

BSW CCG Primary Care Commissioning Committee Meeting in Public Thursday 9 December 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 14 October 2021	Chair	Approve	PCCC/21-22/060
	5	Action Tracker and Themes to Watch	Chair	Note	PCCC/21-22/061
Business items					
13:40	6	Summary of Decisions made at the PCCC Private Meetings	Chair	Ratify	PCCC/21-22/062
13:45	7	British Medical Association Ballot Result	Dr Gareth Bryant	Note	Verbal
13:50	8	Operational Items: a. Current Demands and Challenges b. Update on COVID-19 Vaccination Programme c. Winter Planning d. Phlebotomy Collections	Jo Cullen	Note	Presentation
14:10	9	BSW Integrated Care Alliances Update and Developments	Locality Clinical Leads	Note	Verbal
14:20	10	Quality Report	Gill May	Note	PCCC/21-22/063
14:30	11	Finance Report	John Ridler	Note	PCCC/21-22/064

Timing	No	Item title	Lead	Action	Paper ref.
Items for information					
<i>Items in this section will be taken as read and not discussed unless members raise specific points</i>					
14:40	12	Primary Care Operational Groups Update Report	Tracey Strachan	Note	PCCC/21-22/065
14:40	13	Primary Care Risk Register	Jo Cullen	Note	PCCC/21-22/066
Closing Business					
14:45	14	Any other business	Chair		

Next Meeting of the Primary Care Commissioning Committee in public:
Thursday 10 February 2022 – 13:30hrs

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

Thursday 14 October 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)
Registered Nurse, Maggie Arnold (MA)
Chief Financial Officer, Caroline Gregory (CG)
Medical Director, Dr Ruth Grabham (RG)
Director of Strategy and Transformation, Richard Smale (RS)
Director of Primary Care, Jo Cullen (JC)

Attendees

Locality Clinical Lead Swindon, Dr Amanda Webb (AW)
Locality Clinical Lead (Wiltshire), Dr Edward Rendell (ER)
Locality Healthcare Professional (Swindon), Dr Francis Campbell (FC)
Locality Healthcare Professional (Wiltshire), Dr Sam Dominey (SD)
Locality Healthcare Professional (Wiltshire), Dr Nick Ware (NW)
Representative from HealthWatch Swindon, Steve Barnes (SB)
Deputy Director of Primary Care, Tracey Strachan (TS)
Deputy Director Nursing and Quality, Sharren Pells (SPe)
Associate Director of Finance – BaNES, John Ridler (JR)
Representative from Wessex LMC, Dr Gareth Bryant (GB)
Clinical Liaison & Engagement Specialist - Communications & Engagement, Helen Robertson (HE)
Patient Safety and Quality Lead, Claire Spiers (CS)
Board Secretary, Sharon Woolley (SW)

Apologies

Representative from HealthWatch Swindon, Harry Dale (HD)
Representative from HealthWatch Wiltshire, Joanna Wittels (JW)
Locality Clinical Lead (BaNES), Dr Bryn Bird (BB)
Chief Executive, Tracey Cox (TC)
Representative from HealthWatch Bath & North East Somerset, Joanna Parker (JP)
Locality Healthcare Professional (Wiltshire), Dr Catrinel Wright (CW)
Director of Nursing and Quality, Gill May (GM)

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 The Committee had received two questions from the public. The Chair read out the questions and the CCG responses. All questions and responses would be published on the CCG website following the meeting.

4 Minutes from the meeting held on 9 September 2021

- 4.1 The minutes of the meeting held on 9 September 2021 were **approved** as an accurate record of the meeting.

5 Action Tracker and Themes to Watch

- 5.1 Eleven actions were noted on the tracker. Five were marked as CLOSED with updates provided for the Committee to note. There were no further updates to note against the ONGOING actions.
- 5.2 The Committee reviewed the Themes to Watch list. There were no further items to add. [ACTION: List and formatting to be revised to ensure updates were in line with the correct identified theme.](#)

6 Operational Items

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

6a. Current Demands and Challenges

- A letter from the NHS England national team had been received earlier that morning to outline the Governments plans to improve access for patient to GPs. A webinar had been held with BSW primary care colleagues to discuss this, acknowledging the sustained pressures and demands being seen. The slides had been prepared in advance of the announcement. The letter data and indicators were to be worked through to relate to BSW and its 90 practices. The letter and supporting guidance referred to risk assessments of practices and sites, this was to be actioned quickly and would bring BSW specific actions.
- The appointment trend data indicated that 445,000 telephone and face to face appointments had been held in September. 58% were held face to face.
- Communications was fundamental at this critical time, with both colleagues and the public. *(this linked in with the action on the tracker with regards Healthwatch and CCG Communications Team to review public messaging)*. The CCG GP leads had recently

released an open letter to explain the pressures being seen and the current operational model.

- Practices were to complete a daily return based on their demand and workforce to feed into the SHREWD primary care OPEL status.
- National negotiations continued on contractual issues such as the Quality Outcome Framework and Additional Roles Reimbursement Scheme (ARRS).
- It was hoped all practices would be on-board with the GP Community Pharmacist Consultation Service (GP CPCS) by Christmas.
- There was a need to review the management of patients on waiting lists as this was impacting on practice staff time to respond to queries.
- The wellbeing offer to staff was to be reviewed, and would embrace all staff. There were currently high turnover numbers being recorded. The processes at practices and their receptions may need to be reviewed to reduce the negative patient response, this was being discussed with practice managers, along with a review of website information and telephone messages. HealthWatch offered their assistance with this.
- It was to be proposed to continue the BSW Primary Care Offer for H2 – national announcements were awaited in support of this.

6b. Blood Test Bottle Stocks and Plans

- Bottle supplies had stabilised, but had not yet reverted to normal levels. A national letter had been released on 8 October to update on the situation. Testing activity within acute trusts, community hospitals and mental health trusts could resume in line with best practice. GP teams were to continue to follow the best practice guidance.

6c. Update on COVID-19 Vaccination Programme

- BSW continued to perform well against the national league table, thanks to a continued tremendous effort from all those involved in the BSW vaccination programme.
- The booster dose programme had now commenced, along with school age delivery through Virgin Care. A further update on these would be provided in the December operational update.

6d. Respiratory Syncytial Virus Update

- An increase in paediatric activity was noted for September, wider than the anticipated Respiratory Syncytial Virus (RSV). Plans were in place to manage this demand. The figures related only to GP and ED visits, and did not include urgent care centre and minor clinic visits. The Medical Director was the chair of the paediatric demand system calls. The lack of immunity had been a concern when considering the impact of RSV. Although the cases and surge of RSV was not currently recorded, there had been an 30% increase in overall demand. If not managed, this could potentially lead to an increase in admissions and pressures on intensive care beds.

6e. GP Survey Results

- Analysis of the GP Patient Survey 2021 results continued at BSW level. Further data was expected.

[ACTION: A full overview of the GP Patient Survey results, an action plan and recommendations would be brought to the December PCCC meeting.](#)

7 Primary Care Operational Group Recommendation for Approval

7.1 The Deputy Director for Primary Care presented the item for approval, as recommended by the Wiltshire PCOG. The paper sought approval to formally commission a Complex Wound Care service from the Wiltshire Primary Care Networks (PCNs).

7.2 The service activity in BaNES and Swindon remained with the acutes, community teams and GPs, and levels of activity were notably lower.

7.3 Work had been undertaken over a number of years to clarify the Wiltshire service provision. There was currently no formal commissioned service in place. A service specification was

now finalised, with funding at £1 per head at a recurrent cost of £503,699 being requested. Funds were within budget. The proposal had the support of the CCG Finance Committee, Wiltshire Primary Care Operational Group and the Wiltshire locality meetings.

- 7.4 The original estimates of service levels three years ago expected 30,000 patient contacts, however coded activity for 2020-21 actually recorded 63,539 contacts. The primary care services cost would be significantly lower than secondary care delivery. The proposal for block agreement would be capped at £500,000.
- 7.5 The predecessor Wiltshire CCG had previously agreed £0.50 per head per annum non recurrently. 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. The cost per head of population ensured coverage of the patch and capped the cost. The PCN would distribute the funds to those practices who were delivering the service.
- 7.6 The proposal had been shared with the BaNES and Swindon localities to seek equity across the system. This service was not seen as a current priority and the demand was not equivalent to that seen in Wiltshire. The Locality Clinical Lead for Swindon reported that Swindon was starting to see some activity increase, and would welcome the opportunity to discuss this further. A baseline of all services was to be undertaken.
- 7.7 The Committee **approved** the Complex Wound Care service proposal for Wiltshire PCNs at £1 per head at a recurrent cost of £503,699.

