

Meeting of the BSW CCG Primary Care Commissioning Committee in Public

Thursday 15 April 2021, 14:00hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
14:00	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 11 March 2021	Chair	Approve	PCCC/21-22/001
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/21-22/002
Business items					
14:10	6	BSW CCG Primary Care Commissioning Committee Terms of Reference	Chair	Approve	PCCC/21-22/003
14:15	7	BSW Primary Care Work Plan 2021-22	Jo Cullen	Note	PCCC/21-22/004
14:30	8	Operational Report	Jo Cullen	Note	Presentation
		a. Update on COVID-19 Vaccination Programme	Gill May	Note	
		b. Primary Care Network Directed Enhanced Services Update	Jo Cullen	Note	
		c. BaNES Practice Closure Report	Jo Cullen	Note	
		d. BSW COVID-19 Response Primary Care Offer	Jo Cullen	Approve	
e. COVID Additional Capacity Fund	Jo Cullen	Approve			
14:50	9	Sarum South Primary Care Network Reconfiguration	Jo Cullen	Approve	PCCC/21-22/005
15:05	10	Quality Report	Gill May	Note	PCCC/21-22/006
15:15	11	Finance Report	John Ridler	Note	PCCC/21-22/007

Timing	No	Item title	Lead	Action	Paper ref.
Items for information					
<i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
15:25	12	Primary Care Risk Register	Jo Cullen	Note	PCCC/21-22/008
15:25	13	Primary Care Operational Groups Update Report	Jo Cullen	Note	Verbal
15:25	14	Primary Care Commissioning Committee Forward Plan 2021/22	Chair	Note	PCCC/21-22/009
Closing Business					
15:30	15	Any other business	Chair		

Next Meeting of the Primary Care Commissioning Committee in Public:
Thursday 10 June 2021 – 13:30hrs

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

Thursday 11 March 2021, 13:30hrs

Virtual meeting held via Zoom

Present

Voting Members

Lay Member PCCC (Chair), Suzannah Power, SP
Lay Member PPE (Vice Chair), Julian Kirby, JK
Lay Member Finance, Ian James, IJ
Director of Strategy and Transformation, Richard Smale, RS
Registered Nurse, Maggie Arnold, MA (*until 14:30hrs*)
Medical Director, Dr Ruth Grabham, RG

Attendees

Locality Clinical Lead (BaNES), Dr Bryn Bird, BB
Locality Clinical Lead (Swindon), Dr Amanda Webb, AW (*until 14:00hrs*)
Locality Healthcare Professional (BaNES), Dr Tim Sephton, TS
Locality Healthcare Professional (Swindon), Dr Francis Campbell, FC
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey, SD
Locality Healthcare Professional (Wiltshire), Dr Nick Ware, NW
Deputy Director of Primary Care, Tracey Strachan, TS
Representative from HealthWatch Bath & North East Somerset, Joanna Parker, JP
Representative from HealthWatch Swindon, Steve Barnes, SB
Representatives from HealthWatch Swindon, Harry Dale, HD
Associate Director of Finance – BaNES, John Ridler, JR
Clinical Liaison & Engagement Specialist, Helen Robertson, HR
Board Secretary, Sharon Woolley, SW
Associate Director of Patient Safety and Quality, Sarah Jane Peffers, SJP
Named GP for Safeguarding, Swindon, Dr Michelle Sharma, MS (*until 14:35hrs*)

Apologies

Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright
Director of Nursing and Quality, Gill May
Director of Primary Care, Jo Cullen
Locality Clinical Lead (Wiltshire), Dr Edward Rendell
CEO, Tracey Cox
CFO, Caroline Gregory

1 Welcome and Apologies

- 1.1 The Chair welcomed members and officers to the meeting, in particular Dr Michelle Sharma who was in attendance to present item 9a, and Sarah Jane Peffers, who was in attendance for item 10 in the absence of Gill May. Apologies were noted.
- 1.2 The meeting was declared quorate.

- 1.3 To enable Primary Care Commissioning Committee (PCCC) meetings to continue as much as possible during these unprecedented times, Zoom and Microsoft Teams were being utilised where possible. The Standing Orders allow for this provision.
- 1.4 Only those questions raised through the normal submission process of three working days in advance of the meeting would be acknowledged during the meeting.

2 Declaration of Interests

- 2.1 The CCG holds a register of interests for all staff, Governing Body and committee members.
- 2.2 The following interests was deemed relevant for today's business:
- Item 9i - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore had a direct conflict of interest in item 9i. It was agreed that Dr Dominey could remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision-making.
 - Item 9f – Dr Nick Ware advised the Committee that Patford House Partnership was a member of the Calne Primary Care Network (PCN), along with Northlands Surgery, of which he was a GP Partner. However, NW confirmed that he had no direct link with the bid and no direct benefit from the project, and therefore it was agreed that he could remain in the meeting and be part of the item discussion.
- 2.3 It was acknowledged that the primary care agenda would bring conflicts of interests for all Committee GPs working across BaNES, Swindon and Wiltshire (BSW). This would be managed by allowing them to be part of item discussions, but ensuring they did not influence any decision making. GPs on the Committee were not voters.

3 Questions from the Public

- 3.1 The following question had been received in advance of this meeting. The Chair read out the question, followed by the CCGs response. This response would also be made available upon the CCG website.
- 3.2 Question received from a member of the public:
1. *Could you please raise the question with them Victoria Cross, that the new place meets the capacity required for patients even though it seems it does. Page 96 (of the full meeting pack) talks about merging Eldene surgeries.*

CCG Response:

Eldene Health Centre is a branch surgery of Victoria Cross Surgery and will be vacating 4 clinical rooms when it leaves Eldene Health Centre. The GWH Eye clinic will also be vacating a number of rooms when it leaves Eldene.

These moves will allow for more clinical and office space within both Eldene Surgery and Eldene Health Centre.

It should be noted that this activity is not due to the two practices merging, and each will continue to operate as separate entities.

4 Minutes from the meeting held on 10 December 2020

- 4.1 The minutes of the meeting held on 10 December 2020 were **approved** as an accurate record of the meeting.
- 4.2 It was acknowledged that a number of meetings had been cancelled more recently due to the pandemic, but the Chair assured the Committee that agenda items remained on the

forward planner for future meetings. For any urgent decisions, the procedures set out in the Committee's terms of reference had been followed.

5 Action Tracker and Themes to Watch

- 5.1 Two actions were noted on the tracker as CLOSED or COMPLETED – with an update provided for each for the Committee to note.
- 5.2 The Committee reviewed the Themes to Watch list. There were no amendments or additions to note.

6 Internal Audit – Primary Care Delegated Commissioning Report

- 6.1 CCG internal auditors, KPMG, had recently reviewed the Primary Care Delegated Commissioning arrangements, with a focus on contract oversight and governance.
- 6.2 An assurance rating of 'significant assurance with minor improvement opportunities' (AMBER-GREEN) had been given. Three recommendations relating to the need for formalised and consistent processes across the CCG, implementation of periodic shared Primary Care Operation Group (PCOG) meetings, and timeliness of the submission of meeting papers were raised and were now being actioned by the team.
- 6.3 The Chair advised the Committee that a BSW PCOG had been held on 25 February 2021 and feedback from attendees was being gathered.
- 6.4 The Committee **noted** the report.

7 Report on Out of Committee Decision – Final Allocation of COVID General Practice Expansion Funding

- 7.1 The Chair informed the Committee that an urgent decision made out of committee on 29 January 2021 concerning the Final Allocation of COVID General Practice Expansion Funding. A report outlining the process followed and the detail of the decision made was brought for Committee ratification and noting in public.
- 7.2 The Committee **noted** the report and **ratified** the decision made.

8 Operational Report

a. Update on COVID-19 Vaccination Programme

- 8.1 TS talked through the vaccination programme slides and highlighted the following to members:
 - To date, just over 350,000 vaccines had been delivered across the BSW system, of which 35,000 of those were in the past seven days.
 - BSW was on track with delivering against the cohorts – with 75% of priority cohorts one to nine having had dose 1.
 - Although those patients to be included in cohort six regularly changed nationally, BSW was more than meeting that trajectory. Cohort seven as on track for mid-March. Cohort eight had seen a slight delay against target due to the supply, but was still on track to be achieved by the end of March. Patients within cohort nine were now being sent letters of invite.
 - An enhanced agreement was to be developed to cover the delivery of vaccinations to cohort ten. Sign up to this was to be explored with PCNs once guidance was received. This was a high risk to the programme and may cause a period of instability if some sites did not continue.

- Workforce remained a considerable risk as timetables for delivering targets were brought forward. Workforce capacity was due to the initial delays in acquiring support through the RUH workforce pool of staff and volunteers, but this was now starting to move forward with bank staff being made available to support PCN and mass vaccination sites.
- The supply of vaccine had caused some issues, particularly in Swindon. However, it had been advised that a substantial supply would now be delivered to all sites to enable the significant increase now required to administer doses one and two.
- The Steam PCN vaccination site was a current area of concern. Although this was seen as a large site, it was not categorised as a mass vaccination site. The ability to book vaccinations at Steam through the national booking facility was not therefore possible. This concern had also been shared at the Swindon Patient and Public Engagement Forum meeting held on 10 March 2021. AW advised that as Steam was a PCN site, local booking was only possible once stocks of vaccine were available. This was an understandable frustration to the Swindon population, particularly as transport options were poor to reach the two bookable pharmacist sites in Swindon, or to access the available mass sites in Bath, Bristol or Salisbury. This was also impacting upon those patients within the North East of Wiltshire. Practices in the Swindon and North Wiltshire areas were on the receiving end of patient frustrations. There was a disconnect of the national model and what would work within the local BSW area.
- The possibility of Steam becoming a mass vaccination site had been escalated to NHS England, but still required support and traction through other routes to signal its urgency. Raising awareness of this issue to the local MPs was suggested. This was a high concern of the Committee, and of the CCGs Quality and Performance Assurance Committee who had discussed this issue that morning. The CCG and those involved in the delivery of the vaccination programme were in full support of the need to re-categorise Steam.
- The issuing of the national letters was also causing confusion and concern, as further afield sites were available to book encouraging travel.
- Six PCN sites were piloting a booking system, which would be rolled out if successful.
- PCN sites had not yet commenced second doses, as vaccine delivery to date had been variable and on occasion a mixture of Astrazeneca and Pfizer vaccine. This was causing pressure points. Records of the vaccine administered were kept against patients to ensure the same vaccine was used for the second dose.

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

9 Primary Care Operational Group Recommendations for Discussion and Approval

9.1 The Chair advised the Committee that the items to follow had all been discussed and debated at the Primary Care Operational Group meeting held on 25 February 2021, and came recommended for approval.

9a. BSW Safeguarding Contract Proposal

9.2 MS talked through a number of slides to present the BSW Safeguarding Contract proposal, and highlighted to the Committee in particular:

- GP's had a moral, ethical and professional duty to safeguarding. Although this addition to GP contracts have been previously requested, this work was still not currently mentioned.
- The judicial review undertaken by NHSE in 2019 advised that GP's were to be paid for their safeguarding work. A BSW payment system was required to remove the set-up of individual invoicing processes, leading to higher costs.
- The proposal would see the creation of a safeguarding contract for GPs, which would encompass all safeguarding work.

- The estimated cost associated with this proposal and contract was £296,800 for BSW for 2021-22.
- Payment to surgeries would be in two-parts - £2,000 per 10,000 population per year, and £160 per adult or child on a safeguarding plan per year. There would be no penalties for work not completed.
- CCG support on areas such as training advice, quality assurance visits, mentoring and supervision would still be available.

9.3 The Committee discussed that:

- Professional curiosity must remain an important part of safeguarding work and the sharing of information was vital. This should be built into the final agreement.
- The contract figures were comparable to national contracts. An audit of national models had been undertaken three years ago when considering options for Swindon CCG. The value of the contract was based upon the system used by Swindon.
- Two codes would be used for GPs to allocate safeguarding work to. This again was based upon an existing system used with Swindon Borough Council. A clear explanation of BSW codes would be shared with surgeries. Named GPs were available to support with this element.
- The two part payment ensured associated costs with first level safeguarding work was covered, acknowledging that elements of work were still to be undertaken for GPs to continue offering support for those patients not currently on plans.
- CCG budget allocations were still unconfirmed, and there was a risk that sufficient funding would not be available to cover this. However, Committee approval was sought, with the acknowledgement that should budgets be lower than anticipated, a cost pressure for the CCG and primary care would be created and the risk would need to be managed. Support of the proposal would enable named GPs to finalise the contracts and processes for implementation from 1 April 2021; to be reviewed after quarter one of 2021-22.
- Support of safeguarding work was important and commitment from the CCG was required.
- Activity levels and costs would be reviewed after year one to ensure this was projected correctly.

9.4 The Committee **approved** the BSW Safeguarding Contract Proposal and payment scheme.

(14:38hrs – MS left the meeting)

9b. Special Allocation Service Contract Extension April 2021

9.5 TS presented the proposal to extend the current short-term contract held with Courtyard Surgery for the Special Allocation Service (SAS) GP cover by a further 12 months to March 2022. As a direct impact of the pandemic, it had not yet been possible to develop a BSW wide SAS specification and to commence a formal procurement, but this remained a priority going forward.

9.6 The Committee **approved** the extension of the contract with Courtyard Surgery for 12 months to March 2022, at an annual cost of £48,160

9c. BSW CCG Standard Operating Procedure (SOP) for the Special Allocation Scheme Appeal Panel

9.7 TS presented the BSW CCG SOP for the SAS Appeal Panel for approval, which had been refreshed following a change in national guidance.

9.8 The Committee **approved** the BSW CCG Standard Operating Procedure for the Special Allocation Scheme Appeal Panel.

9d. BSW COVID-19 Response Primary Care Offer

- 9.9 The wider primary care offer guidance, expectations of activity and payment arrangements for the next financial year had not yet been released. Recent national meetings and webinars have alluded to business as usual from 1 April 2021, including the requirement to meet all activity targets through payment by results. A BSW proposal would be prepared and shared with the Committee once the national direction was finalised.

