Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Meeting in Public of the BSW CCG Primary Care Commissioning Committee

Thursday 22 October 2020, 10:00hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
10:00	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 25 June 2020	Chair	Approve	PCCC/20-21/021
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/20-21/022
Business items					
10:10	6	Summary of Decisions made at the PCCC Private Meeting held on 28 July 2020	Chair	Note / Ratify	PCCC/20-21/023
10:15	7	Operational Report	Jo Cullen	Note	Presentation
10:30	8	Primary Care Risk Register	Jo Cullen	Note	PCCC/20-21/024
10:45	9	Primary Care Operational Group Recommendations for Discussion and Approval a. BSW Care Homes Locally Commissioned Service b. Medicines Optimisation - Prescription Ordering Direct and Prescribing Incentive Scheme c. PMS Growth Re-investment For information – d. Primary Care Network Workforce Additonal Roles Reimbursement Scheme Summary e. Regional Roll-out of the GP Assistant Project	Jo Cullen Nadine Fox, Alex Goddard	 Approve Approve Approve Note Note	 PCCC/20-21/025 PCCC/20-21/026 PCCC/20-21/027 PCCC/20-21/028 PCCC/20-21/029
11:05 - 10 minute break					

11:15	10	Quality Report	Gill May	Note	PCCC/20-21/030
11:30	11	Finance Report	John Ridler	Note	PCCC/20-21/031
11:45	12	Primary Care Operational Group Terms of Reference	Jo Cullen	Approve	PCCC/20-21/032
Items for information *Items in this section will be taken as read and not discussed unless members raise specific points*					
11:50	13	Primary Care Commissioning Committee Forward Plan 2020/21	Chair	Note	PCCC/20-21/033
11:50	14	Summary Report from Recent BaNES, Swindon and Wiltshire Primary Care Operational Group Meetings	Jo Cullen	Note	PCCC/20-21/034
Closing Business					
11:50	15	Any other business	Chair		

Next meeting: Thursday 10 December 2020 – 14:30hrs

Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

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DRAFT Minutes of the BSW CCG Primary Care Commissioning Committee – Public Session

Thursday 25 June 2020, 15.00hrs

Virtual meeting held via Zoom

Present

Voting Members	Name	
Lay Member PCCC *(Chair)*	Suzannah Power	SP
Lay Member PPE *(Vice Chair)*	Julian Kirby	JK
Lay Member Finance	Ian James	IJ
CEO	Tracey Cox	TC
CFO	Caroline Gregory	CG
Director of Strategy and Transformation	Richard Smale	RS
Registered Nurse	Maggie Arnold	MA
Director of Primary Care	Jo Cullen	JC
Medical Director	Ruth Grabham	RG
Attendees		
Locality Clinical Lead (BaNES)	Dr Bryn Bird *(for part of the meeting only)*	BB
Locality Clinical Lead (Swindon)	Dr Amanda Webb	AW
Locality Clinical Lead (Wiltshire)	Dr Edward Rendell	ER
Locality Healthcare Professional (BaNES)	Dr Tim Sephton	TS
Locality Healthcare Professional (Swindon)	Dr Francis Campbell	FC
Locality Healthcare Professional (Wiltshire)	Dr Catrinel Wright	CW
Locality Healthcare Professional (Wiltshire)	Dr Sam Dominey	SD
Locality Healthcare Professional (Wiltshire)	Dr Nick Ware	NW
Director of Nursing and Quality	Gill May	GM
Deputy Director of Primary Care	Tracey Strachan	TS
Representative from HealthWatch Swindon	Steve Barnes	SB
Representatives from HealthWatch Swindon	Harry Dale	HD
Representative from HealthWatch Wiltshire	Andrew Mintram	AM
Representative from Wessex Local Medical Committee	Gareth Bryant	GB
Quality Lead	Emma Higgins *(for part of the meeting)*	EH
Associate Director of Finance – BaNES	John Ridler	JR
Board Secretary	Sharon Woolley	SW

Apologies

Representative from HealthWatch Bath and North East Somerset	Joanna Parker
Deputy Director of Communications and Engagement	Tamsin May

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 was 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. No questions had been received from the public in advance of this meeting.

1.5 The Chair advised members that the Primary Care Commissioning Delegation Agreement between NHS England and BSW CCG had been signed on 1 April 2020, and delegation for the commissioning of primary medical care services transferred over to BSW CCG.

2 Declaration of Interests

2.1 The CCG holds a register of interests for all staff, Governing Body and committee members.

2.2 In addition to the interests recorded on the CCG's register of interest, the following conflicts of interest were noted:

- Item 8a – RG was potentially indirectly conflicted as the item concerned Newbridge Surgery, a practice at which RG was previously a partner. In order to manage this conflict of interest RG would leave the meeting for the duration of item 8a.
- Item 8b - The paper mentions a number of Practices recommended to receive payments, including those for the following Committee members - SD and ER – Three Chequers, FC – Elm Tree Surgery, TS – Chew Valley Surgery, NW – Northlands Surgery and CW – Lovemead Surgery. These GPs were directly conflicted. In order to manage these conflicts of interest, these GPs would leave the meeting for the duration of item 8b.
- Item 8c – NW was directly conflicted as the item concerned Northlands Surgery, of which NW is a GP partner. In order to manage this conflict of interest, NW would leave the meeting for the duration of item 8c.

2.3 There were no other interests declared regarding items on the meeting agenda.

3 Questions from the Public

3.1 No questions had been received from the public in advance of this meeting.

4 Action Tracker and Themes to Watch

4.1 Three actions had been carried over from the previous BaNES, Swindon and Wiltshire CCGs PCCC meetings held in common. Updates against these were recorded as follows:

- Healthwatch representatives for each locality identified and meeting invitations sent. COMPLETED
- Use of any uncommitted funding for 2019/20 to offset the current risks to the overall BSW CCG and Primary Care budget – JR would update members on the Primary Care budget under item 10. CLOSED
- Primary Care Communications - agreed to remove this from the action tracker and record as a theme to watch to ensure good communications remained in place. A deep dive may be undertaken following the COVID-19 pandemic. CLOSED

5 Out of Committee Decisions

5.1 The Chair informed the Committee that although the April PCCC meeting had been cancelled, there were five items that required approval ahead of the June meeting.

5.2 The Committee received a summary report of those decisions made out of committee in April 2020. The decisions had been made in line with the BSW CCG Delegated Financial

Limits and approved by the Chief Executive, Chief Financial Officer and the Chief Operating Officers for BaNES and Wiltshire.

5.3 The Committee **noted and ratified** the decisions made outside of committee.

6 Operational Report

6.1 JC presented the operational report and highlighted the following to members:

- Primary Care appointment activity continued to rise, with face to face appointments now on the increase and video conferencing consultations decreasing.
- Recognition was given to colleagues in primary care who had worked tirelessly over the recent months (including over the Easter Bank Holiday weekend and early May Bank Holiday) during these challenging and unprecedented times.
- The Standard Operating Procedure for General Practice during COVID-19 had been released by NHS England. All patients were being triaged remotely and online services and video conferencing made available.
- The second and third phases of the pandemic response were to focus on restoration of routine business, particularly chronic disease management and prevention, immunisations and vaccinations and contraception and health checks. Any outstanding chronic issues would be dealt with on a case by case basis per Practice with each patient, there was no blanket approach. However, Practices were working together across Primary Care Networks much more to enable the sharing of best practice, learning and resources.
- Primary Care now needed to accommodate the changes in how patients were now seeking healthcare.
- Practices and Primary Care Networks (PCNs) were working collaboratively with community services to build on existing multi-disciplinary team working.
- Training Hubs were now aligned. A new website was to launch imminently, and would contain information such as roles included in the Additional Roles Reimbursement Scheme.
- Recruitment and retention and attracting healthcare professionals to BSW will be a key focus. PCNs were developing their teams and services.
- A tremendous GP IT transformation piece had been undertaken to manage the impact of COVID-19 and to enable remote access solutions; supported by the CCG and the CSU. To date 850 laptops had been issued across primary care to enable remote working and equipment set up to support video consultations.
- Practices were being encouraged to use DoctorLink. Now in year two of its two year contract, a review would be undertaken over the next few months to plan for the future direction.
- The risks upon the primary care risk register concerned demands on primary care and GP practices, national funding issues and workforce issues.
  ACTION: Ensure a greater focus on the Primary Care Risk Register at the next Committee meeting.

6.2 It was noted that mental health patient figures were increasing nationally and the suicide rate was on the rise. Within BSW, information concerning AWP's mental health support service and contact details were regularly shared amongst primary care to ensure GPs felt supported and informed when dealing with mental health issues.

6.3 The current GP vacancy rate was unknown. This information would be sourced and shared outside of the meeting.
ACTION: JC to source GP vacancy rate figures and share with Committee members.

6.4 Practice performance was not monitored in depth on an individual basis. The same challenges were shared, but there was variation in how each Practice dealt with these and how guidance from NHS England, the CCG and the Local Medical Committee (LMC) was

interpreted and delivered. The CCG encouraged a consistent approach and collaborative working to ensure high level performance amongst practices.

6.5 The Committee **noted** the report.

6a Special Allocation Service Update

6.6 The Committee received the proposal to extend the current short-term Special Allocation Service contract in place with Courtyard Surgery by nine months to 31 March 2021.

6.7 Due to the impact of COVID-19, the development of the service had not been possible, and therefore an extension to the current service was recommended.

6.8 There were still plans to develop one BSW service from April 2021, to be based upon the Swindon specification. This would build upon the learning from COVID-19 and adopt the new ways of working.

6.9 The Committee **approved** the extension of the Special Allocation Service contract with Courtyard Surgery for nine months to 31 March 2021 at a cost of £32,475

7 Primary Care Networks Update

7a Update on PCN Renewal Sign Up

7.1 There were a total of 24 PCNs across BSW. 91 of the 92 GP Practices had signed up to the Network Contract by 31 May 2020. One Swindon Practice (Whalebridge) had not signed up to the Contract.

7.2 It was the responsibility of the CCG to ensure 100% population coverage, and to ensure that any patients of a Practice not participating in the Network Contract Directed Enhanced Service (DES) were covered by a PCN.

(BB joined the meeting)

7b PCN Update by Locality

BaNES

7.3 BB provided a verbal update and informed the Committee of the following:

- A key aspect of work over recent weeks has concerned digital and ensuring services can continue remotely.
- Resilience plans were being put into place across PCNs to ensure adequate cover across practices.
- A number of PCNs had employed COVID-19 Managers to specifically manage, co-ordinate and share the guidance released by the Government and NHS England.
- Communications with patients remained an important factor – there was learning to take forward with the practices, PCNs and the CCG.
- Triage models were in place. Practices were now managing those patients whose consultant appointments had been postponed over the pandemic period.

Swindon

7.4 AW presented a number of slides and highlighted the following to the Committee:

- Swindon had the second highest number of COVID-19 cases in the South West at certain times over the last few months.
- The Swindon Health and Care Co-ordination Hub included all system partners and had supported a rapid transformation of services. An extraordinary response had been seen from all those involved.
- The Hub has supported a significant reduction in Long Length Stay patients, the best in the South West.

- The initial three 'hot sites' established were to reduce to one and would be managed by Medvivo going forwards as part of the improved access contract.
- A Joint GWH and Primary Care Elective Restart Support Group had been set up to re-establish elective services.
- The three PCNs in the Swindon area were developing a workforce model, with specific roles to be funded through the PCN Additional Roles Scheme.
- Swindon had initiated a pilot Primary Care Status and Capacity Survey to understand in more detail the impact of COVID-19 and ongoing needs. This would be rolled out to the BaNES and Wiltshire localities in due course.
- A greater link with the voluntary and community sector was being established to help maintain community support in line with demand.
- The population health management programme was to be enabled as part of the development of the Primary Care Offer.
- The Professional Leadership Network was to be established, to build on lessons learned, share innovation and learn by doing.

Wiltshire

7.5 ER provided a verbal update and informed the Committee of the following:

- The engagement work continued, with regular sessions held with the 16 Clinical Directors from the 12 Wiltshire PCNs.
- Support to care homes remained a priority for the Wiltshire Community Response Hub. A Care Home Group has been established to monitor cases, answer calls and provide advice and support. A significant amount of infection, prevention and control training had been delivered to care homes. A lead clinician was now in place for each care home. Virtual multi-disciplinary teams were being established by Wiltshire Health and Care. Work continued with the Academic Health and Science Network to implement RESTORE2, a physical deterioration and escalation tool used within care homes. GM advised that a BSW Care Home Oversight Group was also in place, which included local authority representation, to ensure complete oversight of care homes, including the end of life training and RESTORE programme.
- The Wiltshire Hub was working with Public Health and the analytics teams to identify the links between mental health issues, housing and education. AWP had held webinars to engage wider partners as part of the Recovery Cells work.
- The Locality Clinical Leads regularly met with the Chief Operating Officers to ensure the pandemic response learning and transformation was harnessed and supported service improvements and changes.

(BB left the meeting)

8 Primary Care Operational Group Recommendations for Discussion and Approval

8a Newbridge GP Forward View Resilience Funding Bids

8.1 In order to manage any potential conflict of interest RG left the meeting for the duration of the item.

8.2 Following a summary of the bid, there were several questions raised by the Committee.

8.3 Newbridge Surgery had undergone significant partner changes over the last few years and issues were ongoing. The practice required support to develop and move forward. The two GP Forward View resilience bids would enable specialist HR support to be provided and for backfill to support the required transformation work. The LMC was also working with the practice to make the changes required and to review staff costs.

8.4 Risks had been noted in the application, but mitigating actions had not been identified. There would be significant financial and sustainability issues to address as the practice moved forward, but the change process and new model was required to improve services

to patients and sustain the practice long term. The biggest risk would be if the practice was to close if these ongoing issues were not addressed. Although an internal reorganisation, the risks to staff could lead to a secondary impact on patients. The Patient Participation Group should be involved during the process. It was felt that mitigating actions should be identified as a standard element of any funding bid, and the Primary Care Team should request these if not included.

8.5 The equality of the schemes was aligned to the principles of the GP Forward View Resilience Fund. It was the role of the CCG to support practices, but to also challenge and question the equality impact.

8.6 TS advised that awarding this funding would not be double funding existing work and hours. This funding was only to be used against the specialist HR support and backfill, and would allow for additional hours to be worked in order to support this transformation piece.

8.7 The LMC had visited the practice recently. GB advised that this was an extremely vulnerable practice with a number of legacy issues. The PCN also has a role to play to offer that wider support to the practice. The possibility of a merger had been explored, but was currently an unattractive offer; there was significant transformation work to do first, plus engagement with the wider system.

8.8 It was the role of the three Primary Care Operational Groups to ensure a generic approach to practice development and transformation, and to oversee the thorough preparation of applications before they were considered for approval by the PCCC.

8.9 The Committee **approved** the transformational funding against the two applications at a total cost of £34,090.

8b. 2019/20 Quality Outcomes Framework Year-end Payment – Covid-19 Impact

8.10 It was noted that the following Committee members were directly conflicted in this item as their practices were recommended for a payment award: SD and ER – Three Chequers, FC – Elm Tree Surgery, TS – Chew Valley Surgery, NW – Northlands Surgery and CW – Lovemead Surgery. In order to manage these conflicts of interest, these GPs were removed from the meeting for the duration of the item.

8.11 On request of NHS England, the CCG had conducted a review of the 2019/20 Quality Outcomes Framework (QOF) end of year achievements to understand the COVID-19 impact.

8.12 The Primary Care team undertook an analysis of historic QOF achievements, points and 2019/20 achievements to prepare the proposed recommendations of top up payments to be made across the 92 Practices. The CCG was to fund £30,104.08 of the total payment at its discretion. Funding was available in the Primary Care budget from accruals.

8.13 The Committee **approved** the top up payments as described at a cost of £299,856.80.

8.14 The detailed QOF outcome and achievement against all domains report would be taken to the Quality Performance and Assurance Committee for review. A report would then be brought to PCCC.

(SD, ER, FC, TS, CW rejoined the meeting)

8c. Northlands Prescribing Incentive Scheme

8.15 It was noted that NW was directly conflicted in this item as it concerned Northlands Surgery, of which NW is a GP partner. In order to manage this conflict of interest, NW was removed

from the meeting for the duration of the item.

8.16 Northlands Surgery had not achieved the required level of cost reduction to qualify for the Prescribing Incentive Scheme payment. This was largely due to the volume of errors and events taken place at their neighbouring Community Pharmacy. It was noted that the Practice and Pharmacy remained as separate entities, and issues were now being resolved within the Pharmacy.

8.17 The Practice was working hard with the Medicines Management Team to now meet the targets. Other practice services could be affected if payment was not approved. Recommendation to approve this payment was supported by the Wessex LMC and the BSW Medicines Optimisation Team.

8.18 The Committee **approved** the award of the first tier of payment (£0.50 per listed patient) at a cost of £5,668.

(NW and RG rejoined the meeting)
(EH joined the meeting)

8d. The Lawn Medical Centre Lease Extension

8.19 The PCCC in Common meeting held in January 2020 had considered and approved the lease extension to two of the Wyvern Health Partnership properties.

8.20 To bring the Lawn Medical Centre in line with the 30 year lease terms, it was proposed to extend the lease on the same basis. The CCG had funds budgeted to cover these costs.

8.21 The Committee **approved** the extension to the lease of The Lawn Medical Centre for 30 years.

8e. BSW Primary Care Network (PCN) Support and Development Offer – Proposal for 2020/21

8.22 It was important to continue engagement with the PCNs and their Clinical Directors through the next phase of transformation.

