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

Meeting of the BSW CCG Primary Care Commissioning Committee in Public

Thursday 14 October 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 9 September 2021	Chair	Approve	PCCC/21-22/045
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/21-22/046
Business items					
13:40	6	Operational Items a. Current demands and challenges - Primary Care Recovery Package b. Blood Test Bottle Stocks and Plans c. Update on COVID-19 Vaccination Programme d. Respiratory Syncytial Virus Update e. GP Survey Results	Jo Cullen	Note	Presentation
13:55	7	Primary Care Operational Group Recommendation for Approval: a. Wiltshire Complex Wound Business Case	Tracey Strachan	Approve	PCCC/21-22/047
14:05	8	Quality Report	Sharren Pells	Note	PCCC/21-22/048
14:10	9	Finance Report	John Ridler	Note	PCCC/21-22/049
Items for information *Items in this section will be taken as read and not discussed unless members raise specific points*					
14:15	10	Primary Care Risk Register	Jo Cullen	Note	PCCC/21-22/050
14:15	11	Primary Care Commissioning Committee Forward Plan 2021/22	Chair	Note	PCCC/21-22/051
Closing Business					
14:20	12	Any other business	Chair		

Next Meeting of the Primary Care Commissioning Committee in public:
Thursday 9 December 2021 – 13:30hrs

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

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

Thursday 9 September 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)
Chief Financial Officer, Caroline Gregory (CG)
Director of Strategy and Transformation, Richard Smale (RS)
Director of Primary Care, Jo Cullen (JC)

Attendees
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
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)
Deputy Director of Primary Care, Tracey Strachan (TS)
Associate Director of Finance – BaNES, John Ridler (JR)
Representative from Wessex LMC, Dr Gareth Bryant (GB) *(from 14:04hrs)*
Communications and Engagement Specialist – Media Relations, Shaun Dix (SDi)
Board Secretary, Sharon Woolley (SW)

Apologies
Medical Director, Dr Ruth Grabham (RG)
Representative from HealthWatch Swindon, Harry Dale (HD)
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)
Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)
Locality Clinical Lead (Swindon, Dr Amanda Webb (AW)
CEO, Tracey Cox (TC)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)

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. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

2.2 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 non-voters.

3 Questions from the Public

3.1 No questions had been received ahead of this meeting.

4 Minutes from the meeting held on 10 June 2021

4.1 The minutes of the meeting held on 10 June 2021 were **approved** as an accurate record of the meeting.

5 Action Tracker and Themes to Watch

5.1 Seven actions were recorded on the tracker, six of which were marked as CLOSED with an update provided for the Committee to note.

5.2 One action regarding the Learning Disabilities Health Check pilot evaluation report remained as ONGOING – in the absence of the Director of Nursing and Quality, the expected timescale to receive the evaluation report was unknown. This would remain on the action tracker. ONGOING

5.3 The Committee reviewed the Themes to Watch list and discussed the following items:

- Primary Care Communications (to the public) – Concerns were raised about the communication from the CCG and Practitioners to the public and patients, both in terms of insufficient volume and clear, comprehensible messages. Those within the health sphere were aware of the changes regarding the triaging of patients for example, but the public had little understanding of this process change and its impact.
  ACTION: Healthwatch and CCG Communications Team to review public messaging construct to ensure clear and concise.

  It was acknowledged that a considerable amount of public communications had been undertaken more recently through a range of channels concerning primary care workload, increased demand, face to face appointments and zero tolerance to abuse. The CCG Communications Team worked closely with practices to offer support, particularly during challenging events. A frontline approach was needed to create meaningful and local messages that patients could relate to, targeted through the right forums, and direct from Primary Care Networks (PCNs) and practices, rather than the broad messages from the CCG. Some practices were not always proactive in their direct communications with patients, although it was recognised that a balance was needed to ensure these did not intrude on patients' personal time. Some guidance on patient messaging would be helpful for practices. Practices used their own websites for sharing of information.
  ACTION: Patient communication questions to be raised with the Patient Participation Groups and to be added to the next Our Health Our Future Citizens Panel to gain an understanding of what communications from practices was required/wanted.

- Blood Testing Complaints – An increase in complaints to surgeries was expected as an impact of the global shortage of blood test tubes. The shortage had resulted in a restriction in routine blood tests, reducing non-clinically urgent testing. Decisions concerning blood tests were being made to ensure clinically urgent blood tests were still being undertaken. The supply position of tubes was expected to remain for a few weeks. This additional pressure could impact further on the public's relationship with primary care, and increase clinician burn-out. It was agreed that rather than adding this to the Themes to Watch list, a focussed piece of work would be undertaken to assess the potential damage and understanding using available data.
  ACTION: A focussed piece of work to be undertaken to assess the potential damage and public understanding of the impact of the blood test tube shortage, using available data.

6 Developing a BSW Care Model

6.1 The Director of Strategy and Transformation talked through a number of slides concerning the development of the BSW Health and Care Model, and drew members attention to the following:

- The delivery of health and care across BSW was complex due to the local community based service level, interacting with specialist tertiary centres. The aim was to understand how all services could fit together to enable this to inform how resources could be best invested in the future.
- Work on developing the Health and Care Model had commenced with the BaNES footprint, with engagement and discussions well underway. Pre-existing work had been completed in Wiltshire and Swindon, and was now being updated to feed into the overall model.
- There was a need to ensure alignment of the three localities/places where possible, to include communications, the Single Point of Access, Clinical Hubs and involvement of the voluntary sector.
- Bringing a richer source of information to the Model, moving away from health-heavy data, would also support alignment with social care and voluntary sector.
- There will be two supporting documents for the Model; one which was a simplified overview accessible for public information and one with the technical detail.
- The Model would include how the three places will collaborate on areas such as workforce, digital technology and estates.
- The wider determinates of health will also be incorporated to consider the health and wellbeing agenda.
- More detail on how the system would use concepts such as risk stratification and approach to personalised care would be included.
- Further Model development and engagement work would be undertaken between September and December, including an element of public engagement. This included a further follow up workshop on 7 October 2021. An update from this would be shared at the October Committee meeting.
- The development of the Model was seen as an important step in creating a collective understanding of services, investments and resource gaps.

7 Operational Items

7.1 The Committee received the following operational update from the Director of Primary Care and **noted** the following:

7a. Current Demands and Challenges

- Gold system escalation calls were currently in place for BSW due to the sustained demand being seen by the hospitals and ambulance services. Primary Care was seeing the same demand.
- A comparison of July 2020 and July 2021 appointment records confirm an increase of over 21,000 appointments. 53.6% of July 2021 appointments were face to face.

- Detailed activity data was being monitored; profile data cuts could be made at PCN level.
  ACTION: Profile cut data to be incorporated into next meeting report.

7b. Blood Test Bottle Stocks and Plans

- There was a national shortage of Becton Dickinson blood bottles due to a supply disruption.
- NHS England had issued national recommendations to ensure stock levels were managed in an equitable way.
- Following discussions amongst the CCG Clinical Chair, CCG Medical Director, acutes and consultants in pathology; guidance and advice had been shared with practices.
- The impact on patients and practices was a concern. LMC were supporting practices to manage patient queries and additional workload.
- This would not have an adverse impact on the practices and their achievements against the Quality Outcome Framework (QOF).

7c. Update on COVID-19 Vaccination Programme

- As of 8 September 2021, 1.39m vaccines had been delivered across BSW.
- BSW was seen as a high performer, being rated 13th in the country.
- National guidance concerning vaccinations of healthy 12 to 15 year olds was awaited.
- With the exception on one PCN, all other PCN's had confirmed continuation of the programme into phase three.
- It was a complex and time consuming programme – but had seen a tremendous effort from all those involved.
- Questions still surrounded the co-administering of the flu and COVID vaccine booster. Guidance was still awaited.

7d. Primary Care Network Update

- The national plan for the gradual introduction of new PCN service requirements had been released in August, confirming how PCNs could access the Investment and Impact Fund (IIF) monies available across the second half of 2021-22 and for 2022-23.
- New services would be implemented gradually through the remainder of this year, with full focus required for 2022-23.
- The detail of the PCN leadership, management and support funding, and the five key objectives for PCNs over 2021-22 and 2022-23, was still being worked through with engagement from the PCNs and their Clinical Directors.

7e. Investment and Impact Fund

- IIF had been deferred to October 2021.
- Utilisation of the unallocated funds would be a similar arrangement to QOF – ensuring a transparent and proportionate approach.
- Detail would be shared with the Primary Care Operational Group (PCOG) and the Finance Team in due course to review.

7f. Phlebotomy Issues and Solutions

- The majority of practices across BSW have one daily phlebotomy collection from their practices to the agreed hospital laboratory. This was a historic legacy issue.
- Following demand changes, practices were requesting a later second collection of blood samples.
- This second collection would help improve the quality of specimens, as well as support practices and laboratories to manage workloads.
- A system wide working group were progressing plans to utilise funding allocated by NHS England for community diagnostics to establish a second collection, anticipated to be in place by October.

7g. GP Patient Survey

- The GP Patient Survey (GPPS) is a national survey, providing practice-level data about patients' experiences of their GP Practices. The data from the recent survey had now been released.
- Data was available at practice, PCN and locality level, but there were some limitations to data due to sample sizes, lack of qualitative data and no trend analysis prior to 2020 due to merger. The data needed to be used along the CCG's local intelligence to form the overall picture and to identify the strategic intervention required.
- The Primary Care Team were now working through the survey data to share with colleagues, and to consider the key messages to share with the BSW public.
  ACTION: Detailed GP Patient Survey data for BSW to be presented to the next Committee meeting.
  ACTION: Consideration to be given to the key messages to share with the BSW public, alongside the actions in place as a result of the survey.

8 Primary Care Operational Group Recommendation for Approval

8.1 The Deputy Director for Primary Care presented the item for approval, as recommended by the Wiltshire PCOG. The paper recommended approval of the final concluded reconciliation of the leg ulcer locally commissioned service activity undertaken by Rowden Surgery during 2018/19.

8.2 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 and at PCN level.

8.3 The reconciliation undertaken by Rowden Survery at the time indicated some activity and coding issues, brought to the attention of the CCG. The ongoing work to count and code relevant activity was delayed by the pandemic, but was now complete to present to the Committee. This had been discussed and supported by the Wiltshire PCOG, acknowledging the audit trail in place to evidence the timeline of work.

8.4 The Committee **approved** the payment of £13,910.00 to Rowden Surgery in a final settlement of service within the 2018/19 financial year.

8.5 The Chief Financial Officer requested that any further outstanding practice claims (against any locally commissioned service) be brought to the attention of the Finance Team and Committee as soon as possible to enable the management of the funding and budget. It was recognised that a number of recent claims had been delayed by the exceptional circumstances of the pandemic, but the CCG needed to have oversight. This was a noted recommendation also made by CCG's External Auditors, Grant Thornton, as part of their Auditor's Annual Report - concerning financial sustainability and forward looking for the future of the Integrated Care System (ICS) and managing and understanding the deficit and ongoing costs. The Primary Care Team were currently working through a couple of known premises issues following the handover from NHS England, and these may lead to additional cost claims. As practices were able to make claims against additional service costs up to six years after the activity period, the Team were not always made aware of arising claims. It was suggested a letter of amnesty was sent out to practices to request outstanding claims (against any locally commissioned services) were brought to the attention of the CCG Primary Care Team as soon as possible.
ACTION: Letter of amnesty to be sent out to practices to request outstanding claims (against any locally commissioned services) to be brought to the attention of the CCG Primary Care Team as soon as possible.

9 Quality Report

9.1 The Committee **received and noted** the Quality Report.

9.2 The suggestion was made to reference the Healthwatch patient experience, PALS and complaints information within the primary care quality report, to create a full picture of patient experience across primary care.
ACTION: Consideration to be given to the development of the Primary Care Quality Report, to include Healthwatch information.

9.3 It was acknowledged that an Operational Pressures Escalation Levels (OPEL) system was in place to measure and track demand and pressures within hospitals, but a similar system for primary care did not exist. It was known that the British Medical Association were considering a framework, but this was still under development. BSW was trying to fully utilise the SHREWD real-time operational management tool, but currently the primary care element was not operational. Data would need to be forthcoming from practices to create that real-time picture.
ACTION: Further discussion concerning utilisation of the primary care element of SHREWD to be held at the BSW Urgent Care and Flow Board.

9.4 The Registered Nurse wished to note congratulations to all practices on the latest CQC GP ratings, despite the exceptional year seen in managing the pandemic. Eight had received an overall rating of 'outstanding'. A thank you from the CCG would be communicated down to practices.

10 Finance Report

10.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month four of the 2021/22 financial year. It also provided detail against the H1 (April to September) allocations, funding and associated budgets. PCOG's scrutinised the finances and detail, with this summary presented to the Committee for oversight and assurance. The Committee noted:

- BSW Primary Care Budgets had increased from £153.7m to £162m due to additional funding and investments.
- Month four recorded a £506,000 underspend year to date, and current forecast overspend of £780,000.
- Brought forward benefits and profiling were being worked through, with some reduction expected.
- Main pressures were being seen in the primary care delegated position, with a £900,000 variance forecast overspend. This was largely due to the funding shortfall for the Wiltshire locality, which had to be offset in other areas of the CCG. This was a pressure being seen across South West systems.
- Consideration should be given to transformational monies being set aside for development of patient pathways and improving patient experience.
- The overall primary care position was seen as 'low risk' as pressures were currently being managed.
- Investment funds were being considered for place and system level schemes.
  ACTION: The locality investment considerations and approach to be brought to the private session of the next meeting for Committee consideration.

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

10a BSW Practice Merger and Closure Protocol

10.3 Production of a practice merger and closure protocol was an action from previous discussions within the PCCC private session. The Associate Director of Finance for BaNES presented the protocol, which aimed to clarify the financial support available to practices who were looking to merge or close, bringing a greater consistency.

10.4 The protocol covered different merger situations, providing details on the guidance, process and governance requirements to support practices. Financial support of £5,000 to £10,000 was proposed, although up to £15,000 in recognising that some mergers were more

complex than others. Payment would be made on a 50/50 basis – with the remaining 50% paid on completion and evidence of outcomes.

