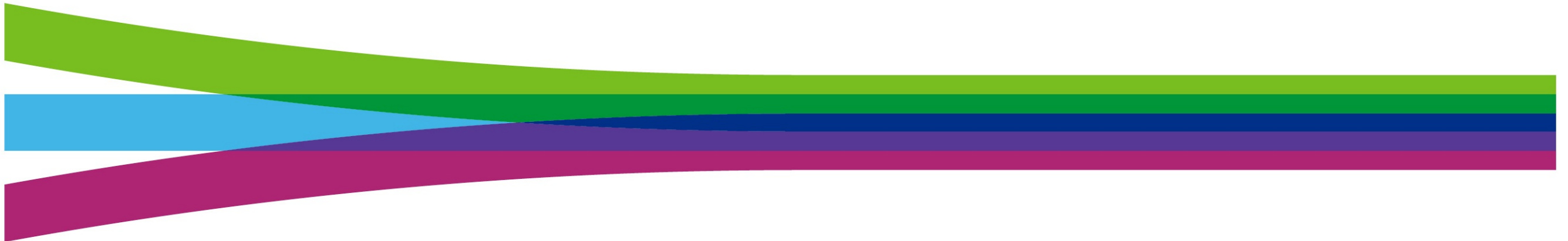




**Bath and North East Somerset,
Swindon and Wiltshire**
Clinical Commissioning Group

PCCC Operational Report

15th April 2021



To Cover:

- Update on COVID-19 Vaccination Programme
- Primary Care Network Directed Enhanced Services Update
- BaNES Practice Closure Report
- BSW COVID-19 Response Primary Care Offer
 - ***Proposal for approval***
- COVID Additional Capacity Fund
 - ***Proposal for approval***

BSW Vaccination: Summary

There remains some duplication within the data, where patients exist within multiple cohorts

As a result % uptake figures are estimates

*TPP and EMIS Practice data now included – last updated 13th Apr



584,693 vaccines delivered in BSW*

816,571 Total Cohort*

477,281 Dose 1

107,412 Dose 2



483 first dose 7 day moving average

4,575 second dose 7 day moving average

1 - 9

92% at least one dose; **20%** two doses

80+

97% at least one dose; **82%** two doses

75-79

97% at least one dose; **44%** two doses

70-74

96% at least one dose; **12%** two doses

65-69

94% first dose given to 65-69 cohort

60-64

91% first dose given to 60-64 cohort

55-59

89% first dose given to 55-59 cohort

50-54

88% first dose given to 50-54 cohort

16-64

87% first dose given to 16-64 with underlying health conditions

Primary Care Network Directed Enhanced Services for 21/22

Primary Care Networks (PCNs) are playing a vital role in the delivery of the COVID-19 vaccination programme, and the recovery from the pandemic. The changes agreed to the 2021/22 Network Contract DES are intended to provide further stability and support to PCNs.

NHSE/I has confirmed that the temporary changes to the GP contract under the pandemic regulations which were due to lapse at the end of March have now been extended **until 30 June 2021**.

Operational Planning and Contracting Guidance: expected that PCNs will become a firm building block in the NHS system building on the Integrated Care System development work and recognising how they will fit into the wider NHS economy.

Primary Care Requirements:

- ✓ **Expand primary care access:** key part of this is the expansion of the PCN roles to *achieve their share of 15,500 FTE PCN roles to be in place by the end of 21/22* and expand number of GPs; and ensure all practices have returned to access levels of pre-COVID – ensure there are face to face appointments, support online consults etc.
- ✓ **Improve outcomes:** return of 'normal' Quality Outcomes Framework (QOF) – needs to focus on the backlog of clinically prioritised long-term condition management reviews, including medication reviews and routine vaccinations; changes to Childhood Immunisation DES with IOS and new vaccination and immunisation domain in QOF; and strengthen SMI physical check.
- ✓ **Address health inequalities:** adopt population health management, developing real time data, as well as risk stratification; and focus on Personalised Health Budgets, social prescribing referrals and personalised care and support plans all supported by Additional Roles Reimbursement Scheme (ARRS) Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators.