Primary Care Premises:

9e. Minor Improvement Grants 2020-22

- 9.10 The report detailed the approach taken as part of the Minor Improvement Grant bid process for 2020-21 and 2021-22, and the criteria used to prioritise requests, ensuring they were in line with national direction and estates planning.
- 9.11 PCNs first discussed detailed bids before agreed and development commenced, particularly if it was to have a wider impact on the area. The majority of schemes did not have an ongoing revenue impact. The paper included a list of those practices supported through the process. Due to COVID, a number of schemes had been difficult to progress and would therefore carry over at year end. PCN discussions will be required to ensure assumptions are agreed prior to development for major schemes that have a wider impact on the area.
- 9.12 The Committee:
- Noted** the Minor improvement Grants process and supported bids.
 - Supported** the approach of the primary care and finance teams to manage minor improvement grants within approved limits as necessary over year end.
 - Supported** the principle of approval of additional GMS rent due to premises expansions funded by minor improvement grants (subject to finance team budget approval).

9f. Patford House Additional Revenue Request

- 9.13 The report detailed the request from Patford House Partnership for an increase in revenue funding to reflect the additional space to be occupied in the new premises, which included additional rent and legal fees. These were within the parameters of the agreed support provided by the CCG for such fees.
- 9.14 The Committee **approved** the increase cost of £15,810 plus VAT for:
- increased revenue of £5,810 plus VAT for an increase in floor area from 714m² NIA to 812.5m² NIA and increase in parking space from 45 up to 55 plus 1 ambulance bay (equivalent to 2 parking spaces)
 - increase in legal fees of £5,000 from £15,000 to £20,000
 - increase in tenant's surveyor fees of £5,000 from £15,000 to £20,000

9g. Victoria Cross Branch Surgery (Eldene Health Centre) move to Eldene Surgery

- 9.15 The request concerned the move of Eldene Health Centre GP branch site of Victoria Cross Surgery to Eldene Surgery, also run by Victoria Cross Surgery. The CCG continued to support this practice in particular as a result of the transfer of contract from IMH, and the underlying agreement already in place to support some costs.
- 9.16 The Committee:
- Approved** the move of Eldene Health Centre branch Surgery of Victoria Cross into Eldene Surgery.
 - Approved** CCG financing of the 34% Eldene Health Centre branch Surgery of Victoria Cross cost of the Minor Improvement Grant

- c. **Approved** CCG funding of the revenue costs of four new GMS space rooms within Eldene Surgery building.
- d. **Approved** the CCG underwriting of the lease for the new GMS space of 4 rooms for Eldene Health Centre branch surgery within Eldene Surgery, in line with the existing S96 arrangement for Eldene Surgery (with a break clause option at years 5 and 10 to mitigate any risk that the additional space would not be required longer term). As part of the original transfer, the CCG agreed to underwrite the lease in the event that the sole partner chose to exit.
- e. **Approved** £20k of funding to be held as a contingency to help support any one-off funding required to enable the vacant space in Eldene Health Centre to be fully utilised by the GWH, to prevent any future void liabilities for the CCG being incurred.

9h. The Lawn Medical Centre New Lease Request

- 9.17 The Lawn Medical Practice was requesting a new 20-year lease with their landlord Primary Health Properties (PHP). The District Valuer (DV) was requested to provide a Valuation Report for the proposed improvements and new lease for Lawn Medical Centre. The DV recommendations have been taken into account.
- 9.18 The Committee **approved** The Lawn Medical Practice new 20-year lease subject to:
 - a. The initial rent for a new 20 - year lease (not including any service charge) is no more than £113,500pa.
 - b. The lease terms between the practice and the landlord are updated and agreed and to include break clauses.
 - c. In line with the Premises Cost Directions, The Lawn Medical Centre and Priory Road Medical Practice's take over the cost of the service charge for the boiler and lift. The CCG to give 6-12 months' notice that the existing arrangement will cease.

9i. General Medical Services Expansion Programme within existing Three Chequers Medical Practice

- 9.19 It was noted that SD is a GP Partner at Three Chequers Medical Practice and therefore had a direct conflict of interest in this item. It was agreed that SD could remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision-making.
- 9.20 The request from Three Chequers Medical Practice concerned the extension to Winterslow and Porton sites and for a rent reimbursement. Additional GMS space was required following the closure of the St Ann's site in 2020.
- 9.21 The Committee **approved** the rent reimbursement to Three Chequers Medical Practice for additional space in Winterslow and Porton branch surgeries – 73.4 m² at a cost of £9,248.

BaNES Resilience

9i. Health Inequalities Budget – Proposal for BaNES Practices'

- 9m. University Medical Centre resilience funding for atypical patient population**
- 9n. GP practices serving significant student populations**

- 9.22 BSW PCOG had considered these three requests relating to resilience support for BaNES practices. The recommendations have been amended to reflect PCOG discussion and for support to be limited to 12 months whilst a review of practice income and services provided (to specifically include deprivation, population weighting and other resilience arrangements) was undertaken to ensure equity. Amended recommendations were summarised in the paper.
- 9.23 Consideration was being given to commission independent support to progress the review with input from the relevant teams, as there was not sufficient capacity in-house. The

review would also need to take into account the population health work. BB requested that the data concerning the wider impacts and factors of deprivation be considered in the review to ensure a broader overview and understanding. It was acknowledged that there was considerable work to do catch up across all areas and that a clear explicit work plan for the 12 months ahead for primary care was needed.

ACTION: Primary care work plan for 2021-22 to be brought to the next Committee meeting.

9.24 The Committee:

- a. **Approved** the extension of St Michaels premium protection for a further 12 months non-recurrently whilst a review is undertaken to understand levels of deprivation across BSW, evaluate the financial impact of introducing the BSW LCS on Practices with high deprivation levels and agree next steps if practices experience resilience issues as a consequence of their safeguarding workload.
- b. **Approved** the investment of the remaining annual budget of £150k to fund the BSW safeguarding LCS in BaNES and additional BSW LCS in the BaNES locality as they are introduced in 21/22.
- c. **Approved** the continuation of the historic support to UMC with an annual resilience payment of £127,804 non-recurrently for 12 months from 1 April 2021 whilst a review is undertaken across BSW of GP Practices that have atypical populations that are disadvantaged by the Carr-Hill formula.
- d. **Approved** payment through a S96 agreement from the BaNES delegated budget.
- e. **Approved** the suspension of list size adjustments in Q4 2020-21 for Fairfield Park Health Centre and University Medical Centre. This would be at a cost of £5,671 and £19,551 respectively.

(15:10hrs – RG left the meeting – the Committee was no longer quorate)

Personal Medical Services (PMS) (item moved)

9j. **PMS Growth Reinvestments**

9k. **PMS Review of BaNES Contracts**

9.25 JR presented the report, which indicated the PMS growth reinvestments made in each locality to provide assurance to the Committee.

9.26 The Committee **noted** the report and the reinvestments to primary care budgets.

10 Primary Care Quality Report

10.1 The Committee **received and noted** the report, which provided an update on serious incidents, patient experience and priorities for the team. It was acknowledged that the Quality Team had been depleted over recent months in order to support the vaccination programme.

11 Finance Report

11.1 The Committee **received and noted** the report. This presented the primary care financial position as at month 10, of which £5.2m was favourable against budget.

12 Primary Care Risk Register

12.1 The Committee **received and noted** the report, which provided detail of the primary care risks held on the CCGs corporate risk register, updated to reflect the current risks of demand and capacity across primary care in BSW.

ACTION: Vaccination programme and reputational risk to be considered for the register.

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

- 13.1 The Committee **noted** the Committee meeting dates for 2021-21 and the forward plan.
- 13.2 Comments, additions or amendments to the Committee forward plan, particularly regarding Seminar discussion topics, should be sent through to the Chair.

14 Any Other Business

- 14.1 There being no other business, the Chair closed the meeting at 15:17hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 15 April 2021:

Name:

Role:

Signature:

Date:

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

Updated following meeting on **11/03/2021**

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
28/07/2020 <i>(Originally discussed during PCCC Private Session)</i>	Heart of Bath Lease	CCG to consider set principles and framework in relation to payment of legal fees and professional fees.	John Ridler	Update 29/03/2021: Agreed for action to be transferred to the PCCC public action tracker and for the item to be presented to the June Committee meeting.	ONGOING
11/03/2021	9. Primary Care Operational Group Recommendations for Discussion and Approval	Primary care work plan for 2021-22 to be brought to the next Committee meeting.	Richard Smale, Jo Cullen, Tracey Strachan	Noted on the meeting planner for April 2021.	COMPLETED
11/03/2021	12. Primary Care Risk Register	Vaccination programme and reputational risk to be considered for the register.	Sharon Woolley	Item passed on to Yvonne Knight for the Risk Management Panel to consider for the CCGs Corporate Risk Register.	CLOSED

BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: **11/03/2021**

NAME OF THEME	DATE	ACTION / NOTE
Primary Care Communications	25-Jun-20	Agreed to move this from the action tracker and record as a theme to watch to ensure good communications remain in place. A deep dive may be undertaken following the COVID-19 pandemic.
Primary Care Wellbeing	10-Dec-20	Agreed to add this to the themes to watch list, to consider what support the CCG could provide to practices to bring wellbeing up the agenda.

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

Report Title	BSW CCG Primary Care Commissioning Committee Terms of Reference					Agenda item	6
Date of meeting	15 April 2021						
Purpose	Approve	x	Discuss		Inform		Assure
Executive lead, contact for enquiries	Richard Smale - Director of Strategy and Transformation Sharon Woolley – Board Secretary						
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality
This report was reviewed by	Suzannah Power – Lay Member and Chair of PCCC Richard Smale - Director of Strategy and Transformation Jo Cullen – Director of Primary Care Tracey Strachan - Deputy Director of Primary Care						
Executive summary	<p>Good governance suggests that Terms of Reference are reviewed annually to ensure that the Committee's activities in support of the CCG are carried out in accordance with the law, governance and policy to achieve probity, accuracy, economy, efficiency and effectiveness.</p> <p>The BSW CCG Primary Care Commissioning Committee terms of reference have been reviewed and only one very minor formatting amendment made, as shown via tracked changes.</p> <p>The Committee's Terms of Reference were reviewed in detail last April on the formation of the BaNES, Swindon and Wiltshire CCG, and there have been no legislative or other changes in the interim that need reflecting.</p>						
Equality Impact Assessment	N/A						
Public and patient engagement	N/A						
Recommendation(s)	The Committee is asked to review and agree the terms of reference, and to recommend these to the Governing Body for approval.						

Report Title	BSW CCG Primary Care Commissioning Committee Terms of Reference					Agenda item	6	
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	N/A							
Impact on finance	N/A							
	Finance sign-off: N/A							
Conflicts of interest	N/A							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

DRAFT BSW CCG Primary Care Commissioning Committee

Terms of Reference

1. Introduction

- 1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 1 to these Terms of Reference to the Bath and North East Somerset, Swindon and Wiltshire (BSW) CCG.
- 1.3 The CCG has established the Bath and North East Somerset, Swindon and Wiltshire (BSW) CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

2. Statutory Framework

- 2.1 NHS England has delegated to the Bath and North East Somerset, Swindon and Wiltshire (BSW) CCG ('the CCG') authority to exercise the primary care commissioning functions set out in Schedule 1 to these Terms of Reference in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG. Currently the terms of payment ensure that the CCG does not undertake expenditure before such time as it has received the payment of funds set aside for the CCG's delivery of the delegated authority to commission primary care services.
- 2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - i. Management of conflicts of interest (section 14O);
 - ii. Duty to promote the NHS Constitution (section 14P);
 - iii. Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - iv. Duty as to improvement in quality of services (section 14R);
 - v. Duty in relation to quality of primary medical services (section 14S);

- vi. Duties as to reducing inequalities (section 14T);
- vii. Duty to promote the involvement of each patient (section 14U);
- viii. Duty as to patient choice (section 14V);
- ix. Duty as to promoting integration (section 14Z1);
- x. Public involvement and consultation (section 14Z2).

2.4 The CCG exercises the delegated functions from NHS England in accordance with the relevant provisions of section 13 of the NHS Act.

2.5 The Committee is established as a committee of the BSW CCG Governing Body in accordance with Schedule 1A of the NHS Act.

2.6 The Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 This Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in BSW, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and BSW CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following:

3.4.1 To oversee GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

3.4.2 To oversee newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);

3.4.3 To design local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

3.4.4 To make decisions on whether to establish new GP practices in the BSW area;

3.4.5 To approve practice mergers in the area;

3.4.6 To make decisions on ‘discretionary’ payment (e.g., returner/retainer schemes);

3.5 The CCG will also carry out the following activities:

- 3.5.1 To plan, including needs assessment, primary medical care services in BSW;
- 3.5.2 To undertake reviews of primary medical care services in BSW;
- 3.5.3 To co-ordinate a common approach to the commissioning of primary care services generally;
- 3.5.4 To manage the budget for commissioning of primary medical care services in BSW;
- 3.5.5 To develop and deliver a primary medical care strategy for the CCG, including consideration of training, recruitment and retention of primary care practitioners in the BSW area;
- 3.5.6 To maintain and deliver an integrated primary and community care estates strategy across the CCG, liaising with the CCG's Finance Committee to ensure appropriate fit with the CCG's overarching estates strategy;
- 3.5.7 To maintain oversight and continually review the CCG's 'Primary Care Offer';
- 3.5.8 To carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act;
- 3.5.9 To assist and support NHS England in discharging its duty under section 13E of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) so far as relating to securing continuous improvement in the quality of primary medical services;
- 3.5.10 To work with NHS England to agree rules for areas such as the collection of data for national data sets, equivalent of what is collected under QOF, and IT intra-operability;
- 3.5.11 To consult with Local Medical Committee on any proposed new incentive schemes, and demonstrate improved outcomes, reduced inequalities and value for money;
- 3.5.12 To approve the arrangements for discharging the group's statutory duties associated with its GP practice commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation;
- 3.5.13 To vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances.

3.6 The responsibilities remaining with NHS England (Reserved Functions) are:

- 3.6.1 The management of the national performers list;
- 3.6.2 The management of the revalidation and appraisal process;
- 3.6.3 The administration of payments in circumstances where a performer is suspended and related performers list management activities;
- 3.6.4 The Capital Expenditure functions, decision making;
- 3.6.5 Section 7A functions under the NHS Act (public health programmes/services);

3.6.6 Functions in relation to complaints management;

3.6.7 Such other ancillary activities that are necessary in order to exercise the Reserved Functions.

4. Geographical coverage

4.1 The Committee's geographical coverage is the BSW area, i.e. the area coterminous with the Bath and North East Somerset Council, the Borough of Swindon plus Shrivenham, Wiltshire Council, and Silton Surgery, The Surgery, Gillingham Road, Gillington, Wiltshire, SP8 5DF, and Sixpenny Handley, Dean Lane, Sixpenny Handley, Salisbury Wiltshire, SP5 5PA.