10.5 The protocol was to add value to due diligence considerations. Following engagement and consultation with CCG colleagues, a section of top tips gathered from previous mergers had been included to bring the learning together.

10.6 The Committee **approved** the protocol for use across BSW with primary care practices and in providing any relevant financial support.

11 Integrated Care System Development – latest position regarding transfer / delegation of primary care functions from NHS England to the BSW ICS

11.1 The Director of Strategy and Transformation talked through a number of slides and provided the Committee with an update on the proposed Integrated Care Board (replaced ICS terminology) transfers and delegations to primary care.

11.2 Discussions were underway within the BSW system as to what services were taken on through delegated responsibility, and when. Delivering some services locally brought added advantages and value, but it was acknowledged there were still a number of unknowns and risks.

11.3 During a regional call held on 7 September 2021, it was felt that the current lack of information suggested that transfer may be delayed until April 2022. This was a differing view across the seven South West systems. An expression of interest was to be submitted regionally by 30 September 2021.The concept of a South West commissioning hub was also to be considered by NHS England.

11.4 The Director of Primary Care shared experiences of the previous delegated responsibility transfer, and the requirement for additional resources and capacity. Managing the different contractor groups with different regulations would bring additional demands on workload.

11.5 The Committee agreed that without sufficient information and guidance, the transfer should be delayed until 2022 to create a more realistic timeline. There was a need to focus on recovery and re-establishing services and business as usual, and to ensure staff were not overwhelmed with another major service change. Learning could be taken from other South West systems if they wished to continue with the transfer on 1 April 2021. The Committee would be kept informed of developments.

12 Primary Care Operational Groups Update Report

12.1 The Committee **received and noted** the summary report on the Wiltshire PCOG meeting held since the last meeting of the Primary Care Commissioning Committee.

13 Primary Care Commissioning Committee Forward Plan 2021-22

13.1 The Committee **noted** the Committee forward plan for 2021-22. The October meeting would be a meeting in public also, with time also set aside for a private seminar session.

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

14 Any Other Business

14a Change of Committee Membership

14.1 A change of role for Lay Member Ian James was noted, Ian would become the Lay Member for Audit from 1 October 2021, following the resignation of Lay Member, Peter Lucas. It was acknowledged that Ian will no longer be able to attend PCCC. The Chair wished to record her thanks on behalf of the Committee for the challenges and contributions made over the last 18 months.

14.2 There being no other business, the Chair closed the meeting at 14:57hrs

Signed as a true record and as approved by the BSW CCG Primary Care Commissioning Committee at the meeting held on 14 October 2021:

Name:

Role:

Signature:

Date:

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

Updated following meeting on 09/09/2021

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status
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. **Update 28/09/2021:** Due to IG/DPIA process delays, final report expected in December - to be shared with PCCC in Jan/Feb if required.	ONGOING
09/09/2021	5. Themes to Watch	Healthwatch and CCG Communications Team to review public messaging construct to ensure clear and concise.	CCG Comms Team and HealthWatch		ONGOING
09/09/2021	5. Themes to Watch	Patient communication questions to be raised with the Patient Participation Groups and to be added to the next Our Health Our Future Citizens Panel to gain an understanding of what communications from practices was required/wanted.	Shaun Dix (CCG Comms Team)	**Update 20/09/2021:** Shaun Dix raised this with Ruth Atkins of the CCG Comms Team - Ruth confirmed that a question on this subject was to be included in the next citizens panel survey.	ONGOING
09/09/2021	5. Action Tracker and Themes to Watch	A focussed piece of work to be undertaken to assess the potential damage and public understanding of the impact of the blood test tube shortage, using available data.	Primary Care Team	To be referenced as part of the October operational update.	CLOSED
09/09/2021	7 Operational Update - Current Demands and Challenges	Profile cut data to be incorporated into next meeting report.	Primary Care Team	To be referenced as part of the October operational update.	CLOSED
09/09/2021	7 Operational Update - GP Patient Survey	Detailed GP Patient Survey data for BSW to be presented to the next Committee meeting.	Primary Care Team	To be referenced as part of the October operational update.	CLOSED
09/09/2021	7 Operational Update - GP Patient Survey	Consideration to be given to the key messages to share with the BSW public, alongside the actions in place as a result of the survey.	Primary Care Team	To be referenced as part of the October operational update.	CLOSED
09/09/2021	8. Primary Care Operational Group Recommendation for Approval - outstanding claims	Letter of amnesty to be sent out to practices to request outstanding claims (against any locally commissioned services) to be brought to the attention of the CCG Primary Care Team as soon as possible.	Primary Care Team		ONGOING
09/09/2021	9. Quality Report	Consideration to be given to the development of the Primary Care Quality Report, to include Healthwatch information.	Quality Team		ONGOING
09/09/2021	9. Quality Report	Further discussion concerning utilisation of the primary care element of SHREWD to be held at the BSW Urgent Care and Flow Board.	Jo Cullen	To be referenced as part of the October operational update.	CLOSED
09/09/2021	10. Finance Report	The locality investment considerations and approach to be brought to the private session of the next meeting for Committee consideration.	John Ridler	November agenda item	ONGOING

BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: 09/09/2021

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.
	09-Sep-21	Concerns were raised about the communication from the CCG and Practitioners to the public and patients, both in terms of insufficient volume and clear, comprehensible messages. Those within the health sphere were aware of the changes regarding the triaging of patients, but the public had little understanding of this process change and its impact. It was acknowledged that a considerable amount of public communications had been undertaken more recently through a range of channels concerning primary care workload, increased demand, face to face appointments and zero tolerance to abuse. The CCG Communications Team worked closely with practices to offer support, particularly during challenging events. A frontline approach was needed to create meaningful and local messages that patients could relate to, targeted through the right forums, and direct from Primary Care Networks (PCNs) and practices, rather than the broad messages from the CCG. Some practices were not always proactive in their direct communications with patients, although it was recognised that a balance was needed to ensure these did not intrude on patients' personal time. Some guidance on patient messaging would be helpful for practices. Practices used their own websites for sharing of information. (Action raised)
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.
	15-Apr-21	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.
	10-Jun-21	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	Wiltshire Complex Wound Care					**Agenda item**	7	
Date of meeting	14 October 2021							
Purpose	Approve	X	Discuss		Inform		Assure	
Executive lead, contact for enquiries	Jo Cullen Tracey Strachan							
This report concerns	BSW CCG		BaNES locality		Swindon locality		Wiltshire locality	X
This report was reviewed by	Recommended for approval at Wiltshire PCOG 26/08/2021 Discussed within Wiltshire locality meetings and supported Presented to Finance Committee 07/10/2021							
Executive summary	• Proposal to formally commission a Complex Wound Care service from Wiltshire PCNs. • BSW CCG (and Wiltshire CCG) have paid £0.50 per head to Wiltshire GP Practices for a complex wound care service since 2017/18, without a formal service specification in place. • Payments were agreed non recurrently each year in advance of a formal Complex Wound Care service proposal. • Funds are within budget – additional £0.50 per head identified from changes in practice Primary Care Offer funding in April 2020 and reflect cost of service provision. • Neither BaNES nor Swindon localities commission a similar service - activity remains within the hospital providers, community teams and General Practice. However, no part of the system is reporting similar pressures in this field, and this has been identified as a local priority in Wiltshire. • Non recurrent funding previously agreed for this service at £0.50 per head with no specification • Recurrent funding being requested at £1 per head with a specification							

Report Title	Wiltshire Complex Wound Care					**Agenda item**	7	
Equality Impact Assessment	N/A continuity of service provision across Wiltshire. Ongoing oversight across BSW to ensure equity of access to services.							
Public and patient engagement	N/A, continuity of service provision across Wiltshire							
Recommendation(s)	The Committee is asked to **approve** the Complex Wound Care service proposal for Wiltshire PCNs.							
Link to Board Assurance Framework or High-level Risk(s)	Risk BSW 11 Demands on Primary Care/GP Practices							
Risk (associated with the proposal / recommendation)	High		Medium		Low	**X**	N/A	
Key risks	Primary Care will cease service provision if funding continues to be lower than costs							
Impact on quality	A formalised and monitored service specification will improve patient safety, clinical effectiveness and patient experience							
Impact on finance	• Recurrent cost of £503,699 (£1 per head based on January 2021 list sizes) • Fully within budget • Increased payment of £251,850 (full year effect), £83,950 in 2021/22							
	Finance sign-off: John Ridler						x	
Conflicts of interest	State any conflicts of interest: 1. All Wiltshire practices will benefit from this proposal							
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							

Business Case for Complex Wound Care Dressings in General Practice

Executive Summary

Complex wound care has previously been an un-funded service, patient activity and demand has been borne from multiple system changes over time, including post-operative and outpatient hospital pathway changes, patient expectations and increased integrated care and team working between primary and community care because of increased social models of care in place across Wiltshire.

The Primary Care Team have worked with General Practice and wider stakeholders over time, to understand 'what is complex?' Who has or could have the technical expertise and competency to deliver such a service and confirm the expected levels of activity. The team have worked with General Practice to understand the costs involved to deliver the service and the how PCN's can deliver the service.

This formally commissioned service also provides a much-needed response for the increased demand being seen in community teams and minor injury units across Wiltshire.

Introduction

This paper provides a comprehensive summary and conclusion of the complex wound care service development and model that has been on-going since 2016.

This paper reiterates (as described previously in Governing Body, Clinical Executive and Primary Care Operational Group papers) the **patient need**, **future model of care** and final agreed **service specification** as well as describing how this will operate in the new **place-based system** arrangements working as integrated teams in Primary Care Networks (PCN).

The paper provides **clinical evidence, activity and audit** and confirms the **practical competency-based training and development** required for an out of hospital service.

This service will formally commission complex wound care with procedures ranging from superficial and healing burns to pilonidal sinus and dehisced wounds. The service will be commissioned from a lead practice within a PCN and will **support integrated care** with the Community between the Minor Injury Units and the Tissue Viability Teams. As the work to integrate the Improved Access contract into PCN's, this service will aim to provide seven-day provision for patients where clinically identified as being required.

Since 2016 the team has worked with various stakeholders including Wiltshire Health and Care, the Local Medical Committee, and multiple clinical teams to identify the range of procedures that could be included in the service that are within the scope of a Registered Nurse or within additional training and support, could be included within the scope. This competency-led model has been supported by Wiltshire Health and Care and the Primary Care Training Hub. Appendix one shows the model of care including the range of procedures within the service.

History

Complex wound care has previously been an unfunded service in Wiltshire. All practices are funded via their GMS or PMS contracts for treatment of ambulatory patients with non-complex wound care within the 'usual' scope of a Practice Nurse competency.

Given the rurality, complex geographical nature of the County and proximity of patients to a local acute system; a locally commissioned service has been in place in Wiltshire for many years that has funded post-surgical removal of sutures and clips, secondary care requested phlebotomy and ECGs. However, there is currently no formal commissioned service in place for funding care of other wounds such as superficial and mid-dermal wounds, removal of non-surgical clips, skin grafts etc. nor for funding more complex wounds such as dehisced or fungating wounds and pilonidal sinus.

Although increasing complexity and earlier discharge are national issues, the impact on rural practices of the additional workload as these patients are treated in the surgery rather than having follow up care in a secondary care setting should be recognised. Whilst some elements of care may now be perceived as 'business as usual' in primary care, some wound care provision in Wiltshire is beyond that normally expected in a GP practice setting (e.g. wound packing).

Wiltshire practices have been raising concerns about the impact of rising complexity and numbers of patients since 2016. In light of these concerns the Secondary Care Procedures locally commissioned service (LCS) was revised and a commitment was given (Clinical Executive meeting December 2016) to continue to review and develop options for neighbourhood-based services, including wound care.

Throughout 2017/18 and 2018/19 the primary care team worked with practices to establish principles for the service, and to identify current activity levels in order to estimate costs. In 2017/18 and 2018/19 accruals of £250,000 per annum were made for this practice-based activity.

In July 2017 a one-month CCG wide clinical audit from General practice was undertaken to take a snapshot of the estimated level of activity and the complexity of wound care and dressings already being delivery in primary care. This was based on recording data for all non-leg ulcer patients requiring more than one dressing. Wiltshire Health and Care (WH&C) have also shared indicative activity data within the MIUs, WIC and the estimated demand of ambulatory patients being referred to the community teams for wound dressings at the weekends to inform development of a business case for complex wound care provision.

In 2019 the Governing Body approved a payment of £0.50 per patient for complex wound care services provided between April 2017 and March 2020 at a cost of £742,000. An audit of activity over a one-month period had been undertaken to validate the number and type of patients treated. It was noted that a longer audit period would have been preferable and the expectations of the service going forward needed to be clarified to ensure practices continued to respond to activity and develop the service through the support of the PCN's.

Cost

An exercise in 2017/18 and 2018/19, working with practices showed to understand average time and associated cost implication proved that an average clinical assessment and treatment of £1.00 per head of population (as at 2018/19).

Clinical Background

The issue of wound care is significant. Guest[1] estimated that there are 2.2m UK patients with a wound, expected to rise by 2% per year and costing between and £4.5bn and £5.1bn. Clinically the patient group has also changed over time, with an ever-increasing number of presenting complex wounds as a result of multiple co-morbidities[2] due to longevity and advances in medicine.

A large proportion of these wounds will need to be managed over an extended period of time, due to their complexity which place additional pressures on cost and demand. This demand on community services (in general) includes NHS service provision covering seven days per week, therefore **creating a need for multidisciplinary wound management and thorough patient assessment**. Pressures in secondary care and the move to care closer to home also mean that patients are discharged sooner, and increasingly complex wounds are being treated in out of hospital settings.

Wound care in Wiltshire, is an area with an unfunded gap. **The current wound care provision is unsustainable, clinically unsuitable and cost inefficient.** Current service provision is undocumented and infrequent with **no set pathway or model** for delivery. **This has led to inequity of service provision across the County**, with some practices delivering a service to its registered population at a significant loss and some practices referring patients back into acute and/or community care for service provision.

This paper now describes the opportunity through joint working to solve this gap. The proposed service is aimed at surgical and chronic wounds and dressing, provided by competent staff across 100% of the Wiltshire population.

