Use the Adobe bookmarks tool to easily access the agenda item reports

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

Meeting of the BSW CCG Primary Care Commissioning Committee in Public

Thursday 9 September 2021, 13:30hrs

- Virtual meeting via ZOOM -

Timing	No	Item title	Lead	Action	Paper ref.
Opening Business					
13:30	1	Welcome and Apologies	Chair	Note	
	2	Declarations of Interests	Chair	Note	
	3	Questions from the public	Chair	Note	
	4	Minutes from the meeting held on 10 June 2021	Chair	Approve	PCCC/21-22/033
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/21-22/034
Business items					
13:35	6	Developing a BSW Care Model	Geoff Underwood	Note	Presentation
13:40	7	Operational Items: a. Current demands and challenges b. Blood Test Bottle Stocks and Plans c. Update on COVID-19 Vaccination Programme d. Primary Care Network Update e. Investment and Impact Fund f. Phlebotomy Issues and Solutions	 Jo Cullen Jo Cullen Gill May / Jo Cullen Jo Cullen Jo Cullen Jo Cullen	Note	Presentation
14:05	8	Primary Care Operational Group Recommendation for Approval: a. Leg Ulcer Locally Commissioned Service 2018/19 – Rowden Surgery – Final Reconciliation	Tracey Strachan	Approve	PCCC/21-22/035
14:15	9	Quality Report	Gill May	Note	PCCC/21-22/036
14:20	10	Finance Report a. BSW Practice Merger and Closure Support Protocol	John Ridler	Note Approve	PCCC/21-22/037 PCCC/21-22/038

Timing	No	Item title	Lead	Action	Paper ref.
14:30	11	ICS Development – latest position regarding transfer / delegation of primary care functions from NHS England to the BSW ICS	Richard Smale	Note	Presentation
Items for information *Items in this section will be taken as read and not discussed unless members raise specific points*					
14:35	12	Primary Care Operational Groups Update Report	Tracey Strachan	Note	PCCC/21-22/039
14:35	13	Primary Care Commissioning Committee Forward Plan 2021/22	Chair	Note	PCCC/21-22/040
Closing Business					
14:40	14	Any other business	Chair		

Next Meeting of the Primary Care Commissioning Committee in public:
Thursday 14 October 2021 – 13:30hrs

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

Thursday 10 June 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)
Registered Nurse, Maggie Arnold (MA)
CEO, Tracey Cox (TC)
Chief Financial Officer, Caroline Gregory (CG)
Director of Primary Care, Jo Cullen (JC)

Attendees
Locality Healthcare Professional (BaNES), Dr Tim Sephton (TS)
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Representative from HealthWatch Swindon, Steve Barnes (SB)
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)
Director of Nursing and Quality, Gill May (GM)
Deputy Director of Primary Care, Tracey Strachan (TS)
Associate Director of Finance – BaNES, John Ridler (JR)
Representative from Wessex LMC, Dr Gareth Bryant (GB)
Communications and Engagement Specialist – Media Relations, Shaun Dix (SDi)
Board Secretary, Sharon Woolley (SW)
Associate Director Medicines Optimisation, Paul Clarke (PC) *(for item 7d)*

Apologies
Medical Director, Dr Ruth Grabham (RG)
Director of Strategy and Transformation, Richard Smale (RS)
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)
Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)
Representative from HealthWatch Swindon, Harry Dale (HD)

1 Welcome and Apologies

1.1 The Chair welcomed members and officers to the meeting. Apologies were noted.

1.2 The meeting was declared quorate.

1.3 To enable Primary Care Commissioning Committee (PCCC) meetings to continue as much as possible during these unprecedented times, Zoom and Microsoft Teams were being utilised where possible. The Standing Orders allow for this provision.

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

2 Declaration of Interests

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

2.2 The following interest was deemed relevant for today's business:

- Item 9b - Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore had a direct conflict of interest in item 9b. It was proposed and agreed that Dr Dominey remain in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision making.

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 are not voters.

3 Questions from the Public

3.1 No questions had been received ahead of this meeting.

4 Minutes from the meeting held on 15 April 2021

4.1 The minutes of the meeting held on 15 April 2021 were **approved** as an accurate record of the meeting.

5 Action Tracker and Themes to Watch

5.1 Seven actions were noted on the tracker. Three were marked as CLOSED with an update provided for the Committee to note.

5.2 The Committee reviewed the action tracker and noted:

- 28/07/2020: The action transferred over from the PCCC Private action tracker, concerning principles and framework in relation to payment of legal fees and professional fees, remained as ONGOING and would be presented to the August meeting.
- 15/04/2021: No further feedback had been received from the Risk Management Panel with regards the vaccination programme reputational risk.
- 15/04/2021: Analysis of the Learning Disability Health Check pilot was underway, the final report was expected to be available in September and would be brought to a Committee meeting in due course.

5.3 The Committee reviewed the Themes to Watch list, there were no additional items suggested to add to the list. It was noted that an update regarding Primary Care Wellbeing would be provided during the presentation for item 6.

6 Primary Care Work Plan 2021-22 - Expected Outputs and Deliverables

6.1 The Director of Primary Care talked through a number of slides which provided an update against the main themes of the primary care work plan. It was noted that the estates and digital elements would form part of the July PCCC Seminar to allow for a fuller discussion.

6.2 The Committee received the update and noted:

- National detail regarding recovery and restoration of primary care was awaited. BSW had further developed its COVID-19 Response Primary Care Offer for quarter two (to be presented under item 7bi) based upon the existing principles and the criteria within the National Standard Operating Procedures for General Practice, which had been updated in May 2021. The Offer would guarantee primary care funding for those locally commissioned services during this pressurised time.
- There was an increasing level of demand upon primary care to address due to an increase in patient expectation and anxieties around people's health. The national media messages had not been supportive of managing these. A local positive press campaign was being worked on to reflect the true picture of the level of demand to manage with limited resources, and to highlight the alternative healthcare professionals available.
- Data for BSW recorded that there were 388,391 appointments during May 2021, compared to 223,951 in May 2020, a 73.4% increase. 58% of these were face-to-face appointments, being held in a safe and controlled way.
- The clinical triage and the appointment with the clinician were recorded as two separate appointments, both were necessary to ensure health and safety of patients and staff, and to ensure safe services were delivered during the pandemic.
- This level of demand understandably had an impact on waiting times and patient access.
- Unfortunately, it was not possible to compare with appointment data from 2019 as online/virtual services were not utilised, not giving a true like for like.
- An amazing response had been seen by the majority of practices to the pandemic, delivery of the vaccination programme and now restoring business as usual.
- A collection of key messages from primary care colleagues further evidenced the need to manage the demand and workload and seek other service solutions. The wellbeing of staff was a high concern. Wellbeing resources were being made available to primary care staff through the Training Hub website.
- Planning and preparation for potential further responses was underway, with national guidance awaited regarding the potential combination of the COVID and flu vaccine. The COVID Oximetry @ Home and Virtual Ward services were in place for BSW.
- CCG and LMC webinars were planned for all practices to discuss Integrated Care Alliance (ICA) primary care representation. The Memorandum of Understanding for each ICA were awaited.
- Details regarding the transfer or delegation of dental, optometry and pharmacy services from NHS England to the BSW Integrated Care System (ICS) were awaited and would be shared with the Committee in due course.
- A paper concerning Primary Care Network (PCN) development was to be discussed later on the agenda, which had been prepared with engagement from PCNs and practices.

7 Operational Items

7a. Update on COVID-19 Vaccination Programme

7.1 The Director of Nursing and Quality provided an update on the BSW Vaccination Programme, and highlighted the following to the Committee:

- Over one million vaccine doses had now been administered across BSW.
- Although a number of PCNs had decided not to continue with the programme for the remaining cohorts of 10, 11 and 12, alternative options were being put into place.
- Cohort 11 was being worked through to meet the national target requirement of 60%; this target was expected to be reached across BSW by 14 June 2021.
- Direct contact was being made with each PCN to offer support to the workforce to enable continuation of the vaccination programme.
- Phase three and the vaccination booster guidance was awaited to advise of the workload and capacity requirements.

- Cohorts one to nine – BSW was the best achiever and performer from the seven systems across the South West. Our PCNs and system had gone above the call of duty to ensure registered patients have received the vaccine.
- Hard to reach groups and the inequalities have been addressed by the set-up of the vaccination boat and bus, and by working with local faith groups.
- The best practice and learning from the pandemic and delivery of the vaccination programme would be documented to share.

7.2 On behalf of the Committee, the Chair wished to record a thank you to the whole of primary care for the remarkable work over the last 12 months.
ACTION: A letter of thanks to be sent to each PCN from the Committee as a good gesture and to recognise the efforts.

7b. Recovery and Restoration of Primary Care – Quarter 1 Block Arrangement and Quarter 2 Proposal

7.3 The Deputy Director of Primary Care advised that in recognition of the pressures being seen amongst primary care due to the bringing forward of the second vaccine for some cohorts, and the new Standard Operating Procedure, the proposal was to extend the COVID Response Primary Care Offer to September 2021. This would allow time to recognise the impact to primary care and ensure recovery and restoration. This would be an extension to the agreement approved at the April 2021 PCCC.

7.4 The Chief Financial Offer advised that the current financial regime was to continue for H1 (April to September 2021) and this would support the proposed block payment arrangements. The regime going into H2 was unknown.

7.5 The Committee **approved** the extension of the COVID Primary Care Offer block arrangement to September 2021.

i) Proposal for use of the Remaining GP COVID Capacity Expansion Funds

7.6 Modelling had been completed to consider funding allocations to all practices, and additional funds to those PCNs who will continue to deliver the COVID Vaccination Enhanced Service for cohorts 10 to 12. Option three was recommended for approval, funding all practices at £0.50 per patient, and funding vaccinating practices at a further £2.00 per patient.

7.7 The LMC were supportive of this option. This was broadly the position being offered by other CCGs.

7.8 It was acknowledged that the choice of continuing with the vaccination programme for cohorts 10 to 12 had been a PCN choice, not a practice level choice. Although it was not possible for individual practices to continue the delivery of the programme alone without their supporting PCN network, it was recognised that some practices were delivering on behalf of their PCN. It was further noted that the Expansion Fund payments were made to PCNs, with each agreeing the split amongst their network practices.

7.9 The Committee **approved** payment of the quarter two support from the COVID Expansion Fund at a cost of £898,976 (Option 3).

7c. Primary Care Network Development Update

7.10 An update had been included as part of item six.

7d. Prescribing Incentive Scheme Proposal

7.11 The Associate Director Medicines Optimisation was in attendance to present the prescribing incentive scheme (PIS) proposal for approval. Members had agreed at the October 2020 PCCC meeting for 2020-21 to be a transition year, during which the same prescribing incentive scheme would operate across the three localities, but with different payments based on historical funding arrangements. It had also been agreed to standardise incentive payments for 2021-22 to £1 per head for each locality.

7.12 The proposed scheme remained largely the same as the 2020-21 scheme, with addition of the target set by NHS England to reduce the amount of antibiotics prescribed and nomination of a Pain Champion for each practice to enable primarily for each to audit prescribing of opioid medicines.

7.13 Following discussion at the three Primary Care Operational Groups (PCOGs), with PCNs and approval by PCCC at the October 2020 meeting, incentive payments had been standardised across the patch, with information shared with each Practice Manager to make them aware of these changes. It was recognised in the paper that this had brought the biggest change to Wiltshire practices, and there was a risk of reduced engagement and participation to be mitigated. Further communications may be required with practices to ensure they were aware of the reduction in variation and challenges ahead with the implementation of this equitable solution across the system. It was suggested that a clearer message of alternative support needed to be shared, detailing the access to the Prescribing Online Direct scheme and the CCG Medicine Management support available to practices with regards PIS audits. This reduction in funding for Wiltshire practices came at a difficult time.

7.14 Although the full paper was not included within the paper pack, the proposal had been comprehensively explained and had enabled Committee discussion. The Committee **approved** the prescribing incentive scheme for 2021/22 at the funding level of £1 per patient population.

(14:30hrs – PC left the meeting)

8 Amendment to Primary Care Safeguarding Locally Commissioned Service

8.1 The Director of Nursing and Quality presented the proposed amendment to the primary care safeguarding locally commissioned service, a requested change to reflect the different approaches in place within each locality in the area of self-neglect and to accommodate cover of the multi-agency reviews.

8.2 The additional costs to the primary care safeguarding contract were projected as £16,000. It was advised that the H1 budgets would accommodate this. The benefit and impact of this arrangement would be monitored to determine if an extension should be sought, and if this should be included in next year's contract.

8.3 The Committee **approved** the extension of the contract to cover multi-agency reviews of individuals at risk of self-neglect that do not meet the safeguarding criteria, at an expected cost of £16,000. This approval was based upon a calculation of 100 reviews (the stated 36 in BaNES, 24 in Swindon and 40 in Wiltshire) at £16,000. If this cost was to increase to reflect the 132 reviews stated in the paper, the Committee would be advised accordingly. ACTION: Multi-agency review figures and costs to be confirmed and PCCC advised accordingly.

9 Primary Care Operational Group Recommendations for Approval

9.1 A summary report of the four recommendations from the locality PCOGs had been provided to give the Committee oversight and assurance of the discussions already taken place at PCOG level before approval from the Committee was sought. The detail for each item was

appended to the report. The Deputy Director for Primary Care presented each item for approval.

