

Meeting of the BSW CCG Primary Care Commissioning Committee in Public

Thursday 10 June 2021, 13:30hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
13:30	1	Welcome and Apologies	Chair	Note	
	2	Declarations of Interests	Chair	Note	
	3	Questions from the public	Chair	Note	
	4	Minutes from the meeting held on 15 April 2021	Chair	Approve	PCCC/21-22/010
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/21-22/011
Business items					
13:40	6	Primary Care Work Plan 2021-22 - Expected Outputs and Deliverables	Jo Cullen	Note	Presentation
13:55	7	Operational Items			
		a. Update on COVID-19 Vaccination Programme	Gill May / Jo Cullen	Note	Verbal
		b. Recovery and Restoration of Primary Care – Quarter 1 Block Arrangement and Quarter 2 Proposal incl. i) Proposal for use of the Remaining GP COVID Capacity Expansion Funds	Tracey Strachan / Jo Cullen	Note / Approve	PCCC/21-22/012
		c. Primary Care Network Development Update	Jo Cullen	Note	Verbal
		d. Prescribing Incentive Scheme Proposal	Paul Clarke	Approve	PCCC/21-22/013
14:20	8	Amendment to Primary Care Safeguarding Locally Commissioned Service	Gill May	Approve	PCCC/21-22/014
14:30	9	Primary Care Operational Group Recommendations for Approval:			PCCC/21-22/015
		a. Final BaNES Practice Closure Report	Tracey Strachan	Note	PCCC/21-22/015a
		b. Three Chequers Increase in GMS	Tracey	Approve	PCCC/21-

Timing	No	Item title	Lead	Action	Paper ref.
		Space	Strachan		22/015b
		c. Maternity Claims Outside Timely Submission	Tracey Strachan	Approve	PCCC/21-22/015c
		d. Swindon Practices Merger	Tracey Strachan	Approve	PCCC/21-22/015d
14:40	10	Quality Report incl a. Learning Disabilities Health Check Pilot Evaluation Report	Gill May	Note	PCCC/21-22/016
		b. HealthWatch Report	Julian Kirby	Discuss	Verbal
14:50	11	Finance Report	John Ridler	Note	PCCC/21-22/017
Items for information <i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
14:55	12	Risk Register	Jo Cullen	Note	PCCC/21-22/018
14:55	13	Primary Care Operational Groups Update Report	Tracey Strachan	Note	PCCC/21-22/019
14:55	14	Primary Care Commissioning Committee Forward Plan 2021/22	Chair	Note	PCCC/21-22/020
Closing Business					
15:00	15	Any other business	Chair		

Next Meeting of the Primary Care Commissioning Committee in public:
Thursday 12 August 2021 – 13:30hrs

DRAFT Minutes of the BSW CCG Primary Care Commissioning Committee Meeting held in Public

Thursday 15 April 2021, 14:00hrs

Virtual meeting held via Zoom

Present

Voting Members

Lay Member PCCC (Chair), Suzannah Power (SP)
Lay Member PPE (Vice Chair), Julian Kirby (JK)
Lay Member Finance, Ian James (IJ)
Registered Nurse, Maggie Arnold (MA)
CEO, Tracey Cox (TC)
Chief Financial Officer, Caroline Gregory (CG)
Medical Director, Dr Ruth Grabham (RG)
Director of Primary Care, Jo Cullen (JC)

Attendees

Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER) *(from 14:35hrs)*
Locality Healthcare Professional (BaNES), Dr Tim Sephton (TS)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Representative from HealthWatch Swindon, Steve Barnes (SB)
Representatives from HealthWatch Swindon, Harry Dale (HD)
Director of Nursing and Quality, Gill May (GM) *(from 14:35hrs)*
Associate Director of Finance – BaNES, John Ridler (JR)
Clinical Liaison & Engagement Specialist, Helen Robertson (HR)
Board Secretary, Sharon Woolley (SW)
Observer – Assistant Board Secretary, Helen Evans (HE)

Apologies

Director of Strategy and Transformation, Richard Smale (RS)
Locality Clinical Lead (Swindon), Dr Amanda Webb (AW)
Deputy Director of Primary Care, Tracey Strachan (TS)
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
Representative from Wessex LMC, Dr Gareth Bryant (GB)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)

1 Welcome and Apologies

- 1.1 The Chair welcomed members and officers to the meeting. Apologies were noted.
- 1.2 The meeting was declared quorate.
- 1.3 To enable Primary Care Commissioning Committee (PCCC) meetings to continue as much as possible during these unprecedented times, Zoom and Microsoft Teams were being utilised where possible. The Standing Orders allow for this provision.

- 1.4 Only those questions raised through the normal submission process of three working days in advance of the meeting would be acknowledged during the meeting.

2 Declaration of Interests

- 2.1 The CCG holds a register of interests for all staff, Governing Body and committee members.
- 2.2 The following interest was deemed relevant for today's business, but did not require management in the meeting due to SD's apologies being presented.
- Item 9 - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore would have a direct conflict of interest in item 9.
- 2.3 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence any decision making. GPs on the Committee were not voters.

3 Questions from the Public

- 3.1 No questions had been received ahead of this meeting.

4 Minutes from the meeting held on 11 March 2021

- 4.1 The minutes of the meeting held on 11 March 2021 were **approved** as an accurate record of the meeting.

5 Action Tracker and Themes to Watch

- 5.1 Three actions were noted on the tracker, two of which are marked as CLOSED with an update provided for the Committee to note.
- 5.2 Feedback from the Risk Management Panel was requested regarding the vaccination programme reputation risk noted at the March meeting. Feedback would be sought and an update provided to the next meeting as part of the Primary Care Risk Register agenda item. The Chief Executive Officer informed the Committee that risks associated with the vaccination programme were also reviewed by the BSW System COVID Assurance Group, and as part of other groups within the system governance architecture to ensure vaccination programme risks were managed.
[ACTION: Feedback would be sought from the Risk Management Panel with regards the vaccination programme reputational risk.](#)
- 5.3 One action had transferred over from the PCCC private action tracker, concerning principles and framework in relation to payment of legal fees and professional fees. This remained as ONGOING, with the item to come to the June meeting.
- 5.4 The Committee reviewed the Themes to Watch list:
- The Committee added 'Integrated Care System (ICS) Development - White paper proposals to transfer or delegate additional primary care functions from NHS England to the ICS for April 2022' to the list to ensure it continued to have oversight of the implications for the Committee and wider BSW - particularly regarding community pharmacy services and optometry. Timescales for the transition were to be clarified and were subject to further guidance being released and legislative changes. A short briefing on the latest position would be brought to the June PCCC meeting.

ACTION: Integrated Care System Development – latest position regarding the transfer and delegation of primary care functions from NHS England to the BSW ICS to be brought to the June PCCC meeting.

- Primary Care Wellbeing – Through this Committee, BSW Colleagues were actively aware of this and were discussing this in other forums to identify the support required. For the CCG, the Registered Nurse had taken on the role as the Health and Wellbeing Guardian, and was available to provide support to CCG colleagues as required. It was acknowledged that the demand on primary care continued to increase across the BSW system, and indeed the country, and significant pressures were still being felt.

6 BSW CCG Primary Care Commissioning Committee Terms of Reference

- 6.1 The Chair advised Members that the annual review of the committee terms of reference has been undertaken, and only one minor numbering amendment had been made as shown with tracked changes. With only minimal formatting changes, review and approval by NHS England of these statutory committee terms of reference would not be required.
- 6.2 The Committee **approved** the Primary Care Commissioning Committee Terms of Reference.
- 6.3 It was agreed that a verbal report from the Committee Chair would be given to the Governing Body at its meeting on 20 May 2021, to give assurance that the review had been undertaken, but only minor amendments had been made. Governing Body approval would not be required.

6a Review of Committee

- 6.4 In accordance with its terms of reference, the Committee was required to annually review its performance and effectiveness. The PCCC Annual Effectiveness Review survey had been shared at the end of March to enable Members and regular attendees to reflect on the performance and effectiveness of the Committee. The Chair encouraged responses to support the development of the Committee.
- 6.5 No feedback or comments were received in the meeting.

7 Primary Care Work Plan 2021-22

- 7.1 The Director of Primary Care presented the Primary Care Work Plan for 2021-22, which was based upon the ambition and objectives contained within the BSW Primary Care Strategy, within the framework of the Long Term Plan. Not all identified priorities had been delivered during 2020/21; however, the focus on the COVID response had demonstrated significant primary care transformation and achievement. The progress made during 2020-21 was noted within the report.
- 7.2 The proposed work plan for 2021-22 included in the paper listed the high level priority areas. This aligned to the BSW planning process currently underway, which, with the involvement of each locality, was considering the recovery of primary care and the restoration of business as usual, as well as the continued delivery of the vaccination programme. The plan would ensure a manageable increase in services, in a sustainable way.
- 7.3 The Committee discussed the proposed Primary Care Work Plan for 2021-22; the following points were noted:
 - Through the national Directed Enhanced Services (DES) contract, primary care had been commissioned by NHSE/I to deliver the Covid-19 vaccination programme to cohorts 1-9 for first and second doses. Continued delivery to cohorts 10-12 was optional, to be agreed by each Primary Care Network (PCN). A number of PCNs had

already advised they would be opting out, whilst others had confirmed they would continue. A comprehensive demand and capacity plan was being finalised to ensure vaccination delivery across BSW.

- All of the vaccination sites across BSW would be on the National Booking Service (NBS) so people were able to book appointments at any site for cohorts 10-12. A map of vaccination sites was being prepared to provide assurance to the BSW population of the options available.
- It was acknowledged that it had been an extraordinary and difficult year for primary care. The level of expectation for the coming year was still significant. This would be captured in the system planning response, and then fed into the detailed work plan.
[ACTION: Expected outputs and deliverables against the primary care work plan to be shared at the June PCCC meeting to provide sufficient granularity.](#)
- The wellbeing of all primary care staff was important. Additional workforce was required to deliver cohorts 10-12 and to enable primary care to restore services.
- The proposed plan would ensure engagement and connectivity with all key areas to determine what was already underway, to draw this together and to avoid duplication.
- Some patient feedback noted confusion around the various systems and technology implemented to access GPs and consultations, consolidation was to be considered.
- The plan would be aligned with national direction and priorities. Stakeholders would be involved in the development of the detail of the plan as required. Any proposed changes to services etc would come back through due process and recommendations brought to Committee.
- PCN engagement in transformational aspects of development was important (for 3.3 and 3.4), rather than just focussing on resilience. A better understanding of the population health management outcomes, inequalities and risk stratification was needed, and a mechanism for PCN involvement and scope for champions in key work streams.
- The Contract DES was wider than just general practice, to enable PCNs to join up the work of the wider system. This needed to tie back to the planning process.
- PCNs would be engaged in the ICS transition piece.
- The local commissioned services review was expected to identify the required primary care and secondary care relationship, and those services the acutes were requiring GPs to undertake.

- 7.4 The Committee **reviewed and confirmed** the Work Plan and priorities for primary care for 2021-22. Elements from this will be incorporated into the Committee forward planner.

8 Operational Report

a. Update on COVID-19 Vaccination Programme

- 8.1 The Director of Nursing and Quality provided an vaccination programme update to the Committee, and highlighted the following:

- Over 584,000 vaccines delivered across BSW to date
- PCNs were starting to deliver second doses
- The BSW Clinical Reference Group had considered the challenges faced with delivering the second dose following the recent AztraZeneca guidance changes, and the request for vaccine choice. Despite this, uptake on the vaccine remained good.
- Delivery plans for cohorts 10-12 had been submitted to NHSE, confirmation was awaited.

[ACTION: Update on Cohorts 10-12 and ongoing vaccination programme arrangements to be shared at the June meeting.](#)

- All PCN sites will be added to the National Booking System to ensure equity across BSW. Confirmation regarding the Great Western PCN is awaited due to the alignment with the GWH Hospital Hub status. There had been minimal communications of this change to date due to the 10 days of national mourning currently in place.

- 8.2 The Committee **noted** the update and wished to note its thanks to all of those involved in the vaccination programme.

b. Primary Care Network Directed Enhanced Services Update

- 8.3 The changes to the agreed 2021-22 Network Contract DES were to provide further stability and support to PCNs, whilst acknowledging their vital role in the delivery of the COVID response and vaccination programme. NHSE/I has confirmed that temporary changes to the GP contract under the pandemic regulations were to be extended until 30 June 2021.
- 8.4 The primary care requirements of expanding primary care access and PCN roles, improving outcomes and the return of the Quality Outcomes Framework, and addressing health inequalities and adopting population health management, had fed into the work plan. PCNs were to play a vital role within their locality systems to align and integrate services.
- 8.5 The Additional Roles Reimbursement Scheme (ARRS) had seen an increase in funding from April, and further roles added to the reimbursement list. PCNs would work with AWP to embed the mental health practitioner programme, bringing together the community mental health service funding and PCN funding. The practitioners would be employed by AWP, but work through each PCN. PCNs were encouraged to make full use of their ARRS entitlement, but also to seek new appointments, rather than moving workforce around the system.
- 8.6 The national Network Dashboard contained key metrics for PCNs to monitor their local achievements and enable effective benchmarking. This dashboard would be further demonstrated to the Committee when fully established.
- 8.7 The Investment and Impact Fund incentive scheme focussed on high quality care in areas where PCNs could contribute. This linked with public health, secondary care and patient pathways. Further details of how this had been embedded and developed would be brought back to Committee in due course.
- 8.8 A national enhanced access service specification for extended access was to be developed by Summer 2021, and the transition of services and transfer of funding to take place in April 2022. An update on progress would be brought back to the Committee in due course.
- 8.9 The Committee **noted** the update and areas currently under development.

c. BaNES Practice Closure Report

- 8.10 Monmouth Surgery and Grosvenor Place Surgery closed on 31 March 2021. 6,759 patients had been successfully transferred to nine Bath city practices during February and March. Further movement of patients between Bath city practices post-closure was anticipated and would be closely monitored by the BaNES locality primary care commissioning team. 50% of the staff had since retired, whilst others had transferred to surrounding local practices or other roles. There were no outstanding risks or issues identified.
- 8.11 The Committee **noted** this update and thanked the team on this achievement for a successful dispersal.

d. BSW COVID-19 Response Primary Care Offer

- 8.12 The 2020-21 Primary Care Offer had ensured that funding uncertainties did not influence any clinical decision making. Following confirmation that the temporary changes to the GP contract were to extend to 30 June 2021, the CCG wished to propose that the BSW

Primary Care Offer followed a similar 'block contract' arrangement for the majority of the Locally Commissioned Services (those paid on activity not capitation) for the first quarter of 2021/22 to enable practices to reintroduce any services that have been paused during the pandemic in a planned and measured way over the first quarter with no funding uncertainties. Services that will be covered under this three month arrangement would be paid at 2020-21 levels (based on 2019/20 activity). Activity would be revisited for quarter two.

