental Health
- Further integration with voluntary and community services
- Updated communication and engagement plan
 - Citizens panel
 - Listening events
 - Targeted approach

6. Quality report

CQC Update

From the Care Quality Commission (CQC) inspections in BNSSG, **4** GP Practices have an Overall 'Outstanding' Rating and 69 Practices are rated 'Good'. **69-73** Practice Key Questions (Domains) are rated 'Good' and **70-74** Practices have 'Good' ratings for their Population Groups. **7** practices have an Overall 'Requires Improvement' and 2 practices have the 'Responsive' domain 'Inadequate' with 'Inadequate' in all the Population Groups.



During the Covid-19 pandemic, CQC have been operating an emergency support framework to monitor risks and gain assurance regarding patient safety in General Practice. No inspections have been completed since March 2020 and those published were undertaken in January 2020. From October 2020 the CQC approach will evolve into a Transitional Monitoring approach for regulation.

This will include:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs) to continually monitor risk in a service
- use technology and local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where there are concerns
- The information will be reviewed and then a conversation will be undertaken either online or by telephone. A rating will not take place at this time but will help to establish the need to undertake further regulatory action, for example an inspection.

The information is detailed in the following links:

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expect>

<https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/monitoring-questions-primary-care-dental-providers>

Support has continued to be provided to practices with Requires Improvement CQC ratings and Inadequate domains. There have also been fortnightly meetings with CQC area inspectors and Quarterly meetings with CQC/Primary Care Development/Contracts to assess any risk or issues and gain assurance. Quality escalations have been taken to the Director of Nursing and Quality and the CCG Executive Team for support and management with escalation to closed PCCC.

Infection Prevention and Control in Primary Care

It was identified that there was a need to cascade Infection Prevention and Control training which included Personal Protective Equipment specific Covid-19 training to all the GP Practices in BNSSG. In order to undertake this work the Quality Team collaborated with One Care to implement the following:

- **Adopt**-The National Orthopaedic training package for care homes
- **Adapt**-Package redesigned for primary care
- **Spread**-Phased approach rolled out to the practice champions in 81 practices
- **Scale**-Cascade of training to all staff across the BNSSG area
- **Pace**-New guidance be implemented quickly as Business As Usual for general practice
- **Delivered**-in 3 weeks from idea to full spread

Training process

- **Marketing** – appetite request for support. Primary Care Cell accepted the plan for delivery and also to get ready for winter flu as well.
- **One Care** – reputation working with GP Practices fully engaged. Identified the right champions in Primary Care to lead the call to action
- **Training** - delivered by 2 Super trainers(BNSSG CCG Quality Lead Manager and CCG Lead Practice Nurse to all BNSSG GP practices
- Offer online study package (1 hour) undertaken by champion prior to session followed by interactive training via MS teams (1 hour).
- **Champions**- Clinical and non-clinical identified in each practice to undertake training and then cascade information to **ALL** staff.
- **Documentation**- of training to evidence for validation. Cascading of training to all staff and certificate of completion for staff and Practice

Evaluation and further learning

- Springboard for flu planning
- Champions in Primary Care to link to other pieces of work
- Frequently Asked Questions being shared across BNSSG on TeamNet

- Super trainer/trainer confidence
- Accelerated relationship building
- Building a spider network & community practice of General Practice Nurses
- Collaboration with the General Practice Nurse training centre of excellence.

General Practice Nurse (GPN) 10PP Update

Completed actions/projects:

- Attended South West meetings to discuss Care Programme participation (Stepping in/Shiny mind)
- £10k NHSE/I funding bid submitted to fund Care Programme
- Digital Nurse Network webinars and meetings attended by GPNs
- 4 GP Practices submitted applications to be Seminal Practices for (41 SW wide training places) for Video Group Consultation delivery
- All GPN monthly forums delivering standardised information via Microsoft Teams
- GPN Lead and GPN Educators peer support established
- BNSSG Flu delivery video completed and shared with GPNs at NHSE/I and South West Flu Symposium
- GPN website updated with Training Hub to share resources, key messages and information

Key Successes:

- Delivery of Infection Prevention & Control Training across BNSSG GP practices via MS Teams. This will assist in identifying potential IPC GPN champions in PCNs/Localities
- GPN engagement with Microsoft Teams to deliver GPN forums. This has built confidence in using digital systems and assisting with effective communication to standardise messages across BNSSG.