9a. Final BaNES Practice Closure Report

9.2 The managed dispersal of patients from the Monmouth and Grosvenor Surgeries had been successful, with all patients on the list, including those out of area, transferred to an alternative practice. The final cost of the practice closures was £140,151, and had remained within the agreed budget. A number of lessons learnt had been captured for future dispersals and closures.

9.3 BaNES HealthWatch had supported the process and agreed that this had been a successful and smooth process; thanks were noted to the CCG team.

9.4 The Committee **approved** the final BaNES closure report, noting the cost (£140,151 pre-approved) and lessons learnt.

9b. Three Chequers Increase in GMS Space

9.5 It was noted that Dr Sam Dominey is a GP Partner at Three Chequers Medical Practice and therefore has a direct conflict of interest in this item. It was proposed and agreed that Dr Dominey remained in the meeting, but not be involved in the item discussion, and as a non-voter, would not be involved in decision-making.

9.6 The request from Three Chequers was for further office space in the building next to one of its surgeries to free up clinical space. This would be within the additional funds released by the closure of St Ann's Surgery in 2020.

9.7 The Committee **approved** the increase in GMS rent for Three Chequers Medical Practice at a cost of £12,500.

9c. Maternity Claims Outside Timely Submission

9.8 The Committee received a request to fund maternity locum claims outside of the stated timescales. It was note that this particular practice had four late claims, but had gone through a number of exceptional circumstances that contributed to the delay. One claim had been made within the set timescales. Wiltshire practices had been contacted in 2019 with an amnesty on locum reimbursement, but this had been missed by the practice.

9.9 Extensive discussion had taken place at PCOG concerning the request, the torrid set of circumstances, the Standing Financial Entitlements and six-year claim rule. Although acknowledging the exceptional circumstances, PCOG wished to recommend this compromise proposal for approval by PCCC - payment in full for the period with exceptional circumstances, payment in full for the period ending January 2021 and 50% payment for the other two claims.

9.10 The Committee discussed the request and noted the following:

- The deadline for claims was 18 months ago and clear rules had not been complied with.
- It was the responsibility of each practice to have an understanding of its finances and maintain business income. This late request indicated a lack of action from the practice.
- The Committee needed to be aware of the consequences to the practice and its neighbouring practices should the request not be approved. Non-approval could result in financial implications to the practice, affecting its ability to offer patient care. This could also affect future recruitment to the practice,
- The CCG had offered support to the practice during its period of vulnerability. Alternative support packages needed to be devised to move away from expected financial support.
- Payment of this request would be made from accrued brought forward funds of maternity locum payments, and would not come from the primary care budget.

- There was concern of setting a precedent, but acknowledgment that the issues surrounding this related to a wider financial viability and sustainability issue of the practice, and not in relation to the claim process put into place.
- It was queried as to whether items such as this should also be discussed by the CCG Finance Committee to provide that financial review and opinion. The role of both PCCC and the Finance Committee needed to be clarified in these circumstances.
- The Standard Financial Entitlements acted as a legal framework for the CCG to make payments. Exceptional circumstances could lead to reasonable changes to the claim timescales. A discussion regarding the list of exceptional circumstances was suggested to clarify future governance of requests such as this. This would need to be clearly communicated with practices.

9.11 The majority of the Committee **approved** the payment of maternity locum support in line with the PCOG compromise proposal – at a cost of £92,395. It was noted that the Lay Member Patient and Public Engagement and Lay Member Finance did not support this decision.

9d. Swindon Practices Merger

9.11 An application for merger had been received from Carfax Health Enterprise CIC to merge Great Western Surgery into the Sparcells Surgery GMS contract, and to operate Great Western Surgery as a branch surgery. There was no anticipated financial impact to the CCG.

9.12 The Committee **approved** the merger of Great Western Surgery and Sparcells Surgery in Swindon.

10 Quality Report

10.1 The Director of Nursing and Quality expressed the need for the Quality Impact Assessment to be completed to support papers and proposals to clearly indicate the patient impact.

10.2 The Committee received the Quality Report, noting in particular:

- Improvement was evident with regards the learning dilatability annual health checks following support from an external provider. Headway was being made.
- The uptake for flu vaccinations for 2020-21 had been at a good level against national records thanks to PCN's and other providers.
- A report on the impact of the COVID vaccination programme would be brought to a future PCCC meeting.
- The scorecard was being developed to enable the learning to be captured, moving away from the regulation focus. Work by the Quality Team continued to support practices to improve their CQC rating.
- Themes had been drawn out from recent patient safety incidents, with access to primary care noted. Assurance was given that these were being addressed and further discussed at the PCOGs and the BSW Quality Surveillance Group.
- The level of scrutiny and oversight as the integrated approach developed was a focus.

10a. Learning Disabilities Health Check Pilot Evaluation Report

10.3 Evaluation of the pilot was to be completed by University of Bristol by September 2021. The report would be shared with PCCC when available.

10b. HealthWatch Report

10.3 The Chair invited attending HealthWatch representatives to share current primary care issues and concerns as raised by the public.

10.4 JP advised that each individual HealthWatch organisation fed into the national HealthWatch England any concern and issue trends being seen. Praise was given to BSW for its innovative approach to reaching the boating community with the COVID vaccination programme. Details of the vaccination boat were shared upon the BaNES HealthWatch website, and had been reported to the national meeting as an effective project.

10.5 SB advised that Swindon HealthWatch had been focussed recently on digital inclusion and exclusion. It was being found that a large part of practice staff time was being spent in supporting patients to use the new technology and systems available, impacting on time spent on video appointments. This would feed into the review being undertaken by HealthWatch England.

11 Finance Report

11.1 The Associate Director of Finance for BaNES presented the report, which provided assurance to the Committee of the primary care financial outturn position for BANES, Swindon and Wiltshire CCG to Month 12 of the 2020/21 financial year, and set out the detail for the H1 allocations, funding and associated budgets.

11.2 The completed 2020-21 outturn was low risk and the variances understood as we moved into the 2021-22 financial year. The multiple funding pots associated with primary care funding indicated the complexity of managing allocations.

11.3 Primary care schemes had been identified against the 2021-22 transformational monies, which equated to £6.8m. Detail of each of these had been shared during the PCCC Seminar held in May.

11.4 The next finance report would include detail of the local enhanced services and GP forward view.

11.5 The Committee **received and noted** the report.

12 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 relating to demands and workforce across primary care in BSW.

13 Primary Care Operational Groups Update Report

13.1 The Committee **received and noted** the latest update report from the PCOGs.

14 Primary Care Commissioning Committee Forward Plan 2021-22

14.1 The Committee **noted** the Committee forward plan for 2021-22. The July Seminar would focus on Patent Safety and Quality, and Estates and Digital.

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

15 Any Other Business

15a. NHS Digital - General Practice Data for Planning and Research (GPDPR)

15.1 The Lay Member for Finance referenced the national concerns that had been raised regarding the NHS Digital GPDPR and the extraction of patient confidential data into a central national database, without actively engaging the public. The opt out deadline had

been extended to 1 September 2021. Although determined by NHS Digital, BSW needed to prepare a consistent approach by practices in the way it was communicated to patients. Links needed to be formed with the LMC and HealthWatch to share these messages also.

15.2 This was an area of discussion by the Digital Board. A request would be made for Jason Young (Assistant Director of Digital Transformation) and Dr Shanil Mantri (Chief Clinical Information Officer for BSW CCG) to provide a recommendation to the BSW PCOG being held on 17 June 2021.
ACTION: Recommendation from the BSW Digital Board to be made to the BSW Primary Care Operational Group with regards the General Practice Data for Planning and Research and consistent patient messaging.

15.3 There being no other business, the Chair closed the meeting at 15:24hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 9 September 2021:

Name:

Role:

Signature:

Date:

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

Updated following meeting on 10/06/2021

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
28/07/2020 *(Originally discussed during PCCC Private Session)*	Heart of Bath Lease	CCG to consider set principles and framework in relation to payment of legal fees and professional fees.	John Ridler	**Update 29/03/2021:** Agreed for action to be transferred to the PCCC public action tracker and for the item to be presented to the August Committee meeting. **Update 25/06/2021:** August PCCC meeting cancelled. This item would therefore be deferred until September. **Update 01/09/2021:** September agenda item.	CLOSED
15/04/2021	5. Action Tracker	Feedback to be sought from the Risk Management Panel with regards the vaccination programme reputational risk .	Yvonne Knight	**Update 19/05/2021:** SW requested update from Head of Risk and Information Governance. **Update 21/05/2021**: Yvonne Knight to raise with Risk Management Panel. **Update 10/06/2021:** Report that no further feedback had been received from the Risk Management Panel with regards the vaccination programme reputational risk. **Update 23/07/2021:** Risk BSW 45 'Delivery of COVID Vaccine to the Population of BSW' has an Estate specific part of the risk description, which has been discussed at and agreed by Risk Management Panel (RMP). RMP wished to see all risks associated with the vaccination programme be grouped together into one risk and that the overall category was determined as 'Public, Patient and Staff Safety including Clinical Harm' with Gill May as the Director Accountable for the risk.	CLOSED
15/04/2021	5. Themes to Watch	Integrated Care System Development – latest position regarding the transfer and delegation of primary care functions from NHS England to the BSW ICS to be brought to the June PCCC meeting.	Richard Smale	To be covered by Richard Smale at the June meeting - scheduled for August meeting. **Update 25/06/2021:** August PCCC meeting cancelled. This item would therefore be deferred until September. **Update 01/09/2021:** September agenda item.	CLOSED
15/04/2021	10. Primary Care Quality Report	Learning Disabilities Health Check pilot evaluation report to be shared with the Committee at its June meeting.	Gill May	June agenda - if available. **Update 10/06/2021:** Analysis of the Learning Disability Health Check pilot was underway, the final report was expected to be available in September and would be brought to a Committee meeting in due course.	**ONGOING**
10/06/2021	7a. Update on COVID-19 Vaccination Programme	A letter of thanks to be sent to each PCN from the Committee as a good gesture and to recognise the efforts.	Jo Cullen, Chair	**Update 26/07/2021:** Letter superseded by phase 3 planning and email sent by CCG Clinical Chair and CCG CEO to all BSW Practices to recognise the challenges faced. The Committee continues to acknowledge the huge efforts by primary care colleagues.	CLOSED
10/06/2021	8. Amendment to Primary Care Safeguarding Locally Commissioned Service	Multi-agency review figures and costs to be confirmed and PCCC advised accordingly.	Gill May	**Update 22/07/2021:** The impact of the additional claims across BSW is assessed as being £16k. PCCC will be provided with a 6 month review report and this will include claims to date and will include any risk of increased cost pressures.	CLOSED
10/06/2021	15a. NHS Digital - General Practice Data for Planning and Research (GPDPR)	Recommendation from the BSW Digital Board to be made to the BSW Primary Care Operational Group with regards the General Practice Data for Planning and Research and consistent patient messaging.	Steve Mapleston, Jo Cullen	**Update 18/06/2021:** Type 1 Opt out guidance for practices shared with Committee members for information. Circulated to practice managers and included within the Primary Care Bulletin.	CLOSED

BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: 10/06/2021

NAME OF THEME	DATE	ACTION / NOTE
Primary Care Communications	25-Jun-20	Agreed to move this from the action tracker and record as a theme to watch to ensure good communications remain in place. A deep dive may be undertaken following the COVID-19 pandemic.
Primary Care Wellbeing	10-Dec-20	Agreed to add this to the themes to watch list, to consider what support the CCG could provide to practices to bring wellbeing up the agenda.
		Update 15/04/2021 - Through this Committee, BSW Colleagues were actively aware of this and were discussing this in other forums to identify the support required. For the CCG, the Registered Nurse had taken on the role as the Health and Wellbeing Guardian. It was acknowledged that the demand on primary care continued to increase across the BSW system, and indeed the country, and significant pressures were still being felt.
'Integrated Care System (ICS) Development - White paper proposals to transfer or delegate additional primary care functions from NHS England to the ICS for April 2022'	15-Apr-21	To ensure PCCC continued to have oversight of the implications for the Committee and wider BSW - particularly regarding community pharmacy services and optometry. Timescales for the transition were to be clarified and were subject to further guidance being released and legislative changes. A short briefing on the latest position would be brought to the June PCCC meeting.
		Update 10/06/2021: Update regarding Primary Care Wellbeing was provided during the 'Primary Care Work Plan 2021-22 - Expected Outputs and Deliverables' item.

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

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Leg Ulcer Locally Commissioned Service 2018/19 – Rowden Surgery – Final Reconciliation					**Agenda item**	8a	
Date of meeting	9 September 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	Wiltshire Primary Care Operational Group (PCOG)							
Executive summary	This paper recommends the final concluded reconciliation of the leg ulcer LCS activity undertaken by Rowden Surgery during 2018/19. This work had started and was significantly delayed due to the practice focussing on the COVID response to patients. Screen shot evidence has been provided as back-up to the claim. This now provides parity with other Practices who concluded this reconciliation in line with the CCG's timeframes.							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	1. The Committee is asked to **approve** the payment of £13,910.00							
Link to Board Assurance Framework or High-level Risk(s)								
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	

Report Title	Leg Ulcer Locally Commissioned Service 2018/19 – Rowden Surgery – Final Reconciliation	**Agenda item**	8a
Key risks	There is a risk should the CCG choose not to proceed with the conclusion of the reconciliation, that this is contrary to the GMS Statement of Financial Entitlements and the risk the Practice proceeds with a formal dispute on this basis.		
Impact on quality	This request now supports the positive action the Practice has undertaken with correctly identified coding activity for all patients receiving care and treatment for a leg ulcer.		
Impact on finance	Funding is non-recurrent and concludes the reconciliation for 2018/19.		
	Finance sign-off: John Ridler		x
Conflicts of interest	1. None identified.		
This report supports the delivery of the following CCG's strategic objectives:	☐ BSW approach to resetting the system ☐ Realising the benefits of merger ☒ Improving patient quality and safety ☒ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☐ Transforming Care Across BSW ☐ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

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

Rowden Surgery

Final Reconciliation of Leg Ulcer Activity – 2018/19

1. Background

Leg ulcer management services have been commissioned from the majority of practices for some many years; however in recent years (prior to the Pandemic) the Primary Care Team were working towards a counting and coding of all locally commissioned service (LCS) activity with standardised coding and templates across all practices.