8.23 It was proposed to release the accrued PCN development and support funds from 2019/20 to PCNs to support the next stages of development in response to the restoration and recovery phase for primary care. Plans had been received from each PCN in 2019/20 and PCNs would be offered support to refresh and update their plans.

8.24 The Committee **approved** the release of accrued funds to PCNs at £15k per PCN to support next stages of development and engagement. (This would equate to £360k for the 24 PCNs).

9 Quality Report

9.1 EH, BSW Quality Lead, was in attendance to support the presentation of the Quality Report with GM.

9.2 The Committee received the report and noted the following:

- The learning from COVID-19 was to be harnessed to improve the CCGs position on its reporting priorities and to ensure a ‘good’ or ‘outstanding’ CQC rating across Practices.
- A consistent and transparent reporting approach was to be encouraged among Practices. The report indicates the level of variation across BSW.
- The establishment of the BSW Quality Surveillance Group would be taken forward and embedded as part of the development of the Integrated Care System (ICS).
- Primary Care Briefings were shared with Practices to alert colleagues to the release of new guidance. An overview of information about patient safety, experience and effectiveness has been included in the report.

- The CCG and PCNs were providing support to those Practices facing current challenges to ensure continued delivery of safe services to the BSW population despite the impact of COVID-19. In particular, the Quality Team were in contact with those former IMH practices to offer additional support.
- The profile of patients conditions were not taken into account through medicines management due to the variation per patient case.
- The Quality Team would continue to work with Primary Care to build upon its intelligence and to support the implementation of required changes.

9.3 The Chair thanked EH for the detailed report, noting the good news around prescribing, the rapid move to virtual triaging and appointments and the consistently high primary care satisfaction rates. The Committee **noted** the report.

9a. IMH Practices Quality Report

9.4 The Committee received and **noted** the IMH Practices Quality Report and the assurance provided regarding the closure of the IMH Incident.

9.5 The Committee accepted closure of the IMH incident and movement of the support for the former IMH practices into 'routine business'.

9b. Cross Plains Update

9.6 This item was deferred until the next meeting.

(TC left the meeting)

10 Finance Report

10.1 JR, Associate Director of Finance for BaNES and BSW Primary Care Finance Lead was in attendance to present the finance report.

10.2 The full, detailed finance reports had been scrutinised at each Primary Care Operational Group ahead of this meeting. The paper provided details of the final primary care reported positions for BaNES, Swindon and Wiltshire CCG's for the financial year 2019/20, and described the BSW CCG position as at May 2020.

10.3 The Committee received the report and noted the following:

- The consolidated BSW primary care position at the end of 2019/20 reported an overspend of £3.2m, within this was a £5m overspend on prescribing due to continued cost rises on category M drugs.
- The consolidated delegated position was £1.1m overspent at the end of 2019/20. However, this was offset by the Local Enhanced Services underspend due to a release of reserves of £0.5m in Wiltshire.
- Unused PCN development funding totalling £329.5k was carried forward to 2020/21.
- The Primary Care budget for 2020/21 has been prepared only for months one to four in line with NHSE guidance and based on uplifted growth.
- There was notable variance against allocations; these are based upon post-merger and COVID-19 impact costs.
- As shaping of primary care at a locality level continued, a clearer picture of the budget would be formed.
- At month two, there was a recorded £2.1m overspend pressure for Primary Care against plan, and a £1.9m overspend on Delegated Primary Care. Pressures due to allocation changes were to be worked through.

10.4 The Committee **noted** the report.

11 Delivering Integrated Care Together

11.1 This item had been included on the agenda to build on the integrated care vision for BSW. The Chair noted the opportunity of the PCCC meeting to be able to capitalise on the

collective capacity of the people, clinicians and operational experts of BSW to achieve this vision.

11.2 A significant amount of integrated working was already in place across the system; but there was a need to build upon this as a 'system by default'. The BSW vision was to '*work together to empower people to live their best lives*'. An ICS would bring an emphasis on population health and wellbeing, the role of the Commissioner would change and Integrated Care Alliances would be formed with local partners such as the local authorities and voluntary and community sector organisations.

11.3 There were seven key areas to focus on as part of phase three of the COVID-19 response, including addressing health inequalities and developing the new NHS landscape and the role of the ICS.

11.4 RS posed the following question to the Committee for discussion: *What should be the role of Primary Care Commissioning Committee in the move to an integrated care system and the response to our Phase 3 response?*

11.5 The following points were noted during the discussion:

- Workforce should be a focus for a future PCCC meeting.
- The PCNs will support the drive of the recruitment and retention of health professionals.
- The momentum from the pandemic response should not be lost and used to support changes – this should be captured – what worked well? What had not worked well? Front line staff should be asked for their input.
- The three Primary Care Operational Groups (PCOGs) should focus on operation and delivery. The terms of reference would be aligned. The flow between PCOG, PCCC and Governing Body meetings needed to be re-engineered. The PCOGs should recommend items for strategic discussion and approval at the PCCC to set the direction, and then onwards to the CCGs Governing Body if required for overall approval. However, the governance pathway should not hold up important decision making.

12 Primary Care Commissioning Committee Forward Plan 2020/21

12.1 The forward plan for the Committee has been prepared up to March 2021. Due to time restrictions during the meeting, the forward plan would be circulated by email to members for comments, additions or amendments.
ACTION: SW to circulate the PCCC Forward Plan to Committee members for comment.

13a Alignment of Primary Care Operational Group Terms of Reference
13b Primary Care Estates Review
13c BSW Enhanced Services Review

13.1 It was noted that the Primary Care team continued to work on the alignment of the Primary Care Operational Group Terms of Reference, the Primary Care Estates Review and the BSW Enhanced Services Review. These items would be brought to the Committee when appropriate.

14 Any Other Business and Evaluation of Meeting

14.1 The Chair proposed that additional PCCC meetings were scheduled in between the required quarterly meetings, to allow for adequate time against the substantial amount of primary care items requiring attention. Further details would be shared in due course.
ACTION: Additional PCCC meeting dates to be scheduled.

14.2 The slides from all presentations given today would be shared with Committee members after the meeting.
ACTION: SW to share the presentations with PCCC members.

14.3 There being no other business, the Chair closed the meeting at 17:03hrs.

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 22 October 2020:

Name:

Role:

Signature:

Date:

BSW CCG Primary Care Commissioning Committee - Public Session Action Log - 2020-21

Updated following meeting on 25/06/2020

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
25/06/2020	Operational Report	Ensure a greater focus on the Primary Care Risk Register at the next Committee meeting.	Chair / Jo Cullen	**Update 06/10/2020:** Longer allocation given on meeting agenda.	CLOSED
25/06/2020	Operational Report	Source GP vacancy rate figures and share with Committee members	Jo Cullen		ONGOING
25/06/2020	Primary Care Commissioning Committee Forward Plan 2020/21	SW to circulate the PCCC Forward Plan to Committee members for comment.	Sharon Woolley	**Update 29/06/2020:** PCCC Forward Plan shared with PCCC members.	COMPLETED
25/06/2020	AOB	Additional PCCC meeting dates to be scheduled	Chair / Sharon Woolley		COMPLETED
25/06/2020	AOB	SW to share the presentations with PCCC members	Sharon Woolley	**Update 29/06/2020:** PCCC presentations shared with PCCC members and uploaded to website.	COMPLETED

BSW Primary Care Commissioning Committee - Themes to Watch

Last updated: 25 June 2020

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.

Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Meeting of the BSW CCG Primary Care Commissioning Committee
Report Summary Sheet

Report Title	Summary of Decisions made at the Extraordinary PCCC Private Meeting held on 28 July 2020					**Agenda item**	6	
Date of meeting	22 October 2020							
Purpose	Approve	x	Discuss		Inform	x	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead	N/A							
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices	N/A							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality		Wiltshire locality	X
This report was reviewed by	BSW CCG Primary Care Commissioning Committee Locality Primary Care Operational Groups							

Executive summary	Below is a summary of those decisions made at the Extraordinary Primary Care Commissioning Committee meeting held in private on 28 July 2020: BaNES 1. Heart of Bath lease Approval of lease and additional rental cost of £31,000 p.a. payable from 2018 2. Heart of Bath legal fees support Approval of financial support for legal fees associated with the merger (as previously agreed by BaNES CCG) Wiltshire 1. St. Ann's Surgery closure Approval of the closure of St. Ann's Surgery – a branch surgery of Three Chequers Medical Practice in Salisbury 2. Lodge Surgery GMS space increase Approval of additional GMS rent for additional clinical space (value subject to District Valuer agreement and abatement for capital funding) 3. Hindon Surgery new premises

	Approval of the development of new premises in Hindon BSW CCG 1. BSW Covid-19 Response Primary Care Offer 2020-21 Approval of funding 2020/21 activity based DES and LES payments to 2019/20 payment values, in recognition of additional activity and services general practices may be expected to deliver, or deliver in a different way due to the impact of Covid-19.							
Recommendation(s)	The Committee is asked to **note and ratify** the decisions made in the Extraordinary meeting on 28 July 2020.							
Link to Board Assurance Framework or High-level Risk(s)	N/A							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	**X**
Key risks	N/A							
Impact on quality	Effective Primary Care operations contribute to improved patient safety, clinical effectiveness and patient experience.							
Impact on finance	BaNES 1. Recurrent additional rental cost of £31,000.payable from 2018 2. Non recurrent financial support for legal fees of £28,061 Wiltshire 1. None 2. Recurrent additional rental cost estimated at £10,212 (abated for ten years to £4,493) 3. Recurrent additional rental cost estimated at £75,590 BSW CCG 1. None – costs covered within existing budget							
	Finance sign-off: Caroline Gregory, Director of Finance							
Conflicts of interest	The conflicts of interests identified in relation to the Heart Bath and BSW Covid-19 Response Primary Care Offer items were managed during the meeting held on 28 July 2020 and conflicted members removed from the meeting discussion and decision making.							
This report supports the delivery of the following CCG's strategic	☒ BSW approach to resetting the system ☐ Realising the benefits of merger ☒ Improving patient quality and safety							

objectives:	☐ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☒ Transforming Care Across BSW ☒ 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 An Extraordinary meeting of the BSW Primary Care Commissioning Committee was held in private on 28 July 2020. To ensure good governance and an audit trail for decision making, the report requests formal confirmation of sign off in a public meeting.

2. Recommendation(s)

2.1 The Committee is recommended to note the decisions taken.

3. Background / Statutory Considerations and Basis for Proposal

3.1 All proposals had been previously supported by the locality Primary Care Operational Groups.

4. Other Options Considered

4.1 None

5. Resource Implications

5.1 BaNES

1. Recurrent additional rental cost of £31,000.payable from 2018
2. Non recurrent financial support for legal fees of £28,061

5.2 Wiltshire

1. None
2. Recurrent additional rental cost estimated at £10,212 (abated for ten years to £4,493)
3. Recurrent additional rental cost estimated at £75,590

5.3 BSW CCG

1. None – costs covered within existing budget

6. Consultation

6.1 None

7. Risk Management

7.1 None

8. Next Steps

8.1 None

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

Meeting of the BSW CCG Primary Care Commissioning Committee
Report Summary Sheet

Report Title	Primary Care Risk Register					**Agenda item**	8	
Date of meeting	22 October 2020							
Purpose	Approve		Discuss		Inform		Assure	X
Executive lead, contact for enquiries	Jo Cullen, Director of Primary care, BSW CCG							
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	The primary care risks are included on the CCG Corporate Risk Register and reviewed by the Risk Panel and Governing Body.							

Executive summary	This paper gives detail of the primary care risks on the corporate risk register and has been updated to reflect the current risks of demand and capacity across primary care in BSW.							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked to **note** the report and the progress made to date on actions in place to mitigate risk.							
Link to Board Assurance Framework or High-level Risk(s)	This report is taken from the corporate risk register.							
Risk (associated with the proposal / recommendation)	High		Medium	x	Low		N/A	
Key risks	Detailed in the report.							
Impact on quality	Increased demands on GP practices and primary medical services with impact on the ability to maintain clinical safety and service standards.							
Impact on finance	N/A							
	Finance sign-off: N/A							
Conflicts of interest	None							

This report supports the delivery of the following CCG's strategic objectives:	☐ BSW approach to resetting the system ☐ Realising the benefits of merger ☒ Improving patient quality and safety ☐ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☐ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☐ Transforming Care Across BSW ☒ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan

Risk no.	Risk Category (for risk map)	Risk Appetite	Brief descriptor	Date risk entered on register	Risk Owner Director Accountable	Risk Manager Manager Responsible	Latest review date	Original risk score	Target risk score	Description of risk including event, cause and consequences	Existing controls and assurances	Proposed action (number each action)	Target delivery date for each action	Person delivering each action	Commentary on progress against action plans	RAG on progress against actions2	Movement in score (from previous updates since July 2019 or date of risk entry on register)	Current likelihood	Current impact	Current risk score
BSW 11	Capacity and capability	Moderate	Demands and capacity in Primary Care / GP Practices	14-Oct-20	Jo Cullen, Director of Primary Care	Tracey Strachan, Deputy Director of Primary Care	24-Aug-20	16	6	Increased demands on GP practices and primary medical services with impact on the ability to maintain clinical safety and service standards. Evidence of primary care activity impacted by different ways of working (triage and face to face) and increasing demand. National Standard Operating Procedures for General Practices set out 3 key priorities: Ensuring that primary care can respond to continuing presence of Covid-19, including ability to respond to potential additional waves as well as winter pressures ; ensuring that routine demand can be met safely and effectively; and rapid implementation of integrated out of hospital care model across the Localities/PCNs	Confirmation of BSW Covid response primary care offer to confirm funding streams to ensure focus on clinical priorities. Delivery of Network Contract DES and Additional Roles Reimbursement Scheme for additional specified roles. National GP Workload Tool has been shared with all practices. Practices as providers and CCG as commissioners have contractual responsibility for quality assurance of services. CCGs review practice list size on a monthly or quarterly basis. Primary Care Operational Groups receive monthly reports of operational issues within practices and reports to Primary Care Commissioning Committee in Common - Covid impact being worked through and additional reporting in place. GP reporting log in place and support from Quality Team available. Daily patient level report of activity in acute hospital sent to GP practices. Daily practice sitreps for staffing in place. BSW Primary Care Strategy includes GP retention programme development. Some practices undertaking risk stratification/proactive diagnostic work. Joint working with Medvivo to provide Clinical Assessment Service cover for vulnerable practices. High risk practices in regular contact with CCG and LMC to address concerns.	1. Current discussions of opportunities for non-recurrent funding and specific additional ad hoc schemes / services / roles to support recovery whilst recognising the need to preserve integrity of nationally-negotiated ARRS scheme. 2. Development of Covid-19 response primary care offer 20/21: outcomes measures into one primary care dashboard (one set of metrics which will fulfil the requirements under the PCO and OI QOF) focussing on the more vulnerable and those disproportionately affected by Covid-19. 3. GP retention programme for BSW being further developed through training hubs and other schemes for mentoring, supervision and CPD for existing and new roles.4. Mobilisation of population analytics and risk stratification tool for practices. 5. Work with Primary Care Networks to develop quantitative assessment of demands on primary care, taking into account learning from Covid. 6. Work with Communications Team to manage patient demands and expectations and launch change of services.	1. Ongoing discussions 2. Development of dashboard 3. Ongoing review quarterly 4. Follow up with practices Oct 2020 5. Ongoing 6. Oct 2020	1. Jo Cullen 2. Jo Cullen / Emma Higgins 3. Di Walsh 4. Sam Wheeler 5. Jo Cullen 6. Jo Cullen	Ongoing discussion with NHSE; local discussions with PCN about submissions due 31.10.20 Development in progress due 31.10.20 Process in place in Wiltshire, being developed in BANES and Swindon. Need to link actions 2, 3, and 4 to the Primary Care Strategy. PCN development and workforce plans being drawn up.	Potentially Off target		4	4	16
BSW 13	Capacity and capability	Moderate	Primary Care Workforce	14-Oct-20	Jo Cullen, Director of Primary Care	Tracey Strachan, Deputy Director of Primary Care	24-Aug-20	12	6	The workforce age profile over the next five years indicates a number of GPs, practice nurses and practice managers will retire during that period which may threaten the resilience and sustainability of Primary Care.	BSW Primary Care Strategy BSW Training Hubs Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Primary Care Network Meeting / Forum	1) Obtain up to date workforce data for BaNES including age profiles of all staff, with support from NHSE / HEE to develop STP led strategy. 2) Taking part in the International recruitment of GPs with Swindon, Wiltshire and Glos. 3) GPFV Delivery Plan and BSW / CCG Primary Care Strategy. 4) Continued support of delivery at scale to support sustainability. Primary Networks approved with guidance and contract specifications released by BMA and NHSE.	31-Oct-20	BSW Training Hub	1) Primary Care Workforce lead assigned for BSW with plan and draft strategy completed. Alignment of CCG workforce activities across CCG and trajectories considered as part of operational plan submission. 2) Commissioning Alliance wide-bid submitted - 1 GP recruited in to BaNES from Devon scheme, new prospectus updated for future recruitment rounds. 3) Regular meetings in place with Training Hubs regarding current future workforce needs. Longer term planning requiring further support from NHSE / HEE. Local funding to support training networks / GPsWI and GP Integrators, along with GP Chambers model 4) Local facilitation to support workforce / previous cluster visions and values.PCN BSW Clinical Director meetings. PCN engagement and development of BSW support offer continues. 5) PCN workforce returns due October 2020, supporting PCNs in planning	Potentially Off target		4	3	12