Bath and North East Somerset (BaNES) and Swindon Service Provision

Neither **BaNES nor Swindon CCG's commission** a similar service, **activity remains within the hospital providers, community teams and General Practice**. However, no one part of the system is reporting similar pressures in this field.

Current Service Provision

Practices are funded through the 'Secondary Care Procedures (SCP)' (formerly Basket of Goods (BOG)) LCS for **basic suture or clip removal for post-surgical incisions** only. This is generally only available during core hours (08:00-18:30). **There is no commissioned service at weekends** and patients are attending either the Minor Injury Units (MIU) in Trowbridge or Chippenham or the Walk-in Centre (WIC) in Salisbury. **Ambulatory patients are also being inappropriately referred to the community nursing teams seven days a week.**

Since 2019 the CCG has supported funding (£0.50 per head of population) to General Practice and allow the continuation and development of the business case. This has allowed each individual General Practice to offer a service to patients, however we are aware that in

[1] Guest JF et al (2017) Health economic burden that wounds impose on the National Health Services in the UK *International Wound Journal Apr; 14 (2): 322-330*

[2] Chamanga, E. (2016) 'Wound assessment and treatment in primary care', *Independent Nurse*, March 2016

some Practices this has not been made available due to staff competency and staff availability.

Community Provider Provision

Minor Injury Unit demand was initialled collated for the six-month period from December 2017 to May 2018 and scaled up to provide a per annum estimate. This was also reshared in August 2021 for both Chippenham and Trowbridge.

Estimated demand of ambulatory patients, being referred to the community teams for wound dressings at the weekends was also collated and shown below, along with a 2021 'update' in actual demand from the Rapid Response referrals for wound/skin care in diagram one.

Diagram One - Estimated demand (as at 2017/18) and actual demand (as at 2020/21) of ambulatory patients, being referred to community teams for wound dressings

Site	Estimated total number of patients per year 2017/18	Actual Numbers of patients per year 2020/21
Trowbridge	290	841
Chippenham	322	
Salisbury Walk in Centre	300*	
Community Teams	212	330**
Estimated Total	1124	1171

*figures used for Salisbury Walk in Centre are estimated using the MIU figures a guide.

**actual six-month figure was 165, but has been 'scaled-up' to show possible per annum estimate.

This shows an average of 1147 patients are still accessing community services for complex wound

Practice nurses may not be trained to deal with the variety of surgical and chronic wounds that are presenting in primary care, and the MIU nursing staff are only trained to deal with trauma wounds and minor injuries; rather than surgical and chronic wounds. For example, nursing staff may not be skilled in applying compression bandaging, dealing with venous leg ulcers or dehisced surgical wounds, therefore **patients are not receiving optimum care**. Good standards of care include thorough investigations, conducted by skilled, competent and knowledgeable practitioners adhering to evidence-based models, national and international guidelines.

Clinical Audit results

In July 2017 a one-month clinical audit from General practice was undertaken to take a snapshot of the estimated level of activity and the complexity of wound care and dressings already being delivered in primary care. This showed the **majority were dressings for deeper impact wounds, often to a deeper depth including muscle, tendon and bone with an average of twenty minutes per procedure.**

In summary this shows in a General Practice setting, in one-month practices undertook;

- 2,282 complex dressings appointments
- At an average 20 minutes per appointment

Scaling this figure per annum shows an approximate need for 30,000 contacts per annum to be funded for complex wound care provision at a total of **5500 clinical hours** per annum currently **not funded in General Practice**. This formed the baseline for complex wound care activity.

Since then the Primary Care Team have worked extensively with General Practice, the LMC, Ardens and Primary Care Analysts to correctly identify clinical coding and develop appropriate Ardens templates for the service.

Diagram two below shows the number of patient contacts per annum for patients coded using complex wound care coding.

Year	Number of patient Contacts
2018/19	37,866
2019/20	50,603
2020/21	63,539

Complex Dressings Service Development

In complicated cases patients present with poor glycaemic control, neuropathy (sensory, motor and autonomic), loss of adipose tissue, arterial insufficiency, cardiovascular complications, renal disease and multiple infections[3]. Some community patients with leg ulcers are no longer just presenting with leg ulceration but they are now also presenting with chronic oedema requiring specialist input from lymphoedema therapists. Thereby, supporting the holistic assessment before treatment to help indicate treatment options.

A working group approach was taken in developing the new service, alongside Practice Managers, Practice Nursing staff, Wiltshire Health and Care Nursing staff, CCG Quality Team personnel and the Tissue Viability Lead for Wiltshire Health and Care.

A new competency-led model of care was co-produced (appendix one). This was based on the existing practice-based Secondary Care Procedures service as a starting point. Level two (shown in diagram three) is all work current being undertaken in Primary Care, by Nursing staff that are currently skilled to undertake the procedure and finally level three (diagram four) are more complex procedures that will require self-assessment and possible additional training and support from Wiltshire Health and Care to support these services being provided at scale.

[3] Chamanga, E. (2016) 'Wound assessment and treatment in primary care', *Independent Nurse*, March 2016

Working with Wiltshire Health and Care, the model expands provision across a broader scale as the complexity of the wound increases **i.e. higher the complexity of the wound, the larger population is covered**, which also makes good economic sense for the CCG. As per the business case the rationale for the model is;

- More complex dressings are encountered less frequently
- Competence is a function of training and experience
- For the more complex wounds, the population needs to be large enough to have a sufficient frequency of the wounds to occur for the nurses to maintain experience

It is suggested that service delivery for level two and level three may be delivered from differing locations, however we recognise this may vary from PCN to PCN due to demographics and actual local geography.

Diagram Three - Level Two Service Overview

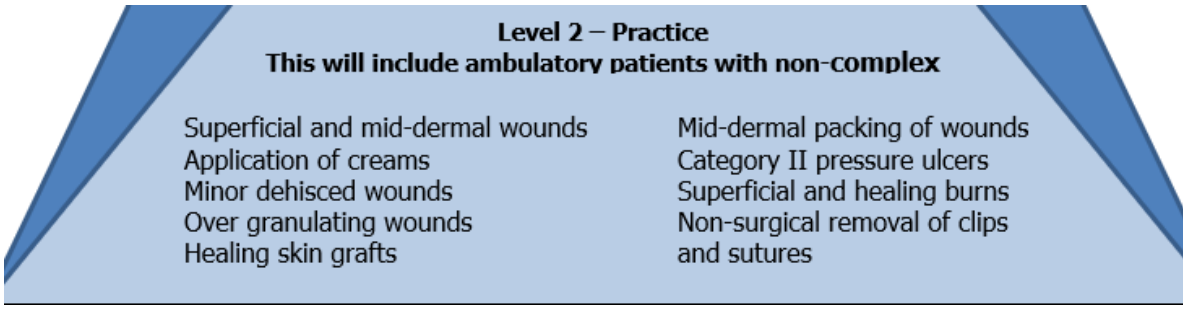
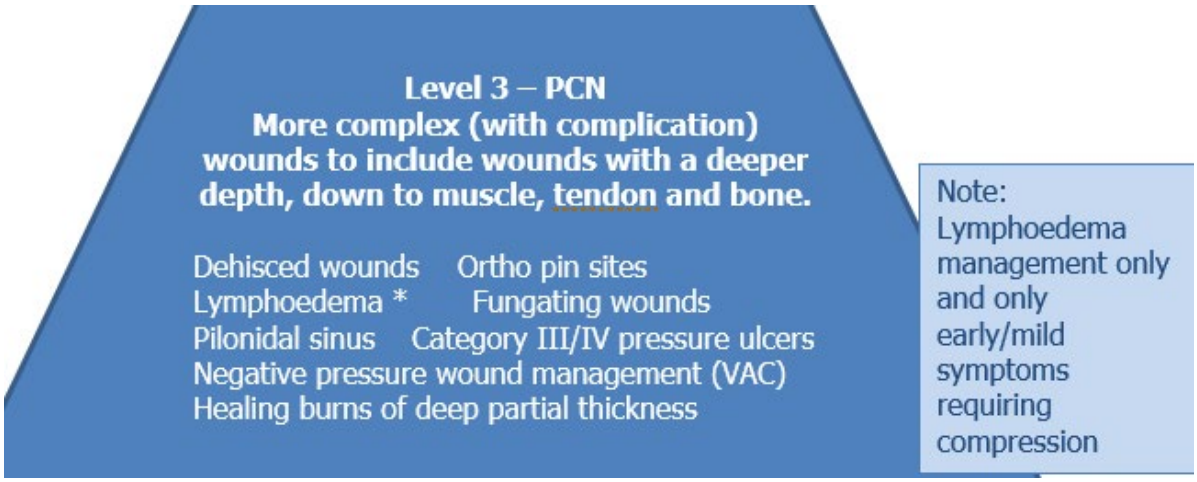


Diagram Four - Level Three Service Overview



What is complex?

The ability to heal wounds largely relies on both intrinsic and extrinsic factors[4] as well as the skills, competence and knowledge of the practitioner.

[4] Hess, C. (2011) Checklist for factors affecting wound healing. *Advanced Skin & Wound Care*, 24(4): 192-180.

Since 2016 working with expert clinicians the CCG has now finalised its view on 'complex'. The work involved on this was originally developed from the baseline audit previously mentioned and takes into account clinical evidence and opinion (including the LMC).

All of the procedures listed were originally identified in the 2017 audit and has been fine-tuned following clinical conversations, further audit and evidence review. A list of stakeholders that have been engaged in this project since 2016 can be produced on request.

Technology

This is a work in progress and will need to be developed working in conjunction with both Wiltshire Health and Care and secondary care providers. This will include developing a plan for the implementation of a safe and effective transfer of care and the best use for technology to support photos to be shared safely from discharge in the acute setting into the community as well as being able to share from general practice to the community provider for further advice and escalation.

Competency framework for staff

Since 2016 there have been multiple discussions with Primary Care and Tissue Viability Nursing Teams regarding all aspects of training, education and competency framework for the service.

The CCG does acknowledge in some areas the competency may already be in place and activity being delivered from a general practice setting.

There are two stages to this:

1. The information that PCNs will need to provide at the outset, which includes the outstanding training needs of the members of staff who are going to be involved in the service, e.g.
    a. There is a named clinical lead who will take the overall responsibility for the clinical governance of the service;
    b. the PCN should provide a list of the names and job titles of the staff who will be involved in delivering the service.
    c. The PCN will have undertaken a Training Needs Analysis of all the staff involved with the delivery of the service and send this to the BSW Primary and Community Care Training Hub and the Wiltshire Health and Care Tissue Viability Service

2. The information that needs to go in an appendix to the contract, e.g.
    All staff involved in delivering care will be able to demonstrate that they:

    a) have received the appropriate theoretical and practical training and updates required to provide safe and evidence-based care to people with complex wounds;
    b) have been assessed as being competent, against a competency framework such as
        - The Tissue Viability Leading Change Competency Framework (University of Huddersfield et all, November 2015) or
        - The Wound Care Core Capabilities Framework (National Wound Care Strategy Programme (NWCSP) and Skills for Health, 2021)

- the competency assessments developed by Wiltshire Health and Care Tissue Viability Service for Doppler assessment, compression bandaging or other compression systems;
- are able to demonstrate that they have maintained their level of knowledge and competence through periodic updates
- all dressings will be within formulary and recorded for annual clinical audit.

Wiltshire Health and Care, as Partners involved in the service, need to ensure that sufficient training capacity is made available to General Practice Nurses involved to ensure they have the sufficient skills available for delivery.

Formulary Compliance

Since the roll out of PCN leg clubs and social-led clinics for leg ulcer care, PCN's have been actively involved in alterative ordering systems to ensure a timely approach to patient care is provided. Following approval of the Pan-Avon Formeo at the BSW Partnership at Scale Commissioning Committee there will now be an implementation plan for roll out across BSW which will aid **formulary compliance, patient outcomes and financial savings.** This will aid PCN delivery and the ability for staff to hold sufficient stock for **timely delivery of patient care**.

Activity Monitoring

To ensure best value of the contract, the CCG will continue to monitor activity levels in practice using the following codes, along with a complex dressings code assigned to the service.

The list for wound types:

1. Dehisced surgical wounds i.e. pilonidal sinus	Xa8Hx (Pilonidal sinus)
2. Dehisced trauma wounds	Ua1d9 (Wound dehiscence)
3. Fungating / malignant wounds	Xac51 (Fungating wound)
4. Non closed surgical wound (healing by secondary intention) i.e. non closed pilonidal sinus	Xa9w6 (Incision and drainage of pilonidal abscess)
5. Trauma wounds	Xac4z (Traumatic wound)
6. Burns	XE1ni (Burn)
7. Skin grafts	X70cU (Reconstruction with skin graft)
8. Pressure ulcers (category 2, 3 and 4)	XE1BP (Pressure Ulcer)
9. Deep wounds requiring packing / vac therapy	- X70dD (Change of wound pack)
10. Diabetic foot ulcers	Xa1J5 (Diabetic Foot)
11. Moisture lesions	Xactv (Number of Moisture Lesions)
12. Arterial wounds	X0137 (Arterial Procedure)
13. Simple i.e. removal of clips and sutures – these may be level one or two.	Clips: Xa8QR Sutures: Xa8QR

Financial Position

The CCG (and one of its predecessors, Wiltshire CCG) has made interim payments to practices for a complex wound care service since 2017/18. The payments were agreed at £0.50 per head per annum non recurrently each year whilst a complex wound care business case and specification were developed. A further £0.50 per head was included in the 2021/22 H1 budget in order to support the proposal for payments to move to £1 per head per the business case, subject to formal approval of the recurrent £1 per head financial investment.

Continuing the use of the block arrangement using a capitation-based approach, this paper is now recommending that we fund PCN's at £1.00 per patient, in line with costs. Commissioning from PCN's allows them to expand the social model for delivery (if they choose too) but also allows a practice to not actively work within their PCN where there is little need for the service (due to patient demographics for example).