Challenges:

- Increased pressures and challenges to workforce as business as usual returns and practices work towards recovery. This may impact staff capacity to progress next steps and limit innovation

Next Steps:

- Identify Locality Lead /Champion GPNs to support GPN MS teams forums in preparation to amalgamate into one to provide standardised information dissemination
- Identify PN Leads/Champions for Health Improvement topics and to support dissemination of information/best practice and training across BNSSG
- Supporting agreement of Flu delivery packages/resources/tools and support required for GPNs across BNSSG and Locality Champions to support delivery - utilise GPN expertise on delivery plans
- Deliver training in association with Training Hub to roll out plan for the Motivational Interview training for 18 GPNs and GPNEs to enable champions across BNSSG
- Identify IPC GPN Champions in PCNs and Localities

Learning Disabilities Health Checks

Improvements were required to increase the number of LD Health checks being undertaken in Primary Care. All LD GP's leads in BNSSG were contacted regarding support for Annual Health Checks and by the end of 2020 the aim is to improve uptake and quality. The plan for this has been developed and the outcomes will be shared with PCCC. To support practices to deliver Annual Health Checks for people with learning disabilities, the CCG has developed a topic page on TeamNet and Remedy to host recommended resources and helpful websites. These are a mixture of templates that can be adapted, easy read resources as well as good practice examples.

The learning disability annual health check information and resources to support GP practices went live on Remedy 21/10/20 and on Teamnet on 19/10/20. Links below;

<https://remedy.bnssgccg.nhs.uk/adults/learning-disabilities/annual-health-checks/>

<https://teamnet.clarity.co.uk/Topics/Public/90c338c2-0a08-4b60-a4bd-ac5300f10295>

There is also an excellent video for people with LD about flu jabs created by Misfits Theatre, funded by NHSE.

<https://youtu.be/ONbP-G7g414>

We have been in contact with all the LD lead GPs in every practice and in discussions with David Soodeen, we have set up a Learning Disability Forum for lead GPs. First meeting on 3rd December via MS teams - this session will include training on Annual Health Checks. MS Teams invite will go out to every practice shortly.

7. Estates

a. Minor Improvement Grants

The process for assessing Expressions of Interest (EoI) from practices and in turn requesting budget from NHSE/I as part of their Business as Usual capital assessment process for financial years 2020/21 and 2021/22 was agreed in January.

Subsequently, the CCG received circa 40 requests from practices for funding, which were assessed for eligibility and prioritised based on the estate principles established in the CCG and STP Estate Strategy. Of the EoIs received, 33 progressed to the next stage and detailed applications were requested from those practices. Schemes range from minor Disability and Health and Safety modifications to significant internal reconfiguration of buildings to drive better functionality, utilisation and increase clinical capacity.

In parallel to this, and based on the information gathered, the CCG worked with NHSE to determine and secure the budget envelope for the programme of work. NHSE/I agreed the list of proposed schemes in principle and the funding envelope for them subject to full and compliant applications being completed and due diligence being undertaken.

The emergent Covid-19 situation meant work was paused, but in July, through engagement with practices and the CCG Locality Teams it was agreed to be appropriate to continue work. Practices whose EoIs were supported in principle were written to and asked to complete full applications. In response to Covid-19 it also became necessary to invite practices to submit further applications for building modifications that would support the safe delivery of services during the pandemic.

Not all practices whose original EoIs were supported in principle chose to progress their schemes and did not submit full applications. This has meant the budget agreed with NHSE prior to Covid-19 has actually been sufficient to cover the requirement of the additional Covid-19 related schemes and all of those practices who originally submitted an EoI and were able to submit applications in line with the process.

All applications and builders quotes have now been received and are undergoing due diligence checks. The CCG is now in a position to begin approving schemes and the first approvals letters to give practices consent to proceed with building works will be issued by the end of October.

b. 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.