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

Meeting of the BSW CCG Primary Care Commissioning Committee
Report Summary Sheet

Report Title	BSW Care Homes Locally Commissioned Service						**Agenda item**	9a
Date of meeting	22 October 2020							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	BaNES Primary Care Operational Group Swindon Primary Care Operational Group Wiltshire Primary Care Operational Group							

Executive summary	The Enhanced Health in Care Homes (EHCH) Framework was published in March 2020, this implementation framework supports the delivery of the minimum standard described in the Network Contract Directed Enhanced Service (DES) for 2020/21. A review of the three Locality Care Homes Locally Commissioned Service's (LCS's) has been undertaken, in order to align the service provided across the whole of BSW and take into account changes required from the implementation of the Network Contract. In February 2020 a National commitment was provided ensuring that all existing funding arrangements for any LCS arrangements that were duplicated with the new EHCH were reinvested back into primary medical services. The new BSW Care Home specification ensures that there is no duplication between what is commissioned via the EHCH through Primary Care Networks and the LCS through individual practices.
Equality Impact Assessment	N/A
Public and patient engagement	N/A
Recommendation(s)	1. The Committee is asked to **approve** the BSW Care Homes Locally Commissioned Service.
Link to Board Assurance	Improved quality of care for patients

<table>
<tr><td>Framework or High-level Risk(s)</td><td colspan="8">Improved consistency of health outcomes</td></tr>
<tr><td>Risk (associated with the proposal / recommendation)</td><td>High</td><td></td><td>Medium</td><td></td><td>Low</td><td>X</td><td>N/A</td><td></td></tr>
<tr><td>Key risks</td><td colspan="8">Reduces the risk of differential service levels across BSW.</td></tr>
<tr><td>Impact on quality</td><td colspan="8">Reduced avoidable admissions to secondary care
Reduced attendances at A&E
Reduced out of hours consultations
Reduced 999 calls
Improved relationships between care homes and primary care
Improved quality of medical care for care home residents</td></tr>
<tr><td>Impact on finance</td><td colspan="8">
<table>
<tr><th></th><th>New patient charge at £100 per patient</th><th>Change in bed rate to £244 per bed pa (inclusive of care home premium at £124 per bed)</th><th>New CQC beds funded under care home premium at £120 per bed</th><th>Total Additional Cost</th></tr>
<tr><td>BaNES</td><td>£0.00</td><td>£0.00</td><td>£75,840.00</td><td>£75,840.00</td></tr>
<tr><td>Swindon</td><td>£28,800.00</td><td>£37,972.00</td><td>£45,360.00</td><td>£112,132.00</td></tr>
<tr><td>Wiltshire</td><td>£108,100.00</td><td>£61,636.00</td><td>£191,400.00</td><td>£361,136.00</td></tr>
<tr><td>TOTAL</td><td>£136,900.00</td><td>£99,608.00</td><td>£312,600.00</td><td>£549,108.00</td></tr>
</table>
</td></tr>
<tr><td></td><td colspan="8">Finance sign-off: John Ridler</td></tr>
<tr><td>Conflicts of interest</td><td colspan="8">It is noted that there will be a conflict of interest for all Committee GPs working across BSW, this will be managed by ensuring they do not influence the decision making during the item.</td></tr>
<tr><td>This report supports the delivery of the following CCG's strategic objectives:</td><td colspan="8">☒ BSW approach to resetting the system
☒ Realising the benefits of merger
☒ Improving patient quality and safety
☐ Ensuring financial sustainability
☒ Preparing to become a strategic commissioner</td></tr>
<tr><td>This report supports the delivery of the following BSW System Priorities:</td><td colspan="8">☒ Improving the Health and Wellbeing of Our Population
☐ Developing Sustainable Communities
☐ Sustainable Secondary Care Services
☒ Transforming Care Across BSW
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</table>

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Care Home Service
Commissioner Lead	Bath and North East Somerset, Swindon and Wiltshire CCG
Provider Lead	GP Practice
Period	1 October 2020 – 31 March 2022
Date of Review	March 2021

1. Population Needs

1.1 National/Local Context and Evidence Base

The newly formed BSW Clinical Commissioning Group (CCG) has in place within each locality a Care Home Locally Commissioned Service (LCS) that was developed in response to the challenges of an aging population and the increasing numbers requiring care within nursing and residential homes.

Previously specifications across the BSW area varied, but are now all aligned with the requirements of the Enhanced Health in Care Homes specification in the Network Contract DES, signed up to by all Primary Care Networks (PCN) across BSW.

The new PCN DES, which comes into effect from August 2020, stipulates that all CQC registered care home beds (nursing, residential and learning disability) must be covered by a PCN. This service works within the EHCH framework and does not replace, but supports the approach.

This Care Home LCS specification outlines specialised enhanced services to be provided beyond the scope of essential services and above the requirements of the Network Contract DES. There have been no additional criteria added to the Care Home LCS that was agreed in 2019, but to align with the Network Contract DES, new reviews must be carried out within seven days instead of ten days.

No part of the specification by commission, omission or implication defines or redefines essential or additional services. This service must not be considered as funding to deliver core primary medical services as defined in the PMS /GMS contracts.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local Defined Outcomes

The Care Home service intends to:

- Reduce avoidable admissions to secondary care
- Reduce attendances at A&E
- Reduce out of hours consultations
- Reduce 999 calls
- Improve relationships between care homes and primary care
- Improve quality of medical care for care home residents

3. Scope

- **Aims and Objectives of Service**

Practices participating in this locally commissioned service will be remunerated, for the proactive management and regular review of the mental and physical health of their patients who reside in a care home that is over and above the requirements of the Network Contract DES and builds on the principles of the Enhanced Health in Care Homes (EHCH) Framework including;

- Delivering high quality personalised care
- Providing access to the right care and the right health service in the place of their choosing
- Enabling effective use of resources by reducing unnecessary conveyances to hospital, hospital admissions and bed days.

The service will include care planning, medication review, proactive care and, where appropriate, end of life care planning.

This locally commissioned service aims to:

- Enhance access to and the quality of medical care for the residents of care homes
- Deliver proactive and preventative health care
- Prevent unnecessary admissions to acute care, emergency call outs and 999 calls
- Provide high quality, sensitive and appropriate end of life care for residents

The objectives of the locally commissioned service are:

- To support the delivery of structured medication reviews (SMR) and delivering medicines optimisation for all residents' medication on admission and then at least six monthly working with the Medicines Optimisation in Care Homes (MOCH) Team for any specific queries (please note this is not intended to duplicate any service requirements as part of the SMR service as part of the PCN DES, but merely to provide practice support for providing the service to care home residents)
- To build and improve effective communication links between primary and community based health care teams and care home staff jointly agreeing with the Care Home clear protocols and a system of communication to ensure appropriate use of medical services. This protocol should include urgent clinical problems, non-urgent clinical problems, prescriptions, administration tasks with a continuous improvement approach.
- To promote the GP practice as the first point of contact when there are medical concerns for a resident as appropriate.

- **Service Description / Care Pathway**

This Care Home LCS is available to all GP practices in Bath and North East Somerset, Swindon and Wiltshire who provide services to care homes within their PCN boundaries. This includes dementia care homes, but excludes homes for learning disabilities and mental health (exceptions to this previously agreed). It also excludes sheltered housing and extra care schemes.

The provider must ensure that all staff delivering the enhanced service are appropriately trained, qualified and competent. This LCS can be delivered by substantive GPs only, not training grades. It is expected that any CPD needs would be addressed in the GP's annual appraisal.

3.2.1 Provide Proactive Support to the Care Home

The name and photograph of the lead GP(s) and time of regular attendance should be on display within the home.

The practice will also be open and available to receive calls from the care home outside of the weekly visit to address any concerns from care home staff. However are also able to proactively contact the home on a timescale they believe appropriate and if required at a different time to the visit, to check on any patients whose condition is worsening and address any repeat medication requests. Practices are reminded should they require any additional advice and or support that the Medicines Optimisation in Care Homes (MOCH) Team are available.

3.2.2 New residents are reviewed within 7 days of arrival at the home or on return from hospital in line with the Hospital Transfer Pathway

- GP's or Nurse Practitioners will work with a named GP Lead (for those over the age of 75) and care home staff to jointly carry out a full initial assessment of all newly registered resident patients within 7 days (maximum) from the day of their admission to the Care Home, as clinically indicated, or following any significant clinical change (the CCG acknowledge that notes transfer may delay the initial assessment, however practices should attempt to encourage quick note transfer by contacting the previously registered GP)
- GP's or Nurse Practitioners will visit residents within seven working days of re-admission to the care home following hospital admission. This is to reduce the likelihood of inappropriate re-admission to hospital. When hospital discharge summaries are unsatisfactory, the provider will discuss this with the hospital.
- As a minimum this assessment should include:
    - Reviews of clinical parameters indicative of patients physical health needs such as nutrition, hydration and skin integrity and in-line with any local guidance. To also include:
    - Review of clinical conditions, including both physical and mental health, working with patients who have mental health issues, including dementia, as part of their medical needs.
    - Screening for dementia using the DiADeM tool and a referral made if appropriate
    - Consider condition-specific management plans, e.g. management of acute exacerbations for patients with severe COPD or rescue medication protocols for patients with epilepsy. In particular clear instructions should be given with regards to transfer out of the home e.g. hospital admissions after discussing with patient and relevant carers / relatives
    - Recognition of frailty.

  Please note this will move towards a model of comprehensive geriatric assessment.

Advanced care planning (ACP) should be considered for all residents entering the care home. The TEP/ReSPECT form should be completed within seven days of admission and updated as required with the patient's wishes. Practices should complete the Ardens EOL template and seek permissions from the patients to share their record.

3.2.3 Comprehensively Review All Residents According to Their Needs

This may include routine blood tests and other tests. The provider should provide nursing staff with regular updates on how to manage complex medical problems.

- All residents should be comprehensively reviewed at least annually but will be systematically reviewed regularly, suggested to be three or six month intervals (as appropriate) and/or in discussion with the senior staff of the Care Home.
- Practices will also carry out a subsequent review for each patient;
    - Following significant clinical change
    - Following hospital admission

Following the initial assessment practices will provide a copy of the assessment findings to the care home and will provide the Out of Hours and Ambulance services with the Summary Care Record with Additional Information Planning for transfer of patients from residential to nursing care may also be needed with social services input.

The providers will pro-actively manage residents with chronic diseases. This should be to the standards of the QOF and should be led by the practice, but should largely be provided from within the care home. Additional skills from practice and community teams, however, may be needed, for example around COPD and diabetes mellitus.

3.2.4 Medication Reviews and links to the Structured Medication Reviews (SMR)

Supporting the SMR element of the EHCH Framework the CGA-based holistic assessment process, the provider should ensure that every person admitted to a care home will receive an SMR alongside their CGA-based assessment ensuring

good practice.

The link to the PCN DES, SMR guidance is: https://www.england.nhs.uk/publication/structured-medication-reviews-and-medicines-optimisation/

Furthermore, all reviews should be documented in the Home and GP patient records

- An agreed system should be agreed between the practice and Home to ensure timely and appropriate repeat medication to avoid un-necessary waste and provision of urgent one off prescribing in response to unforeseen illness and symptom review.
- Working with the MOCH team to develop standard protocols to ensure appropriate monitoring and safe administration of drugs
- General Practice is reminded to **not** provide 7day prescriptions for medication compliance aids (dosette boxes) unless specifically necessary for clinical reasons and the patient is considered too risky to have more than 7days medication at any one time in their possession.
- Practices are further reminded to adhere to the antibiotic prescribing guidelines in relation to diagnosis and treatment of UTI in the over 65's; the diagnosis algorithm supports this and support the 'To Dip or Not to Dip' campaign.

3.2.5 The Lead GP Will Hold a Dedicated Joint Review Meeting (quarterly or six monthly as appropriate) with the Care Home Manager

This meeting seeks to understand feedback from either the Care Home or Practice, resolve any concerns as well as look to improve the quality of communication between both parties if required. Practices are however reminded they have a duty to report any safety and or quality concerns to the CCG.

The meeting could include reviewing care home aligned policy, procedures and strategy dedicated to maintaining residents' functioning and health.

This may also include a review of all deaths and hospital admissions in that quarter, including learning from these events.

The provider will suggest additional training and education that care home staff may benefit from undertaking. However, GPs will not be responsible for the standard of nursing care within the care homes. Where any need for nursing education or mentoring is identified, this will be shared with the care home manager and flagged to the Commissioner.

The provider may be requested to support an annual education event with the Commissioner, other providers of the Care Home LCS and care home managers, the focus of this being educative/supportive, with opportunities for shared learning and good ideas.

- **A clear contact protocol is in place for homes to contact the practice**
  Working with the home and the CCG's Quality Team to implement SBAR and NEWS2, jointly agreeing with the Care Home clear protocols and a system of communication to ensure appropriate use of medical services. This protocol should include urgent clinical problems, non-urgent clinical problems, prescriptions, administration tasks with a continuous improvement approach.

- **Hold a six monthly service review meeting** - attended by the named GP and Senior Care Home staff (where helpful these will also be attended by CCG Commissioning and Medicines Management staff and Safeguarding Team). The purpose of this meeting is to review the effectiveness of delivery of the service, identify new opportunities for quality improvement, and review any complaints or significant events which are mutually relevant. This should build strong professional relationships between practice and care home staff.

3.2.8 Actively engage with the EHCH specification and multidisciplinary team working

The provider may wish to assure itself it has evidence of a joined up and collaborative approach with other professionals (such as GPs, Geriatricians, community staff, care home, AWP representatives and Pharmacist) which may include MDT meetings, shared pathway development, case reviews, virtual ward rounds and sharing of expertise, learning and innovative practice ensuring close working links to the EHCH and any quality improvement cycle. Developing close links between care homes, community mental health teams, community rehabilitation services, specialist community nursing, allied health professionals and geriatric medicine means a structured and proactive approach to care can be taken, built around the patient and primary care[1].

[1] Social Care Institute for Excellence (2013) 'Evidence Review on partnership Working Between GP's, Care Home Residents and Care Homes

3.2.7 Spend Time Supporting Relatives and Carers
The lead and deputy GP should negotiate agree and reinforce agreed plans with the family, particularly when family members feel that a resident should be admitted to hospital when this would not be appropriate, referencing previously agreed TEP forms with special regard to documented Mental Capacity assessments and best interest decisions.

The provider must ensure that record include the patient's next of kin or equivalent contact details, including phone numbers, for all care home residents.

3.2.9 Palliative and End of Life Care
This will include, but is not limited to:

- Supporting care home staff in developing advance care plans for each resident, with initial priority given to residents at more advanced stages of end of life.
- Anticipating needs of the residents and ensuring that appropriate anticipatory prescribing (just in case boxes or equivalent) is completed
- Making time to discuss the resident's needs with family members and carers and providing support as appropriate
- Completing and updating handover forms so that information can be shared with out of hours and ambulance services
- Undertaking critical event and after death reviews so that appropriate learning can take place

3.2.9.1 Advance Care Planning & Treatment and Escalation Plans (TEP)

- Where possible instigate advance care planning and, when appropriate, collate advance care planning discussions
- Ensure, where appropriate, that patients, relatives and carers have discussions around their end of life and treatment wishes. This should be facilitated by use of the Treatment Escalation Plan (TEP) and any subsequent model of end of care planning
- GP's should support the Home in continuing to develop and implement End of Life care plans and TEP in accordance with the patient and their family's wishes including the patients preferred place of death
- Where appropriate deliver End of Life care involving end stage symptom control and pain relief identifying when anticipatory medicines or prescriptions should be provided.
- Support the Home by giving time and support to anxious and upset relatives in relation to the End of Life care plan
- When appropriate, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions using TEP are set up as appropriate and agreed with the patient and/or relatives. Ensure the agreement is recorded in case notes and reviewed at appropriate intervals. Agreements should follow the patient when moving between homes and treatment settings.
- Following any subsequent review, practices will provide a copy of the assessment findings to the care home and will provide the Out of Hours and Ambulance services with a summary of any advance care planning decisions linking to TPP EPACCS work stream to create integrated TPP system to promote information sharing and on return from hospital the form should be replaced if needed within 7 days of return from hospital. This information should be readily available to OOH, ambulance and other members of the multi-disciplinary team when needed.
- The ReSPECT care planning process may be rolled out across BSW, at which point the provider will support the Care Home(s) to move to the new model of End of Life care planning.

3.2.10 Pro-actively Seek to Prevent Avoidable Hospital Admissions.

The provider will achieve this by providing enhanced care and support for residents who develop sudden negative health outcomes, identifying current and potential future problems and by taking the relevant action to negate these. This will include regular communication and support for the care home staff in the management of the residents' care. Where possible, residents should be managed within the care home, except when it is inappropriate to provide care in the home.

The provider will support the care home to make full use of the Hospital Transfer Pathway (Red Bag) as set out in the NICE guidance.

The provider must review residents who are identified by the care home manager as a concern. The provider should implement appropriate primary, secondary and tertiary prevention strategies for specific residents when necessary.

3.2.11 Support National Influenza Immunisation Programme 2020/21

However in the event of an outbreak as directed by public health officers from a person contracting influenza in a care

home, GP Practices will be required to clinically assess, swab (if required) and prescribe antivirals for the prophylaxis of influenza in care homes via PSD out of season and FP10 in season.5 See appendix two for flow chart. In the event of this being required, a separate remuneration will be paid for the Lead Co-ordinating GP time per Care Home.

Practices are reminded to provide the influenza immunisation to all registered patients in both nursing and residential care homes for which they are the lead practice.