Wiltshire Health and Care (WH&C) have also been **escalating concerns** and in February 2019 **funding** of £32,000 per annum was **agreed to cover the cost pressure** within MIUs for the dressings service (shown in appendix four). This was based on MIU activity only, at £63 per contact (2018/19 MIU attendance rate). **Using this same rate for a primary care service would equate to a cost pressure of £2,205,000 using the current expected activity. This shows the true cost efficiency of primary care.**

Acute Data Summary

Previous papers have summarised the linked acute activity in an attempt to describe the work now being undertaken in primary care. A previous review of all reasonably linked outpatient activity for all those patients who attended as an inpatient over a two year period showed 238 appointments. **This is evidence that follow-up appointments were required for patients and it could be reasonably assumed general practice would be providing appointments for the daily complex wound care post discharge.** This shows the potential activity in a primary care setting.

The average **first attendance cost in an outpatient setting is £179 and £77 per follow-up. The basis for the cost in a primary care setting is £40** and also **shows the true cost effectiveness of this activity in a primary care setting.**

Primary Care Data

As described in previous papers in-depth audit has shown that in one practice over a two-year period **13 patients received 506 appointments for pilonidal cyst treatment with complex wound care dressing only**, **95% of which were Nursing appointments.**

An audit in 2016 (diagram six) of three practices registered patients in a care home facility who had been admitted for surgery and follow-up care in General Practice for complex wound care such as pilonidal cysts, skin grafts and cellulitis showed 1575 of spells in one year. All of which would require daily dressings.

Diagram six – Care Home residents admitted for relevant procedures in 2016/17

Type of Procedure	Number of Spells
Pilonidal Cysts	120
Skin Grafts	252
Cellulitis	1203
Total	1575

Service Specification Summary

Appendix two shows a final agreed version of the service specification with all of the considerations made in the paper above.

Recommendations

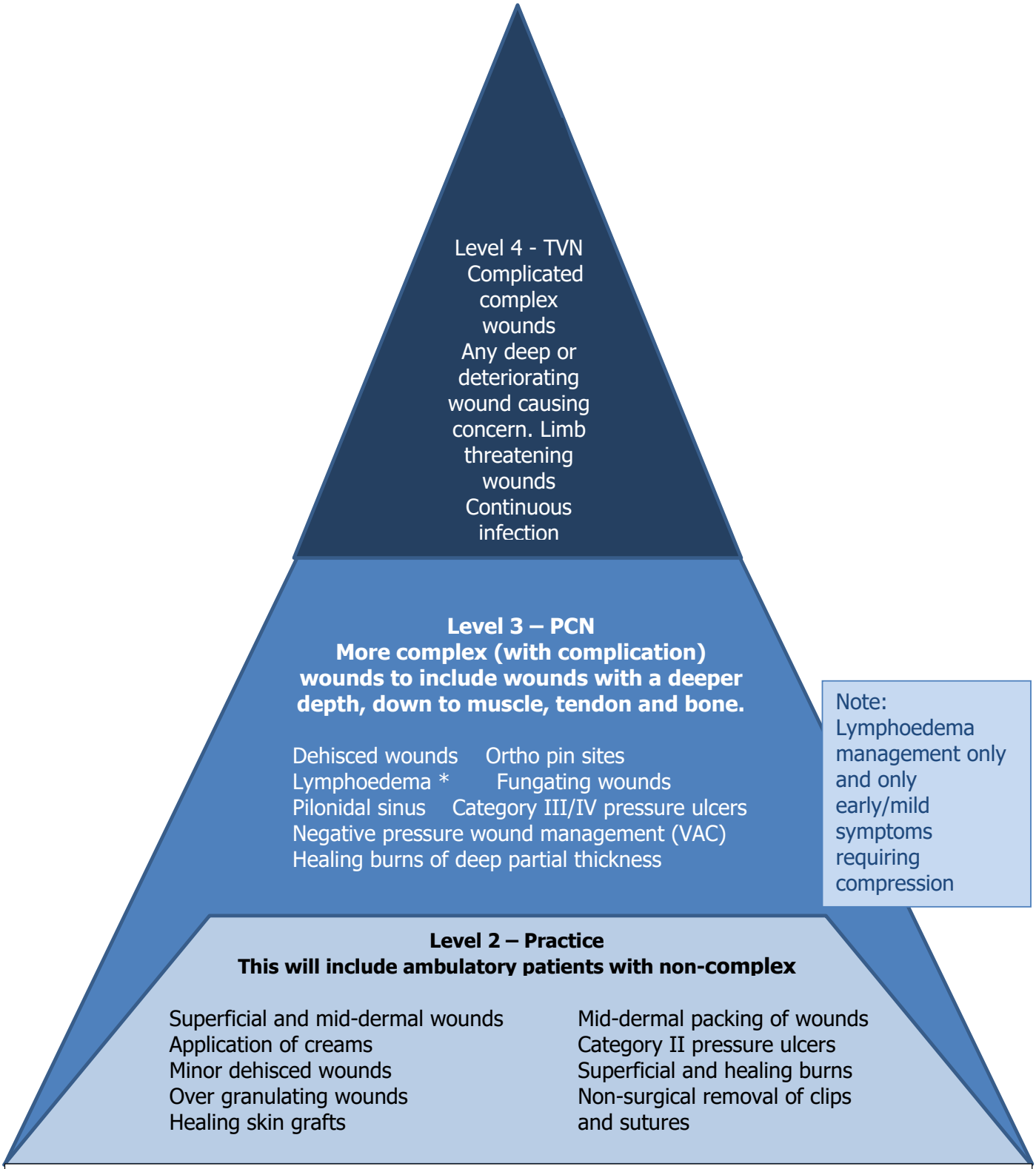
1 **To formally commission the service as per appendix two.**
2 **To fund PCN's at £1.00 per head of population for all activity described in the service specification.**
3 **To continually audit and monitor the type of procedures and associated dressings being requested from General Practice to ensure the requests remain within the 'spirit' of the service. Both parties to the service reserve the right to review the type of requests and review and finally discuss with other Partners within the system should this be required.**

Victoria Stanley, Senior Primary Care Commissioning Manager

Appendices:

1 *Complex Wound Care Model of Care*
2 *Complex Wound Care Service Specification*

Primary Care Complex Wound care dressings service



Competency-led model working with Wiltshire Health and Care

Appendix Two – Service Specification

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	010
Service	Service for Complex Wound care Dressings
Commissioner Lead	NHS BSW CCG
Provider Lead	Primary Care Networks
Period	01 September 2021 – 31 March 2022
Date of Review	31 March 2022

1. Population Needs

1.1 National/local context and evidence base

The issue of wound care is significant. Guest[5] estimated that there are 2.2m UK patients with a wound, expected to rise by 2% per year and costing between and £4.5bn and £5.1bn. Clinically the patient group has also changed over time, with an ever-increasing number of presenting complex wounds as a result of multiple co-morbidities[6] due to longevity and advances in medicine.

A large proportion of these wounds will need to be managed over an extended period of time, due to their complexity which place additional pressures on cost and demand. This demand on community services (in general) includes NHS service provision covering seven days per week, therefore creating a need for multidisciplinary wound management and thorough patient assessment. Pressures in secondary care and the move to care closer to home also mean that patients are discharged sooner, and increasingly complex wounds are being treated in out of hospital settings.

In complicated cases patients present with poor glycaemic control, neuropathy (sensory, motor and autonomic), loss of adipose tissue, arterial insufficiency, cardiovascular complications, renal disease and multiple infections[7]. Some community patients with leg ulcers are no longer just presenting with leg ulceration but they are now also presenting with chronic oedema requiring specialist input from lymphoedema therapists. Thereby, supporting the holistic assessment before treatment to help indicate treatment options.

In summary, the ability to heal wounds largely relies on both intrinsic and extrinsic factors[8] as well as the skills, competence and knowledge of the practitioner.

Locally during 2018-19 there were;

- 7939 complex wound care assessments undertaken
- 6489 complex wound care treatments took place. Of these the top three most common included;

[5] Guest JF et al (2017) Health economic burden that wounds impose on the National Health Services in the UK *International Wound Journal Apr; 14 (2): 322-330*

[6] Chamanga, E. (2016) 'Wound assessment and treatment in primary care', *Independent Nurse*, March 2016

[7] Chamanga, E. (2016) 'Wound assessment and treatment in primary care', *Independent Nurse*, March 2016

[8] Hess, C. (2011) Checklist for factors affecting wound healing. *Advanced Skin & Wound Care*, 24(4): 192-180.

- 26% pressure ulcer care
- 16% skin abscess
- 6% pilonidal sinus

All for ambulatory patients requiring complex (with complication) wound care to mid-dermal, or to a deeper depth to muscle, tendon and bone.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

- Increased healing rates
- Increased team efficiency and working relationships between Primary Care PCN's and Community Teams including Tissue Viability

3. Scope

3.1 Aims and objectives of service

The main aim of the service is to provide safe and effective treatment to patients for complex wound care. The services aims to support clinical staff in the holistic assessment and treatment, indicating treatment options available for all ambulatory patients either discharged from secondary care following surgery, or patients presenting in primary care with acute, chronic and or complex (with complication) wound care condition to mid-dermal, or to a deeper depth to muscle, tendon and bone.

This service will ensure equitable access for all patients to wound care, including:

- ambulant patients who have been discharged from secondary care who require ongoing wound management, including
  - post-operative dressings and suture removal
  - post A&E dressings and suture removal
- Offer a service that is convenient for patients therefore improving patient satisfaction and experience
- Fairly recompense the service provider
- Reduce unnecessary hospital attendances
- Improve continuity of care
- Make best use of NHS resources, ensuring best value for money

Please note: this service does not include dressings required as a consequence of a procedure carried out in primary care either under GMS/PMS/APMS or as part of a locally commissioned service (minor surgery or leg ulcers). In such cases the wound management is included as part of those specifications.

3.2 Service description/care pathway

Appendix one shows the model of care for wound care for General Practice and in the context of service delivery across Wiltshire, working with the Community and PCN's as partners. Whilst outside of the remit of this service, both the current Secondary Care Procedures (Basket of Goods) service and service provided by the Community Tissue Viability Nursing Team form both the base and tip of the entire model. Engagement and partnership working between Practices, PCN's, Community Nursing staff including the Tissue Viability Nursing Team is therefore crucial to patient outcomes.

Defining what is complex is not a simple task and is very subjective dependent upon the level of skill and experience of the staff delivering the service; however following extensive engagement with Primary Care and Community Nursing staff a multi-tier model has been agreed, dependent upon the level of expected/planned activity that will aid staff competency. Practices and PCN's will not be required to deliver every aspect of the service, but must be available to accept inter-practice/PCN referrals from other areas to provide the higher level tiered procedure. In some cases, it is acknowledged that the Tissue Viability Team may play an active role in the advice and recommendation of the patient's care, but delivery of the dressing will be provided by Practice staff.

Level Two Procedures will include the following:

Mid-dermal packing of wounds
Category II pressure ulcers
Superficial and healing burns
Non-surgical removal of clips and sutures
Superficial and mid-dermal wounds
Application of creams
Minor dehisced wounds
Over granulating wounds
Healing skin grafts

Level Three procedures will include the following:

Dehisced wounds
Ortho pin sites
Lymphoedema – early onset/mild symptoms requiring compression only
Fungating wounds
Pilonidal sinus
Negative pressure wound management (VAC)
Healing burns of deep partial thickness

The complete list of the 'types of procedures is as follows:

- Dehisced surgical wounds
- Post-surgical wound care
- Anorectal abscess
- Groin Abscess
- Breast Abscess
- Pilonidal sinus
- Wound abscess
- Dehisced trauma wounds
- Fungating / malignant wounds
- Non closed surgical wound (healing by secondary intention) i.e. non-closed pilonidal sinus
- Trauma wound
- Abscess of skin

- Burn
- Pressure ulcers (category 2, 3 and 4)
- Deep wounds requiring packing / vac therapy
- Diabetic foot ulcers
- Moisture lesions
- Arterial wounds
- Lymphoedema
- Cellulitis

Practices will be expected to use the Ardens template to correctly code activity made within the service and the following READ codes will attract a payment;

READ Code	Code Descriptor
All complex wound care undertaken	
XaPfk	Complex wound care enhanced services administration
AND Complex wound care assessment	
Ua1SS	Wound assessment
AND/OR Treatment	
XaaBy	Postop wound management gen secondary care done by practice
AND/OR Treatment	
M03z0	Cellulitis NOS
M060.	Pilonidal cyst with abscess
(SP23.	Operation wound disruption
Ua1d9	Wound dehiscence
Ua1SQ	Pressure ulcer assessment
X40FP	Breast abscess
X500S	Wound abscess
X500U	Abscess of skin
X50Kp	Wound sinus
X70cU	Reconstruction with skin graft
Xa1J5	Diabetic foot
Xa8Hx	Pilonidal sinus
Xa9CU	Pilonidal abscess
Xa9it	Assessment of burn injuries
Xa9w6	Incision and drainage of pilonidal abscess
XaBkZ	Groin abscess
Xac4z	Traumatic wound
Xac51	Fungating wound
XaCLq	Postoperative wound sinus
Xactv	Number of moisture lesions
XaCwP	Pilonidal cyst
XE0aw	Anorectal abscess
XE1BP	Pressure ulcer
XE1ni	Burn
XE2w5	Pilonidal sinus disorder

If requested, service providers must be able to produce an up to date register from their clinical system of all patients who have received treatment under this service detailing patient name, date of birth, indication for treatment and the treatment provided.

3.2.1 Prescribing

The provision of any dressings associated with wounds managed under this service need to be in accordance with the Wound Management Formulary. BSW CCG have agreed a central ordering system and any participating practices and PCN's will be required to use the central ordering system once introduced in-line with future dressings ordering and formulary compliance.