PCN Directed Enhanced Service (DES) 2021/2022

Additional Roles Reimbursement Scheme (ARRS) - key changes to note for 2021/22 including;

- Increase in ARRS funding from April (£430m 20/21 to £746m 21/22) and further ARRS roles will be added: (i) paramedics (ii) advanced practitioners (applies to PCN roles of Clinical Pharmacist; Physiotherapist; Occupational Therapist; Dietician; Podiatrist; and Paramedic) and (iii) mental health practitioners.
- This takes the total number of reimbursable roles to 15.
- A joint funding model will bring together additional community mental health service funding with PCN funding. From April 2021, every PCN entitled to a fully embedded FTE mental health practitioner, employed and provided by the PCN's local provider of community mental health services, as locally agreed. 50% of the funding will be provided from the mental health provider, and 50% by the PCN (reimbursable via the ARRS), with the practitioner wholly deployed to the PCN.
- Staff funded in this way will be additional to those mental health practitioners and co-located IAPT practitioners already embedded within general practice.
- Opportunity for clinical pharmacists, reimbursed under the national *Clinical Pharmacists in General Practice Scheme*, and any pharmacists reimbursed under the *MOCH Scheme*, to transfer between 01.04.21 and 30.09.21 and for the PCN to receive funding under the DES
- Limits on the number of pharmacy technicians and physiotherapists which can be reimbursed will be removed.
- Nationally encourage all PCNs to make full use of their ARRS entitlements as soon as possible. PCNs are a platform for general practice investment. The extent to which they deploy that investment is a measure of their success.

PCN Directed Enhanced Service (DES) 2021/2022

Network Dashboard (March 2021) includes key metrics to allow every PCN to see the benefits it is achieving for its local community and patients and is intended to support local quality improvement.

- It will enable effective benchmarking between practices within PCNs, and between comparable PCNs, and will be accessible, on request, to all commissioners, providers and arms-length bodies working in health and social care.
- These indicators will be displayed alongside contextual information for each PCN – for example the size, density and relative level of deprivation of their population.

Investment and Impact Fund (IIF) is a financial incentive scheme and works in a similar manner to the Quality and Outcomes Framework (QOF).

It focuses on resourcing high quality care in areas where PCNs can contribute significantly towards the ‘triple aim’:

- improving health and saving lives (e.g. through improvements in the uptake of flu vaccinations)
- improving the quality of care for people with multiple morbidities (e.g. through increasing referrals to social prescribing services)
- helping to make the NHS more sustainable.

2.3 The domains, areas and indicators for the initial phase of the IIF in 2021/22 are set out in the summary table below:

Domain	Area	Indicators
Prevention and tackling health inequalities	Prevention	VI-01: Percentage of patients aged 65 or over who received a seasonal influenza vaccination between 1 September and 31 March
		VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September and 31 March
		VI-03: Percentage of children aged 2 to 3 who received a seasonal influenza vaccination between 1 September and 31 March
	Tackling health inequalities	HI-01: Percentage of patients on the Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and a completed Health Action Plan
Providing high quality care	Personalised care	PC-01: Percentage of patients referred to social prescribing
	Access	ACC-01: Confirmation that, by 30 June, all practices in the PCN have mapped all active appointment slot types to the new set of national appointment categories, and are complying with the August 2020 guidance on recording of appointments

Other PCN DES services

- **Extended access services** have been used (nationally and locally) to support the general practice pandemic response, including the delivery of the COVID vaccination programme. The transfer of funding for the CCG commissioned Extended Access Service will now take place in April 2022. A nationally consistent enhanced access service specification will be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022. CCGs are strongly encouraged to make local arrangements for a transition of services and funding to PCNs before April 2022, where this has been agreed with the PCN, and the PCN can demonstrate its readiness.
- **Enhanced Health in Care Homes (EHCH)** - new requirement for patients to be appropriately clinically coded as per the PCN payments
- **Structured medication reviews** – no changes to note; use appropriate tools to identify and prioritise patients that will benefit from an SMR including those residing in a care home, those with complex and problematic polypharmacy and on medicines commonly associated with medication errors
- **Early Cancer diagnosis** – no changes to note but to review referral practice, contribute to improve National Cancer screening uptake and establish a community of good practice

BaNES Practices Closures Report

Monmouth Surgery and Grosvenor Place Surgery closed on 31st March 2021.