Both residents and staff can both be vaccinated for flu by a visiting GP but only if they are registered at that GP practice. Pharmacy can vaccinate both staff and patients.

- **Quality of Service Provision in Care Homes**

Should there be any In the first instance quality concerns should be raised with the CCG's Quality Team available at: bswccg.quality@nhs.net

- **Population Covered**

The provider is to provide this service to all of the residents living in the care homes who are registered with their practice.

A patient moving to a care home (and their relatives) will be informed of the benefits of enhanced medical cover and will be offered an opportunity to register with the GP practice providing the enhanced cover. However, it is important to preserve the element of patient choice and new residents may choose to remain registered with their existing GP, if that GP covers the geographical area in which the care home is located and is in the Lead PCN for the Care Home.

BSW CCG is aiming for all care home residents to receive enhanced medical cover above and beyond the PCN DES and, therefore, encourages practices to work collaboratively to make sure that all care homes are covered and, where possible, develop ways of ensuring all residents in the home, regardless of registered GP practice, receive enhanced medical cover.

- **Any Acceptance and Exclusion Criteria and Thresholds**

This LCS applies to nursing and residential care homes. LD and MH homes are excluded.

- **Interdependence with Other Services/Providers**

This LCS builds on the Enhanced Health in Care Homes specification in the Network Contract DES and should be read in conjunction with that specification.

Mental Health Care Home Liaison:

- The Care Home Liaison Service (CHLS) will ensure GPs receive copies of patient CPAs.
- GPs will receive written updates to inform them of their patient's admission and discharge from an AWP inpatient ward, and from the CHLS service
- Additionally the CHLS are available to liaise with GPs to providing prescribing and care advice relating to Dementia.
- At times CHLS staff may also accompany GPs on Care home ward rounds to provide support in reviewing the wellbeing of residents; this will take place based upon the needs of the care home residents as assessed by CHLS staff.

Care Home Responsibilities:

- The Care Home will ensure it meets the required Health Care standards
- The administrative arrangements for new admissions, medical records, prescribing systems, planned visits, unscheduled and Out of Hours calls, data required for chronic disease registers and annual reviews
- The Home's registered Nurses and other trained staff are trained to appropriate standards to ensure the service is maintained
- It is the responsibility of the person in charge of the Care Home to liaise with Specialist Nurses and AHP services and to alert the GP to new admissions requiring assessment
- It is the responsibility of the care home to notify the practice regarding the outcome of any advance care planning decisions
- Care homes covered by the enhanced service will be expected to liaise with the practice and to engage with care home liaison staff
- Care homes will be asked to feedback to the CCG on an annual basis; and will comment on their experience of medical cover provided by the practice**,** and the timeliness of access to a GP. The care home will also evaluate

whether the service has fulfilled the LCS requirements, and achieved the desired outcomes.

- **Demonstrate patient / relative feedback on current services.** The effects of developing positive relationships with GP's, residents and family members includes medication concordance, GP's being called out appropriately and residents understanding their medical issues[2].

4 Applicable Service Standards

4.2 Applicable National Standards (e.g. NICE)

NICE Social Care Guideline (SC1) – Managing Medicines in Care Homes

4.3 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

N/A

4.4 Applicable Local Standards

N/A

5 Applicable Quality Requirements and CQUIN Goals

5.2 Applicable Quality Requirements (See Schedule 4A-C)

N/A

5.3 Applicable CQUIN Goals (See Schedule 4D)

N/A

6 Location of Provider Premises

The provider's premises are located at:

As defined in schedule 2, part G of the contract particulars.

7 Payment and Monitoring Arrangements

7.1 Payments

The practices within a PCN must decide whether all payments are made to the PCN or direct to the practice (current procedure). This must be agreed for all care homes within a PCN. However please note the contract will be held with the practice and not any PCN.

The fee payable for the provision of enhanced services for residents of a nursing or residential home (not LD Homes) is £124 per occupied bed, per year. (Please note that this is in addition to the £120 DES payment per year for each CQC registered bed).

For each comprehensive new resident assessment carried out for a **nursing** home resident, a further payment of £100 will be made. This new resident fee is not available for residential home residents because of the on average longer duration of stay in these homes.

Providers cannot be paid for work that has not been undertaken. Therefore, providers will be paid based on the average number of beds covered each quarter and not the number of beds they have agreed to cover.

7.2 Monitoring Requirements

The monitoring is yet to be agreed, however high level CCG monitoring that may be included is as follows.

- Number of care home beds being supported
- New residents in the quarter

[2] Brand, P. (2013) 'Care Homes 2013: Improving Access to and Experience of GP Services for Older People Living in Care Homes, SCIE Practice Survey, London: Social Care Institute for Excellence

- Number of new residents having a comprehensive assessment
- Number of patients consented to include additional information in the summary care record (SCR)
- Number of residents having an annual review and/or a medicines review
- Details of quarterly review meeting and meeting with pharmacist
- Number of residents prescribed anti-psychotic medication
- Number of residents with advanced care plans and TEP/ReSPECT forms in place
- Number of residents with the medical section of the CGA complete
- Number of residents with a completed DiADeM assessment
- As well as this information submitted by the provider, the Commissioner will look at the following:
- Number of admissions, 999 calls, out of hours consultations
- The views of the care home, collected via an annual feedback form
- The views of care home residents

Please note during the course of the contract additional information will be gathered to understand what is undertaken as part of the 'comprehensive new resident assessment' that is over and above that included in the EHCH specification within the PCN DES.

Practices will be expected to maintain a register of patients cared for within the care home that they are contracted to provide services for.

BaNES: bswccg.baneslcs@nhs.net
Swindon: bswccg.primarycareclaims@nhs.net
Wiltshire: bswccg.wiltshireprimarycareteam@nhs.net

8 Auditing Requirements

All practices involved in this scheme should perform an annual review of the service provided against the specification outlined above and the quality of care received by the relevant patients.

9 Termination

The Commissioner must give the Provider three months' notice in writing if the Commissioner wishes to terminate or substantially change the terms of the agreement during the contract period.

The exception to this would be in the event of removal of accreditation of the practice whereby the Commissioner will make immediate temporary cover arrangements to ensure the PMS needs of the residents in the nursing home continue to be met.

The provider must give a minimum of three months' notice in writing to both the care home and the Commissioner if the provider wishes to withdraw from providing this service. Alternative cover must be arranged by the PCN, and the care home and Commissioner notified.

In cases where there is closure of the care home with nursing, this agreement will be reviewed by the Commissioner and may be terminated.

In cases where there is cessation of visits, payments to the provider will be ceased until further notice.

Appendix One – Safeguarding (for BaNES only)

The provider will adhere to the:

NHS BSW CCG Local Safeguarding Adults Board Multi- Agency Safeguarding Adults Policy and Procedure

The provider will have its own safeguarding adults policy and procedure, which fits with the Multi-Agency policy. This must include a zero tolerance statement regarding abuse of vulnerable adults at risk.

If it is suspected that a resident has suffered abuse or is at risk of abuse, the practice/lead GP will alert the the local Access Team. The provider will participate in the safeguarding adults procedure which may follow.

CQC should also be notified if the provider becomes aware of any of the following:

1. Any injury to a service user which needs treatment to prevent physical impairment likely to last more than 28 days, pain psychological harm of shortened life expectancy.
2. Any abuse or allegation of abuse in relation to a service user. 'Abuse', in relation to a service user, means: Sexual Abuse; Physical or Psychological Ill-Treatment; Theft, Misuse or Misappropriation of money or property; Neglect and Act of Omission which cause harm or place at risk of harm
3. Any incident which is reported to, or investigated by police
4. An insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity
5. When poor or unsafe practice has been identified and not addressed (eg poor record keeping, communication delays in seeking help and support).

The provider will support the Multi-Agency Safeguarding Adults Partnership to strengthen safeguarding practice across BSW. This will be evidenced by:

- Participating in safeguarding strategy discussions / meetings, investigations, protection planning meetings and reviews where appropriate
- Demonstrating that lessons learned are incorporated into practice
- Identifying a safeguarding adults lead and deputy with in the practice
- Raising awareness of safeguarding adults amongst other members of the primary health and social care team

Appendix 2

Service Agreement between Practice and Care Home

Introduction

This document sets out the agreement between:

Care Home: ……

and

Practice: .....

This agreement takes effect from 1 October 2020 until 31 March 2022.

This agreement sets out the responsibilities on both sides for the ongoing medical care of residents within the home.

Practice Responsibilities

Dr …… .is the named Lead GP

Dr ……..is the deputy GP for these patients

Dr …….. will visit the home on …… (day) at ……. (time) each week

In the case of holidays, Dr …….. will make alternative arrangements and convey them to the home with at least a week's notice.

In the case of unforeseen sickness the practice will endeavor to honour its weekly commitment.

In the case of requests for non-routine visits, a doctor from the practice will triage the request and deal with it appropriately.

Dr ……..…. will assess all new residents within seven working days of admission to the home.

Dr …… will see all residents returning from a hospital admission within seven working days on their return to the care home, for example at the next routine visit to the home.

Dr …… ……...will participate in the 6 monthly medical review for each resident.

Dr …… will undertake a medication review with seven days of admission and in all clinical reviews for unstable residents, and a minimum of six monthly medication reviews by the GP and/or pharmacist for all other residents.

Care homes will be required to request medications monthly, 7-10 days in advance. The practice will process repeat prescriptions received by telephone or online within 48 hours.

The practice will contact homes each week to check on any patient with a worsening condition regarding medicine requests.

The practice will offer appropriate vaccinations to all residents, regardless of registered GP.

Care Home Responsibilities

The main contact at the home for this service ……

…… (name and job title)

All patients within the home will be offered the choice of registering with the practice.

The home will inform new residents and their families about the enhanced service offered by this practice and offer new residents the opportunity to meet the lead GP on their next weekly visit to the home.

The home will telephone requests for routine visits.

The home will provide a dedicated senior member(s) of staff to facilitate the GP routine visit.

The home will inform the lead GP of any serious matters occurring in the home.

In the case of non-routine visit requests the home will, when practicable, make the request to the practice by telephone before 11:00am, giving details of the resident, the problem and any relevant observations. They will make available the most appropriate member of staff to speak to the triaging doctor if need be (who may not be Dr ……..).

The home will request medication monthly, 7 - 10 days in advance, using the agreed Medication Administration Records or similar.

The home will participate in the six monthly medication reviews.

The home will provide feedback about the service to the BSW CCG on an annual basis.

Review / Termination

This service agreement will be reviewed annually. Either side will be entitled to terminate this agreement, in writing, with three month's notice. Both parties agree to abide by the terms of this agreement, except where, in exceptional and unforeseen circumstances, both parties shall meet to resolve any dispute. Where agreement cannot be reached, issues will be taken to the Clinical Commissioning Group. If both parties cannot agree following arbitration the agreement will be mutually terminated.

Signatures

Practice: ……

Lead GP Signature: ……

Print Name of Lead GP: .....

Date: ……

Care Home: .....

Care Home Signatory: .....

Print Name of Signatory: .....

Date: ……

Financial Implication of the Implementation of:

i) Enhanced Health in Care Homes (EHCH) service (as part of the Primary Care Network Directed Enhanced Service (PCN DES)
and
ii) The BSW Care Home Locally Commissioned Service (LCS)

1. Executive Summary

1.1 The Primary Care Team have reviewed the three CCG previously commissioned Care Home LCS's to combine the service which could be provided across the whole of BSW. This is the first piece of work to attempt to standardise an LCS across BSW.

1.2 The enhanced care of patients residing in an older adults care home will now be commissioned from both PCN's and individual General Practice, with more system-wide and multidisciplinary working at a PCN level and more specific interventions commissioned at an individual practice level LCS.

1.3 The EHCH service ensures that all people residing in a CQC registered care homes (Older People Nursing and Residential, Learning Disability and Mental Health) should expect the same level of support as if they were in their own home. The EHCH service commenced on the 1st August 2020 for all these home types, with varying timescales for delivery of different segments of the service, with 'weekly ward rounds' starting from 01 October 2020. In February 2020 a National commitment was provided ensuring that all existing funding arrangements for any LCS arrangements that were duplicated with the new EHCH were reinvested back into primary medical services. Therefore, the second part of the new BSW Care Home specification ensures that there is no duplication between what is commissioned via the EHCH and PCN's and the LCS and individual practices.

2. Background

2.1 The three previous CCG's (now localities) each had in place their own Care Home LCS for patients residing in a CQC registered Older People Nursing and Residential care homes (not Mental Health and Learning Disability homes). On further investigation there were found to be significant variations in the amount paid per bed, as well as commissioned service delivery (shown in appendix one) across the three localities.

2.2 The table below shows a comparison of these three separate Care Home LCS's; it shows the total number of older adult (nursing and residential) care home beds in each locality/CCG area as well as the total service cost.

	no. of beds	£* per bed	£100 per new patient	19/20 TOTAL Cost
BaNES £244	1013	£247,172.00	£28,000.00	£275,172.00
Swindon £200	863	£172,600.00	£0.00	£172,600.00
Wiltshire £225	3244	£729,900.00	£0.00	£729,900.00
TOTAL	**5120**	**£1,149,672.00**	**£28,000.00**	**£1,177,672.00**

3. Recommendation / Rationale

3.1 The PCOG's recommendation is to implement a standardised approach to the commissioning of General Practice support to Care Homes, both in terms of service requirements and service payment across all three localities. A full copy of the recommended service specification is available as appendix two.

3.2 The additional investment into practice-level support into care homes is recommended and approved.

3.3 The CCG continues to work with practices, PCN's and care homes to develop and agree the service outcome and monitoring requirements.

4. Statutory Considerations and Basis for Proposal (Compare and Contrast with Enhanced Health in Care Homes (EHCH) service

4.1 As previously mentioned, in standardising its roll-out across the three localities, the Care Home LCS had to be considered alongside the EHCH service to avoid duplication of funding. The following bullet-points are high level requirements of the EHCH and whilst some may purely be funded via the PCN DES, in other parts the detailed arrangements behind providing these requirements may be funded via the LCS, for example for every new resident into the home the EHCH funds the development of a patient plan, however the LCS funds the medical review of the patient.

4.2 EHCH Service Requirements:

- Patient plan to be developed and agreed for every resident within seven days of admission into the care home
- Develop plans with the patient and/or their carer
- Ensuring a Lead GP
- Working with Community service partners
- Established MDT arrangements
- Shared working Care Home/General Practice protocols
- Weekly ward round
- Prioritising patients for review
- Consistent staff delivering the service and input into MDT arrangements
- Plans consistent with principles of a Comprehensive Geriatric Assessment
- Sharing learning opportunities
- Supporting discharge from hospital and transfers of care

4.3 The table below sets out the cost of the EHCH specifically and shows that 63% of all CQC care home beds are located in the Wiltshire area.

	Enhanced Health in Care Homes DES	
	Est no. of CQC beds	**£120 per CQC Bed**
BaNES	1645	£197,400.00
Swindon	1241	£148,920.00
Wiltshire	4839	£580,680.00
TOTAL	**7725**	**£927,000.00**

The high level additional LCS requirements are;

- providing proactive support to care homes
- new or returning residents are reviewed specifically within seven days of arrival
- comprehensively reviewing all residents needs
- supporting the link to the Structured Medication Review service
- holding dedicated joint review meetings with the Care Home Manager
- actively engaging with the EHCH service
- spending times with relatives and carers
- providing palliative and end of life care
- providing advanced care planning, treatment and escalation plans
- proactively seeking to prevent avoidable hospital admissions
- supporting the National Influenza programme

4.4 Proposed LCS and EHCH DES payee differences

The EHCH service is payable to PCN's based on the number of CQC beds aligned to that PCN each month. The proposed LCS will be payable to GP Practices directly based on patients in a care home registered with that GP practice, as was the basis for the previous CCG LCS schemes. How practices work with their PCN's in delivering the service requirements into care homes and the residents is within the responsibility.

4.5 The service outcome and monitoring requirements are yet to be agreed but it is envisaged they will be part of the existing care home monitoring arrangements that include rates of emergency admissions, 999 calls, out of hours consultations etc. etc.

5. Other Options Considered

5.1 There were two alternatives to the final recommended BSW specification;

- **Keep as is** – the CCG would need to commit to duplication in funding as some elements of the previously commissioned LCS would appear in both the EHCH and Care Homes LCS. This was therefore discounted as an option.

Remove duplication, but commission separately – whilst this would remove any duplicate commissioning and funding, it would lead to variation in medical care being provided to residents in a care home setting across the CCG. This was therefore discounted as an option.

6. Resource and Financial Implications and Assumptions

6.1 The funding for the EHCH service forms part of the Primary Care Networks DES as specified by NHSE, with £120 attached to each CQC registered care home bed annually. The funding is not expected to duplicate existing work that practices might undertake within the Care Home LCS. The expectation of the EHCH service does cover some of the work within the existing Care Home LCS's, therefore the £120 per care home bed should be deducted from the existing Care Home LCS's, so to avoid duplicate funding for existing activity.

6.2 The current Older People Nursing and Care Home LCS is paid at three service prices across the three localities. Analysis of the differences in payment has identified that the variations in activity reflect the variation in payment. It is recommended that a 'levelling-up' approach be taken, with both Swindon and Wiltshire localities matching the level of work and payment to that of the BaNES practices, priced at £244 per bed per annum, as well as the £100 new Nursing Home resident payment. It is also worth noting there is a certain degree of financial risk associated with the 'new nursing home resident payment', as this is based on historical modelling data and is no indication of new future numbers of new nursing home residents and past data is provided as an estimation of future numbers.