Rowden Surgery, at the time, were also attempting to work with other surgeries in their locality (now Primary Care Network) to set up a PCN-wide leg clinic. Soon after the reconciliation the Practice made the CCG aware the activity did not match what they believed.

2. Impact on Rowden Surgery

At the time of reconciliation, the practice made the CCG aware they were still attempting to count and code the relevant activity. This was a large task, given the level of activity, however wanted to ensure that this would be on-going, but also wanted to ensure this was accurate data and they would submit evidence as soon as possible.

Unfortunately, the impact of the pandemic and the surgery's focus on this, did mean this work was severely delayed. Communication between the CCG and surgery did continue throughout this period to support the work.

3. Recommendation

The Team's recommendation to the Committee is to recognise the reconciliation process was never concluded at the time and that the significant delay in the final reconciliation was due to the Practice wanting to ensure this was counted and coded correctly and the impact of COVID in doing this.

The team are now requesting a payment of £13,910.00 in final settlement of service within the 2018/19 financial year.

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

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

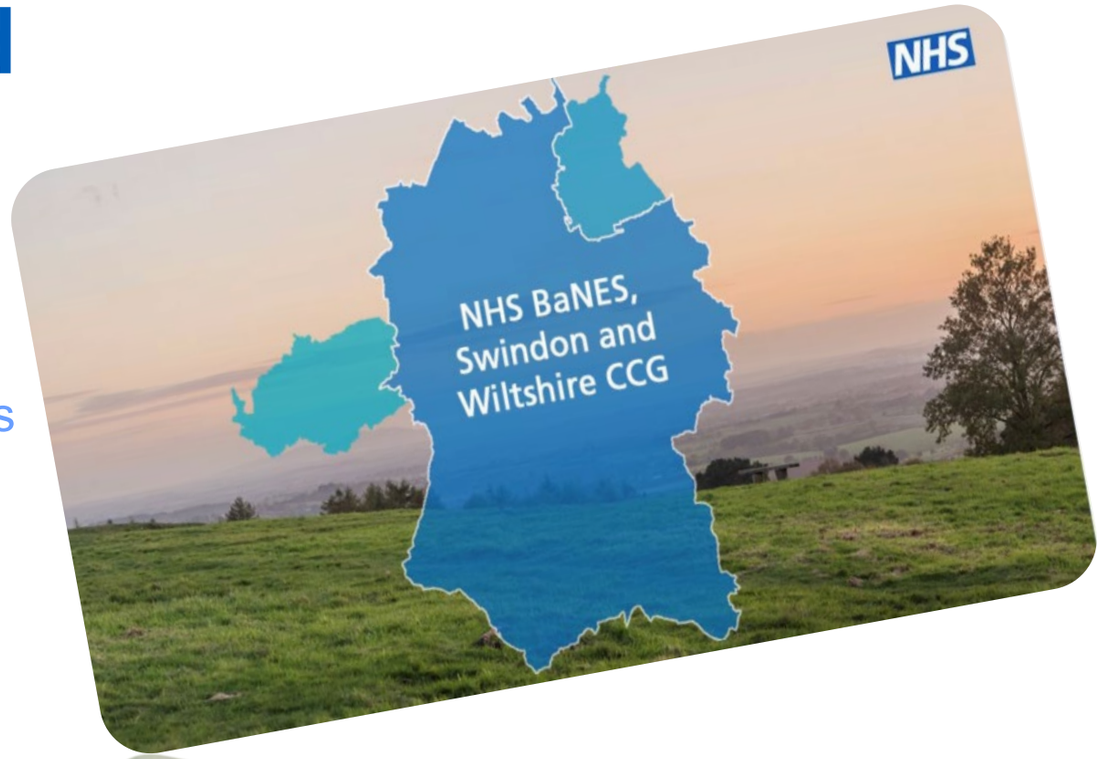
Report Title	Quality in Primary Care						**Agenda item**	9
Date of meeting	9 September 2021							
Purpose	Approve		Discuss	x	Inform	x	Assure	x
Executive lead, contact for enquiries	Gill May – Director of Nursing and Quality							
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Sarah-Jane Peffers, Associate Director of Patient Safety and Quality							
Executive summary	Quality summary / assurance for primary care • Primary care incident reporting (which is shared with the CCG) remains low. Medication errors continue to represent the most frequently reported incidents. The new patient safety incident reporting system launched in July 2021 with the CCG supporting practices to report incidents. • Themes from PALS and Complaints in July mainly relate to the local implementation of the Covid vaccination programme. BSW CCG has received complaint activity data from NHSEI for Quarter 4, however the learning analysis is not yet available. • There are currently 6 practices rated as Requires Improvement overall and none rated as Inadequate across BSW CCG • Key areas of focus for the BSW system flu plan include further in-reach into minority community groups and reducing inequalities with continued focus on the under 65 age group with specific focus on cardiac and liver patients • Priorities going forward include support to report patient safety incidents and developing a process to capture and							

Report Title	Quality in Primary Care					**Agenda item**	9	
	analyse emerging themes and trends. To support and monitor progress of CQC improvement plans, and to progress flu vaccination plans.							
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)	NA							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	**x**
Key risks	There is a risk that there is under reporting of incidents in primary care, this is because of the access to the new Learning From Patient Safety Events system and therefore limited oversight of primary incidents by the CCG. The impact of this is limited system oversight and learning and the instigation of timely and appropriate QI projects to improve the safe delivery of care.							
Impact on quality	This report sets out the summary status of quality and safety in primary care. Specific risks around practices are reviewed and discussed in alternative forums. Locality specific reports are provided to the primary care operational groups							
Impact on finance	No finance impact							
	Finance sign-off: N/A							
Conflicts of interest	No conflicts of interests							
This report supports the delivery of the following CCG's strategic objectives:	☐ BSW approach to resetting the system ☐ Realising the benefits of merger ☒ Improving patient quality and safety ☐ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☐ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☒ Transforming Care Across BSW ☐ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

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

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

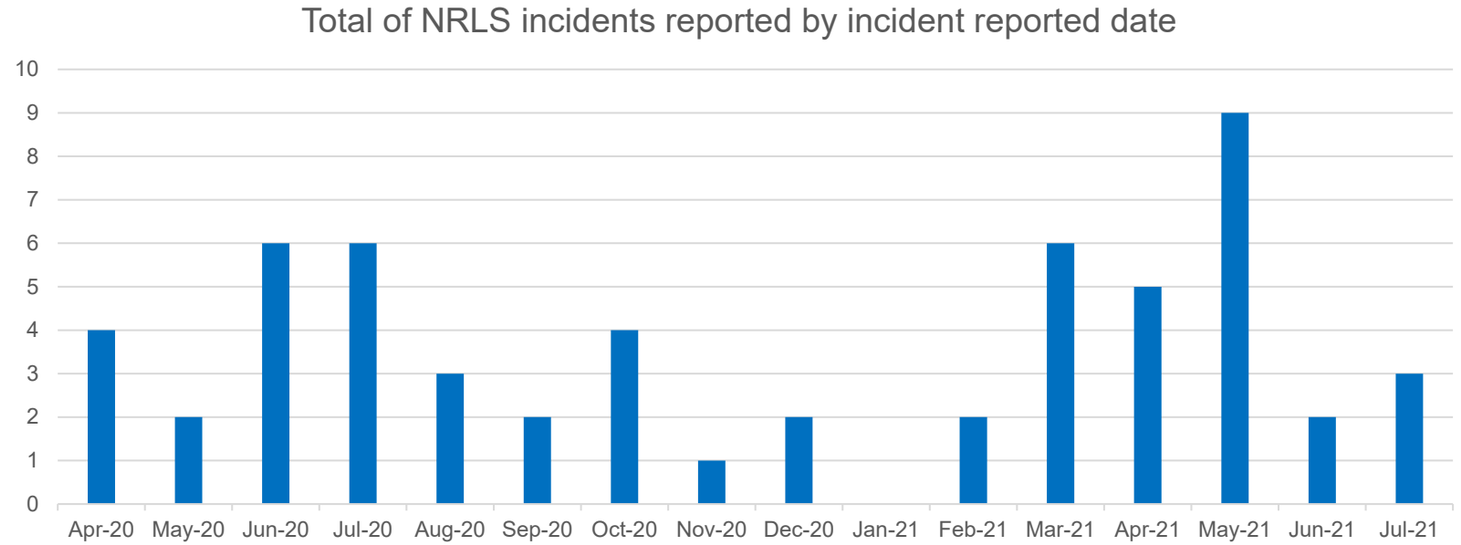
- Patient Safety Incidents
- PALS and Complaints
- CQC Inspection Ratings
- Learning Disability Annual Health Checks
- Flu vaccination programme 20/21



September 2021

Patient Safety Incidents Reported by Primary Care

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



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

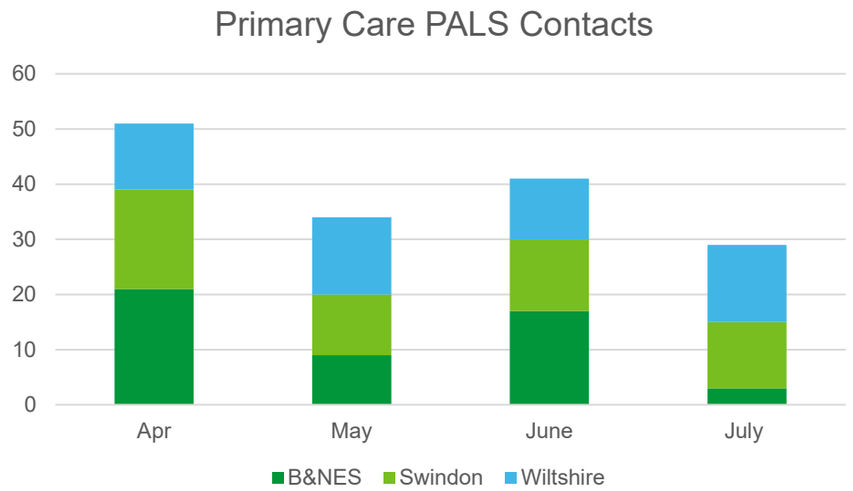
- Delay in discharge communication – Learning is being incorporated into discharge planning quality improvement groups
- Management of syringe drivers – this will be examined further to understand any risk issues, with learning reported to End of Life (EoL) groups
- There is an emerging theme regarding access to mental health services, which is being monitored within assurance and transformation workstreams

- There have been no primary care Serious Incidents reported in July 2021.
- There were 3 NRLS incidents raised in July 2021 compared with 2 in June 2021. 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 reoccurrence.
- A process for capturing and analysing emerging themes and trends in PHC will be developed over Q2 and Q3.
- NRLS ceased operating in July 2021, going forward, Patient Safety Incidents will be reported via the Learn From Patient Safety Events (LFPSE) system. LFPSE is a new system which has been rolled out from July 2021, as the successor to the previous National Reporting and Learning System (NRLS). Currently BSW CCG does not have access to patient safety events occurring within BSW via LFPSE; NHSEI are currently implementing an enhancement to give this access automatically (expected September), as an interim measure practices have been asked to forward the PDF summary of their incident via email to the Quality Teams incident inbox to ensure the team can offer additional support as necessary or share learning. To date no incidents have been reported via LFPSE.
- Practices have been asked to contact the CCG Quality Team if a Local Risk Management System (LRMS) software such as Datix is in use in addition or separately to NRLS. This will enable the team to help guide and understand what support is required by practices going forward. The CCG's aim is to have more practices reporting incidents through LFPSE.

Patient Experience – PALS and Complaints

During July there were 29 PALS contacts compared to 41 in the previous month and 34 reported in May. The strongest theme again during July has again been around the local implementation of the Covid vaccination programme. These include:-

- Arrangements for walk-in vaccination sites. Key theme: patients asking if walk-ins mean they can be seen earlier than eight weeks for the second vaccination, outside clinical exemptions (e.g. for travel).
- People who had the vaccine abroad, or in the UK outside of England, needing PACT and the CCG to arrange second jabs direct with the vaccine sites
- NHS APP, vaccine passport: errors, e.g. second jab not showing, wrong brands showing. Compounding issue: patients coming to PACT as other agencies, GP, NHS Digital, NHS England are unable to help.



NHSEI Complaints:

BSW CCG has received complaint activity data from NHSEI for Quarter 4, however the learning analysis is not yet available. There were a total of 20 GP complaints submitted to NHSEI during Q4; 9 Admin closures; 6 complaints upheld; 1 concern; 4 remain open.

The main themes of complaints resolved in Q4 for BSW were related to clinical issues and communications, these themes were also identified in Q3. BSW CCG is working with NHSEI to gain timely complaints information relating to Primary Care complaints and therefore learning from complaints is limited.