3.2.2 Competency, Development and Training

Information will be required before formal commencement of the service from all participating PCN's. This will include the outstanding training needs of the members of staff who are going to be involved in the service, including:

- Confirm the named clinical lead who will take the overall responsibility for the clinical governance of the service;
- Confirm the names and job titles of the staff who will be involved in delivering the service
- Undertake a Training Needs Analysis of all the staff involved with the delivery of the service and send to the BSW Primary and Community Care Training Hub and the Wiltshire Health and Care Tissue Viability Service

All staff involved in delivering care will be able to demonstrate that they:

- have received the appropriate theoretical and practical training and updates required to provide safe and evidence-based care to people with complex wounds;
- have been assessed as being competent, against a competency framework such as:
    - The Tissue Viability Leading Change Competency Framework (University of Huddersfield et all, November 2015) or the Wound Care Core Capabilities Framework (National Wound Care Strategy Programme (NWCSP) and Skills for Health, 2021)
    - the competency assessments developed by Wiltshire Health and Care Tissue Viability Service for Doppler assessment, compression bandaging or other compression systems;
    - are able to demonstrate that they have maintained their level of knowledge and competence through periodic updates
    - all dressings will be within formulary and recorded for annual clinical audit.

3.2.3 Annual Audit

Evidence based wound care management will be required and will be shared separately to all providers.

3.2.4 Onward Referral

Existing escalation pathways, policies and formularies are in place with Wiltshire Health and Care.

3.3 Population covered

BSW (Wiltshire) CCG

3.4 Any acceptance and exclusion criteria and thresholds

The ability to heal wounds largely relies on both intrinsic and extrinsic factors as well as the skills, competence and knowledge of the practitioner therefore all staff will need to have at least completed the Wiltshire Health and Care two day wound management course before delivering this service, which demonstrates;

- ability to provide an holistic patient assessment considering factors that affect wound healing

- working ability to assess new wounds
- ability to diagnose wounds from above assessment
- ability to develop a wound management plan and set appropriate wound reviews and management changes
- an ability to identify wound types as identified within your specifications, tissue types & appropriate management, exudate types & appropriate management, accurate measurement of specified wounds, identification of wound infection & appropriate management
- ability to manage complex wound management processes such as Negative Pressure wound management or Larvae therapy
- awareness of the following processes – Performing wound swabs, Referral pathways (Burns Unit, Podiatry, Tissue Viability, Vascular etc.) Wound Management and Pressure Ulcer Policy
- knowledge of supporting Formularies – Wound Management, BSW Emollient Pathway, BSW Antibiotic Prescribing Pathway.

3.5 Interdependence with other services/providers

Patients who are housebound and require dressings should be referred to the community services provider.

Where the service is not provided by the patient's GP practice, the sub-contractor has responsibility to notify the patient's GP of the treatment provided and any significant events.

4.1 Applicable national standards (e.g. NICE)

See quality schedule

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

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

6. Location of Provider Premises

The Provider's Premises are located at: GP premises

7. Individual Service User Placement

Not applicable

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**	8	
Date of meeting	14 October 2021							
Purpose	Approve		Discuss	x	Inform	x	Assure	x
Executive lead, contact for enquiries	Gill May							
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Gill May Director of Nursing and Quality. Sarah-Jane Peffers, Associate Director of Patient Safety and Quality							
Executive summary	Quality summary / assurance for primary care • There has been no Learn from Patient Safety Events (LFPSE) incidents reported in August compared with 3 reported incidents in July 2021. Incident reporting remains low. 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. • Themes from PALS and Complaints in August mainly relate errors with the recording of patient vaccines which the PALS team is mitigating by contacting the vaccine centers directly to check the recording of the jab. This is a nationally known issue however it is rare. BSW CCG has received complaint activity data from NHSEI for Quarter 4, however the learning analysis is not yet available. • There are currently six practices rated as Requires Improvement overall and one rated as Inadequate across BSW CCG. All practices with Requires Improvement and Inadequate rating have been given Regulation 17 (good governance) notices by CQC. The quality team are							

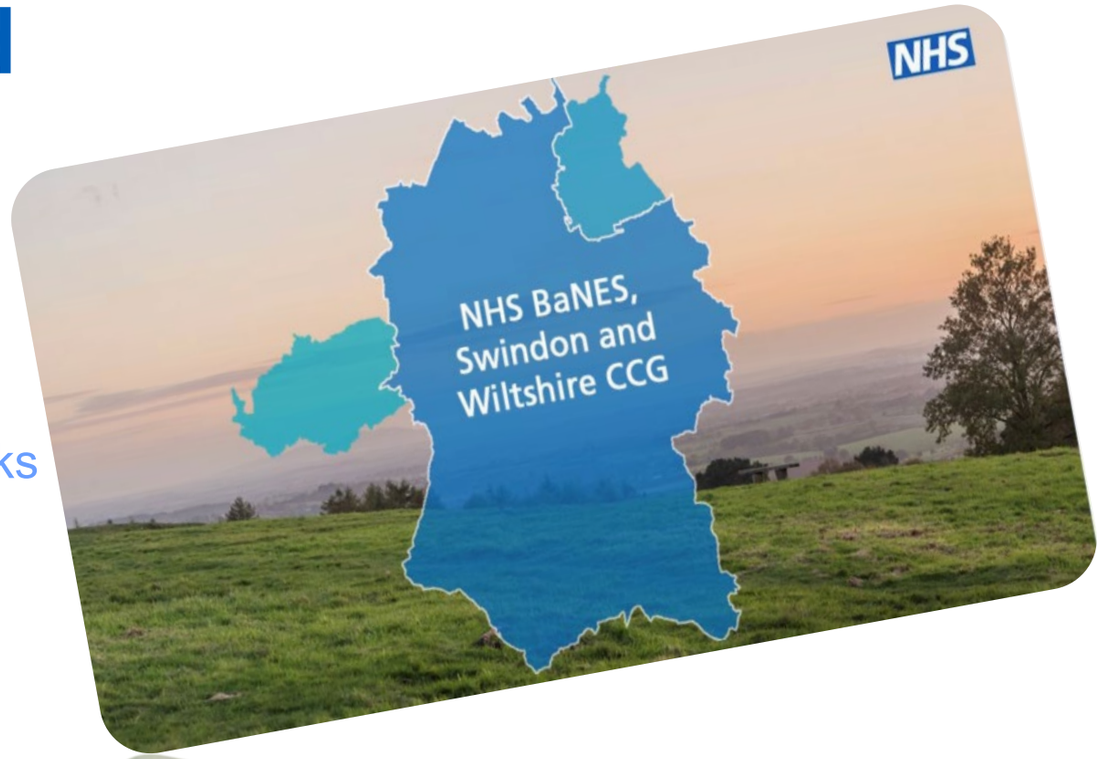
Report Title	Quality in Primary Care						Agenda item	8
	commencing engagement with Practices and will carry out scoping work to understand shared learning. • Due to the current arrangements in place, there are limited Primary Care Quality metrics to better inform the CCG, PCNs and practices. The Quality team is keen to work with commissioners and practices to agree an appropriate quality oversight framework/dashboard, to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. The quality team has commenced engagement and scoping work through discussions at PCCC; engagement with CQC; Meds Management team; other CCGs including BNSSG, Dorset, and Hampshire, Southampton and Isle of Wight, Primary care analytics, and Head of Urgent care. • Themes and trends for investigations from healthcare associated infections reported in the BSW system have been identified and are being fed back into the improvement working groups for each area. • Priorities going forward include support to report patient safety incidents and developing a process to capture and 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, due to access and reduced functionality of the new Learn from Patient Safety Events system and limited oversight of practice reported incidents by the CCG. The impact of this is limited system oversight, reduced trends and thematic analysis or sharing of learning across PCNs, localities and the CCG, and the instigation of timely and appropriate QI projects to improve the safe delivery of care.							

Report Title	Quality in Primary Care	**Agenda item**	8
	• There is a recognised gap in receiving the learning analysis and themes and trends from SCW PACT, NHSEI to enable the appropriate dissemination of learning and support service transformation discussions and plans. • Due to the current arrangements in place, there are limited Primary Care Quality metrics to better inform the CCG, PCNs and practices. • A theme of engagement with the CCG has been identified with practices rated as requires improvement and inadequate.		
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

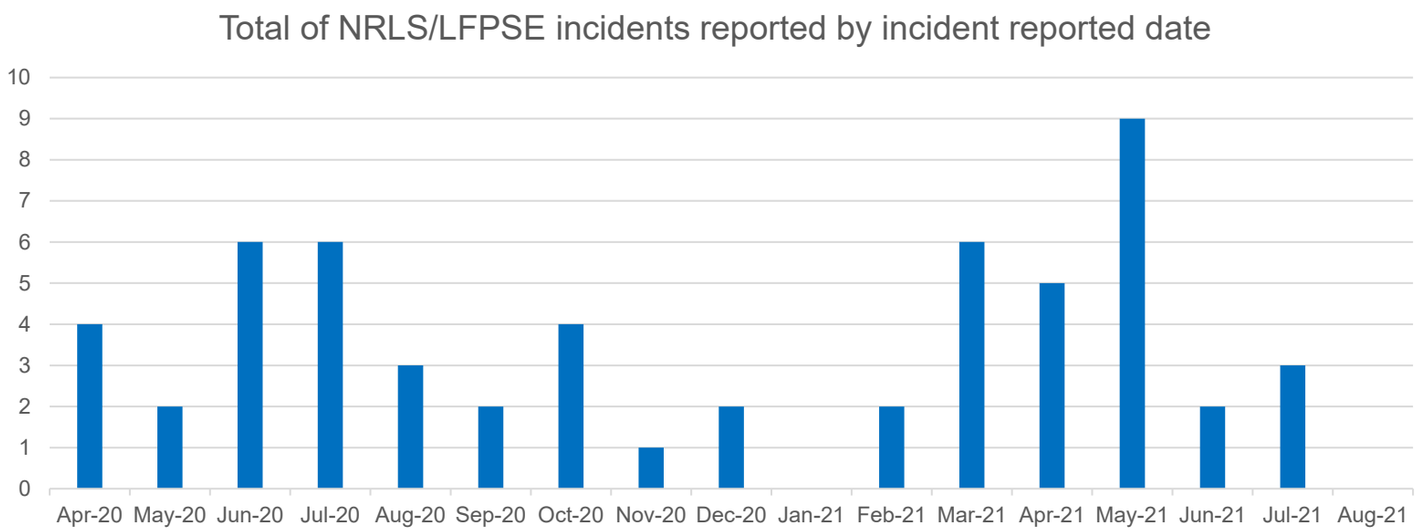
- Patient Safety Incidents
- PALS and Complaints
- CQC Inspection Ratings
- Learning Disability Annual Health Checks
- Flu vaccination programme 20/21



October 2021

Patient Safety Incidents Reported by Primary Care

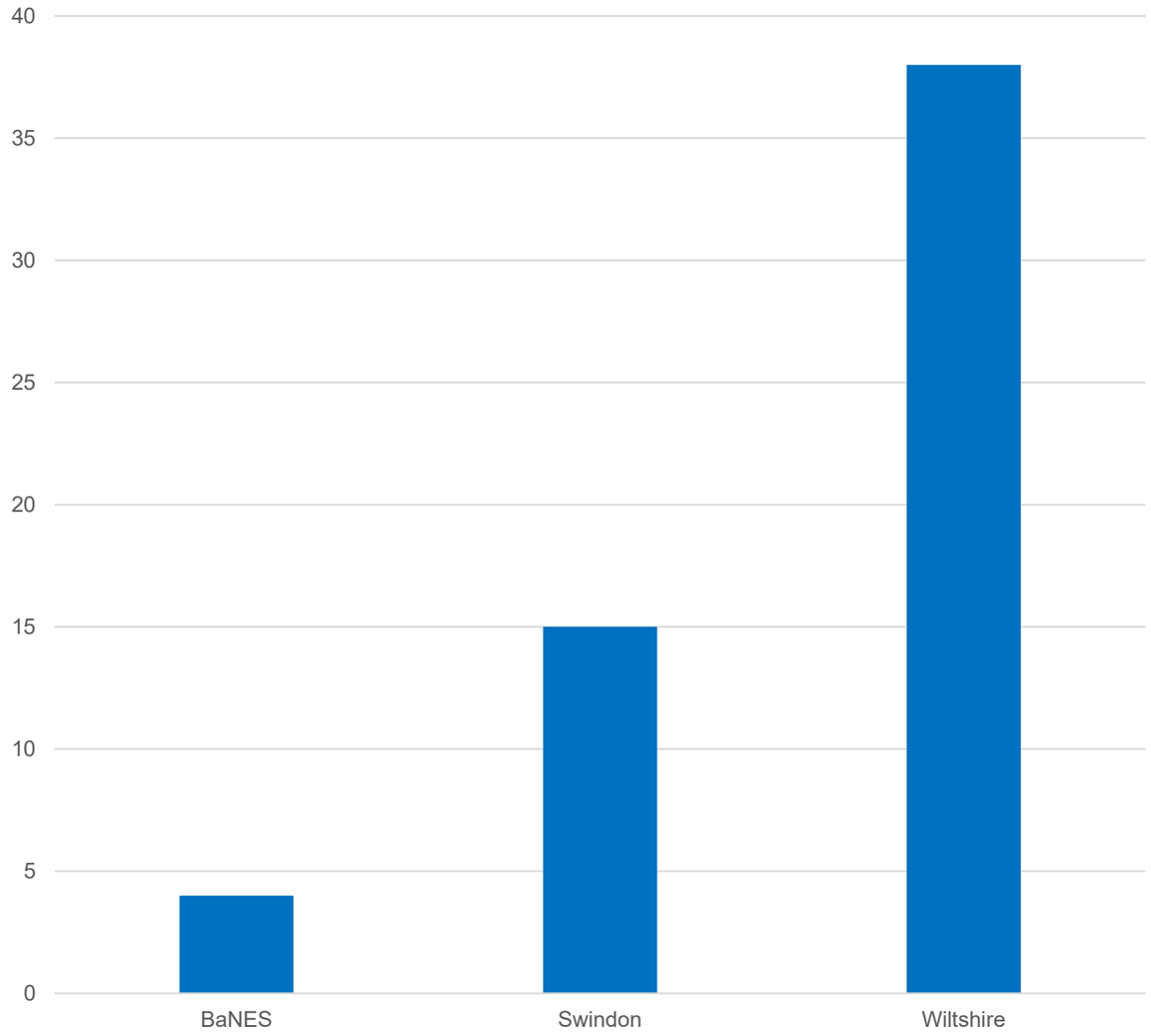
This chart shows the incidents reported by BSW practices from the beginning of 2020-21 and 2021-22 to end of Aug 2021.