- 8.13 The Committee **approved** the proposal for the BSW Primary Care Office block contract arrangement for quarter one of 2021-22.

e. GP COVID Capacity Expansion Fund

- 8.14 An extension to the GP COVID Capacity Expansion Fund for the period from 1 April to 30 September 2021 had been confirmed. Revenue funding has been allocated (ring fenced for general practice) to specifically support the expansion of capacity, progress the seven priorities identified for 2021-21 and Same conditions as for 20/21 to make further progress on the 7 priorities, and for the CCG to prioritise spending on any PCNs committed to deliver the COVID Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater. There were non-recurrent funds and could not be used to fund commitment beyond the allocated period.

- 8.15 The allocation to BSW was £1.87m. It was proposed to allocate initial funding to practices at £1.00 per patient for the period April to June 2021.

[ACTION: Proposal for use of the remaining GP COVID Capacity Expansion Funds to be developed and brought back to Committee for approval.](#)

- 8.16 The Committee **approved** the proposed allocation for the GP COVID Capacity Expansion Fund.

- 8.17 Discussion concerning the Operational Report was opened up and the following points noted:

- The Steam vaccination site was to be added to the national booking system within the week, along with all other vaccination sites, to enable all remaining cohorts to book appointments. This would enable a more proactive approach of the Community Pharmacies, PCN or mass site.
- The current national vaccine supply restrictions were recognised, which was likely to impact upon delivery of the second doses. PCNs with additional vaccine could proactively invite those aged 45-49 for vaccination.
- NHS available cognitive behaviour therapy / talking therapies were still offered if deemed the appropriate course of therapy as part of the mental health assessments, but it was acknowledged that there was a long waiting list for such services. Patients were not directed to chargeable services.
- BSW agreed to continue its primary care business as usual where possible whilst delivering the vaccination programme. The impact of delivering the programme was being closely monitored, against the use of virtual consultations and responding to demand. Reassurance was given that practices were restarting services and business as usual was returning.

9 South Sarum Primary Care Network Reconfiguration

- 9.1 The Chair advised that this item had originally been circulated for decision out of committee at the end of March. However, there was no unilateral approval and it was agreed the item would be brought for further discussion and approval to this meeting.

- 9.2 It was within each PCNs gift to reconfigure. The PCN Contract DES stipulated that any changes were to be notified to the commissioner by 30 April 2021. Sarum South PCN had notified the CCG of their intention to split to form two PCNs. The split would create two reasonably sizes PCN's with a population of around 37,000 each. It was the CCGs duty to support PCNs and changes, and support the smooth transition. The reconfiguration proposal would be passed on to NHS England.
- 9.3 Assurance was given that the PCN Clinical Directors had now contacted Wiltshire Health and Care to confirm there would be no disruption to their staffing arrangements. The Local Medical Committee had confirmed their support of the reconfiguration.
- 9.4 The Committee would continue to monitor the split and two new PCNs to ensure expectations and benefits were realised, for the patient, both PCNs and BSW. Patient consultation was not required as part of this reconfiguration, but each PCN would need to advise its stakeholders of the change and ensure patient involvement going forward.
- 9.5 The Committee **approved** the two new Primary Care Networks in Sarum South.

10 Primary Care Quality Report

- 10.1 The Committee **received and noted** the report, which provided an update on primary care incident reporting, engagement with Practice Manager Forums, themes from the Patient Advice and Liaison Service, learning disabilities health checks and priorities going forward.
- 10.2 First Options Health had now been commissioned to provide flexible work across primary care to support the completion of the first part of the learning disability health checks and assessments. The current pilot was a success and was well received by patients. Bristol University would be evaluating the pilot, and this would be shared with the Learning Disability and Autism Board and PCCC. The next steps would be to ensure the longer term sustainability of the offer to primary care.
[ACTION: Learning Disabilities Health Check pilot evaluation report to be shared with the Committee at its June meeting.](#)
- 10.3 It was requested that future Quality Reports included benchmarking data to compare incident reporting to other systems. The Director of Nursing and Quality advised that this bespoke piece of work was underway, approaching this as a whole clinical element and working with the Academic Health Science Network.

11 Finance Report

- 11.1 The Associate Director of Finance for BaNES presented the report, which provided assurance to the Committee of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 11 of the 2020/21 financial year. Primary care and primary care delegated budgets were both indicating low risk with a good end of year position. COVID spend as at month 11 was at £13.8m.
- 11.2 The Committee **received and noted** the report.

12 Primary Care Risk Register

- 12.1 The Committee **received and noted** the report, which provided detail of the primary care risks held on the CCGs corporate risk register, updated to reflect the current risks of demand and capacity across primary care in BSW. Risk related to capacity and demand pressures and had been discussed as part of previous agenda items.

13 Primary Care Operational Groups Update Report

13.1 The last meeting of the Primary Care Operational Groups had been held jointly as a BSW meeting on 25 February. Items of concern were covered under previous agenda items.

14 Primary Care Commissioning Committee Meeting Dates and Forward Plan 2021-22

14.1 The Committee **noted** the Committee forward plan for 2021-22. The Chair advised Members that the May Seminar would focus on Primary Care Finances going forward, and the learning from Cross Plains. The July Seminar would focus on the learning from IMH. Elements from the primary care work plan would be incorporated into the Committee forward planner.

14.2 Comments, additions or amendments to the Committee forward plan, particularly regarding Seminar discussion topics, should be sent through to the Chair.

15 Any Other Business

15.1 There being no other business, the Chair closed the meeting at 15:33hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 10 June 2021:

Name:

Role:

Signature:

Date:

BSW CCG Primary Care Commissioning Committee - Public Session Action Log - 2021-22

Updated following meeting on 15/04/2021

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
28/07/2020 (Originally discussed during PCCC Private Session)	Heart of Bath Lease	CCG to consider set principles and framework in relation to payment of legal fees and professional fees.	John Ridler	Update 29/03/2021: Agreed for action to be transferred to the PCCC public action tracker and for the item to be presented to the August Committee meeting.	ONGOING
15/04/2021	5. Action Tracker	Feedback to be sought from the Risk Management Panel with regards the vaccination programme reputational risk .	Yvonne Knight	Update 19/05/2021: SW requested update from Head of Risk and Information Governance. Update 21/05/2021: Yvonne Knight to raise with Risk Management Panel.	ONGOING
15/04/2021	5. Themes to Watch	Integrated Care System Development – latest position regarding the transfer and delegation of primary care functions from NHS England to the BSW ICS to be brought to the June PCCC meeting.	Richard Smale	To be covered by Richard Smale at the June meeting - scheduled for August meeting	ONGOING
15/04/2021	7. Primary Care Work Plan 2021-22	Expected outputs and deliverables against the primary care work plan to be shared at the June PCCC meeting to provide sufficient granularity.	Jo Cullen	June agenda item.	CLOSED
15/04/2021	8a. Update on COVID-19 Vaccination Programme	Update on Cohorts 10-12 and ongoing vaccination programme arrangements to be shared at the June meeting.	Gill May	June agenda item.	CLOSED
15/04/2021	8e. GP COVID Capacity Expansion Fund	Proposal for use of the remaining GP COVID Capacity Expansion Funds to be developed and brought back to Committee for approval.	Jo Cullen	June agenda item.	CLOSED
15/04/2021	10. Primary Care Quality Report	Learning Disabilities Health Check pilot evaluation report to be shared with the Committee at its June meeting.	Gill May	June agenda - if available	ONGOING

BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: **15/04/2021**

NAME OF THEME	DATE	ACTION / NOTE
Primary Care Communications	25-Jun-20	Agreed to move this from the action tracker and record as a theme to watch to ensure good communications remain in place. A deep dive may be undertaken following the COVID-19 pandemic.
Primary Care Wellbeing	10-Dec-20	Agreed to add this to the themes to watch list, to consider what support the CCG could provide to practices to bring wellbeing up the agenda.
		Update 15/04/2021 - Through this Committee, BSW Colleagues were actively aware of this and were discussing this in other forums to identify the support required. For the CCG, the Registered Nurse had taken on the role as the Health and Wellbeing Guardian. It was acknowledged that the demand on primary care continued to increase across the BSW system, and indeed the country, and significant pressures were still being felt.
'Integrated Care System (ICS) Development - White paper proposals to transfer or delegate additional primary care functions from NHS England to the ICS for April 2022'	15-Apr-21	To ensure PCCC continued to have oversight of the implications for the Committee and wider BSW - particularly regarding community pharmacy services and optometry. Timescales for the transition were to be clarified and were subject to further guidance being released and legislative changes. A short briefing on the latest position would be brought to the June PCCC meeting.

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	Recovery & Restoration of Primary Care					Agenda item		7b
Date of meeting	10 June 2021							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead								
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices	Q2 proposal							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Local Medical Committee							
Executive summary	<p>Approval was given at the PCCC in April to extend the BSW Covid Response Primary Care Offer to June 2021 as well as allocate initial Covid Expansion Fund payments to all Practices at £1.00 per patient for the period April to June.</p> <p>Given the continuing and additional pressure in primary care, particularly due to bringing forward second vaccines for some cohorts and the new Standard Operating Procedure, we are proposing a further extension to September 2021.</p> <p>There is also now clarity on which PCNs will continue to deliver the Covid Vaccination Enhanced Service for Cohorts 10-12 and the proposal for the remaining Covid Expansion Funds recognises both the ongoing pressure for all practices and the additional capacity requirements for those PCNs.</p> <p>The proposal (Option 3) is for all practices to be paid £0.50 per patient for the period July to September (based on raw population as at 1st April 2021). Practices continuing to deliver the Covid</p>							

Report Title	Recovery & Restoration of Primary Care					Agenda item	7b
	Vaccination Enhanced Service for Cohorts 10-12 will receive an additional £2.00 per patient aged between 18 and 49 as at December 2020.						
Recommendation(s)	<ol style="list-style-type: none"> 1. The Committee is asked to approve the extension of the Covid PCO block arrangement to September 2021. 2. The Committee is asked to approve payment of the Quarter 2 support from the Covid Expansion Fund £898,976 (Option 3). 						
Link to Board Assurance Framework or High-level Risk(s)	BSW 11 Capacity of Primary Care Stability of income and release of Covid funding will support clinical staffing and focus on clinical priorities.						
Risk (associated with the proposal / recommendation)	High	X	Medium		Low		N/A
Key risks	Included in summary						
Impact on quality	Supports stability of primary care to contribute to improved patient safety, clinical effectiveness and patient experience.						
Impact on finance	<ul style="list-style-type: none"> • No material impact from extending block payment arrangements • Release of ring fenced primary care funds in line with guidance £898,976 						
	Finance sign-off: John Ridler, Associate Director of Finance						X
Conflicts of interest	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.						
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner						
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan						

Report Title

1. Executive Summary

- 1.1 Approval was given at the PCCC in April to extend the BSW Covid Response Primary Care Offer to June 2021 as well as to allocate initial Covid Expansion Fund payments to all Practices at £1.00 per patient for the period April to June. Given the continuing and additional pressure in primary care, particularly due to bringing forward second vaccines for some cohorts, and the new Standard Operating Procedure, we are proposing a further extension to September 2021.
- 1.2 NHS England extended the General Practice Covid Capacity Expansion Fund for the period from 1 April to 30 September 2021. Approval was given at PCCC to allocate initial funding to all Practices at £1.00 per patient for the period April to June (based on raw population as at 1st April 2021).
- 1.3 There is now clarity on which PCNs will continue to deliver the Covid Vaccination Enhanced Service for Cohorts 10-12 and the proposal for the remaining funds recognises both the ongoing pressure for all practices and the additional capacity requirements for those PCNs.

2. Recommendation(s)

- 2.1 The Committee is asked to approve the extension of the Covid PCO block arrangement to September 2021.
- 2.2 The Committee is asked to approve the payment of the Quarter 2 support from the Covid Expansion Fund in line with Option 3 of £898,976.