5. Membership¹

5.1 The members of the Committee shall be appointed by the CCG's Governing Body. The following are members of the Committee, i.e. they have the right to receive meeting documents and to vote:

- i. Three Lay Members of the BSW CCG Governing Body, excluding the Lay Member – Audit and Governance;
- ii. The CCG's Accountable Officer;
- iii. The CCG's Chief Financial Officer;
- iv. The CCG's Director of Strategy and Transformation;
- v. The Registered Nurse of the CCG's Governing Body;
- vi. The CCG's Director of Primary Care;
- vii. The CCG's Medical Director.

5.2 The Lay Member (PCC) will be the Chair of the Committee.

5.3 The Lay Member (PPE) will be the Vice Chair of the Committee.

5.4 To ensure sufficient clinical input while managing conflicts of interest, the CCG Governing Body may invite up to three retired GPs or out-of-area GPs to attend Committee meetings in an advisory capacity, i.e. they may receive meeting documents and participate in discussions, but cannot participate in the Committee's decision-making and must not vote.

5.5 The three Locality Clinical Lead Members of the CCG Governing Body, and the five Locality Healthcare Professional members of the CCG Governing Body, drawn from member practices, may attend Committee meetings in an advisory capacity, i.e. they may receive meeting documents and participate in discussions, but cannot participate in the Committee's decision-making and must not vote.

5.6 The following receive a standing invitation to attend meetings of the Committee, including, where appropriate, for items where the public is excluded for reasons of confidentiality:

- i. Representatives from HealthWatch Bath and North East Somerset, HealthWatch Swindon, and HealthWatch Wiltshire;
- ii. Representatives from the Bath and North East Somerset, Swindon, and Wiltshire Health and Wellbeing Boards;
- iii. A representative from Wessex LMC;

¹ Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*, <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/>. This includes the requirement for a lay member Chair, and a lay member Vice Chair, of the Committee.

- iv. The Director of Commissioning, NHS England South Central;
- v. The Head of Primary Care, NHS England South Central;
- vi. Public sector patient representatives.

These attendees may receive meeting papers but cannot participate in the Committee's decision-making and must not vote.

- 5.7 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.

6. Quorum

- 6.1 A quorum shall be 5 members, including a majority of Lay Members and Executives.

- 6.2 If the meeting becomes inquorate, at the discretion of the Chair

- i. the meeting may be suspended and business be transacted at the next quorate meeting;
- ii. a decision may be taken in principle, to be ratified at the next quorate meeting;
- iii. a decision may be taken outside the meeting by email, telephone or any other electronic means, observing the quoracy rule.

7. Frequency and conduct of meetings

- 7.1 Meetings will normally be held in each quarter of the CCG's business year, and otherwise as required.

- 7.2 Committee meetings will be conducted in accordance with the BSW CCG's Constitution and Standing Orders.

- 7.3 Meetings of the Committee shall be held in public, unless the Committee resolves to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

- 7.4 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

- 7.5 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

- 7.6 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 7.7 After each of its meetings, the Committee will present its minutes to the CCG's Governing Body and NHS England (South Central) for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 7.5 above.
- 7.8 The CCG will also comply with any reporting requirements set out in its Constitution.
- 7.9 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the CCGs' Governing Bodies' attention and / or executive decision making.
- 7.10 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 Committee's decision making by email, should this be required to expedite an urgent decision.
- 7.11 If for any reason the Chair is not present 15 minutes after the scheduled meeting start and no delegate was nominated in advance of the meeting, the members shall agree one from their midst to chair the meeting on this occasion, subject to provision 4.7 . Such arrangements shall be recorded in the meeting minutes. The Committee shall conduct its business as usual, provided the meeting is quorate.
- 7.12 In the event an urgent decision of the Committee is required, the request will be communicated to the Committee Chair and the Chief Executive. The Committee Chair may share papers by email to the members of the Committee, and request the agreement of the Committee Members within a specified period of time. Quoracy rules as set out in point 6 apply. If agreement is reached within the time period, the Chair will record the decision and report it at the next meeting of the Committee.

8. Voting

- 8.1 The Committee will aim to achieve consensus decision-making wherever possible. Each member of the Committee shall have one vote. Provided the meeting is quorate, the Committee 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.

9. Authority

- 9.1 The Committee has authority to commit resources and make financial decisions in line with the CCG's delegated financial limits.
- 9.23 For the avoidance of doubt, in the event of any conflict between the terms of the Delegation, the Terms of Reference of this Committee, the CCG's Standing Orders, or the CCG's Standing Financial Instructions, the Delegation Agreement will prevail for the functions delegated by NHSE.

10 Procurement of Agreed Services

- 10.1 The detailed arrangements regarding procurement are set out in the delegation agreement between NHS England and the CCG.

10.2 The committee must comply with public procurement regulations and with statutory guidance on conflicts of interest. If the Committee is found to have breached public procurement regulations and/or statutory guidance on conflicts of interest, NHS Improvement may direct the CCG or NHSE to act. NHS England may, ultimately, revoke the CCG's delegation.

10.3 If the committee fails to secure an adequate supply of high quality primary medical care, NHS England may direct the CCG to act.

11. Decisions

11.1 The Committee will make decisions within the bounds of its remit.

11.2 The decisions of the Committee shall be binding on NHS England and the BaNES, Swindon and Wiltshire CCG.

12. Secretary

12.1 The Corporate Office shall provide the secretariat to the Committee, and the secretariat shall:

- Ensure that the Committee receives the resources and support it needs to fulfil its role;
- Ensure timely provision of meeting papers / materials to Committee members, normally 5 business day before a meeting;
- Record in formal minutes the business transacted and decisions taken by the Committee;
- Ensure that appropriate mechanisms are in place to ensure the flow of information to and from the Committee, including the Committee's reporting to the Governing Body;
- Advise the Committee on matters of good governance practice, in view of relevant guidance.

13. Review

13.1 The Committee will review its performance and these terms of reference annually, to ensure the Committee fulfils its functions effectively. The Committee will recommend to the CCG's Governing Body any amendments it considers necessary to ensure it continues to discharge its business effectively.

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	BSW Primary Care Work Plan 2021-22						Agenda item	7
Date of meeting	15 April 2021							
Purpose	Approve		Discuss	X	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	Proposal based on previous Primary Care Strategy widely shared with PCCC and LMC							
Executive summary	<p>The Primary Care Strategy for BSW (updated October 2019) informed the development of the ambition, objectives and plans for Primary Care Development within the context and framework of the emerging BSW Long Term Strategic Delivery Plan.</p> <p>Not all the identified priorities identified have been delivered during 2020/21; however, the focus on the Covid19 response has demonstrated primary care achievements across the last year.</p> <p>The proposed plan for 2021/22 are set out:</p> <ul style="list-style-type: none"> • Recovery/restoration of primary care • Planning/preparation • ICS transition • PCN development • Local Commissioned Services review • Estates • Digital development • Workforce development and expansion 							
Equality Impact Assessment	To be completed on confirmation of work plan and priority areas.							
Public and patient engagement	N/A							

Report Title	BSW Primary Care Work Plan 2021-22	Agenda item	7
Recommendation(s)	1. The Committee is asked to review and confirm the Work Plan and priorities for primary care for 2021/22		
Link to Board Assurance Framework or High-level Risk(s)	Primary Care risks are included upon the BSW risk register and reviewed at each Primary Care Commissioning Committee.		
Risk (associated with the proposal / recommendation)	High		Medium
			Low
			X
			N/A
Key risks	Need to confirm the priority areas for the work programme with lead and timescales in order to recover and restore primary care services, whilst completing the Covid Vaccination programme and preparing for the ICS transition ensuring Primary Care Networks are the building blocks for local care integration		
Impact on quality	There is now national expectation that primary care can reinstate "Business As Usual" and continue to deliver the ongoing Covid Vaccination programme.		
Impact on finance	None		
	Finance sign-off:		
Conflicts of interest	None known		
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input checked="" type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input checked="" type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Primary Care Work Plan 2021/22

The Primary Care Strategy for BSW (updated October 2019) informed the development of the ambition, objectives and plans for Primary Care Development within the context and framework of the emerging BSW Long Term Strategic Delivery Plan. The Strategy was shared with, and influenced by, key stakeholders across BSW including the LMC and the Primary Care Commissioning Committee in Common.

1. BSW Vision for Primary Care

Our vision is to provide, patient-centred, sustainable, responsive, high-quality Primary Care services that support our population to live longer, healthier lives

Aligned to our wider priorities to achieve this we will ensure that:

- Population health data is used by Primary Care Networks to understand in their populations' needs and design interventions to meet them, acting early to keep people well.
- Local services will be provided by Primary Care Networks working in an integrated way with other providers, such as community services, acute, mental health and social care practitioners to meet the needs of their populations
- Improvements in access to primary care and greater integration and joint care planning improve the management of patients with long term conditions reducing the pressure on emergency hospital services
- Investment in technology and innovation acts as an enabler to deliver new models of care. Supported by health promotion, technology will also enable patients to take control of their wellbeing, self-care where appropriate and seek expert advice from a health care professional when needed
- Our primary care workforce will be supported to develop and build on their existing skills and experience, and lead the improvement of care for patients to meet their current and future needs

In January 2019, the NHS Long Term Plan outlined the ambition for Integrated Care Systems (ICSs) to cover the whole country by April 2021 to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.

The priorities identified:

Improving the health of the population - using population health management, empowering self-care and engaging with patients and the public on the changes to services.

Developing Sustainable Communities - become a fully functioning Integrated Care System (ICS) by the end of 2020/21. At the heart of this would be three place base locality systems within BSW. Sitting within the localities, a number of Primary Care Networks, which working closely with community teams, mental health services and adult social care create integrated teams to deliver improved services for people.

Sustainable Secondary Care Services - ensure that primary and community care services are aligned to support these.

Transforming Care across BSW - focusing on Mental Health, Maternity and Outpatient Services. To support these and other developments we will support primary care to develop plans to transform digital approach and seek opportunities to develop the primary care estate.

Creating Strong Networks of health and care professionals to deliver the NHS Long Term Plan and BSW's Operational Plan - PCN development and engagement in Long Term Plans.

The key deliverables agreed to be the focus through the three locality PCOGs:

- ❖ **PCN development**
- ❖ **Primary care digital**
- ❖ **Workforce**
- ❖ **Estates**
- ❖ **Extended Access Services across BSW**
- ❖ **2020-2022 review of enhanced services across BSW**

2. Progress during 2020/21

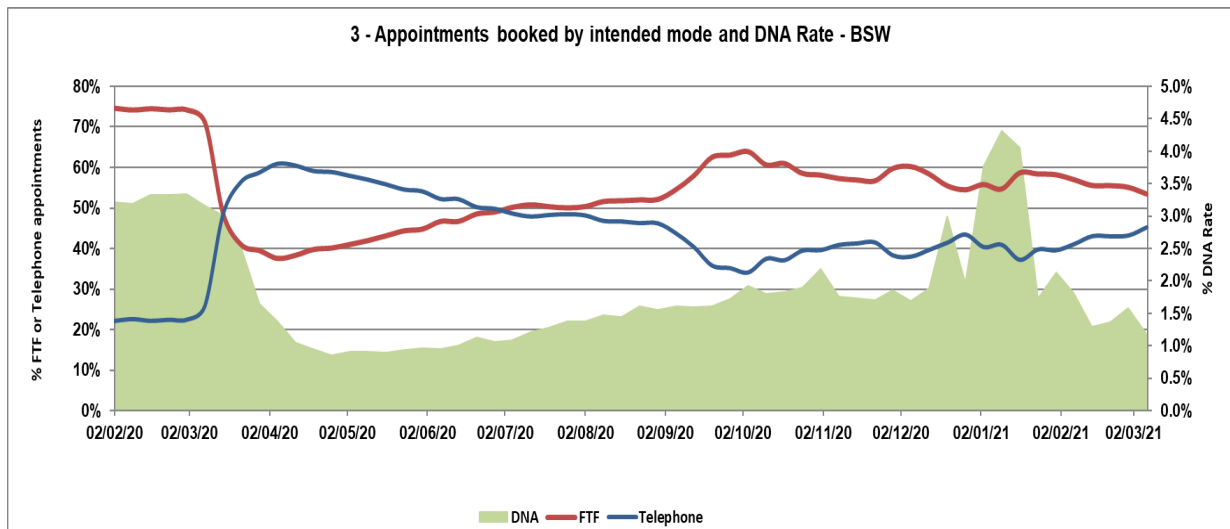
Not all the identified priorities identified have been delivered during 2020/21; however, the focus on the Covid19 response has demonstrated primary care achievements across the last year.

The national ***Standard Operating Procedure for General Practice*** in the context of Covid19 was published in March 2020, and then was updated throughout the year throughout the phases of the pandemic response. This set out national guidance on PHE infection prevention and control guidance; emergency GMS Directions (for general practice to be open over Easter and Bank Holidays in 2020); and managing patients with Covid-19 remotely wherever possible in order that Primary Care continued to play its vital role in supporting patients with other long term and acute symptoms. Across BSW, arrangements were mobilised for Hot Hub models (one central service for both BaNES and Swindon, and a number of sites across Wiltshire) to be able to maintain a safe services for patients and staff.

Communication with primary care was maintained across BSW via webinars following a survey in July 2020 - these were BSW wide, locality, PCN and CD, and Practice Manager specific. Weekly primary care bulletins were circulated up to three times a week. Laterally weekly PCN meetings were held, focussed on the vaccination programme.

The ***BSW Covid Response Primary Care Offer*** approved by Governing Body in August 2020 so that funding uncertainties did not influence any clinical decision making and practices were able to repurpose resources to respond to the demand over the remainder of the year and prioritise care that is deemed to be clinically necessary, relevant and possible. This proposal contributed to patient safety, clinical effectiveness and patient experience by maintaining the focus on the key cohorts of patients with practice teams proactively addressing health needs that may have gone unmet, increased or developed during the pandemic, including health inequalities and mental health issues.

Digital transformation has been remarkable over the past year with primary adapting very quickly to other modes of consultation including online and by phone. Weekly summary reports have been published by BSW and localities by PCN. The summary report for 13.03.21 shows the practice appointments by appointment mode.



GP Covid Expansion Funds (November 2020) set against delivery of seven national priorities. The Covid Oximetry @ Home services were mobilised across BSW in November 2020. Payment of the full funding was made to general practice in 20/21.