In addition there is also a recognised gap in commissioners receiving the trends and themes of complaints directly submitted to the practice; The CCG will be working with practices in Q3/4 to find the best way to obtain the data to enable triangulation of information from PALS and complaints, NHSEI and Practices. This will provided a richer picture of the learning across all GP practices

Care Quality Commission GP Ratings

As of the NHS England report for July 2021, there are currently 6 practices rated as Requires Improvement overall and none rated as Inadequate across BSW CCG. The Quality Team is engaged with and offering support with these individual practices to develop action plans.

Some of these practices have Regulation 17 (good governance) notices and the Quality Team are working with these practices to understand shared learning that can be applied across all practices.

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

National	IA	RI	GO	OU	NR	Total
England	31	303	5,804	318	191	6,647

IA	RI	GO	OU	NR
0.5%	4.7%	89.9%	4.9%	2.9%

Region	IA	RI	GO	OU	NR	Total
South West	0	22	482	47	15	566

IA	RI	GO	OU	NR
0.0%	4.0%	87.5%	8.5%	2.7%

STP	IA	RI	GO	OU	NR	Total
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	0	6	74	8	3	91

IA	RI	GO	OU	NR
0.0%	6.8%	84.1%	9.1%	3.3%

CCGs	IA	RI	GO	OU	NR	Total
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0	6	74	8	3	91

IA	RI	GO	OU	NR
0.0%	6.8%	84.1%	9.1%	3.3%

Primary Care	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
Outstanding	8	0	6	6	12	8
Good	74	83	79	81	76	74
Requires Improvement	6	5	3	1	0	6
Inadequate	0	0	0	0	0	0
Not yet inspected	3					

Key:

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

BSW system flu planning

- BSW system has continued to work collaboratively across all stakeholders for flu season 2021/22 in order to prepare and respond effectively to the flu vaccination delivery and local influenza outbreaks.

- Delivering the flu immunisation programme for 2021/22 is likely to be just as challenging as 2020/21 due to the continued impact of COVID-19 on our health and social care service and the continuation of the COVID-19 vaccination programme roll out.

- To ensure that we protect the population and enable and empower people to live their best life it remains imperative that BSW CCG build on the work done during the 2020/21 flu vaccination programme and the COVID-19 vaccination programme and have in place effective plans for the 2022/22 flu season to protect those at risk, prevent ill-health and minimise further impact on the NHS and social care.

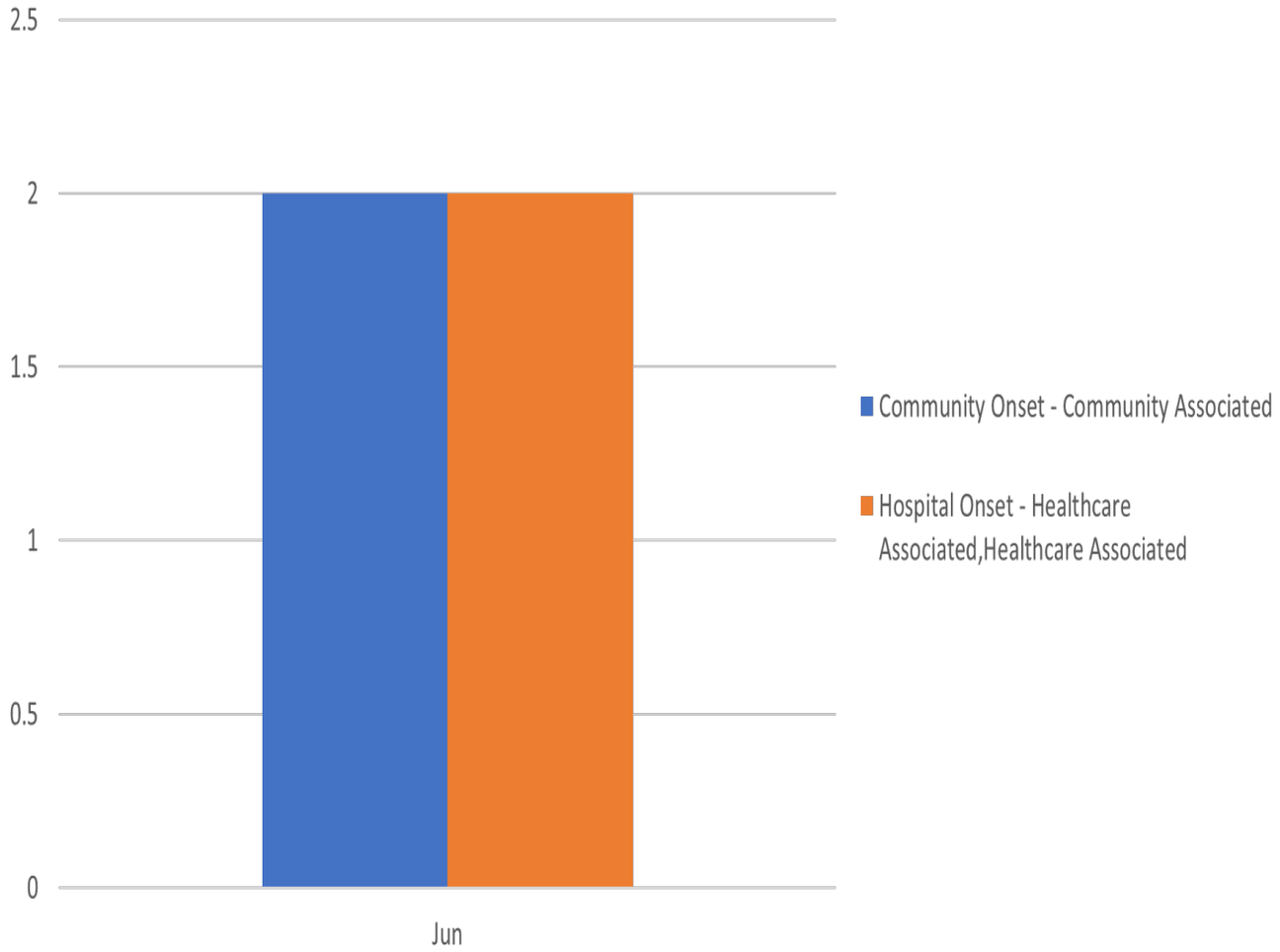
- BSW CCG performed well nationally in flu vaccination uptake rates during 2020/21 and its is hoped that with continued planning we can achieve these rates again with the aim to improve on them to therefore ensure that a greater number of the population are protected against Influenzas.

BSW system flu planning

- There have been national changes to the eligible cohorts and flu vaccine uptake ambitions for 21/22
- Key areas of focus for the BSW system plan include further in reach into minority community groups and reducing inequalities
- Continued focus on the under 65 at risk with specific focus on cardiac and liver patients

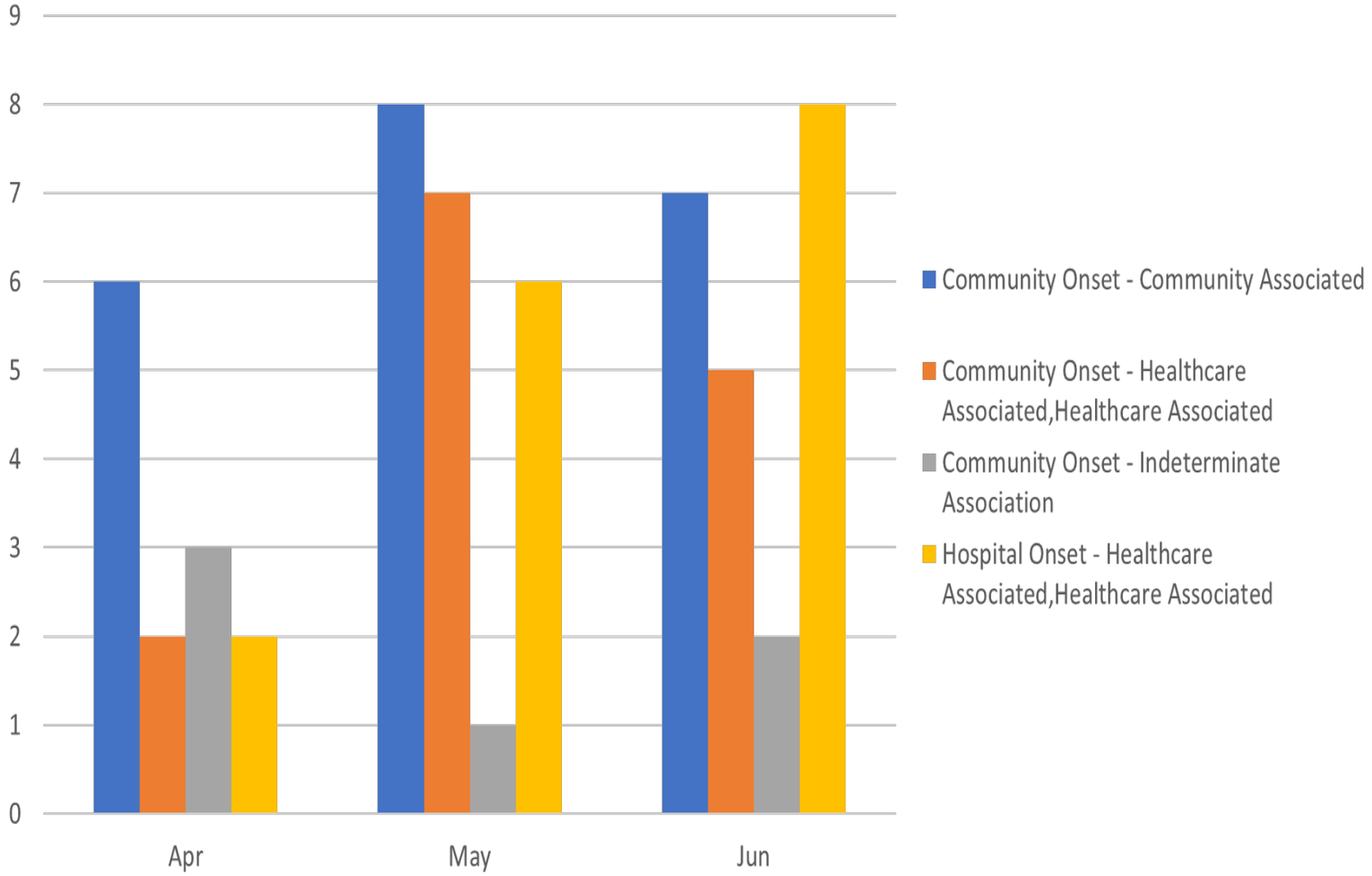
Eligible groups	Uptake ambition
Routine programme for those at risk from influenza	
Aged 65 years and over	At least 85%
Aged under 65 'at risk', including pregnant women	At least 75% in all clinical risk groups
Aged 50 to 64 years	At least 75%
Children's programme	
Preschool children aged 2 and 3 years old	At least 70% with most practices aiming to achieve higher.
School-aged children	At least 70% to be attained across all eligible school years.
Reducing levels of inequality	
All ages	No group or community should have a vaccine uptake that is more than 5% lower than the national average. See paragraph 18 for more details.
Health and social care workers	
Frontline health care workers	100% offer with an 85% ambition
Frontline social care workers	100% offer with an 85% ambition

MRSA incidence totals BSW system Q1 2021/22



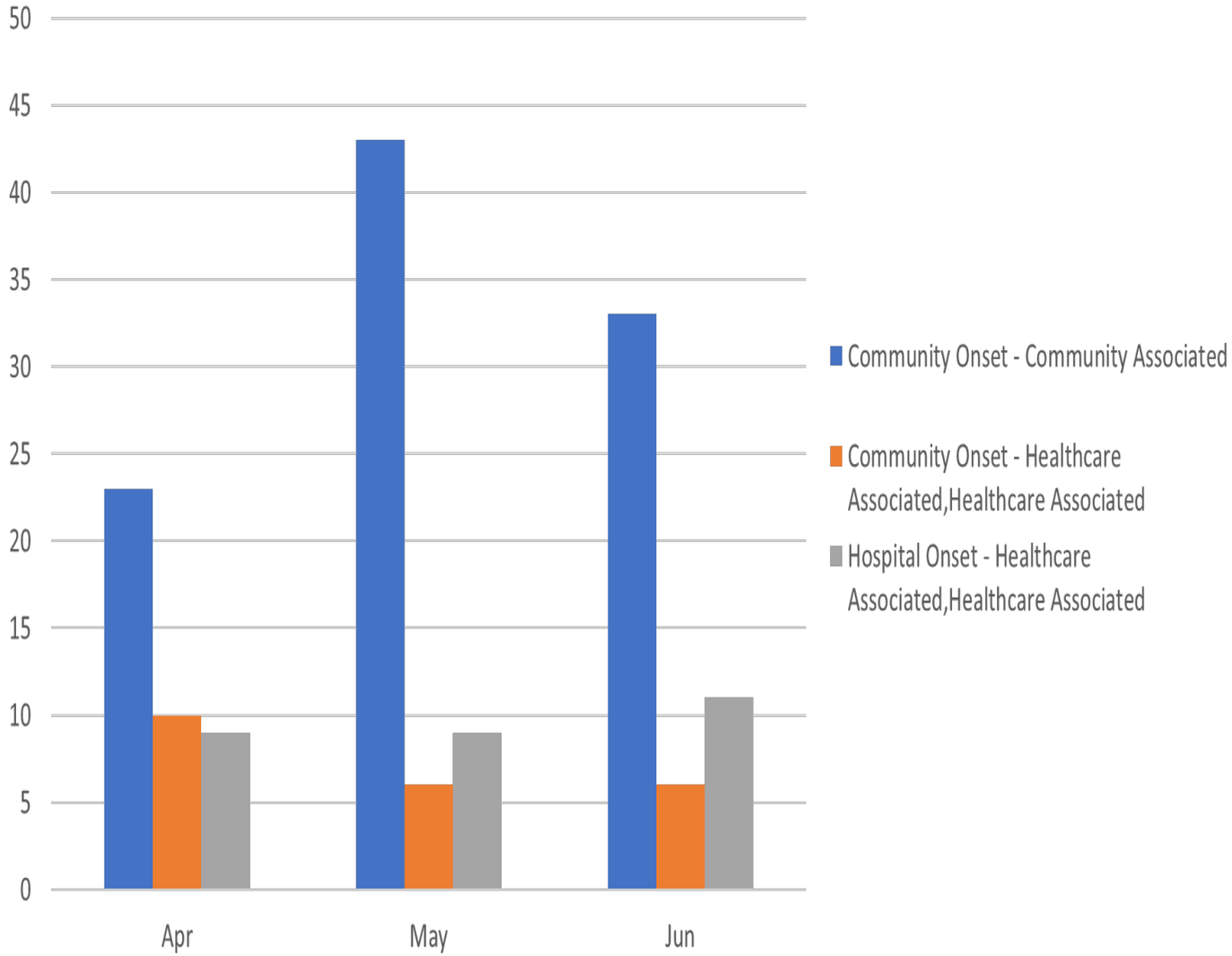
- 4 cases of MRSA in Q1
- 3 new onset infections, 1 continuous infection > 14 days
- 2 Community Onset, Community Associated
- 1 Hospital Onset, Hospital Associated
- Zero incidence of MRSA for Swindon ICA
- work is underway with local authority and third sector colleagues to understand what can be put in place to reduce MRSA cases in this population. Learning from colleagues in BNSSG system is being reviewed to potentially implement across the BSW system.