3. Background / Statutory Considerations and Basis for Proposal

- 3.1 It is clear that there is still ongoing pressure for all practices. Demand has increased by 30%-45% above the levels pre-pandemic; social distancing requirements mean a slower throughput in face to face appointments; patient expectations have been raised with the national messaging about practices being open – as they have been throughout the pandemic; the implications of the new SOP requesting practices offer face to face appointments with a GP where that is the patient preference rather than the most appropriate route; vaccinations are ongoing for cohorts 1 to 9 with the resulting impact on staffing – as well as the additional impact from the reduced timescale for the second vaccination to be given to some of those patients.
- 3.2 As the impact of Covid is still significant in primary care, with additional pressures now being seen, it is recognised that the planned reintroduction of any services that had been paused during the pandemic over the three months to June may have been delayed. It is therefore proposed that the Covid Response Primary Care Offer be extended to September.

- 3.3 NHS England extended the General Practice Covid Capacity Expansion Fund for the period from 1 April to 30 September 2021. £120 million of revenue funding has been allocated (ring-fenced exclusively for general practice) to support the expansion of capacity until the end of September. The BSW allocation is £1.873m, is non-recurrent and should not be used to fund commitments running beyond this period. The conditions attached to the allocation and use of this funding remain as set out in the initial General Practice Covid Capacity Expansion Fund letter (09.11.2020). We are expected to use the funding to make further progress on the seven priorities identified in that letter.
- 3.4 Though this funding is not allocated to support COVID-19 vaccination directly, the expectation is for the CCG to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.
- 3.5 The recommended option is based on the population eligible for the vaccination and gives equal weight to ongoing work and that related to the additional impact of vaccinating cohorts 10 to 12. All practices will be paid £0.50 per patient for the period July to September (based on raw population as at 1st April 2021). Practices continuing to deliver the Covid Vaccination Enhanced Service for Cohorts 10-12 will receive an additional £2.00 per patient aged between 18 and 49 as at December 2020

4. Other Options Considered

- 4.1 Several options were considered for the calculation of the payment:

Option 1

Fund all practices at £0.50 per patient (raw population as at 1st April 2021).

Fund vaccinating practices at a further £0.50 per patient (raw population as at 1st April 2021).

Option 2

Fund all practices at £0.50 per patient (raw population as at 1st April 2021).

Fund vaccinating practices at a further £1.00 per patient (under 50 raw population as at 1st April 2021).

Option 3 (recommended)

Fund all practices at £0.50 per patient (raw population as at 1st April 2021).

Fund vaccinating practices at a further £2.00 per patient (18-49 raw population as at 1st April 2021).

5. Resource Implications

- 5.1 No financial detriment from continuation of block arrangements. Expected financial impact is not material as budgets and payments are based on previous years' activity.

- 5.2 Release of ring fenced primary care funds in line with guidance of £898,976. It should be noted that this is a worst case figure – this includes full payment for East Kennet (who have now withdrawn from the vaccination programme for cohorts 10 to 12). Their funding will be reduced on a pro-rata basis.

6. Consultation

- 6.1 Shared with and supported by the Local Medical Committee.

7. Risk Management

- 7.1 This paper supports management of risk BSW11 – Primary Care Capacity

8. Next Steps

- 8.1 None

Equality and Diversity	Applicable		Not applicable	X

Health Inequalities Assessment	Applicable		Not applicable	X

Public and Patient Engagement	Applicable		Not applicable	X

Do not embed documents / appendices; submit these separately as individual documents

Appendix 1 - Q2 Proposal

Fund £ 1.873m

Option 1

£1ph Apr-Jun all	967,856
£0.50ph Jul-Sep all	483,928
£0.50ph continuing	271,693
Contingency	149,523
	1,873,000

Option 2

£1ph Apr-Jun all	967,856
£0.50ph Jul-Sep all	483,928
£1ph continuing <50	328,120
Contingency	93,096
	1,873,000

Option 3 - recommended

£1ph Apr-Jun all	967,856
£0.50ph Jul-Sep all	483,928
£2ph continuing 18-49	415,048
Contingency	6,168
	1,873,000

Population:	<50	18-49	Total
Swindon	159,848	102,635	246,548
Wilts continuing	168,272	104,889	296,838
	328,120	207,524	543,386

Total pop - Dec 2020	962,857
Total pop - April 2021	967,856

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Prescribing Incentive Scheme					Agenda item		7d	
Date of meeting	10 th June 2021								
Purpose	Approve	✓	Discuss		Inform		Assure		
Executive lead, contact for enquiries	Ruth Grabham, Medical Director								
This report concerns	BSW CCG	✓	BaNES locality	✓	Swindon locality	✓	Wiltshire locality	✓	
This report was reviewed by	N/A								
Executive summary	<ul style="list-style-type: none">At the PCCC meeting in October 2020 it was agreed that 2020-21 would be a transition year during which the same prescribing incentive scheme would operate across the three localities but with different payments based on historical funding arrangements.Also at that meeting it was agreed to standardise incentive payments for 2021-2022 to £1 per head for each locality.Appendix 1 gives the proposed prescribing incentive scheme for 2021-22 for approval by the committee.								
Equality Impact Assessment	The Equality Impact Assessment taken to October 2020 PCOG still applies.								
Public and patient engagement	N/A.								
Recommendation(s)	1. The Committee is asked to approve the prescribing incentive scheme for 2021/22 at the funding level of £1 per patient population.								
Link to Board Assurance Framework or High-level Risk(s)	N/A								

Report Title	Prescribing Incentive Scheme					Agenda item		7d
Risk (associated with the proposal / recommendation)	High		Medium	✓	Low		N/A	
Key risks	<ul style="list-style-type: none">Engagement of Wiltshire GP practices. Although these payments represent an increase for Swindon locality, Wiltshire practices will receive a significant reduction in payments, which may discourage participation.Practice capacity to participate due to increased patient demand during 2021-22. The CCG is actively recruiting more pharmacy technicians to enable the Medicines Optimisation team to provide additional practice support.							
Impact on quality	The prescribing incentive scheme is intended to improve the quality of prescribing providing a consistent approach to delivery medicines optimisation ensures all patients in BSW CCG have access to the same level of medicines safety, quality, and clinical effectiveness.							
Impact on finance	Identify: <ul style="list-style-type: none">The prescribing incentive scheme is funded from existing budgets and there will be no additional costs.							
	Finance sign-off: John Riddler							x
Conflicts of interest	All GP practices are impacted by this proposal. Wiltshire GPs may see a loss of income. Dispensing Practices considerations will need to be taken into account.							
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

Prescribing Incentive Scheme

1. Executive Summary

The three former CCGs of BaNES, Swindon and Wiltshire had different models of delivery for their Medicines Optimisation Strategy supported by different prescribing incentive schemes. The intention as previously approved by PCCC in October 2020 is to work to a single operating model across BSW in this financial year. To this aim the committee is asked to approve the prescribing incentive scheme and associated payment of £1 per registered patient across all three localities, as detailed in appendix 1.

2. Recommendations

The Committee is recommended to approve the prescribing incentive scheme for 2021-22.

3. Background/Statutory Considerations and Basis for Proposal

The Medicines Optimisation paper presented to the PCCC in October 2020 outlined the differing approaches across the three former CCGs. A transition year was agreed for 2020-21 with a single incentive scheme but for historic reasons a different funding level in the three localities agreed. The plan for a single incentive scheme for 2021-22 with a consistent payment level of £1 per registered patient was also approved.

4. Other options considered.

None – this option was already approved.

5. Resource Implications

The prescribing incentive scheme is funded from existing budgets and there will be no additional costs. The CCG is at considerable financial risk within this year with regards to prescribing spend but this is outside the scope of this paper.

6. Consultation

None required. However, in advance of the original paper, meetings have been held with all PCN Clinical Directors and information shared with Practice Manager groups in BaNES and Wiltshire as they are most affected by these changes. The components of the incentive scheme have been narrowed down and agreed through the BSW Medicines Optimisation Group.

7. Risk management

The 2020-21 prescribing incentive scheme was withdrawn in January 2021 following NHSE advice to allow practices to focus on the vaccination program and the pressures of the pandemic. The prescribing incentive scheme money was still paid to practices. Practices are currently facing significant increases in patient demand which will reduce capacity to engage with the scheme and the CCG is currently recruiting additional pharmacy technicians to support practices that do not have capacity to participate fully in scheme.

It is also recognised that in Wiltshire locality this scheme gives a significant reduction in payments which may make engagement more difficult.

8. Next Steps

Once agreed the CCG will write to the practices giving details of the incentive scheme.

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Amendment to Primary Care Safeguarding Locally Commissioned Service					Agenda item		8
Date of meeting	10 June 2021							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Gill May, Director of Nursing and Quality							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Clarification and amendment to Primary Care Commissioning Committee approved paper							
Executive summary	<p>Request to add review of individuals at risk of harm from Self-Neglect to the contract.</p> <p>Most Safeguarding Adult Reviews locally and nationally are in the area of self-neglect and highlight the issue of inadequate information sharing and ineffective working between agencies, resulting in harm to patients</p> <p>The Community Safety Partnership in each locality has asked that where safeguarding criteria have not yet been met, a “multi-agency meeting” should be held to discuss the risks to the individuals at risk of harm from self-neglect and to formulate a risk management plan to safeguard these patients from escalating harm.</p>							
Equality Impact Assessment								
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked to approve the extension of the contract to cover multi-agency reviews of individuals at risk of self-neglect that do not meet the safeguarding criteria, at an expected cost of £16,000.							
Link to Board Assurance Framework or High-level Risk(s)	N/A							

Report Title	Amendment to Primary Care Safeguarding Locally Commissioned Service					Agenda item		8
Risk (associated with the proposal / recommendation)	High		Medium	X	Low		N/A	
Key risks	Multi-agency meetings are vital to share information and to make and review plans to mitigate risks to individuals and others affected by their neglect of self and surroundings. There is a risk of disengagement if these were not to be included in this safeguarding contract.							
Impact on quality	Each locality has quality assurance processes for safeguarding work completed by surgeries in place already. This work will continue and current quality assurance processes will be detailed within the Safeguarding Contract within appendices. These quality assurance processes include data collection, audits of quality of referrals and reports, quality assurance visits, and a yearly self-assessment audit.							
Impact on finance	<ul style="list-style-type: none"> Projected additional costs to be added to the Primary Care Safeguarding Contract: £16,000 Budgets confirmed at a level which will accommodate this in H1. 							
	Finance sign-off: John Ridler							X
Conflicts of interest	<p>Two of the authors are GP partners within BSW (Helen Osborn and Donna Redman). One of the authors (Michelle Sharma) locums within BSW.</p> <p>All GP practices will be entitled to payment under the scheme.</p>							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

**Briefing regarding request for addition to the previously agreed
Primary Care Safeguarding Contract of payments for Plans agreed at Multi-Agency Risk
Management Meetings, Risk Enablement Panels and High-Risk Professionals Meetings**

The information held by GPs is vital to all safeguarding cases, at every stage of the safeguarding journey. Information must be shared to ensure that patients are safeguarded effectively. Most Safeguarding Adult Reviews locally and nationally are in the area of self neglect and highlight the issue of inadequate information sharing and ineffective working between agencies, resulting in harm to patients. The knowledge held by an individual practitioner or agency may not, on its own, appear to be of concern, but when collated, the overall picture may indicate a more significant level of concern and risk.

In the area of Self-Neglect, each locality has a slightly different approach due to each locality working with a different safeguarding partnership and local authority. The Community Safety Partnership in each locality has asked that where safeguarding criteria have not yet been met, a “multi-agency meeting” should be held to discuss the risks to the individuals at risk of harm from self-neglect and to formulate a risk management plan to safeguard these patients from escalating harm. The GP will always be a key attendee at these meetings. In addition, in Wiltshire and BaNES, the Community Safeguarding Partnership process requires the agencies (including Primary Care) to convene these safeguarding meetings. In Swindon, the meetings are administrated by the CSP. These meetings are named differently in each locality: In Wiltshire they are named High Risk Professionals Meeting Plans, in Swindon they are named Risk Enablement Panel Plans, and in BaNES they are named Multi Agency Risk Management meetings.

These multi-agency meetings are vital to share information and to make and review plans to mitigate risks to individuals and others affected by their neglect of self and surroundings. They are very time consuming and resource intensive, therefore there is a risk of disengagement if these were not to be included in this safeguarding contract. The numbers involved are currently low, but vary from quarter to quarter and practice-to-practice e.g., in BaNES, there are between 0 - 18 MARMs per practice.

The projected returns based on current activity are:

Locality	Name of Meeting/process	Number	Annual projected cost at £40 per quarter per case, if each lasts a year
BaNES	Multi-Agency Risk Management Meeting	36 known in 2020/21	£5760
Swindon	Risk Enablement Panel	6 new last quarter, (these are estimated as the process in Swindon is very new so these are partly estimated based on prior knowledge of self-neglect) -possibly 24 per annum	£3840
Wiltshire	High Risk Professionals Meeting	Maximum 10 per quarter	£6,400
BSW		132	£16,000

Projected additional summary costs to be added to the Primary Care Safeguarding Contract: £16,000

For Approval:

For PC3 to approve the addition of these Plans into the Primary Care Safeguarding contract.