6.3 The tables below summarise the forecast costs of the new LCS service after aligning the three locality care home locally commissioned services, incorporating the new 'new patient' cost recommendation for all new Nursing Home residents (as per the previously commissioned BaNES CCG service).

Proposed Care Home Service:

	Local Commissioned Services (LCS)			
	Est no. of beds	**£124 per bed (£244 less £120)**	**£100 per new patient***	**TOTAL LCS**
BaNES	1013	£125,612.00	£28,000.00	£153,612.00
Swindon	863	£107,012.00	£28,800.00	£135,812.00
Wiltshire	3244	£402,256.00	£108,100.00	£510,356.00
TOTAL	**5120**	**£634,880.00**	**£164,900.00**	**£799,780.00**

6.4 The second table below shows an estimated cost for the new patient charge, based on previous modelling data supplied by the BaNES locality. Historic Wiltshire CCG data shows the total number of new residents into older adult care homes during 2017/18 and 2018/19 as being 1231 and 1348 respectively. This is obviously prior to the new resident payment was introduced and for all new residents, not just new nursing home residents.

	Est no. of beds	*Est New patients*	*% of beds*	*£100 per new patient*
BaNES	*1013*	*280*	*27.64%*	*£28,000.00*
Swindon	*863*	*288*	*33.37%*	*£28,800.00*
Wiltshire	*3244*	*1081*	*33.32%*	*£108,100.00*
TOTAL	*5120*	*1649*	*32.21%*	*£164,900.00*

6.5 The variations in the current payments across the three localities are as follows:

Table to show the current pay levels of the Care Home LCS's in each locality:

	BaNES	Swindon	Wiltshire
Current LCS covers -	Nursing and Residential	Nursing and Residential	Homes for Older people
Payment per Bed per year	£244	£200	£225
Additional payment per new Nursing Home Resident	£100	£0	£0
Temporary Resident per bed per month	£0	£20	£0
Payment per clinical assessment	£0	£0	£63

6.6 If it is assumed that:

- All the Older People Nursing and Care Homes Beds that are currently claimed for in the existing Care Home LCS's continue to be claimed for, going forward at the BaNES rate
- Modelling of new patient beds of one new resident per three years also occurs in Swindon and Wiltshire. The EHCH service portion of funding of £120 per bed is deducted from the Care Home LCS the estimated additional cost to the Swindon and Wiltshire localities for alignment to the BANES LCS service requirements and funding level is as per the table below:

Table to show the LCS Annual Bed Payment rate uplift required to cover the Care Home LCS in each locality if all three localities are paid at the same level as BaNES current Care Home LCS.

	Admission Payments to align with BaNES current service	LES Uplift (to the rate of BaNES current funding)	Total LES Cost Pressure
BaNES	£0.00	£0.00	£0.00
Swindon	£28,800	£37,972	£66,772
Wiltshire	£108,100	£61,636	£169,736

6.7 A summary of the proposed cost of the combined care home service offering through the new EHCH DES and the proposed LCS is provided below:

	Proposed LCS	DES	TOTAL	Variance to 19/20
BaNES	£153,612.00	£197,400.00	£351,012.00	£75,840.00
Swindon	£135,812.00	£148,920.00	£284,732.00	£112,132.00
Wiltshire	£510,356.00	£580,680.00	£1,091,036.00	£361,136.00
TOTAL	**£799,780.00**	**£927,000.00**	**£1,726,780.00**	**£549,108.00**

This indicates an additional proposed payment to primary care providers (PCN's/Practices) of circa £550k compared to 2019/20 care home service charges. The additional services being provided over and above those previously provided in 2019/20, now provides not only equality of access for older adults residing in care homes but also equality of care across BSW CCG. These are summarised in appendix one, but includes, but not limited to:

- Visit to be same day and time each week to provide routine, to be agreed with home.
- Photo and name of Lead GP to be displayed in home.
- All homes encouraged to use NHSmail and TPP. Virtual platform to enable virtual ward rounds
- The Provider will support the frailty agenda and data sharing by completing the medical section of the CGA when required
- Completion of MUST tool by home (or equiv.)
- Completion of Rockwood score by home
- Completion of Abbey pain tool (or equiv.)Support annual education events with Commissioner/ other providers of the LCS
- Vaccinations offered to all registered residents

	New patient charge at £100 per patient	Change in bed rate to £244 per bed pa (inclusive of care home premium at £124 per bed)	New CQC beds funded under care home premium at £120 per bed	Total Additional Cost
BaNES	£0.00	£0.00	£75,840.00	£75,840.00
Swindon	£28,800.00	£37,972.00	£45,360.00	£112,132.00
Wiltshire	£108,100.00	£61,636.00	£191,400.00	£361,136.00
TOTAL	**£136,900.00**	**£99,608.00**	**£312,600.00**	**£549,108.00**

7. Consultation

7.1 The three Primary Care Teams have consulted with both practices and the Local Medical Committee (the later through the Primary Care Operational Groups). The commissioning proposal has also been shared with Clinical Chairs (without the funding information).

8. Risk Management

8.1 There is a piece of work being undertaken to identify all the funding streams that occur in each of the three primary care localities which needs to be taken into consideration alongside each other in order to have a complete picture of primary care funding across BSW. However the recommendation of this paper supports the view that the additional net investment for this Care Home LCS is appropriate for the additional work being requested from General Practice and outweighs the risk of little or limited medical input (just via the EHCH) into older adults residing in a care home across the BSW region.

9. Next Steps

9.1 To request agreement of this commissioning and financial proposal through the Primary Care Commissioning Committee.

Appendix One – compare and contrast exercise

	B&NES	Swindon	Wiltshire
Directives in Locality LCS			
Not in current LCS but under discussion			
Not in current LCS			
All residents to be offered opportunity to re- register with the lead practice	Yes		
Named lead GP and named Deputy in some areas	Yes	Yes	Yes
Visit to be same day and time each week to provide routine, to be agreed with home.	Yes		
Photo and name of Lead GP to be displayed in home.	Yes		
Proactively contact home on separate occasion to check on patients with worsening condition and address repeat medication	Yes		Yes
Draw support from wider health care team; matrons, IPC, tissue viability, dietetics, physio, diabetes, reablement, IV, mental health, hospice	Yes	Yes	Yes
Commence ACP and TEP within x days of admission and updated as required, inc. all appropriate parties in discussions	10	7	7
The Provider will develop clear management and clinical protocols and clear communication routes with all staff in care home, including managers, care staff and admin staff	Yes		Yes
Computer summary kept in home, until such time access to TPP in place. Maintain updates.	Yes		Yes
NoK records maintained	Yes	Yes	
Clear protocol for contacting the lead GP (practice)	Yes	Yes	Yes
Respond to urgent requests, phone opinion or triage. OOH services applies. 1830-0800	Yes	Yes	Yes

Regular care home visit (ward round)	Weekly	Weekly	Weekly
Proactively contact home on separate occasion to check on patients with worsening condition and address repeat medication	Yes		Yes
The Provider will comprehensively review all residents according to their needs, with all residents reviewed at least annually	Yes	Yes	Yes
Review all residents identified as a concern by the home	Yes	Yes	Yes
Draw support from wider health care team; matrons, IPC, tissue viability, dietetics, physio, diabetes, reablement, IV, mental health, hospice	Yes	Yes	Yes
Attend MDT meetings in nursing homes	Yes	Yes	Yes
All homes encouraged to use NHSmail and TPP. Virtual platform to enable virtual ward rounds			
A care plan, held by the home, based on the GP assessment, must be developed. Advanced care planning should be considered for all residents entering a home.	Yes		Yes
New residents reviewed within x days of admission to home	10	7	7
Residents will be reviewed within x days following discharge from Acute	5	7	7
Residents will be reviewed following a significant clinical change	Yes		Yes
Manage residents within homes where possible, preventing avoidable admissions	Yes	Yes	Yes
Proactively manage residents with chronic diseases to QOF standards	Yes		Yes
The Provider will spend time supporting relatives and carers, particularly those who are anxious or upset; negotiating and reinforcing agreed plans	Yes	Yes	Yes
The Provider will support the frailty agenda and data sharing by completing the medical section of the CGA when required	Yes		
Support case management approach for patients with complex LTC	Yes		
Work in conjunction with MOCH team/ Care Home Pharmacist	Yes		Yes
Work with Cathedral team			Yes
Completion of MUST tool by home (or equiv.)		Yes	
Completion of Rockwood score by home	Yes	Yes	

Completion of Abbey pain tool (or equiv.)		Yes	
Dementia Screening	Yes -Diadem		Yes
Practice will support homes to complete NEWS2. Home expected to provide NEWS 2 score when contacted by practice	Yes	Yes	Yes
Draw support from wider health care team; matrons, IPC, tissue viability, dietetics, physio, diabetes, re-ablement, IV, mental health, hospice	Yes	Yes	Yes
Work with home to ensure all provider services are informed of changes in residents care.	Yes	Yes	Yes
Suggest training and education for care home staff; noting need with the Care Home Manager	Yes	sep. commission	Yes
Support annual education events with Commissioner/ other providers of the LCS	Yes		
Work with home to ensure all provider services are informed of changes in residents care.	Yes	Yes	Yes
Agreed process for ordering repeat and urgent prescriptions	Yes	Yes	Yes
New residents medication review	Yes		Yes
6 mthly medication review for stable patients	Yes	Yes	Yes
Medication review at every clinical review if resident is unstable	Yes	Yes	Yes
Medication review following discharge from Acute	Yes		
Vaccinations offered to all registered residents	Yes		
Ensure non-registered residents are vaccinated through care home liaising with other practices	Yes		
Clinicians to confirm own training and development	Yes		Yes
Annual feedback to CCG to evaluate service - audit	Yes	Yes	Yes
Procedure in the event of flu outbreak			Yes
Report quality and safeguarding concerns to the CCG	Yes	Yes	
Review meeting between GP and Care Home Manager; policy procedure, quality and strategy (inc. pharmacist when appropriate)	Quarterly		Bi-annual
Review all deaths and hospital admissions inc. learning at review meeting	Quarterly		

Meeting of the Primary Care Commissioning Committee
Report Summary Sheet

Report Title	Medicines Optimisation - Prescription Ordering Direct and Prescribing Incentive Scheme				**Agenda item**	9b		
Date	22 October 2020							
Purpose	Approve	x	Discuss		Inform		Assure	
Executive lead	Ruth Grabham, Medical Director							
Clinical lead	Ruth Grabham, Medical Director							
Author	Alex Goddard, Deputy Head of Medicines Optimisation							
Appendices	• PCOG – Meds Op Update August 2020 • Forecast funding for Wiltshire Practices in relation to budget achievement for 2020-21 (based on July data) • Prescribing Incentive Scheme 2020-21							
This report concerns	BSW CCG		BaNES locality	✓	Swindon locality	✓	Wiltshire locality	✓
This report was reviewed by	This report has been to all three locality PCOG meetings during August / Sept 2020. All three approved individual discussions to be carried out at PCN /practice level to determine the most appropriate outcome for them in relation to Prescribing Incentive Scheme / Prescription Ordering Direct (POD). Wiltshire Practices will be most affected financially by the changes due to a potential loss of income from this element of the prescribing incentive scheme, further information provided as appendix and in detailed report. BaNES practices will lose CCG employed pharmacists.							

Executive summary	• Identify the differences between the current delivery model of BaNES, Swindon and Wiltshire Prescribing Incentive Schemes • Outline plans for the transition year for 2020-21 to provide practice / PCN level discussions and agreements • Gain agreement to unify the approach and available payments and provision of services to practices from April 2022 onwards. • Agree on payment mechanism for £1 per head Prescribing Incentive Payments for 2021-2022
Recommendation(s)	The Committee is asked to **approve** the transition year for practices to join POD model during 2020-21 if they wish to do so,

	otherwise no change. Approve Option 1 - alignment of Prescribing Incentive Scheme funding across BSW for 2021-22. Specifically : • to retain funding previously spent on practice pharmacists (BaNES) and Budget responsibility (Wiltshire) at CCG level to reinvest in Medicines Optimisation team, to support all delivery of Medicines Optimisation support to practices either via POD or other means if POD not suitable for practice.							
Risk (associated with the proposal / recommendation)	High		Medium	✓	Low		N/A	
Key risks	Engagement of GP practices in any future prescribing incentive scheme / POD / Medicines Optimisation scheme. Practices may choose to limit their actions related to prescribing if the funding is reduced. However provision of POD may counteract this and provide additional support to practices. Those who do not wish to utilise POD will be able to access support via the central Medicines Optimisation Team for programmes related to cost savings.							
Impact on quality	Providing a consistent approach to delivery of medicines optimisation ensures all patients in BSW CCG have access to the same level of medicines safety, quality, and clinical effectiveness.							
Impact on finance	• There are no additional costs • Funded from budgets currently set for practice pharmacist support (£389k) and budget related prescribing incentive scheme (£669k) • The costs will be recurrent to fund future provision of POD and/or medicines optimisation support for cost savings.							
	Finance sign-off: John Ridler							X
Conflicts of interest	All GP practices are impacted by this proposal. Wiltshire GPs may see a loss of income. BaNES GPs will no longer have practice based pharmacists funded by the CCG. Swindon GPs are paid less than Wiltshire and BaNES for the same incentive scheme requirements. Dispensing Practices considerations will need to be taken into account. It is noted that there will be a conflict of interest for all Committee GPs working across BSW, this will be managed by ensuring they do not influence the decision making during the item.							
This report addresses strategic objective/operational priority	Confirmed.							

Medicines Optimisation Prescribing Incentive Scheme and POD

1. Executive Summary

The three previous CCGs of BaNES, Swindon and Wiltshire have had different models of delivery for their Medicines Optimisation Strategy. All areas participate in an enhanced service related to prescribing. The intention is to move towards a single operating model across BSW by 2021-22 and therefore 2020-21 is seen as a transition year. To do this effectively, the funding currently allocated for direct practice payments and staffing costs for practice based employees will need to be retained by the CCG. This is to ensure it can be ringfenced for Medicines Optimisation Support for Primary Care via Prescription ordering direct service (POD), enhanced care home support via POD, practice specific work from a central resource or other means from April 2021. The detail of how this support will provided will be the subject of ongoing discussions with practices and PCNs during the next few months with final agreement before the end of March 2021.

2. Recommendation(s)

2.1 During 2020-21, practices / PCNs will review and discuss their own circumstances in terms of workforce and finance with the Medicines Optimisation Team and be able to make the most appropriate decision for them under the new scheme.

From April 2021, all practices across BSW will have the same access to prescribing resources and any money previously sent out to practices or used for practice based staffing will be retained within the CCG Medicines Optimisation team and repurposed for prescribing resources such as POD or central CCG support.
Specifically, the CCG will no longer fund practice based pharmacists (BaNES) and budget based payments to practices (Wiltshire) after March 2021.

3. Background / Statutory Considerations and Basis for Proposal

- The paper attached in Appendix 1 “PCOG – Meds Op Update August 2020” outlines the situation in terms of the legacy schemes for each previous CCG in BaNES, Swindon and Wiltshire, and how the delivery mechanism varies. Approximately the same amount of money (>£3.00 per patient) is allocated for Medicines Optimisation across BSW, but it is used for different purposes.

(£’000)	BaNES	Swindon	Wiltshire
Incentive Scheme / LCS Engagement / Reviews	190	135	494
Incentive Scheme budget outturn	0	0	669
Pharmacists in primary care & DMR work	389	-38	0
POD Costs (excl Pharmacists)	0	675	421
	579	**772**	**1584**
Payment per patient	**£ 3.05**	**£ 3.45**	**£ 3.21**

- **Locality Specific Impact**
- **BaNES** - Practices receiving support from a practice sessional pharmacist will no longer receive this service from April 2021. Pharmacists are already being recruited to other roles both within the CCG, and PCN roles via the 100% funded Additional Roles Reimbursement Scheme (ARRS[1]), or practices can choose to utilise the incentive scheme funding to employ their own practice based pharmacists. Payments made for these roles during 2019-20 was £389k, made up of both CCG employed and sessional pharmacists, and this year is forecast to be under £100k for the sessional pharmacists.
- **Swindon** – Little or no change to current circumstances and funding. Continued funding for CCG technicians for cost savings initiatives only. From April 2021, funding will be in line with Wiltshire and BaNES (currently 60p per patient as previously set for 2020-21 vs £1 in BaNES and Wiltshire). Concern regarding inequity of funding vs BaNES and Wiltshire, however this is offset by provision of POD and technician support in Swindon practices.
- **Wiltshire** – Practices are set delegated prescribing budgets and paid according to their achievement of that budget (since 2016-7).
    - Payments for 2019-20 were £669k, NHSBSA data from July 2020 demonstrates that the forecast payments are likely to be **£433k**, considerably lower than in previous years.
    - Evidence from the national prescribing resource, PresQIPP demonstrates the majority of the cost pressures are due to circumstances beyond practice level control.
    - For this reason, the budget responsibility should be retained at CCG level, utilising the funding that would have been used to offer practices POD services for all patients plus technician support for cost saving initiatives only.
- These changes will allow alignment of delivery of the Medicines Optimisation Strategy and Incentive Scheme across BSW.
- PCOG at all three localities have reviewed this information (with the exception of the financial impact as this data was not available prior to the meeting) and it was supported.

3.2 Budget setting for practices is a local decision and although national models exist, each CCG makes their own decision on how to set this locally, whether at CCG or practice level.

Swindon and BaNES have not had practice level budgets set since the formation of the CCG in 2013, and in Wiltshire budgets have been set at practice level since 2016 in response to the financial recovery requirements from NHS England.