Clostridium difficile incidence totals BSW system Q1 2021/22



- Community Onset, community associated- 21
- Community onset, healthcare associated- 14
- Community onset, indeterminate associated- 6
- Hospital onset, hospital associated-16
- BSW CDI collaborative will be meeting in mid August to take forward key actions identified at the regional CDI collaborative
- Key actions focus on, reduce inappropriate antibiotic prescribing, appropriate recognition, treatment and timely management of CDI and patient record codded and flagged at time of diagnosis across the system

E-Coli incidence BSW system 2021/22 Q1



- Community onset, community associated- 99
- Community Onset, Healthcare associated – 22
- Hospital onset, hospital associated – 29
- Primary source of E-Coli infections identified through post infection reviews are urinary tract infections and hepatobiliary infections
- Diagnosis and prescribing is currently being looked at in relation to those cases with UTI as a primary source
- Further work is being identified around the hepatobiliary workstream to understand this picture in greater detail

Summary and Next Steps

Current Position and Next Steps

Current priorities for the Quality Team include the ongoing response to the CQC inspection outcomes of specific practices. As outlined above and in the previous page, the team aim is to develop an appropriate support framework and socialise with practices as quickly as possible.

Priorities for Q2 21/22

- Supporting Practices to use LFPSE to record incidents in primary care
- There is ongoing work to use the information from the annual GP Patient Survey to understand patients experience and in particular some key indicators from the NHS Oversight Framework. These are Access to general practice – number of available appointments and the proportion of the population with access to online GP consultations.
- Primary Care Friends and Family Test has recommenced and results will be reviewed to gain further insight into peoples experience of primary care
- Supporting and monitoring progress against required CQC quality improvement plans
- Progress flu vaccination plans for 21/22, whilst awaiting national flu letters/guidance
- Development of a process for capturing and analysing emerging themes and trends from reported patient safety incidents will be developed over Q2 and Q3.
- Development of LDAHC pathway underway – to commence from Q2/3, to include learning from LeDeR reviews
- Continued collaborative working with BSW Medicines Management Teams from across the system and the Antimicrobial Stewardship Committee to increase awareness of appropriate antibiotic prescribing.

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

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

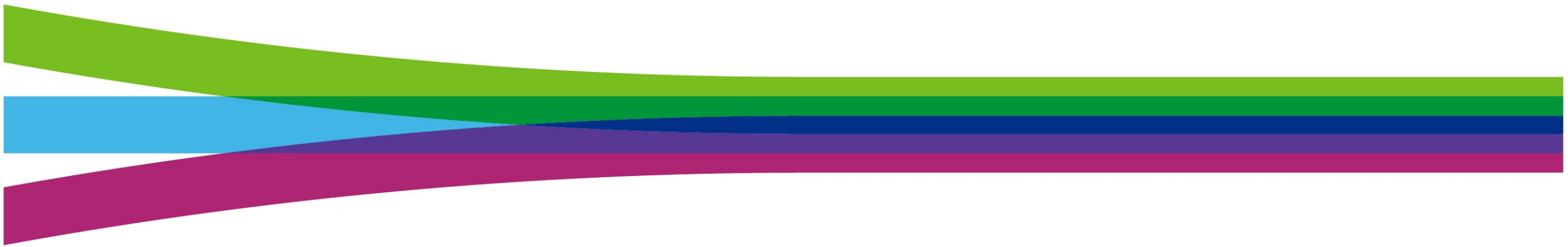
Report Title	Finance Report					**Agenda item**	10	
Date of meeting	9 September 2021							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead, contact for enquiries	Caroline Gregory, BSW Director of Finance							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	John Ridler, Associate Director of Finance							
Executive summary	This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 4 of the 2020/21 financial year. It also sets out some of the detail on the H1 (April – September) allocations, funding and associated budgets. The financial report detail is at a summary level for the committee with the BSW and locality Primary Care Operational Groups (PCOGs) providing greater scrutiny of the finances in their meetings. **2021/22 Financial Year:** • Primary Care Allocations have been set nationally for H1 (April – September) • BSW Primary Care Budgets total £153.7m for H1 (including prescribing) • Funds have been allocated across each locality • Further Service Development Funds of £6.8m are available to the system • Month 4 year to date position is a £506k underspend with a current forecast overspend of £780k. This is mostly attributed to the Primary Care Delegated position where funding levels do not match the required expenditure levels associated with the GP contract and other recurrent commitments such as rent reimbursements. Further work is being undertaken in order to identify any mismatch between delegated funding received and additional GP contract payment requirements but it is likely going into H2 that there is some level of challenge with this. • Other variances include prescribing and Primary Care IT and these are explained in the report							

Report Title	Finance Report						**Agenda item**	10
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)	Ensuring financial sustainability; Robust control mechanisms Embedding the interim financial regime to ensure all organisations costs are being covered Understanding drivers underpinning systems financial challenge and refreshing sustainability programme Delivering the efficiency benefits associated with new ways of working							
Risk (associated with the proposal / recommendation)	High		Medium	**X**	Low		N/A	
Key risks	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system							
Impact on quality	N/A							
Impact on finance	As described in paper							
	Finance sign-off: John Ridler, Associate Director of Finance							X
Conflicts of interest	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.							
This report supports the delivery of the following CCG's strategic objectives:	☐ BSW approach to resetting the system ☐ Realising the benefits of merger ☐ Improving patient quality and safety ☒ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner							
This report supports the delivery of the following BSW System Priorities:	☐ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☐ Transforming Care Across BSW ☐ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							

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

BSW Primary Care Commissioning Committee Finance Report- Month 04 2021/22

9th September 2021



2021/22 Recap

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

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

BSW Primary Care Delegated Allocations

	BaNES £s	Swindon £s	Wiltshire £s	Total £s
Primary Care Allocations	29,222,000	32,545,000	71,844,000	133,611,000
Impact of GP contract	64,329	74,288	165,383	304,000
New QOF indicators	263,241	303,995	676,764	1,244,000
IFF fund	162,727	187,920	418,353	769,000
Total – full year	**29,712,297**	**33,111,204**	**73,104,500**	**135,928,000**
50% for H1	14,856,148	16,555,602	36,552,250	67,964,000
Other	46,131	53,272	118,597	218,000
Total	**14,902,279**	**16,608,874**	**36,670,847**	**68,182,000**

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

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

2021/22 Transformational Monies

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

2021/22 Primary Care Funding

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

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

Primary Care – Month 4 position

	Budget YTD	Actual YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
	£'000s	£'000s	£'000s	£'000's	£'000's	£'000's	%
CENTRAL DRUGS	1,196	1,226	30	1,794	1,878	84	5%
COMMISSIONING SCHEMES	2,275	2,342	60	3,413	3,384	(28)	-1%
LOCAL ENHANCED SERVICES	3,916	3,870	(46)	5,874	5,820	(54)	-1%
MEDICINES MANAGEMENT - CLINICAL	677	641	(36)	1,016	945	(71)	-7%
OUT OF HOURS	4,124	4,153	30	6,185	6,267	82	1%
GP FORWARD VIEW	2,090	2,197	108	2,973	2,973	0	0%
OXYGEN	392	333	(58)	588	563	(25)	-4%
PRESCRIBING	44,965	44,862	(102)	67,447	67,227	(220)	0%
PRIMARY CARE IT	1,503	1,269	(234)	2,111	2,257	147	7%
PRIMARY CARE INVESTMENTS	444	469	25	665	711	46	7%
PRIMARY CARE DEVELOPMENT	354	278	(76)	531	421	(110)	-21%
PRC DELEGATED CO-COMMISSIONING	46,703	46,492	(211)	70,055	70,984	929	1%
TOTAL PRIMARY CARE	108,637	108,131	(506)	162,650	163,430	780	0%

Key Highlights: (£100k threshold)

- **Prescribing £220k FOT underspend –** software licence and PIS budgets released
- **Primary Care IT £147k FOT overspend –** this is due to Graphnet within GPIT
- **Primary Care Development FOT £110k underspend –** relates to vacancies (Think 111 post etc.)
- **PRC Delegated FOT £929k overspend -** Delegated funding shortfall in H1 net of QOF, dispensing fees and premises benefits

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

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

Report Title	BSW Practice Merger and Closure Support Protocol					**Agenda item**	10a	
Date of meeting	9 September 2021							
Purpose	Approve	X	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	GP mergers and closures have increasingly taken place over the last few years. It is increasingly recognised that there is a great need for GP practices to collaborate to explore new, innovative ways of delivering primary care at scale. One solution to the constellation of problems facing practices is for them to form a merger. Mergers, typically, involve two or more neighbouring practices that are suffering from similar limitations and wish for innovative solutions, such as the desire for larger, fit-for-purpose premises or the opportunity to increase the patient list size and practice income. BSW have yet to put in place a protocol that makes clear the financial support available to practices in these situations. This protocol for BSW aims to bring greater consistency to support given to practices but also provide something that reflects on the pros and cons of merging and offers support on the guidelines and processes in order to support our GP practices. It focuses on the following key areas: • Clarity on the types of mergers and closures and how to recognise each scenario • The advantages and disadvantages if a merger scenario is currently being considered • The processes to follow when a merger has been agreed including the completion of forms within the protocol itself. This includes information on the BSW CCG governance							

<table>
<tr><td>Report Title</td><td colspan="4">BSW Practice Merger and Closure Support Protocol</td><td>Agenda item</td><td>10a</td></tr>
<tr><td></td><td colspan="6">processes to follow
• Information on all requirements for an application or business case of a practice merger or closure (including the assessment of value for money for the taxpayer)
• Summary of financial support available to practices in the light of merger or closures – this can be £5k-£10k for standard support but with up to £15k of financial support for a complex merger. All financial claims would need to valid and evidenced.
• Other potential areas of financial support including legal, accountancy, HR, premises and other staff support time
• Other considerations on quality, workforce, communications and IT
• As well as templates provided for completion on merger due diligence and mobilisation, there are also top tips provided for practices based on previous mergers and closures that have taken place.

Finally, the protocol gives credit to several references used in its compilation including appropriate NHSE guidance and links with LMC and the BMA.</td></tr>
<tr><td>Public and patient engagement</td><td colspan="6">N/A</td></tr>
<tr><td>Recommendation(s)</td><td colspan="6">The Committee is asked to approve the protocol for use in BSW with primary care practices and in providing any relevant financial support.</td></tr>
<tr><td>Link to Board Assurance Framework or High-level Risk(s)</td><td colspan="6">Robust control processes and mechanisms

Primary Care risks are included upon the BSW risk register and reviewed at the Primary Care Commissioning Committee</td></tr>
<tr><td>Risk (associated with the proposal / recommendation)</td><td>High</td><td></td><td>Medium</td><td></td><td>Low</td><td>x</td><td>N/A</td></tr>
<tr><td>Key risks</td><td colspan="6">Primary Care risks are included upon the BSW risk register and reviewed at the Primary Care Commissioning Committee</td></tr>
<tr><td>Impact on quality</td><td colspan="6">Better decisions being taken will result in improved quality of care</td></tr>
<tr><td>Impact on finance</td><td colspan="6">Financial claims can potentially be made by practices in line with the protocol up to £15k per merger or closure support offer depending on complexity and evidence of case. This would be funded from Primary Care resilience funding.</td></tr>
</table>

Report Title	BSW Practice Merger and Closure Support Protocol	**Agenda item**	10a
	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:	☐ BSW approach to resetting the system ☒ Realising the benefits of merger ☒ Improving patient quality and safety ☒ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☐ Transforming Care Across BSW ☒ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

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

BSW CCG PRACTICE MERGER & CLOSURE SUPPORT PROTOCOL

Title:	**BSW CCG - Practice Merger and Closure Support Protocol**		
Version:	V1.0	**Recommended Review Date:**	Every 3 years (June 2024)
Approval Date:	June 2021	**Approving Committee:**	Primary Care Commissioning Committee
Document Manager:	Jo Cullen	**Document Sponsor:**	Richard Smale

Purpose:	To support CCG and GP practices in the event of practice mergers or closures
Key information:	Refer to Contents
Specific colleagues / teams:	Primary Care Leads GP leads and practices
Tables/ Flowcharts:	

CONTENTS:

	3. Financial considerations **4. Service delivery** **5. Patient and stakeholder engagement** **6. Contractual actions** **7. Procurement and competition** **8. Merger mobilisation** **9. Additional Information** **10. Signatures**	
	Appendix B - Template Mobilisation Plan for Practice Merger • **Changes to Services** • **Open and Closed Lists** • **Boundary Changes** • **Premises** • **Branch Surgeries** • **Branch Closure**	
	Appendix C - Top tips for Practices when Merging	

BSW CCG - Practice Merger & Closure Support Protocol

1. Introduction & Purpose

The aim of this protocol is to support BSW practices and the BSW CCG decision making process when approving matters relating to practice mergers or closures including any resilience support. Practice mergers generally occur when two or more practices wish to join together to form a single practice. The protocol can also be useful for practice closures when dispersals to other practices may also occur.