Meeting of the BSW CCG Governing Body

Report Summary Sheet

Report Title	Primary Care Operational Group Recommendations for Approval					Agenda item		9	
Date of meeting	10 June 2021								
Purpose	Approve	X	Discuss		Inform		Assure		
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care								
Clinical lead									
Author	Tracey Strachan								
Appendices	1 Final BaNES closure report 2 Three Chequers increase in GMS space 3 Maternity claims, Bradford on Avon 4 Swindon practices merger								
This report concerns	BSW CCG		BaNES locality	X	Swindon locality	X	Wiltshire locality	X	
This report was reviewed by	All papers have been through relevant locality PCOGs.								
Executive summary	Several papers have been recommended for approval by locality PCOGs. These are summarised below and appended to the report.								
Recommendation(s)	The Committee is asked to approve : 1. The final BaNES closure report, noting the cost and lessons learnt 2. Increase in GMS rent for Three Chequers Medical Practice 3. Payment of maternity locum support in line with the PCOG compromise proposal 4. Swindon Practices merger								
Link to Board Assurance Framework or High-level Risk(s)	Details within appended papers								
Risk (associated with the proposal /	High		Medium	X	Low		N/A		

Report Title	Primary Care Operational Group Recommendations for Approval	Agenda item	9
recommendation)			
Key risks	Details within appended papers		
Impact on quality	Details within appended papers		
Impact on finance	1. £140,151 (pre-approved) BaNES closures 2. £12,500 Increase in GMS rent 3. £92,395 Payment of maternity locum support in line with the PCOG compromise proposal 4. No financial impact of Swindon Practices merger It should be noted that budgets have only been confirmed for April to September 2021.		
	Finance sign-off: John Ridler		X
Conflicts of interest	1. Dr Sam Dominey is a partner in Three Chequers Medical Practice		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Report Title

1. Executive Summary

- 1.1 Several papers have been recommended for approval by locality Primary Care Operational Groups. These are summarised below.

2. Recommendation(s)

- 2.1 Approve the final BaNES closure report, noting the cost to date and lessons learnt.
- 2.2 Approve the DV recommended increase in GMS rent for Three Chequers Medical Practice of £12,500 from the date of PCCC approval.
- 2.3 Approve payment of maternity locum support in line with the PCOG compromise proposal. Payment in full for the period with exceptional circumstances. Payment in full for the period ending January 2021 and 50% payment for the other two claims. Total payment £92,395.
- 2.4 Approve the merger of Great Western Surgery and Sparcells Surgery.

3. Background / Statutory Considerations and Basis for Proposal

3.1 Final BaNES closure report

The Committee is asked to note:

- The outcome of the managed dispersal of Monmouth and Grosvenor Place Surgeries. 6,759 patients living within Bath have been transferred to an alternative local city practice. 281 Patients living out of area have made arrangements to register with a practice closer to home.
- The final cost of the practice closure, £140,151, which is within the previously agreed funding envelope.
- Lessons learnt from the process have been captured to aid future practice closures.

3.2 Three Chequers increase in GMS Space

- Three Chequers Medical Practice has four clinical sites, in Salisbury, Porton and Winterslow. They also lease office space next door to one of the surgeries in The Old Brewery. This request is for further office space in that building to free up clinical space.
- Three Chequers Medical Practice has a list size of 23,763 and is below their allowable space level – this is due to the closure of St Ann's surgery in 2020. The additional funds are within the budget released from the rent for St Ann's.
- The Committee is asked to approve payment of the DV recommended additional GMS rent £12,500.

3.3 Maternity Locum Support

- A request has been made to fund maternity locum claims outside stated timescales. There are exceptional circumstances related to this practice that contributed to the delay.
- Discussion at PCOG resulted in a part payment proposal.
- The Committee is requested to approve payment of maternity locum support in line with the PCOG compromise proposal. Payment in full for the period with exceptional circumstances. Payment in full for the period ending January 2021 and 50% payment for the other two claims/ Total payment £92,395

3.4 Swindon practice merger

- An application for merger has been received from Carfax Health Enterprise CIC to merge Great Western Surgery into the Sparcells Surgery GMS Contract and to operate Great Western Surgery as a Branch Surgery. There is no change to operational hours.
- Carfax Health Enterprises CIC took over as the Step in Provider of Great Western Surgery, when the previous GP Partnership left in 2017 with a full 5 year APMS contract being issued in 2018. There is no anticipated financial impact to the CCG. The merger will ensure that Great Western Surgery will have consistent management for the long term, providing stability for both patients and staff.
- The Committee is asked to approve the merger.

4. Other Options Considered

4.1 Details within appended papers

5. Resource Implications

5.1 Resource implications:

1. £140,151 (pre-approved) BaNES closures
2. £12,500 Increase in GMS rent
3. £92,395 Payment of maternity locum support in line with the PCOG compromise proposal
4. No financial impact of Swindon Practices merger

It should be noted that budgets have only been confirmed for April to September 2021.

6. Consultation

6.1 Details within appended papers

7. Risk Management

7.1 Details within appended papers

8. Next Steps

8.1 Details within appended papers

Equality and Diversity	Applicable		Not applicable	X

Health Inequalities Assessment	Applicable		Not applicable	X


Public and Patient Engagement	Applicable		Not applicable	X

Meeting of the BaNES Locality Primary Care Operational Group

Report Summary Sheet

Report Title	Primary Care Operational Group – Monmouth & Grosvenor Practice Closures Update				Agenda item	4
Date	22 nd April 2021					
Purpose	Approval		Discussion		Information	✓ Assurance
Executive lead	Jo Cullen, Director of Primary Care				Signed off	
Clinical lead	N/A				Signed off	
Authors	Rebecca White, Commissioning Support Manager - Primary Care					
Appendices	N/A					

Executive summary	This paper provides a summary on the managed dispersal of the patient lists for Monmouth and Grosvenor Place surgeries which closed on 31 March 2021.					
Recommendations	PCOG is asked to note the contents of this report, specifically: <ul style="list-style-type: none"> • Finalised support costs associated with the practice closures. • 6,759 patients living within Bath have been transferred to an alternative local city practice. 281 Patients living out of area have made arrangements to register with a practice closer to home. • Lessons learned have been captured to aid future practice closures. 					
Risk (associated with the proposal/recommendation)	High		Medium		Low	N/A ✓
Key risks	There are currently no issues/risks currently identified.					
Impact on quality	The managed dispersal of patient lists ensured the transition of patients to local GP practices, whilst maintaining patient choice.					

	<p>Nine Bath city practices confirmed capacity to accommodate additional patients. A mapping exercise undertaken showed that for the majority patients, the travel time from their home to new allocated practice was comparable to their previous journey time.</p> <p>A detailed transition plan was developed to ensure continuity of care, with a specific focus on high risk and vulnerable patients.</p>	
Impact on finance	<p>The practice closures have cost £140,451 to date. However, we recognise there could be some dispersal fee costs in Q1 as a result of subsequent patient movement. As outlined in section 4, this is within the original £226,000 funding envelope agreed by Primary Care Commissioning Committee (PCCC).</p>	<p>Finance Lead Sign off: Name: Phil Tithecott</p> <div style="text-align: center;">  </div>
Report reviewed by	Louise Sturgess – Senior Commissioning Manager, Primary Care	
Conflicts of interest	None	

GP Practice Closures – Update

1. Background

- 1.1 In March 2020, Monmouth Practice notified the CCG of their intention to end their contract for the delivery of Primary Medical Services following unsuccessful attempts to secure a merger with other local practices. In April 2020, GP partners at Grosvenor Practice also advised the CCG of their intention to hand back their contract. As a result of the Coronavirus pandemic, both practices agreed to postpone closure until 31st March 2021 following a request from the CCG.
- 1.2 A paper outlining options for the alternative provision of GP services for Grosvenor and Monmouth practices was presented to BaNES Primary Care Operational Group (PCOG) for consideration on 24th September 2020. A recommendation for a managed dispersal of both practice lists was approved by Primary Care Commissioning Committee (PCCC) on 22nd October 2020.
- 1.3 The CCG allocated patients to new practices based on geographical proximity; however patients were given the opportunity to request a different practice if they were unhappy with their original allocation. Over 700 requests were received and processed by the CCG.
- 1.4 The CCG Patient Advice and Liaison Service (PALS) received 60 contacts from patients regarding the practice closures. These were predominantly queries requesting early transfer of care to their new surgery. No formal complaints were received.
- 1.5 A total of 6,759 patients (3,937 from Monmouth Surgery and 2,822 from Grosvenor Place Surgery) were transferred to nine Bath city practices in February and March 2021. 281 patients were living out of area and have since registered with a practice closer to their home.
- 1.6 Both practices closed on 31st March 2021. Half of the practice staff retired, and the remaining transferred to other local practices or other roles.
- 1.7 Although the CCG sought to minimise the amount of movement between receiving practices by offering patient choice at an early stage, it is anticipated that there may be some further movement of patients between Bath city practices post-closure. This will be closely monitored by the BaNES locality primary care commissioning team.

2. Communications update

- 2.1 The CCG sent three letters to patients regarding the closures, and details of their new practice. However, the CCG is aware that there may be a small number of patients who remain unsure of their new practice. Patient queries are being managed by the BSW PALS team. Post-closure, PALS have received queries from approximately 15 patients.

- 2.2 The practice closures have received limited local media coverage. On 5th April, the Bath Chronicle ran an article on the closure of Grosvenor Place in response to a letter sent by a former patient. The article highlighted the high quality of care provided by the Grosvenor Place Surgery, and criticism centred on the NHS strategic direction moving towards larger GP practices and networks.

3. Review of closure process

- 3.1 The key lessons learned through this project are as follows:
- **Patient choice was offered as part of the managed dispersal process.** Enabling patients to express a preferred practice prior to the transfer reduced the likelihood of significant movement between practices post-closures, and minimised the impact on receiving practices.
 - **Ongoing engagement between CCG and closing and receiving practices.** The CCG met regularly with receiving practices in the earlier stages of the project, and this was viewed positively. Fortnightly joint meetings between the CCG and closing practices enabled the timely resolution of issues.
 - **Larger transfers were managed by TPP (patient records were transferred overnight).** This significantly reduced the administrative burden on receiving practices, and ensured that the whole patient record was available immediately. Both closing and receiving practices were positive about the transfer process.
- 3.2 A detailed lessons learned document has been produced to aid future practice closures.
- 3.3 The project was supported by colleagues within the CCG and CSU:
- CSU Geographic Intelligence & Mapping Services
 - CSU Governance Services
 - CSU Training Team
 - CCG Clinical Systems
 - CCG Communications team
 - CCG Finance
 - CCG Medicines Management Team

4. Finance

- 4.1 The total costs associated with the practice closures fall within the £226,000 funding envelope agreed by Primary Care Commissioning Committee.

Support packages with Monmouth and Grosvenor	£37,212
Electronic record transfer	£19,289
Dispersal fee allowance	£54,765
Project Manager support	£15,312
IT	£3,164
Closure letters to patients	£10,710
Total cost	£140,451

The CCG recognise there could be some dispersal fee costs in Q1 as a result of subsequent patient movement.

5. Recommendations

5.1 PCOG is asked to note:

- The outcome of the managed dispersal of Monmouth and Grosvenor Place Surgeries. 6,759 patients living within Bath have been transferred to an alternative local city practice. 281 Patients living out of area have made arrangements to register with a practice closer to home.
- The final cost of the practice closure, which is within the previously agreed funding envelope.
- Lessons learnt from the process have been captured to aid future practice closures.

GMS Services Expansion Programme within existing Three Chequers Medical Practice

Supporting Information

Current Position

Three Chequers Medical Practice formed in 2017 as the result of a merger of three Salisbury GP Surgeries: Endless Street Surgery, St Ann Street Surgery & Three Swans Surgery. Based within a cathedral city with a current population of circa 41,680 within the city precincts but a population of 62,210 in the wider urban area. This is increasing; forecasts are 17,000 people over the next 5 years increasing to 28,500 over the next 20 years. Likewise, the **current patient list size is 23,807 patients**, set to rise in line with the city population increase, and significant housing developments currently underway in the area. Salisbury is unique in that it is the only city within Wiltshire and has a large Military population, expanding due to new housing developments just 3 miles from the City Centre. Further new developments have been built adjacent to the Three Swans Surgery and opposite Endless Street Surgery with a total of 71 retirement apartments.

Proposal

Background

Prior to the formation of 'Three Chequers Medical Practice', a joint bid was submitted for funding under the Primary Care Infrastructure Fund with a view to merge the practices and enhance GMS services within the community. Three Chequers Medical Practice were granted an Approval in Principle in November 2015 for an actual floor space of up to 2063 sqm, however work to secure a new premise is ongoing.

The building currently occupied by Endless Street surgery does not meet the standards required by DDA legislation. The construction and layout of the buildings makes any major modifications impossible. The buildings is also Grade II listed which often makes modifications impracticable and expensive. The achievement of high standards of infection control is also very difficult in such old premises.

We used to have the use of St Ann St Surgery but this is now not the case and we were in desperate need of additional office space. We therefore expanded into an office building adjacent to Three Swans Surgery and initially signed a lease for two of the suites on that floor (this was approved as additional space). However, this was insufficient and we therefore signed a lease for the entire second floor. We are now looking to retrospectively get this additional space approved. Due to the restrictions imposed upon us by the COVID pandemic we were unable to get this formalised prior to occupying.

Development of GMS Services

In order to improve resilience & to help us improve and increase the services and care we offer patients now and in the future; we have employed new senior staff members as part of a restructuring programme. To enable us to accommodate this, we have had to rent further office space at The Old Brewery site in Rollestone Street, Salisbury.

The new offices will also mean the total relocation of our Back Office Administration and subsequently provide a base at our Endless Street site for our two recently employed pharmacists, to enable them to provide support and advice to one of our three on-site dispensaries, something which they are unable to do effectively at the moment due to a lack of space.