Black Dates = Achieved previously

Green Dates = Achieved during reporting period Q1 & Q2 2020/21

Grey Dates = Planned in future

| Programme | Project | Description | OBC / Concept Approval | FBC / Project Approval | Building Works Completion | Progress |
|-----------------------|-----------------|--|------------------------|------------------------|---------------------------|--|
| Little Stokes PCN | Bradley Stoke | Internal reconfiguration to improve utilisation and operational efficiency | May 2019 | Dec 2019 | April 2020 | Works Complete and building fully operational. |
| | Coniston | Internal reconfiguration to improve utilisation and operational efficiency | May 2019 | Mar 2020 | Jul 2020 | Works Complete and building fully operational. |
| Pioneer Medical Group | Lawrence Weston | Significant rebuild and extension | Jan 2020 | Jul 2020 | Jul 2021 | FBC approved and construction due to begin imminently. |
| | Avonmouth | Internal reconfiguration and small extension to improve utilisation and operational efficiency | Sep 2018 | Jan 2020 | Dec 2020 | Phase 1 is complete with patients now being seen in the new clinical rooms and phase 2 works are underway. |
| | Bradgate | Internal reconfiguration to improve functionality and operational efficiency | Sep 2018 | Apr 2021 | Jul 2021 | Works to commence once Lawrence Weston and Avonmouth completed and operational. |
| Glos Road Corridor | Glos Road MC | Significant rebuild and extension | Nov 2019 | Aug 2020 | Sep 2021 | FBC approved and construction underway. |
| | Monks Park | Significant rebuild and extension | Nov 2019 | Oct 2020 | Feb 2021 | Business case approved and construction due to begin imminently. |
| | Falldon Way | Significant rebuild and extension | Nov 2019 | TBC | TBC | Planning application has been submitted and FBC development work progressing well. Source of capital for build needs to be identified and confirmed. |



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|-----------------|-------------------|--|----------|----------|----------|--|
| | Conygre | Small building extension | Nov 2019 | Mar 2021 | Sep 2021 | Planning permission is now secured and tender pack is being developed. |
| Tyntesfield PCN | Tower House | Significant internal reconfiguration to improve utilisation and operational efficiency | May 2019 | Mar 2021 | Mar 2022 | Design work is underway. |
| | Admin Hub | Purchase of building adjacent to Tower House to convert into PCN admin hub | May 2019 | N/A | N/A | Practice has now withdrawn this project as challenging economic conditions associated to Covid-19 mean they are unable to commit to their element of the investment. |
| Healthy Weston | Parklands Village | New building to cater to significant new population | Dec 2018 | Dec 2020 | Dec 2021 | FBC submitted to NHSE for review ahead of ETTF panel on 07 th Nov and NHSE CFO approval on 02 nd Dec, with CCG PCCC approval scheduled for 24 th Nov. |
| | Central Weston | New building to cater to | Jul 2020 | TBC | TBC | Business case development progressing well. OBC agreed and preferred option now being developed. |



c. Final Gloucester Road Medical Centre Extension Business Case

Gloucester Road Corridor Estates Programme was initiated to provide additional capacity for circa 15,000 patients from Bishopston and Northville practice closures. An outline Business Case (OBC) was approved by PCCC in November 2019 and subsequently supported by NHSE.

The OBC included; Monks Park Surgery where the design work is now complete, planning permission secured, procurement progressing, Fallodon Way where the Full Business Case (FBC) progressing, Design team engaged, ETTF supporting £260k of development costs in 2020/21 and Conygre where progress is slower, though practice have recommitted to development.

The Gloucester Road FBC was approved securing an ETTF improvement grant to support the reconfiguration of the Gloucester Road Medical Centre. The need arose from an agreement to work collaboratively within the PCN and with the BNSSG CCG to support a list dispersal of two Alternative Provider Medical Services (APMS) contracts of circa 15,000 patients following the closure of Bishopston and Northville Surgeries.

d. Lawrence Weston New Building Full Business Case (FBC)

Pioneer Medical Group Estates Programme initiated to deliver hub-and-spoke working across existing sites at Ridingleaze, Bradgate and Avonmouth, as well as new premises at Ridingleaze.