- There have been no primary care Serious Incidents reported in August 2021.
- There has been no LFPSE incidents reported in August compared with 3 reported incidents in July 2021. Incident reporting remains low. 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.

- Patient Safety Incidents have been reported on the new Learn From Patient Safety Events (LFPSE) system from the beginning of 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 as an interim measure practices have been asked to forward the PDF summary via email to the Quality Teams incident to ensure the team can offer additional support as necessary or to share learning. The Quality Team are working with NHSE/I to support practices with submitting incidents as initial feedback suggests there are issues submitting incidents. 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 the national reporting system. To date only one PCN in Swindon has made it known that they use a local incident reporting package so a further bulletin will be circulated for further feedback. The CCG's aim is to have more practices reporting incidents through LFPSE
- Currently the quality team have limited information on any incident investigation and learning, as a result reduced trends and thematic analysis or sharing of learning across PCNs, localities and CCG can be completed. Significant effort and support will be required to implement the patient safety strategy to improve the learning from incidents within Primary Care. Further scoping and engagement work by the Quality Team will continue over the next 6 months.

Totals of Incidents Reported by Locality



- Wiltshire locality continues to be the highest reporting area
- Overall primary care incident reporting remains low. Of the incidents reported the majority are assessed as no or low harm.
- The CCG's aim is to support more practices to report incidents through LFPSE

Medical Examiner role in community

- The Medical Examiner role is already established in BSW acute providers. BSW acute providers have been allocated additional funds to support the roll out of Medical Examiners into the community including primary care.

Medical examiners are senior medical doctors, who are trained in the legal and clinical elements of death certification processes. Their role includes: speaking to the doctor who treated the patient on their final illness, reviewing the medical records and any supporting diagnostic information, agreeing the proposed cause of death and the overall accuracy of the medical certificate cause of death, discussing the cause of death with the next of kin/informant and establishing if they have any concerns with care that could have impacted/led to death, acting as a medical advice resource for the local coroner, informing clinical governance systems to highlight deceased patients who require a mortality case record review so any formal learning can be gained by the provider organisation, ensuring that patterns and concerns about care are raised appropriately, enabling a medical examiner officer to conduct component parts of the role under delegated authority.

- BSW Medical Director and BSW Associate Director of Patient Safety and Quality is liaising with the SW Regional Medical Examiner to support the roll out
- The new posts will be advertised shortly with the expectation of being in post January 2022 and undertaking the role from April 2022. it is hoped the GPs will apply for these sessional roles
- There is a national team supporting the development of appropriate Information Governance processes, including DPIA's. BSW digital team will be linked with the national team.
- The roll out is expected to evolve over a period from the 1st April 2022 rather than a stated commencement date for all practices. BSW CCG will support the acute provider medical examiner offices to identify early adopter GP practices and recruitment
- Links below provide further information about the roll out and the role of primary care
  - https://www.youtube.com/watch?v=CIkmdLP7ZB0&ab_channel=NHSEnglandandNHSImprovement
  - https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/non-coronial-deaths-in-the-community/

Patient Experience – PALS and Complaints

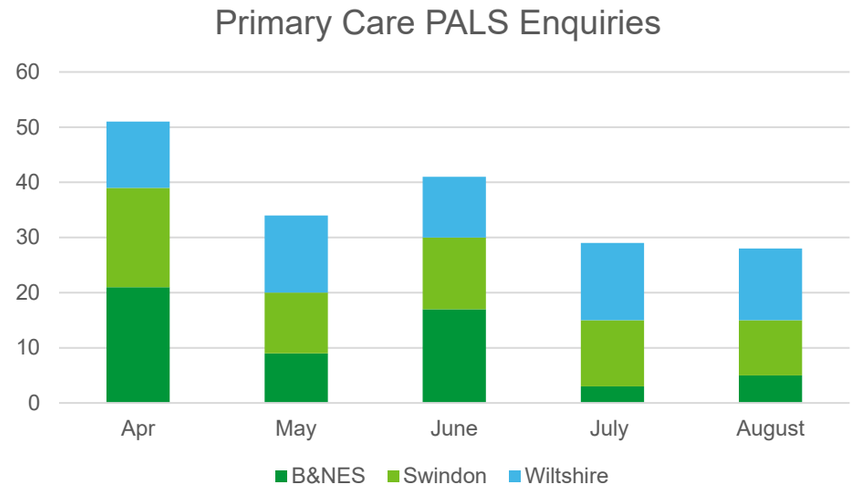
During August there were 28 PALS contacts which was 1 less that the previous month. The themes for August were:-

Vaccine

- 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. This was also a theme last month and the PALS and Complaints Team are supporting patients by contacting the vaccine centres directly to check the recording of the jab. This is not a technical issue with the app but rather an issue with the recording in the patient record by the vaccine site. This is a nationally known issue however it is rare.
- Availability of walk-ins in Swindon for 16-17 year olds as this age group cannot book on the national site
- Timescale for contacting parents of 12-15 year old with a medical condition or household contacts of those with medical conditions

Prescription Ordering Direct (POD)

- Reports of people unable to get through on the phone, especially early in the week. Patients are having a message and then the line cuts off.



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

Current challenges with reporting and analysis:

- The CCG needs to gain improved access to learning analysis reports from SCW PACT and NHSEI
- The CCG needs to work with primary care to receive the trends, and themes of complaints directly submitted to the practice; this will need to be explored over the next two quarters.

This data will enable us to be able to triangulate all PALS and complaints information from SCW PACT, NHSEI and Practices and provide a richer understanding of key themes and learning.

Care Quality Commission GP Ratings

As of the NHS England report for August 2021, there are currently 6 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. The Quality Team is engaged with and offering support with these individual practices to develop action plans.

73 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	30	276	5,804	317	192	6,619

National	IA	RI	GO	OU	NR
England	0.5%	4.3%	90.3%	4.9%	2.9%

Region	IA	RI	GO	OU	NR	Total
South West	0	22	480	47	15	564

Region	IA	RI	GO	OU	NR
South West	0.0%	4.0%	87.4%	8.6%	2.7%

STP	IA	RI	GO	OU	NR	Total
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	0	6	73	8	3	90

STP	IA	RI	GO	OU	NR
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	0.0%	6.9%	83.9%	9.2%	3.3%

CCGs	IA	RI	GO	OU	NR	Total
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	1	6	73	8	3	91

CCGs	IA	RI	GO	OU	NR
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	1.1%	6.8%	83.0%	9.1%	3.3%

	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
Outstanding	8	0	6	5	12	8
Good	73	82	78	81	75	73
Requires Improvement	6	6	4	2	0	6
Inadequate	1	0	0	0	1	1
Not yet inspected	3					

Key:

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

Care Quality Commission GP Ratings

Points to note:

- A common theme identified across all practices with Requires Improvement and Inadequate rating are they have Regulation 17 (good governance) notices. The quality team are commencing engagement with Practices and will carry out scoping work to understand shared learning over next 6 months

- There are weekly touchpoint calls with the practice rated inadequate and support and guidance from the CCG to complete numerous actions in the Improvement plan. OD support also offered.

- 1/6 practice with a RI improvement rating have agreed to further engagement and support from the CCG and this will commence with a site visit on the 3rd October 2021

Actions

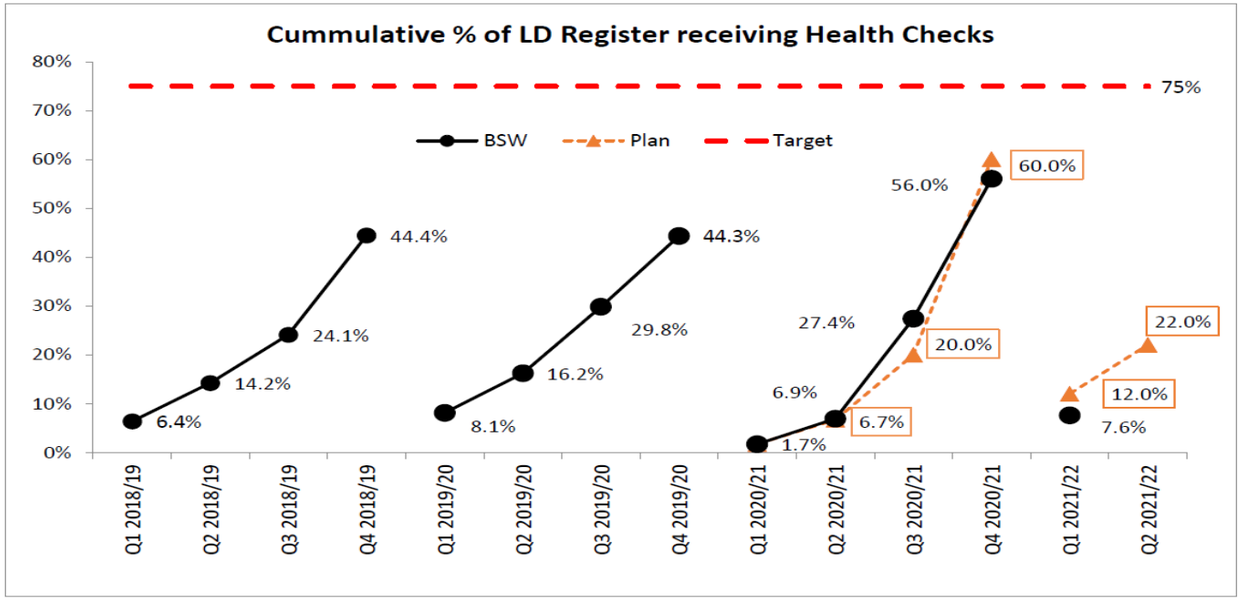
- The CCG is developing its resource capacity and framework to support all practices with an Inadequate or RI rating. The outline of this approach will be presented to PCOG for discussion and approval.

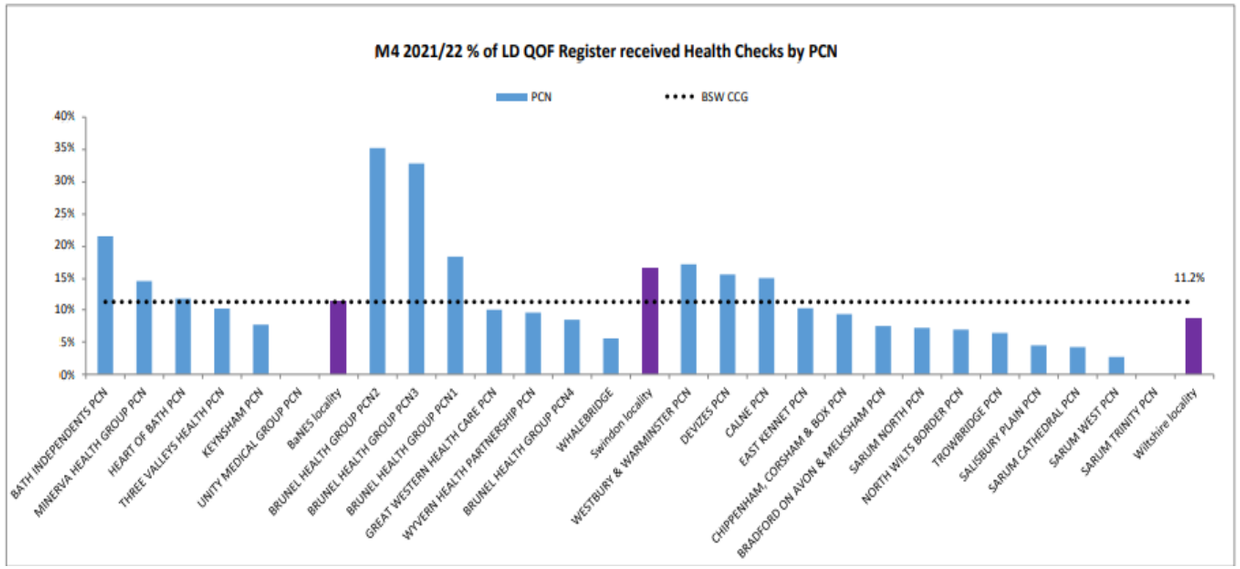
Risks

- There is a risk that GP practices with CQC ratings of inadequate or Requires Improvement do not actively engage with CCG colleagues, this is because of practice capacity and pressure of increased scrutiny. The impact of this is limited assurance given to the CCG that improvements are being made within the expected timeframes.

- Due to the current arrangement in place, there are limited Primary Care Quality metrics to better inform the CCG, PCNs and practices. The Quality team is keen to work with commissioners and practices to agree an appropriate quality oversight framework/dashboard, to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. The quality team has commenced engagement and scoping work through discussions at PCCC; engagement with CQC; Meds Management team; other CCGs including BNSSG, Dorset, and Hampshire, Southampton and Isle of Wight, Primary care analytics, and Head of Urgent care.

Learning Disability Annual Health Checks





- In the first four months of 2021/22, 538 Health Checks were carried out, equating to 11.2% of the LD Register. At Q1 this year 364 checks (7.6%) were carried out, compared to 79 health checks (1.7%) in the first quarter of last year, so shows an improved position and is similar to Q1 in earlier years (6.4% and 8.1%).

- At Locality level, Swindon had completed 16.6% of Health Checks compared to 11.3% and 8.6% in BaNES and Wiltshire respectively. However, a further 520 Health Checks need to be carried out by end September to meet the 2021/22 Operational Plan at Q2 of 1,058 (22%).