Delivery of the **Flu Immunisation Programme 20/21** has been successful vaccinating 84.8% of over 65 year olds (national 80.8); 59.4% of at risk patients (national 52.5); 49.7% of pregnant women (national 43.7) and 68.1% of 2 and 3 years olds (national 56.5).

The Covid Vaccination Programme commenced in December 2020: 100% of BSW practices signed up to deliver the Enhanced Service for Cohorts 1-9, and mobilised 18 PCN led sites and via GWH hospital hub. As of the end of March, over 500,000 vaccinations have been delivered (including service from the large vaccination sites and community pharmacists).

Use of population health data and close working across Public Health and other partners have developed focussed local plans for vaccination of our BAME population and communities including boaters, travellers and rough sleepers.

The Enhanced Health in Care Homes (EHCH) implementation framework was published in March 2020 supporting the delivery of the minimum standard described in the Network Contract Directed Enhanced Service (DES) for 2020/21. A review was undertaken of the three Locality Care Homes Locally Commissioned Services was 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.

The **BSW Care Homes Locally Commissioned Service** was signed off by PCCC in October 2020.

Closure of two GP Practices in BaNES with dispersal of 7,400 patients across local practices on 31st March 2021. PCCC supported this proposal in October 2020.

3. Proposed Plan for 2021/22

3.1 Recovery/restoration of primary care – national expectation that primary care can reinstate “Business As Usual” and continue to deliver vaccination services.

Local proposal to agree a block agreement for Q1 for locally commissioned services to allow a planned and sustainable increase of services.

Lead: JC/TS by end June 21

3.2 Planning/preparation for the anticipated Wave 3 and ongoing further vaccination programme (booster/flu expansion)

Ongoing part of Vaccination Programme; and needs to link to this year’s influenza planning (led by Public health and IPC) and winter operational resilience and planning for any Wave 3 for 21/22.

Lead: Gill May (Exec Lead)

3.3 ICS transition – clarification on services/integration/budgets etc. as place/ICA based or ICS

Part of BSW ICS/ICA discussion and review of plans for delegation by NHSE/I

Lead: Richard Smale (Exec Lead)

3.4 PCN development and contracting (DES/Additional Roles Reimbursement) and Improved/Extended Access across BSW.

Lead: JC with COOs by end June 21

3.5 Local Commissioned Services review – to include population health management, inequalities, risk stratification and resilience requirements. Needs to tie in with wider place and system-based work; and review of provision of services commissioned from other providers (e.g. community services) in some areas – not included in financial or service level comparison. Current budget – historic position; distance from target; delegated and local; top-sliced funds (delegated & local); S96; previous Merger assurances and commitments (locality level budgets); principles of levelling up; new funds at BSW level and new services based on need/equity

Lead: JC with COOs by end September 21

3.6 Estates – PCN level strategies developed in an integrated way with community services and prioritised across the ICS.

Lead: JC with COOs by end September 21

3.7 Digital development – growth in online consultations, use of new technologies, agile workforce etc.

Lead: Caroline Gregory (Exec Lead) and Jason Young

3.8 Workforce development and expansion – training hub, joint/shared roles, integrated teams

Lead: Sheridan Flavin and Alison Kingscott (Exec Lead) with Training Hub

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Sarum South Primary Care Network Reconfiguration						Agenda item	9
Date of meeting	15 April 2021							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
This report concerns	BSW CCG		BaNES locality		Swindon locality		Wiltshire locality	X
This report was reviewed by	Proposal circulated to PCOG for comment							
Executive summary	<p>Sarum South Primary Care Network (PCN) have notified the CCG of their intention to split to form 2 PCNs:</p> <ul style="list-style-type: none"> • Sarum Trinity – Three Chequers, Whiteparish and Downton • Sarum Cathedral – Salisbury Medical Practice and Harcourt <p>Sarum South is currently one of the largest PCNs in BSW and despite the best efforts of all parties, it has become clear that working at this scale with one Board structure has made decision making unwieldy. This raises a risk that patient care may not be delivered as efficiently as possible in the future. Following discussion with all parties over recent weeks, it is proposed to split the PCN, and create two new entities that will have the recommended number of registered patients.</p> <p>The published PCN Contract Directed Enhanced Service from April 2021 documentation (published 31.03.21) states that PCNs with changes must notify the commissioner by 30 April 2021 to seek approval of those changes. If the proposal from Sarum South PCN to make changes were approved by PCCC, this would take effect for the DES, including the financial arrangements, effective from 1 April 2021.</p> <p>Sarum South PCN Board has recognised that they have been slow with decision making in the last two years and have had several changes (practice mergers, board, clinical directors, meeting</p>							

Report Title	Sarum South Primary Care Network Reconfiguration	Agenda item	9
	<p>structure etc.) which have failed to improve the PCN productivity. The intention is that as two smaller PCNs, they will be more reactive and be able to maximise the Additional Roles Reimbursement Scheme (ARRS), fulfil the requirements of the PCN DES and improve patient care across all five practices / both PCNs.</p> <p>Splitting into 2 PCNs brings both PCNs into the ideal size range (30-50k) with both being ~37k patients.</p> <p>There is a commitment from the member practices that the newly formed 2 PCNs will work with other local PCNs and partners within the Integrated Care Alliance development.</p> <p>The proposed configuration has the support of the LMC. There is wider support from other key organisations within the ICS.</p> <p>Some concerns have been raised about the impact on the local adult community team and the CCG will work with the new PCNs to minimise any disruption and to ensure there is no reduction in services to patients.</p>		
Equality Impact Assessment	There should be no impact to patients – the CCG will work with the two new PCNs to ensure no service reduction		
Public and patient engagement	N/A		
Recommendation(s)	1. The Committee is asked to approve the two new Primary Care Networks in Sarum South.		
Link to Board Assurance Framework or High-level Risk(s)	Primary Care risks are included upon the BSW risk register and reviewed at the Primary Care Commissioning Committee		
Risk (associated with the proposal / recommendation)	High		Medium
			Low
			X
			N/A
Key risks	<ul style="list-style-type: none"> • Potential for detrimental impact on locality community team and integration • Disruption for services provided from the PCN based ARRS funded additional roles • These risks will be mitigated through continued joint working 		
Impact on quality	Sarum South believe this configuration will improve their current effectiveness by reviewing and improving current governance structures and decision- making processes.		
Impact on finance	None		
	Finance sign-off: Steve Collins		X

Report Title	Sarum South Primary Care Network Reconfiguration	Agenda item	9
Conflicts of interest	<p>Dr Sam Dominey is a partner of Three Chequers Medical Practice and would be conflicted with this item.</p> <p>Dr Dominey will not be involved in the item discussion, and as a non-voter, will not be involved in the decision-making.</p>		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Wiltshire Primary Care Operational Group

Sarum South Primary Care Network Reconfiguration April 2021

- Executive Summary**

Sarum South have notified the CCG of their intention to split to form two PCNs (names TBC):

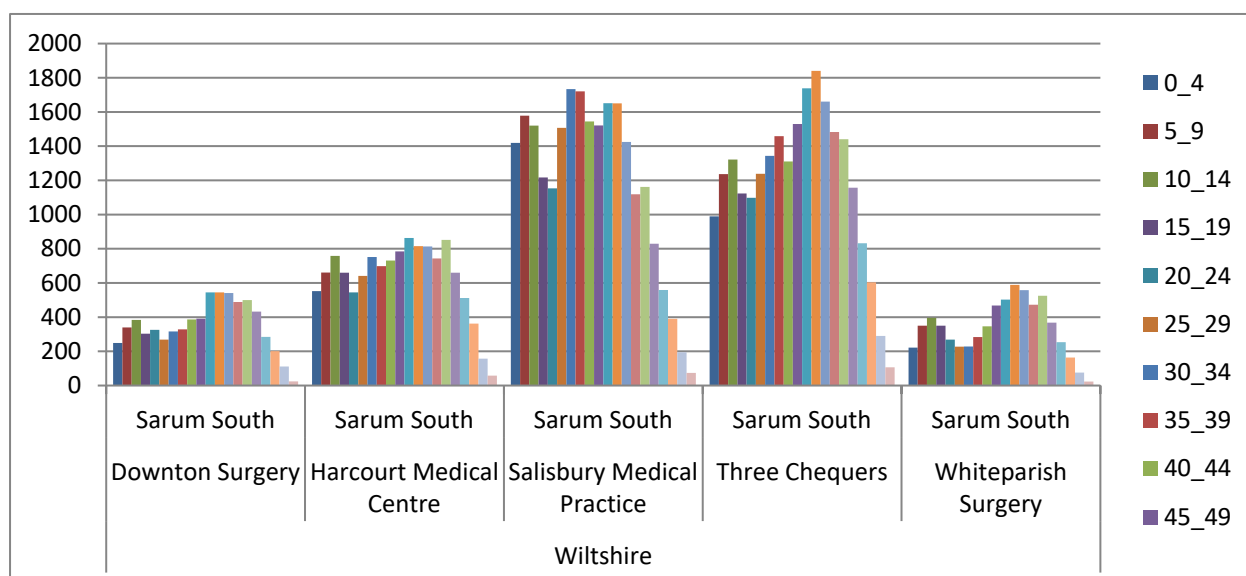
- Sarum Trinity – Three Chequers, Whiteparish and Downton
- Sarum Cathedral – Salisbury Medical Practice and Harcourt

Splitting into two PCNs brings both PCNs into the ideal size range (30-50k) with both being ~37k patients.

Table of registered patients: List Sizes at January 2021

Practice Name	PCN – Sarum South
Three Chequers	23802
Whiteparish	6673
Downton	6967
Total	37442

Practice Name	PCN - Sarum Cathedral
Salisbury Medical Practice	23969
Harcourt Medical Centre	12617
Total	36586



Sarum South is currently one of the largest PCNs in BSW and despite the best efforts of all parties, it has become clear that working at this scale with one Board structure has made decision making unwieldy. This raises a risk that patient care may not be delivered as efficiently as possible in the future. Following discussion with all parties over recent weeks, it is proposed to split the PCN, and create two new entities that will have the recommended number of registered patients.

The published PCN Contract Directed Enhanced Service from April 2021 documentation (published 31.03.21) states that PCNs with changes must notify the commissioner **by 30 April 2021** to seek approval of those changes. If the proposal from Sarum South PCN to make changes were approved by PCCC, this would take effect for the DES, including the financial arrangements, effective from 1 April 2021.

Sarum South PCN Board has recognised that they have been slow with decision making in the last two years and have had several changes (practice mergers, board, clinical directors, meeting structure etc.) which have failed to improve the PCN productivity. The intention is that as two smaller PCNs, they will be more reactive and be able to maximise the ARRS scheme, fulfil the requirements of the PCN DES and improve patient care across all five practices / both PCNs.

The biggest success for the existing Serum South PCN is the Cathedral Covid-19 vaccination service. They understand that the five practices / PCN grouping signed up for this as an enhanced service and will continue to deliver this as 5 practices for the remainder of the current ES i.e. Cohort 1-9 including second doses.

The PCN Board has agreed a timeline to ensure finances within the PCN are appropriately finalised. Any assets within the PCN will be split in a fair manner.

- .1 It is believed that this application meets the principles for the setup of a PCN through:
- Sense of community and place: The proposed configurations for the two PCNs make geographical sense for the constituent five practices, splitting covers the east and west of the city in a more appropriate manner and brings our PCNs in line with others locally from a size perspective.
 - Local Services are configured or will become configured in a way that will effectively support patient care services and flow: The configuration of the practices supports the geography of the two PCNs and will support further development of services and flow across the south of the County.
 - All 'viable'/'sensible' options in regard to working with additional practices/PCNs have been fully explored: Sarum South believe this configuration as their preferred position from April will improve their current effectiveness and support its development of governance and structure in the best way possible for this group of practices.
 - Full support from partners: The proposed configuration has the support of the CCG and the LMC. Support has been requested from other key organisations within the ICS, such as Salisbury Foundation Trust, Wiltshire Health and Care and Wiltshire Council.

2. Recommendation / Rationale

- 2.1 The CCG recommends that this application should be approved as:
- i) Sarum South has been one of the largest PCNs in BSW and there have been several changes over the last couple of years and merged GP Practices.
 - ii) There is a commitment by the newly formed two PCNs that they will work with other local PCNs and partners within the Integrated Care Alliance development.

3. Background / Statutory Considerations and Basis for Proposal

- 3.1 Sarum South came together in 2018, having previously worked as two separate localities (Cathedral and Clarendon). The proposed configuration is similar to the previous localities with the exception of Millstream Medical Practice, which will remain in Salisbury Plain PCN.

4. Other Options Considered

- 4.1 Remain as Sarum South – this was considered not viable due to the size of the population covered, the concerns with timely decision-making and the decision taken by the PCN Board to split.

5. Resource Implications

- 5.1 Funding from the Primary Care Offer (PCO) and Transforming Care of Older People (TCOP) has been used jointly across all practices in the PCN (except Downton) for the following projects:
- Integrated Older Persons Team
 - Locality Wide Admin Hub to support the Integrated Older Persons Team
 - Long Term Conditions Team concentrating on new consultation models for Diabetes patients
 - Downton projects
 - TCOP extension – virtual ward

These schemes have evolved and changed; and currently resources have been focussed on delivering the vaccination programme.

In addition, new staff have been appointed under the Additional Roles Recruitment Scheme (ARRS). These are all PCN based and decisions will be made about where they will be based from 1st April. Currently in post are:

- 6 Health and Wellbeing Coaches
- 7 Social Prescribing Link Workers
- 5 Clinical Pharmacists
- 1 First Contact Physiotherapist

6. Consultation

- 6.1 Formal consultation with Wessex Local Medical Committee and the Local NHSE office.
Informal consultation with SFT.