PCCC considered the OBC for redevelopment and extension of the existing (vacant) Lawrence Weston Clinic building to replace PMG's Ridingleaze site and the small Capel Road branch surgery (Shirehampton Group Practice) in November 19.

Other PMG Estates Programme Projects:-

Avonmouth: Extension and refurb to act as GP shopfront and telephony/triage hub, FBC approved and build underway

Bradgate: Internal configuration only to maximise clinical space, to follow completion of other elements of the programme

This scheme is a key element of the widely consulted “Lawrence Weston Community Plan - The Way Forward 2013-2023” and the updated 2018-2023 plan.
<https://www.ambitionlw.org/wp-content/uploads/2018/06/Amb-LW-community-plan-2018-2023.pdf>

PCCC have now received and approved the full business case in July 2020 and the FBC was sign-off by NHSE panel on 20th July. A project group to oversee delivery has been established.

8. Prescribing Quality Scheme

GP practice engagement with the Prescribing Quality Scheme (PQS) has been good in 2019/20, with all practices participating. The Medicines Optimisation Team wish to continue running a PQS in 2020/21 with the same overall funding of up to a maximum of £1 per registered patient:

- A percentage of the funding linked to the cost effective use of medicine that is directly linked to drug acquisition savings to support financial balance
- A percentage of funding linked to the quality projects that will achieve savings e.g. through reduced adverse events, admissions etc

In light of the COVID-19 pandemic, the scheme has been revised from 12 to 9 months (particularly in relation to achievement of budget which will be set for 9 months from July 2020 to March 2021), but there has been no change in terms of the potential payment to practices in order to protect practice income which will still be £1 per patient.

The Prescribing Quality Scheme for 2020/21 has reviewed and updated to consider the response needed to support primary care with priorities during the COVID 19 pandemic to ensure quality and safety with all medicines prescribed. Where possible we have also linked and aligned work with the STP Long Term plan response. When developing specific quality projects, consideration has also been made to the shift away from face to face appointments in primary care e.g. avoiding projects where follow up blood tests may be needed.

Previously medication reviews were included in the PQS. As these are now included in the NHS England DES (Structured Medication Reviews) for PCNs from October 2020 medication reviews have been removed from PQS for 2020/21 and replaced with other quality projects with wider system safety and quality benefits.

Following the recent publication from NHSE re: Primary care support to care homes, it is recognised that pharmacists working throughout primary care will be required to play a key role in supporting all aspects of the response to this.

Participation in the scheme is intended to reimburse practices for any additional work they have to carry out to achieve the appropriate reductions in prescribing spend or carry out quality and safety reviews/audits.

9. 2019/20 Flu Season Debrief

The 2019/20 Flu season uptake was reviewed and recommendations made for the forthcoming flu season. The BNSSG CCG performed well last season with the 65 years and over, clinical at risk and pregnant women (not at risk) groups achieving above the national average. The national end of season ambition of 75% was also met within the “65 and over” group. Uptake rates were good considering the vaccine supply issues that occurred during this season.

Reflections on the data highlighted that an area for improvement with regards to uptake was in the ‘pregnant and not in at risk’ group category. However, improved embedding of the maternity offer this year has assisted supporting uptake in this cohort. Other reflections included noting the positive work by some practices in relation to the homeless population which will also be encouraged for 20/21. Also increases in vaccine uptake from community pharmacy helped the overall vaccination picture and again will be supported in 20/21. Collaborative working between GP practices and community pharmacies will be encouraged to increase uptake, particularly in at risk groups.

The CCG Quality, Primary Care Contracts and Medicines Optimisation teams will continue working together in collaboration with the Screening and Immunisation team (SCRIMS) to ensure that the requirements of the annual national flu programme for the 2020/21 flu season are met.

This includes:

- Supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used. Those PCNs highlighted as potentially needing support for the 20/21 season will be contacted to support increases in uptake.
- Ensuring that there are clear arrangements in place to support oversight of the flu programme.
- Supporting general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions.