The Practice is a Partnership with 8 GP Partners and 10 additional GPs. We have a large practice team including a Paramedic, an ANP, nurses, healthcare assistants and pharmacists and are able to offer a wide range of services to our patients. In addition, we are a training practice, teaching both trainee GPs and student doctors.

We host a wide range of clinics within our surgeries, including: Diabetic, asthma and spirometry, BP management, flu clinics, minor operations, lipid clinics, cryotherapy clinics, Coil/Nexplanon fitting, baby clinic, smoke stop, and carers clinics. To enable us to facilitate such a wide range of clinics, and to employ the number of clinical staff needed by our patients, we are rapidly outgrowing the limited space we have currently. The provision of further clinical space within Three Swans Surgery and moving admin staff out of Endless Street Surgery will enable a safe working environment for our staff.

The current allocation is:

Endless Street: 409.25

Three Swans Surgery (including The Old Brewery and pharmacy): 482.60

Porton Surgery: 133.87

Winterslow Surgery 105.19

Total allocation: 1130.91 sqm

The total space allowance, based on the current population size is: 1410 sqm

Details of current reimbursement and costs

Endless Street current rent: £55,000

Three Swans Surgery current rent: £61,800

Old Brewery Ground Floor office space current rent: £9,760

Porton Surgery £17,000

Winterslow Surgery £13,500 (cost rent)

Total current rent reimbursement: £157,060

Cost of additional space

New Second Floor Old Brewery office space: £13,500 (DV - £12,500)

Total allocation being requested: £170,560

Previous occupation of St Ann's Surgery – 302.88m at a cost of £55,800 (abated to £55,657)

On the 30th January 2020, the Primary Care Commissioning Committee approved space at both Three Swans Surgery and The Old Brewery office space.

An additional 91sqm was approved at The Old Brewery office space at a cost of £9,760 plus VAT.

Subsequent information supplied by the Practice has confirmed additional GMS space is being used and the practice is requesting reimbursement for this.

On the 9th July 2020, the practice signed a new lease for additional GMS space at the site

for an additional 117.2m2 at an additional cost of £13,500 plus VAT.

The DV have supplied their opinions on the lease and additional cost.....

I am aware of the rent on the first floor rent from 2014 is £11,000pa (£93.86/m2) and according to my information was not reviewed upwards. I attach the letting details of the 2nd and 3rd floor from 2012 in which they say a whole floor is available at £11,000pa. I think this information and the lack of demand due to market circumstances currently could at least be used to get a rent to match their rate on the ground floor letting at £12,500pa.

Utilisation

The practice wishes to expand their GMS Space allowance to accommodate any additional patients.

QoF achievement: 553.82

Current Premises Position

The Old Brewery office space has contracted Talkwire, and all necessary cabling and additional telephones have been installed- this was currently office space that only had power and lighting.

General Medical Provision in Salisbury town centre next to Three Swans Surgery and the floor above the current Three Chequers administration office

CQC Quality Report - Outstanding

Actions requested

For approve funding at the lower rate the DV has recommended for the second floor, funded from the date of the approval at the Primary Care Commissioning Committee.

This will enable further clinical staff to work from rooms previously occupied by Practice Manager, Operations Manager and unsafe areas from Grade II listed buildings.

Excerpt from Papers to and Minutes of Wiltshire Primary Care Operational Group 27 May 2021

Maternity Claims from Bradford on Avon

- A request was received from the practice for a significant amount of back payment for locum reimbursement claims
- We requested further details to support the claim as they were outside of claim times as laid out in the SFEs.
- In 2019 we wrote out to all Wiltshire practices with an amnesty on locum reimbursement for all 2018/19 claims, reminding the practices that they should be made in a timely fashion and informing them if claims were not made by November 2019 then we would not reimburse them
- This is a request for an exception to that rule due to the exceptional circumstances in the practice in the past few years:
 - Change in senior partner and long term sickness of previous practice manager
 - Major floods (3) and subsequent disruption to the practice which lead to management priorities needing to be elsewhere - ongoing significant issues with the building which continue to be a priority
 - A very difficult 2 years with resilience and workforce capacity pressures, including closure of a branch surgery
 - Practice manager had major IT failure with loss of files
 - Increased workload involved with PCN development
 - Covid pandemic which clearly consumed not only ourselves but the whole NHS
- Back up information to support these claims has been received
- It was noted that the very old claim was at the time the practice was in crisis with floods in the practice, loss of Partners and multiple changes taking place.

Discussion points:

- Have there been any other retrospective claims been made?
 - *This is the first one related to prior financial years since the amnesty. Late claims are received but have been within (or close to) the financial year and able to be funded from the correct financial year's budget.*
- Is there a third option - between paying nothing and paying everything recognising the resilience issues etc.?
 - *Proposal to be included in the paper that comes to PCCC – payment in full for the time period when the practice was in crisis due to the exceptional circumstances and for the most recent claim which was received in a reasonable timescale. A 50% compromise payment to be proposed for the other two claims.*
- Members agreed with this approach but recognised the need for strong governance around what is 'exceptional'.

ACTIONS:-

- **Dr 4 – this claim can be processed.**
- **Dr 1 – as this was when the practice was under pressure this will supported in full.**
- **Dr 2 & 3 – as these claims should have followed the process and did not – proposal of 50% payment.**
- **This will recognise the exception circumstances at the time and the details can be justified on that basis.**
- **CCG will be stricter on the claims going forward. Will build into the process that an e-mail will be sent out to all practices before year end to make sure applications forms for locums have been completed and sent to the Primary Care Team for approval.**

GP on Maternity Leave	Date on leave - from	Date on leave - to	Number of sessions per week contracted to work	Name of GP's that covered leave	Contracted Hours those GP's employed for	Total claim	Proposal
Dr. 1	13.08.2018	10.02.2019	6	Dr. Dr.	28.16 18.75 (term time only)	£42,100.36	£42,100.36
Dr. 2	31.10.2019	29.04.2020	6	Dr. Dr. Dr. Dr. Dr.	23.44 18.75 (term time only) 18.75 28.13 ?? ??	£38,606.15	£19,303.08
Dr. 3	30.03.2020	27.09.2020	4	Dr. Dr. Dr. Dr.	28.16 18.75 (term time only) 28.13 ??	£28,100.19	£14,050.10
Dr. 4	05.10.2020	31.01.2021	5	Dr. Dr. Dr. Dr.	28.16 18.75 (term time only) 28.13 ??	£16,941.30	£16,941.30
						£125,748.00	£92,394.83

On the 10th October 2019 an email was sent to all contractors agreeing an 'amnesty for all.....locum reimbursement claims' for both the 2018/19 and 2019/20 (year to date) financial years.

AND stated...

Practices are reminded that there is an application process and this needs to be submitted to the CCG prior to submitting any financial claim, therefore, in future and in order to simplify the locum reimbursement process the CCG proposed that all claims for Maternity/Paternity or Sickness cover were to be submitted before the end of the month following the period for which the claim was made. For example, claims for locum costs incurred in October 2019 should be made by 30th November 2019 at the latest.

Finally, in that same communication the CCG stated

With this in mind, the CCG is also mindful that section 25.12 (2) of the SFE's state that "Sub-paragraph (1) does not apply to any claims for payments which fall due under a provision of this SFE in respect of which an alternative time limit for making claims for such payments is imposed unless, in the opinion of the Board, exceptional circumstances exist which make it reasonable for that time limit to be dis-applied."

Primary Care Operational Group – Swindon Locality

Meeting Date	Tuesday 11th May 2021
Title	Application to merge Great Western Surgery & Sparcells Surgery
Executive Summary	An application for merger has been received from Carfax Health Enterprise CIC to merge Great Western Surgery into the Sparcells Surgery GMS Contract.
Risk Issues: Original Risk Residual Risk	Great Western Surgery is currently an APMS Contract which will end its tenure April 2023.
Financial Impact	<p>The CCG should consider costs/value for money as this contract merger will merge two contracts and leads to an 'averaging' effect.</p> <p>In this instance, following analysis there appears to be no cost pressure on the CCG if the merger is approved.</p> <p>However, the CCG should also bear in mind that once patients are under one contract, the Carr-Hill formula (or any future equivalent) will be applied and may increase the cost of the transferring patients based on one of the other factors such as rurality, when it may not have applied to the terminating contract.</p> <p>The merger will have a positive impact on the practices as they will be more efficient and resilient and therefore we would not anticipate they would require any vulnerable practice funding in the foreseeable future.</p>
Legal Issues (including NHS Constitution)	<p>Bath and North East Somerset, Swindon & Wiltshire CCG (BSWCCG) needs to act within the terms of the Delegation Agreement with NHS England dated 26 March 2015 for undertaking the functions relating to Primary Care Medical Services.</p> <p>A merger represents a variation to a practice's GMS contract and therefore requires agreement by BSWCCG under delegated commissioning arrangements.</p>
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at current locations, or can choose to register with another local practice.

Impact on Equality and Diversity	Assessed as low as patients will continue to have access to services at current locations or can choose to register with another local practice.
Impact on Quality and Sustainability	Increasing sustainability is one of the main reasons the practices wish to merge. By becoming one entity this will have a positive impact on the resilience.
Patient and Public Involvement	The practices have started engagement in relation to proposed merger with their patients with advice and support from Swindon Locality Primary Care Team
Recommendation	<p>The PCCC is asked to review the application and supporting information which set out the proposals for the merger of two practices in the Swindon locality:</p> <ul style="list-style-type: none"> • Consider the recommendation from the Primary Care Operational Group meeting on 11 May 2021; • Make a decision regarding this request to merge contracts from Sparcells Surgery and Great Western Surgery
Author	Wendy Bruno
Designation	Primary Care Manager
Sponsoring Director (if not author)	Louise Tapper, Assistant Director Primary Care

Agenda Item

Primary Care Operational Group

Tuesday 11 May 2021

Application to merge from Great Western Surgery and Sparcells Surgery

1 Introduction and background

1.1 Carfax Health Enterprises CIC took over as the Step in Provider of Great Western Surgery, when the previous GP Partnership left in 2017 with a full 5 year APMS contract being issued in 2018.

1.2 On 25 February 2021, BSW CCG received an application from Carfax Health Enterprises CIC to merge the Great Western Surgery APMS contract with the Sparcells GMS contract and to operate Great Western Surgery as a Branch Surgery. There is no change to operational hours.

In April 2016, NHS England published the “General Practice Forward View” which sets out a range of measures to support general practice.:

Whilst there are different initiatives nationally, the narrative is a repetitive one: sustainability and resilience of primary care fit for the future, which is working as part of an integrated team of multi-specialists needs to be working collaboratively at scale.

Carfax Health Enterprises is assuring the CCG that locally they will continue to value the essence of local primary care, care continuity and preservation of “family medicine”.

2. Proposal to Merge

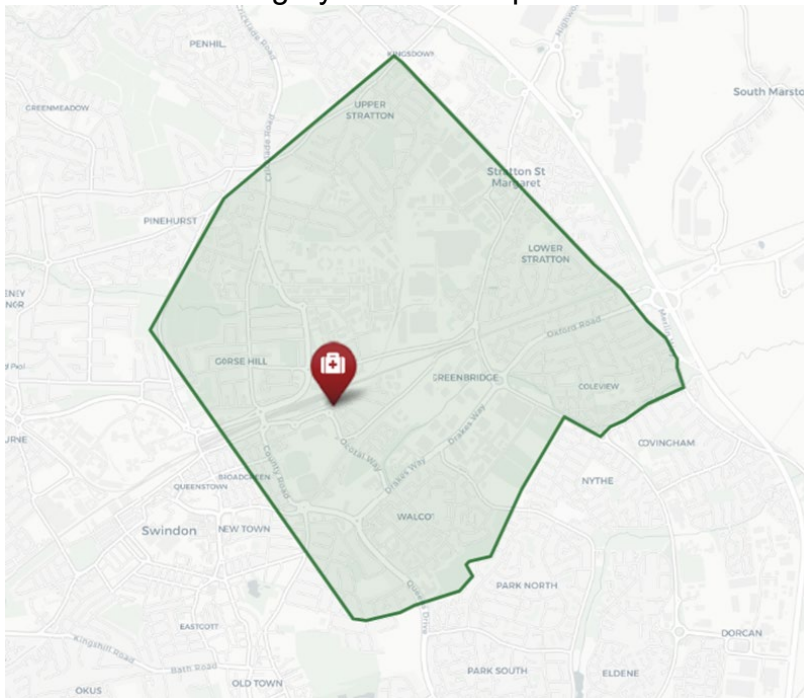
2.1 BSW CCG has received a merger application and supporting information (appendix 1) from the following two practices:

- Sparcells Surgery (Y03671)
 - Midwinter Close, Swindon SN5 5AN
- Great Western Surgery (J83025)
 - Farriers Close, Swindon SN1 2QU

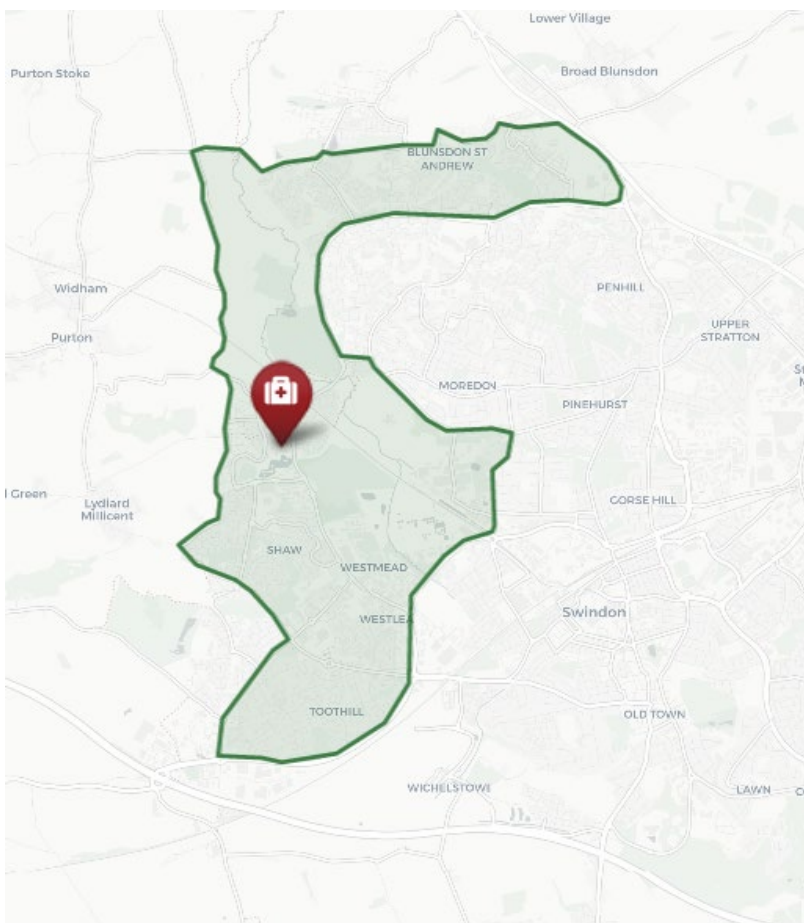
2.2 The location of the surgeries, and their population spread are shown below in

the maps below.