As the BSW CCG have delegated commissioning arrangements for Primary Medical Care Services, this includes a Delegation Agreement with NHS England setting out the scope of those arrangements. The Delegation Agreement includes a section on approving GP practice mergers and closures. When carrying out such actions, the CCG is required to act in accordance with the Delegation Agreement which includes but is not limited to:-

- Undertaking all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committees (LMC).

- Prior to making any decision on merger or closure support, clearly demonstrating the grounds for such a decision and fully considering any impact on the GP practice's registered population and that of surrounding practices. The CCG must be able to clearly demonstrate that it has considered other options and has entered into dialogue with the GP contractor as to how any merger or closure support will be managed; and

- in making any support decisions associated with mergers or closures, taking account of the CCG's obligations as set out in the Delegation Agreement in relation to procurement, where applicable.

2. Scope and Types of Merger

BSW have seen different outcomes in recent times around practice closures and/or managed dispersals upon these closures but for mergers there are essentially some different types of merger models that may be proposed:

- GP providers may agree arrangements such as sharing back office functions or management staff or may even create a new legal entity to manage and oversee the delivery of services under the GP contracts. This is not a formal merger and

the contracts with the Commissioner will not change (this model is often referred to as a contractual joint venture).

- The GP partners from Practice A may join the partnership of Practice B and vice versa. The new partnership may continue to hold the two separate contracts but will have merged at an operational level.

- GP partners from Practice A join the partnership of Practice B and Practice A ceases trading. The Commissioner terminates Practice A's contract and varies Practice B's contract to include the services originally provided by Practice A. This may happen with more than two practices so that the larger partnership holds one larger contract for services originally provided by a number of practices under a number of contracts. The parties are likely to enter into a business transfer agreement for the transfer of assets and staff.

- GP providers come together to create a new legal entity (for example, the GP partners become shareholders of a new company limited by shares).

  This may involve:

  - Novating the existing GP contracts to the new entity;
  - terminating the majority of the existing GP contracts and varying one to include all existing services; or
  - terminating the existing GP contracts and directly awarding a new contract to the new entity.

  Practice mergers can be complex matters which should not be approached lightly by either the contractors or the Commissioner. Where a practice merger requires amendments to the practice contracts, the final commissioning decision on whether contracts should be amended to effect the proposed merger, lies with BSW CCG and there are a number of important issues that would need to be considered, prior to giving consent.

  An overview of the potential issues are outlined within this protocol. This is by no means an exhaustive list and the CCG should refer to and seek appropriate guidance in each case to ensure that all relevant matters are considered.

  A “Top Tips” for practices that are proposing to merge is included in Appendix C – this will be useful for practices opting to and formally applying to merge to support them in completing the merger successfully.

3. Potential advantages and disadvantages of merging

Working with the practices who are seeking to merge, the CCG should weigh up the potential advantages and disadvantages of merging to determine whether it is right for both the GP practices and the patient population that they serve.

The following table outlines the advantages and disadvantages that the Primary Care Commissioning Committee should consider when reviewing applications:-

Advantages	Disadvantages
Economies of scale through the ability to increase the volume and type of services offered to patients	Each practice will sacrifice an element of their independence
The ability to offer increased/extended patient access	Poor preparation, communication and planning can lead to a breakdown in relationships pre and post-merger
Improved sustainability in providing services	Any liabilities belonging to a specific practice may pose an issue unless positive action is taken to mitigate the liabilities
The opportunity to become a more transformational, innovative practice.	Patients may have difficulty in accessing the services if the practice operates from more than one location
The ability to share facilities and premises	A merger could put practices outside of established primary care networks/neighbourhoods geographically
The ability to attract, recruit and retain more clinicians and senior management staff as well as patients	GPs and staff could leave if the merger is not managed sensitively and inclusively
The ability to bulk buy and reduce business costs/sharing back office functions	Patients could leave the practices where they are unhappy with the merger
A greater chance of successfully bidding for contracts	

4. Processes for GP Practices and the Commissioner

The preliminary decision and agreement by GP practices' wishing to merge is a matter for the GP practice/provider parties concerned, however the CCG may offer advice on the process and be requested to offer other support.

The providers may request a meeting with CCG to discuss the merger or closure and what is required to move the request forward.

CCG should, at the providers' request, instruct their primary care finance leads to support the collation of a merged budget for consideration by all parties.

The GP providers should complete the Application to Merge (Appendix A) and submit to the local Primary Care Team and CCG together with the service business plan (Appendix B). The prospective merging practices must submit an application at least six months before the proposed date of merger, supported by a comprehensive service business plan/case outlining the themes covered in Appendix B. It is this business case that will be presented to the Primary Care Commissioning Committee to support the application.

The CCG should acknowledge receipt of the application within 14 days of receipt.

The CCG/Primary Care to consider the submitted documents and check that sufficient information has been received.

With the consent of the practices concerned, other Practices within the CCG area will be made aware of the proposed merger.

It is also good practice to ensure that the practice has notified its staff and patients of the proposed plans.

A paper and application should be presented to the Public section of the CCG Primary Care Committee for consideration and decision. This is only following scrutiny at the relevant Primary Care Operational Group (PCOG) meeting. Any requests for financial support to support the merger or closure should be debated in the confidential section of the Primary Care Commissioning Committee and in line with limits in this protocol and the decision shared with the applicant(s)

GP practices concerned to be notified of the committee decision within seven working days of decision.

If approved discussions to commence on changes to contract, notification of relevant teams and next steps.

If not approved parties concerned to be notified with detailed information on the decision reached.

Other practices in the CCG and other key system partners will be made aware of the decision of the Primary Care Committee as required.

5. Considerations for the CCG Primary Care Commissioning Committee in reaching a decision

The final commissioning decision on whether contracts should be merged lies with the BSW CCG Primary Care Commissioning Committee and there are number of important issues which need to be considered prior to giving approval:-

5.1 A business case which outlines the benefits to patients

BSW CCG will require the Provider parties to submit a Business Case (see Appendix A) to support their application which should provide detail on:-

- How the patient would access a single service
- What would the practice boundary be (inner and outer)
- Assurances that all patients will access a single service with consistency across provision (e.g. home visiting service, extended access, booking appointments, essential and additional services, opening hours, extended hours etc.)
- Single IT and phone systems and how patients access these
- Premises arrangements
- Other alternatives i.e. practice dispersals being a better option for patients

The service plan should also set out the proposed arrangements for engaging with patients re the changes and ensuring that there is active engagement of Patient Participation Groups and that patient choice is maintained throughout. Where any of the partners or other clinical staff may be considering retirement following the merger, the plan should also cover a recruitment plan which ensures adequate clinical cover.

5.2 Financial considerations & support – ensuring value for money

A contractual merger is such in every sense of the word so by merging two contracts with differing values, this would have an ‘averaging’ effect, resulting in a different cost per head of population under a single contract than the CCG would have carried under the two. Any additional costs will be balanced with the potential savings that bringing two practices together may make in the longer term.

Once patients are under the new contract, the Carr-Hill formula will be applied and may even then increase the cost of the transferring patients based on one of the other factors, such as rurality, for example, when it may not have applied to the terminating contract. The Carr-Hill formula is applied to adjust the global sum payment for a number of local demographic and other factors, which may affect a practice workload. For example, a practice with a large number of elderly patients may have a higher workload than one that primarily cares for commuters.

The factors included in the Carr-Hill formula are:

- Patient age and gender (used to reflect frequency of home and surgery visits);
- Additional needs: standardised mortality ratio and standardised long-standing Illness for patients under the age of 65 years;
- Number of newly registered patients
- rurality;
- Costs of living in some areas
- Patient age/gender for nursing/residential consultations.

There is a need for greater clarity and consistency on the financial support for mergers or closures in respect of costs such as legal fees. BSW CCG have considered this against previous mergers and closures and feel there is need for flexibility for complexity where required. The definition of this complexity may differ in each case and this will need considering by the Primary Care Commissioning Committee. Some of the complexity elements present may include:

- PMS/GMS
- Access to Services
- Premises and number of sites
- Number of practices
- Dispensing
- Time limitations
- Quality indicators
- Evaluation of support needed

It is important to recognise avoidable costs in supporting practice resiliency in a merger or closure situation i.e. there may be a risk of greater costs to cover if the level of support is not offered. The CCG has to weigh up these potential risks against its overarching duty to ensure primary care services are being provided to the population.

- It is possible to avoid caretaker practices or full tender processes if we support;
- Are able to support other managed dispersals too if no real prospect of a merger develops
- Reputational costs from a reduced experience to patients during the challenging period

The BSW CCG Primary Care Commissioning Committee can support a guide package of financial support of up to £5,000 as an expected level directly linked to practice mergers or closures. In exceptional cases up to a maximum fee of £10,000 inc. VAT per standard merger which can be claimed via the practice business case may be supported. Areas that can be included in the business case for this funding are:-

- Legal costs for merger or closures including deed of variation
- Accountancy fees relating to the merger or closure (excluding premises costs)
- HR advice to support TUPE (Transfer of Undertakings Protection of Employment)
- Premise or Lease Cost Support i.e. any agreed Stamp Duty costs
- GP, Practice Manager or LMC support time to support the merger or closure

This can extend up to a maximum £15,000 of financial support per merger or closure on a case by case review and approval by BSW Primary Care Commissioning Committee taking into account the specific merger and where this merger can be agreed as being complex. It should also take into account likely success factors in the face of complexity such as there being a clear and transparent action plan with contingencies and/or a focus on positive change for the future. The payment of the agreed level of fees will be at the discretion of the BSW CCG Primary Care Commissioning Committee but as a guide this would be 50% payable pre-merger or closure completion (based on expected costs) and 50% payable at completion of the merger or closure once actual costs are more known.

5.3 Quality and Outcomes Framework (QOF)

QOF - merging contracts midway through a financial year in respect of QOF achievements and payments is complex and requires significant safeguards to be built in to ensure there is no duplication of payments at year end. There will also be an averaging of the arrangements and achievements in respect of this. Practice A has always achieved highly against each indicator of QOF but practice B has struggled to meet the criteria under several of the indicators. So the results of a merger might be a single practice with mediocre achievement against aspirations and this would affect the aspirational payment that the single contract would attract.t is unlikely that the CCG can support in making this up in any way so it would have to be considered to be within any merger financial support given. It is recommended that QOF achievement is updated at the point of the merger or closure so correct QOF payments can be made and there is an accurate record of achievement.

5.4 Premises reimbursements

Ideally a merger should see a rationalisation of estate required and therefore have a potential cost reduction to the NHS. However, this may depend on the geography associated with the merger and cannot always be the case.

5.5 Workforce and leadership

It is essential that the practice workforce are updated on the plans for a merger or closure and that formal HR guidance is taken with respect to TUPE and any planned changes to salaries or terms and conditions.

Practices will need to provide assurance (within the business case) that the process is well led (both clinically and non-clinically) – to ensure the resilience and sustainability of the practice post-merger.

6. Patient engagement/patient consultation

There is a requirement for practices to engage with their patients regarding the merger or closure and this should be outlined in the business case that they submit. If the merger or closure is to see a substantial change in the service that patients receive, for example change of location of practice premises then there is a requirement to undertake a patient consultation process. Patient Participation Groups should be actively engaged in discussions together with other patient oversight groups.

7. GP choice

Merger of practices should see a greater range of clinical skill mix and improved access to new services for patients. Options such as choice of appointment, location and health care professional should be clearly presented to patients. Again this should be demonstrated in the business case.

8. Patient access

The CCG will need to understand whether the merger will see a change in the opening hours of the practice. The CCG may wish to consider asking the merged practice to consider providing longer opening hours to support the national extended access scheme, ambitions of the NHS Long Term plan etc.

If the practice is to operate from multiple sites the CCG and Primary Care Commissioning Committee would want assurance that patients at both sites would have appropriate access and not see a deterioration of the service that patients currently receive.

9. Information and technology

The information and technology needs of the merged practice need to be contained within the business case – contingency funding may need to be applied if system upgrades are required to bring both practices in line, enhancements to the telephony

to manage increasing number of calls and systems to support transformation (e.g. remote consultation, direct 111 booking etc).