7. Risk Management

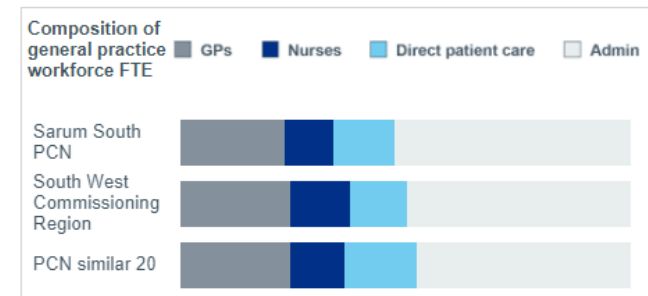
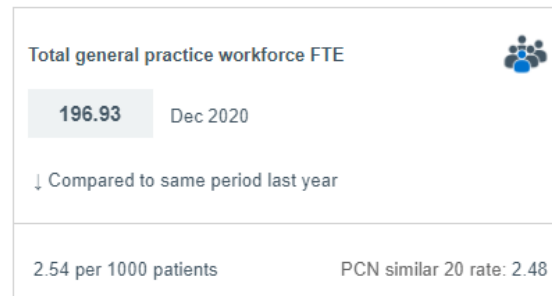
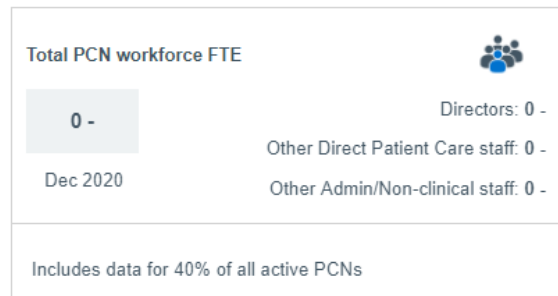
- 7.1 If this proposal is not given support, there is a risk that the current grouping of the PCN will not be able to operate and deliver effectively.
- 7.2 The establishment and development of the new PCNs will be supported through the primary care team within Wiltshire Locality (including GP Forward View leads, finance, quality, Training Hub); the Wiltshire Clinical Directors group and monthly meetings; the established South Wiltshire CD meeting supported by the Wiltshire Locality Chair; and the BSW wide PCN development sessions. Any specific needs identified by the PCN will be discussed and supported as appropriate.
- 7.3 There is a commitment by the newly formed two PCNs that they will work with other local PCNs and Partners within the Integrated Care Alliance development. This can be monitored through Wiltshire Alliance.

8. Next Steps

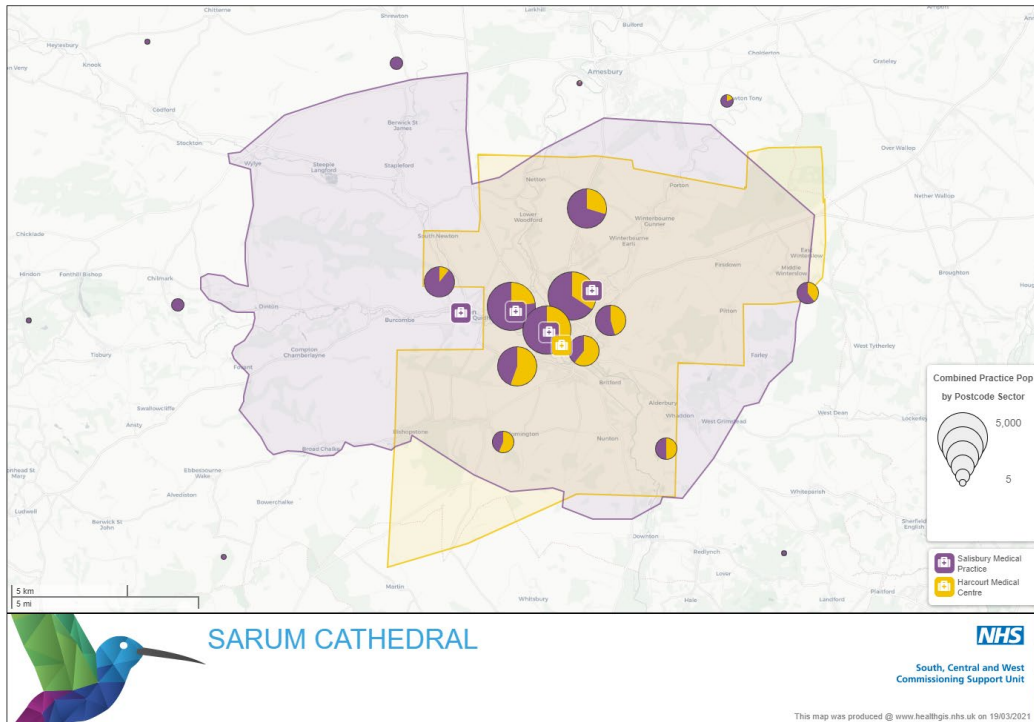
- 8.1 To recommend to the Primary Care Commissioning Committee that this application should be supported.

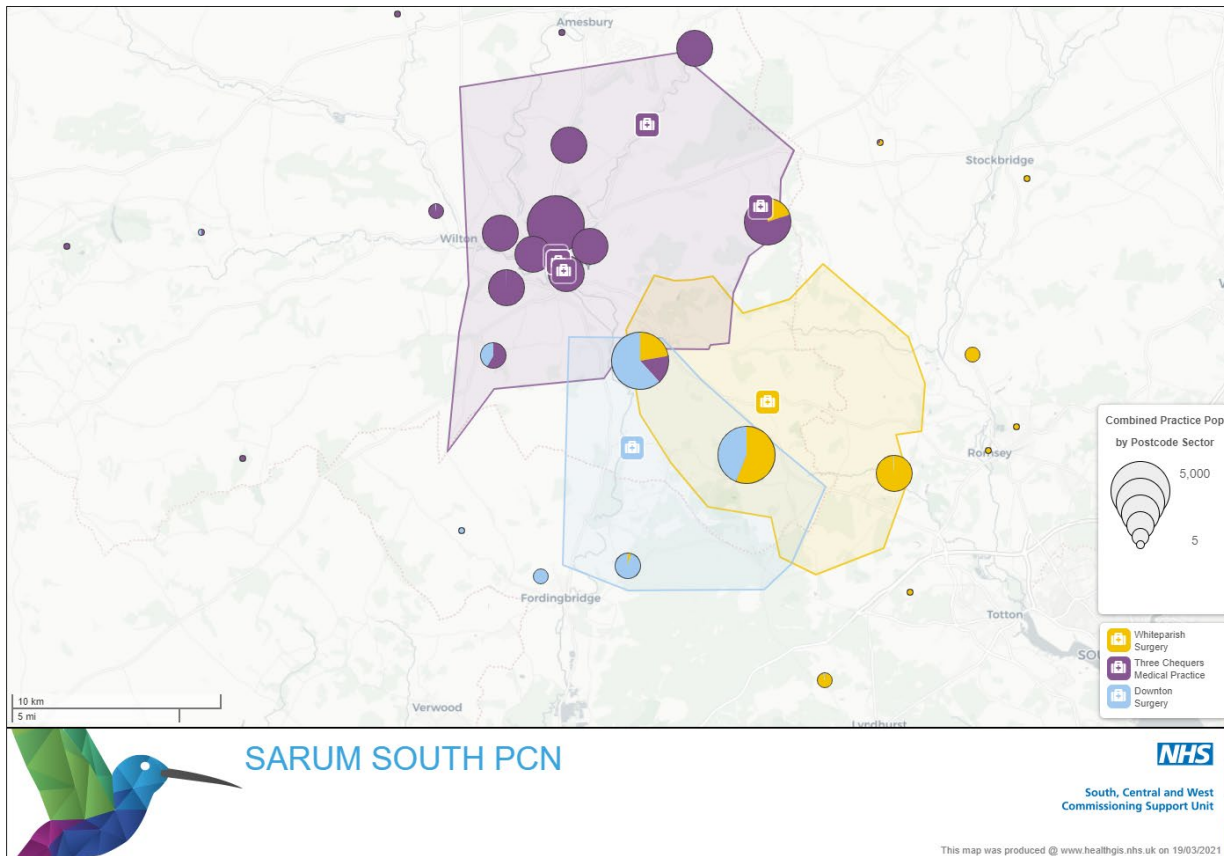
Appendix One - PCN Demographics and Achievements

Nov 2020	Number of GP practices in PCN	5	Mar 2021	Current registered population of P..	74,110	Mar 2020	Current weighted list size of PCN	75,766.3	Jan 2021	Index of multiple deprivation	Score: 13.73 Ranking: 950..
Mar 2020	Patients with very good experience of booking an appointment	32.61%	FY 2020/21	% total QOF points achieved	96.37%	2013 - 17	Life expectancy at birth	Male: 80.76 Female: 84.38			Number of care homes beds coming soon



Appendix Two – Future PCN Boundaries





Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Quality in Primary Care						Agenda item	10
Date of meeting	15 April 2021							
Purpose	Approve		Discuss		Inform		Assure	X
Executive lead, contact for enquiries	Gill May, Director of Nursing and Quality							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Ashley Windebank-Brooks							
Executive summary	<p>This report provides an overview of quality in primary care across BSW. Key highlights are:</p> <ul style="list-style-type: none"> - Primary care incident reporting (which is shared with the CCG) remains low. Medication errors continue to represent the most frequently reported incidents. - The Quality Team engage with Practice Manager Forums to understand blockages to reporting. - Themes from PALS and Complaints in February related mainly to communication and contacting practices. - Learning Disability Health Checks currently achieve 53.5% against a plan of 60%. Further work is needed to offer support to practices. - Priorities going forward include support to strengthen governance models, CQC support, promoting Freedom to Speak up and a positive safety culture 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked to note the report.							
Link to Board Assurance Framework or High-level Risk(s)								

Report Title	Quality in Primary Care					Agenda item		10
Risk (associated with the proposal / recommendation)	High		Medium		Low	X	N/A	
Key risks								
Impact on quality	This report provides an overview on quality in primary care across BSW.							
Impact on finance	N/A							
	Finance sign-off:							
Conflicts of interest	None							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

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

April 2021



Introduction

This report has been produced in the unprecedented context of the global COVID19 Pandemic. Some of the data in the report and the plans for quality in primary care are therefore effected. Feedback on this report, both in terms of content and style is warmly invited to ensure continued improvement.

The report moves on to provide an overview of information about patient safety, experience and effectiveness. Future versions of this report will include summaries of the Safeguarding and Infection Control work with practices.

Patient Safety- Incidents Process

The Quality Team have instigated a new approach to practices reporting incidents. All incidents are now reported to the NRLS under BSW CCG following the removal of each individual CCG from the system. Each practice reporting an incident now receives a phone call confirming receipt of the incident by the Quality Team. After the Quality Team has reviewed the incident, any queries regarding the incident, or pre or post incident patient care are requested from the practice. The Quality Team also support the practice with incidents noticed by the practice, but occurring during another providers care, and how to send these incidents to that providers.

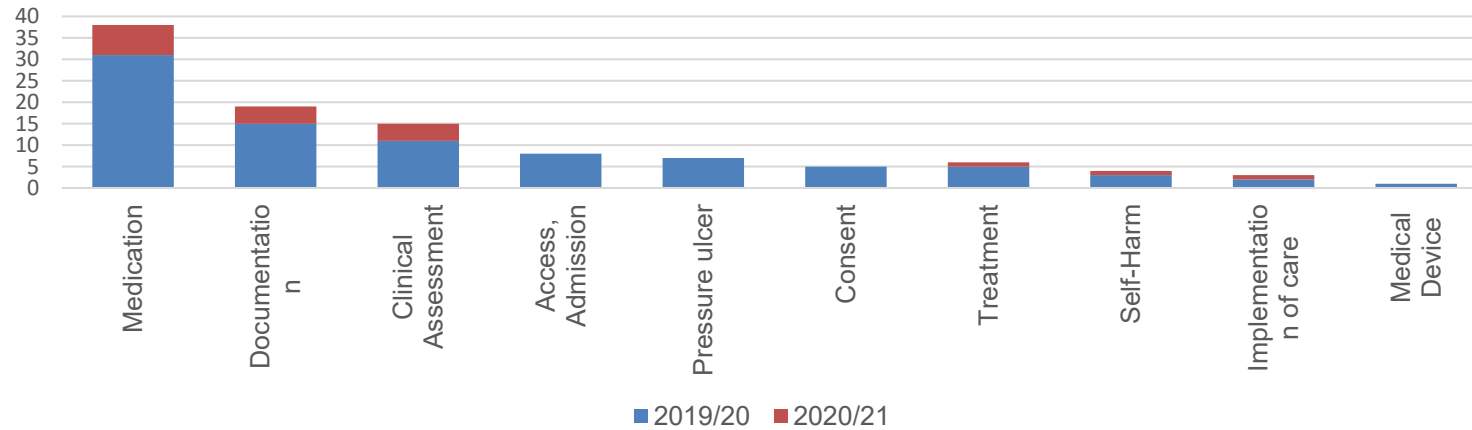
Case Study

Incident Description	Outcome and Learning
<p>Patient came to surgery to collect dosette box and was given two boxes prepared for another patient with the same name by different address.</p> <p>The receptionist was given the box by the dispenser who didn't confirm the patients address.</p> <p>The patient as taking the medications for two days being admitted to the hospital. The hospital informed the surgery of the error.</p>	<ul style="list-style-type: none">• Patients medication tables amended in consultation with the patients. One patients label now shows a nick name.• The dispensed medications are now kept in separate storage baskets in different units• The Standard Operating Procedure in place has been refreshed to show the changes made to the processes including what to do when two patients have similar names,• The patient made a full recovery

Patient Safety Incidents Reported by Primary Care

The charts on this page show the incidents reported by BSW practices from the beginning of 2019-20. Reporting across BSW is variable. The Quality Team have implemented a new process for supporting practices with incident reporting, incident investigation and opportunities will be established to share learning and expertise across PCNs and practices.