8 Quality Report

- 8.1 The Committee **received and noted** the Quality Report. The Deputy Director of Nursing and Quality highlighted the following items to the Committee:
- Significant work continued on the patient safety agenda. An improvement in primary care reporting on Learn from Patient Safety Events (LFPSE) incidents was needed. A new system had been embedded over the summer to aid reporting.
 - There were no Serious Incidents to report.
 - BSW was benchmarking well against the national healthcare associated infections reporting, reflecting the significant work done to reduce MRSA and Clostridium Difficile infections. The rate of Clostridium Difficile infections in the community per practice were to be looked at.
 - The flu programme was underway following scrutiny of the plan at the Quality and Performance Assurance Committee.
 - As part of the delivery of the Patient Safety Strategy, the Medical Examiner role was established within the BSW acutes. This would be rolled out further into the community, including primary care.
 - The Quality Team continues to work to improve the primary care quality metrics in place, with examples from Dorset CCG and BNSSG CCG being reviewed. Full assurance for minimum effort was required, recognising the demands on primary care.
 - The Quality Team was working with those individual practices rated by the CQC as 'requires improvement' and 'inadequate' to develop action plans and to provide that strong governance and specialist support. It was noted that the CQC rating reference had a discrepancy; the South West region and BSW STP figures did not show the practice rated as 'inadequate', which was known to the CCG. This would be looked into outside the meeting and corrected for the next report.

9 Finance Report

- 9.1 The Associate Director of Finance for BaNES presented the report, which provided the primary care financial position for BSW CCG to Month five of the 2021/22 financial year. PCOG's scrutinised the finances and detail, with this summary presented to the Committee for oversight and assurance. The Committee noted:

- Primary care was currently in a more comfortable position than forecast, although Members were to be mindful of upcoming changes.
- The H2 plans and allocated funding for primary care would be reported to the next meeting.
- Primary Care was indicating an underspend year to date by £676k, however was forecasting an overspend at year end by £569k.
- The pressures were largely due to the delegated funding position and its deficit. The allocated funding was not sufficient to meet the requirements of the GP contracts and expenditure. This financial risk would need to be mitigated to support the CCG and system position.
- An update on the Service Development Funding (SDF) and Transformational Monies had been included. The schemes were being reviewed to consider the impact they each had across BSW. The in-year SDF monies were expected to be fully committed.
- H2 funds were expected to bring additional PCN leadership and management funding (£654k).
- The CCG was to submit its plan by 27 October 2021 to bid against the national winter access funding that had been made available in support of the Government and NHS England improving access programme.

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

10 Primary Care Risk Register

10.1 The Risk Register for Primary Care was circulated for information, which details the primary care risks currently upon the CCG's corporate risk register. A reference to the national letter and primary care response plans would be added in the next update.

10.2 The Committee **noted** the report and the progress made to date on actions in place to mitigate risk.

11 Primary Care Commissioning Committee Forward Plan 2021-22

11.1 The Committee **noted** the Committee forward plan for 2021-22. Comments, additions or amendments to the Committee forward plan, particularly regarding Seminar discussion topics, should be sent through to the Chair.

12 Any Other Business

12.1 There being no other business, the Chair closed the meeting at 14:27hrs

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

Name:

Role:

Signature:

Date:

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

Updated following meeting on **14/10/2021**

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 Helen Robertson (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. Update 29/10/21: The next citizens panel survey will be solely focused on the Shaping a Healthier Future programme as part of the required engagement for the programme. Questions on patient communication with primary care will be included in a future survey.	ONGOING
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	Update 02/11/2021: Rolled in to proposal for SDF funds b/f. discussion at PCOG 04/11/2021.	CLOSED
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	Update 30/11/2021: Engagement with HealthWatch has commenced. A meeting has taken place with Healthwatch BaNES PCCC member and a further meeting with the Project Portfolio Manager Healthwatch Swindon & Healthwatch BaNES is scheduled for 8 Dec 2021.	ONGOING
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	Update 02/12/21: Item discussed at the PCCC Private Session on 11 November 2021. An update to be included as part of the Primary Care Finance Report to be noted during the meeting in public.	CLOSED
14/10/2021	5. Themes to Watch	List and formatting to be revised to ensure updates were in line with the correct identified theme.	Sharon Woolley	Formatting amended and corrected.	COMPLETED
14/10/2021	6e. GP Survey Results	A full overview of the GP Patient Survey results, an action plan and recommendations would be brought to the December PCCC meeting.	Primary Care Team	Update 02/12/21: Deferred from the December meeting. Noted on the forward planner for the February 2022 meeting.	CLOSED

BSW Primary Care Commissioning Committee - Themes to Watch

Last reviewed: 14/10/2021

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	<p>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.</p> <p>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)</p>
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.
	10-Jun-21	Update regarding Primary Care Wellbeing was provided during the 'Primary Care Work Plan 2021-22 - Expected Outputs and Deliverables' item.
'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.

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

Report Title	Summary of Decisions made at the PCCC Private Meetings held on 9 September 2021 and 11 November 2021						Agenda item	6
Date of meeting	9 December 2021							
Purpose	Approve	X	Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead	N/A							
Author	Sharon Woolley, Board Secretary Tracey Strachan, Deputy Director of Primary Care							
Appendices	N/A							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
This report was reviewed by	N/A							
Executive summary	<p>Below is a summary of the decisions made at the BSW CCGs Primary Care Commissioning Committee meetings held in private on 9 September 2021 and 11 November 2021:</p> <p>GP Flexible Pool The Primary Care Commissioning Committee approved the recommendation to draw down £120,000 of specific NHSE/I funding to direct award the approved digital supplier Lantum (via a single tender waiver) for a 24-month contract until September 2023, to support the creation of a primary care flexible staff pool / collaborative bank across BSW CCG.</p> <p>Primary Care H2 Block Funding The Primary Care Commissioning Committee approved the recommendation to extend the local Primary Care Offer for the remainder of the 2021/22 financial year in line with the NHS England and NHS Improvement Plan for improving Access for Patients and Supporting General Practice, by redirecting capacity from locally commissioned services to support urgent same-day access.</p>							

Report Title	Summary of Decisions made at the PCCC Private Meetings held on 9 September 2021 and 11 November 2021	Agenda item	6
Recommendation(s)	The Committee is asked to note and ratify the decisions made in the PCCC Private meetings on 9 September 2021 and 11 November 2021.		
Link to Board Assurance Framework or High-level Risk(s)	The implementation of this programme supports <i>BSW11 – Primary Care Capacity</i>		
Risk (associated with the proposal / recommendation)	High		Medium
			Low
			X
			N/A
Key risks	Risks and mitigations were detailed in papers		
Impact on quality	<p>Expected benefits of using a digital supplier include:</p> <ul style="list-style-type: none"> Increased management of increased primary care demand Improved service to manage demand in the system Improved health and wellbeing of staff and increasing resilience of general practice <p>Expected benefits of block funding:</p> <ul style="list-style-type: none"> A formalised and stable financial arrangement will support improvement of patient safety, clinical effectiveness and patient experience within available resources. 		
Impact on finance	<p>Flexible pool funding received from NHS England and Improvement.</p> <p>Existing budgets cover H2 block funding.</p> <p>No additional costs to the CCG</p>		
	Finance sign-off: Caroline Gregory, Chief Financial Officer		X
Conflicts of interest	None to note		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Quality in Primary Care						Agenda item	10
Date of meeting	9 December 2021							
Purpose	Approve		Discuss	x	Inform	x	Assure	x
Executive lead, contact for enquiries	Gill May, Director of Nursing and Quality							
This report concerns	BSW CCG	x	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	Sarah-Jane Peffers, Associate Director of Patient Safety and Quality							
Executive summary	<ul style="list-style-type: none"> Quality summary / assurance for primary care There was one primary care Serious Incident reported in Sept 2021. The incident was raised as an LFPSE in Sept 2021 by a Wiltshire based practice, which involved Medvivo/Vocare. This incident has now been escalated to a Serious Incident and it will be managed by BSW CCG as a Multi-Agency Review due to the multiple providers involved. There have been 3 LFPSE incidents raised in October 2021 compared with 1 in September 2021. The Quality Team are seeking assurances from the Trust's involved to ensure learning is being identified and actions implemented. The Quality Team will continue to support the practices to identify if there are any opportunities for improvement on review of these incidents. Themes from PALS and Complaints in October, themes include access to the third primary vaccine, access to the booster jab, access to the booster for the housebound in BaNES. Outcomes include PACT Officers support individuals who contact them by liaising with the GP practices and vaccine site leads to book patients directly to a site, PACT Officers have also worked with the CCG's vaccine operational team and communications team to ensure the CCG's FAQ 							

Report Title	Quality in Primary Care	Agenda item	10
	<p>page and front page gives information about how the national booking site works to show eligibility between 182-190 days, Bath racecourse (RUH) team are also organising a programme for the housebound. BSW CCG has received complaint activity data from NHSEI for Quarter 4, however the learning analysis is not yet available.</p> <ul style="list-style-type: none"> • There are currently four 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 CCG is developing its resource capacity and framework to support all practices with an Inadequate or RI rating. A monthly Primary Care Quality Oversight Assurance Group has been implemented to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG. • 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. • There is updated guidance that has been published in November 2021, the BSW system are reviewing and agreeing changes that are required to be implemented following the guidance across BSW <u>Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant Staphylococcus aureus (MRSA) in healthcare facilities - Journal of Hospital Infection</u> • 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. 		