Recommendations to PCCC included:

- Acknowledges the work undertaken in 2019/20 and the potential next steps subject to the publication of the second national flu letter and guidance for 2020/21.
- Supports the continuation of collaborative working to support vaccine uptake, not only by patients but also by frontline healthcare workers including care home staff. This will include ensuring correct, consistent processes are in place, for example vaccine delivery by community providers when working on behalf of GP practices and across the wider.

- Following the national recommendations, we ensure a focus on the clinical risk groups, in particular those we are not performing as well on such as 'pregnant and not in a clinical risk group'.
- Supports clear, consistent communications being issued early in the season as well as throughout the season to encourage uptake, especially due to the impact of Covid.

10. Antiviral Prescribing for Influenza Outbreaks

The current BNSSG Care Home Local Enhanced Service ended at the end of September 2020 and was replaced with the Framework for Enhanced Health in Care Homes, a Directed Enhanced Service (DES). The new DES although includes best practice around influenza vaccination for care home patients and staff, does not reference outbreak management and the provision of antivirals.

All practices are expected to deliver the essential and additional services they are contracted to provide to all their patients. From a contractual perspective, treatment of patients who are ill, or who believe themselves to be ill, with influenza like illness will fall within the definition of essential medical services and we would expect patients to be managed as such, in line with the requirements set out in the GP contract. However, a distinction has to be made between those patients who are ill (or believe themselves to be ill) and those at risk patients who are not ill but for whom post-exposure prophylaxis with antiviral drugs has been recommended because of local contact with a person with influenza-like illness. The CCG therefore needed to ensure there are commissioning arrangements in place to ensure this is covered, should an influenza outbreak present.

A consultation was undertaken with GP practices to assess the feasibility of a local enhanced service across BNSSG and the preferred model to take forward. Alternative providers were also contacted including Sirona and Severnside. Models considered included;

- A GP practice based model LES
- A PCN model LES
- A single provider 'outbreak service' model

Following consultation, it was decided that a single provider model would be the most appropriate model for the current flu season and Sirona have agreed to provide this service. Local pathways are being reviewed to ensure clear processes are in place. It was agreed that this service will be reviewed ahead of the next flu season.

11. Influenza Planning Update

Due to the risk of flu and Covid-19 co-circulating this winter, there is a greater need than ever to protect vulnerable people and support the wider resilience of the healthcare system. Two national flu letters have been issued, stating the requirements and national ambitions for this seasons flu programme.

Locally, working groups have been set up to ensure good system wide working across the BNSSG area to support this year's campaign. One of these groups focuses on the vaccination programme specifically around the delivery by primary care and another sub group focuses on the system's flu response (such as outbreak management). Both these groups then feed into the BNSSG System Flu planning group and any issues then escalated to Bronze Command. System wide engagement has been established with all partner organisations including the three local authorities (Bristol, South Gloucestershire and North Somerset) secondary care and community providers as well as Public Health England.

Vaccination supply and uptake (both patient and front line healthcare worker) is being monitored locally through these groups so that a proactive approach can be taken. Work is being undertaken to try to improve uptake in areas of inequality for example with targeted communications such as videos and cartoon animations to address language barriers as well as to utilise innovation. Consistent communications to primary care clinicians have also been supported by the new OneCare GP Practice TeamNet flu page.

12. Budget Setting Methodology for Primary Care Prescribing in 2019/20

A fair share budget setting methodology for primary care prescribing was agreed by the CCG for 2019/20 with all GP practices therefore being given an indicative budget for their prescribing. The method takes into account the NHS allocation for prescribing at practice level, 4 key clinical areas of prescribing and the previous spending on high cost drug. There is a risk of to the overall CCG Control Total if the Primary Care Prescribing spend is not monitored and controlled by the Medicines Optimisation Team and use of budget setting helps to support this. Budget setting enables the team to work with practices to identify areas of unwarranted variation in prescribing spend for particular areas in relation to what is considered a 'fair' budget for their practice population. This budget is an indicative budget for the practice, linked to the Prescribing Quality Scheme. The overall risk to budget overspend lies with the CCG who are holders of the primary care prescribing budget.

An update on achievement of these budgets was brought to PCCC for information with more practices achieving their financial budget set than at the beginning of the year meaning more practices are moving towards prescribing within what is considered to be their fair share of the overall Prescribing allocation.