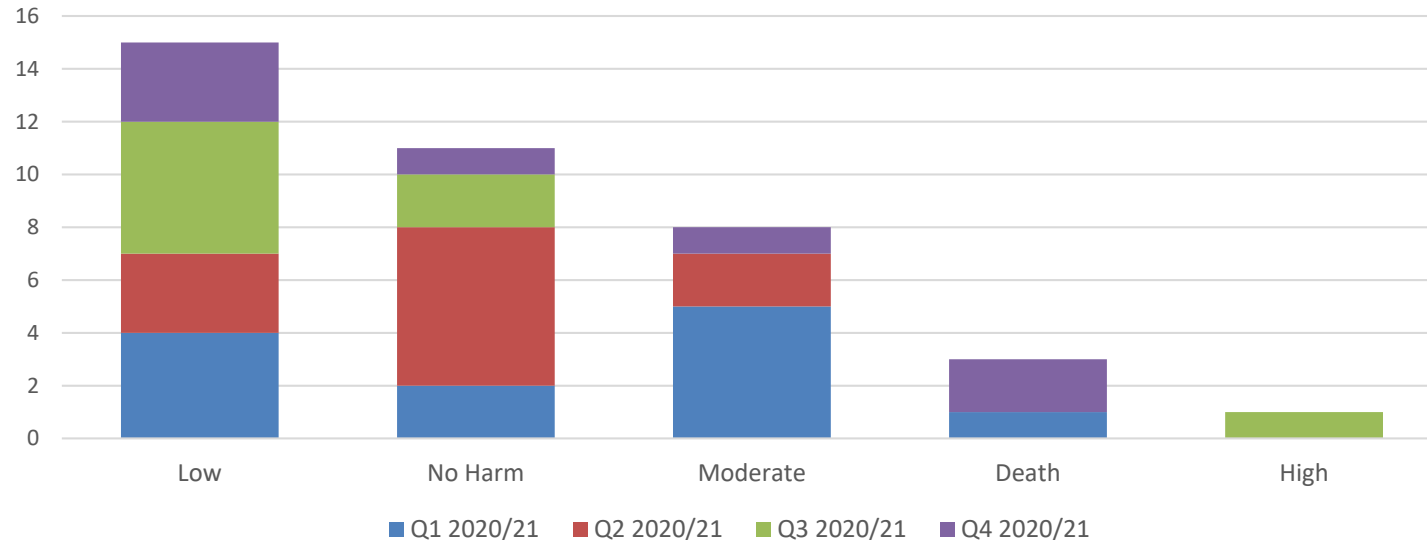
Incident Themes



Medication errors continue to represent the most frequently reported incidents. The Medicines Optimisation team support review of these incidents and provide advice and guidance. There have been no incidents directly reported in relation to COVID19.

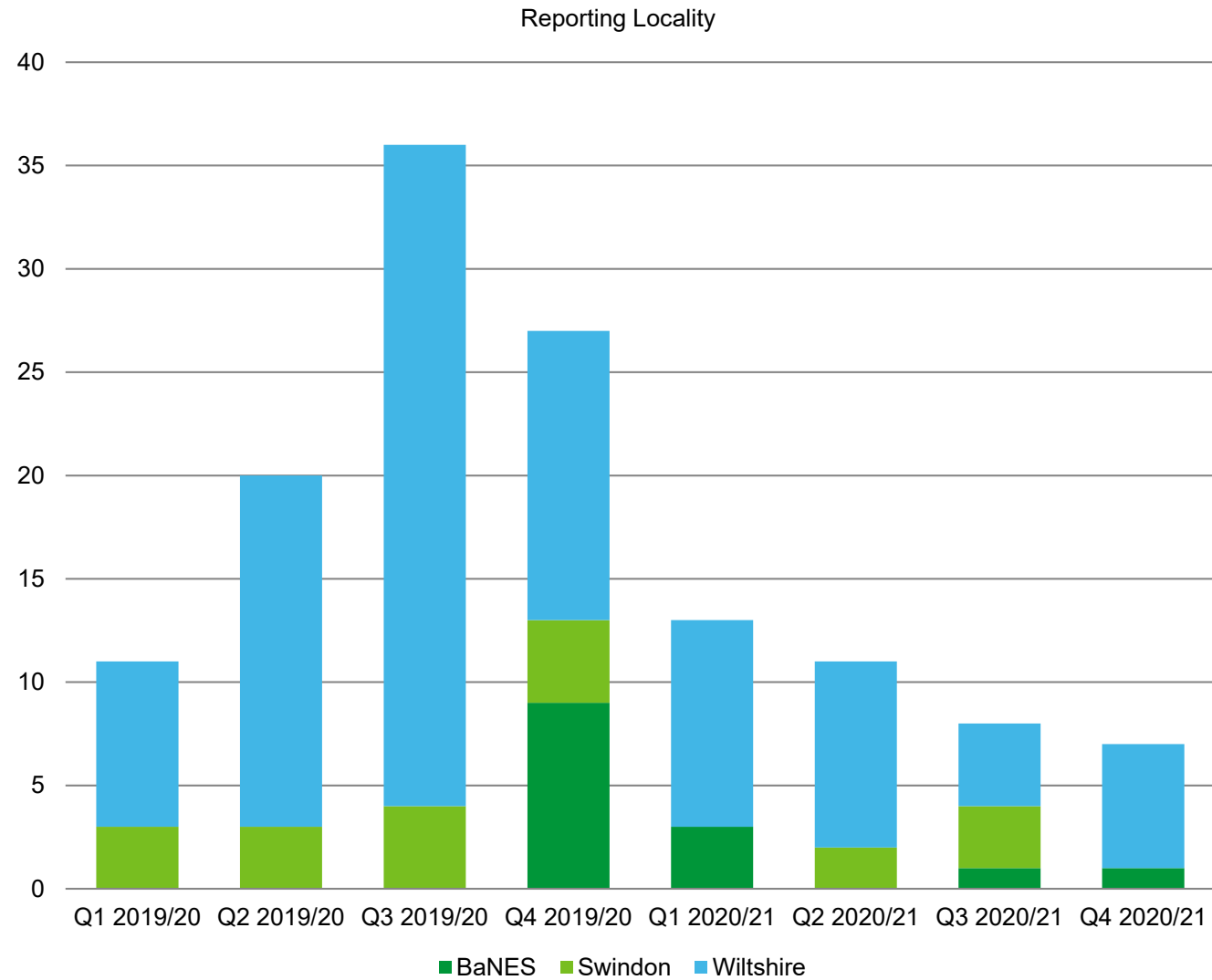
There is an emerging concerns around accessing mental health services but the new community mental health framework will support this.

Levels of Harm



The highest number of patient safety incidents reported have low harm. All incidents are reviewed by the Quality Team and questions and concerns are discussed with the practice to improve processes and patient outcomes to prevent any subsequent incidents.

Totals Per Locality



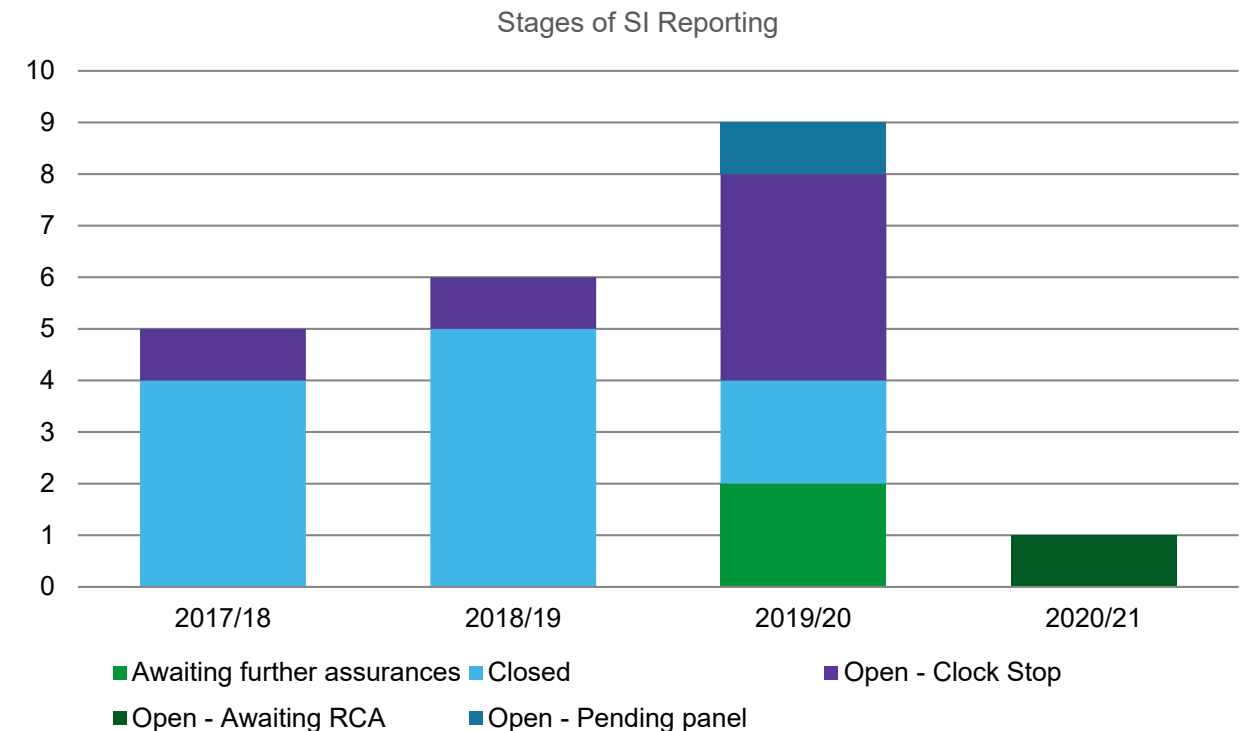
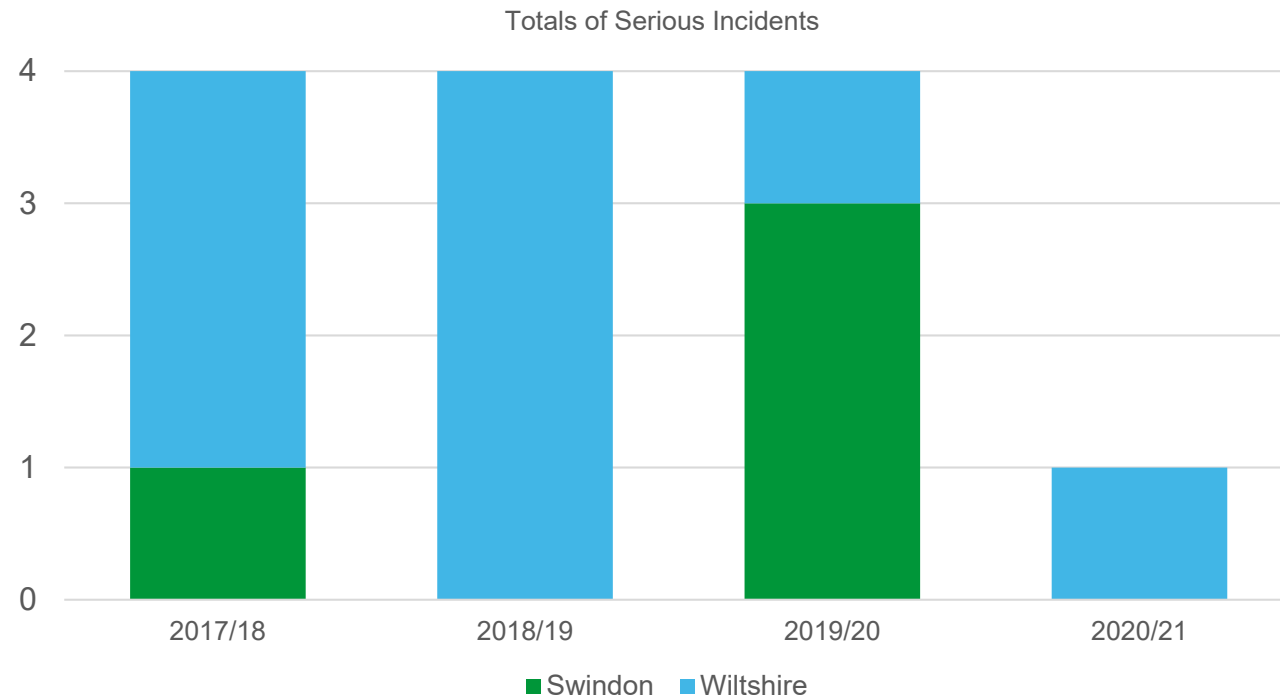
- Wiltshire locality continues to be the highest reporting area
- A member of the Quality team is attending each practice managers forum to find out the blockages to incident reporting

Patient Safety – Serious Incidents

The CCG encourages an open reporting and learning culture. All practices are supported by the CCG to investigate Serious Incidents when they occur. There is variation between the three localities in the use and rate of reporting mechanisms. The Quality Team will standardise the approach to incidents across BSW whilst ensuring the practices receive individualised support which reflects their locality. The Patient Safety Standard Operating Procedure and Root Cause Analysis template is being reviewed following the publication of the Draft Patient Safety Investigation Framework. This will form part of the Governance Toolkit.

The charts below show the number of Serious Incidents reported across BSW since delegation. A number of incidents are 'clock stopped' which means that the timeframe for completing the investigation has been halted. In some cases this is because SIs are linking to ongoing wider investigations, and in others because the incident involved multiple organisations which the CCG is facilitating to work together on the investigations. There has been 1 Serious Incident reported in primary care. This was a treatment delay in May 2020 and was in relation to a breast clinic and subsequent cancer diagnosis.

Example of Improvement; Avon Valley Practice and Sarum Health Group have implemented the Freedom to Speak Up Programme by appointing guardians and having feedback boxes in the practices. Themes and concerns raised are addressed in team meetings. The Freedom to Speak Up Programme will be included in the Governance Toolkit.



Patient Experience – PALS and Complaints

Complaints about primary care services are managed by NHS England and for reasons of potential conflict, the CCG is not sighted on much of the data. From 1 February 2021 the PALS and complaints service for BaNES and Wiltshire localities moved to SCWCSU rather than by the CCG for a period of approximately nine months. The SCWCSU team are taking on new cases with all existing cases being retained and closed down by the CCG. Where possible, the CCG teams work with practices to resolve queries and issues.

Chart 1 illustrates PALS contact activity in relation to Primary Care for January 2021. The predominant theme of concerns and enquiries related to Access to Service. The total number of contacts received during January was 11.

Chart 2 shows the total number of PALS contacts for February 2021. Overall the total number of contacts received in February was 43.

Access and waiting remains the main theme of contacts. Of the 11 contacts raised for BaNES, 10 of these related to the practice closures. All transfers of patients from Monmouth and Grosvenor Place Surgeries to Bath city practices have been completed. Both practices are proactively contacting out of area patients who remain registered with their practice to ensure they have made arrangements to register elsewhere. Of the 9 contacts for Swindon, 3 related to patients being unable to get through to their practice and of the 7 contacts for Wiltshire again 3 related to patients being unable to get through to their practice. Communication was reported to be the second highest reporting concern.

No formal complaints were received during January 2021 and in February 2021 2 complaints were received relating to Primary Care. The first complaint related to the delay in a GP referring a patient to the hospital and the second related to a patient being charged for medical treatment (ear wax removal) when the service was previously available free of charge. Both complaints have now been responded to and closed.