Report Title	Quality in Primary Care					Agenda item	10	
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	<ul style="list-style-type: none"> • 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. 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. • 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. The Quality Team has commenced engagement and scoping work with Primary care analytics, Meds Management, IPC and externally with the CQC, other CCGs and Healthwatch, to develop core quality metrics to support service transformation discussions, plans and proactively identify an areas of concern and learning at the earliest juncture. These metrics will be monitored through discussions at PCCC and with other key stakeholders 							
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							

Report Title	Quality in Primary Care	Agenda item	10
	Finance sign-off: N/A		
Conflicts of interest	No conflicts of interests		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

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

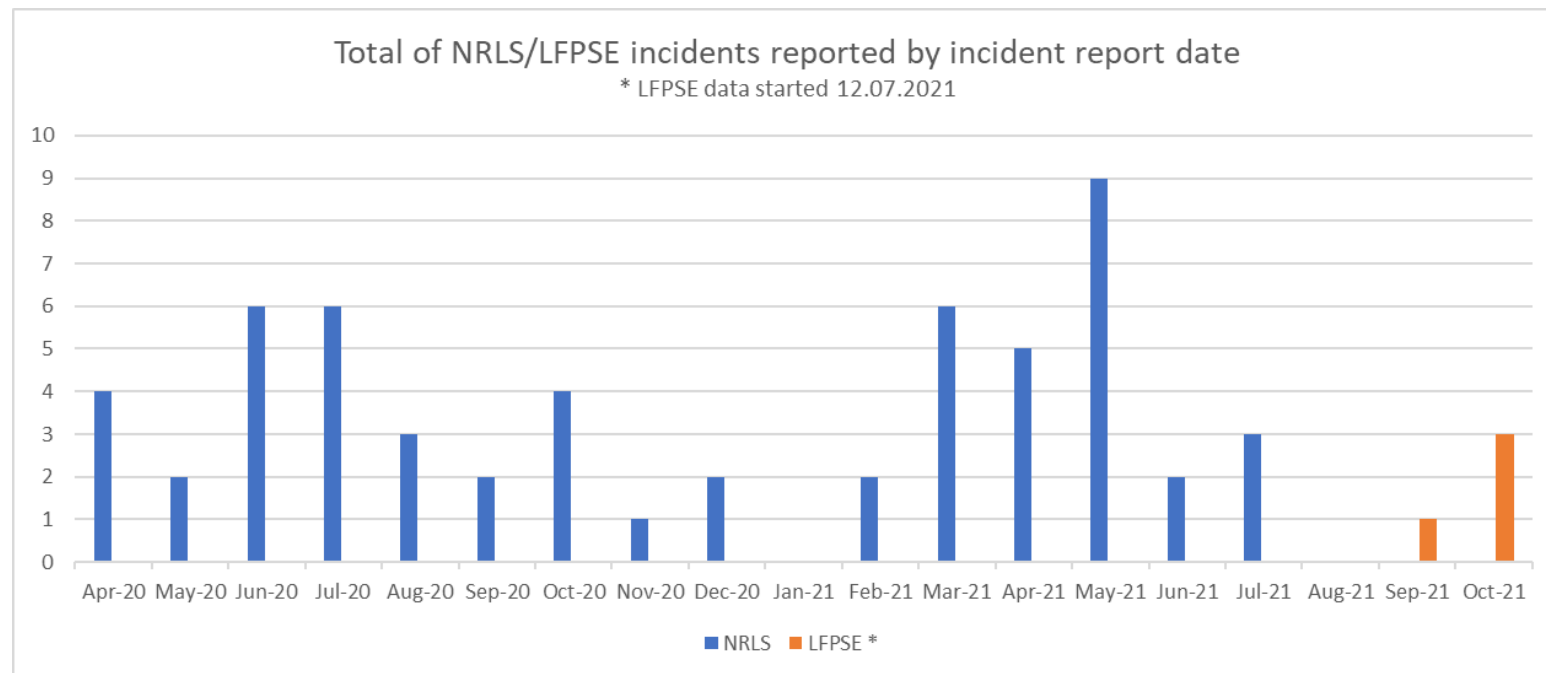
- Patient Safety Incidents
- Patient Experience
- CQC Inspection Ratings
- Flu vaccination programme 20/21

November 2021



Patient Safety Incidents Reported by Primary Care

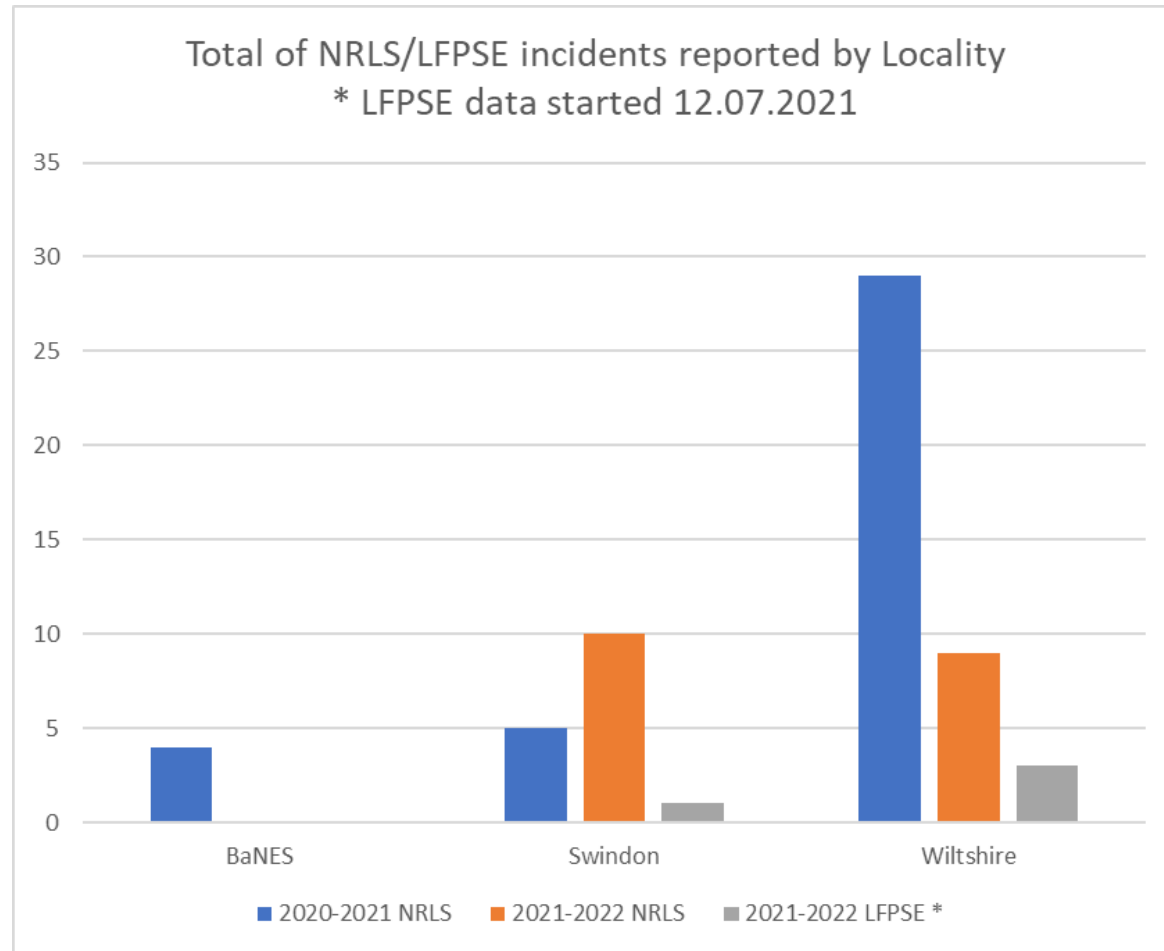
This chart shows the incidents reported by BSW practices from the beginning of 2020-21 and 2021-22 to end of Oct 2021.