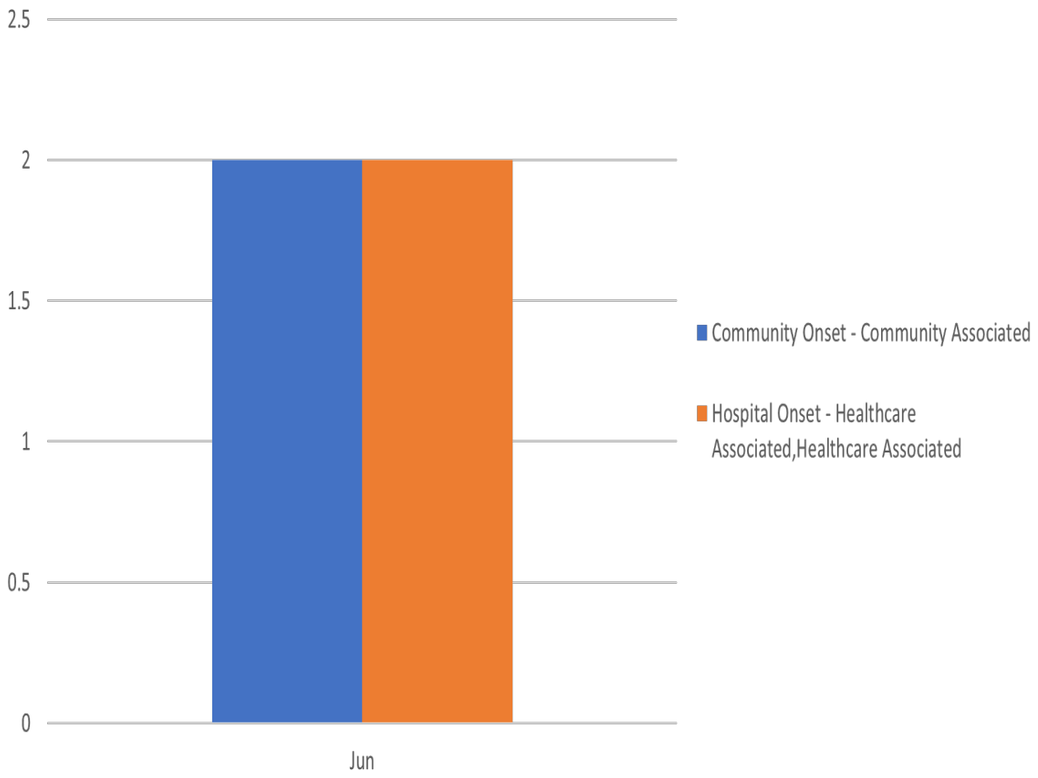
- LDAHC ‘super team’ commenced March. First Option Healthcare provide part 1 of the health check and the healthcare action plan. Checks include pulse oximetry baseline as an addition. People are also encouraged to book part 2 of their check with their GP.

- An evaluation of the pilot is to be completed by University of Bristol – final report to be completed by December 2021.The development of LDAHC pathway underway with a view to commence the service from Q2/3,which will include learning from LeDeR reviews.

- Scoping work is being undertaken in this area and a group will be set up and led by the LDA project Manager to align processes for SMI & LD annual health checks, which will include support from the quality team to establish a system approach with aligned processes for all providers undertaking LD Health checks in accordance with policy, with a single consistent approach to the recording and coding of the undertaken assessment on SystmOne.

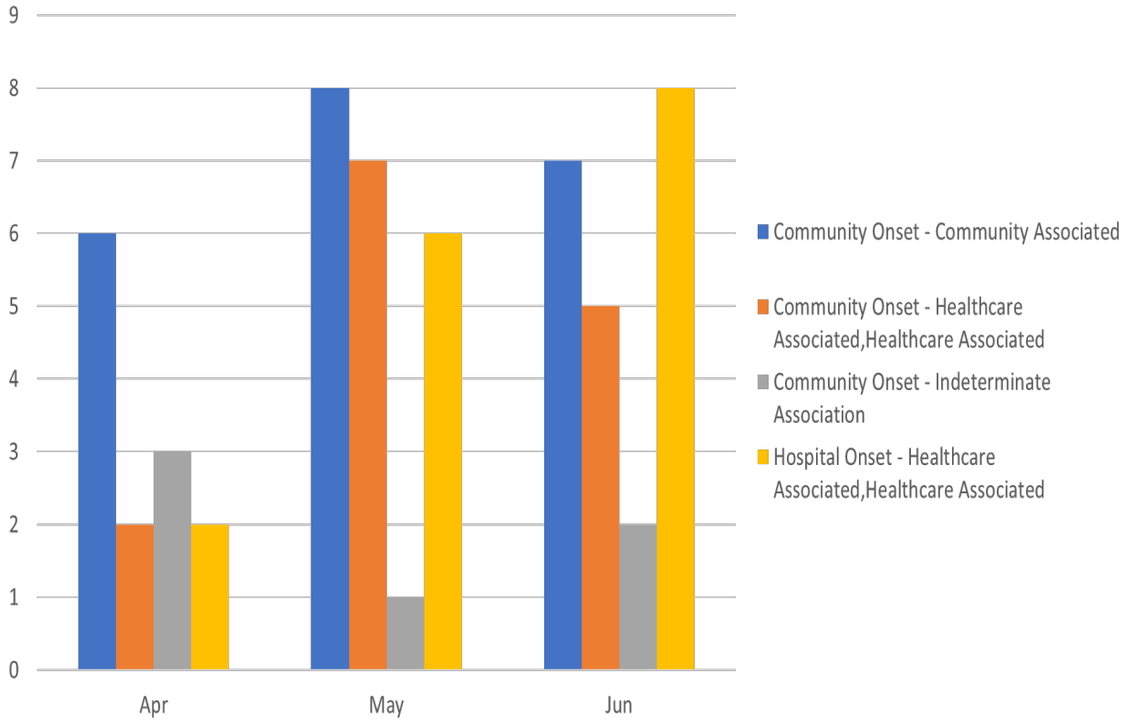
- Recruitment to Local Area Coordinator role for LeDeR has recently been approved, with interviews planned for the 20th October 2021. This role will support LeDeR across BSW and support implementation of quality improvement in this area.

MRSA incidence totals BSW system Q1 2021/22



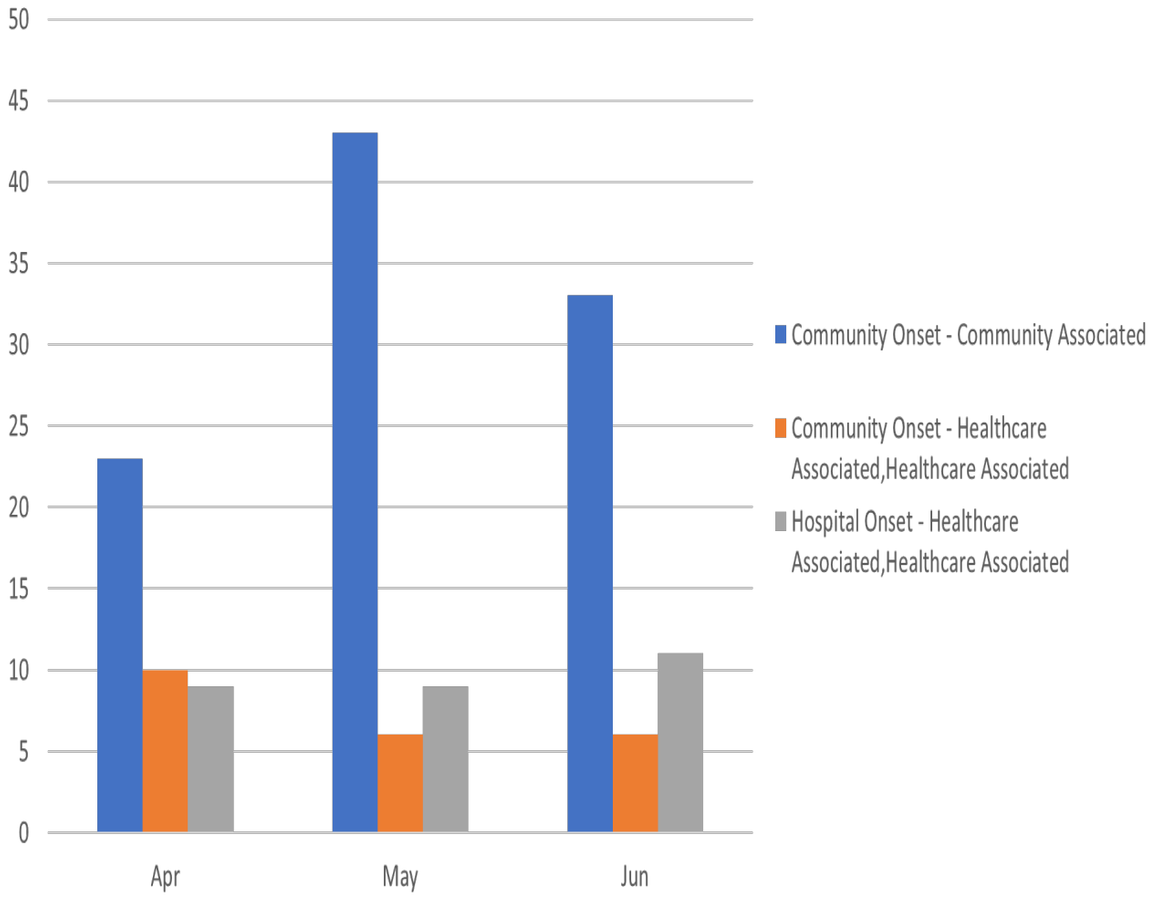
- 4 cases of MRSA in Q1
- 3 new onset infections, 1 continuous infection > 14 days
- 2 Community Onset, Community Associated
- 1 Hospital Onset, Hospital Associated
- 2 cases identified in Persons Who Inject Drugs (PWID) population
- In the 2 community onset cases, both identified skin and soft tissue infections as the primary source, both of these cases were identified by primary care services.
- One case represented good safety netting by primary care GP, SWAST and GP OOH.
- Zero incidence of MRSA for Swindon & B&NES 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
- As outlined above community onset, community associated remain the highest proportion of all CDI case assignments
- Reduction efforts are focusing on what actions can be undertaken across primary and community care services, as well as public messaging to have a positive reduction impact on these cases
- Post Infection reviews indicate antibiotic prescribing and delay in CDI diagnosis in the community to be potential factor in the rise in CDI across BSW.
- BSW CDI collaborative has been created with aim to reduce CDI cases and will focus on reducing 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
- As outlined above, community onset, community associated remains the highest proportion of case assignment for E-Coli blood stream infections across BSW.
- Primary source of E-Coli infections identified through post infection reviews are urinary tract infections and hepatobiliary infections
- Early learning from post infection reviews in the community cases occurring within primary care indicates that antimicrobial resistance and antibiotic reviews post culture and sensitivity results may be a contributory factor, however further work is needed to understand this in greater detail.
- A review of the over 65 UTI pathway, To Dip or Not To Dip, is also been undertaken to support care home staff in early recognition and management of lower UTI's.
- 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 Q3 21/22

- The CCG is actively seeking support from practices to implement Learn from patient safety events (LFPSE) incident reporting to support learning and improvement
- Supporting and monitoring progress against required CQC quality improvement plans
- Progress flu vaccination plans for 21/22.
- Development of a process for capturing and analysing emerging themes and trends from reported patient safety incidents will be developed over Q3 and Q4.
- Continued collaborative working with BSW Medicines management teams from across the system and the Antimicrobial stewardship committee to increase awareness of appropriate antibiotic prescribing.
- The Nursing and Quality team is aiming to improve the engagement and monitoring of GP practices with Inadequate and Requires Improvement CQC ratings.
- Development of quality oversight framework/dashboard to support service transformation discussions, plans and proactively identify any areas of concern and learning at the earliest juncture. The quality team has commenced engagement and scoping work through discussions at PCCC, engagement with CQC; Meds Management team; other CCGs including BNSSG, Dorset, and Hampshire, Southampton and Isle of Wight CCG; Primary care analytics team, and Head of Urgent care.

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

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

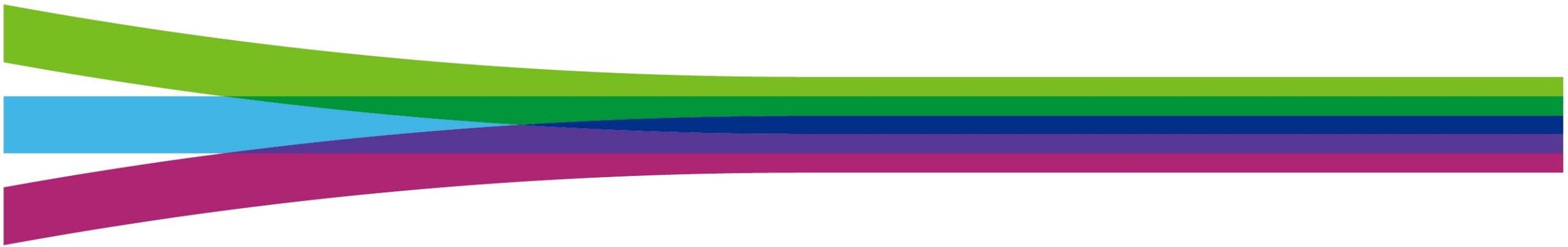
Report Title	Finance Report					**Agenda item**	9	
Date of meeting	14 October 2021							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead, contact for enquiries	Caroline Gregory, BSW Director of Finance							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
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 5 of the 2020/21 financial year. 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. • As at Month 05 (August 2021) Primary Care is underspent Year to date by £676k and is forecasting to overspend at year end by £569k. This adverse movement is largely driven by pressures in the delegated funding position which are being investigated further • SDF funding has been fully received for H1. Funding is expected for H2 at the same level with additional £654k for PCN leadership and management support • The in-year position on SDF monies is expected to be fully committed; this is currently being reviewed ahead of BSW Oversight & Delivery Group • BSW PCOG will be considering effective use of 2021/22 investments monies and remaining planned commitments for PCCC to review this at its November meeting							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The Committee is asked to **note** the contents of the report							

Report Title	Finance Report						**Agenda item**	9
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 05 2021/22

14th October 2021



Executive Summary

- As at month 05 (August 2021) Primary Care is underspent Year to date by £676k and is forecasting to overspend at year end by £569k. This adverse movement is largely driven by pressures in the delegated funding position which are being investigated further
- SDF funding has been fully received for H1. Funding is expected for H2 at the same level with additional £654k for PCN leadership and management support
- The in-year position on SDF monies is expected to be fully committed; this is currently being reviewed ahead of BSW Oversight & Delivery Group
- BSW PCOG will be considering effective use of 2021/22 investments monies and remaining planned commitments for PCCC to review this at its November meeting

Overall Primary Care – Month 5

	Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
	£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%
CENTRAL DRUGS	1,495	1,523	28	2%	1,794	1,878	84	5%
COMMISSIONING SCHEMES	2,354	2,336	(18)	-1%	3,413	3,543	131	4%
LOCAL ENHANCED SERVICES	4,895	4,811	(84)	-2%	5,874	5,861	(13)	-0%
MEDICINES MANAGEMENT - CLINICAL	856	805	(51)	-6%	1,027	945	(82)	-8%
OUT OF HOURS	5,154	5,176	21	0%	6,185	6,267	82	1%
GP FORWARD VIEW	2,531	2,747	215	9%	2,973	2,973	0	0%
OXYGEN	490	467	(23)	-5%	588	563	(25)	-4%
PRESCRIBING	56,206	55,834	(372)	-1%	67,447	67,081	(366)	-1%
PRIMARY CARE IT	1,818	1,618	(200)	-11%	2,124	2,192	68	3%
PRIMARY CARE INVESTMENTS	630	584	(45)	-7%	755	711	(44)	-6%
PRIMARY CARE DEVELOPMENT	395	349	(46)	-12%	474	421	(53)	-11%
PRC DELEGATED CO-COMMISSIONING	58,578	58,476	(102)	-0%	70,532	71,320	788	1%
PRIMARY CARE (UNDER)/OVERSPEND	**135,401**	**134,725**	**(676)**	**-0.5%**	**163,185**	**163,755**	**569**	**0.3%**

Actions to address overspends – Primary Care

- **Commissioning Schemes - £131k overspend -** relates to Medvivo spend on COVID which will be further considered as part of H2 plan as budget was set based on H2 of 2021/21 year

- **GP Forward View - £215k overspend YTD-** overspend due to funding expected but not received as at M05. Funding now received in M06 so expect an improvement in the position next month.