Great Western Surgery Practice map



Sparcells Surgery Map



2.4 The surgeries do not have overlapping boundaries and following the merger the same area will be covered.

2.5 **Impact/benefits for patients and local population**

Both sites will remain operational,

The merger will ensure that Great Western Surgery will have consistent management for the long term, providing stability for both patients and staff. This stability will enable the practices to make long term plans on the provision of services, at both practices.

No specific patient groups will be adversely affected through the proposed merger as there will be no requirement for patients to travel to a different site other than their most local one.

2.6 **Financial implications for CCG**

A Financial Analysis has been undertaken relating to the potential effect on GMS Global Sum Funding. There is no impact to the CCG. There is however an impact on the practice in that the CCG would be making a deduction of 4.72% of contract income for an out of hours deduction for Great Western Surgery that was put into the contract in error by NHSE. Carfax health Enterprises CIC is aware of this potential deduction on merger and has accepted the deduction.

3 **CCG engagement for the application to merge**

3.1 As per the Standard Operating Procedure (SOP) for the application to merge contracts, the practice had preliminary discussions with the BSWCCG Primary Care Directorate.

3.2 BSW CCG have engaged with Swindon Locality GP Practices to give opportunity to offer comment or concern open 30 MARCH 2021 – 14 April 2021:

- Neighbouring practices (20 practices);
- The Local Medical Committee

The responses:

There were no objections raised.

4. **Practice engagement**

The practices are looking to launch a soft engagement with their patients. In particular Great Western Surgery as there is no front-end change to their Surgeries operations, back room function or staff.

The surgeries are publicising their merger plans via an information statement on their websites, a newsletter and posters displayed in practice.

If the merger is approved, the practices will continue further engagement and communication in liaison with the CCG.

5. Summary

A merged practice will be better placed to take advantage of new opportunities to develop the services that can be offered for the benefit of patients and the wider health system and provide stability for the future.

7. Recommendation

The PCOG is asked to:

- Recommend the merger for PCCC in June 2021

8. Appendices

Carfax Health Enterprises CIC application to merge form



GWS_Sparcell
Merger Application Form

Consultation with LMC & Practices



Great Western
Sparcell Surgery Merger

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Quality in Primary Care					Agenda item		10	
Date of meeting	Thursday 10 th June								
Purpose	Approve		Discuss	x	Inform	x	Assure	x	
Executive lead, contact for enquiries	Gill May								
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality		
This report was reviewed by	Sharren Pells, Deputy Director of Nursing								
Executive summary	<p>This highlight report provides a quality and safety summary of key assurance metrics in relation to primary care.</p> <p>The presentation includes data for:</p> <ul style="list-style-type: none">• Patient safety incidents• PALS and complaints• CQC inspection summary• Learning disability annual health checks• Flu vaccination uptake rate for BSW 20/21								
Equality Impact Assessment	N/A								
Public and patient engagement	N/A								
Recommendation(s)	1. The committee is asked to note the report.								
Link to Board Assurance Framework or High-level Risk(s)	This report links to the quality and safety domain set out within the Board Assurance Framework								

Report Title	Quality in Primary Care	Agenda item	10
Key risks	<p>Further work is needed to support practices with incident reporting, as reporting remains low in some areas.</p> <p>5 practices are currently rated by CQC as 'requires improvement'. Quality improvement plans are being progressed with support from CCG.</p> <p>There are no practices rated as 'inadequate' by the CQC.</p>		
Impact on quality	<p>This report sets out the summary status of key quality and safety metrics within primary care. Locality specific reports are provided to the primary care operational groups. Metrics are being further developed with a focus on the use of quality improvement methodology and inequalities for 21/22.</p>		
Impact on finance	No finance impact		
	Finance sign-off: [insert name]		
Conflicts of interest	No conflicts of interests		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Quality in Primary Care B&NES, Swindon and Wiltshire CCG

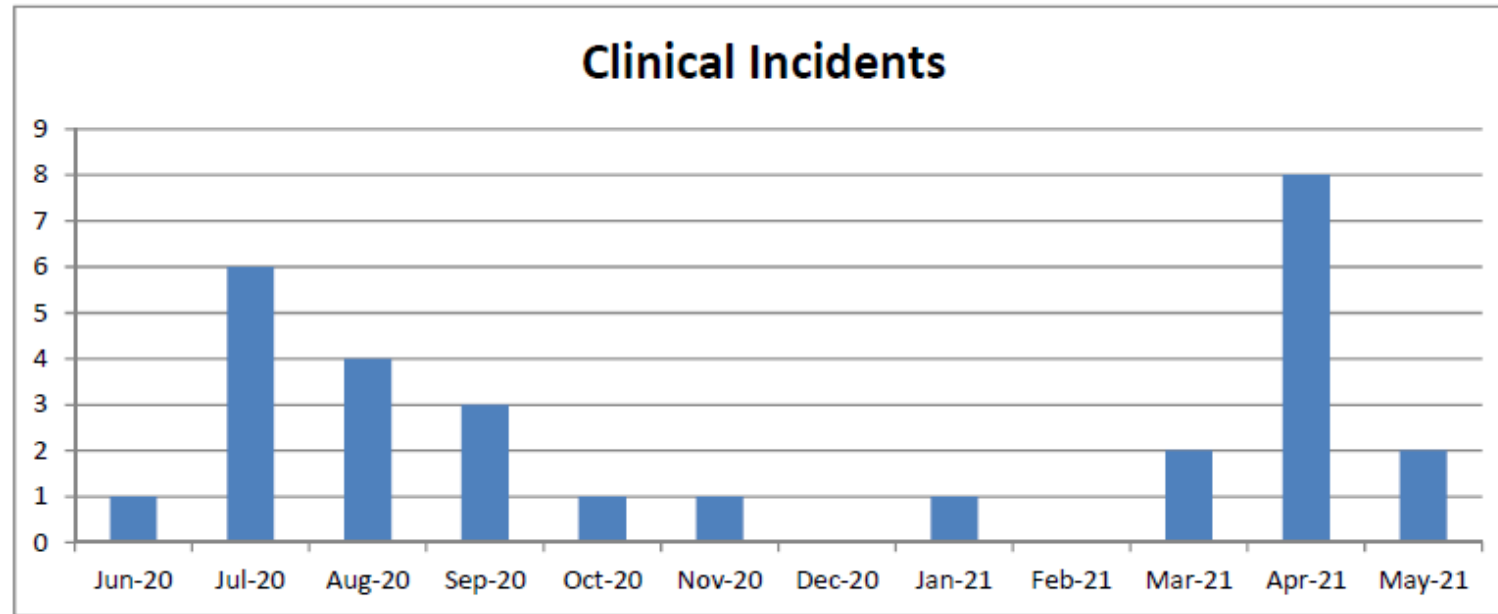
- Patient Safety Incidents
- PALS and Complaints
- CQC Inspection Ratings
- Learning Disability Annual Health Checks
- Flu vaccination programme 20/21

June 2021



Patient Safety Incidents Reported by Primary Care

This chart shows the incidents reported by BSW practices from the beginning of 2020-21 and 2021-22 to date.



The top themes reported are:

- Medication errors
- Documentations

The spike in reporting in April 21 followed a reporting awareness piece of work that was undertaken by the CCG quality team, following a noted drop in reporting during COVID surge.

Overall primary care incident reporting remains low. Of the incidents reported the majority are assessed as no or low harm.

THEMES for reported incidents in Quarter 1 for 21/22:

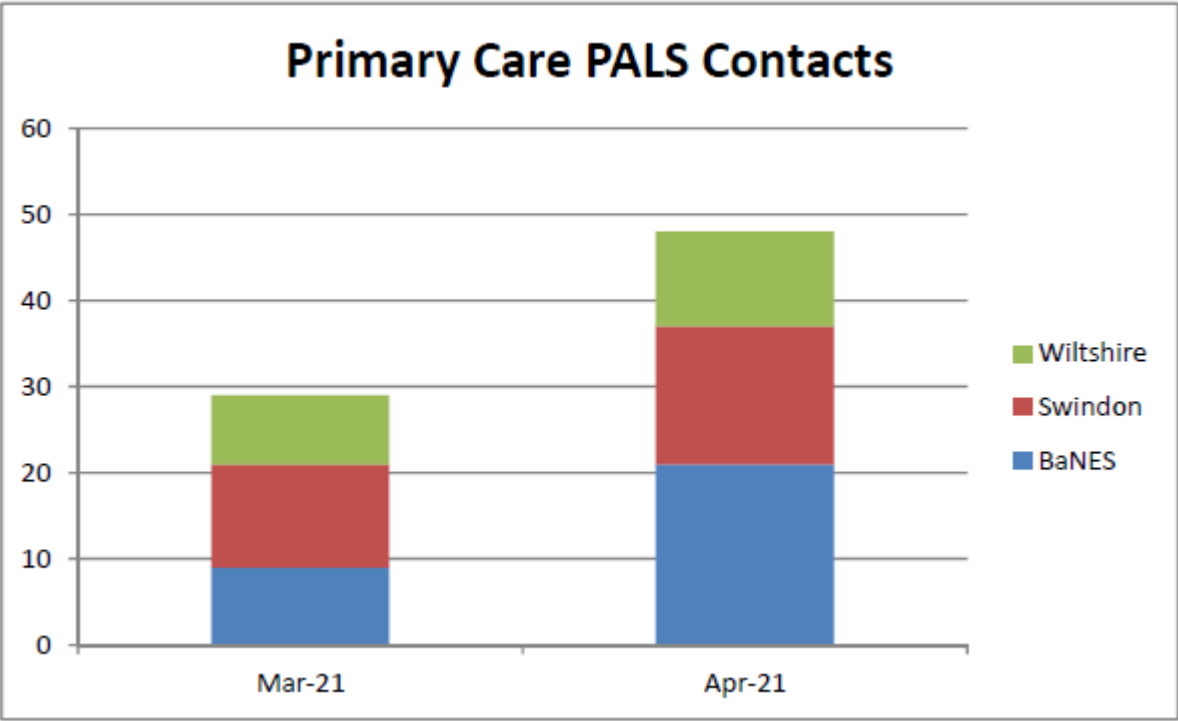
- Delay in discharge communication – Learning is being incorporated into discharge planning quality improvement groups
- Management of syringe drivers – this will be examined further to understand any risk issues, with learning reported to End of Life (EoL) groups
- There is an emerging theme regarding access to mental health services, which is being monitored within assurance and transformation workstreams
- There is one ongoing serious incident investigation in progress in relation to medicines and monitoring. There have been no reportable Serious incidents in 21/22

Patient Experience – PALS and Complaints

During April there were 51 PALS contacts compared to 33 in the previous month and 42 reported in February.

The strongest theme during March has been in relation to the local implementation of the COVID vaccination programme. All vaccine related concerns are logged and responded to.

In April 2021, 17 of the 51 concerns for BaNES related to the closure of two practices. The transfers of all patients from both practices has been completed, with feedback received supporting future learning.



Care Quality Commission GP Ratings

The NHS England latest report there were 5 practices rated as Requires Improvement and 0 rated as inadequate. The Quality Team is offering support with these individual practices rated as requires improvement to develop, progress and monitor action plans.