- The plan for dispersal was supported at PCCC in October 2020.
- 6,759 patients (3,937 from Monmouth Surgery and 2,822 from Grosvenor Place Surgery) were transferred to nine Bath city practices in February and March 2021.
- The CCG allocated patients to new practices based on geographical proximity; however patients were given the opportunity to request a different practice if they were unhappy with their original allocation. Over 700 requests were received and processed by the CCG.
- 281 patients were living out of area and have since registered with a practice closer to their home.
- Although the CCG sought to minimise the amount of movement between receiving practices by offering patient choice at an early stage, it is anticipated that there may be some further movement of patients between Bath city practices post-closure. This will be closely monitored by the BaNES locality primary care commissioning team.
- Staffing – 50% retired, others transferred to other local practices or other roles.
- There are no outstanding risks/issues currently identified.

BSW COVID-19 Response Primary Care Offer (PCO)

- In 2020/21 the CCG approved a “primary care offer” so 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.
- In line with the national confirmation that the temporary changes to the GP contract under the pandemic regulations have now been extended until 30 June 2021, our **Proposal for BSW PCO is for a similar ‘block contract’ arrangement for the majority of the Locally Commissioned Services (those paid on activity not capitation) for the first quarter of 2021/22** to enable Practices to reintroduce any services that have been paused during the pandemic in a planned and measured way over the next three months with no funding uncertainties.
- Services that will be covered under this 3 month arrangement will be paid at 2020/21 levels (based on 2019/20 activity).

The following LCS (all activity based) across BSW would be included:

Dementia Diagnosis	Leg Ulcer Management	Low Risk BCC	Cancer Care Review	Prescribing Incentive Scheme
Drug Monitoring	Blood Pressure Monitoring	Administration of Hormone Injections	Diabetes Care	Shared Care
Enhanced Care of the Homeless	Doppler Service	ECG Service	Ear Irrigation	Shared Care ADHD
Vaginal Pessary Fitting	INR monitoring	IUD Fitting & Removal	Safeguarding	SMI Physical Health Checks
Venesection Haematological disorders	Enhanced Diabetes Service	Lower Limb Wound Care	Care of the Homeless	Basket of Services
Quality Improvement Scheme Cancer Detection	Enhanced Health in Care Homes	Practice Engagement		

GP Covid19 Capacity Expansion Fund

- In 20/21 BSW CCG was allocated £2.26m of the £150m GP Capacity Expansion Fund linked to seven identified priority areas: increase GP numbers and capacity; Long Covid services; support for the backlog of appointments including Chronic Disease Management and routine vaccinations and immunisations; support for clinically vulnerable patients and maintenance of the shielding list; Covid Oximetry @ Home model; progressing LD Health checks; backfill for staff absences to meet demand. **BSW CCG made full payment of the allocation to practices in 20/21**
- An extension to the GP Covid Capacity Expansion Fund for the period from 1 April to 30 Sept 2021. Revenue funding has been allocated (ring fenced for general practice) to support:
 - the expansion of capacity, is non-recurrent and not used to fund commitments running beyond this period.
 - Same conditions as for 20/21 to make further progress on the 7 priorities.
 - Expectation is for CCG to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.
- **BSW allocation is £1.87m and proposal to allocate initial funding to all Practices at £1.00 per patient for the period April to June to be paid monthly** (as NHSE pay monthly to CCG) to enable Practices to agree and contract for additional staffing as required to support ongoing vaccination clinics; with a further proposal to be developed in the next month for the remaining funds (to be brought to PCCC), recognising the additional capacity requirements for those PCNs continuing to deliver the Covid Vaccination Enhanced Service for Cohorts 10-12.