- There was one primary care Serious Incident reported in September 2021. The incident was raised as an LFPSE in Sept 2021 by a Wiltshire based practice (Salisbury Medical Practice), which involved Medvivo/Vocare. This incident has now been escalated to a Serious Incident and it will be managed by BSW CCG as a Multi-Agency Review due to the multiple providers involved.
- There have been 3 LFPSE incidents raised in October 2021 compared with 1 in September 2021. There were two incidents raised by Wiltshire based practices and one incident raised by a Swindon based practice. All three incidents involved Acute provider's and the Quality Team are seeking assurances from the Trust's involved to ensure learning is being identified and actions implemented. The Quality Team will continue to support the practices to identify if there are any opportunities for improvement on review of these incidents.

- NRLS ceased operating in Jul 2021. Patient Safety Incidents have been reported on the new Learn From Patient Safety Events (LFPSE) system from the 12th July 2021, as the successor to the previous National Reporting and Learning System (NRLS).
- Currently BSW CCG does not have access to patient safety events occurring within BSW via LFPSE; NHSEI are currently implementing an enhancement to give this access automatically, roll out has been delayed (no date released by NHSEI), as an interim measure, practices have been asked to forward the PDF summary of their incident via email to the Quality Teams incident inbox to ensure the team can offer additional support as necessary or share learning.
- 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

COMPLAINTS: During October there were 3 complaints relating to Primary Care, 2 from Bath and North East Somerset and the third from Swindon. Currently all three complaints are open for investigation.

PALS:

During October there were 27 PALS contacts which was 10 less than the previous month, access to make appointments has been identified as an emerging theme which will be monitored over the next quarter. In addition 107 PALS contacts were categorized under public health service of which 75 were related to the Covid-19 Vaccination Programme which as follows:

1. Access to the Third Primary vaccine. The need for a third vaccine on the primary course, for the immunosuppressed, must be verified by a clinician and coded by the GP practices, so is not available to book on the national booking site or via 119.

Outcome:

- PACT Officers support individuals who contact them by liaising with the GP practices and vaccine site leads to book patients directly to a site, normally the same week
- GP practices have been issued guidance by NHS England and the CCG to send lists of patients to vaccine sites. Vaccine sites will then contact patients.
- When contacted by PACT Officers, practice managers work with staff to remind of the difference between the Third Primary and how this is not accessed the same way as the Booster
- PACT Officers worked with the CCG's vaccine operational team and communications team to ensure the CCG's FAQ page includes a question about the process for the Third Primary
- PACT Officers work with Steam vaccine leads in Swindon to ensure patients living locally to Swindon but not part of the Steam PCN, are booked to Steam when too unwell to travel to Bath or Salisbury

2. Access to the booster jab. Patients reaching 182 days but showing as not eligible on the national booking site

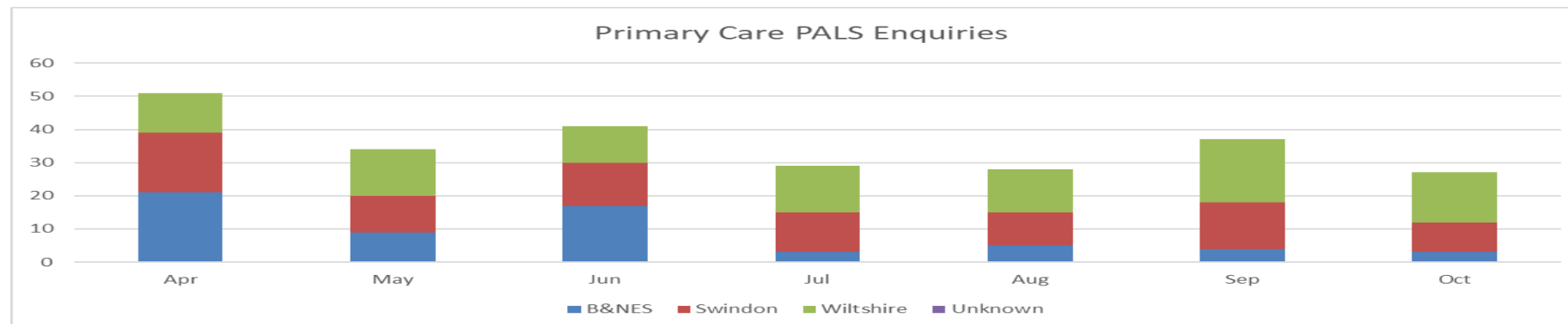
Outcome:

- PACT Officers worked with the CCG's vaccine operational team and communications team to ensure the CCG's FAQ page and front page gives information about how the national booking site works to show eligibility between 182-190 days.
- CCG is opening more access to walk-in boosters in line with NHS England's instruction for all CCGs to do this

3. Access to the booster for the housebound for BaNES only: Report GP practices say they are not part of this do not know what is in place and District nurses advising patients to call the PACT for an appointment

Outcome:

- Bath racecourse (RUH) team is organising the programme for the housebound.
- As an interim measure, PACT Officers verify with the GP practice that the patient is housebound and then submit the name to the Bath racecourse team who are gathering a list.
- CCG vaccine team is also finalising the process and will be asking GPs to submit names to the team. A date will then be fixed.



Care Quality Commission GP Ratings

As of the NHS England report for 1st November 2021, there are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. One practice previously rated as Requires improvement has been rated as good overall following their reinspection. The Practice rated as inadequate was re-inspected between 10-17 Nov 2021, whilst informal feedback has been given, ratification of the evidence has to be undertaken by the CQC to identify if the regulation notices will be removed.

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
England

IA	RI	GO	OU	NR	Total
31	193	5,849	317	185	6,575

IA	RI	GO	OU	NR
0.5%	3.0%	91.5%	5.0%	2.8%

Region
South West

IA	RI	GO	OU	NR	Total
2	17	479	47	14	559

IA	RI	GO	OU	NR
0.4%	3.1%	87.9%	8.6%	2.5%

STP
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP

IA	RI	GO	OU	NR	Total
1	4	74	8	3	90

IA	RI	GO	OU	NR
1.1%	4.6%	85.1%	9.2%	3.3%

CCGs
NHS Bath and North East Somerset, Swindon and Wiltshire CCG

IA	RI	GO	OU	NR	Total
1	4	74	8	3	90

IA	RI	GO	OU	NR
1.1%	4.6%	85.1%	9.2%	3.3%

	Overall Rating	Safe	Effective	Caring	Responsive	Well Led
Outstanding	8	0	6	5	12	8
Good	74	82	76	81	74	74
Requires Improvement	4	5	5	1	0	4
Inadequate	1	0	0	0	1	1
Not yet inspected	3					

Key:

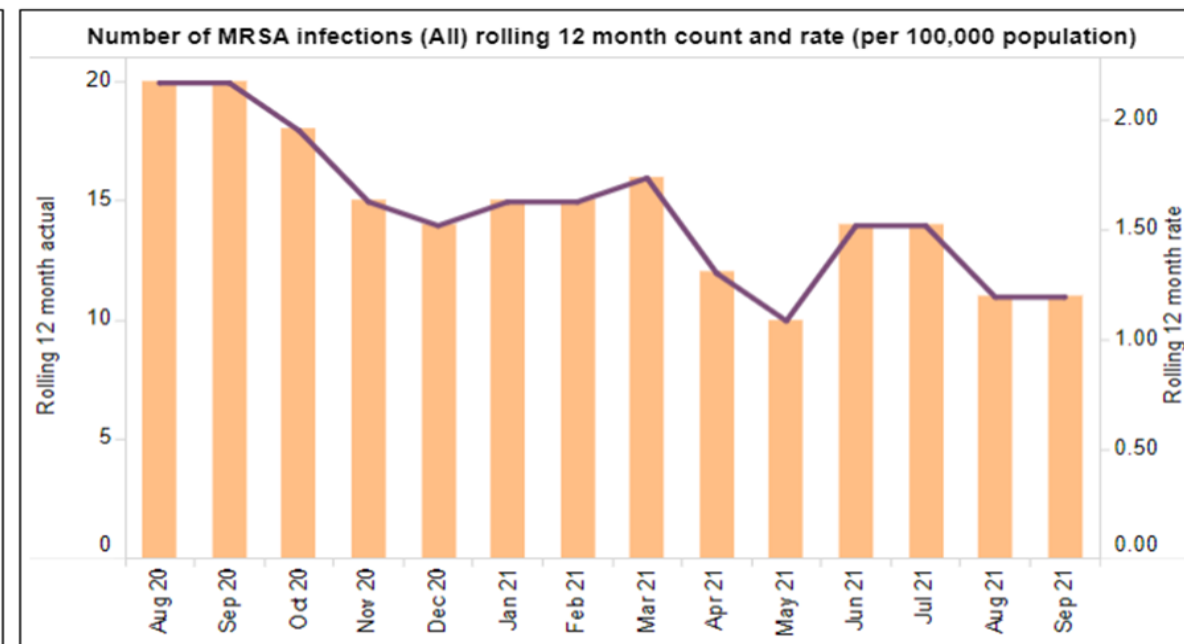
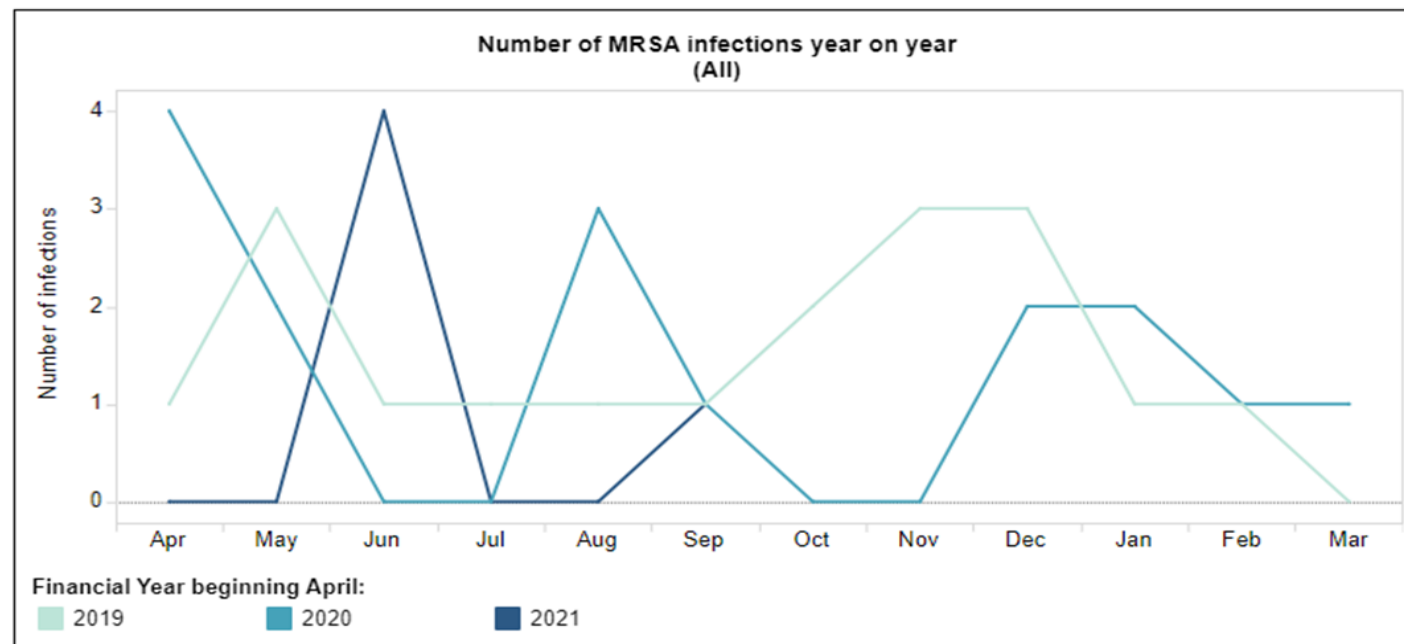
OU = Outstanding
GO = Good
RI = Requires improvement
IA = Inadequate
NR = Not formally rated as yet

MRSA incidence BSW system Q1 & Q2

MRSA

Number of MRSA infections for financial year 2021/22 (All)												
Monthly and year to date position												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA Actual	0	0	4	0	0	1						
MRSA Actual YTD	0	0	4	4	4	5						

Number of MRSA infections by month by onset for 2021/22												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital onset	0	0	2	0	0	0						
Community onset	0	0	2	0	0	1						
All	0	0	4	0	0	1						



- 5 cases of MRSA in Q1&2
- 4 new onset infections, 1 continuous infection > 14 days
- 3 Community Onset, Community Associated & 1 Hospital Onset, Hospital Associated
- 2 cases identified in Persons Who Inject Drugs (PWID) population
- In the 3 community onset cases, all identified skin and soft tissue infections as the primary source, 2 cases were identified by primary care services, 1 identified by outpatients.
- One case represented good safety netting by primary care GP, SWAST and GP OOH.
- Zero incidence of MRSA for Swindon & B&NES ICA
- There is updated guidance that has been published in November 2021, the BSW system are reviewing and agreeing changes that are required to be implemented following the guidance across BSW [Joint Healthcare Infection Society \(HIS\) and Infection Prevention Society \(IPS\) guidelines for the prevention and control of meticillin-resistant Staphylococcus aureus \(MRSA\) in healthcare facilities - Journal of Hospital Infection](#)

Clostridium difficile incidence BSW system Q1&Q2 2021/22

C. difficile

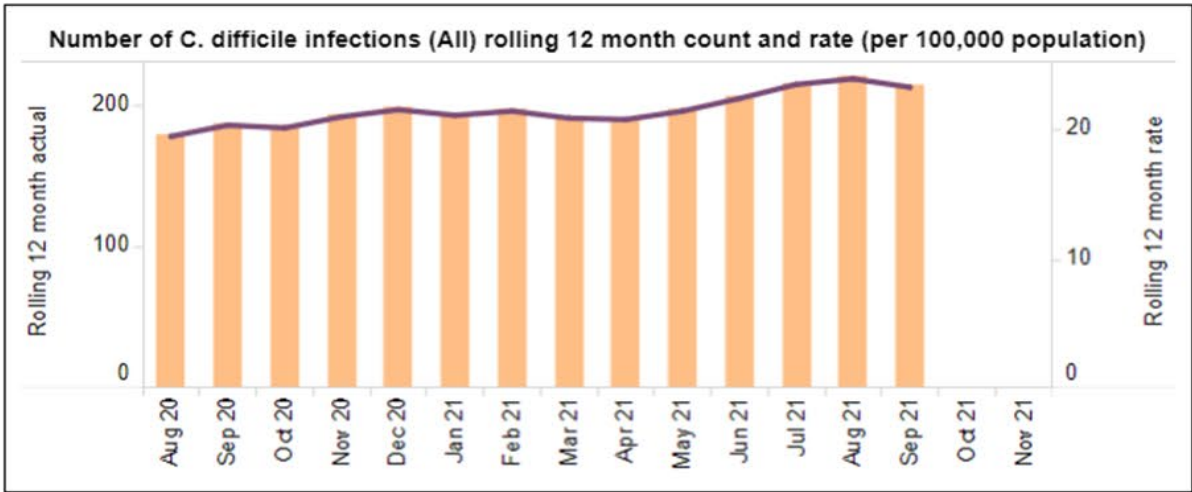
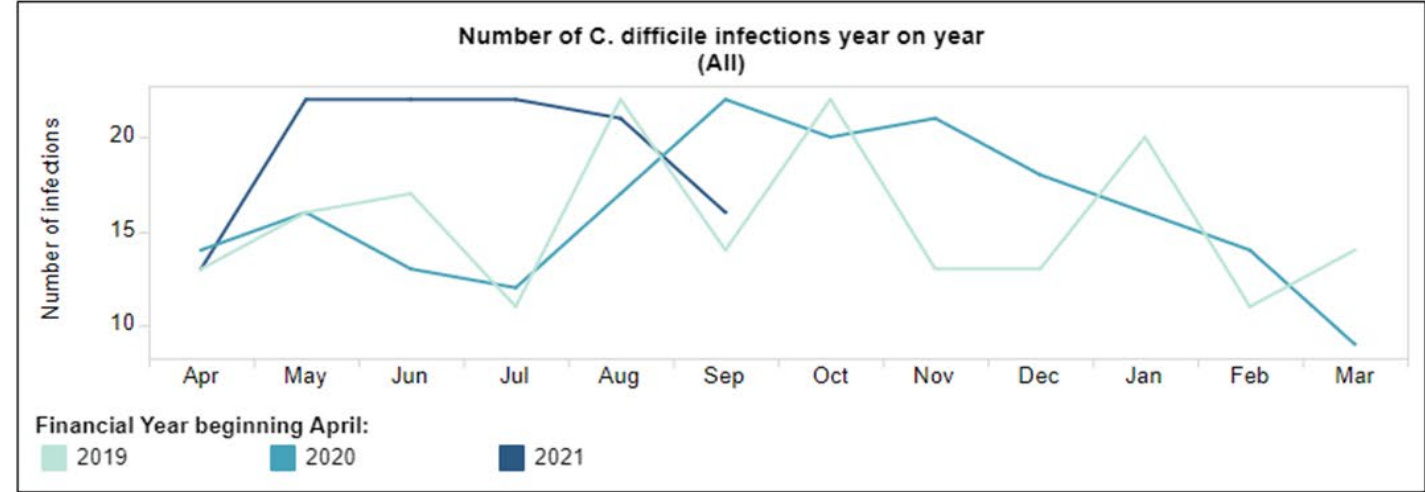
Number of C. difficile infections against plan for financial year 2021/22 (All)