75 practices are rated as 'Good'

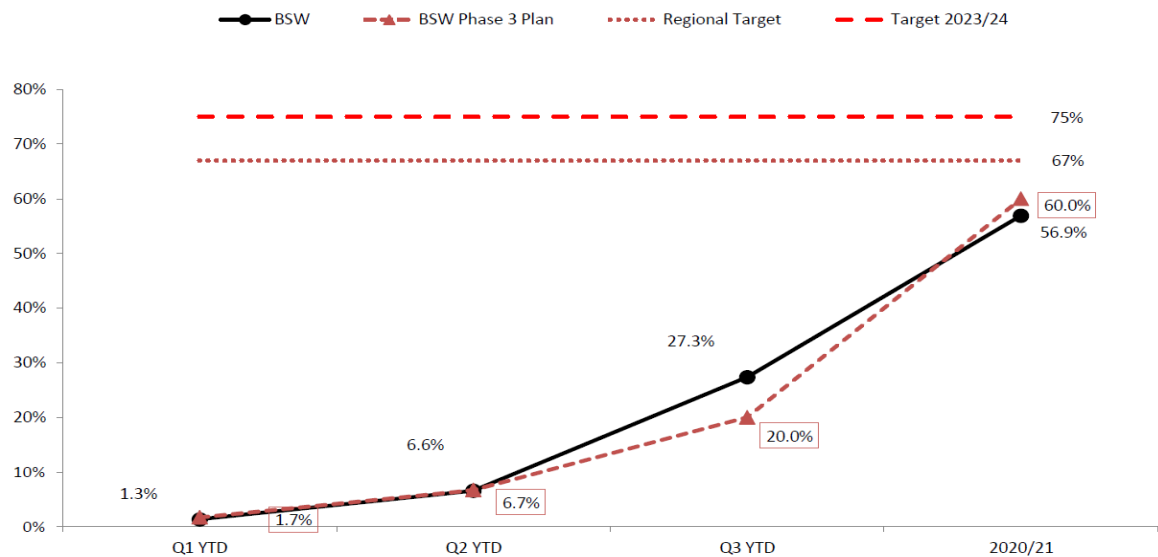
8 practices are rated as Outstanding across BSW CCG. Mechanisms are in development to support shared learning of good practice across all PCNs and practices.

National	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR
England	28	312	5,821	318	185	6,664	0.4%	4.8%	89.8%	4.9%	2.8%
Region	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR
South West	0	21	483	47	14	565	0.0%	3.8%	87.7%	8.5%	2.5%
STP	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	0	5	75	8	3	91	0.0%	5.7%	85.2%	9.1%	3.3%
CCGs	IA	RI	GO	OU	NR	Total	IA	RI	GO	OU	NR
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0	5	75	8	3	91	0.0%	5.7%	85.2%	9.1%	3.3%

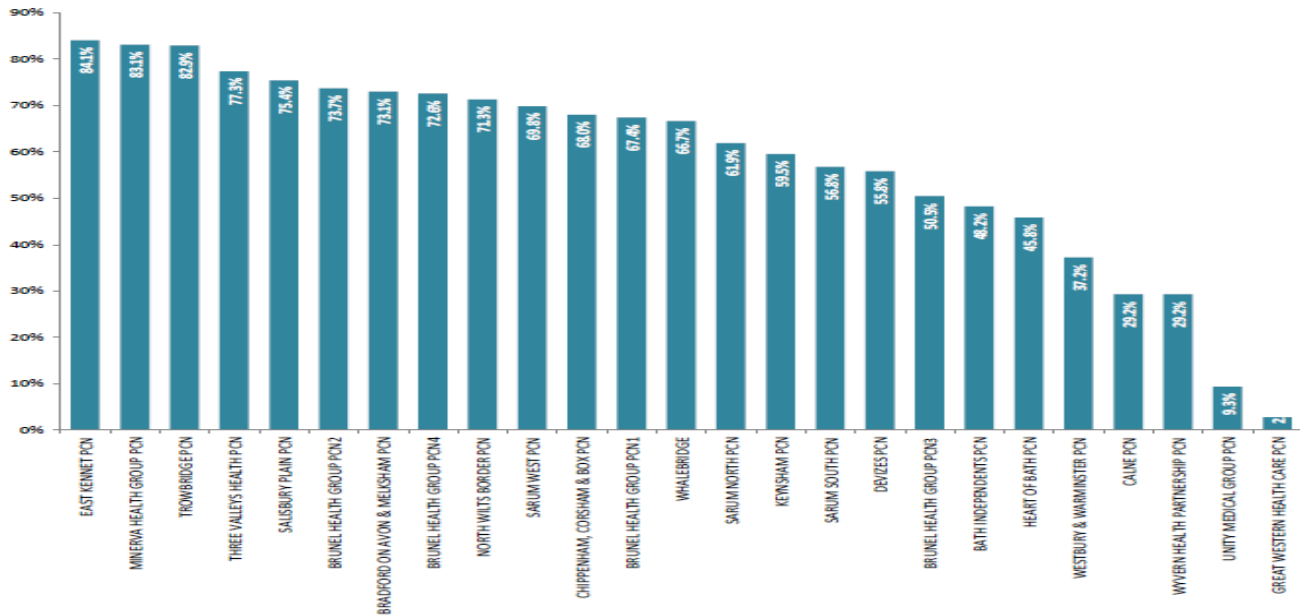
Key:
OU = Outstanding
GO = Good
RI = Requires improvement
IA = Inadequate
NR = Not formally rated as yet

Learning Disability Annual Health Checks

Cummulative % of 18/19 QOF (All Age) LD Register receiving Health Checks



Cummulative % of CQRS 14yr+ LD Register receiving Health Checks by PCN



- Local data (provisional) as at 20th April 2021 demonstrates that 2,681 (56.9%) Health checks had been recorded, with a further 149 Health Checks required in 2020/21 to match the Phase 3 Plan Target (60%)
- LDAHC ‘super team’ commenced March. First Option Healthcare provider part 1 of the health check and the healthcare action plan. Checks include pulse oximetry baseline as an addition. People are also encouraged to book part 2 of their check with their GP. To date 129 individuals have had their part 1 check completed by FOHC.
- Positive patient feedback received. Case studies identified showing positive outcomes. Co-location with Third Sector particularly noted as positive enabler for holistic support such as health and wellbeing changes and signposting.
- Evaluation of pilot to be completed by University of Bristol – final report to be completed by September 2021.
- Development of LDAHC pathway underway – to commence from Q2/3, to include learning from LeDeR reviews.

Flu vaccination programme 2020/21

- During the 2020/21 influenza season BSW took a system wide approach to deliver the flu vaccination programme, working with providers, the public, the local authority and other healthcare and voluntary organisations to deliver flu vaccinations, prevent spread of infection and minimise risk.
- There was a focus on reducing inequalities across the system relating to flu vaccination uptake.
- Delivery of the flu vaccination programme within primary care posed some challenges in light of the required COVID response; however BSW primary care networks and practices came up with innovative ideas to deliver flu vaccinations in a safe and COVID-19 secure way, allowing for social distancing and decreasing the risk of transmission for both staff and the BSW population.
- Lessons learnt from delivery of the flu vaccination programme then supported the COVID-19 vaccine roll out.
- 2020/21 was one of the most successful flu vaccine seasons nationally, regionally and indeed locally.
- BSW CCG performed well nationally, as outlined in the tables on the following slides.

Covid: Devizes celebrates vaccination effort

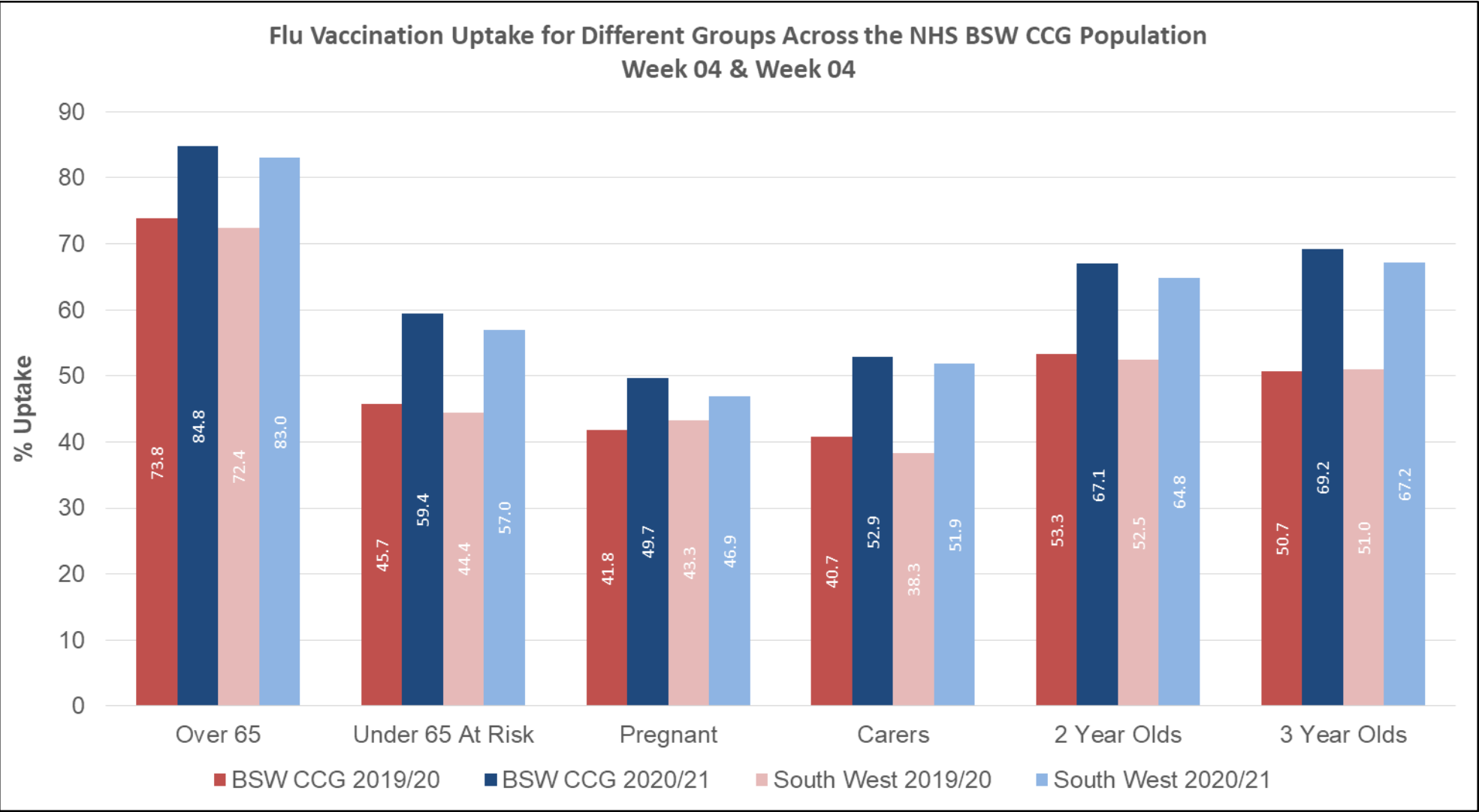
© 23 March



The Corn Exchange in Devizes has been a focal point for vaccinations

Lessons learned from distributing the flu vaccination in rural counties like Wiltshire have been helping the roll-out of the Covid-19 vaccination.

Final flu vaccination uptake rates 2020/21



BSW CCG final vaccination 2020/21 uptake rates comparison to 2019/20

Eligible Cohort	Uptake Rate 2020/21	Uptake Rate 2019/20
Patients aged 65 and over	84.8%	73.8%
Patients in at risk groups	59.4%	45.7%
Pregnant Women	49.7%	41.8%
Children aged 2&3 years old	68.1%	52%
School aged Children	69.8%	49.5%

BSW CCG final vaccination uptake rates

BSW CCG national performance

Eligible Cohort	National performance
Patients aged 65 and over	1 st
Patients in at risk groups	2 nd
Pregnant Women	4 th
Children aged 2&3 years old	1 st 2 year olds 2 nd 3 year olds

Summary and Next Steps

Current Position and Next Steps

Current priorities for the Quality Team include the ongoing response to the CQC inspection outcomes of specific practices. As outlined above and in the previous page, the team are focussing hard to make sure the right people are in place and then to develop the framework and offer to practices as quickly as possible.