[1] https://www.england.nhs.uk/publication/investment-and-evolution-update-to-the-gp-contract-agreement-20-21-23-24/

Funding for enhanced services is at the discretion of the CCG, and there are no legal or contractual implications of reviewing this funding. This has been agreed through the LMC at discussion both in PCOG and separately.

PresQIPP is a national body that provides analysis of national and local level prescribing data. Evidence from this website demonstrates the cost pressures that are outside local control accounted for £400-500k per month across BSW during the first quarter of this financial year.

April 2020	May 2020	Jun 2020	July 2020	Aug 2020
£511k	£450k	£392k	£420k	£401k

3.3 **Option 1 -** Providing a single prescribing incentive scheme for 2020-21, with a unified approach and funding from 2021-2022

- This year is a transition year in which all practices will be requested to carry out the same work as part of the incentive scheme (see Appendix). Funding remains within the existing envelope as agreed separately for each previous CCG.
- Delivery of the Medicines Optimisation Strategy via the incentive scheme and POD, as well as central CCG Meds Op team support will be gradually phased to the same approach across all practices during the year towards a unified payment and service offer for 2021-2022 :
    - Practices retain access to £1 per head for Prescribing Incentive Scheme
    - Practices with full access to POD (excluding care home provision) may have reduced payments as previously set in Wiltshire (50p) – exact funding levels to be determined
    - Funding previously allocated to practice based pharmacists (BaNES) is retained by the CCG
    - Funding previously allocated to delegated prescribing budget achievement (Wiltshire) £2 per head is retained by the CCG
    - All funding retained by the CCG is reinvested in the Medicines Optimisation Team for central delivery
    - Discussion about how this funding is used will be determined prior to April 2021-22 with engagement at practice / PCN level as a selection of options.

This option is in line with the following BSW CCG corporate objectives :

Realising the benefits of our merger

- **Improving quality and safety and moving towards a system approach**
- **Ensuring financial stability**
- **Preparing to become a strategic commissioner in the context of the developing integrated care system (ICS) – Workforce and structure elements**
- **Transforming Services**

4. Other Options Considered

4.1 **Option 2 –** Continue the existing funding arrangements for practice pharmacists in BaNES locality. This has been rejected as funding for these posts is now available at 100% reimbursement from NHS England via the ARRS and therefore the CCG would be duplicating funds for a role funded elsewhere.

4.2 **Option 3** - Retain variation in the level of payments available to practices in the different localities from 2021-2022 (previous BaNES £1 per patient, Swindon £0.60 per patient, Wiltshire access to £3 per patient). This has been rejected as a) there would be continued inequities and imbalance in payments to practices for the same level of work, and b) practices do not have the capacity to contain their budgets due to national cost pressures as outlined in the PCOG paper.

4.3 **Option 4 –** Allocate budget responsibility to all practices across BSW using the same methodology as per Wiltshire, providing enhanced payments to practices. This has been rejected because a) this would provide an additional cost pressure to the prescribing budget of an additional £1m, at a time where finances are already stretched, and b) because many factors influencing prescribing budget are outside of the practice's direct control (as outlined in the PCOG paper).

4.4 Whichever option is agreed, **a decision is required on which payment structure should be planned for 2021-22**.

The £1 per head available for Prescribing Incentive Scheme payments are currently paid differently.
Wiltshire - monthly in advance (with potential clawback at the end of the year)
BaNES and Swindon - paid on achievement after the end of the financial year

	Risks	**Benefits**
Monthly in advance	Assumes full achievement (unlikely in all practices) or could be based on previous year payments Clawback for practices could cause financial risk Financial outlay by CCG	Regular monthly income for practices In line with CCG primary care offer for Covid Reassurance for practices at a time of considerable pressure
Retrospective on achievement	Lack of regular income could destabilise practices Delay for payment until after financial year end	No risk of clawback Only paid what is due on achievement

5. Resource Implications

5.1 **HR Resources -** There are a number of individual pharmacists who are currently on bank contracts with the CCG to provide practice work, and the majority of these have now been employed either as part of the CCG, or in funded PCN roles. The remainder have chosen to retire, and there is one individual who has been given notice but continues to work until the end of this financial year.

5.2 Financial Resources –The CCG is at considerable financial risk within this year with regards to prescribing spend as outlined in the PCOG paper, with forecasts as high as a 10% overspend on a budget of £127m. Whilst the CCG Medicines Optimisation Team is doing all we can to minimise the impact of the cost pressures, we know POD in Swindon has demonstrated a 6% cost saving. POD is expanding to support Care

Homes and other clinical areas such as stoma and continence, where there are potentially significant cost saving opportunities.

5.3 Whilst the underspend on the 2 areas of staffing and budget related incentive schemes could be seen as a saving for the CCG, funding previously provided to practices either in resource or actual payments should be retained for use within primary care.

5.4 By reallocating this budget for use by the CCG Medicines Optimisation Team to expand POD and provide additional cost saving support to practices, it provides the best opportunity to support care homes and additional practices via POD, improving quality of prescribing and supporting resilience in primary care, as well as maximise any savings that are available at scale and at speed.

6. Consultation

6.1 None required however 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.

7. Risk Management

7.1 GP practices have received this money / practice pharmacist service for many years, and it is expected that there will be a level of concern that this funding is being 'withdrawn'. This has been mitigated by reassurance that the money will be repurposed for use within the CCG Medicines Optimisation Team to provide specific prescribing support via POD or other means and will not be reallocated to any other services. The LMC is in agreement with this view and supports the stance that the funding is part of an incentive scheme and should not be considered baseline practice funding.

8. Next Steps

8.1 Once agreed, formal notice will be given to the practices affected by the changes. This will be required by Dec 31st 2020.
Further discussions will continue during January to March 2021 to determine the most appropriate options for service and funding for each practice / PCN.

Equality and Diversity	Applicable	Y	Not applicable	
Enclosed				

Health Inequalities Assessment	Applicable	Y	Not applicable	

Public and Patient Engagement	Applicable		Not applicable	X

Background

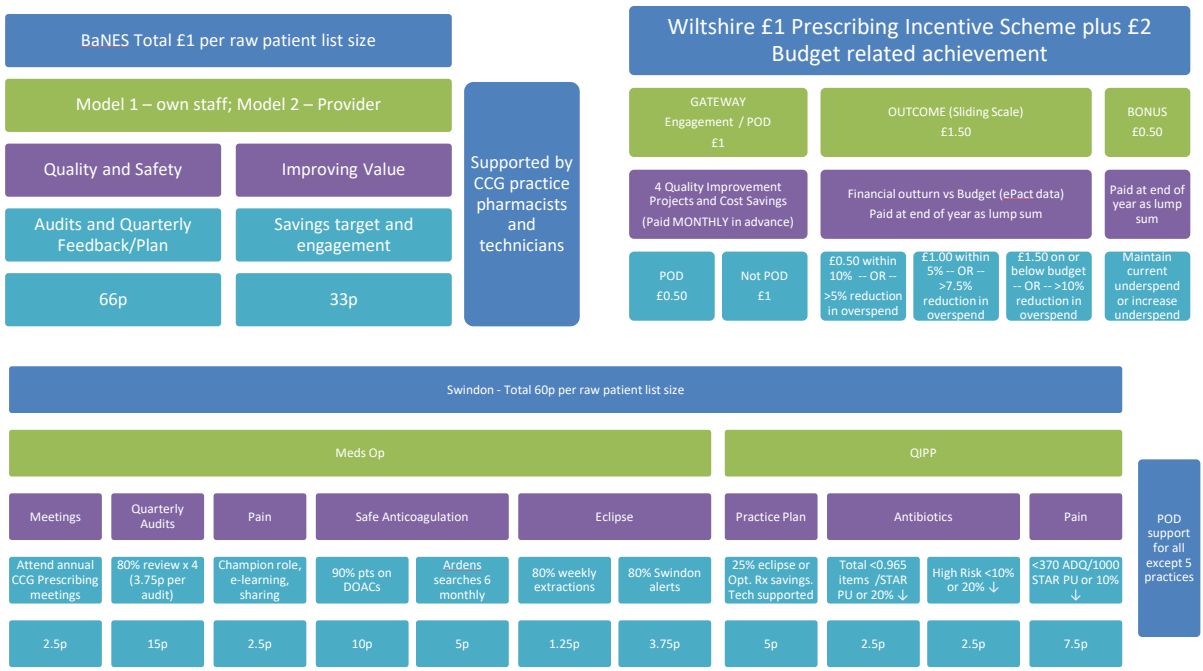
Prescribing Incentive Schemes exist in similar forms in all 3 previous CCGs, BaNES, Wiltshire and Swindon. We have been working towards a single Medicines Optimisation team in anticipation of the BSW Merger to align these schemes. Whilst we have broad similarities on the clinical areas, the funding of the schemes varies, as does the model of delivery.

Medicines Optimisation has been highlighted as one of the key areas of financial risk for BSW CCG in light of Covid, Price Concessions, Stock shortages, NCSO (No cheaper stock available) pricing structures and Brexit. All of these circumstances are recognised as national issues and outside the influence of the CCG or GP practices. Data presented to CCG Executive team in July 2020 demonstrated a risk of **£12.8M cost pressure predicted for 2020-21.**

As we start returning to 'business as usual', it is vital that we maintaining and improving the quality of prescribing across BSW , whilst maximising every opportunity to minimise this risk.

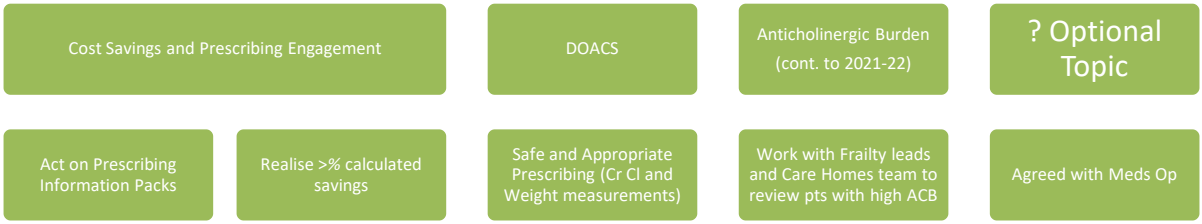
This paper sets out the situation and challenges, and some of the options available to GP practices at practice or PCN level for the current financial year 2020-21.

Legacy Prescribing Incentive Schemes



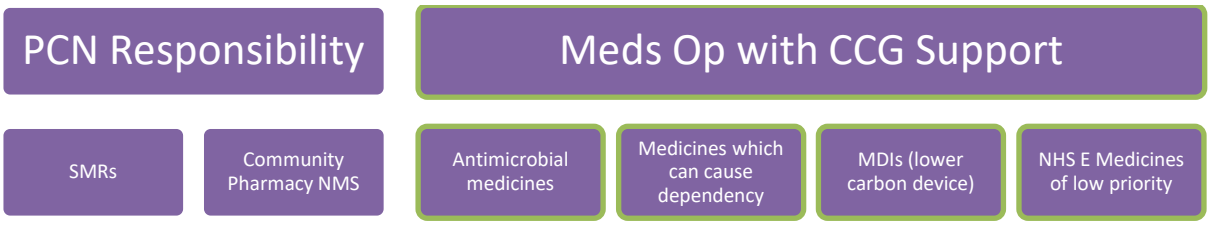
Incentive Scheme 2020-2021

Specific funding requirements have not been finalised at this point due to the potential impact of winter pressures on practices, however the project clinical areas have been agreed. Practices are being provided with resources and tools to support reviews and quality improvement in the following areas:



Network DES from October 2020 Requirements

The CCG is expected to provide support and resources for PCNs to carry out reviews in the following areas as per the Network DES requirements :



Funding

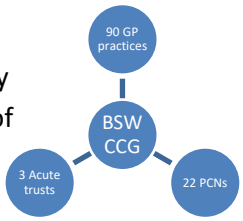
Current Situation

- BaNES practices – Incentive scheme and Care home work supported by CCG funded sessional pharmacists (to continue until March 2021)
- Swindon practices (except 5) have all had full use of POD (Prescription ordering Direct) service for domiciliary patients plus care homes, plus CCG funded technicians to support cost savings initiatives
- Wiltshire practices have POD for 7/42 practices (25% population), funded partially through incentive scheme payment reduction, plus practices receive additional funding for delegated budget responsibility relating to overall end of year spend vs practice specific budget

Despite the differences in delivery model, overall, the funding for these schemes when amalgamated is broadly equal for each of the previous CCGs.

(£'000)	BaNES	Swindon	Wiltshire	Total
Incentive Scheme / LCS Engagement / Reviews	190	135	494	819
Incentive Scheme budget outturn	0	0	669	669
Pharmacists in primary care & DMR work	389	-38	0	351
POD Costs (excl Pharmacists)	0	675	421	1096
	579	**772**	**1584**	**2973**
Payment per patient	**£ 3.05**	**£ 3.45**	**£ 3.21**	

Opportunities for 2020-21 (and likely 2022)



With the number of practices and PCNs now making up BSW CCG, it is important to ensure as far as possible, schemes are aligned whilst appreciating the existing locality situation. In addition, during the Covid-19 year, Care Homes have emerged as one of the main priorities for GP practices, the CCG and NHS England. With the Network DES coming in from October 2020, the CCG Executive Team has approved the opportunity for expansion for POD to support **care homes** for any practices wishing to use this service. In Swindon, all care homes are already covered via POD, so roll out is now progressing throughout Wiltshire and BaNES to provide the support

POD has been in place in the majority of Swindon Practices, and in 7/42 Wiltshire practices (25% population) for more than 3 years. POD has demonstrated the beneficial effect in terms of quality improvement, resilience, and financial effectiveness and will continue to measure this impact as care homes come on board.

Locality Specific Impact

BaNES - Practices receiving support from a practice sessional pharmacist will no longer receive this service from April 2021. Pharmacists will be recruited to PCN roles via the 100% funded Additional Roles Reimbursement Scheme (ARRS[1]), or practices can choose to utilise the incentive scheme funding to employ their own practice based pharmacists. Funding saved on this service would be reinvested in offering POD for any practices that wish to use it, plus the option for practices not able to recruit may have support from CCG technicians for cost savings initiatives only.

Swindon – Little or no change to current circumstances and funding. Continued funding for CCG technicians for cost savings initiatives only.

Wiltshire – Practices will be set delegated prescribing budgets using NHSBSA data from June 2020 (released 19.08.20), however it is accepted that this may prove to be extremely challenging due to circumstances beyond their control (see initial paragraph ref financial risk). Consideration should be given to retain this risk at CCG level, and utilise the funding that would have been used to offer practices POD services for all patients plus technician support for cost saving initiatives only (as per BaNES).

All PCNs will continue to recruit PCN pharmacists via the ARRS scheme to support practices workload as per the NHS England Forward View.

Next Steps

The CCG will continue POD roll out to all care homes across BSW.

The Wiltshire budget modelling will be completed by end of August 2020, enabling an informed decision to be made by practices based NHSBSA predictions from actual prescribing data over the first 3 months of the year.

The Medicines Optimisation Team continues to engage with GPs at practice and PCN level to discuss the best options for them, considering the following options:

POD	Technician	Practice Pharmacists (BaNES ONLY)	Delegated Prescribing Budget (Wilts ONLY)
• Expand to focus on Care Homes initially • For practices who wish to, cover practice population • Dosette Boxes, Dietetics, Stoma, Continence	• CCG employed where unable to recruit at PCN / practice level via ARRS Scheme • Support cost savings initiatives only	• Funding ends March 2021 as now 100% available via ARRS Scheme • Pharmacist support delivery of PIS/LCS and Care Home work	• Practice retain budget responsibility or pass to CCG, with funding transferred for POD expansion • If retain budget responsibility, will be required to achieve in year budget to obtain income (as per 2019/20)

The committee is asked to support the principle that these decisions can be made at PCN and/or practice level to enable continued medicines optimisation support for BSW CCG practices.

[1] https://www.england.nhs.uk/publication/investment-and-evolution-update-to-the-gp-contract-agreement-20-21-23-24/

Wiltshire Incentive Scheme Methodology

Total £3 per patient (including £1 pp as part of Primary Care Offer)

Based on RAW population at fixed point in time (reviewed annually)

GATEWAY and POD Total £1 possible	OUTCOME £1.50 pp Sliding Scale Measured on outturn (ePact data - 8 weeks behind)			BONUS £0.50 per patient to ensure practices who are underspent do not adversely change prescribing behaviour
Paid MONTHLY in advance (evidence required for audits / engagement)	Paid at end of year as lump sum			Paid at end of year as lump sum
POD £0.50 pp after 12 months in POD	**Not POD** Full £1 pp available to practice	£0.50 per patient within 10% of budget -- OR -- >5% reduction in overspend	£1.00 per patient within 5% of budget -- OR -- >7.5% reduction in overspend	£1.50 per patient on or below budget -- OR -- >10% reduction in overspend	Available to all practices who maintain current underspend or increase underspend

Incentive Scheme Methodology

- Reward either change in year or overall achievement, whichever is greater
- Total available £2 per patient (in addition to £1 Gateway)

Payment (additive)	End of year position	Change in year
50p	<10% over budget	>5% change
50p	<5% over budget	>7.5% change
50p	On or below budget	>10% change
50p (bonus)	Maintain or reduce current underspend	

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	PIncenS
Service	Prescribing Incentive Scheme
Commissioner Lead	BSW CCG
Provider Lead	GP Practices
Period	1 April 2020 – 31 March 2021
Date of Review	Qtr 4 2020/21

1. Population Needs

1.1 National/local context and evidence base

To encourage best prescribing practice and support patients in taking ownership of their health.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**Y**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**Y**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**Y**
Domain 4	**Ensuring people have a positive experience of care**	**Y**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**Y**

2.2 Local defined outcomes

To improve the health of the population of Bath and North East Somerset, Swindon and Wiltshire.
To reduce levels of wastage associated with patients not taking medication correctly.