10. Information Governance

Information Governance arrangements for the new practice need to be contained within the business case and the mobilisation plan for the merger. The views of the merging practices' Caldicott Guardians and the Data Protection Officer(s) should be sought and recorded as part of the process. Variation in the patient information systems in use and/or paper Lloyd George records must be considered with a plan for any change detailed. Any additional processing of patient information during and after the merger (for example patient engagement surveys, patient flows for population health management initiatives) must be considered in line with Data Protection legislation and the practices' Fair Processing Notices updated accordingly.

11. ICS Primary Care Strategy and the NHS Long Term Plan

The merger application should include references as to how the new practice will deliver the ambitions of the ICS primary care strategy and NHS Long Term Plan. The core deliverables set out in the NHS England GP Framework *"Investment and Evolution"* will help provide additional context.

12. Views of the local authority

The practice should be able to identify in their business case that they had had discussions with the local authority and other local area representatives regarding their proposed merger or closures.

13. Completion of the merger or closure process

This is by no means an exhaustive list and the CCG will refer to and seek appropriate guidance in each case to ensure that all relevant matters are considered. The CCG will not simply accept an application to merge without full consideration of the potential outcomes for the practices and most importantly for the patients.

If, after due consideration, BSW CCG agrees to the contract merger or closure, the next stage will be to decide which of the contracts remains and which will terminate, any negotiated or necessary amendments to the terms of the remaining contract and seek assurance from the providers about the process for transferring the patients across. This discussion will be in collaboration with NHS England as required.

If all of the points have been satisfied, BSW CCG via the Primary Care Team of NHSE will issue a notice to terminate one agreement and a variation notice for the other. The CCG, GP practices merging and the primary care team will also need to notify all relevant bodies including:

- Practices in the CCG area
- NHS England Finance Team
- Local Medical Committee (LMC)
- Care Quality Commission
- Out of Hours service providers and NHS 111 (via the Directory of Services)
- PCSS (Patient Registration Team Records and Open Exeter)
- PCSE (Primary Care Support England)
- CQRS (Calculating Quality and Reporting Service)

Appendix A - Template Business Case for Practice Merger

1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach. If appropriate some context is required here in relation to how and why the arrangements for a merger have come about.

2. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)			
Contract type (GMS, PMS, APMS)			
Name of Contractor(s)			
Location (provide addresses of all premises from which practice services are provided)			
Practice area (provide map of area)			
List size (provide both, raw and weighted list and date provided)			

Number of GPs and clinical sessions (provide breakdown and the number of wte GPs)			
Number of other practice staff (provide breakdown)			
Number of hours of nursing time (provide breakdown and number of wte nurse and nurse practitioner) Sessions/hours of other health care professionals such as HCA, PA and PCN resources.			
CCG area(s) (list CCG(s) in which practices are located)			
PCN Areas List PCN(s) in which practices are located)			
Please confirm if current and future agreement to sign up to the PCN Network DES			
Which computer system/s (list system(s) used)			
Do you have any recent or ongoing IG breaches (both locally managed and reported to the ICO)			
What are the arrangements for Referral Management?			

What is your level of support from the Prescription Ordering Department?			
Clinical governance/ complaints lead and systems (provide names)			
Provide organisational chart showing roles and responsibilities including workforce, corporate governance and finance			
Training practice (yes/no)			
Opening hours (list days and times)			
PCN Extended hours delivered by the practices (list days and times)			
Extended hours (list days and times)			
Other PCN services delivered by the practice			
Enhanced services (list all enhanced services delivered whether they are commissioned by NHSE, CCG or LA)			
Premises the address for each premises and confirmation of main/branch status			
Premises indicate whether			

premises are owned or leased and when the lease is due to expire			
Premises For leased premises please confirm length of lease remaining including and break clauses.			

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises Business case should consider the following where applicable • Legal fees • SDLT payments • Rent reimbursement • Any potential savings due to site closure • Or potential increase in rent reimbursement if	

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
the newly merged practice will change premises utilisation	
IT • Cost associated with merging different clinical systems • Moving servers • Upgrading telephony system	
TUPE	
Redundancy	
QOF	
Pension	
Dispensing	
Retainers	

4. Service delivery

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	
Access	
Primary Care Web Tool	
Recent or ongoing breaches of contract	
Recent or pending CQC matters	

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	
Will there be any cessation of services post-merger?	
Will there be a reduction of hours for which services are provided post-merger?	
Will there be a change in the hours at which services are provided?	
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	
Primary Care Networks (PCN) – what are the benefits	

Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
of the proposed merger for the PCN? e.g. offer space for PCN services, taking leadership of delivering services on behalf of the PCN	
Primary Care Networks (PCN) – what are the implication of the proposed merger for the PCN? e.g. where two practice premises is located in two different PCNs	

5. Patient and stakeholder engagement

Please provide comments on the following matters.	
Have the practices engaged with patients and/or stakeholders on the practice merger? **Stakeholders may include local LMC, Healthwatch, PCN members, Community and voluntary services**	
Note: Practices must engage with patients/stakeholders	
When did/will you engage with patients/stakeholders?	

Please provide comments on the following matters.	
In what form did/will you engage with patients/stakeholders?	
With whom did/will you engage?	
If you have already carried out engagements, what was the outcome? **Please provide evidence**	

6. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.

7. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.

8. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at *Annex 12B*.

9. Additional information

Please provide any additional information that will support the proposed practice merger.

10. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
[name]	[signature]
[name]	[signature]
[name]	[signature]

Appendix B - Mobilisation Planning for Practice Merger

Changes to Services

1.1.1 Commissioners will need to consider changes to local service provision as a consequence of a health needs assessment of the local community with particular regard to the diverse nature of the community and reducing health inequalities in access and outcomes.

1.1.2 The Commissioner and the contractor shall only agree to any change to the delivery of services after all legal obligations in respect of consultation, engagement or involvement of the public, patients and other organisations have been fulfilled.

1.1.3 The paragraphs below outline the principles and steps required to process the most commonly occurring service changes.

Open and Closed Lists

1.1.4 There are circumstances where a contractor may wish to close their list to new registrations, e.g. internal capacity issues or premises refurbishments. A contractor may also seek to extend a closed list period or open their list again before the end of an agreed period.

Boundary Changes

1.1.5 There may be circumstances when a contractor wishes to change their main practice boundary to either expand or contract the practice area for new registrations due to new redevelopment, local authority compulsory purchase schemes and/or road developments.

1.1.6 Most practices will also have within their contracts a defined outer boundary to allow those patients, who move home a relatively short distance outside of the main boundary and who would prefer to stay with their existing practice with whom they may have a well-established relationship, to remain registered.

1.1.7 For the purposes of service provision, the full range of contractual services must be made available to those patients registered with the practice within the outer boundary and the outer boundary area must be treated as part of the practice's contracted area.

1.1.8 Any changes to the practice area (main and outer boundary) must be considered a variation to the contract and the definitions of these areas amended under a variation notice. The contractor must notify the Commissioner of its intent to vary its area in writing setting out the reasons for

the change and full details of the proposed practice area, with any additional supporting evidence that may assist the Commissioner in reaching its decision.

1.1.9 The contractor and the Commissioner must engage in open dialogue concerning the circumstances that have led to the request to change their boundary and discuss the possible implications of the action, i.e. a reducing patient register, an expanding patient register, the financial implications of both and any possible alternative actions that may be taken by either party to enable the practice to maintain its existing practice area.

1.1.10 Commissioners must consider the application having regard to other practices' boundaries, patient access to other local services and other health service coverage within a location and may seek to involve the public to seek their views.

1.1.11 Once a decision is reached on whether to accept or reject the application, the Commissioner should notify the contractor of its decision in writing.

1.1.12 If the Commissioner accepts the proposed changes to the practice area, the contractor should be notified, as soon as possible, in writing of:

- the acceptance;
- the date upon which the changes will take effect; and
- a requirement of the contractor to publish the details of the new practice area within their patient information leaflet and on their website (if they have one).

1.1.13 If the Commissioner declines the proposed changes to the practice area, the contractor should be notified, as soon as possible, in writing of that decision and to include:

- the reasons for the decision;
- the right of the contractor to appeal and the process for doing so; and
- specify any period within which the Commissioner would not consider a further application from this contractor to vary its practice area.

1.1.14 Practices who are intending to reduce their practice area must be advised that registered patients who subsequently fall outside of the new agreed area, but who are within the original practice area (main and outer boundary) can only be removed from the list if one or more of the provisions of the relevant regulations/directions that relate to removal of patients from the practice's patient list apply.

Premises

1.1.15 A contractor may wish to make changes to its contracted practice premises (including branch surgeries).

1.1.16 This would likely be a significant change to services for the registered population and as such, the Commissioner and the contractor must engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them.

1.1.17 The Commissioner and contractor, through their dialogue, may establish that there is a need to retain medical service provision in the locality and must seek to find a solution, which could include tendering for a new provider within that locality, though not necessarily within the same premises.

1.1.18 Once, and if, the final date for closure is confirmed, the Commissioner will issue a variation agreement notice to remove the registered address from the contract, and as in other variations under this protocol, include the wording of the variation and the date on which it will take effect. The commissioner must also inform PCSE for changes to the main site location.

1.1.19 The contractor will be fully responsible for the cessation or assignment of the lease for any rented premises and any disposal of owner-occupied premises.

1.1.20 While it is likely that a PMS/APMS contract would reflect the terms as laid out in the GMS contract example above, it is essential that the Commissioner reviews the individual contract for relevant provisions that relate to removing the closing premises and any rights associated with that premises.

1.1.21 Where the premises relocation is in relation to a dispensing doctor's practice, contract managers should also refer to the Pharmacy Manual, as moving the site may have significant implications for which patients are eligible to be dispensed to by the practice.

1.1.22 The practice should also apply separately for permission to relocate the dispensing rights of the practice elsewhere, and the timeframes involved in getting approval for that relocation may influence the broader relocation plans and timetable

Branch Surgeries

1.1.23 It is important to note that unless there are specific reasons for variation, branch surgeries should be held to the same standard of service level as a 'main surgery',. An example of this may be in rural areas, where the principle is ensuring local access and this would be for local commissioning determination.

Branch Closure

1.1.24 The closure of a branch surgery may be as a result of an application made by the contractor to the Commissioner or due to the Commissioner instigating the closure following full consideration of the impact of such a closure.

1.1.25 In the circumstances that the Commissioner is instigating a branch closure, the Commissioner must be able to clearly demonstrate the grounds for such a closure and fully considered any impact on the contractors registered population and any financial impact on the actual contractor. The Commissioner will be expected to demonstrate that they have considered any other options available prior to instigating a branch closure and entering into a dialogue with the contractor as to how the closure is to be managed. The Commissioner will need to have complied with the duty (under section 13Q of the NHS Act) to involve patients in decision-making before any final decision to close a branch is made.

1.1.26 Where a contractor wishes to close a branch surgery, the contractor should have preliminary discussions with the Commissioner to determine appropriate and proportionate patient involvement requirements prior to the consideration of such a service provision change. Even though the closure is being instigated by the contractor, the Commissioner will still need to comply with the section 13Q duty to involve patients in decision-making before any final decision is made.

1.1.27 The closure of a branch surgery would be a significant change to services for the registered population and as such the Commissioner and the contractor should engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them. At this stage, the duty to involve the public in proposals for change is triggered and the Commissioner and contractor should work together on fair and proportionate ways to achieve this. The Commissioner should ensure clarity on what involvement activities are required by the contractor.

Contractor and Commissioner discussions resulting ultimately in a decision about a branch closure will often include consideration of (but not be limited to):

- financial viability;
- registered list size and patient demographics;
- condition, accessibility and compliance to required standards of the premises;
- accessibility of the main surgery premises including transport implications;
- the Commissioner's strategic plans for the area;
- other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries and rural issues);
- dispensing implications (if a dispensing practice);
- whether the contractor is currently in receipt of premises costs for the relevant premises;
- other payment amendments;
- possible co-location of services;
- rurality issues;
- patient feedback;
- any impact on groups protected by the Equality Act 2010 (for further detail see chapter 4 (General duties of NHS England); to ensure practices can offer the same level of clinical care
- the impact on health and health inequalities; and
- any other relevant duties under Part 2 of the NHS Act (for further detail see chapter 4 (General duties of NHS England).

1.1.28 The Commissioner and contractor, through their dialogue, may establish that there is a need to retain medical service provision in the locality and must find a solution, which could include tendering for a new provider within that locality though not necessarily within the same premises. Note that most changes in premises will trigger the commissioner's duties to involve patients in decision-making.

1.1.29 The Commissioner should confirm any such arrangements and agreements in writing to the contractor as soon as is practicably possible after the agreement is reached and **must** notify PCSE of any branch closures.

1.1.30 If the Commissioner and the contractor are unable to reach an agreement to keep the branch surgery open, then the contractor, based upon their previous discussions with the Commissioner regarding appropriate and proportionate involvement, will continue to involve patients in the proposed changes.

1.1.31 The contractor is required to follow The Patient and Public Participation Policy (PPP), The Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning and The Framework for Patient and Public Participation in Primary Care Commissioning process as appropriate to the arrangements agreed with the Commissioner, with support and advice as appropriate from the Commissioner. Adherence to the PPP involvement process will help ensure that an appropriate involvement exercise is carried out, that meets the legal obligations on the Commissioner.