	Monthly position											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C. difficile Actual	13	22	22	22	21	16						
C. difficile Actual v Plan	-1	7	7	7	6	1						
C. difficile Plan	14	15	15	15	15	15						

	Year to date position					
	Apr	May	Jun	Jul	Aug	Sep
C. difficile Actual YTD	13	35	57	79	100	116
C. difficile Plan YTD	14	29	44	59	74	89
C. difficile Actual v Plan YTD	-1	6	13	20	26	27

Number of C. difficile infections by month by onset for All

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	2	6	8	9	9	6						
COHA	2	7	5	4	3	3						
COIA	3	1	2	1	1	4						
COCA	6	8	7	8	8	3						
Unknown 3 months	0	0	0	0	0	0						
All	13	22	22	22	21	16						
Plan	14	15	15	15	15	15	15	15	15	15	15	15
No information	0	0	0	0	0	0						



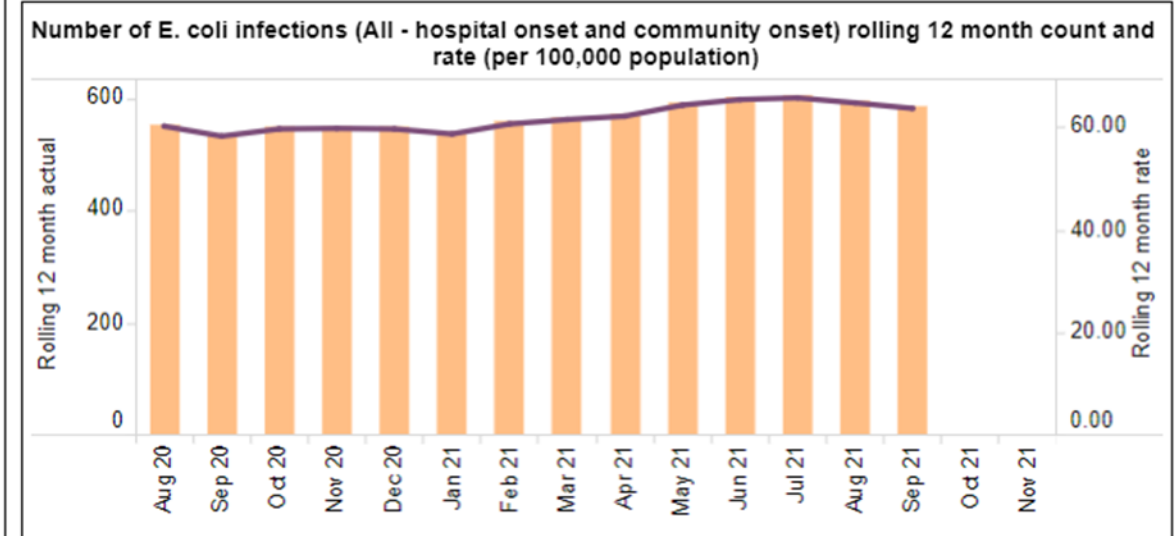
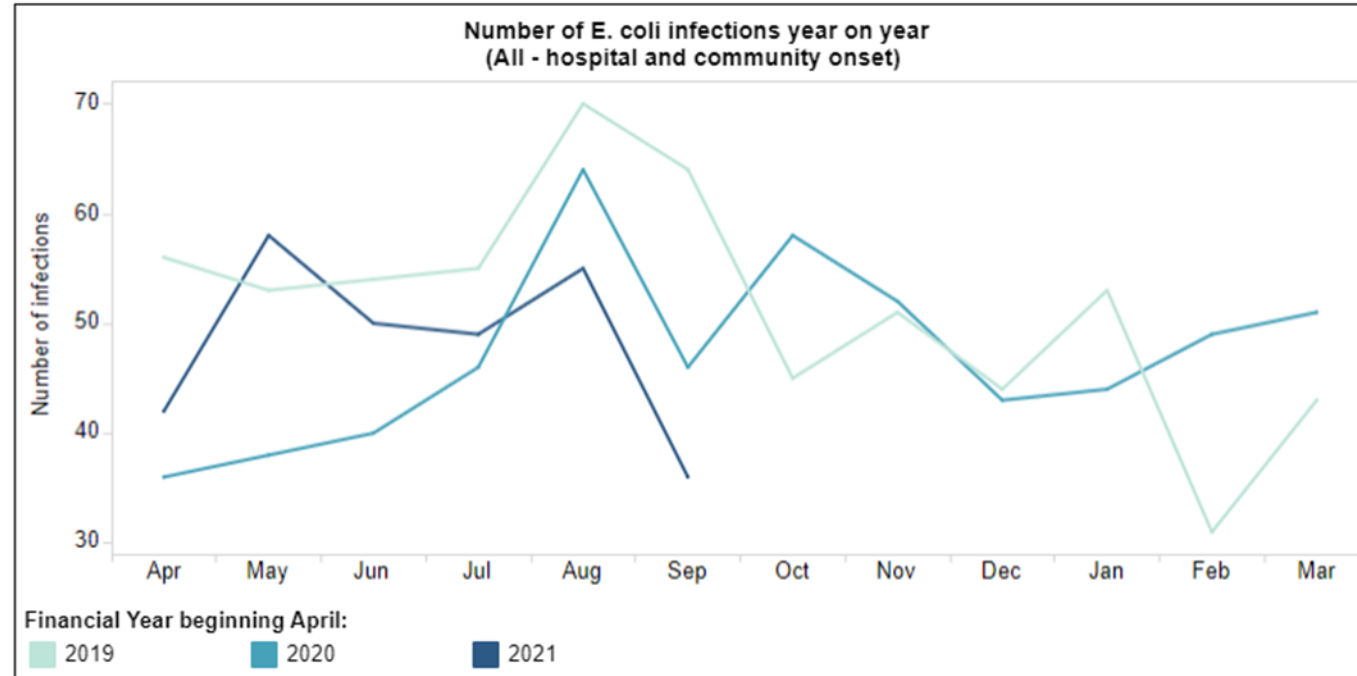
- Community Onset, community associated- 40
- Community onset, healthcare associated- 24
- Community onset, indeterminate associated- 12
- Hospital onset, hospital associated-40
- As outlined above community onset, community associated remain the highest proportion of all CDI case assignments, however during Q2 we have seen a rise in HOHA cases.
- BSW CDI collaborative are currently collecting further data on the cases to understand any themes and trends, or root causes in order to try and focus reduction efforts.
- Population health data is also being utilised alongside the post infection reviews to try and gain further insight into these cases.

E-Coli incidence BSW system 2021/22 Q1& Q2

Gram-negative bacteria: E. coli

Number of E. coli infections for financial year 2021/22 (All - hospital and community onset)												
Monthly and year to date position												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E. coli Actual	42	58	50	49	55	36						
E. coli Actual YTD	42	100	150	199	254	290						

Number of E. coli infections by month by onset for All												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HOHA	9	9	11	7	10	7						
COHA	10	6	7	10	8	3						
COCA	23	43	32	32	37	26						
Unknown 3 months	0	0	0	0	0	0						
No information	0	0	0	0	0	0						
All	42	58	50	49	55	36						
Plan												



- Community onset, community associated- 193
- Community Onset, Healthcare associated – 44
- Hospital onset, hospital associated – 53
- As outlined above, community onset, community associated remains the highest proportion of case assignment for E-Coli blood stream infections across BSW.
- E-coli reduction plans are being created across the BSW system with a focus on COCA cases.
- Work is currently underway in further interrogating the data to understand the themes, trends and cause behind these cases. This is part of the project work that is being supported by the NHSE/I South West HCAI collaborative

BSW system flu vaccination update 2021/22

Eligible Cohort	Uptake rates 2021/22	Uptake Rate 2020/21
Patients aged 65 and over	77.3%	84.8%
Patients in at risk groups	40%	59.4%
Pregnant Women	38.4%	49.7%
Children aged 2&3 years old	44.6%	68.1%
Adults aged 50-64	45%	N/A

- Current uptake rates are lower compared to same time period, this is compounded by multiple factors including vaccine delivery delays, staffing shortages, public appetite for flu vaccinations and delivery alongside the Covid vaccination programme
- A continued focus on the 2&3 year olds and under 65 at risk eligible cohorts continues
- The flu programme continues into the new year and vaccinations can continue until February 2022

Key Areas:

Area	Key Issues	Key Actions
CQC ratings	There are currently 4 practices rated as Requires Improvement overall and 1 rated as Inadequate across BSW CCG. All practices with Requires Improvement and Inadequate rating have Regulation 17 (good governance) notices.	The Quality Team have commenced engagement with Practices and are scoping work to understand shared learning. Points of specialist support have been identified within the CCG to assist and advise on specific topics identified within each action plan. The CCG is developing its resource capacity and framework to support all practices with an Inadequate or RI rating. A monthly Primary Care Quality Oversight Assurance Group has been implemented to monitor the completion of improvement plans, mitigations and to ensure the right level of support from the CCG.
Quality Surveillance	There are limited Primary Care Quality metrics, including Complaints, PALS and Incident information, to inform the CCG, PCNs and practices.	The Quality Team has commenced engagement and scoping work with Primary care analytics, Meds Management, IPC and externally with the CQC, other CCGs and Healthwatch, to develop core quality metrics to support service transformation discussions, plans and proactively identify an areas of concern and learning at the earliest juncture. These metrics will be monitored through discussions at PCCC and with other key stakeholders. This work will also include developing a process to capture and analyse emerging themes and trends to better inform future improvement work. The Primary Care Quality metrics dashboard will capture national, in house and practice data in one single reference point on a Power BI platform to incorporate core quality metrics to better inform the CCG and enable triangulation of data to provide a richer understanding and focus of support. This work is planned for initial implementation during quarter 4.
Pals and Complaints	There is a recognised gap in the CCG receiving complaints activity and learning analysis from NHSEI and in commissioners receiving the trends, and themes of complaints directly submitted to the practice; in order to share learning and support service transformation discussions and plans.	<p>Complaints and PALS activity is currently reported by SCW PACT and NHSEI. BSW have received complaint data from NHSEI for quarter 1 FY21/22. The data includes national and regional data however this cannot be broken down to PCN or practice level. The data received focuses on cases flagged as being of wider interest, and any other themes and trends identified when reviewing completed learning fields. The quality team will look to draw learning and share this across BSW Primary Care.</p> <p>The Quality team continues to work with SCW PACT and NHSEI to gain improved access to complaints learning analysis reports for BSW Primary Care to enhance the system's ability to learn from complaints.</p> <p>In addition, there is also a recognised gap in commissioners receiving the trends, and themes of complaints directly submitted to the practice; this will be explored as part of the Primary Care Quality Metrics work. 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.</p>
Incident reporting	Incident reporting remains low. There is 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.	<p>Practices have been notified of the new incident reporting system; Learn from Patient Safety Events via the bi weekly Primary Care bulletin. Currently BSW CCG does not have access to patient safety events occurring within BSW via LFPSE; NHSEI are currently implementing an enhancement to give this access automatically, roll out has been delayed (no date released by NHSEI), as an interim measure, practices have been asked to forward the PDF summary of their incident via email to the Quality Teams incident inbox to ensure the team can offer additional support as necessary or share learning.</p> <p>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.</p>

Summary and Next Steps

Priorities for Q3 21/22

- The Nursing and Quality team is supporting and monitoring progress against required CQC quality improvement plans.
- 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 a process for capturing and analysing emerging themes and trends from reported patient safety incidents will be developed over Q3 and Q4.
- The CCG is actively seeking support from practices to implement Learn from patient safety events (LFPSE) incident reporting to support learning and improvement
- 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.
- Progress flu vaccination plans for 21/22.
- Continued collaborative working with BSW Medicines management teams from across the system and the Antimicrobial stewardship committee to increase awareness of appropriate antibiotic prescribing.
- Supporting implementation of the amended guidelines for the prevention and control of meticillin-resistant staphylococcus aureus (MRSA) across BSW

Meeting of the BSW CCG Primary Care Committee

Report Summary Sheet

Report Title	Finance Report – Month 7						Agenda item	11
Date of meeting	9 December 2021							
Purpose	Approve		Discuss		Inform	X	Assure	X
Executive lead, contact for enquiries	Caroline Gregory, BSW Director of Finance							
This report concerns	BSW CCG	X	BaNES locality		Swindon locality		Wiltshire locality	
This report was reviewed by	John Ridler, Associate Director of Finance							
Executive summary	<p>This paper provides details of the primary care financial position for BANES, Swindon and Wiltshire CCG to Month 7 of the 2020/21 financial year.</p> <p>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.</p> <ul style="list-style-type: none"> The financial position as at the end of October 2021 is that Primary Care is underspent by £849k and is expecting to continue to forecast an underspend for the remainder of the year of £629k. The positive movement in the year end position also excludes the use of the brought forward monies of £0.8m which have also been agreed to be used to manage any remaining primary care delegated risk for the year. Additional Service Development (SDF) Non Recurrent funding for primary care has been fully committed for H1 and all expected funding confirmed for H2. BSW PCOG and PC3 recently considered use of these 2021/22 investment monies and the remaining planned commitments for the year. Further Winter Access monies in line with the nationally announced £250m in October has seen BSW CCG receive £780k against the bids made to date – the total share is in the region of £4m 							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							

Report Title	Finance Report – Month 7	Agenda item	11
Recommendation(s)	The Committee is asked to note the contents of the report		
Link to Board Assurance Framework or High-level Risk(s)	<p>Ensuring financial sustainability; Robust control mechanisms Embedding the interim financial regime to ensure all organisations costs are being covered Understanding drivers underpinning systems financial challenge and refreshing sustainability programme Delivering the efficiency benefits associated with new ways of working</p>		
Risk (associated with the proposal / recommendation)	High		Medium X Low
Key risks	Insufficient funding to meet safety of services i.e. financially challenged deficit for BSW system		
Impact on quality	N/A		
Impact on finance	As described in paper		
	Finance sign-off: John Ridler, Associate Director of Finance		X
Conflicts of interest	GP Practice partners and staff, including committee members, may have a conflict of interest in funding or commissioning decisions related to their practices or localities.		
This report supports the delivery of the following CCG's strategic objectives:	<input type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input type="checkbox"/> Transforming Care Across BSW <input type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

BSW Primary Care Commissioning Committee Finance Report- Month 07 2021/22

9th December 2021



Executive Summary

- The financial position as at the end of October 2021 is that Primary Care is underspent by £849k and is expecting to continue to forecast an underspend for the remainder of the year of £629k. The positive movement in the year end position also excludes the use of the brought forward monies of £0.8m which have also been agreed to be used to manage any remaining primary care delegated risk for the year.
- Additional Service Development (SDF) Non Recurrent funding for primary care has been fully committed for H1 and all expected funding confirmed for H2. BSW PCOG and PC3 recently considered use of these 2021/22 investment monies and the remaining planned commitments for the year.
- Further Winter Access monies in line with the nationally announced £250m in October has seen BSW CCG receive £780k against the bids made to date – the total share is in the region of £4m

2021/22 Service Development Funds

	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	156	2,029	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	3,460	7,985	

Other 2021/22 funding received

	Local GP Retention £000s	Fellowships £000s	Supporting Mentors Scheme £000s	Flexible Staff Pools £000s	Total
Quarter 1	47	214	32	30	323
Quarter 2	47	214	62	30	353
Quarter 3					
Quarter 4					
Total	94	428	94	60	676

Primary Care – Month 07



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

Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%
2,112	2,203	90	4%	3,706	3,800	94	3%
3,270	3,334	64	2%	5,426	5,456	30	1%
6,828	6,125	(702)	-10%	11,596	10,545	(1,051)	-9%
1,220	1,140	(80)	-7%	2,092	1,994	(97)	-5%
7,204	6,822	(382)	-5%	12,296	12,160	(136)	-1%
4,104	4,157	54	1%	6,552	6,552	(0)	0%
692	652	(39)	-6%	1,213	1,181	(31)	-3%
78,668	78,931	263	0%	134,774	134,618	(156)	0%
2,105	1,949	(156)	-7%	4,329	4,062	(267)	-6%
917	849	(68)	-7%	1,572	1,517	(54)	-3%
563	451	(113)	-20%	966	912	(54)	-6%
82,072	82,294	222	0%	140,967	142,061	1,094	1%
189,755	188,906	(849)	0%	325,488	324,859	(629)	0%

- **Local Enhanced Services** - £702k YTD underspend, £1,051k FOT underspend - Release of PIS, Wound Care Reserve and reflecting part year wound care contract increase for Wiltshire
- **Out of Hours** - £382k YTD underspend, £136k FOT underspend - Accrued credit re Success and Out of Hours in Swindon
- **Prescribing** - £263k YTD overspend , £156k FOT underspend - Prescribing Incentives, Optimise RX, Rebates
- **PRC Delegated** - £222k YTD overspend, £1,094k FOT overspend. Recognised delegated funding shortfall.