Chart 1

Total number of PALS contacts January 2021

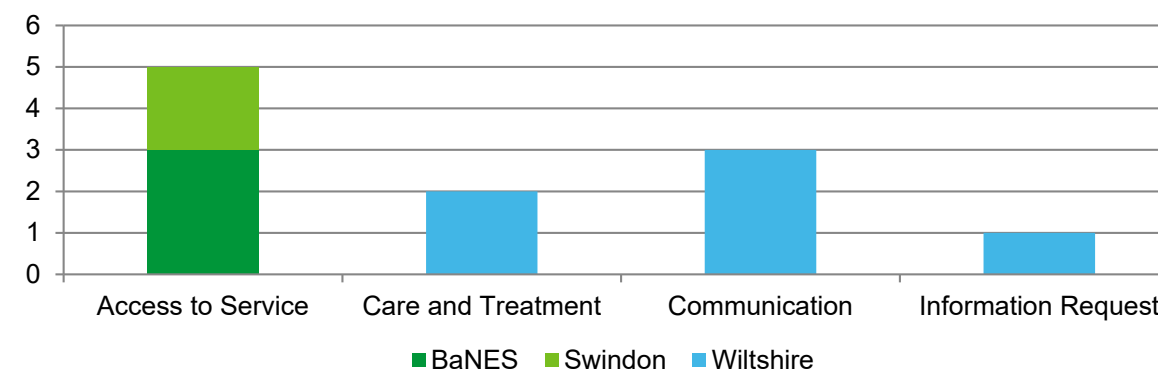
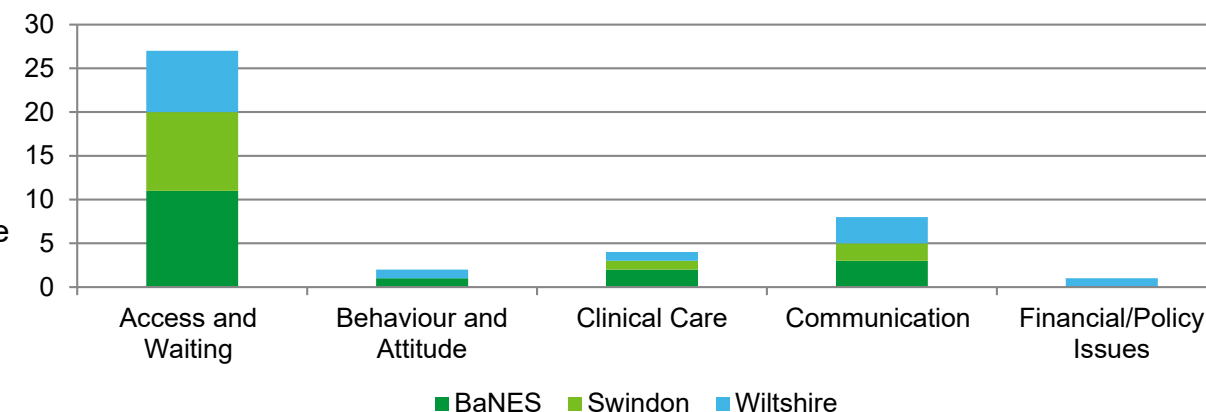


Chart 2

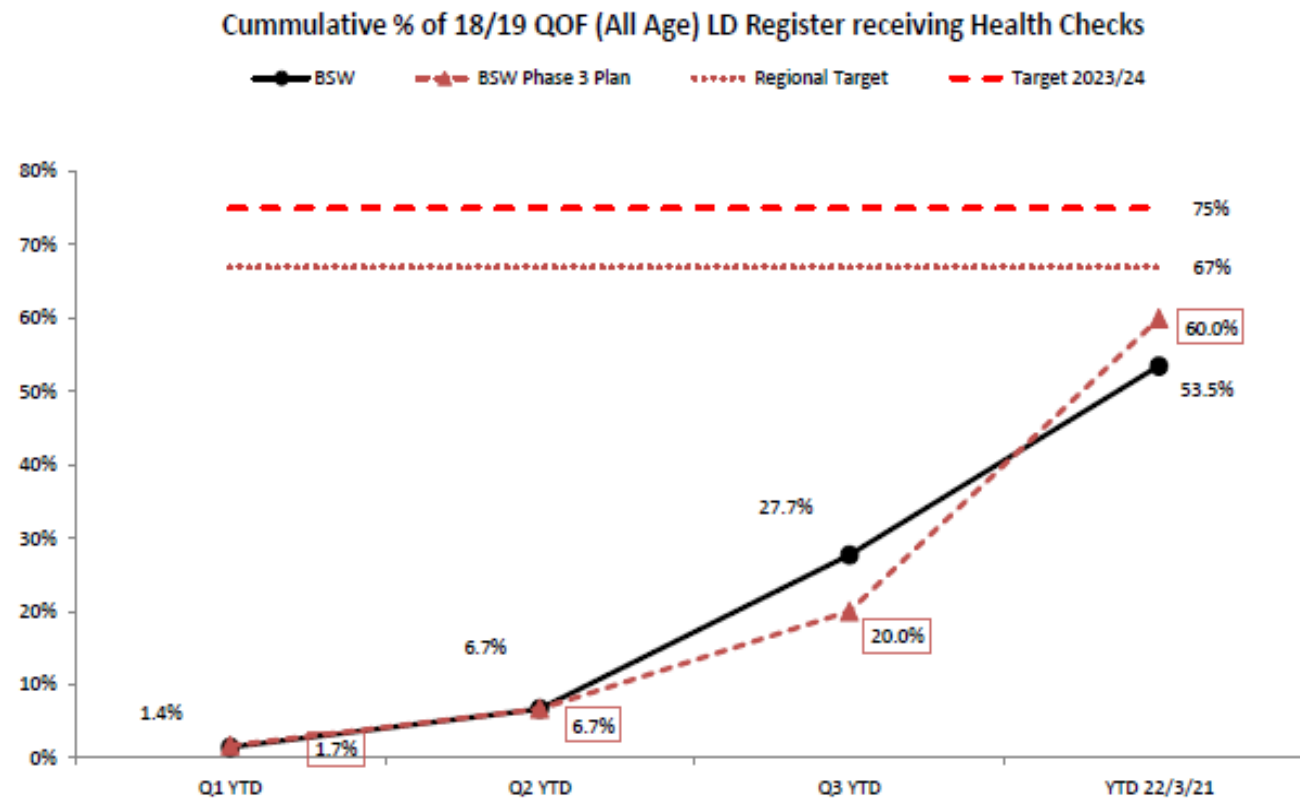
Total number of PALS contacts February 2021



Learning Disability Health Checks

There appears to be a seasonal trend to LD Health checks, with most taking place in Quarter 3 and Quarter 4, in line with the QOF cycle. COVID has had an impact on LD Health Checks over the past year.

The national target is for 75% of LD patients on the Register to receive an annual health check by 2023/24, with BSW CCG Phase 3 Plan of 60% (2,830) by March 2021.



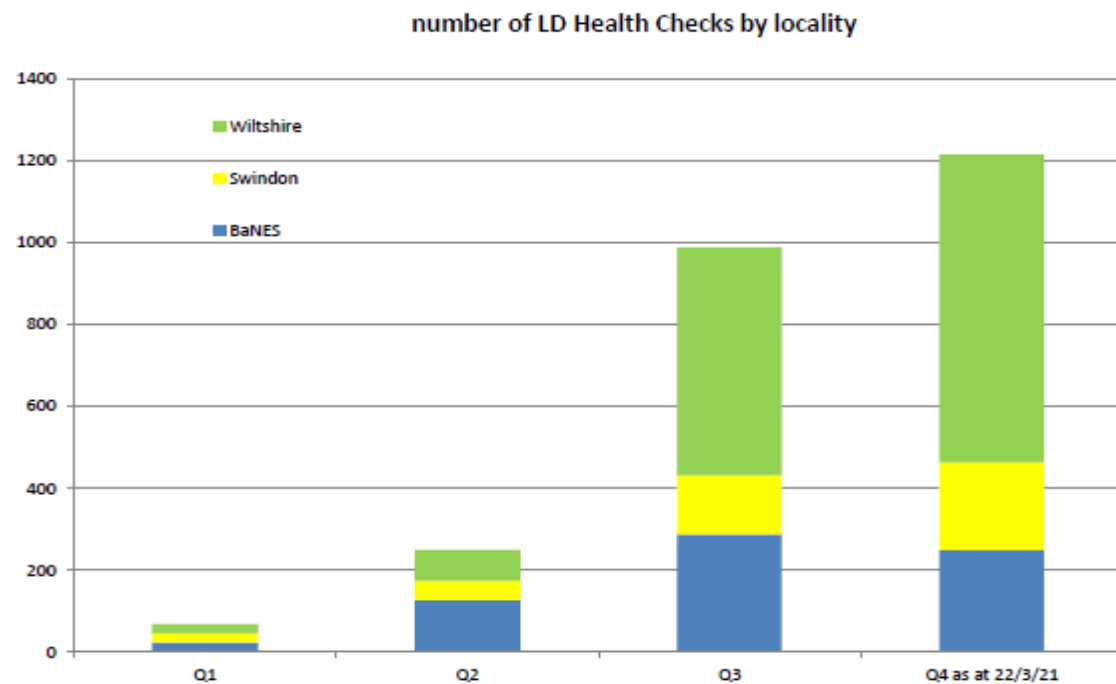
Learning Disability Health Checks

Year to Date position:

Local data is available much sooner than the National data, but is therefore a 'provisional' picture. National data is currently available up to Quarter 2 20/21. The slight difference in Quarter 1 and Quarter 2 between the two reports is due to when the data was extracted.

Local data: Ardens CQRS reports within TPP SystmOne and direct requests to 4 EMIS practices (therefore EMIS practice data not updated as often) Nationally published on NHS Digital - 18/19 QOF LD Register

The number of Health Checks carried out by Quarter 3 2020/21 was 1,305 (27.7%), exceeding the Quarter 3 YTD Phase 3 Plan of 20%. As at 22nd March, 2,520 (53.5%) Health checks had been recorded, with a further 310 Health Checks required by the end of March to match the Phase 3 Plan Target. 229 Health Checks have been recorded in the last two weeks; the last report of 9th March 2021 recorded 2,291 Health Checks (48.6%) year to date

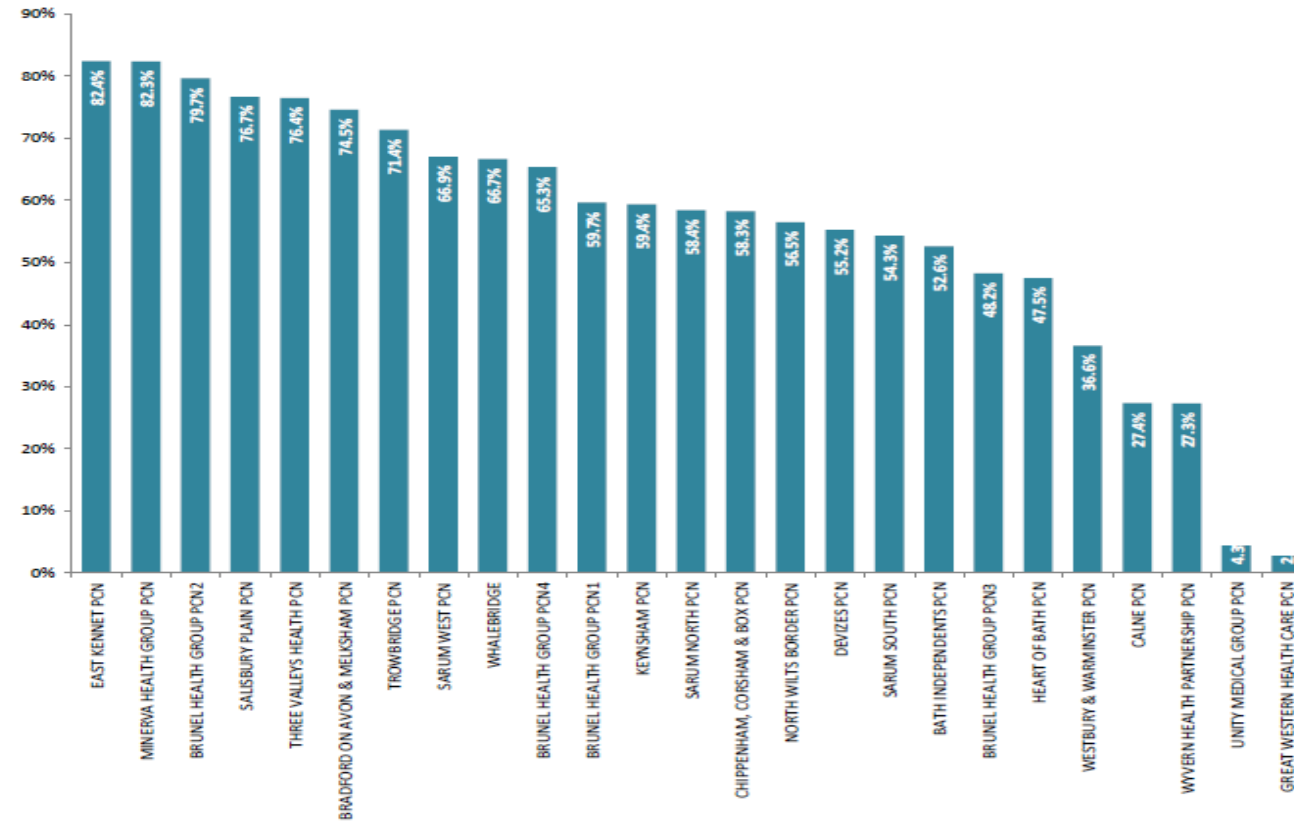


BSW CCG Learning Disability Health Check Performance 2020/21 as at 22nd March 2021 - LOCAL Data Patients on Learning Disability Register 14 yrs+ that have received Annual Health Checks

Phase 3 Plan:

Year to Date Health Checks	2,520	53.5%
Target no. of Health Checks	2,830	60%
Gap	310	

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



Summary and Next Steps

Current Position and Next Steps

Current priorities for the team include the ongoing response to the CQC inspection outcomes of specific practices. The detail of these is provided in a separate report. As outlined above and in the previous page, the team are focussing hard to make sure the right people are in place and then to develop the framework and offer to practices as quickly as possible.