3. Scope

3.1 Aims and objectives of service

To encourage best practice and support patients in taking ownership of their health

Prescribing Best Practice Local Enhanced Service 2020/21:-

Practices will not be required to attend a meeting during 2020-21 due to the unique circumstances of this year. Support will be provided remotely and centrally via the team email prescribing.bswccg@nhs.net and via our website https://prescribing.bswccg.nhs.uk/ for additional information (searches, templates, e-learning module access).

In addition, specific discussion and guidance can be arranged as and when required.

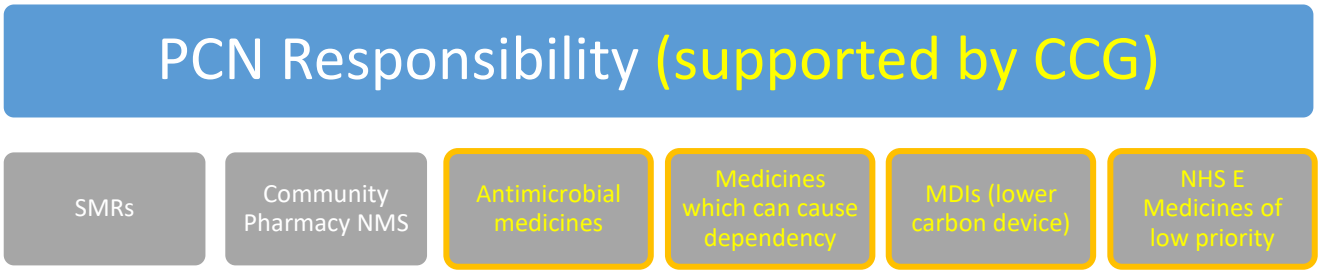
Part A : Summary of requirements for Incentive Scheme:

Prescribing Engagement and Cost Effective Prescribing	DOACS	Anticholinergic Burden (cont. to 2021-22)
Act on Prescribing Information Packs, Realise >% calculated savings	Safe and Appropriate Prescribing (Cr Cl and Weight measurements)	Work with Frailty leads and Care Homes team to review pts with high ACB
20p BaNES and Wiltshire (12p Swindon)	50p BaNES and Wiltshire (30p Swindon)	30p BaNES and Wiltshire (18p Swindon)

Part A	Engaging with CCG Medicines Optimisation Team to improve the quality of prescribing	Target	Annual payment per (raw) registered patient (p)
1 A	**Engagement** **Prescribing Information Packs** (quarterly) • Information will include red drugs, specials, high cost prescriptions, etc. as well as identifying any 'outlying' areas of prescribing • Practices will be expected to review these lists and identify and act on possible changes, as well as justify any anomalies	Review quarterly packs	**20p (Banes Wiltshire)** **12p (Swindon)**
B	**Realise % calculated potential Savings** **Eclipse (i): For all practices - Implementation of Practice Plan:** Achieve 25% of eclipse potential savings	25% practice specific identified savings	
C	**Prescribing Safely** **Eclipse Live (ii): For Swindon practices only (rollout planned for BaNES and Wiltshire in 2021)** *(other areas do not currently have access to Eclipse Live)* • 80% of weekly extractions performed OR sign up to automatic extractions • 80% of BSW CCG Eclipse alerts reviewed • NB. for 20/21 – please access via https://www.nhspathways.org/NHSpathways/login.aspx Click on Eclipse Live and then **CCG alerts**	80%	

2 A	**<u>DOACS</u>** **Safe Anticoagulation (A):** Ensure annual review of patients taking a DOAC – Current indication & validity of prescription – Renal function (calculated CrCl with weight) and correct dose – Concomitant antiplatelet prescribing • Review can take place by the practice or anticoagulation clinic. Consider using Ardens DOAC template • *It may be sensible to prioritise over 85s as evidence suggests they are most likely to be dosed incorrectly* • CCG will obtain evidence from search on review via central reporting unit within (SystmOne). • EMIS practices will be required to run matching reports at the end of the year	75% of all patients over the age of 85 prescribed a DOAC during 2020-21 Or a 10% increase in number of patients with completed up to date information on record (practice will need to demonstrate own improvements)	**50p (BaNES and Wiltshire)** **30p (Swindon)**
B	**Safe Anticoagulation (B):** Quality Improvement - Ensure practices have a system in place to capture height and up to date weight at least annually (e.g. at each U&E check)	Return quality improvement proforma	
C	**Safe Anticoagulation (C):** Complete reviews on all patients on possible incorrect doses of DOACs highlighted by Ardens searches at least once before end March 21	100% patients reviewed	
3 A	**<u>Anticholinergic Burden</u>** **Quality Improvement** Attend Education session via webinar with Frailty experts Nomination of a deprescribing champion to develop network with Dr Fackrell; Report on what changes have been made as a result of attending the session to improve quality of prescribing in this area	Return quality improvement proforma	**30p (BaNES and Wiltshire)** **18p (Swindon)**
B	**Prescribing Reviews** Reduce use of anticholinergic OAB drugs in high risk groups: 1. Review all patients with a diagnosis of dementia 2. Review patients with mild, moderate or severe frailty (starting with those deemed most vulnerable) Number of patients in these two groups prescribed the relevant drugs as identified by searches (CCG)	100% in category 1 reviewed 100% in category 2 reviewed. If >20 patients aim for 20 or 10% whichever is higher	
4	**POD practices full service ONLY** All Wiltshire practices that have the full use of POD for more than 12 months will only receive 50% (Wiltshire legacy agreements). This will be reviewed from April 2021	N/A	**Total payment available 50p (of potential £1)**
5	**POD Care Home service** Practices receiving POD service for their care homes will have NO reduction in prescribing incentive scheme payment for 2020-21. This will be reviewed from April 2021	N/A	**No Change**

3.2 Summary of requirements for Network DES – for information only (OUT OF SCOPE OF THIS AGREEMENT)



Further information on the Network DES is available from NHS England https://www.england.nhs.uk/publication/des-guidance-2020-21/

See BSW CCG Medicines Optimisation Website for additional information (searches, templates, e-learning module access)

3.3 Population covered – The population of Bath and North East Somerset, Swindon and BaNES CCG

3.4 Any acceptance and exclusion criteria and thresholds - None

3.5 Interdependence with other services/providers – None

4. Applicable Service Standards

4.1 Applicable national standards:

- https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024
- https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf
- https://www.england.nhs.uk/wp-content/uploads/219/01/otc-gms-gp-practice-letter.pdf
- http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware
- Prescqipp Guidance - reducing opioid prescribing in chronic pain
- Network DES https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf
- Network DES Guidance (Sept 2020) https://www.england.nhs.uk/publication/des-guidance-2020-21/

4.2 Applicable standards set out in Guidance and/or issued by a competent body:

Good practice in prescribing and managing medicines and devices (GMC 2013)

4.3 Applicable local standards:

-Netformulary: http://bswformulary.nhs.uk/

- Eclipse: http://www.nhspathways.org

All resources relating to this Enhanced Service can be requested from the Medicines Optimisation Team or via the website https://prescribing.bswccg.nhs.uk/

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D) - None

5.2 Applicable CQUIN goals (See Schedule 4E) - None

6. Location of Provider Premises

The Provider's Premises are located at:

GP Surgeries across Bath and North East Somerset, Swindon and BaNES

7. Individual Service User Placement

N/A

Equality Impact Analysis – the EIA form

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

Title of the paper or Scheme:
Medicines Optimisation POD and Prescribing Incentive Scheme

For the record	
Name of person leading this EIA Alex Goddard	Date completed 05/10/2020
Names of people involved in consideration of impact	
Name of director signing EIA	Date signed
Ruth Grabham	15/10/2020

What is the proposal? What outcomes/benefits are you hoping to achieve?
A unified approach for Medicines Optimisation Prescribing Incentive Schemes across BSWCCG, during a transition year for 2020-21, towards a single system from 2021-22 where the ambition is that all practices in BSWCCG have access to the same services and financial reward in relation to prescribing.

Who's it for?
GP Practices across BSW

How will this proposal meet the equality duties?
No impact

What are the barriers to meeting this potential?
Balance for GP practices currently receiving additional services or financial payments who may not want to lose this.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

GP practices, PCNs, Clinical Directors and Practice Managers are all interested parties in the Prescribing Incentive Scheme and POD so engagement has been via meetings and continues during discussions and meetings at all levels in Primary Care.

The payments and services provided from the CCG to GP practices are all enhanced service level agreements, and as such are all quantifiable and auditable due to financial regulations. There is data from all payments made to practices in the last 5 years for enhanced service achievements, and information on who currently has access to services such as Prescription Ordering Direct (POD), practice pharmacists, and who does not.

Applies to all residents equally
Patients in BSW registered with GP practices currently have a variable level of access to POD services at it was initially funded via the CCG only for a specific number of patients / practices. By offering expansion, this enables all practices the same level of access to POD across BSW, with a practice / PCN level decision as to what is best for their patients.
It is recognised that due to the speed of implementation and recruitment, there will be some practices who lose resource in terms of a previously supplied practice pharmacist, and have a delay in uptake for the POD service, therefore being 'without' for a period of time. Discussions about centralised Medicines Optimisation Support will continue at practice or PCN level for those affected in this way.

How can you involve your customers in developing the proposal?
Engagement with Practice, Clinical Directors and Practice managers.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
As this is an agreement between the CCG and GP practices (for payments and services provided) patient engagement is not deemed necessary.

3 Impact

Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

Due to the legacy Medicines Optimisation Team support provided to practices across BaNES, Swindon and Wiltshire prior to this year, there is a difference in the impact likely to each locality. This is outlined in the paper but summarised here :

Locality	Issue / Risk	Mitigation
BaNES	Practices receiving support from a practice sessional pharmacist will no longer receive this service from April 2021. Pharmacists are already being recruited to other roles both within the CCG, and PCN roles via the 100% funded Additional Roles Reimbursement Scheme (ARRS[1]), or practices can choose to utilise the incentive scheme funding to employ their own practice based pharmacists. Payments made for these roles during 2019-20 was £389k, made up of both CCG employed and sessional pharmacists, and this year is forecast to be under £100k for the sessional pharmacists.	CCG funded Pharmacists to continue to provide support where they have not yet moved to other roles. CCG to provide central technician support to practices specifically for cost saving initiatives as laid out in the incentive scheme.
Swindon	Little or no change to current circumstances and funding. Continued funding for CCG technicians for cost savings initiatives only. From April 2021, funding will be in line with Wiltshire and BaNES (currently 60p per patient as previously set for 2020-21 vs £1 in BaNES and Wiltshire). Concern regarding inequity of funding.	Lower rate of funding offset by provision of POD and technician support in majority of Swindon practices.
Wiltshire	Practices are set delegated prescribing budgets and paid according to their achievement of that budget (since 2016-7). Payments for 2019-20 were £669k, NHSBSA data from July 2020 demonstrates that the forecast payments are likely to be **£433k**, considerably lower than in previous years. Evidence from the national prescribing resource, PresQIPP demonstrates the majority of the cost pressures are due to circumstances beyond practice level control.	Retain some budget responsibility at CCG level, utilising the funding that would have been used to offer practices POD services for all patients plus technician support for cost saving initiatives only.

[1] https://www.england.nhs.uk/publication/investment-and-evolution-update-to-the-gp-contract-agreement-20-21-23-24/

Patient Groups

There may be some patients with hearing or language difficulties or without access to the internet that are unable to use POD (it is a telephone service).

What can be done to change this impact?

In this instance, as with all patients, we would encourage them to discuss the best options for them with their GP Practice directly.

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

No

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

Continued discussions with each PCN and practice taking their individual circumstances regarding funding and support provision.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?

Continued discussions with each PCN and practice taking their individual circumstances regarding funding and support provision.

What will you do now and what will be included in future planning?

N/A

When will this be reviewed?

N/A

How will success be measured?

Practices participate fully in the prescribing incentive scheme with support from the CCG Medicines Optimisation Team.

Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Meeting of the BSW CCG Primary Care Commissioning Committee
Report Summary Sheet

Report Title	Regional Roll-out of the GP Assistant Project					**Agenda item**	9e	
Date of meeting	22 October 2020							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Wiltshire Primary Care Operational Group							

Executive summary	Following a successful pilot project in the north east region, Wiltshire Training Hub was appointed by Health Education England (HEE) to be the lead Training Hub for the roll-out of the GP Assistant project across the south west region in April 2019, with funding to train 40 GP Assistants. This national initiative was designed to help alleviate some of the pressures on General Practitioners, in acknowledgement that a significant amount of GP time is spent on tasks that could readily be undertaken by other less-qualified members of the team. The model of GP Assistant adopted was of a hybrid clinical/administration role. The training was conducted within the practice with the GP Assistant working closely with a GP mentor. The training required the learner to meet a large number of clinical and administrative competencies and led to certification with the University of Chester. Although there were some delays to the completion of the project, and some attrition of learners, 32 GP Assistants have now completed their training in the region. They are being used in a variety of ways to support GPs within their practice. The project generated some positive learning in terms of taking this role forward across the CCG. It may not only relieve pressures on GPs, but also help to develop and retain staff within the primary care team.

Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked **note** the report.							
Link to Board Assurance Framework or High-level Risk(s)	The use of additional roles will support concerns around capacity and resilience in the system							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	**X**
Key risks	The governance framework around training, competencies and audit has ensured a safe introduction of new hybrid clinical/administrative roles,							
Impact on quality	GP Assistants across the region are being deployed within practices in very different ways depending on the structure and needs of each practice, and it is clear that this role has great potential within the primary care team. This initiative generated a lot of learning and intelligence which could be applied if further practices wish to introduce this role.							
Impact on finance	None – report on a Health Education England pilot project							
	Finance sign-off: N/A							
Conflicts of interest	None							
This report supports the delivery of the following CCG's strategic objectives:	☒ BSW approach to resetting the system ☐ Realising the benefits of merger ☐ Improving patient quality and safety ☒ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	☐ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☒ Transforming Care Across BSW ☐ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

Primary Care Operational Group **Date: 15 October 2020**

Regional roll-out of the GP Assistant project

Name of Author:	Hilary Fairfield, Project Manager BSW Primary and Community Care Training Hub
Sponsoring Director and/or Clinician:	Dr Andy Hall
Locality Affected:	Wiltshire
Practices Affected:	All

1. Executive Summary

1.1 Following a successful pilot project in the north east region, Wiltshire Training Hub was appointed by Health Education England (HEE) to be the lead Training Hub for the roll-out of the GP Assistant project across the south west region in April 2019, with funding to train 40 GP Assistants.

1.2 This national initiative was designed to help alleviate some of the pressures on General Practitioners, in acknowledgement that a significant amount of GP time is spent on tasks that could readily be undertaken by other less-qualified members of the team.

1.3 The model of GP Assistant adopted was of a hybrid clinical/administration role. The training was conducted within the practice with the GP Assistant working closely with a GP mentor. The training required the learner to meet a large number of clinical and administrative competencies and led to certification with the University of Chester.

1.4 Although there were some delays to the completion of the project, and some attrition of learners, 32 GP Assistants have now completed their training in the region. They are being used in a variety of ways to support GPs within their practice.

1.5 The project generated some positive learning in terms of taking this role forward across the CCG. It may not only relieve pressures on GPs, but also help to develop and retain staff within the primary care team.

2. Recommendation(s)

The Committee is recommended to note the report.

Spread and adoption of the GP Assistant role in primary care

Background

The GP/Medical Assistant role was identified in Future of Primary Care (Primary Care Commission, 2015) as a new role which could have a positive impact on the delivery of patient care in General Practice. This was further supported by the General Practice Forward View (NHS England, April 2016)

A Health Education England (HEE) working group in 2019 estimated that GPs spend on average 11% of their time on administration, emails and tasks which do not necessarily require a doctor or nurse to complete. This is a major cause of workload stress and a significant issue cited by GPs leaving the profession early. It was proposed that if administrative staff (such as medical assistants) took on half of this work, this would be equivalent to 14000 more full time GPs in England and would 'improve patient access and release highly qualified staff to concentrate on treating and managing patients with more complex conditions'. A report by the University of Cumbria, also in 2017 proposed that this sort of role would 'improve patient flow within surgery hours, increasing the time efficiency of appointments, and reduction of waiting times; supporting patient experience by 'translating' or reiterating information from the GP'.

HEE ran a large pilot in the north west region to introduce the role in 2016-9. Following a successful evaluation, HEE invited Training Hubs to lead the roll-out of the project in each region. Wiltshire Training Hub was invited to take the lead for the south west region.

The South West roll-out

The model adopted across the south-west was a hybrid administration/clinical model with training accredited by the University of Chester.

All practices in the south west region were invited to apply for funded places on the training and some initial information sessions were held across the region. There was initially significant interest in the role in the south west, although a variation between areas. Forty-five practices from across all six STPs in the south west were offered funded places on the project. Some of these practices wished to introduce several GPAs as part of a more significant change to their practice's way of working.

This over-recruitment at the start was on purpose to allow for anticipated attrition. It was originally envisaged that the training would take six months.

Practices were only offered funding if they had clearly identified a named GP mentor at the time of application.