Priorities for Q2 21/22

- Supporting and monitoring progress against required CQC quality improvement plans
- Progress flu vaccination plans for 21/22, whilst awaiting national flu letters / guidance
- Continued focus on strengthening incident reporting in primary care to provide wider system learning and support care delivery and outcomes
- Development of LDAHC pathway underway – to commence from Q2/3, to include learning from LeDeR reviews

Meeting of the BSW CCG Primary Care Committee

Report Summary Sheet

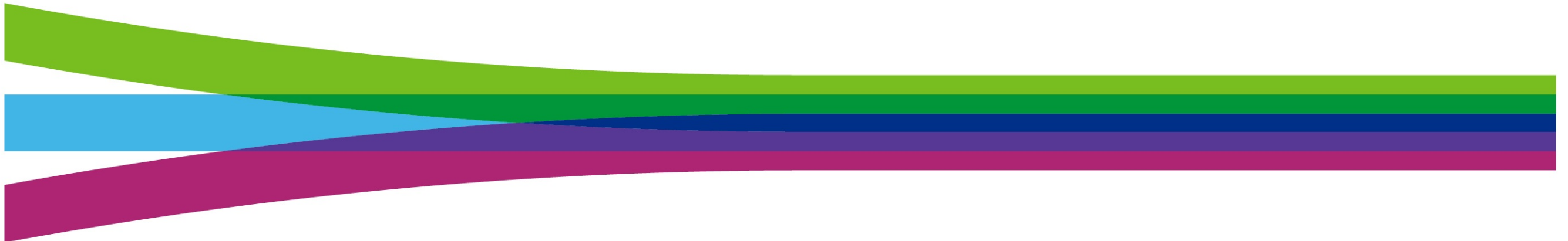
Report Title	Finance Report					Agenda item		11
Date of meeting	10 th June 2021							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead, contact for enquiries	Caroline Gregory, BSW Director of Finance							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	John Ridler, Associate Director of Finance							

Executive summary	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 12 of the 2020/21 financial year. It also sets out some of the detail on the H1 (April – September) allocations, funding and associated budgets.</p> <p>2020/21 Financial Year:</p> <ul style="list-style-type: none"> Primary Care out turn was a £0.15m favourable variance against budget BSW Primary Care Covid spend totalled £13.5m CCG claimed and received full funding for all Covid spend <p>2021/22 Financial Year:</p> <ul style="list-style-type: none"> Primary Care Allocations have been set nationally for H1 (April – September) BSW Primary Care Budgets total £153.7m for H1 (including prescribing) Funds have been allocated across each locality Further Service Development Funds of £6.8m are available to the system 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked to note the contents of the report							
Link to Board Assurance	Ensuring financial sustainability; Robust control mechanisms							

Framework or High-level Risk(s)	Embedding the interim financial regime to ensure all organisations costs are being covered Understanding drivers underpinning systems financial challenge and refreshing sustainability programme Delivering the efficiency benefits associated with new ways of working							
Risk (associated with the proposal / recommendation)	High		Medium	X	Low		N/A	
Key risks	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system							
Impact on quality	N/A							
Impact on finance	As described in paper							
	Finance sign-off: John Ridler, Associate Director of Finance							X
Conflicts of interest	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
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BSW Primary Care Commissioning Committee Finance Report- Month 01 2021/22

10th June 2021



Key Headlines

2020/21 Financial Year:

- Primary Care out turned with a £0.15m favourable variance against budget
- BSW Primary Care Covid spend totalled £13.5m
- CCG claimed and received full funding for all Covid spend

2021/22 Financial Year:

- Primary Care Allocations have been set nationally for H1 (April – September)
- BSW Primary Care Budgets total £153.7m for H1 (including prescribing)
- Funds have been allocated across each locality
- Further Service Development Funds of £6.8m

Primary Care – Month 12 Outturn (2020/21)



CENTRAL DRUGS
COMMISSIONING SCHEMES
LOCAL ENHANCED SERVICES
MEDICINES MANAGEMENT - CLINICAL
OUT OF HOURS
GP FORWARD VIEW
OXYGEN
PRESCRIBING
PRIMARY CARE IT
PRIMARY CARE INVESTMENTS
PRIMARY CARE DEVELOPMENT
PRC DELEGATED CO-COMMISSIONING

Budget	Actual	Variance	Variance
£'000's	£'000's	£'000's	%
3,607	3,739	132	4%
2,189	2,191	2	0%
11,320	11,041	(279)	-2%
2,664	2,815	151	6%
13,934	13,991	57	0%
6,056	6,058	2	0%
1,148	1,188	40	3%
135,562	134,996	(565)	-0%
5,845	5,393	(451)	-8%
1,090	1,179	90	8%
921	863	(57)	-6%
144,150	144,881	731	1%
328,484	328,335	(149)	0%

TOTAL PRIMARY CARE

Key Highlights:

Local Enhanced Services: £0.3m underspend related to change in the Care Home LCS and the introduction of the Safeguarding LCS

Prescribing: £0.6m underspend in part due to higher than expected flu recharges to NHSEI and rebates

Primary Care IT: £0.4m variance is attributed to additional NHSEI allocations received in M12

PRC Delegated Co-Commissioning: includes Covid costs

2021/22 Primary Care Funding

Funding	Confirmed	Potential
Core PCN Funding	√	
Clinical Director Payments (inc. additional Q1 payments)	√	
Extended Hours Access	√	
Care Home Premium	√	
ARRS	√	√
Investment and Impact Fund (IFF)	√	
Network Participation Payment	√	
Fellowships		√
Supporting Mentors		√
New to Partnership Payment		√
Flexible Staffing Pools		√
Local GP Retention		√
Digital First		√
GPIT	√	
Infrastructure and Resilience	√	
GPIT futures framework		√
Access Improvement Programme		√

Most of the funding for Primary Care for 2021/22 has now been confirmed though there could be additional allocations to support areas such as Fellowships, Mentors, Staffing Pools etc

2021/22 Transformational Monies

* conditional	B/Fwd £000s	Q1 £000s	Q2 £000s	Total H1 £000s	H2 est. £000s	TOTAL £000s	Q2* £000s	Objectives for funding
Workforce Training Hubs	0	47		47	94	141	47*	Workforce planning, career support and retention and investment in embedding new roles
PCN Development	28	114		114	228	342	114*	To recruit, embed and retain new roles. To achieve integration of the 25 PCNs with objectives of ICAs
Practice Resilience Programme	132	33		33	66	99	33*	Increasing access to GPs and other skills to be able to improve practice management, recruitment and planning
Online Consultation Software	148	62		62	124	186	62*	To increase at scale and wider offering to patients from current contract with Doctorlink
GP IT Infrastructure	234	51		51	101	152	51*	To upgrade software and expansion of safe remote working arrangements including associated licenses and frameworks
Improving Access	-	1,019	1,019	2,038	2,037	4,075		To support transfer of services 30mins/1,000pts (currently in 3 Contracts – BEMS, Medvivo and WHC) to PCNs as part of DES in April 2022 and ensure PCN readiness
Primary Care COVID Support	-	1,249	624	1,873	-	1,873		To enable expansion of capacity and progress of seven priorities and vaccinations enhanced service
Total	542	2,575	1,643	4,218	2,650	6,868	307*	

Primary Care – H1 Locality Split 2021/22

H1	BaNES £s	Swindon £s	Wiltshire £s	COVID i.e. Hot Hubs £s	Other – GPIT & OOH* £s	Total £s
Primary Care inc. LES	1,296,758	3,020,497	3,689,475	1,360,000	6,246,302	15,613,032
Prescribing	14,397,573	16,440,509	39,090,106	-	-	69,928,188
Primary Care Delegated	14,902,279	16,608,874	36,670,847	-	-	68,182,000
TOTAL	30,596,610	36,069,880	79,450,428	1,360,000	6,246,302	153,723,220

This shows the £153.7m total BSW budget available in H1 for primary care including prescribing and is after any assumed efficiencies.

Funds have been allocated across the 3 localities with a further £1.3m available for BSW wide Covid spend and £6.2m to fund other BSW wide schemes including GP IT and Out of Hours services (OOH*) provided mainly by Medvivo.

BSW Primary Care Delegated Allocations

	BaNES £s	Swindon £s	Wiltshire £s	Total £s
Primary Care Allocations	29,222,000	32,545,000	71,844,000	133,611,000
Impact of GP contract	64,329	74,288	165,383	304,000
New QOF indicators	263,241	303,995	676,764	1,244,000
IFF fund	162,727	187,920	418,353	769,000
Total – full year	29,712,297	33,111,204	73,104,500	135,928,000
50% for H1	14,856,148	16,555,602	36,552,250	67,964,000
Other	46,131	53,272	118,597	218,000
Total	14,902,279	16,608,874	36,670,847	68,182,000
Initial Budget Requirement	15,000,979	16,686,454	36,957,227	68,644,660
Remove care home premium funded	(98,700)	(77,580)	(286,380)	(462,660)
Total	14,902,279	16,608,454	36,670,847	68,182,000
Over/(Under) Spend	-	-	-	-

Primary Care Delegated Budgets have been set by NHSEI for the full year. As we are currently planning for H1 (half year) we have assumed 50%.

The table shows how we have split these budgets across the three localities compared to historic levels.

Last Updated: 07/06/2021

Meeting of the BSW Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Primary Care Operational Groups Update Report					Agenda item		13	
Date of meeting	10 June 2021								
Purpose	Approve		Discuss		Inform	X	Assure		
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care								
Clinical lead									
Author	Tracey Strachan, Deputy Director of Primary Care								
Appendices	None								
This report concerns	BSW CCG		BaNES locality	X	Swindon locality	X	Wiltshire locality	X	
This report was reviewed by	Locality PCOGs								
Executive summary	This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public.								
Recommendation(s)	1. The Committee is asked to note the report.								
Link to Board Assurance Framework or High-level Risk(s)	BSW 11 Capacity of Primary Care Stability of income and release of Covid funding will support clinical staffing and focus on clinical priorities.								
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	X	
Key risks	N/A								
Impact on quality	N/A								
Impact on finance									

Report Title	Primary Care Operational Groups Update Report	Agenda item	13
	Finance sign-off: N/A		
Conflicts of interest	1. N/A		
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Report Title

1. Executive Summary

- 1.1 This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public.

2. Recommendation(s)

- 2.1 The Committee is asked to note the report

3. Locality Update

3.1 Bath and North East Somerset:

- Operational report
 - Activity reporting
 - Hope House update
 - ARRS online portal
 - CQC changes
 - Vaccination update

3.2 Swindon

- Operational report
 - Practice Updates
 - Special Allocation Scheme update
- Primary Care Transformation Report
- North Swindon resilience request for list closure

3.3 Wiltshire

- Special Allocation Scheme update
- Trowbridge Health Centre application to move to GMS contract
- Rent review update
- Complex Wound Care
- Diabetes scheme
- Ethnicity status reporting

4. Other Options Considered

- 4.1 Not applicable

5. Resource Implications

- 5.1 None.

6. Consultation

6.1 None

7. Risk Management

7.1 None

8. Next Steps

8.1 None

Equality and Diversity	Applicable		Not applicable	X

Health Inequalities Assessment	Applicable		Not applicable	X

Public and Patient Engagement	Applicable		Not applicable	X

	15 April 2021	13 May 2021	10 June 2021	15 July 2021	12 August 2021	9 September 2021	14 October 2021	11 November 2021	9 December 2021	13 January 2022	10 February 2022	10 March 2022
	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private
Paper deadline	06 April 2021	04 May 2021	01 June 2021	06 July 2021	03 August 2021	31 August 2021	05 October 2021	02 November 2021	30 November 2021	04 January 2022	01 February 2022	01 March 2022
Papers circulated/ uploaded	08 April 2021	06 May 2021	03 June 2021	08 July 2021	05 August 2021	02 September 2021	07 October 2021	04 November 2021	02 December 2021	06 January 2022	03 February 2022	03 March 2022
Standing Items	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>
	Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>		Minutes of the Previous Meeting - <i>approve</i>	
	Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>		Actions from the Previous Meeting - <i>note</i>	
	Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>		Questions from the Public - <i>read out, note, publish after meeting</i>	
	PCOG Update Reports		PCOG Update Reports		PCOG Update Reports		PCOG Update Reports		PCOG Update Reports		PCOG Update Reports	
	Forward Agenda		Forward Agenda		Forward Agenda		Forward Agenda		Forward Agenda		Forward Agenda	
	PCOG- Recommendations-for-Discussion-and-Approval		PCOG Recommendations for Approval - a. Final BaNES Practice Closure Report b. Three Checkers Increase in GMS Space c. Maternity Claims Outside Timely Submission d. Swindon Practices Merger		PCOG Recommendations for Discussion and Approval		PCOG Recommendations for Discussion and Approval		PCOG Recommendations for Discussion and Approval		PCOG Recommendations for Discussion and Approval	
Operational Reports	Operational Report - PCN DES Update		Operational Report		Operational Report		Operational Report		Operational Report		Operational Report	
	Quality Report		Quality Report and Health Watch Report		Quality Report		Quality Report		Quality Report		Quality Report	
	Finance Report		Finance Report		Finance Report		Finance Report		Finance Report		Finance Report	
	Risk Register		Risk Register		Risk Register		Risk Register		Risk Register		Risk Register	
	COVID-19 vaccination programme update		COVID-19 vaccination programme update - <i>incl. update on Cohorts 10-12 arrangements, further vac programme arrangements</i>		COVID-19 vaccination programme update		COVID-19 vaccination programme update		COVID-19 vaccination programme update			
	BaNES Practice Closure Report		Primary Care Work Plan 2021-22 - Outputs and Delivery		ICS Development – latest position re: transfer / delegation of primary care functions from NHS England to the BSW ICS		Local Commissioned Services Review Report					
	Primary Care Work Plan 2021-22 (JC)		Prescribing Incentive Scheme Proposal (Paul Clarke)		Network Dashboard							
			PCN Development Update		PCN Development – DES, ARRS, Extended Access Update							
			Recovery and restoration of PC - Q1 block agreement and Q2 proposal									
Other Items												
	Sarum South PCN Reconfiguration - <i>approval</i>	Seminar discussion: PC Finances and the 2021-22 allocation (JR / CG) Shared learning (GM)	Out-of-public-committee decisions report (if applicable)	Seminar discussion: Patient Safety and Quality (GM and team)	Out of public committee decisions report (if applicable)			Out of public committee decisions report (if applicable)		Out of public committee decisions report (if applicable)		Out of public committee decisions report (if applicable)
	PCCC Terms of Reference		Safeguarding Contract Revision - <i>to approve</i> (GM)		Digital Development		PCN Estate Strategies		PCNs to present on PCO achievements			
			Committee Effectiveness Review Summary Report (Chair) - <i>in private</i>		Summary of Primary Care Estates Investments							
			Swindon QOF - <i>in private</i>		Workforce development and expansion							
			Enhanced Primary Care Support for the residents of Smallcombe House - <i>in private</i>		Primary Care Merger Draft BSW Protocol (JR)							
	BSW Covid-19 Response Primary Care Offer		COVID Expansion Fund Proposal		BSW Enhanced Services Review							
			LD Health Assessments Evaluation Report from Pilot		ICS Transition of Services - Richard Smale							
					IIF Proposal							