For those not achieving budget, deep dive analysis of their prescribing has started to be undertaken during 2020/21, also looking at those spending much less than what would be considered their fair share. It is key to identify areas of good practice which are providing savings compared to other practices across BNSSG. We aim to work towards linking practice prescribing spend with practice activity initially focussing on some key clinical areas and long terms conditions e.g. Asthma, COPD, Diabetes and prescribing of DOACs. It will be important to

utilise available software e.g. Eclipse live and work with BI colleagues to produce practice level datasets to enable benchmarking with other similar practices along with linking to their activity across the wider system.

13. Supplementary Services and Local Enhanced Service (LES) Review for 2021/22

Bristol, North Somerset and South Gloucestershire (BNSSG) CCG invests £2.4m in Local Enhanced Services. An additional £8.9m is set aside to fund the Supplementary Services specification which is part of a 5 year PMS reinvestment agreement which concludes 31st March 2021. This is an important part of the care our population receives and we need to review our provision of services commissioned via the Supplementary Services specification and our Local Enhanced Services in preparedness for April 2021.

A project mandate was presented to the Committee in September asking for support to proceed with the project to review this enhanced offer.

The approach will learn from good practice elsewhere and from the approach to the PMS review undertaken in BNSSG, use an evidence based approach to commissioning, focus on achieving outcomes for our population. Each enhanced service/agreement requiring review to be led by a Clinical lead and supported by manager lead using consistent methodology developed in previous LES reviews.

A steering group will develop proposals for future enhanced services, with a particular focus on Supplementary Services, and approach to commissioning these based on addressing system priorities and outcome of review of existing agreements. Proposals for the future will be engaged and consulted on with practices. The Committee supported the mandate and made recommendations to include patient and public involvement in the approach. The Committee also made recommendations for contingency plans to be developed by the steering group should the work be impacted by Covid.

14. Financial resource implications

The financial position year to date of the combined primary care budgets is reporting an overspend of £1.9m, of which; £1.3m relates to prescribing as a result of increased product costs and volumes, and Primary Care position (needs to be read net of Primary Care (Delegated) & Other Primary Care) represents the unachieved savings targets set for 2020/21.

The table below illustrates the position at month six.

| | 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) | £136,006 | £69,250 | £68,510 | £1,641 | £70,151 | (£901) |
| Medicines Management | £135,992 | £70,793 | £67,703 | £4,388 | £72,091 | (£1,298) |
| Other Primary Care | £17,368 | £9,220 | £8,692 | £183 | £8,875 | £345 |
| Totals | £289,366 | £149,263 | £144,905 | £6,212 | £151,117 | (£1,854) |

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

- The CCG expects to continue being reimbursed for reasonable net additional costs incurred to respond to Covid. Further details have been shared as part of the NHS planning guidance for period August 2020 to March 2021, supporting a breakeven position for the 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 will be received.

Whilst we anticipate financial support, unidentified savings targets, £2.28m, continue to be required including;

- Delegated Primary Care - £0.96m reduced from £1.93m representing half of the requirement as a result of the M1-6 allocations funding the YTD savings target.
- Medicines Management - £1.32m, reduced from £1.98m as a result of YTD allocations.

15. Legal implications

Non applicable

16. Risk implications

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

17. Implications for health inequalities

Equality Impact Assessments completed for site closures associated to Covid.

18. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Equalities Impact Assessment for the work programme of the primary care cell has been completed and monitoring and actions will be overseen by the cell and primary care strategy programme board.

19. 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.

20. Recommendations

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

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

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Glossary of terms and abbreviations

| | |
|-------------------------------------|--|
| PCNs - Primary Care Networks | 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. |
| Local Services Enhanced | These are locally commissioned primary care services that recognise services delivered above the core contract for general practices. |
| FBC | Full Business Case |
| OBC | Outline Business Case |
| ETTF | Estates and Technology Transformation Fund – NHS England multi-million pound investment fund for general practice |
| DOACs | Direct Oral Anticoagulants (DOACs) are blood thinners that make your blood take longer to clot. |
| PMS | Personal Medical Services – a contract form agreed between NHS England and general practices |