Primary Care Delegated – Month 07



G/PMS, APMS Contract

Presc/Disp Prof Fees

QOF

Retainers

Locums

DES Schemes

PCN ARRS

PCN Other

Premises - Rent

Premises - Rates

Premises - Other

COVID Capacity

Other

TOTAL PRIMARY CARE DELEGATED

Budget YTD	Actual YTD	Variance YTD	Variance YTD	Budget FY	Forecast	Variance	Variance
£'000s	£'000s	£'000s	%	£000's	£'000's	£'000's	%
53,872	53,808	(64)	-0%	93,142	93,128	(14)	-0%
2,952	2,552	(400)	-14%	5,026	4,262	(764)	-15%
7,819	7,495	(324)	-4%	13,404	13,077	(327)	-2%
436	397	(39)	-9%	737	701	(37)	-5%
790	697	(93)	-12%	1,277	1,226	(51)	-4%
2,234	2,246	12	1%	4,310	4,331	20	0%
3,758	3,753	(5)	-0%	6,541	6,567	26	0%
2,299	2,116	(182)	-8%	3,781	3,771	(10)	-0%
5,810	5,707	(103)	-2%	9,922	9,834	(88)	-1%
966	868	(98)	-10%	1,580	1,548	(32)	-2%
444	442	(2)	-0%	765	752	(13)	-2%
1,899	1,851	(48)	-3%	2,029	2,029	0	0%
(1,207)	361	1,569	-111%	(1,547)	836	2,383	-109%
82,072	82,294	222	0%	140,967	142,061	1,094	1%

Primary Care Delegated

- **Prescribing/Dispensing Prof Fees £400k underspend YTD, £764k underspend FOT**

Prior year benefits, Seasonal variation and lower than expected YTD charges. Forecast in Wilts includes estimated impact of a national change in the dispensing fee reimbursement rate from October by an adjustment factor of 0.760

- **QOF £324k underspend YTD, £327k underspend FOT**

Prior year benefit in Swindon Locality

- **Other - £1,569k overspend YTD, £2,383k overspend FOT**

Overspend related to anticipated allocation shortfall when budgets were set. Linked to recognised delegated funding shortfall.

Meeting of the BSW CCG Primary Care Commissioning Committee

Report Summary Sheet

Report Title	Primary Care Operational Groups Update Report						Agenda item	12
Date of meeting	9 December 2021							
Purpose	Approve		Discuss		Inform	X	Assure	
Executive lead, contact for enquiries	Jo Cullen, Director of Primary Care							
Clinical lead								
Author	Tracey Strachan, Deputy Director of Primary Care							
Appendices	None							
This report concerns	BSW CCG	X	BaNES locality	X	Swindon locality	X	Wiltshire locality	X
This report was reviewed by	Locality PCOGs							
Executive summary	This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public.							
Recommendation(s)	The Committee is asked to note the report.							
Link to Board Assurance Framework or High-level Risk(s)	BSW 11 Capacity of Primary Care							
Risk (associated with the proposal / recommendation)	High		Medium		Low		N/A	X
Key risks	N/A							
Impact on quality	N/A							
Impact on finance	•							

Report Title	Primary Care Operational Groups Update Report	Agenda item	12
	Finance sign-off: N/A		
Conflicts of interest	1. N/A		
This report supports the delivery of the following CCG's strategic objectives:	<input checked="" type="checkbox"/> BSW approach to resetting the system <input type="checkbox"/> Realising the benefits of merger <input checked="" type="checkbox"/> Improving patient quality and safety <input checked="" type="checkbox"/> Ensuring financial sustainability <input type="checkbox"/> Preparing to become a strategic commissioner		
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan		

Primary Care Operational Groups Update Report

1. Executive Summary

- 1.1 This summary report provides an update of the BaNES, Swindon and Wiltshire PCOG meetings held since the last meeting of the Primary Care Commissioning Committee in public. One BSW wide meeting has been held, on 04 November 2021.

2. Recommendation(s)

- 2.1 The Committee is asked to note this report.

3. Agenda Items

3.1 Improving Access and Supporting General Practice

- National letter and Winter Access Funds discussed
- Support for CCG submission without named practices
- Agreement there is a need for wider system understanding of and support for the primary care situation with partner organisations

3.2 Finance report and investment reserves

- Agreed proposal to utilise primary care investment reserves on plans related to improving access as per the Winter Access Funds and manage at locality level
- Funds agreed to be split 80% based on population and 20% to be determined (potential for deprivation adjustment)

3.3 Primary Care Oversight and Assurance

- Monthly meetings set up to discuss areas of concern

3.4 Investment and Impact Fund

- Payments have been made in line with the guidance

3.5 Special Allocation Service Tender

- Currently three providers
- Commissioning principles drafted
- Integrated service with consistency across BSW preferred
- Assessing current costs and services

3.6 Primary Care Handbook

- Supplements the Primary Care Policy and Guidance Manual
- Detailed process guidance for contingency planning and consistency across locality teams
- Supported as good practice by Internal Audit

- 3.7 Phlebotomy additional services
- Long term project to review services
 - Interim arrangements agreed
 - Costs agreed
 - Services starting December/January

4. Other Options Considered

4.1 Not applicable

5. Resource Implications

5.1 None.

6. Consultation

6.1 None

7. Risk Management

7.1 None

8. Next Steps

8.1 None

Equality and Diversity	Applicable		Not applicable	X

Health Inequalities Assessment	Applicable		Not applicable	X

Public and Patient Engagement	Applicable		Not applicable	X

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 actions	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 13	Capacity and Capability	Moderate	Demand on Primary Care / GP Practices	03-Dec-19	Jo Cullen, Director of Primary Care	Tracey Strachan, Deputy Director of Primary Care	02-Dec-21	12	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 (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. Continued Operating Model in line with updated national IP&C guidance for primary care (19.10.21) so practices are Covid secure with social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Face-to-face consultations can now go ahead where this is safe for patients and staff, whilst recognising that telephone and video consultations continue to have an important role. The decision about when to see patients face to face or through video consultation is for local clinical leaders based on a number of factors, including patient needs and preferences, configuration of premises, local capacity and the ability to ventilate spaces. 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. 23/02 PCN cited into Phase 3 for Covid Vaccination Booster programme. Seasonal flu programme commenced for larger number of eligible cohorts. Increasing numbers of paediatric cases including RSV cases with major impact across the system. WIC 30/12/21 announcement of demand vaccination programme to bring boosters earlier - implications on primary care to maintain delivery until March 2022.	Confirmation of BSW Covid-19 Response Primary Care Offer approved by the CCG last summer to treat 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 full year 2021/22. National release of Improving access for patients and supporting GP Services (14.10.21) intending to increase the ability for patients to access primary care services: local focus is on working across the GP Practices, PCNs and local systems to use this fund to best support primary care in the difficult months ahead in response to the unprecedented levels of demand being experienced. Our local priority is to develop a set of plans that will support and help all 89 GP Practices across BSW. Delivery of Network Contract DES and Additional Roles Reimbursement Scheme for additional specified roles (87% of 11.45M committed in Aug and increased since then: this represents 191.6 WTE roles as end Q2 with ambition for 2727TE by Q4). Primary Care Operational Groups receive monthly reports of operational issues within practices and reports to Primary Care Commissioning Committee. Primary Care Opti 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. Awaiting further national announcement of what will support general practices picking up further vaccinations (not received as of 02.12.21)	1. Development of Covid-19 response primary care offer 2021 - will report via PCN dashboard (national) 2. Submission of BSW Improving Access plan for NHSE and E4.5m funding approved for Winter Access 3. Additional roles being monitored and reported through NHSE submissions. Proposal for use of underspend during 21/22 to bring forward recruitment into Q4 from 2023 4. Launch of the GP Flexible Pool 5. GP retention programme for BSW being further developed through training hubs and other schemes for mentoring, supervision and CPD for existing and new roles. 6. 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. 7. Work to full submission to the daily system status tool and RSV case monitoring 8. Mobilisation of population analytics and risk stratification tool for practices 9. Work with Primary Care Networks to develop quantitative assessment of demands on primary care, taking into account learning from Covid. 10. Work with Communications Team to manage patient demands and expectations and launch change of services. 11. 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 whilst meetin new demand for vaccinations	1. Ongoing discussions and implementation of 2. Jo Cullen and PC team 3. PC team and Training Hub 4. D. Walsh and Training Hub 5. D. Walsh and Training Hub 6. Analysis team 7. Urgent Care Team 8. Analysis team 9. Jo Cullen, PC team and Quality team 10. Taran May 11. Jo Cullen	Approval to continue for Q3/4 received from PCCC BSW Improving Access Fund submitted. E4.5m funding approved. E1m PCN linked funding to be confirmed. Launch of Flexible Pool week commencing 25th October 2021 with facilitation and support to work with all Practices to make the best use of this service. The BSW Practice appointment data for April (extracted for the TSP 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 BSW group 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 steps 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 flu 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	14	
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	02-Dec-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. Adverse impact of the national Improving Access Plan with implications for GPs, such as reporting earnings. BMA rejected plan.	BSW Primary Care Strategy BSW Training Hubs with recruitment and retention plans 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 APRS 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 6) Launch of Flexible Pool - week commencing 25th October 2021 with facilitation and support to work with all Practices to make the best use of this service	Ongoing development of plans 3. 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 / GPW 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	