Priorities

- Due to the current pandemic pressures the timeline for the Governance Toolkit, incident training and flow chart for raising Safeguarding alerts, NRLS Incidents, Patient Complaints and GP Feedback has been revised. This continues to be a high priority for the team to implement and will be carried out as soon as practicable.
- Attendance at each practice managers forum to find out the barriers and blockages to incident reporting and support practices to resolve any issues
- Ongoing support to practices responding to CQC inspection outcomes
- Support for strengthened governance models across practices
- Promoting Freedom to Speak Up and positive safety culture

Meeting of the BSW CCG Primary Care Committee

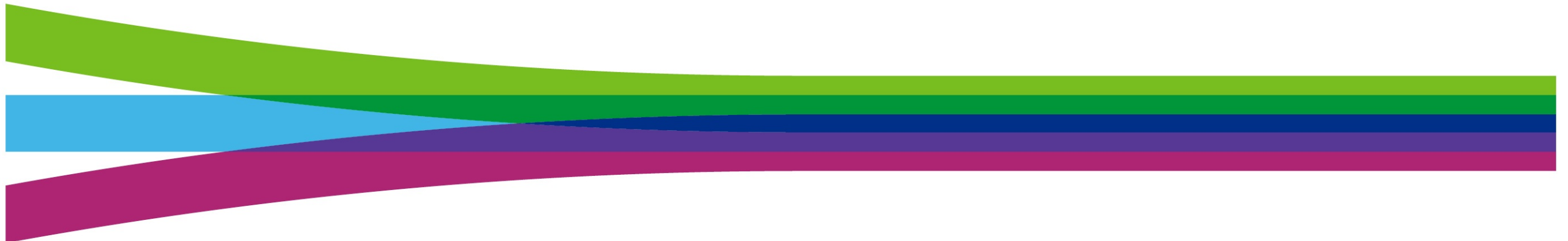
Report Summary Sheet

Report Title	Finance Report						Agenda item	11	
Date of meeting	15 April 2021								
Purpose	Approve		Discuss		Inform	X	Assure	X	
Executive lead, contact for enquiries	Caroline Gregory, BSW Director of Finance								
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality		
This report was reviewed by	John Ridler, Associate Director of Finance								
Executive summary	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 11 of the 2020/21 financial year.</p> <ul style="list-style-type: none"> • Primary Care was reporting a YTD £5.8m favourable variance against budget and is forecasting a surplus of £6m for the year. • The CCG has claimed for all retrospective top ups of COVID and has accounted for any COVID costs that are paid separately • COVID spend is now £13.8m for primary care up to Month 11. Delegated position is shown with COVID adjusted out • Locally enhanced service detail is not included this month as there are no material or exception variances to report • GPFV and Reserves have been reviewed for unspent monies ahead of year end position • Primary Care allocations now being received as part of 2021/22 planning envelopes 								
Equality Impact Assessment	N/A								
Public and patient engagement	N/A								
Recommendation(s)	The Committee is asked to note the contents of the report.								
Link to Board Assurance Framework or High-level Risk(s)	<p>Ensuring financial sustainability; Robust control mechanisms Embedding the interim financial regime to ensure all organisations costs are being covered</p>								

Report Title	Finance Report						Agenda item	11
	Understanding drivers underpinning systems financial challenge and refreshing sustainability programme Delivering the efficiency benefits associated with new ways of working							
Risk (associated with the proposal / recommendation)	High		Medium	X	Low		N/A	
Key risks	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system							
Impact on quality	N/A							
Impact on finance	As described in paper							
	Finance sign-off: John Ridler, Associate Director of Finance							X
Conflicts of interest	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.							
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

BSW Primary Care Commissioning Committee Finance Report Month 11

15th April 2021



Key Headlines

- Primary Care was reporting a YTD £5.8m favourable variance against budget and is forecasting a surplus of £6m for the year.
- The CCG has claimed for all retrospective top ups of COVID and has accounted for any COVID costs that are paid separately
- COVID spend is now £13.8m for primary care up to Month 11. Delegated position is shown with COVID adjusted out
- Locally enhanced service detail is not included this month as there are no material or exception variances to report
- GPFV and Reserves have been reviewed for unspent monies ahead of year end position
- Primary Care allocations now being received as part of 2021/22 planning envelopes

Primary Care – Month 11

Primary Care Total

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

BSW TOTAL							
YTD 20/21				Forecast			
Budget	Actual	Variance	Variance	Budget	Actual	Variance	Variance
£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
3,306	3,377	71	2%	3,607	3,717	111	3%
5,360	2,147	(3,213)	-60%	5,706	2,880	(2,825)	-50%
10,330	10,034	(296)	-3%	11,284	10,958	(326)	-3%
3,647	2,007	(1,640)	-45%	3,853	2,794	(1,059)	-27%
16,820	14,622	(2,199)	-13%	18,206	15,884	(2,322)	-13%
5,478	5,467	(11)	-0%	5,976	5,974	(2)	-0%
1,048	1,055	6	1%	1,148	1,192	44	4%
124,196	122,417	(1,779)	-1%	135,562	134,631	(930)	-1%
5,156	5,276	120	2%	5,551	6,008	457	8%
1,005	1,043	37	4%	1,090	1,059	(31)	-3%
836	771	(65)	-8%	921	841	(79)	-9%
128,812	131,983	3,171	2%	139,638	140,576	938	1%
305,994	300,198	(5,796)	-2%	332,541	326,516	(6,025)	-2%



Key Variance Commentary:

Commissioning Schemes: £3.2m is driven by COVID which is then reclaimed from NHSE/I

Out of Hours: £2.2m variance is attributed to by COVID reclaims

Prescribing: £1.78m underspend in part due to higher than expected flu recharges to NHSE/I and rebates

PRC Delegated Co-Commissioning: includes COVID in numbers above

Primary Care Delegated – Month 11



Delegated

	Month 10 BSW TOTAL (COVID Adjusted)							
	YTD 20/21				Forecast			
	Budget	Actual	Variance	Variance	Budget	Actual	Variance	Variance
	£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
G/PMS, APMS Contract	70,998	70,746	(252)	-0%	85,136	85,051	(85)	-0%
Presc/Disp Prof Fees	3,166	3,820	654	21%	3,829	4,465	636	17%
QOF	9,906	10,054	147	1%	11,817	12,044	227	2%
Retainers	542	545	4	1%	652	652	0	0%
Locums	1,081	1,067	(14)	-1%	1,278	1,318	40	3%
DES Schemes	2,589	2,585	(4)	-0%	3,112	3,112	(0)	-0%
PCN ARRS	4,808	4,573	(235)	-5%	5,568	5,281	(287)	-5%
PCN Other	2,984	2,980	(4)	-0%	3,608	3,608	0	0%
Premises - Rent	8,363	8,465	102	1%	10,017	9,958	(59)	-1%
Premises - Rates	1,748	1,702	(46)	-3%	1,888	1,851	(36)	-2%
Premises - Other	973	955	(19)	-2%	1,043	1,088	45	4%
Clinical Waste	141	190	49	35%	169	208	39	23%
COVID Capacity	1,910	1,910	(0)	-0%	2,257	2,241	(16)	-1%
Flu	61	64	3	4%	61	61	0	0%
Other	3,277	3,424	147	5%	3,663	4,616	953	26%
Total	112,547	113,080	533	0%	134,098	135,554	1,455	1%

Key Variance Commentary:

G/PMS, APMS Contract: Underspend due to lower than anticipated list size increase

Presc/Disp Prof Fees: There has been a national increase in dispensing fees of 30% from October 2020

PCN ARRS: PCN recruitment less than planned leading to underutilisation of ARRS allocation

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

Report Title	Primary Care Risk Register						Agenda item	12
Date of meeting	15 April 2021							
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 Management Panel, the Audit Committee and Governing Body.							
Executive summary	This paper gives detail of the two primary care risks on the corporate risk register which have 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							

Report Title	Primary Care Risk Register	Agenda item	12
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Corporate Risk Register

Risk no.	Risk Category (for risk map)	Risk Appetite	Brief descriptor	Date risk entered on register	Risk Owner Director Accountable	Risk Manager Responsibility	Latest review date	Original risk score	Target risk score	Risk Treatment	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 actions ²	Movement in score (from previous updates since July 2019 or date of risk entry on register)	Performance Dashboard	Current Impact Score	
BSW 11	Capacity and capability	Moderate	Increasing Demands on Primary Care (GP Practices) and concerns for capacity	03-Dec-19	Jo Cullen, Director of Primary Care	Tracey Stachan, Deputy Director of Primary Care	06-Apr-21	16	6	Treat	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 (stige and face to face) and increasing demand. Ensuring sufficient capacity and capability in general practices to manage demand and deliver new operating model. 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 Since 14/12/20 - delivery of PCN designated sites for Covid vaccination programme through priority groups - under national Enhanced Service. 100% sign up across BSW. Recent updated guidance on Supporting General Practice (Covid vaccination programme, responding to pandemic, backlog of care and burden of additional population ill health and supporting workforce).	Confirmation of BSW Covid response primary care offer to confirm funding streams to ensure focus on clinical priorities for 2021. 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 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 sheets for staffing in place. BSW Primary Care Strategy includes GP retention programme development. Some practices undertaking risk stratification/proactive diagnostic work. High risk practices in regular contact with CCG and LMC to address concerns. Regular contact through Teams calls and webinars across BSW, Localities, PCNs and Practices.	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 2021: outcomes measures into one primary care dashboard (one set of metrics which will fulfil the requirements under the PCO and QI COP) focussing on the vulnerable and those disproportionately affected by Covid-19. Proposal to continue this for Q1 2021/22 3. GP retention programme for BSW being further developed through training hubs and other schemes for meeting, supervision and CDO 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. 7. Work closely with PCNs to support delivery of vaccination programme (such as additional workforce and support for additional non NHS premises) to allow increased return to reformation of usual business and backlog; PCN can get out of further delivery of Phase 3 (Cohorts 10-12) 8. Develop a weekly sitrep report to review demand and mode of appointment 9. Development of a GP flexible pool to enable easy access to additional staff for coverage of shifts.	1. Ongoing discussions 2. Development of dashboard 3. Ongoing review quarterly 4. Follow up with practices. 5. Ongoing 6. Ongoing 7. Ongoing 8. Ongoing 9. Ongoing	1. Jo Cullen 2. Jo Cullen / Emma Higgins 3. Di Walsh 4. Sam Wheeler 5. Jo Cullen 6. Tamsin May 7. Jo Cullen 8. Sam Wheeler 9. Di Walsh	No ability to use ARRS funding for any additional roles. Funding support via the GP Covid Expansion Fund National Dashboard now released Process in place. Need to link actions 2, 3, and 4 to the Primary Care Strategy. Reporting on the Covid Vaccination programme separately. Weekly sitrep in place. Primary care Bulletin now twice a week and monthly webinars chaired by Locality GP chairs Supporting PCN plans for continuation of immunisation programme and increased return to BAU services. Confirmed CCG support for next phase with funding streams and commitment for high trust, low bureaucracy.	Potentially Off target	-----	4	4	16
BSW 13	Capacity and capability	Moderate	Primary Care Workforce	04-Dec-19	Jo Cullen, Director of Primary Care	Tracey Stachan, Deputy Director of Primary Care	06-Apr-21	12	6	Treat	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) Continue to obtain up to date workforce data from NHS Digital including age profiles of all staff, reported on by the BI team on a quarterly basis. 2) Explore workforce planning at system level working with Strategic Workforce Planning Network for BSW 3) Work with the BSW Strategic Recruitment, Retention and Supply Group on a GP project looking at ways to retain those reaching retirement age. 4) Continue to support the AIRRS scheme in Primary Care to manage the workload and prevent early retirements attributed to overload. 5) Increased emphasis on supply of primary care staff through active recruitment strategies, primary care placements, apprenticeships and Return to Practice courses.	Ongoing development of plans	Di Walsh (CCG) 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-led identified - 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) Increasing use of social media to promote primary care recruitment, planned appointment of a Practice Nurse Fellow to lead on Return to Practice placements, and further student events to attract nurses/Physician Associates into primary care.	Potentially Off target	-----	4	3	12

Last updated: 08/04/2021

	15	13	10	15	12	9	14	11	9	13	10	10
	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private
Paper deadline												
Papers circulated/ uploaded												
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	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 - 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		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		PCOG Update Reports	
	Forward Agenda		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 - PCN DES Update		Operational Report		Operational Report		Operational Report		Operational Report		Operational Report	
	Quality Report		Quality Report		Quality Report		Quality Report		Quality Report		Quality Report	
	Finance Report		Finance Report		Finance Report		Finance Report		Finance Report		Finance Report	
	Risk Register		Risk Register		Risk Register		Risk Register		Risk Register		Risk Register	
	COVID-19 vaccination programme update		COVID-19 vaccination programme update		COVID-19 vaccination programme update		COVID-19 vaccination programme update		COVID-19 vaccination programme update		COVID-19 vaccination programme update	
	BaNES Practice Closure Report											
Other Items	Out of public committee decisions report - Sarum South PCN	Seminar discussion: PC Finances and the 2021-22 allocation (JR / CG) Cross Plains learning (SM / MA)	Out of public committee decisions report (if applicable)	Seminar discussion: IMH Learning (GM)	Out of public committee decisions report (if applicable)	Seminar discussion:	Out of public committee decisions report (if applicable)	Seminar discussion:	Out of public committee decisions report (if applicable)	Seminar discussion:	Out of public committee decisions report (if applicable)	Seminar discussion:
	PCCC Terms of Reference	Committee Effectiveness Review Summary Report (Chair)	Summary of Primary Care Estates Investments						PCNs to present on PCO achievements			
	BSW Enhanced Services Review		BSW CCG Protocol for Payment of Legal Fees and Professional Fees (JR)									
	BSW Covid-19 Response Primary Care Offer											

- Agenda items to schedule:**
- * PMS Growth Investment Report (JR) - annual report?
 - * Primary Care Workforce & Training Hub Report - how often?
 - * PCNs to present on PCO achievements etc. - December 2021?
 - * PCN Update - Update on PCN Renewal Sign Up and PCN Locality Update
 - * Future Governance Arrangements (JAW) - June?
 - * Update on BSW POD and PIS?
 - * Items concerning - QOF, LES, DES, Contracts, PCO
 - * PC Estates - regular update?

- Suggested Seminar topics:**
- * Learning from Case Studies (IMH & CP) - May / July
 - * PC Workforce
 - * PC Finance - May
 - * Consider more medium to long-term planning with primary care, we could have a discussion on our role in developing integration of primary care/PCNs with the third sector, community services, mental health and other providers
 - * System architecture (include Corinne?)
 - * Enhanced Services Review