This dispersed model of implementation had some challenges in that some students appeared to require more support through the process than was originally envisaged. Face-to-face meetings were held across the region in February, and monthly teleconferences were offered to students and GP mentors to share experiences, ideas and challenges, although only small numbers of students took this opportunity (maximum of eight students taking part in a teleconference).

Evaluation

Thirty-two GP Assistants from a widely-dispersed region had completed the training by September 2020 against a backdrop of a pandemic that had significant impact on general practices, primary care staff and patients.

It was difficult to obtain baseline data from practices at the start of the project in July 2019. Ultimately it was decided that a disproportionate amount of project time was being taken to do

this and no further data was pursued. It had been taken into account that the project had already been piloted and evaluated in the north-west and so it was unlikely to generate much new data in this roll-out phase.

In light of the impact of the pandemic, and the resultant way in which GP practices, the work of the GP Assistant and the contact with patients were impacted, it was not possible to undertake a thorough evaluation as had originally been intended.

A questionnaire was sent to learners and GP mentors at the completion of the programme.

Further data was received from a number of sources:

- Feedback at face-to-face meetings with GP Assistant students and GP mentors
- Emails and telephone calls received during the project
- Feedback from students during the regular teleconferences
- Data submitted by students once they had completed their training

The students felt that the programme had had a positive impact on themselves and the clinicians. On the whole the students reported that they were:

- experiencing more variety of roles at work
- finding their work is more interesting
- more motivated, proactive and confident at work
- more satisfied with their work and more likely to stay in Primary Care
- given additional responsibilities
- more able to contribute to patient care.

In the absence of direct feedback from Practice Managers, the views of the students were that the impact on managers and patients has also been somewhat positive but the impact on carers has been less significant.

It has been difficult to gauge the impact on the patients' individual experience of care and improving productivity other than to report that the majority of students acquired new skills which enabled them to contribute to the overall capacity and teamwork within their practice, therefore reducing the per capita cost of care.

Some qualitative feedback was received from GP mentors which included:

"…I would like to comment on *x*'s exemplary achievements in all of the GPA modules. As she has fed back already, the commitment from the practice, mentor and *x* herself was much higher than anticipated however *x* has shown remarkable enthusiasm in all areas of this course. *x*'s background and experience is in administration and she was initially quite anxious about the clinical skills elements of this course, however she has absolutely flown through these competencies and is now carrying out a whole range of clinical functions to a high standard and is also keen to develop further in this area. *x*'s commitment to the completion of this course has been outstanding, particularly as pressures within the practice have often meant considerable flexibility from *x* in relation to balancing the competing demands of her role and her training. We are very much looking forward to utilising *x*'s new skills on completion of her GPA qualification."
Kristy Elson, Wooda Surgery (Devon)

"From my perspective *x* has gained tremendously in competence, confidence and ability to help me as a GP. We are very lucky to have her and look forward to her help expand our GPA scheme."
Dr Matthew Lee, GP mentor, Wooda Surgery (Devon)

"We have our fully fledged GP Assistant in place and doing a wonderful job – thank you for facilitating her training, it's been a very worthwhile project to be involved with *y* is a great asset to the team."
David Kempson, Locking Hill Surgery, Stroud

Summary

Although the GP Assistants across the region are being deployed within practices in very different ways depending on the structure and needs of each practice, it is clear that this role has great potential within the primary care team. This initiative generated a lot of learning and intelligence which could be applied if further practices wish to introduce this role. Practices should therefore be encouraged to consider introducing this role to relieve the pressures on GPs.

Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Meeting of the BSW CCG Primary Care Commissioning Group
Report Summary Sheet

Report Title	Primary Care Operational Group (PCOG) Terms of Reference					**Agenda item**	12	
Date of meeting	22 October 2020							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Tracey Strachan							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
This report was reviewed by	BaNES locality Primary Care Operational Group Swindon Primary Care Operational Group Wiltshire Primary Care Operational Group							

Executive summary	In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Primary Care Operational Groups (PCOGs) are established by the Primary Care Commissioning Committee (PCCC), with one PCOG for each locality. Prior to the merger there were minor differences in the Operational Groups in each locality. The proposed Terms of Reference as attached align the membership, remit, responsibilities and reporting arrangements of the three locality PCOGs.
Equality Impact Assessment	N/A
Public and patient engagement	N/A
Recommendation(s)	1. The Committee is asked to **approve** the Primary Care Operational Group Terms of Reference, with particular note to the highlighted elements: a. Ratification of financial decisions below £20,000 (no finance approval will be required prior to PCOG detailed discussion) b. Two locality Governing Body GPs to be invited to ensure local knowledge and sufficient clinical input c. BSW Director of Primary Care to chair meetings d. ICA/locality representative to be a member e. Practice Manager advisor (from outside the locality area) to be a member

Link to Board Assurance Framework or High-level Risk(s)	N/A							
Risk (associated with the proposal / recommendation)	High		Medium		Low	X	N/A	
Key risks	This proposal aligns the different localities and ensures a consistent approach to recommendations and reporting to the Committee							
Impact on quality	This proposal aligns the different localities and ensures a consistent approach to issues relating to patient safety, clinical effectiveness and/or patient experience							
Impact on finance	• No direct impact • Proposes that the Committee ratify financial decisions below £20,000 as finance approval will have been received prior to detailed discussion at locality PCOGs							
	Finance sign-off: N/A							
Conflicts of interest	Conflicts of interest are declared at each meeting and, if necessary, members are excluded from discussions and/or recommendations. There are no conflicts of interest identified in relation to approving these terms of reference.							
This report supports the delivery of the following CCG's strategic objectives:	☒ BSW approach to resetting the system ☒ Realising the benefits of merger ☐ Improving patient quality and safety ☐ Ensuring financial sustainability ☒ Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	☐ Improving the Health and Wellbeing of Our Population ☐ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☒ Transforming Care Across BSW ☒ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

BSW Primary Care Operational Groups (PCOGs)
Terms of Reference

1. Introduction

1.1 In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Primary Care Operational Groups (PCOGs) are established by the Primary Care Commissioning Committee (PCCC). There will be one PCOG for each locality.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of PCOGs.

2. Purpose

2.1 The purpose of the groups will be to provide specialist knowledge and advice in relation to all aspects of primary care medical services commissioning, contracting, performance management, quality assurance and financial control; and act as the focus for affecting the delivery of services provided by independent primary medical care contractors and, in the light of any changes to national or local circumstances make recommendation for change.

2.2 PCOGs will develop commissioning plans and commissioning opportunities for the development and delivery of high quality local primary care services in the localities. There is a PCOG in each locality area, BaNES, Swindon and Wiltshire. PCOGs are advisory to PCCC. Close links are required between the PCOG and the developing ICAs to integrate primary care in strategic and operational decision making.

2.3 PCOGs provide assurance to the BSW CCG Primary Care Commissioning Committee that there are robust systems and processes in place for monitoring, managing and assuring the quality and safety of primary care medical services in the localities and for driving continuous service improvement.

3. Responsibilities/Duties

3.1 The Committee's remit extends to managing the commissioning, quality assurance, contract monitoring and financial control functions including the resilience of primary medical service contractors.

Within this remit, the Committee shall cover the following areas, and recommend decisions to the PCCC as appropriate:

Monitoring, managing and assuring quality and safety of Primary Care services:

a) maintain an operational focus on primary care matters in the respective

localities

b) oversee and scrutinise operational issues that may directly or indirectly affect general practice, its service provision, capacity and demand;
c) directly maintain operational focus on primary care workforce, estates, quality, planning and finance, whilst overseeing delivery of the BSW primary care strategy for all areas;
d) make recommendations to the PCCC with regard to primary care matters (e.g. proposed mergers of GP practices, boundary changes, list and practice closures, contract variations, resilience support etc.)
e) escalate performance issues and risks in primary care to the PCCC and recommend mitigating actions.

Operational management of services commissioned on behalf of practices by NHSE:

f) Interpreter and translation services;
g) Occupational health;
h) Special Allocation Services (including security arrangements);
i) Clinical waste;
j) Primary Care Support Services;

Planning:

k) oversee the development of a commissioning and quality strategy for primary care services across the CCG area;
l) identify how local and national commissioning strategies can be taken forward;
m) analyse national guidance relating to primary care and make recommendations to the PCCC on how to implement national proposals.

Financial Implications:

The Committee is not decision making and will make recommendations to the PCCC on all financial implications. All papers with financial implications should be agreed by the finance team prior to PCOG discussion – including availability of budget. It is expected that financial decisions below £20k will be ratified by the PCCC without a need for detailed discussion.

4. Membership

4.1 The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote. Decisions will relate to the content of recommendations to PCCC:

- BSW Governing Body GPs (2 GPs invited from locality area to ensure local knowledge and sufficient clinical input)
- BSW Lay member
- LMC Representative

- BSW Director of Primary Care (Chair)
- BSW Deputy Director of Primary Care (Deputy Chair)
- BSW Assistant Director of Estates, BSW CCG
- BSW Primary Care Finance Representative
- Primary Care Team Locality Representative
- ICA / Locality representative (* to be confirmed)
- BSW Primary Care Quality Lead
- Practice Manager Advisor (* to be confirmed – LMC recruitment process – from outside the locality area)

4.2 The following normally attend Committee meetings, i.e. they may receive meeting documents but cannot participate in the Committee's decision-making and must not vote:

- BSW Primary Care Communications and Engagement Representative;
- BSW Primary Care Analytical Team Support
- BSW GP Forward View Lead
- BSW Primary Care Training Hub Representative
- BSW Deputy Head of Medicines Optimisation, BSW CCG

4.3 In addition, the Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

Examples include:

- Local Pharmaceutical Committee Representative
- Local Optometry Committee Representative
- Local Dental Committee Representative
- Public Health Representative
- NHS England

4.4 BSW Director of Primary Care or her Deputy will chair the Committee.

5. Quorum

5.1 Although not decision making, the group shall be considered to be quorate with attendance by four members including the Chair and a BSW Governing Body GP.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next meeting of the Group.

6. Reporting

6.1 After each of its meetings, the Group will report, through its Chair and / or its Vice-Chair to the PCCC about business transacted and decisions taken. Reports will be in the form of standard cover sheet, highlighting reporting items as agreed by the Group at each meeting.

6.2 In addition, and as agreed with the Group, the Chair shall report on any matters within the remit of Group which in the Chair's view require PCCC attention and/ or executive decision making.

7. Authority

7.1 In furtherance and support of its business, this Committee is authorised to request and review reports from external experts and from individual functions within the CCG, as appropriate. Reports from finance, estates, workforce and quality related to primary care will be discussed in the Group.

8. Frequency of Meetings

8.1 Meetings shall normally be held monthly, and otherwise as required.

9. Secretary

9.1 The Secretariat for the Committee is provided by the primary care team. The Secretariat shall:

- provide Committee members with governance advice as required;
- ensure timely provision of meeting papers / materials to Group members;
- record in formal minutes the business transacted and decisions taken by the Committee.

10. Conduct of meetings

10.1 Meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

10.2 Members of the Group will

- conduct the Group's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in the CCGs Constitutions, Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Group's decision making by email, should this be required to expedite an urgent decision.

10.4 Provided the meeting is quorate, the Group will take decisions through voting and by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.

11. Review

11.2 The Group will regularly review its performance and membership, and recommend to the PCCC any amendments it considers necessary to ensure it continues to discharge its business effectively.
Terms of reference will be reviewed six monthly to ensure they are fit for purpose in light of the complex and evolving governance structures in primary care and commissioning.

Effective date: 01/11/2020
Review date: 31/03/2021
Contact: Tracey Strachan

BSW CCG - Primary Care Commissioning Committee

Forward Plan 2020-21

	23 April 2020	25 June 2020	23 July 2020	28 July 2020	10 September 2020	22 October 2020	12 November 2020	10 December 2020	14 January 2021	4 February 2021	11 March 2021	*tbc* April 2021
		Public		EXT in Private	Workshop - in private (12:00 - 13:00hrs)	Public + Private Session (10:00 - 12:30hrs)	Seminar in private (13:30 - 15:00hrs)	Public (13:00 - 15:30hrs)	Seminar in private (13:30 - 15:00hrs)	Public (13:00 - 15:30hrs)	Seminar in private (13.30 - 15:00hrs)	Public
Paper deadline	**CANCELLED**	**16 June 2020**	**CANCELLED**	**24 July 2020**	**01 September 2020**	**13 October 2020**	**10 November 2020**	**01 December 2020**	**06 January 2021**	**26 January 2021**	**02 March 2020**	
Papers circulated/ uploaded		**18 June 2020**		**24 July 2020**	**03 September 2020**	**15 October 2020**	**12 November 2020**	**03 December 2020**	**07 January 2021**	**28 January 2021**	**04 March 2020**	
Standing Items		Declarations of interest - note		Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note	Declarations of interest - note
		~~Minutes of the Previous Meeting - approve~~		~~Minutes of the Previous Meeting - approve~~		Minutes of the Previous Meeting (June Public and July Private) - approve		Minutes of the Previous Meeting - approve		Minutes of the Previous Meeting - approve		Minutes of the Previous Meeting - approve
		Actions from the Previous Meeting - note		~~Actions from the Previous Meeting - note~~		Actions from the Previous Meeting - note		Actions from the Previous Meeting - note		Actions from the Previous Meeting - note		Actions from the Previous Meeting - note
		Questions from the Public - read out, note, publish after meeting				Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting		Questions from the Public - read out, note, publish after meeting
		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
		PCOG Recommendations for Discussion and Approval		PCOG Recommendations for Discussion and Approval		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 - *Revised PC Operational Model - GPFV highlights - Workforce report - Digital Transformation Programme*				Operational Report		Operational Report		Operational Report		Operational Report
		Quality Report				Quality Report		Quality Report		Quality Report		Quality Report
		Finance Report				Finance Report		Finance Report		Finance Report		Finance Report
		Risk Register *(via OP Report)*				Risk Register		Risk Register		Risk Register		Risk Register
		SAS Extension										
Other items		Out of committee decisions report			Workshop discussion item: Reset Programme	Alignment of Primary Care Operational Group - Terms of Reference (TS)	Seminar discussion: Learning from case studies (IMH and CP)	PCNs to present on PCO achievements etc	Seminar discussion: Primary Care Finance - *tbc*		Seminar discussion: *tbc*	
		PCN Update - Update on PCN Renewal Sign Up and PCN Locality Update				Extraordinary PCCC in Private Meeting Summary & Decisions		Primary Care Estates Review				
		Delivering Integrated Care Together						BSW Enhanced Services Review				
								Future Governance Arrangements (JAW)				

Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

Meeting of the BSW CCG Primary Care Commissioning Committee
Report Summary Sheet

Report Title	Summary Report from Recent BaNES, Swindon and Wiltshire Primary Care Operational Group (PCOG) Meetings					**Agenda item**	14	
Date	22 October 2020							
Purpose	Approve		Discuss		Inform	x	Assure	x
Author	Tracey Strachan, Deputy Director of Primary Care							
This report concerns	BSW CCG	x	BaNES locality	x	Swindon locality	x	Wiltshire locality	x

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)	The Committee is asked to **note** the contents of this report.
Appendices	None

Primary Care Operational Groups

In accordance with the BSW CCG's Constitutions and Standing Orders, the BSW Primary Care Operational Groups (PCOGs) are established by the Primary Care Commissioning Committee (PCCC), with one PCOG for each locality.

The purpose of the groups is to provide specialist knowledge and advice in relation to all aspects of primary care medical services commissioning, contracting, performance management, quality assurance and financial control; and act as the focus for affecting the delivery of services provided by independent primary medical care contractors and, in the light of any changes to national or local circumstances make recommendation for change.

PCOG agenda items requiring decision will have been shared with the Committee elsewhere on the agenda.

1. BaNES PCOG

1.1 Meetings of the BaNES PCOG were held on 23 July 2020, 27 August 2020 and 24 September 2020. The Group considered the following business:

- Finance report

- Primary Care Risk Register
- Operational Report
- Heart of Bath Lease
- Medicines Optimisation across BSW
- Nursing and Residential Home LCS
- Primary Care Networks
- LMC Update
- Primary Care IT projects update
- Primary Care Quality Report
- BSW PCOG Terms of Reference
- GP Contract Closure Notice Options Appraisal
- PMS Review
- PCN Workforce Plans

1.2 The next meeting of the BaNES PCOG is scheduled for 26 November 2020.

2 Swindon PCOG

2.1 Meetings of the Swindon PCOG were held on 9 September 2020 and 8 October 2020. The Group considered the following business:

- Finance report
- Operational Report
- Special Allocation Services
- Primary Care Network DES update
- Medicines Optimisation across BSW
- Nursing and Residential Home LCS
- Locality Performance Report
- Locality Prescribing Update
- Primary Care Quality Report
- BSW PCOG Terms of Reference
- North Swindon request for support

2.2 The next meeting of the Swindon PCOG is scheduled for 05 November 2020.

3 Wiltshire PCOG

3.1 Meetings of the Wiltshire PCOG were held on 23 July 2020, 27 August 2020, 1 October 2020 and 15 October 2020. The Group considered the following business:

- Finance report
- Medicines Optimisation across BSW
- Primary Care Network update
- Complex Wound Care
- Flu Plans

- Hindon New Surgery Business Case
- Closure of St Ann's
- Health Watch update
- Enhanced Health in Care Homes
- Tele-dermatology in Wiltshire
- BSW Primary Care Quality and Risk Group Terms of Reference
- Draft Primary Care Quality work plan
- BSW Care Home LCS
- Primary Care Quality Report
- BSW PCOG Terms of Reference
- PCN Workforce Plans
- GP Assistant Report

3.2 The next meeting of the Wiltshire PCOG is scheduled for 26 November 2020.