- **PRC Delegated FOT £788k overspend-** due to funding shortfall linked to CCG negative distance from target allocation. Benefits from prior year accruals and in year underspends against budgets are reducing the expected overspend in year. This is under further review with options to address under consideration.

Primary Care Delegated – Month 5

	Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
	£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%
G/PMS, APMS Contract	38,348	38,258	(91)	-0%	46,018	45,973	(44)	-0%
Presc/Disp Prof Fees	2,244	1,787	(457)	-20%	2,693	2,402	(291)	-11%
QOF	5,585	5,257	(328)	-6%	6,702	6,378	(324)	-5%
Retainers	314	273	(40)	-13%	376	351	(25)	-7%
Locums	577	435	(143)	-25%	693	651	(42)	-6%
DES Schemes	1,516	1,531	16	1%	2,058	2,070	13	1%
PCN ARRS	2,668	2,636	(32)	-1%	3,202	3,192	(9)	-0%
PCN Other	1,669	1,445	(225)	-13%	2,002	1,999	(3)	-0%
Premises - Rent	4,232	4,050	(183)	-4%	5,079	4,938	(141)	-3%
Premises - Rates	760	659	(101)	-13%	912	814	(98)	-11%
Premises - Other	319	324	5	1%	383	393	11	3%
COVID Capacity	1,561	1,558	(3)	-0%	1,873	1,873	0	0%
Other	(1,216)	265	1,480	-122%	(1,457)	284	1,742	-120%
PRIMARY CARE (UNDER)/OVERSPEND	**58,578**	**58,476**	**(102)**	**0%**	**70,532**	**71,320**	**788**	**1%**

Actions to address - Delegated

- **Prescribing/Dispensing Prof Fees £457k underspend YTD, £291k underspend FOT-** recently announced adjustment factor to be applied to dispensing fee scale is expected to generate a further underspend in H2
- **QOF £324k underspend FOT –** non-recurrent benefit from prior year
- **Locums £143k underspend YTD -** non-recurrent benefit from prior year
- **Premises – Rent £183k underspend YTD, £141k underspend FOT** - benefits from rent recharges and prior year rent revaluations/adjustments
- **Other - £1,742k overspend FOT** - related to anticipated allocation shortfall when budgets were set; this is currently being investigated further to see what options are available to address this in year

2021/22 SDF Transformational Monies

* *conditional*	Q1 £000s	Q2 £000s	Total H1 £000s	Total H2 £000s	TOTAL £000s	Objectives for funding
Workforce Training Hubs	47	47	94	94	**188**	Workforce planning, career support and retention and investment in embedding new roles
PCN Development	114	114	228	228	**456**	To recruit, embed and retain new roles. To achieve integration of the 25 PCNs with objectives of ICAs
Practice Resilience Programme	33	33	66	66	**132**	Increasing access to GPs and other skills to be able to improve practice management, recruitment and planning
Online Consultation Software	62	62	124	124	**248**	To increase at scale and wider offering to patients from current contract with Doctorlink
GP IT Infrastructure	51	51	102	101	**203**	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 (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
Funding to Support Leadership and Management	0	0	0	654	**654**	Clinical directors to recommend how it is deployed to create new capacity in support of the work of PCNs
Total	2,575	1,950	4,525	3,304	**7,829**	

Most of the funding for Primary Care for 2021/22 has now been confirmed.

Use of additional allocations to support areas such as Fellowships, Mentors, and Staffing Pools are yet to be determined.

Item 10

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

Corporate Risk Register - Primary Care

Jun-21

Risk no.	Risk Category (for risk map)	Risk Appetite	Brief descriptor	Date risk entered on register	Risk Owner Director Accountable	Risk Manager Responsible	Latest review date	Original risk score	Target risk score	Risk Treatment	Description of risk including event, cause and consequences	Existing controls and assurances	Proposed action (number each action)	Target delivery date for each action	Person delivering each action	Commentary on progress against action plans	RAG on progress against actions2	Movement in score (from previous updates since July 2019 or date of risk entry on register)	Current likelihood	Current Impact	Current risk score
BSW 11 Merged with BSW 23	Capacity and Capability	Moderate	Demands on Primary Care / GP Practices	03-Dec-19	Jo Cullen, Director of Primary Care	Tracey Strachan, Deputy Director of Primary Care	16-Aug-21	20	6	Treat	Increased demands on GP practices with impact on the ability to maintain clinical safety and service standards. Evidence of recent primary care activity impacted by different ways of working and modes of appointment (triage and face to face) and increasing demand in patient contact. Ensuring sufficient capacity and capability in general practices to manage demand and deliver new operating model National Standard Operating Procedures for General Practices updated 13.05.21 to support restoration of GP services in line with roadmap out of lockdown ensuring practices are offering patients access to the practice via telephone/online and the reception is also open (adhering to social distancing and IPC guidance); offering patients face to face appointments based upon an assessment of clinical need following a discussion between the clinician and the patient, on-line access for a proportion of appointments; a discretionary e-consultation (or equivalent) platform, during core hours Monday-Friday 08:00-18:30: treating patients consistently regardless of mode of access, and; providing information about your services via the practice website. Since 14/12/20 - delivery of PCN designated sites for Covid Vaccination programme through priority groups - under national Enhanced Service. 100% sign up across BSW. 11/25 PCN sites continuing to deliver for Cohorts 10-12 in context of bringing forward 2nd doses. Phase 3 planning for booster vaccinations linked to flu programme. Increasing numbers of RSV cases with major impact across the system.	Confirmation of BSW Covid-19 Response Primary Care Offer approved by the CCG last summer to trust primary care to do what it does best and therefore committed to providing flexibility and resources to enable practices to deliver the most appropriate care - continued for Q1 and Q2. Potential for extension to H2 if nationally supported due to Phase 3 Covid rollout and pressure from RSV. Delivery of Network Contract DES and Additional Roles Reimbursement Scheme for additional specified roles. National GP Workload Tool has been shared with all practices. Primary Care Operational Groups receive monthly reports of operational issues within practices and reports to Primary Care Commissioning Committee. Primary Care Opel Score introduced last autumn (as part of the whole system SHREWD daily dashboard tool) and encouraging all practices to submit status to evidence the pressures to the system as well as to the wider public. Additional reporting being rolled out for RSV cases. Some practices undertaking risk stratification/proactive diagnostic work. High risk practices in regular contact with CCG and LMC to address concerns. Regular contact through Teams calls and webinars across BSW, Localities, PCNs and Practices.	1. Development of Covid-19 response primary care offer 20/21: will report via PCN dashboard (national) 2. Additional roles being monitored and reported through NHSE submissions 3. GP retention programme for BSW being further developed through training hubs and other schemes for mentoring, supervision and CPD for existing and new roles 4. Reporting weekly on demand and mode of appointment - developing method (locally and across SW) to understand more detail about reasons for consultation and outcome (not just numbers) to understand alternative solutions. 5. Work to full submission to the daily system status tool and RSV case monitoring 6. Mobilisation of population analytics and risk stratification tool for practices. 7. Work with Primary Care Networks to develop quantitative assessment of demands on primary care, taking into account learning from Covid. 8. Work with Communications Team to manage patient demands and expectations and launch change of services. 9. Work closely with PCNs to support delivery of vaccination programme (such as additional workforce and support for additional non NHS premises) to allow increased return to restoration of usual business and backlog	1. Ongoing discussions and implementation of dashboard 2. Ongoing - will report monthly to PCCG and quarterly to PCCC 3. Ongoing review quarterly 4. Ongoing 5. Ongoing - some reporting but working to ensure full coverage. 6. Ongoing 7. Ongoing 8. Ongoing 9. Ongoing	1. Jo Cullen and PC team 2. PC team and Training Hub 3. Di Walsh and Training Hub 4. Analytics team 5. Jo Cullen and Dr Mark Boothman 6. Analytics team 7. Jo Cullen, PC team and Quality team 8. Tamsin May 9. Jo Cullen	Approval to continue for Q2 PCCC June 21 and funding support via the GP Covid Expansion Fund. The BSW Practice appointment data for April (extracted for the TPP practices) shows the number of appointments and the mode in which they were conducted, demonstrating that across BSW practices are already offering more face to face than telephone appointments. There is some variation across the three localities. PC team will be getting in touch with all PCNs and Practices to see whether there is any support for any practice finding it challenging to meet the requirements of the SOP. National Dashboard now released Process in place. Pulling BSW group together and working with NHS SW to develop understanding of reasons driving demand to review alternative solutions and support for further potential surge. Reporting on the Covid Vaccination programme separately. Weekly sitrep in place Primary Care Bulletin now twice a week and monthly webinars chaired by Locality GP chairs Supporting PCN plans for continuation of immunisation programme and increased return to BAU services, phase 3 rollout linked to flue vaccinations and planning for impact of rising RSV cases.. Confirmed CCG support for next phase with funding streams and commitment for high trust, low bureaucracy.	Potentially Off target	++++++++++++	4	4	16
BSW 13	Capacity and Capability	Moderate	Primary Care Workforce	04-Dec-19	Jo Cullen, Director of Primary Care	Tracey Strachan, Deputy Director of Primary Care	16-Aug-21	12	6	Treat	The workforce age profile over the next five years indicates a number of GPs, practice nurses and practice managers will retire during that period which may threaten the resilience and sustainability of Primary Care. This is compounded by the current workload pressure as some practitioners are looking to retire early.	BSW Primary Care Strategy BSW Training Hubs Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) Primary Care Network Meeting / Forum	1) Continue to obtain up to date workforce data from NHS Digital including age profiles of all staff, reported on by the BI team on a quarterly basis. 2) Explore workforce planning at system level working with Strategic Workforce Planning Network for BSW 3) Work with the BSW Strategic Recruitment, Retention and Supply Group on a 5+ project looking at ways to retain those reaching retirement age. 4) Continue to support the AIRS scheme in Primary Care to manage the workload and prevent early retirements attributed to overload. 5) Increased emphasis on supply of primary care staff through active recruitment strategies, primary care placements, apprenticeships and Return to Practice courses.	Ongoing development of plans	Di Walsh (CCG) BSW Training Hub	1) Primary Care Workforce lead assigned for BSW with plan and draft strategy completed. Alignment of CCG workforce activities across CCG and trajectories considered as part of operational plan submission. 2) Commissioning Alliance wide-bid submitted - 1 GP recruited in to BaNES from Devon scheme, new prospectus updated for future recruitment rounds. 3) Regular meetings in place with Training Hubs regarding current future workforce needs. Longer term planning requiring further support from NHSE / HEE. Local funding to support training networks / GPwW and GP Integrators, along with GP Chambers model 4) Local facilitation to support workforce / previous cluster visions and values. PCN BSW Clinical Director meetings. PCN engagement and development of BSW support offer continues. 5) Increasing use of social media to promote primary care recruitment, planned appointment of a Practice Nurse Fellow to lead on Return to Practice placements, and further student events to attract nurses/Physician Associates into primary care.	Potentially Off target	++++++++++++	4	3	12

Last Updated: 16/08/2021

Item 11 - BSW CCG - Primary Care Commissioning

Committee Forward Plan 2021-22

Only 1 hour

	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 a. Wiltshire Complex Wound Care Business Case		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: a. Current demands and challenges - Primary Care Recovery Package b. Blood Test Bottle Stocks and Plans c. Update on COVID-19 Vaccination Programme d. Respiratory Syncytial Virus Update e. GP Survey Results		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)		Local Commissioned Services Review Report			
	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			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 (if applicable)~~	Seminar discussion:	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:
	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 noting	Enhanced Services Update - Swindon and BaNES - in private	Primary Care Finances – Reserves, Brought-Forward Balances and Investments - in private for approval	PCNs to present on PCO achievements	LD Health Assessments - Evaluation Report from Pilot (or Feb Public?)	Follow up - GP Flexible Pool *(following item in Sept)* (Rachel Cooke)	
			Committee Effectiveness Review Summary Report (Chair) - in private	Committee Effectiveness Review Summary Report (Chair) - in private		Developing a BSW Care Model (RS/GU)	Patford House Partnership - Follow up - in private		PCN Estate Strategies			
			Swindon QOF - in private	Interim Payment to BaNES Practices from BaNES Improving Access Allocation - in private		Patford House Partnership - in private			Workforce development and expansion			
			Enhanced Services - BaNES - in private			Primary Care BSW Protocol Merger (JR) - to approve			HealthWatch Report - *part of Quality Report?*		HealthWatch Report	
	BSW Covid-19 Response Primary Care Offer		COVID Expansion Fund Proposal			PCOG recommended: GP Flexible Pool - in private						