1.1.32 Once this involvement exercise has been undertaken and the results provided to the Commissioner, the contractor would then submit a formal application to close the branch surgery to the Commissioner for consideration.

1.1.33 The Commissioner will then assess the application regarding the closure and the outcome of the patient involvement exercise with a view to either accepting or refusing the proposal. These assessments will need to again consider all the relevant factors. The Commissioner should document how it has taken the various factors into account.

1.1.34 Either the contractor or the Commissioner may invite the LMC to be a party to these discussions at any time.

1.1.35 Where the Commissioner refuses the branch closure through its internal assessment procedure, the contractor shall be notified in writing within 28 days following the internal assessment and the contractor may then follow the relevant resolution process as referenced in the contract.

1.1.36 Where the Commissioner approves the branch closure, the Commissioner will need to ensure that it retrieves all NHS owned assets from the premises.

1.1.37 The contractor remains responsible for ensuring the transfer of patient records (electronic and paper Lloyd George notes) and confidential information to the main surgery, having full regard to confidentiality and data protection requirements, Records Management: NHS Code of Practice guidance and any relevant guidance from the Health & Social Care Information Centre or the Information Commissioner's Office. Where a third party contractor is being used to handle records, they must be vetted and appropriate contractual arrangements put in place.

1.1.38 The contractor remains responsible for carrying out public involvement in accordance with the instructions given by the Commissioner and informing the registered patients of the proposed changes. However, ultimately it is the Commissioner's responsibility to ensure that involvement activities have met legal requirements, even if carried out by the contractor. Further guidance can be found in the NHS England documents The Patient and Public Participation Policy, The Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning, and The Framework for Patient and Public Participation in Primary Care Commissioning

1.1.39 Once the final date for closure is confirmed, the Commissioner will issue a standard variation notice to remove the registered address of the branch surgery from the contract, including the amended sections of the contract for completeness.

Appendix C

Top tips for Practices when Merging

There are a number of key points that practices should consider prior to and during merging:-

- The Partners and Managers must be prepared to eat, drink and sleep mergers but remember that the majority of your staff won't be at the same level as you so will need to hear information many more times than you might think is reasonable.

- Your practice team will all reach a point of acceptance about the change in their own time-frame. Some staff will be sad, many in denial; some may be angry about having to work in different ways and may feel a sense of loss at the prospect of losing autonomy. You do have to accept that they will all have to find their own way through the process with you there as a constant in the background – ensure there is team protected time to talk about change and the benefits it will bring (as well as acknowledging the challenges)

- Even without receiving approval from the CCG and NHS Local Area Team, you may be forced to go public with the information earlier than you are ready to, as once the staff are aware it is often no time at all before patients start hearing the plans. A brief flyer in the practices and on the websites talking about your intention to merge is a good start, followed up with a formal timetable and plan.

- Before going out to the wider public, talk to your PPG and seek support to the principle of merging. If you are rolling out more services over longer hours, therefore improving patient access, it is easier to promote it as everyone will benefit but you may need to undertake a full public consultation if there is a net loss to services through premises being closed, which the CCG and NHS England Area Team will be able to guide you through.

- As you still have a day job to manage, think about freeing up key members of your team to support some of your work, e.g. you may consider employing a deputy on a short-term contract, or extra admin staff to help with information gathering.

- Electing a Merger Team with a couple of the partners working with the practice managers can be a more efficient way of encouraging decisions to be made as with a larger group, there are many more opinions to hear and more chances of disagreement.

- Although ultimately it is a partnership decision to merge, the relationship between the merging practice managers is fundamental. It is important to recognise the individual skill sets so that roles can be shaped that compliment these skills.

- Commence contact with the CCG and NHS England Local team early – they can support you with the application process, timeline for this (including dates for primary care committee presentation etc) and support you with the formal checklist for mergers. It is also helpful to speak to the LMC early in the process who can also provide support if needed.

- Engage an experienced primary care solicitor early in the discussions to draft a Merger Deed, which will protect and guide the merger process in terms of indemnity, due diligence and timescale. This is particularly important if premises are to change ownership and one of the partnerships will effectively dissolve to create the new business. If the two practices share a common solicitor, be prepared for one of you to have to find a new solicitor to avoid any potential conflicts of interest.

- It is very important to have an understanding of the legal framework to support the process, particularly if there is any possibility of staff redundancy or contractual change required. TUPE advice can be sourced from ACAS who can provide advice with respect to TUPE transfers and provide case examples from different organisations that had been through the process. This will also provide an effective platform on which to start the consultation process of 1:1 discussions with all the practice staff, which is key to being able to create your new staffing structure.

- Try to have an idea fairly early in the process of how your appointments system might be set up as this will guide how the IT/telephone systems will need to be configured, which may potentially be your biggest areas of expense. Discuss any costs with the CCG and NHS England local team to establish whether there might be any capital funding available to help with items such as additional work stations or additional telephony.

- Be prepared for not all of the partners to be on board with the plans, and for some to be challenging. Give yourself time to fact-find before presenting proposals and seek support from the partners who are more closely involved however, make sure that ultimately, they are behind the plans to avoid any misunderstandings.

- Understand and accept very early on that with every good intention and a lot of hard graft, many things will not be in place before the merger and may not be for months afterwards. You will have unexpected challenges to navigate and there may be areas that distract your time for longer than you thought but you have to have faith that the idea you thought of all those months before will pay dividends eventually.

Some of the areas where lessons have been learned from previous mergers have included but not been limited to:

- Issues with staff TUPE process/salary issues
- Staff training requirements
- Lack of Property Maintenance
- Lack of Clinical Equipment
- Invoicing issues
- Health & Safety Concerns
- CQC Standards not being met
- Issues with admin and patient records

Adapted from Wessex LMCs “Top tips for practice mergers” – further information *to support merging practices can be accessed via the following links*

http://www.bmalaw.co.uk/wp-content/uploads/2015/03/BMA-Law-Practice-Merger-Guidance-Sept-2016.pdf

https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/guide-mergers-gp.pdf

http://www.firstpracticemanagement.co.uk/knowledge-base/practice-administration/practice-mergers/

https://www.wessexlmcs.com/practicemergersmergerpacktoptips

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

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Primary Care Operational Groups Update Report					**Agenda item**	12	
Date of meeting	9 September 2021							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead	N/A							
Author	Victoria Stanley, Senior Commissioning Manager, Primary Care							
Appendices	None							
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Wiltshire PCOGs							
Executive summary	This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public. No BaNES or Swindon PCOG's have been held, but the next planned dates are: BSW PCOG – 16th September 2021 BaNES PCOG – 28th October 2021 Swindon PCOG – 5th October 2021							
Recommendation(s)	1. The Committee is asked to **note** the report.							
Link to Board Assurance Framework or High-level Risk(s)								
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	X
Key risks	N/A							
Impact on quality	N/A							

Report Title	Primary Care Operational Groups Update Report	**Agenda item**	12
Impact on finance	• Complex wound care service recommended for approval. The business case includes the finance recommendation for this, along with budget realignment and investment. • Leg Ulcer Back claim – Rowden. The total claim for £13,910 was recognised as activity and as the final reconciliation for the practice in 2018/19.		
	Finance sign-off: John Ridler		X
Conflicts of interest	N/A		
This report supports the delivery of the following CCG's strategic objectives:	☒ BSW approach to resetting the system ☐ Realising the benefits of merger ☒ Improving patient quality and safety ☒ Ensuring financial sustainability ☐ Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	☒ Improving the Health and Wellbeing of Our Population ☒ Developing Sustainable Communities ☐ Sustainable Secondary Care Services ☒ Transforming Care Across BSW ☒ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Primary Care Operational Groups Update Report

1. Executive Summary

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

1.2 A Wiltshire PCOG meeting was held on 26 August 2021. Both the BaNES and Swindon PCOG's were cancelled. The next BSW-wide PCOG is scheduled for 16 September 2021, BaNES specific is 28 October and 5 October for Swindon.

2. Recommendation(s)

2.1 The Committee is asked to note the report.

3. Locality Update

3.1 Wiltshire

- GP Flexible Pools
- Complex Wound Care Business Case
- Leg Ulcer Back Claim – Rowden Surgery

4. Other Options Considered

4.1 Not applicable

5. Resource Implications

5.1 None.

6. Consultation

6.1 None

7. Risk Management

7.1 None

8. Next Steps

8.1 None

Equality and Diversity	Applicable		Not applicable	X

Health Inequalities Assessment	Applicable		Not applicable	X

Public and Patient Engagement	Applicable		Not applicable	X

BSW CCG - Primary Care Commissioning Committee

Forward Plan 2021-22

	15 April 2021	13 May 2021	10 June 2021	15 July 2021	12 August 2021	9 September 2021	14 October 2021	11 November 2021	9 December 2021	13 January 2022	10 February 2022	10 March 2022
	Public & Private	Seminar in Private	Public & Private	Seminar in Private	CANCELLED	Changed to Public and Private	*(Short)* Public & Private & Seminar	Seminar in Private	Public & Private	Seminar in Private	Public & Private	Seminar in Private
Paper deadline	**06 April 2021**	**04 May 2021**	**01 June 2021**	**06 July 2021**	**03 August 2021**	**31 August 2021**	**05 October 2021**	**02 November 2021**	**30 November 2021**	**04 January 2022**	**01 February 2022**	**01 March 2022**
Papers circulated/ uploaded	**08 April 2021**	**06 May 2021**	**03 June 2021**	**08 July 2021**	**05 August 2021**	**02 September 2021**	**07 October 2021**	**04 November 2021**	**02 December 2021**	**06 January 2022**	**03 February 2022**	**03 March 2022**
Standing Items	Declarations of interest - 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 Private Meeting - approve		Minutes of the Previous Meeting - approve	Minutes of the Previous Meeting - approve	Minutes of the Previous Private Meeting - approve	Minutes of the Previous Meeting - approve	Minutes of the Previous Private Meeting - approve	Minutes of the Previous Meeting - approve	Minutes of the Previous Private 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 Approval - a. Final BaNES Practice Closure Report b. Three Chequers Increase in GMS Space c. Maternity Claims Outside Timely Submission d. Swindon Practices Merger			PCOG Recommendations for Discussion and Approval a. Rowden Led Ulcer Back Claim	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: a.Current demands and challenges *b. Blood test bottle stocks and plans* c. Update on COVID-19 Vaccination Programme d. Primary Care Network Update e. Investment and Impact Fund f. Phlebotomy Issues and Solutions	Operational Report: * COVID-19 vaccination programme update		Operational Report: * COVID-19 vaccination programme update		Operational Report: * COVID-19 vaccination programme update	
	Quality Report		Quality Report and Health Watch Report			Quality Report	Quality Report		Quality Report		Quality Report	
	Finance Report		Finance Report			Finance Report	Finance Report		Finance Report		Finance Report	
	Risk Register		Risk Register			~~Risk Register~~	Risk Register		Risk Register		Risk Register	
	COVID-19 vaccination programme update		COVID-19 vaccination programme update - incl. update on Cohorts 10-12 arrangements, further vac programme arrangements			Verbal Update RE: Abbey Meads and Moredon Practices / GWH Primary Care Network *(carried over from CCG GB) - in private* (JC)	Update RE: Abbey Meads and Moredon Practices / GWH Primary Care Network *(carried over from CCG GB) - in private* (DF/JC)					
	BaNES Practice Closure Report		Primary Care Work Plan 2021-22 - Outputs and Delivery			ICS Development – latest position re transfer / delegation of primary care functions from NHS England to the BSW ICS - Richard Smale	Local Commissioned Services Review Report		Primary Care Safeguarding Locally Commissioned Service - 6 month review report - to include claims to date and any risk of increased cost pressures - Gill May			
	Primary Care Work Plan 2021-22 (JC)		Prescribing Incentive Scheme Proposal (Paul Clarke)									
			PCN Development Update									
			Recovery and restoration of PC - Q1 block agreement and Q2 proposal									
Other Items	Sarum South PCN Reconfiguration - approval	Seminar discussion: PC Finances and the 2021-22 allocation (JR / CG) Shared learning (GM)	~~Out of public committee decisions report (if applicable)~~	Seminar discussion: Patient Safety and Quality (GM and team) and Estates/Digital (Graham Wilson/Steve Mapleston)		~~Out of public committee decisions report (if applicable)~~	Out of public committee decisions report - items from 9/9/21 private session	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		Safeguarding Contract Revision - to approve (GM)	Proposal to Support Practices with Clinical Correspondence - verbal - in private		Primary Care Finances – Reserves, Brought-Forward Balances and Investments - in private for approval	PCN Estate Strategies		PCNs to present on PCO achievements			
			Committee Effectiveness Review Summary Report (Chair) - in private	Committee Effectiveness Review Summary Report (Chair) - in private		Developing a BSW Care Model (RS/GU)	Review of Pulteney Practice Enhanced Service for Smallcombe House - in private					
			Swindon QOF - in private	Interim Payment to BaNES Practices from BaNES Improving Access Allocation - in private		Patford House Partnership - in private	LD Health Assessments - Evaluation Report from Pilot (or Dec?)					
			Enhanced Primary Care Support for the residents of Smallcombe House - in private			Primary Care BSW Protocol Merger (JR) - to approve	Seminar Discussion: Developing a BSW Care Model					
	BSW Covid-19 Response Primary Care Offer		COVID Expansion Fund Proposal				Workforce development and expansion					
						PCOG recommended: GP Flexible Pool - in private						
							HealthWatch Report				HealthWatch Report	